THE UNIVERSITY *of* TEXAS

HEALTH SCIENCE CENTER AT HOUSTON

SCHOOL OF PUBLIC HEALTH

A Survey of Asthma in Health Professionals

A study funded by the U.S. Centers for Disease Control and Prevention and the National Institute for Occupational Safety and Health (CDC/NIOSH)

A Survey of Asthma In Health Professionals

You have been randomly selected from among your licensed Texas colleagues. All answers are confidental.

START HERE

Trouble Breathing

Questions 1 and 2 ask you about trouble breathing EVER IN YOUR LIFE.

1. **Have you ever had trouble with your breathing?** *(Mark an X for the single best answer)*
   - ☐ Yes
   - ☐ No → **Go to Question 2**
   - ☐ Don't Know → **Go to Question 2**

   1.1 ***If YES*****, what kind of trouble did you have?**
   - ☐ Continuously, as if breathing is not quite right
   - ☐ Repeatedly, however gets completely better
   - ☐ Only rarely

   1.2 ***If YES*****, was this trouble with your breathing brought on by your work environment?**
   - ☐ Yes
   - ☐ No
   - ☐ Don't Know

2. **Have you ever had asthma?** *(Mark an X for the single best answer)*
   - ☐ Yes
   - ☐ No → **Go to Question 5 on Page 3**
   - ☐ Don't Know → **Go to Question 5 on Page 3**

   2.1 ***If YES*****, has your asthma been confirmed by a doctor?**
   - ☐ Yes
   - ☐ No → **Go to Question 3**
   - ☐ Don't Know → **Go to Question 3**

   2.1.1 ***If YES*****, at what age was your asthma confirmed by a doctor?**

   ☐☐ YEARS OLD

For Office use Only ☐☐☐☐☐☐☐☐

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Asthma

Questions 3 and 4 ask you about asthma in THE LAST 12 MONTHS.

3. Have you had an attack/episode of asthma in the last 12 months? *(Mark an X for the single best answer)*

- ☐ Yes
- ☐ No → **Go to Question 4**
- ☐ Don't Know → **Go to Question 4**

3.1 ***If YES*, how many attacks of asthma have you had in the last 12 months?** *(Enter approximate number of asthma attacks)*

☐☐☐ ATTACKS

3.2 Have you had an attack/episode of asthma while you were at work in the last 12 months?

- ☐ Yes
- ☐ No → **Go to Question 3.3**
- ☐ Don't Know → **Go to Question 3.3**

3.2.1 ***If YES*, do you know what triggered the last attack/episode of asthma while you were at work?**

- ☐ Yes
- ☐ No → **Go to Question 3.3**

3.2.1.a ***If YES*, what was the trigger?**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3.3 Have you had to miss any days of work due to asthma in the last 12 months?

- ☐ Yes
- ☐ No → **Go to Question 4**
- ☐ Don't Know → **Go to Question 4**

3.3.1 ***If YES*, how many days of work did you have to miss due to asthma?** *(Enter approximate number of days)*

☐☐☐ DAYS

4. Are you currently taking any medications for asthma, including inhalers, aerosols or tablets?

- ☐ Yes
- ☐ No

Wheezing, Whistling or Shortness of Breath

Questions 5 to 7 ask you to think about your breathing in THE LAST 12 MONTHS.

5 . Have you had wheezing or whistling in your chest at any time in the last 12 months? ***(Mark an X for the single best answer)***

- ☐ Yes
- ☐ No → **Go to Question 6 on Page 4**
- ☐ Don't Know → **Go to Question 6 on Page 4**

5.1 ***If YES*****, Have you had wheezing or whistling in your chest when you did not have a cold in the last 12 months?**

- ☐ Yes
- ☐ No

5.2 Have you had wheezing or whistling in your chest while you were at home (indoors or outdoors) at any time in the last 12 months?

- ☐ Yes
- ☐ No

5.3 Have you had wheezing or whistling in your chest while you were at work at any time in the last 12 months?

- ☐ Yes
- ☐ No

5.4 While you were away from work at any time in the last 12 months, was your wheezing or whistling: worse, better, or unchanged?

