

NIOSH Deepwater Horizon Worker Health Survey

This survey was created by NIOSH and approved by the Office of Management and Budget during the Deepwater Horizon Response, and it represents an example of an out-processing assessment.

CDC/NIOSH DEEPWATER HORIZON RESPONSE WORKER HEALTH SURVEY

[INTERVIEWER: READ THE FOLLOWING INTRODUCTION.]

Intro 1

Hello, I'm [NAME] from the Centers for Disease Control and Prevention, commonly referred to as CDC. Is this [RESPONDENT'S NAME]? We are surveying responders to the BP Gulf Oil Spill to ask about some exposures and health issues that may have been experienced by workers and volunteers in responding to the spill. This study is sponsored by the National Institute for Occupational Safety and Health which is part of CDC. Study results will be used to protect future workers. The survey takes about 25 minutes to complete. Your participation is voluntary, and all your answers will be kept private to the extent permitted by law. If you do not wish to participate, or do not want to answer particular questions, this will not result in any penalty or loss of benefits to you and your family. Your telephone number was provided through a roster of people who responded to the oil spill. If there are any questions that you don't feel you can answer, please let me know and we'll move to the next one. So, if I have your permission, I'll continue.

[IF YES, GO TO QUESTION SCRIN 1]

[IF NO, READ INTRO 2]

Intro 2

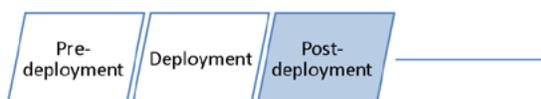
I assure you that everything you tell us will be kept PRIVATE. This project will be used to identify health problems and patterns of injury faced by oil spill response workers. Your cooperation will benefit all oil spill response workers. Would you please consider helping us?

[IF YES, GO TO QUESTION SCRIN 1]

[IF NO, READ THE FOLLOWING]

I'm sorry to have bothered you. Thank you for your time.

[END CALL]



| | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

SYMP 5. In the past 30 days, how often did you have a stuffy, itchy or runny nose?

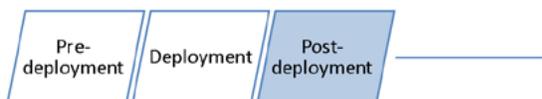
| | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

SYMP 6. In the past 30 days, how often did you have watery or itchy eyes?

| | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

SYMP 7. In the past 30 days, how often did you have burning eyes?

| | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |



SYMP 8. In the past 30 days, how often did you have burning in your nose, throat or lungs?

- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

SYMP 9. In the past 30 days, did you have a skin rash that lasted 2 or more days?

- | | |
|-------------------------------------|--|
| Yes 1 | Don't know 88 [GO TO QUESTION SYMP 11] |
| No 2 [GO TO QUESTION SYMP 11] | Refused..... 99 [GO TO QUESTION SYMP 11] |

SYMP 10. Did you get the rash on a part of your body that touched or came into contact with any of these? [INTERVIEWER: READ LIST AND CODE ALL THAT APPLY]

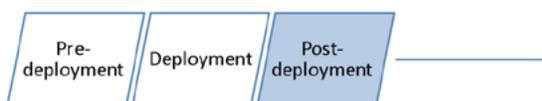
- | | |
|--|---------------------------------|
| Oil 1 | Poison ivy or poison oak..... 5 |
| Chemical dispersants..... 2 | Don't know 88 |
| Your personal protective equipment (e.g., boots, gloves, coated Tyvek suit)..... 3 | Refused 99 |
| Sunscreen 4 | |

SYMP 11. In the past 30 days, how often did you have a severe headache or migraine?

- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

SYMP 12. In the past 30 days, how often did you have dizziness or lightheadedness?

- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |



SYMP 13. In the past 30 days, how often did you have nausea or vomiting?

- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

SYMP 14. In the past 30 days, how often did you have diarrhea? [INTERVIEWER: DIARRHEA IS DEFINED AS AT LEAST THREE LOOSE OR WATERY STOOLS IN A 24 HOUR PERIOD.]

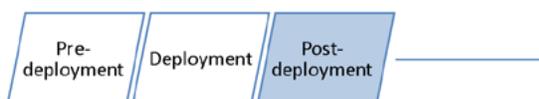
- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

SYMP 15. In the past 30 days, how often did you have blurred or distorted vision?

- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

SYMP 16. In the past 30 days, how often did you have lower back pain?

- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |



SYMP 22. Were you hospitalized for (this/these) symptom(s) or illness(es)? [INTERVIEWER: HOSPITALIZED MEANS ADMITTED AT LEAST OVERNIGHT.]

| | | | |
|-----------|---|------------------|----|
| Yes | 1 | Don't know | 88 |
| No | 2 | Refused..... | 99 |

SYMP 23. Would you say that in general your health is... [INTERVIEWER: READ LIST]

| | | | |
|-----------------|---|------------|---|
| Excellent | 1 | Fair | 4 |
| Very good | 2 | Poor | 5 |
| Good..... | 3 | | |

[INTERVIEWER: DON'T READ]

| | |
|------------------|----|
| Don't know | 88 |
| Refused..... | 99 |

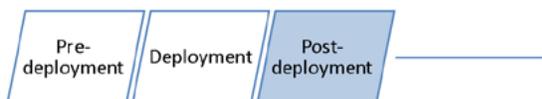
SYMP 24. Compared with twelve months ago, would you say your health is better, worse or about the same?

