A Survey of Asthma in Health Professionals

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

START HERE

Trouble Breathing

Questions 1 through 3 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 → ***Go to Questions 1.1 and 1.2***
- ☐ No
- ☐ Don't Know

→ ***Go to Question 2***

1.1 If YES, what kind of troubled breathing did you have?

- ☐ Continuously, as if breathing is not quite right
- ☐ Repeatedly, however gets completely better
- ☐ Only rarely

1.2 Was your troubled breathing brought on by your work environment?

- ☐ Yes
- ☐ No
- ☐ Don't Know

2. Have you ever had COPD or emphysema confirmed by a doctor?

- ☐ Yes
- ☐ No
- ☐ Don't Know

3. Have you ever had asthma? ***(Mark an X for the single best answer)***

- ☐ Yes
- ☐ No
- ☐ Don't Know

→ ***Go to Question 7***

3.1 ***If YES,*** **has your asthma been confirmed by a doctor?**

- ☐ Yes
- ☐ No
- ☐ Don't Know

→ ***Go to Question 7***

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

___ YEARS OLD

3.1.2 ***If YES,*** **when your asthma was confirmed by a doctor, were you...?**

- ☐ Not working
- ☐ Working as a healthcare professional
- ☐ Working, but not as a healthcare professional

Please specify your job:

For Office use Only

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Asthma

Questions 4 and 5 ask you about asthma in THE LAST 12 MONTHS

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

☐ Yes
☐ No
☐ Don't Know
→ ***Go to Question 5***

4.1 ***If YES,*** **<u>how many attacks/episodes</u> of asthma have you had in the last 12 months?** ***(Enter approximate number of asthma attacks)***

_____ ATTACKS

4.2 Have you had an attack/episode of asthma while you were <u>at work</u> in the last 12 months?

☐ Yes
☐ No
☐ Don't Know
→ ***Go to Question 5***

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

☐ Yes
☐ No → ***Go to Question 5***

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

_____

5. On average, how often do/did you take <u>any medications for asthma</u>, including inhalers, aerosols or tablets in the last 12 months?

☐ Daily
☐ Weekly
☐ Monthly
☐ Rarely (less than once a month)
☐ Never

Unplanned Care for Asthma

Question 6 asks you about unplanned care for your asthma in THE LAST 12 MONTHS

6.1 Have you increased your use of fast-acting (or rescue) bronchodilators or inhaled steroids on a short-term basis for two consecutive days or longer?
☐ Yes ☐ No

6.2 Have you increased your use of oral steroids on a short-term basis for two consecutive days or longer?
☐ Yes ☐ No

6.3 Have you been treated with any oral or IV steroids (e.g., prednisone, 7-day steroid pack)?
☐ Yes ☐ No

6.4 Have you had any urgent treatment at your doctor's office?
☐ Yes ☐ No

6.5 Have you had any treatment in an emergency room?
☐ Yes ☐ No

6.6 Have you been hospitalized (e.g., overnight or longer)?
☐ Yes ☐ No

Wheezing, Whistling or Shortness of Breath

Questions 7 through 9 ask you about your breathing in THE LAST 12 MONTHS

7. Have you had <u>wheezing or whistling</u> in your chest in the last 12 months? ***(Mark an X for the single best answer)***

- ☐ Yes → ***Continue on THIS page***
- ☐ No
- ☐ Don't Know → ***Go to Next Page***

7.1 Have you been at all breathless <u>when the wheezing noise was present</u> in the last 12 months?

- ☐ Yes
- ☐ No

7.2 Have you had wheezing or whistling in your chest <u>when you did not have a cold</u> in the last 12 months?

- ☐ Yes
- ☐ No

7.3 Have you had wheezing or whistling in your chest while you were <u>at home</u> (indoors or outdoors) in the last 12 months?

- ☐ Yes
- ☐ No

7.4 Have you had wheezing or whistling in your chest while you were <u>at work</u> in the last 12 months?

- ☐ Yes
- ☐ No

7.5 While you were <u>away from work</u> in the last 12 months, was your wheezing or whistling: worse, better or unchanged?

- ☐ Worse
- ☐ Better
- ☐ Unchanged

7.6 <u>After returning to your work</u> in the last 12 months, was your wheezing or whistling: worse, better or unchanged?

- ☐ Worse
- ☐ Better
- ☐ Unchanged

7.7 If you were <u>away from work for 5 or more consecutive days of absence</u> in the last 12 months, was your wheezing or whistling: worse, better or unchanged?

- ☐ Worse
- ☐ Better
- ☐ Unchanged
- ☐ Not applicable

7.8 When you <u>returned to your work after 5 or more consecutive days of absence</u> in the last 12 months, was your wheezing or whistling: worse, better or unchanged?