- ☐ Worse
- ☐ Better
- ☐ Unchanged

5.5 After returning to your work at any time in the last 12 months, was your wheezing or whistling: worse, better, or unchanged?

- ☐ Worse
- ☐ Better
- ☐ Unchanged

5.6 If you were away from work for 5 or more consecutive days of absence at any time in the last 12 months, was your wheezing or whistling: worse, better, or unchanged?

- ☐ Worse
- ☐ Better
- ☐ Unchanged
- ☐ Not Applicable

5.7 When you returned to your work after 5 or more consecutive days of absence at any time in the last 12 months, was your wheezing or whistling: worse, better, or unchanged?

- ☐ Worse
- ☐ Better
- ☐ Unchanged
- ☐ Not Applicable

5.8 Have you had to miss days of work due to wheezing or whistling at any time in the last 12 months?

- ☐ Yes
- ☐ No → **Go to Question 6 on Page 4**

5.8.1 ***If YES*****, how many days of work did you miss in the last 12 months?** ***(Enter approximate number of days)***

☐☐☐ DAYS

6 . **Have you had an attack/episode of <u>shortness of breath</u> at any time in the last 12 months?** ***(Mark an X for the single best answer)***

- ☐ Yes
- ☐ No → **Go to Question 7**
- ☐ Don't Know → **Go to Question 7**

6.1 Have you had an attack/episode of shortness of breath that came on <u>following strenuous activity</u> at any time in the last 12 months?

- ☐ Yes
- ☐ No

6.2 Have you had an attack/episode of shortness of breath while you were <u>at home</u> (indoors or outdoors) at any time in the last 12 months?

- ☐ Yes
- ☐ No

6.3 Have you had an attack/episode of shortness of breath while you were <u>at work</u> at any time in the last 12 months?

- ☐ Yes
- ☐ No

6.4 While you were <u>away from work</u> at any time in the last 12 months, was your shortness of breath: worse, better, or unchanged?

- ☐ Worse
- ☐ Better
- ☐ Unchanged

6.5 <u>After returning to your work</u> at any time in the last 12 months, was your shortness of breath: worse, better, or unchanged?

- ☐ Worse
- ☐ Better
- ☐ Unchanged

6.6 If you were <u>away from work for 5 or more consecutive days</u> of absence at any time in the last 12 months, was your shortness of breath: worse, better, or unchanged?

- ☐ Worse
- ☐ Better
- ☐ Unchanged
- ☐ Not Applicable

6.7 When you <u>returned to your work after 5 or more consecutive days</u> of absence at any time in the last 12 months, was your shortness of breath: worse, better, or unchanged?

- ☐ Worse
- ☐ Better
- ☐ Unchanged
- ☐ Not Applicable

6.8 Have you had to <u>miss days of work due to shortness of breath</u> in the last 12 months?

- ☐ Yes
- ☐ No → **Go to Question 7**

6.8.1 ***If YES*, how many days of work did you miss in the last 12 months?** ***(Enter approximate number of days)***

☐☐☐ DAYS

7. **Have you been <u>awakened during the night</u> by an attack/episode of any of the following symptoms in the last 12 months?** ***(Indicate YES or NO for each symptom)***

Yes	No	
☐	☐	Cough
☐	☐	Shortness of breath
☐	☐	Chest tightness

Pets, Animals, Allergies

Questions 8 to 13 ask you about pets, animals, allergies and family medical history.

8. Do you currently have any of the following pets in your home? ***(Indicate Yes or No for each)***

Yes	No	
☐	☐	Dog
☐	☐	Cat
☐	☐	Other pet

9. Have you ever lived with any of the following pets in your home? ***(Indicate Yes or No for each)***

Yes	No	
☐	☐	Dog
☐	☐	Cat
☐	☐	Other pet

10. Have you ever had any of the following medical conditions? ***(Indicate Yes or No for each)***

Yes	No	
☐	☐	Nasal or sinus allergies, including hay fever
☐	☐	Eczema or any kind of skin allergy
☐	☐	Frequent heartburn
☐	☐	More than 6 respiratory infections in one year
☐	☐	Allergies to chemicals
☐	☐	Allergies to medicines
☐	☐	Allergies to animals
☐	☐	Allergies to dust or dust mite
☐	☐	Allergies to latex or latex-containing products (ace bandages/adhesive tape/condoms/gloves)

11. When you are near animals (cats/dogs/horses), feathers (pillows/quilts/duvets), or in a dusty part of the house, do you ever:

Yes	No	
☐	☐	Get itchy or watery eyes?
☐	☐	Get a feeling of tightness in your chest?