| | | | |
|---------------------|---|------------------|----|
| Better..... | 1 | Don't know | 88 |
| Worse | 2 | Refused..... | 99 |
| About the same..... | 3 | | |

INJURY

INJR 1. While you were working on the oil spill response, were you ever injured on the job? This would be an injury that needed medical care beyond first aid, or an injury that caused you to lose at least 4 hours of work, or an injury that caused you to be assigned to different work duties for at least 4 hours.

| | | | |
|-----------|---------------------------|---------------|----------------------------|
| Yes | 1 | Don't know .. | 88 [GO TO QUESTION EXPO 1] |
| No | 2 [GO TO QUESTION EXPO 1] | Refused | 99 [GO TO QUESTION EXPO 1] |



INJR 2. Now I would like you to describe in as much detail as possible how the injury occurred. Include where did the injury happen?, what were you doing at that time?, what equipment or tools were you using?, what materials were you handling?, what kind of injury was it – a cut, a broken bone, something else?, what part of your body was injured?, anything else you think might be important?

[INTERVIEWER: IF RESPONDENT HAD MORE THAN ONE INJURY MEETING THE CRITERIA IN I1, ASK ONLY ABOUT THE MOST RECENT ONE.]

| | |
|---|---|
| Interviewer Checklist | |
| Location | |
| Specific Activity | |
| Equipment & Tools | |
| Materials Handled | |
| Type of Injury (laceration, fracture, etc.) | |
| Body Part Affected | NIOSH USE ONLY |
| Other Factors | _____ SOURCE _____ EVENT _____ 2 ND SOURCE _____ E-CODE |

Don't know 88

Refused 99

INJR 3. Did this injury require medical care beyond first aid?

Yes 1

Don't know 88

No 2 [GO TO QUESTION EXPO 1]

Refused 99

INJR 4. Were you hospitalized for this injury?

[INTERVIEWER: HOSPITALIZED MEANS ADMITTED AT LEAST OVERNIGHT.]

Yes 1

Don't know 88

No 2

Refused 99



EXPOSURES

[INTERVIEWER: READ THE FOLLOWING PROMPT ONCE BEFORE ASKING QUESTIONS EXPO 1 THROUGH EXPO 6.]

For the next set of questions, please answer: All the time, Most of the time, Sometimes, Rarely or Never.

EXPO 1. While working on the oil spill, how often did/do you have direct skin contact with the spilled crude oil? [INTERVIEWER: READ LIST]

All the time 1 Rarely..... 4

Most of the time..... 2 Never 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know 88 Refused..... 99

EXPO 2. While working on the oil spill, how often were/are you exposed directly to smoke from burning crude oil? [INTERVIEWER: READ LIST]

All the time 1 Rarely..... 4

Most of the time..... 2 Never 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know 88 Refused..... 99

EXPO 3. While working on the oil spill, how often did/do you notice strong chemical or other unusual odors? [INTERVIEWER: READ LIST]

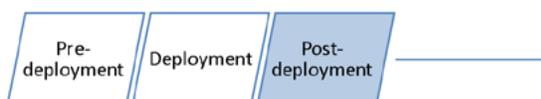
All the time 1 Rarely..... 4

Most of the time..... 2 Never 5

Sometimes..... 3

[INTERVIEWER: DON'T READ]

Don't know 88 Refused..... 99



EXPO 4. While working on the oil spill, how often did/do you smell or breathe in exhaust fumes from the engines of cars, trucks, boats, generators or other motorized equipment? [INTERVIEWER: READ LIST]

- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

EXPO 5. How often did you handle or apply chemical dispersants such as COREXIT 9500 or COREXIT 9527? [INTERVIEWER: READ LIST]

[INTERVIEWER: CHEMICAL DISPERSANTS SUCH AS COREXIT 9500 AND COREXIT 9527 ARE SOLVENTS USED TO BREAK UP OIL SLICKS BY ACTING AS CHEMICAL DETERGENTS OR SURFACTANTS. THEY ARE USUALLY SPRAYED OR OTHERWISE APPLIED ON SURFACE OIL SLICKS, BUT HAVE BEEN INJECTED DIRECTLY INTO THE UNDERWATER STREAM OF CRUDE OIL SPILLING FROM THE WELLHEAD.]

- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

EXPO 6. How often did you work in or near areas where chemical dispersants such as COREXIT 9500 or COREXIT 9527 were applied? [INTERVIEWER: READ LIST]

- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

WORK ASSIGNMENT, LOCATION, AND ACTIVITIES

WORK 1. When did you begin working on the oil spill response? What was the date (approximately or as nearly as you can remember)? [INTERVIEWER: CODE THE FIRST DATE THE RESPONDENT BEGAN WORKING ON THE SPILL AFTER FINISHING THE INITIAL TRAINING, EVEN IF THERE WERE MULTIPLE STARTS AND STOPS.]