- ☐ Worse
- ☐ Better
- ☐ Unchanged
- ☐ Not applicable

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

☐ Yes
☐ No
☐ Don't Know

→ ***Go to Question 9 at the BOTTOM of this page***

8.1 Have you had an attack/episode of shortness of breath after <u>strenuous activity or exercise</u> in the last 12 months?

☐ Yes
☐ No

8.2 Have you had a daytime attack/episode of shortness of breath <u>at rest</u> in the last 12 months?

☐ Yes
☐ No

8.3 Have you been <u>awakened</u> (at night or while sleeping) by an attack/episode of shortness of breath in the last 12 months?

☐ Yes
☐ No

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

☐ Yes
☐ No

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

☐ Yes
☐ No

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

☐ Worse
☐ Better
☐ Unchanged

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

☐ Worse
☐ Better
☐ Unchanged

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

☐ Worse
☐ Better
☐ Unchanged
☐ Not applicable

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

☐ Worse
☐ Better
☐ Unchanged
☐ Not applicable

9. Have you been <u>awakened</u> (at night or while sleeping) by an attack/episode of any of these symptoms in the last 12 months? ***(Indicate Yes or No for each symptom)***

	Yes	**No**	
	☐	☐	Cough
	☐	☐	Chest tightness

Participation in Activities

Questions 10 through 13 (next page) ask you about your health and how much it impacts your participation in activities

10. In the last 2 weeks, how much of the time did asthma or breathing problems limit any of the following activities?

	All of the time (100%)	Most of the time	Half of the time (50%)	Some of the time	None of the time (0%)
10.1 Strenuous activities (such as hurrying, exercising, running up stairs, sports)	☐	☐	☐	☐	☐
10.2 Moderate activities (such as walking, housework, gardening, shopping, climbing stairs)	☐	☐	☐	☐	☐
10.3 Social activities (such as talking, playing with pets/children, visiting friends/relatives)	☐	☐	☐	☐	☐
10.4 Activities or tasks you have to do at work	☐	☐	☐	☐	☐

11. Have you EVER had to change your job tasks or leave a job position because of asthma or breathing problems?

☐ Yes
☐ No

12. In the last 12 months, have you had to miss any days of work due to ANY health-related issue (whether asthma or other)?

☐ Yes
☐ No → ***Go to Question 13***
☐ Don't Know → ***Go to Question 13***

12.1 *If YES,* how many days of work did you have to miss due to health-related issues? *(Enter approximate number of days)*

_____ DAYS

12.1.1 Of the days indicated above, how many days did you miss due to asthma or breathing problems? *(Enter approximate number of days)*

_____ DAYS

13. In the LAST 4 WEEKS, how much of the time did your physical health or emotional problems make it difficult for you to do the following? ***(Mark an X for the single best answer for each item)***

	All of the time (100%)	Most of the time	Half of the time (50%)	Some of the time	None of the time (0%)	Does not apply to my job
13.1 Work the required number of hours	☐	☐	☐	☐	☐	☐
13.2 Get going easily at the beginning of the workday	☐	☐	☐	☐	☐	☐
13.3 Start on your job as soon as you arrive at work	☐	☐	☐	☐	☐	☐
13.4 Do your work without stopping to take extra breaks or rests	☐	☐	☐	☐	☐	☐
13.5 Stick to a routine or schedule	☐	☐	☐	☐	☐	☐
13.6 Handle the workload	☐	☐	☐	☐	☐	☐
13.7 Work fast enough	☐	☐	☐	☐	☐	☐
13.8 Finish work on time	☐	☐	☐	☐	☐	☐
13.9 Do your work without making mistakes	☐	☐	☐	☐	☐	☐
13.10 Satisfy the people who judge your work	☐	☐	☐	☐	☐	☐
13.11 Feel a sense of accomplishment in your work	☐	☐	☐	☐	☐	☐
13.12 Feel you have done what you are capable of doing	☐	☐	☐	☐	☐	☐
13.13 Walk or move around different work locations (for example, going to meetings)	☐	☐	☐	☐	☐	☐
13.14 Lift, carry, or move objects at work weighing more than 10 pounds	☐	☐	☐	☐	☐	☐
13.15 Sit, stand, or stay in one position for longer than 15 minutes while working	☐	☐	☐	☐	☐	☐
13.16 Repeat the same motions over and over again while working	☐	☐	☐	☐	☐	☐
13.17 Bend, twist, or reach while working	☐	☐	☐	☐	☐	☐
13.18 Use hand-held tools or equipment (for example, a phone, pen, keyboard, computer mouse, drill, hairdryer or sander)	☐	☐	☐	☐	☐	☐
13.19 Keep your mind on your work	☐	☐	☐	☐	☐	☐
13.20 Think clearly when working	☐	☐	☐	☐	☐	☐
13.21 Do work carefully	☐	☐	☐	☐	☐	☐
13.22 Concentrate on your work	☐	☐	☐	☐	☐	☐
13.23 Work without losing your train of thought	☐	☐	☐	☐	☐	☐
13.24 Easily read or use your eyes when working	☐	☐	☐	☐	☐	☐
13.25 Speak with people in person, in meetings or on the phone	☐	☐	☐	☐	☐	☐
13.26 Control your temper around people when working	☐	☐	☐	☐	☐	☐
13.27 Help other people to get work done	☐	☐	☐	☐	☐	☐