12. When you are near trees, grass, or flowers, or when there is a lot of pollen around, do you ever:

Yes	No	
☐	☐	Get itchy or watery eyes?

13. Have any of your immediate family members (parents/siblings/children) had any of the following medical conditions? ***(Indicate Yes, No or Don't Know for each condition)***

Yes	No	Don't Know	
☐	☐	☐	Asthma
☐	☐	☐	Hay fever, eczema, or skin allergies

House or Apartment

Questions 14 and 15 ask you to describe the house or apartment you are currently living in.

14. In your house or apartment do you use any of the following: ***(Indicate Yes or No for each item)***

Yes	No	
☐	☐	Gas for cooking or heating?
☐	☐	Fireplace?
☐	☐	Air-conditioning (central or window unit)?

15. Does your house or apartment have any of the following characteristics: ***(Indicate Yes or No for each characteristic)***

Yes	No	Don't Know	
☐	☐	☐	Are there drapes or curtains in any room in your house or apartment?
☐	☐	☐	Is there wall-to-wall carpeting in any room in your house or apartment?
☐	☐	☐	Is your home sprayed for pest control at least every 3 months?
☐	☐	☐	Are there large visible areas of mold, mildew, or recent water damage?
☐	☐	☐	Was your house or apartment originally built before 1973?

Occupational History

Questions 16 to 22 ask you about your CURRENT or MOST RECENT Job.

16. In which month and year did you begin your current or most recent job?

Month / Year

17. In which month and year did you stop working at this job?

Month / Year ☐ Not Applicable

18. How many hours per week did/do you usually work on this job, including overtime?

HOURS

19. During this time, were/are you a student in this job? ***(Mark an X for the single best answer)***

- ☐ Yes
- ☐ No

20. What kind of business or industry is/was this? ***(Mark an X for the single best answer)***

- ☐ Hospital
- ☐ Private practice
- ☐ Outpatient clinic
- ☐ Nursing home
- ☐ Health department
- ☐ Public school
- ☐ Health insurance agency
- ☐ Research
- ☐ Medical sales
- ☐ Academia
- ☐ Home health
- ☐ Dental office
- ☐ Other (specify):

21. What is/was your job title? ***(Mark an X for the single best answer)***

- ☐ LVN
- ☐ RN
- ☐ Nurse practitioner
- ☐ Physician
- ☐ Dentist
- ☐ Dental assistant
- ☐ Allied health professional
- ☐ Respiratory therapist
- ☐ Occupational therapist
- ☐ Physical therapist
- ☐ Physician's assistant
- ☐ Dental hygienist
- ☐ Nurse aid
- ☐ Other (specify):

22. While working at this job, indicate how often, on average, you handled or were exposed to any of the following products? ***(Mark an X for the single best answer for each item)***

	More than once a day	Every day	At least once a week	At least once a month	Never
Disinfectants/sterilants	☐	☐	☐	☐	☐
Cleaning agents	☐	☐	☐	☐	☐
Latex gloves/products	☐	☐	☐	☐	☐
Aerosolized medications	☐	☐	☐	☐	☐
Adhesives/removers/glues	☐	☐	☐	☐	☐
Gases/vapors	☐	☐	☐	☐	☐

Occupational History *(continued)*

Questions 23 to 30 ask you about your LONGEST HELD Job.