- ____/____/____ [GO TO QUESTION WORK 3]
- Don't know 88 [GO TO QUESTION WORK 2]
- Refused..... 99 [GO TO QUESTION WORK 2]

WORK 2. Do you remember what month you began working on the oil spill response (approximately or



as nearly as you can remember)? [INTERVIEWER: CODE MONTH AS JAN=01...DEC=12]

| | |
|--|--|
| | |
|--|--|

Don't know 88

Refused 99

[INTERVIEWER: READ QUESTION WORK 3 ONLY IF QUESTION SCRN 2 DOES NOT=1. IF QUESTION SCRN 2=1, GO TO QUESTION WORK 5.]

WORK 3. When did you stop working on the oil spill response? What was the date (approximately or as nearly as you can remember)?

____/____/____ [GO TO QUESTION WORK 5]

Don't know 88 [GO TO QUESTION WORK 4]

Refused..... 99 [GO TO QUESTION WORK 4]

WORK 4. Do you remember what month you stopped working on the oil spill response (approximately or as nearly as you can remember)? [INTERVIEWER: CODE MONTH AS JAN=01...DEC=12]

| | |
|--|--|
| | |
|--|--|

Don't know 88

Refused 99

WORK 5. During the oil spill response, where (did/do) you usually report for work? If you reported for work at more than one place, please tell me the place you reported for work most often or for the longest period of time. [INTERVIEWER: READ LIST]

[INTERVIEWER: IF NECESSARY, EXPLAIN THAT A FIELD STAGING AREA IS THE CENTRALIZED LOCATION FROM WHICH SHORELINE CLEANUP AND OTHER ACTIVITIES IN A PARTICULAR AREA ARE COORDINATED. THEY NORMALLY INCLUDE RESPONDER DINING FACILITIES, EQUIPMENT STORAGE AND PREPARATION AREAS, AND ARE USUALLY WHERE THE DAILY SAFETY BRIEFINGS ARE GIVEN.]

[INTERVIEWER: IF RESPONDENT INITIALLY ANSWERS THAT HE OR SHE REPORTED TO A BEACH OR OTHER CLEANUP SITE, READ THE FOLLOWING PROBE:] Did you first report to a field staging area? A field staging area is the centralized location from which shoreline and other cleanup activities in a particular area are coordinated. They normally include responder dining facilities, equipment storage and preparation areas, and are usually where the daily safety briefings are given.

- Field staging area
(including beaches, docks and decontamination areas)..... 1 [GO TO QUESTION WORK 7]
- U.S. Coast Guard shore facility 2 [GO TO QUESTION WORK 10]
- U.S. Coast Guard cutter 3 [GO TO QUESTION WORK 10]
- Other ship or vessel..... 4 [GO TO QUESTION WORK 10]
- Aviation operations facility 5 [GO TO QUESTION WORK 10]
- Warehousing and distribution or other supplies facility 6 [GO TO QUESTION WORK 10]
- Unified Area Command Center, Robert, LA 7 [GO TO QUESTION WORK 10]



- Unified Command/Incident Command Center, Mobile, AL 8 [GO TO QUESTION WORK 10]
- Incident Command Center, Houma, LA 9 [GO TO QUESTION WORK 10]
- Other government facility or office 10 [GO TO QUESTION WORK 10]
- Other BP facility..... 11 [GO TO QUESTION WORK 10]
- Other 12 [GO TO QUESTION WORK 6]

[INTERVIEWER: DON'T READ]

- Don't know 88 [GO TO QUESTION WORK 6]
- Refused..... 99 [GO TO QUESTION WORK 10]

WORK 6. Could you describe where you usually reported for work?

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

[GO TO QUESTION WORK 10]

- Don't know 88 [GO TO QUESTION WORK 10]
- Refused 99 [GO TO QUESTION WORK 10]

WORK 7. Which staging area did you work out of? If you worked out of more than one staging area, please tell me the one you worked out of for the longest time. [INTERVIEWER: READ LIST IF NECESSARY]

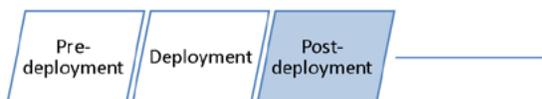
- | | |
|---------------------------|----------------------------|
| Dauphin Island, AL..... 1 | Grand Isle, LA..... 10 |
| Orange Beach, AL 2 | Shell Beach, LA..... 11 |
| Theodore, AL 3 | Slidell, LA 12 |
| Panama City, FL..... 4 | St. Mary, LA..... 13 |
| Pensacola, FL 5 | Venice, LA 14 |
| Port St. Joe, FL 6 | Biloxi, MS 15 |
| St. Marks, FL 7 | Pascagoula, MS..... 16 |
| Amelia, LA..... 8 | Pass Christian, MS..... 17 |
| Cocodrie, LA 9 | Other 18 |

[INTERVIEWER: DON'T READ]

- Don't know 88 [GO TO QUESTION WORK 10]
- Refused..... 99 [GO TO QUESTION WORK 10]

WORK 8. Did you work out of any other staging area(s)?

- Yes 1



- No 2 [GO TO QUESTION WORK 10]
- Don't know 88 [GO TO QUESTION WORK 10]
- Refused..... 99 [GO TO QUESTION WORK 10]

WORK 9. What other staging area(s) did you work out of? [INTERVIEWER: READ LIST IF NECESSARY. CODE ALL THAT APPLY.]

