



DATE: _____

Occupational Health Survey for Community Health Centers

Hello. My name is _____ and I am asking for volunteers to take a survey about work and health. This survey is a project of the _____ Health Center and the Massachusetts Department of Public Health. This survey will take about 10-15 minutes. You will receive a voucher worth \$5 at _____ (store) _____ for your participation.

We are conducting this survey because we have been hearing about people getting hurt or sick from work. The survey contains questions about your work, and health and safety on the job. Your answers will be strictly anonymous. Your name will not be written down or used. Your employer will not know about your answers. All the answers will be combined to learn more about possible health problems that people are having from work. You are not required to take the survey - it is entirely voluntary. Taking the survey will not affect your ability to get medical care here or anywhere else. And you do not have to answer any questions that you are not comfortable with. Are you willing to take the survey? 1. Yes

2. No ⇒ **Please Check** Male Female

1. Are you currently working at a job for pay?
 1. Yes ⇒ **Skip to Question 3**
 2. No

2. Have you worked at a job for pay in the last 12 months?
 1. Yes
 2. No ⇒ **INELIGIBLE-** *"Right now, we are only surveying people who have worked in the last year - thank you for volunteering to answer this survey, but we will not be able to use your answers at this time."*

3. Are (Were) you working at one job or more than one job?
 1. One ⇒ **Skip to Question 4**
 2. More than 1
 |_____→ 3a. How many? _____ # jobs

3b. How many hours a week do (did) you work at all your jobs combined? _____ # hours

✧ Now I would like to ask you some questions about the job where you work (worked) the most number of hours a week:

4. What is your (main) job? (IF NEEDED: What kind of work do (did) you do?)

📖 INTERVIEWER HELP:

Try to get as specific an answer as possible:
Driver (*Ask what kind - Taxi? Bus?*),
Cleaner (*Ask what kind - House? Hotel? Kitchen?*)
Mechanic (*Ask what kind - Auto Motor? Refrigeration?*)

For this question, we want what they do, NOT where they work:
"Work in a hospital" (*Ask what Job? - Nurse's Aide? Cleaning?*)
"Work in an office" (*Ask what Job? Typing? Bookkeeping? Cleaning?*)

5. How many hours do (did) you usually work each week at this job? _____ # hours per week

|| If respondent **absolutely can't** answer because work hours vary ask:
|| Over the last 4 weeks, about how many total hours did you work at this job? _____ # hours ||

6. How many days a week do (did) you usually work at this job? 1 2 3 4 5 6 7

7. What kind of business or industry is (was) this job in? (IF NEEDED: What do they make or do there?)

INTERVIEWER HELP:

Try to get as specific an answer as possible:

Factory (*Ask what the factory makes- Auto Parts? Boxes? Electronics?*)

Restaurant (*Ask what kind - Fast Food? Food Truck? School Cafeteria?*)

**Important: If someone answers the NAME of the company, we
STILL need to find out what the company does or makes!**

Private home and Temp Agency are acceptable answers

8. Do (Did) you work for yourself or someone else?

- 1. Self ⇒ **Skip to Question 15**
- 2. Someone else

9. Do (Did) you work at a place that is owned or managed by a member of your family?

- 1. Yes ⇒ **Skip to Question 11**
- 2. No

10. For this job, do you get your job assignments from a "temp" agency?

- 1. Yes
- 2. No
- 3. Don't Know

11. At this job, has your employer given you written information about how to work without getting hurt?

- 1. Yes
- 2. No ⇒ **Skip to Question 13**
- 3. Don't Know

12. What language was this written information in? (**Interviewer:** *Check all that apply.*)

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. English | <input type="checkbox"/> 4. Cape Verdean Creole | <input type="checkbox"/> 7. Chinese |
| <input type="checkbox"/> 2. Spanish | <input type="checkbox"/> 5. Haitian Creole | <input type="checkbox"/> 8. Vietnamese |
| <input type="checkbox"/> 3. Portuguese | <input type="checkbox"/> 6. Cambodian | <input type="checkbox"/> 9. Other (Specify : _____) |

13. At this job, has your employer given you training about how to work without getting hurt?

- 1. Yes
- 2. No ⇒ **Skip to Question 15**
- 3. Don't Know

14. What language was this training in? (**Interviewer:** *Check all that apply.*)

- 1. English
- 2. Spanish
- 3. Portuguese
- 4. Cape Verdean Creole
- 5. Haitian Creole
- 6. Cambodian
- 7. Chinese
- 8. Vietnamese
- 9. Other (Specify: _____)

15. At your (main) job, do (did) you work ...

<p>a. With chemicals or cleaning solutions? <input type="checkbox"/> 1. Yes ⇒ What kind?</p>	<p><input type="checkbox"/> 2. No</p>
<div style="border: 1px solid black; display: inline-block; padding: 2px;"> If respondent doesn't know what kind: _____ </div>	<p>What are the chemicals used for? _____</p>
<p>c. Doing movements that cause pain in your hands, arms or shoulders? <input type="checkbox"/> 1. Yes ⇒ What is the task?</p>	<p><input type="checkbox"/> 2. No</p>
<p>c. Lifting heavy objects <input type="checkbox"/> 1. Yes</p>	<p><input type="checkbox"/> 2. No</p>

16. At your main job, do (did) you breathe in smoke, fumes, or large amounts of dust?

- 1. Yes ⇒ What? _____
- 2. No

17. (Is/Was) there any part of your job that that you think might affect your health or safety in any way or is dangerous?