23. Is your current or most recent job also your longest held job?

☐ Yes → **Go to Question 31 on Page 9**
☐ No

24. In which month and year did you begin your longest held job?

☐☐/☐☐☐☐
Month Year

25. In which month and year did you stop working at this job?

☐☐/☐☐☐☐
Month Year

26. How many hours per week did you usually work on this job, including overtime?

☐☐☐ HOURS

27. During this time, were you a student in this job? ***(Mark an X for the single best answer)***

☐ Yes
☐ No

28. What kind of business or industry was this? ***(Mark an X for the single best answer)***

☐ Hospital
☐ Private practice
☐ Outpatient clinic
☐ Nursing home
☐ Health department
☐ Public school
☐ Health insurance agency
☐ Research
☐ Medical sales
☐ Academia
☐ Home health
☐ Dental office
☐ Other (specify):

☐☐☐☐☐☐☐☐☐☐

29. What was your job title? ***(Mark an X for the single best answer)***

☐ LVN
☐ RN
☐ Nurse practitioner
☐ Physician
☐ Dentist
☐ Dental assistant
☐ Allied health professional
☐ Respiratory therapist
☐ Occupational therapist
☐ Physical therapist
☐ Physician's assistant
☐ Dental hygienist
☐ Nurse aid
☐ Other (specify):

☐☐☐☐☐☐☐☐☐☐

30. While working at this job, indicate how often, on average, you handled or were exposed to any of the following products? ***(Mark an X for the single best answer for each item)***

	More than once a day	Every day	At least once a week	At least once a month	Never
a. Disinfectants/sterilants	☐	☐	☐	☐	☐
b. Cleaning agents	☐	☐	☐	☐	☐
c. Latex gloves/products	☐	☐	☐	☐	☐
d. Aerosolized medications	☐	☐	☐	☐	☐
e. Adhesives/removers/glues	☐	☐	☐	☐	☐
f. Gases/vapors	☐	☐	☐	☐	☐

Accidental Chemical Spill or Gas Release

Question 31 asks you about exposure to an accidental chemical spill or gas release.

31. Were you ever involved in an accidental chemical spill or gas release? ***(Mark an X for the single best answer)***

- ☐ Yes
- ☐ No → **Go to Question 32 on Page 10**
- ☐ Don't Know → **Go to Question 32 on Page 10**

31.1 Did this accidental chemical spill or gas release occur at work? ***(Mark an X for the single best answer)***

- ☐ Yes
- ☐ No

31.2 When did this accidental chemcial spill or gas release occur?

☐☐/☐☐☐☐

Month Year

31.3 What were you exposed to? (*Please be as specific as possible)*

☐☐☐☐☐☐☐☐☐☐☐☐☐☐

31.4 How were you exposed? ***(Indicate Yes or No for each route of exposure)***

Yes	No	
☐	☐	Breathing
☐	☐	Through direct contact with skin
☐	☐	Swallowing/ingestion

31.5 During this accidental chemical spill or gas release, how long were you exposed? ***(Mark an X for the single best answer)***

- ☐ Less than 1 hour
- ☐ 1 to 8 hours
- ☐ 9 to 24 hours
- ☐ More than 24 hours
- ☐ Don't Know/Don't Remember

31.6 Did you have to receive medical attention because of this accident/exposure? ***(Mark an X for the single best answer)***

- ☐ Yes
- ☐ No
- ☐ Don't Know/Don't Remember

31.7 In the first 24 hours following this accident/exposure, did you experience any of the follwing symptoms: ***(Indicate Yes or No for each symptom)***

Yes	No	
☐	☐	Shortness of breath?
☐	☐	Wheezing?
☐	☐	Cough?
☐	☐	Tightness in your chest?

If you answered <u>YES to ANY</u> symptoms in Q31.7, continue answering the questions on this page.

If you answered <u>NO to ALL</u> items in Q31.7, Go to Question 32 on Page 10.

31.7.1 How soon after the accident/exposure did these symptoms occur?

- ☐ Less than 1 hour
- ☐ 1 to 24 hours
- ☐ 25 hours to 1 week
- ☐ More than 1 week
- ☐ Don't Know/Don't Remember

31.7.2 How long did these symptoms last?

- ☐ Less than 1 week
- ☐ 1 week to 1 month
- ☐ More than 1 month to 3 months
- ☐ More than 3 months
- ☐ Don't Know/Don't Remember

Jobs

Question 32 asks you about jobs that you have EVER had.

