Triclosan Exposure in Healthcare Workers Participant Survey

Date: \_\_\_\_\_\_ \_\_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_

month day year

1. How many hours have you worked at the hospital or outpatient clinics in total in the past 24 hours (please round to the nearest whole hour)?

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Hours

2. How many hours have you worked at the hospital or outpatient clinics in total in the past 48 hours (please round to the nearest whole hour)?

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Hours

3. In what service area have you spent the majority of your work time in the past 48 hours? [Check one box below]

☐ operating room

☐ medical or surgical inpatient ward

☐ outpatient clinic

☐ intensive care unit–includes cardiac care unit, neonatal intensive care, etc

☐ Other – please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Approximately how many patients did you directly care for (e.g. bedside care, physical exam, procedures, or other) with in the past 24 hours, including physical examination activities or procedures?

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Enter number of patients with direct interactions

5. OUTSIDE of WORK (at home or elsewhere) do you use liquid soaps that are labeled ‘anti-bacterial’?

Check one of the boxes below:

☐Yes ☐No ☐Unsure

6. If you answered ‘yes’ to question #5, how often do you use these products

outside of work?

☐ Multiple times per day

☐ Daily

☐ A few times per week

☐ Weekly or less

7. If you answered ‘daily’ or ‘multiple times daily’ to question, #6

approximately how many times in the past 24 hours have you used these

products outside of work?

\_\_\_\_\_ \_\_\_\_\_

Enter number in lines above

8.Do you wear cosmetics or make-up on most days of the week?

☐Yes ☐No

9. Do use acne creams on most days of the week?

☐Yes ☐No

10. Have you used any Colgate Total® toothpaste in the past 3 days? Check yes or no. (Note: Two Colgate Total® boxes are picture below to help you recall if this is the type of toothpaste you use. Other Colgate total product types include Mint Stripe, Advanced Whitening, Enamel Strength, Advanced Clean and Advanced Fresh varieties) [Image not shown in this online supplement]

☐Yes ☐No

11. If you answered ‘yes’ to question #10, how often do you use Colgate Total® in general?

☐ Multiple times per day

☐ Daily

☐ A few times per week

☐ Weekly or less

12. If you answered ‘daily’ or ‘multiple times per day’ to the above question, how many times have you brushed your teeth with Colgate Total® in the past 24 hours?

\_\_\_\_\_ \_\_\_\_\_

Enter number in lines above

13. This question is for Hospital Two only. A soap dispenser and

an alcohol based (water-free) hand cleanser are pictured below. [Image not included in this online supplement]

Approximately how many times do you think you have washed your hands with

soap and water in the past 24 hours while at work? (note: please do not include hand hygiene measures with alcohol-based cleanser or other disinfectants)

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Enter number of times in lines above

14. This question is for Hospital One healthcare workers only.

A water-free (alcohol based) hand cleanser and a soap dispenser are pictured below. [Image not shown here]

Approximately how many times do you think you have washed your hands with

soap and water in the past 24 hours while at work ? (note: please do not include hand hygiene measures with alcohol-based cleanser or other disinfectants)

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Enter number of times in lines above