- | | |
|---------------------------|----------------------------|
| Dauphin Island, AL..... 1 | Grand Isle, LA..... 10 |
| Orange Beach, AL 2 | Shell Beach, LA..... 11 |
| Theodore, AL 3 | Slidell, LA 12 |
| Panama City, FL..... 4 | St. Mary, LA..... 13 |
| Pensacola, FL 5 | Venice, LA 14 |
| Port St. Joe, FL 6 | Biloxi, MS 15 |
| St. Marks, FL 7 | Pascagoula, MS..... 16 |
| Amelia, LA..... 8 | Pass Christian, MS..... 17 |
| Cocodrie, LA 9 | Other 18 |

[INTERVIEWER: DON'T READ]

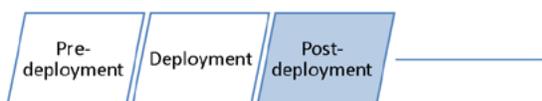
- Don't know 88
- Refused..... 99

WORK 10. Please tell me what kind of responder you are/were while working on the oil spill. If you worked as more than one kind of responder, tell me the kind you were for the longest period of time. (Are/were) you a...[INTERVIEWER: READ LIST.]

- BP employee..... 1 [GO TO QUESTION WORK 12]
- Contractor 2
- Local state or federal government worker 3
- Volunteer..... 4
- Or something else 5

[INTERVIEWER: DON'T READ]

- Don't know 88
- Refused..... 99 [GO TO QUESTION WORK 12]



WORK 11. What was/is the name of your employer or agency while working on the oil spill?

[INTERVIEWER: IF RESPONDENT INITIALLY ANSWERS DON'T KNOW, PROBE BY READING THE FOLLOWING PROMPT.] Do you remember the name of the company (not the bank) that (issued/issues) your paycheck when working on the oil spill? For volunteers, what agency or organization did you volunteer with?

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Don't know 88

Refused..... 99

WORK 12. While working on the oil spill response, how many days a week (did/do) you usually work?

Don't know 88

Refused..... 99

WORK 13. While working on the oil spill response, how many days (did/do) you usually work before getting a day off?

Don't know 88

Refused..... 99

WORK 14. While working on the oil spill response, how many hours per day (did/do) you usually work?

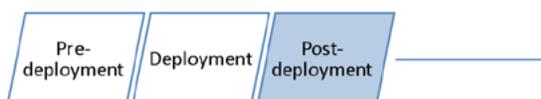
| | |
|--|--|
| | |
|--|--|

[INTERVIEWER: DON'T READ]

Varied too much to say..... 77

Don't know.....88

Refused..... 99



WORK 15. Which of the following best describes your usual work schedule while working on the oil spill response? [INTERVIEWER: READ LIST]

- A daytime shift 1
- An evening shift..... 2
- A nighttime shift 3
- A rotating shift, one that changes periodically from days to evenings or nights 4
- A split shift, one that has two distinct periods each day 5
- An irregular shift or on-call 6
- Some other shift..... 7

[INTERVIEWER: DON'T READ]

- Don't know 88
- Refused 99

WORK 16. While working on the oil spill response, on average, how many hours of sleep do you get in a 24-hour period? [INTERVIEWER: ROUND HOURS OF SLEEP TO NEAREST WHOLE HOUR.]

- Don't know 88
- Refused..... 99

WORK 17. While working on the oil spill response, where (did/do) you usually sleep when off duty? [INTERVIEWER: READ LIST. HERE, THE TERMS "TEMPORARY" AND "PERMANENT" REFER TO THE HOUSING FACILITIES' STRUCTURE, NOT TO THE RESPONDENTS' HOUSING ARRANGEMENT. THEREFORE, FOR EXAMPLE, A PERSON STAYING *TEMPORARILY* IN AN APARTMENT OR HOUSE (BUILDINGS WITH FOUNDATIONS) RENTED BY THEIR EMPLOYER OR A CONTRACTOR IS LIVING IN A *PERMANENT* HOUSING FACILITY.]

- Your own home or another person's home..... 1
- Hotel or motel 2
- Permanent military or other government facility such as a barracks, dormitory or Coast Guard Station 3
- Temporary military or other government facility such as a camp or bivouac..... 4
- Aboard ship 5
- Aboard a "quarters barge" or "floatel" 6
- Permanent housing facilities—that is, a building with a foundation (including houses and apartments)—provided by your employer or a contractor 7



WORK 21. Controlled burning of oil

[INTERVIEWER: IF SUBJECT INITIALLY ANSWERS DON'T KNOW, PROBE BY READING THE FOLLOWING DESCRIPTION]

During controlled burning operations, oil is burned off the surface of the water by igniting the upwind end of an oil-contaminated area of open water and allowing it to burn to the down-wind end.

| | | | |
|-----------|---|------------------|----|
| Yes | 1 | Don't know | 88 |
| No | 2 | Refused..... | 99 |

WORK 22. Boom deployment and recovery

[INTERVIEWER: IF SUBJECT INITIALLY ANSWERS DON'T KNOW, PROBE BY READING THE FOLLOWING DESCRIPTION]

Boom deployment and recovery operations include setting out hard or sorbent booms used to contain or absorb oil and oil products floating on the surface of the water from ships, boats, or other vessels, and pulling them back onboard after they are used.