32. Think about all of the jobs you have ever had. To the best of your knowledge have you ever been in contact with any of the following materials at least once a month for a period of 6 months or longer? *(Indicate Yes or No for each one)*

Yes	No	
☐	☐	Bleach
☐	☐	Cleaners for room and counter tops
☐	☐	Cleaners/abrasives
☐	☐	Cleaners for restrooms and toilets
☐	☐	Detergents
☐	☐	Disinfectants

Yes	No	
☐	☐	Cidex™ (glutaraldehyde)
☐	☐	Cidex OPA™ (ortho-phtaldehyde)
☐	☐	Chloramines
☐	☐	Adhesives or glues

Yes	No	
☐	☐	Ammonia
☐	☐	Pesticides
☐	☐	Paints (acrylics, stains/varnishes)
☐	☐	Tobacco smoke (including passive)
☐	☐	Solvents like toluene, xylene, benzene, hexane, mineral spirits, paint thinners
☐	☐	Toner for copiers or printers

Yes	No	
☐	☐	Anesthetics
☐	☐	Antibiotics
☐	☐	Antiseptics
☐	☐	Bronchodilators
☐	☐	Iodine (Povidone iodine, Betadine™)
☐	☐	Nebulized drugs (like pentamadine or ribavirin)
☐	☐	Talc

Yes	No	
☐	☐	Acetaldehyde
☐	☐	Alkalis
☐	☐	Ethylene oxide
☐	☐	Formalin/formaldehyde
☐	☐	Nitric oxide

Hobbies

Question 33 asks you about hobbies that you have EVER had.

33. Have you ever been regularly involved in any of the following hobbies or activities for a period of 3 months or longer? *(Indicate Yes or No for each one)*

Yes	No	
☐	☐	Refinishing furniture
☐	☐	Auto repair
☐	☐	Building radios or other electronic equipment
☐	☐	Metal work including soldering metal (such as jewelry making)
☐	☐	Painting with acrylics or oil paints
☐	☐	Gardening/Farming
☐	☐	Sculpting
☐	☐	Woodworking
☐	☐	Hobbies involving use of glues or adhesives
☐	☐	Other hobbies/activities (Please specify):

Demographics

34. What is your date of birth?

☐☐/☐☐/☐☐☐☐

Month Day Year

35. What is your gender?

- ☐ Male
- ☐ Female

36. Do you consider yourself Spanish/Hispanic/Latino? ***(Mark an X for the single best answer)***

- ☐ No, not Spanish/Hispanic/Latino
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino (specify):

☐☐☐☐☐☐☐☐☐☐

37. What is your race? ***(Mark an X for the single best answer)***

- ☐ White
- ☐ Black
- ☐ Asian, Asian-American or Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Another race (specify):

☐☐☐☐☐☐☐☐☐☐

38. What is your standing height?

☐/☐☐

Feet Inches

39. How much do you weigh?

☐☐☐

Pounds

40. What is the highest grade or level of education that you have completed? ***(Mark an X for the single best answer)***

- ☐ High school graduate or GED
- ☐ Some college or vocational/technical training
- ☐ 4 year college graduate (Bachelor's Degree)
- ☐ Graduate/Medical/Law school

41. How many years have you worked as a health care professional ***(include years as a healthcare student)*****?**

☐☐ YEARS

42. Have you smoked at least 100 cigarettes during your life?

- ☐ Yes
- ☐ No

43. Do you smoke cigarettes now?

- ☐ Yes → **Go to Question 43.1**
- ☐ No

43.1 ***If YES*****, how many cigarettes do you smoke per day?**

- ☐ less than 1/2 pack a day
- ☐ 1/2 to 1 pack a day
- ☐ >1 to 2 packs a day
- ☐ >2 to 3 packs a day
- ☐ more than 3 packs a day

Thank you for completing this survey.

Please return this survey in the envelope provided to:

PO Box 20186

Houston, TX 77225-0186

THE UNIVERSITY *of* TEXAS
HEALTH SCIENCE CENTER AT HOUSTON
SCHOOL OF PUBLIC HEALTH

Thank you for completing
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