Allergies

Questions 14 through 17 ask you about allergies and family medical history

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

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 mites
☐	☐	Allergies to latex or latex-containing products *(ace bandages/adhesive tape/condoms/gloves)*

15. When you are near <u>animals</u> (cats/dogs/horses), <u>feathers</u> (pillows/quilts/duvet), or in a <u>dusty</u> part of the house, do you ever: *(Indicate Yes or No for each symptom)*

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

16. When you are near <u>trees, grass, or flowers</u>, or when there is a lot of <u>pollen</u> around, do you ever:

Yes	No	
☐	☐	Get itchy or watery eyes?

17. Have any of your parents, siblings or children had any of the following 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 18 and 19 ask you to describe the house or apartment you currently live in

18. In your house or apartment, are there visible areas of mold, mildew or water damage?

☐ Yes
☐ No → ***Go to Question 19***

18.1 *If YES*, how long have they been there? ***(Circle Days, Months or Years)***

____ Days / Months / Years

19. In your house or apartment, are there any unusual odors?

☐ Yes
☐ No → ***Go to Next Page***

19.1 *If YES*, how long have they been there? ***(Circle Days, Months or Years)***

____ Days / Months / Years

Occupational History

Questions 20 through 27 ask you about your CURRENT or MOST RECENT Job

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

Month / Year

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

Month / Year ☐ Not applicable

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

HOURS PER WEEK

23. During this time, were/are you a student in this job? ***(Mark an X for the single best answer)*** ☐ Yes ☐ No

24. Which of the following best describes the hours you usually work in this job? ***(Mark an X for the single best answer)***

☐ Regular daytime shift
☐ Regular evening shift
☐ Regular night shift
☐ Rotating shift
☐ Other

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

	At least once a month	At least once a week	Never
Disinfectants/sterilants	☐	☐	☐
Cleaning agents	☐	☐	☐
Latex gloves/products	☐	☐	☐
Aerosolized medications	☐	☐	☐
Adhesives/adhesive removers/ glues	☐	☐	☐
Gases/vapors	☐	☐	☐
Glutaraldehyde (Cidex®) or ortho-Phtalaldehyde (Cidex OPA®) or enzymatic cleaners	☐	☐	☐
Floor strippers/wax/buffers	☐	☐	☐
Chlorinated bleach/bleach (hypochlorite)	☐	☐	☐
Quaternary Ammonium Compounds (QACs/Quats)	☐	☐	☐

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

☐ Hospital (Urban)
☐ Hospital (Rural)
☐ Private Practice
☐ Outpatient Clinic (Surgical)
☐ Outpatient Clinic (Other)
☐ Health Department (Urban)
☐ Health Department (Rural)
☐ Health Insurance Agency
☐ Public School
☐ Nursing Home
☐ Research
☐ Medical Sales
☐ Academia
☐ Home Health
☐ Dental Office
☐ Other (Specify) ↓

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

☐ LVN-General/Specialty
☐ LVN-Operating Room
☐ LVN-Administrative
☐ LVN-Other
☐ RN-General/Specialty
☐ RN-Operating Room
☐ RN-Administrative
☐ RN-Other
☐ CNA-General/Specialty
☐ CNA-Operating Room
☐ CNA-Administrative
☐ CNA-Other
☐ Nurse Practitioner
☐ Physician
☐ Respiratory Therapist
☐ Occupational Therapist
☐ Physical Therapist
☐ Physician's Assistant
☐ Other (Specify) ↓

27.1 IF WORKING AS GENERAL/ SPECIALTY RN/LVN/CNA, which of these best fits your workplace?

☐ Floor-ICU
☐ Floor-Non Surgical
☐ Floor-Surgical
☐ Endoscopy/Bronchoscopy
☐ Special Infusion/Injection
☐ Other (Specify) ↓