WORK 23. Did you work on a vessel that was part of the Vessel of Opportunity Program?

| | | | |
|-----------|---|------------------|----|
| Yes | 1 | Don't know | 88 |
| No | 2 | Refused..... | 99 |

[INTERVIEWER: READ THE FOLLOWING PROMPT ONCE BEFORE ASKING QUESTIONS WORK 24 THROUGH WORK 27] I am going to read you a list of different kinds of work you may have done. Please tell me whether or not you did this kind of work for each of these while working on the oil spill response.

WORK 24. Cleanup of beaches, marshes or other areas along the shoreline

[INTERVIEWER: IF SUBJECT INITIALLY ANSWERS DON'T KNOW, PROBE BY READING THE FOLLOWING DESCRIPTION]

Cleanup of beaches, marshes, or other areas along the shoreline includes the removal and cleaning of oil, oil products, and oil contaminated materials from beaches, marshes and other shoreline areas.

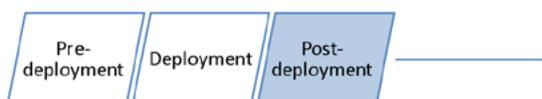
| | | | |
|-----------|---|------------------|----|
| Yes | 1 | Don't know | 88 |
| No | 2 | Refused..... | 99 |

WORK 25. Cleaning oil from the spill off boats or equipment using pressure sprayers

[INTERVIEWER: IF SUBJECT INITIALLY ANSWERS DON'T KNOW, PROBE BY READING THE FOLLOWING DESCRIPTION]

Cleaning oil and oil products from the spill off boats or equipment using pressure sprayers includes the removal of spilled crude oil from the hull or other surfaces of boats or from other equipment using pressure sprayers after the boats or equipment became contaminated during use.

| | | | |
|-----------|---|------------------|----|
| Yes | 1 | Don't know | 88 |
| No | 2 | Refused..... | 99 |



WORK 26. Wildlife rehabilitation

[INTERVIEWER: IF SUBJECT INITIALLY ANSWERS DON'T KNOW, PROBE BY READING THE FOLLOWING DESCRIPTION]

Workers and volunteers are involved in cleaning, caring for and rehabilitating oil-contaminated wildlife.

| | | | |
|-----------|---|------------------|----|
| Yes | 1 | Don't know | 88 |
| No | 2 | Refused | 99 |

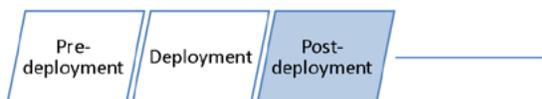
WORK 27. Waste stream management

[INTERVIEWER: IF SUBJECT INITIALLY ANSWERS DON'T KNOW, PROBE BY READING THE FOLLOWING DESCRIPTION]

Waste stream management involves the collection, transport, storage and recycling or final disposal of special or hazardous solid and liquid wastes generated during the oil spill response.

[INTERVIEWER: WASTE STREAM MANAGEMENT DOES NOT INCLUDE MERELY HANDLING WASTE AT THE POINT WHERE IT IS GENERATED, SUCH AS BEACH CLEAN UP SITES.]

| | | | |
|-----------|---|------------------|----|
| Yes | 1 | Don't know | 88 |
| No | 2 | Refused | 99 |



PPEQ 8. What (was/were) the reason(s) you [(did/do) not/(did/do) not always] wear a respirator? [INTERVIEWER: READ LIST AND CODE ALL THAT APPLY]

It wasn't required for the work I did 1

 None was available..... 2

 They didn't have my size 3

 Mine was damaged and I couldn't get a replacement 4

 It got in the way of doing my work..... 5

 It was too hot or uncomfortable 6

 I didn't know how to wear it or use it 7

 I didn't think I needed it..... 8

 It got too dirty 9

 I forgot to wear it..... 10

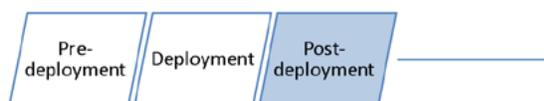
 I thought wearing it made me less safe..... 11

 Other 12

[INTERVIEWER: DON'T READ]

 Don't know 88

 Refused..... 99



MEDICAL HISTORY

[INTERVIEWER: READ THE FOLLOWING PROMPT ONCE BEFORE ASKING QUESTIONS MDHX 1 THROUGH MDHX 13]

Before you began working on the oil spill response, did a doctor ever tell you that you had any of the following:

MDHX 1. Asthma

Yes 1 Don't know... 88 [GO TO QUESTION MDHX 3]
 No 2 [GO TO QUESTION MDHX 3] Refused 99 [GO TO QUESTION MDHX 3]

MDHX 2. Do you still have asthma?

Yes 1 Don't know 88
 No 2 Refused 99

MDHX 3. Emphysema or chronic bronchitis (COPD)

Yes 1 Don't know 88
 No 2 Refused 99

MDHX 4. High blood pressure (high blood – to some)

Yes 1 Don't know 88
 No 2 Refused 99

MDHX 5. Heart disease

Yes 1 Don't know 88
 No 2 Refused 99

MDHX 6. Diabetes (high sugar, sugar, or sugar diabetes to some)

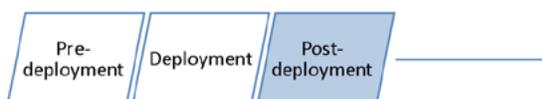
Yes 1 Don't know 88
 No 2 Refused 99

MDHX 7. Anxiety

Yes 1 Don't know 88
 No 2 Refused 99

MDHX 8. Depression

Yes 1 Don't know 88
 No 2 Refused 99



MDHX 9. Alcohol abuse problem

| | | | |
|-----------|---|------------------|----|
| Yes | 1 | Don't know | 88 |
| No | 2 | Refused..... | 99 |

MDHX 10. Sleep problems (e.g., sleep apnea, insomnia, restless leg syndrome)

| | | | |
|-----------|---|------------------|----|
| Yes | 1 | Don't know | 88 |
| No | 2 | Refused..... | 99 |

MDHX 11. Allergies

| | | | |
|-----------|---|------------------|----|
| Yes | 1 | Don't know | 88 |
| No | 2 | Refused..... | 99 |

MDHX 12. Back problems

| | | | |
|-----------|---|------------------|----|
| Yes | 1 | Don't know | 88 |
| No | 2 | Refused..... | 99 |

MDHX 13. Migraine or cluster headaches

| | | | |
|-----------|---|------------------|----|
| Yes | 1 | Don't know | 88 |
| No | 2 | Refused..... | 99 |

MDHX 14. How tall are you in feet and inches when not wearing shoes?

|__| feet |__|__| inches

| | | | |
|------------------|----|--------------|----|
| Don't know | 88 | Refused..... | 99 |
|------------------|----|--------------|----|

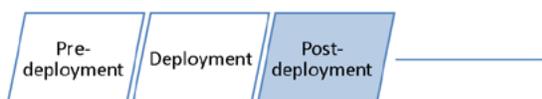
MDHX 15. What is your current weight in pounds when not wearing shoes?

|__|__|__| lbs.

| | | | |
|------------------|----|--------------|----|
| Don't know | 88 | Refused..... | 99 |
|------------------|----|--------------|----|

MDHX 16. Have you smoked at least 100 cigarettes in your entire life? [INTERVIEWER: 100 CIGARETTES=5 PACKS]

| | | | |
|-----------|----------------------------|-----------------|----|
| Yes | 1 | Don't know | 88 |
| No | 2 [GO TO QUESTION MDHX 18] | Refused..... | 99 |



MHLT 5. During the past 30 days, how often did you feel hopeful about the future?

- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

MHLT 6. During the past 30 days, how often did you feel lonely?

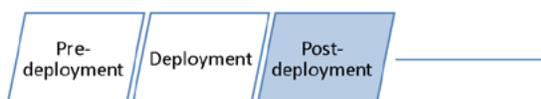
- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

MHLT 7. During the past 30 days, how often did you have trouble keeping your mind on what you were doing?

- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

MHLT 8. During the past 30 days, how often did you feel sad or depressed?

- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |



MHLT 9. During the past 30 days, how often did you feel that everything you did was an effort?

- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

MHLT 10. During the past 30 days, how often did you feel bothered by things that usually don't bother you?

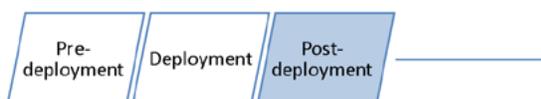
- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

MHLT 11. In the past 30 days, how often have you felt so angry that you either lost your temper or felt out of control?

- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

MHLT 12. During the past 30 days, how often did you feel happy?

- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |



MHLT 13. During the past 30 days how often did you feel that you could not get “going”?

- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

MHLT 14. During the past 30 days, how much have you worried about your future physical health as a result of working on the oil spill? [INTERVIEWER: READ LIST]

- | | |
|---------------------------|-----------------|
| All the time..... 1 | Rarely..... 4 |
| Most of the time..... 2 | Never 5 |
| Sometimes..... 3 | |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

MHLT 15. In the last 30 days how often did your oil spill response job interfere with your family life in any way (e.g., time spent with family, being distracted or short-tempered because of work)? Would you say... [INTERVIEWER: READ LIST]

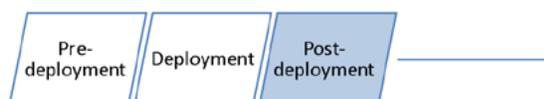
- | | |
|--------------------------------|---------------------------------|
| Never 1 | 1—2 days per week 4 |
| Less than once a month 2 | 3—4 days per week 5 |
| 1—3 days per month 3 | 5 or more days per week 6 |
| [INTERVIEWER: DON'T READ] | |
| Don't know 88 | Refused..... 99 |

MHLT 16. People differ a lot in their feelings about professional help for mental health problems. If you had a SERIOUS mental health problem, would you DEFINITELY go for professional help, PROBABLY go, PROBABLY NOT go, or DEFINITELY NOT go for professional help?

- | | |
|-------------------------|---------------------------|
| Definitely go 1 | Definitely not go 4 |
| Probably go..... 2 | Don't know 88 |
| Probably not go 3 | Refused..... 99 |

MHLT 17. Do you have access to professional help for mental health concerns if desired?

- | | |
|-------------|---------------------|
| Yes 1 | Don't know 88 |
| No 2 | Refused..... 99 |



MHLT 18. Are you able to contact people you rely on for support if desired (people such as family member, friend, spiritual leader, or trusted coworker)?