Occupational History

Questions 28 through 35 ask you about your LONGEST HELD Job

28. Is your current or most recent job also your longest job?

☐ Yes ⟶ ***Go to Next Page***
☐ No

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

Month / Year

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

Month / Year

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

HOURS PER WEEK

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

☐ Yes
☐ No

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

	At least once a month	At least once a week	Never
Disinfectants/sterilants	☐	☐	☐
Cleaning agents	☐	☐	☐
Latex gloves/products	☐	☐	☐
Aerosolized medications	☐	☐	☐
Adhesives/adhesive removers/ glues	☐	☐	☐
Gases/vapors	☐	☐	☐
Glutaraldehyde (Cidex®) or ortho-Phtalaldehyde (Cidex OPA®) or enzymatic cleaners	☐	☐	☐
Floor strippers/wax/buffers	☐	☐	☐
Chlorinated bleach/bleach (hypochlorite)	☐	☐	☐
Quaternary Ammonium Compounds (QACs/Quats)	☐	☐	☐

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

☐ Hospital (Urban)
☐ Hospital (Rural)
☐ Private Practice
☐ Outpatient Clinic (Surgical)
☐ Outpatient Clinic (Other)
☐ Health Department (Urban)
☐ Health Department (Rural)
☐ Health Insurance Agency
☐ Public School
☐ Nursing Home
☐ Research
☐ Medical Sales
☐ Academia
☐ Home Health
☐ Dental Office
☐ Other (Specify) ↓

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

☐ LVN-General/Specialty
☐ LVN-Operating Room
☐ LVN-Administrative
☐ LVN-Other
☐ RN-General/Specialty
☐ RN-Operating Room
☐ RN-Administrative
☐ RN-Other
☐ CNA-General/Specialty
☐ CNA-Operating Room
☐ CNA-Administrative
☐ CNA-Other
☐ Nurse Practitioner
☐ Physician
☐ Respiratory Therapist
☐ Occupational Therapist
☐ Physical Therapist
☐ Physician's Assistant
☐ Other (Specify) ↓

35.1 IF WORKING AS GENERAL/ SPECIALTY RN/LVN/CNA, which of these best fits your workplace?

☐ Floor-ICU
☐ Floor-Non Surgical
☐ Floor-Surgical
☐ Endoscopy/Bronchoscopy
☐ Special Infusion/Injection
☐ Other (Specify) ↓

Jobs *(continued)*

Questions 36 asks you about jobs that you have EVER had

36. Think about <u>all of the jobs</u> you have ever had. To the best of your knowledge have you ever used or been in contact with any of the following materials at least <u>once a week</u>? *(Indicate Yes or No for each one)*

Yes	No	
☐	☐	Bleach
☐	☐	Cleaners/abrasives for room/counter top
☐	☐	Cleaners/abrasives for restroom/toilets
☐	☐	Detergents
☐	☐	Disinfectants
☐	☐	Floor strippers/wax/buffers
☐	☐	Sprays

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

Yes	No	
☐	☐	Glutaraldehyde (Cidex®)
☐	☐	ortho-Phtalaldehyde (Cidex OPA®)
☐	☐	Enzymatic cleaners
☐	☐	Adhesives or glues
☐	☐	Quaternary Ammonium Compounds (QACs/Quats)

Yes	No	
☐	☐	Anesthetics
☐	☐	Antibiotics
☐	☐	Antiseptics
☐	☐	Bronchodilators
☐	☐	Iodine (Povidone iodine, Betadine®)
☐	☐	Nebulized drugs (pentamidine or ribavirin)

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

Accidental Chemical/Powder Spill or Gas Release

Questions 37 asks you about exposure to an accidental chemical/powder spill or gas release

37. Were you ever involved in an accidental chemical spill or gas release?

☐ Yes
☐ No → ***Go to Next Page***
☐ Don't Know → ***Go to Next Page***

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

☐ Yes
☐ No

37.2 In the first 24 hours following this accident, did you experience any of the following symptoms? *(Indicate Yes or No for each symptom)*

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

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

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

37.4 When did this accident occur?

Month / Year

Demographics

38. What is your date of birth?

Month / Day / Year

39. What is your gender?

- ☐ Male
- ☐ Female

40. 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):

41. 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):

42. What is your standing height?

Feet / Inches

43. How much do you weigh?

Pounds

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

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

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

YEARS

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

- ☐ Yes
- ☐ No

47. Do you smoke cigarettes now?

- ☐ Yes
- ☐ No → ***Go to Question 48***

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

- ☐ Less than 1/2 pack each 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

48. Do you use e-cigarettes? ☐ Yes ☐ No

49. Would you say your health in general is...?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Thank you for completing this survey.

Please return this survey in the envelope provided to:
PO Box 20186
Houston, Texas 77225-9901