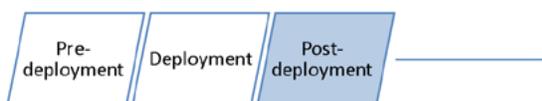
- | | | | |
|-----------|---|------------------|----|
| Yes | 1 | Don't know | 88 |
| No | 2 | Refused | 99 |

MHLT 19. What concerns do you have about the impact of this oil spill ? [INTERVIEWER: CODE ALL THAT APPLY.]

- Loss of personal or family business 1
- Loss of job opportunities..... 2
- Needing to relocate 3
- Loss of usual way of life..... 4
- Damage to wildlife and the natural environment 5
- Health concerns about food sources from local waters 6
- Loss of tourism 7
- Personal health effects 8
- Don't know 88
- Refused..... 99

MHLT 20. In the past 30 days, how often have you had nightmares about the oil spill or thought about it when you did not want to?

- | | | | |
|---------------------------|----|--------------|----|
| All the time | 1 | Rarely..... | 4 |
| Most of the time..... | 2 | Never | 5 |
| Sometimes..... | 3 | | |
| [INTERVIEWER: DON'T READ] | | | |
| Don't know | 88 | Refused..... | 99 |



SAFETY CLIMATE

SAFE 1. (Did/does) your employer on the oil spill response provide you clean drinking water every day?

- | | | | |
|-----------|---|------------------|----|
| Yes | 1 | Don't know | 88 |
| No | 2 | Refused..... | 99 |

[INTERVIEWER: READ THE FOLLOWING PROMPT BEFORE ASKING QUESTION SAFE 2 AND SAFE 3.]

Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following two statements that might or might not describe your oil spill response job.

SAFE 2. There (were/are) no significant shortcuts or compromises taken when worker safety was/is at stake.

- | | | | |
|----------------------|---|-------------------------|---|
| Strongly agree | 1 | Disagree..... | 3 |
| Agree | 2 | Strongly disagree | 4 |

[INTERVIEWER: DON'T READ]

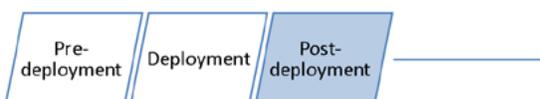
- | | | | |
|------------------|----|--------------|----|
| Don't know | 88 | Refused..... | 99 |
|------------------|----|--------------|----|

SAFE 3. I (had/have) the training I needed/need to perform my job safely and competently.

- | | | | |
|----------------------|---|-------------------------|---|
| Strongly agree | 1 | Disagree..... | 3 |
| Agree | 2 | Strongly disagree | 4 |

[INTERVIEWER: DON'T READ]

- | | | | |
|------------------|----|--------------|----|
| Don't know | 88 | Refused..... | 99 |
|------------------|----|--------------|----|



DEMOGRAPHICS

DEMO 1. [INTERVIEWER: CODE SEX OR ASK IF NOT KNOWN] Are you male or female?

| | | | |
|--------------|---|---------------|----|
| Male | 1 | Refused | 99 |
| Female | 2 | | |

DEMO 2. Are you Hispanic or (Latino/Latina)?

| | | | |
|-----------|---|------------------|----|
| Yes | 1 | Don't know | 88 |
| No | 2 | Refused | 99 |

DEMO 3. I'm going to read a list of race categories, please choose one or more categories that best indicate the race you consider yourself to be. Are you... [INTERVIEWER: READ ALL CATEGORIES AND CODE ALL THAT APPLY]

| | | | |
|--|----|------------------------------|----|
| White | 1 | Native Hawaiian | 5 |
| Black or African American | 2 | Other Pacific Islander | 6 |
| American Indian or Alaska Native | 3 | | |
| Asian | 4 | | |
| [INTERVIEWER: DON'T READ] | | | |
| Other | 7 | Don't know | 88 |
| Refused | 99 | | |

DEMO 4. What is the highest grade or year of school you completed? [INTERVIEWER: READ ONLY IF NECESSARY]

| | |
|--|----|
| Never attended school or only kindergarten | 1 |
| Grades 1 through 8 (elementary) | 2 |
| Grades 9 through 11 (some high school) | 3 |
| Grade 12 or GED (High School graduate) | 4 |
| College 1 year to 3 years (some college or technical school) | 5 |
| College 4 years or more (college graduate) | 6 |
| [INTERVIEWER: DON'T READ] | |
| Don't know | 88 |
| Refused | 99 |



IDNT 7. [INTERVIEWER: READ QUESTION IDNT 7 ONLY IF QUESTION IDNT 6 = 88 OR 99. OTHERWISE, SKIP TO QUESTION IDNT 8.] How old are you?

| | |
|--|--|
| | |
|--|--|

Don't know 88

Refused 99

[INTERVIEWER: IF LAST FOUR DIGITS OF SSN FIELD IS ALREADY POPULATED, READ QUESTION IDNT 8. OTHERWISE, SKIP TO QUESTION IDNT 9]

IDNT 8. We have the last four digits of your Social Security Number listed as [INTERVIEWER: READ LAST FOR DIGITS OF RESPONDENT'S SSN]. Is that correct?

Yes 1 [GO TO QUESTION IDNT 10] Refused 99

No 2

IDNT 9. What are the last four digits of your social security number? [INTERVIEWER: IF RESPONDENT INITIALLY ANSWERS DON'T KNOW OR REFUSES, READ THE FOLLOWING:] The reason we are collecting this information is to match the responses you give us today to our response worker roster.

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Don't know 88

Refused 99

IDNT 10. Is the telephone number I reached you at today the best number to reach you at in the future?

Yes 1 [GO TO QUESTION IDNT 12] Don't know 88

No 2

Refused 99

IDNT 11. Could you give me a phone number, including the area code, that we could use to reach you at in the future?

(_ | _ | _) | _ | _ | _ | - | _ | _ | _ | _ |

None 88 [GO TO QUESTION IDNT 15] Refused 99 [GO TO QUESTION IDNT 15]

IDNT 12. Is that a landline home phone, a cell phone, work phone or something else?

Landline home phone... 1

Other 4

Cell phone 2

Don't know 88

Work phone 3

Refused 99

IDNT 13. Do you have another phone number we could use in case we are unable to reach you at the number you just gave me? For example, a cell phone or a work phone number.

(_ | _ | _) | _ | _ | _ | - | _ | _ | _ | _ |

None 88 [GO TO QUESTION IDNT 15] Refused 99 [GO TO QUESTION IDNT 15]



IDNT 14. Is that a landline home phone, a cell phone, work phone or something else?

- | | |
|--------------------------|--------------------|
| Landline home phone... 1 | Other 4 |
| Cell phone 2 | Don't know..... 88 |
| Work phone..... 3 | Refused 99 |

IDNT 15. Could you tell me the phone number of a family member, friend or other person who would know how to contact you 6 months from now?

(_ | _ | _) | _ | _ | _ | - | _ | _ | _ | _ |

- | | |
|---------------------|-----------------|
| Don't know 88 | Refused..... 99 |
|---------------------|-----------------|

[INTERVIEWER: IF THE STREET ADDRESS, CITY, STATE, AND ZIPCODE FIELDS ARE ALREADY POPULATED, READ QUESTION IDNT 16. OTHERWISE, SKIP TO QUESTION IDNT 17.]

[INTERVIEWER: FOR QUESTONS IDNT 16 TO IDNT 20, IF THE RESPONDENT INITIALLY ANSWERS DON'T KNOW OR REFUSES, READ THE FOLLOWING:] The reason we are asking for your permanent address is so we can share information with you in the future.

IDNT 16. We have your permanent address listed as [INTERVIEWER: READ THE RESPONDENT'S STREET ADDRESS, CITY, STATE, AND ZIPCODE]. Is that correct?

- | | |
|--------------------------------------|--|
| Yes 1 [GO TO QUESTION IDNT 21] | Don't know 88 [GO TO QUESTION IDNT 18] |
| No..... 2 | Refused..... 99 [GO TO QUESTION IDNT 18] |

IDNT 17. What is the zip code of your permanent mailing address?

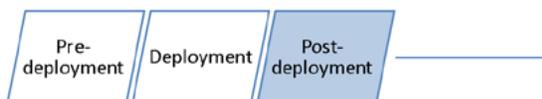
- | | |
|---------------------|-----------------|
| Don't know 88 | Refused..... 99 |
|---------------------|-----------------|

IDNT 18. What state is that? [INTERVIEWER: IF IDNT16=88 OR 99, READ THE QUESTION AS, "In what state is your permanent residence?"]

- | | |
|---------------------|--|
| Don't know 88 | Refused..... 99 [GO TO QUESTION IDNT 21] |
|---------------------|--|

IDNT 19. What city is that? [INTERVIEWER: IF QUESTION IDENT 16=88 OR 99, READ THE QUESTION AS, "In what city is your permanent residence?"]

- | | |
|--|---|
| Don't know 88 [GO TO QUESTION IDNT 21] | Refused 99 [GO TO QUESTION IDNT 21] |
|--|---|



IDNT 20. [INTERVIEWER: IF QUESTION IDENT 16=88 OR 99, READ THE QUESTION AS, GO TO QUESTION IDNT 21.]What is the street number and street name of your permanent mailing address?

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Don't know 88

Refused 99

[INTERVIEWER: IF E-MAIL ADDRESS FIELD IS ALREADY POPULATED, READ QUESTION A21. OTHERWISE, SKIP TO QUESTION A22.]

IDNT 21. We have your email address listed as [INTERVIEWER: READ RESPONDENT'S E-MAIL ADDRESS]. Is that correct?

Yes 1 [GO TO QUESTION IDNT 23] Refused 99 [GO TO QUESTION IDNT 23]

No 2

IDNT 22. Is there an e-mail address we could use to contact you in the future?

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Don't know 88

Refused 99

[INTERVIEWER: READ THE FOLLOWING.]

Thank you very much for your participation. Dr. Renee Funk is the Principal Investigator for this study. Would you like Dr. Funk's e-mail address or telephone number in case you want to contact her about the study at any time?

[IF YES, PROVIDE THE FOLLOWING.]

cdcnioshgulfworker@cdc.gov

(404) 498-4853

In the future, you may be contacted about participating in longer-term research studies on the potential health effects of the Gulf oil spill response efforts, and you can choose whether or not you want to participate in those studies at that time.

[END]