- 1. Yes
- 2. No ⇒ **Skip to Question 18**

17a. If yes, please be specific:

18. *INTERVIEWER: Check # of Jobs from Question 3*

- One job ⇒ **Skip to Question 35**
- More than one job ⇒ **Continue with Question 19**

19. Now I want to ask you some questions about the job where you work the second highest number of hours.

What is this job? (IF NEEDED: What kind of work do (did) you do?)

INTERVIEWER HELP:

Try to get as specific an answer as possible:

Driver (Ask what kind - Taxi? Bus?),
 Cleaner (Ask what kind - House? Hotel? Kitchen?)
 Mechanic (Ask what kind - Auto Motor? Refrigeration?)

For this question, we want what they do, NOT where they work:

"Work in a hospital" (Ask what Job? - Nurse's Aide? Cleaning?)
 "Work in an office" (Ask what Job? Typing? Bookkeeping? Cleaning?)

20. How many hours do (did) you usually work each week at this job? _____ # hours per week

|| If respondent **absolutely can't** answer because work hours vary ask:
|| Over the last 4 weeks, about how many total hours did you work at this job? _____ # hours ||

21. How many days a week do (did) you usually work at this job? 1 2 3 4 5 6 7

22. What kind of business or industry is (was) this job in? (IF NEEDED: What do they make or do there?)

INTERVIEWER HELP:

Try to get as specific an answer as possible:

Factory (*Ask what the factory makes- Auto Parts? Boxes? Electronics?*)

Restaurant (*Ask what kind - Fast Food? Food Truck? School Cafeteria?*)

Important: If someone answers the NAME of the company, we STILL need to find out what they make or do there!

Private home and Temp Agency are acceptable answers

23. Do (Did) you work for yourself or someone else?

1. Self ⇒ **Skip to Question 30**

2. Someone Else

24. Do (Did) you work at a place that is (was) owned or managed by a member of your family?

1. Yes ⇒ **Skip to Question 26**

2. No

25. For this job, do you get your job assignments from a "temp" agency?

1. Yes

2. No

3. Don't Know

26. At this job, has your employer given you written information about how to work without getting hurt?

1. Yes

2. No ⇒ **Skip to Question 28**

3. Don't Know ⇒ **Skip to Question 28**

27. What language was this written information in? (**Interviewer: Check all that apply.**)

1. English

4. Cape Verdean Creole

7. Chinese

2. Spanish

5. Haitian Creole

8. Vietnamese

3. Portuguese

6. Cambodian

9. Other (Specify : _____)

28. At this job, has your employer given you training about how to work without getting hurt?

1. Yes

2. No ⇒ **Skip to Question 30**

3. Don't Know

29. What language was this training in? (*Interviewer: Check all that apply.*)
- | | | |
|--|---|---|
| <input type="checkbox"/> 1. English | <input type="checkbox"/> 4. Cape Verdean Creole | <input type="checkbox"/> 7. Chinese |
| <input type="checkbox"/> 2. Spanish | <input type="checkbox"/> 5. Haitian Creole | <input type="checkbox"/> 8. Vietnamese |
| <input type="checkbox"/> 3. Portuguese | <input type="checkbox"/> 6. Cambodian | <input type="checkbox"/> 9. Other (Specify : _____) |

30. At this job, (do/did) you work

<p>a. With chemicals or cleaning solutions? <input type="checkbox"/> 1. Yes ⇒ What kind? _____</p>	<p><input type="checkbox"/> 2. No</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;"> <p>If respondent doesn't know what <u>kind</u>:</p> </td> <td style="width: 60%; padding: 5px;"> <p>What are the chemicals used for?</p> </td> </tr> </table>	<p>If respondent doesn't know what <u>kind</u>:</p>	<p>What are the chemicals used for?</p>	
<p>If respondent doesn't know what <u>kind</u>:</p>	<p>What are the chemicals used for?</p>		
<p>b. Doing movements that cause pain in your hands, arms or shoulders? <input type="checkbox"/> 1. Yes ⇒ What is the task? _____</p>	<p><input type="checkbox"/> 2. No</p>		
<p>c. Lifting heavy objects <input type="checkbox"/> 1. Yes</p>	<p><input type="checkbox"/> 2. No</p>		

31. Do (did) you breathe in smoke, fumes, or large amounts of dust at this job?

1. Yes: What? _____
2. No

32. (Is/Was) there any part of your job that that you think might affect your health or safety in any way or is dangerous?

1. Yes
2. No ⇒ **Skip to Question 33**

32a. If yes, please be specific:

33. *INTERVIEWER: Check # of Jobs from Question 3*

- Two jobs ⇒ **Skip to Question 35**
- More than two jobs ⇒ **Continue with Question 34**

34. What other jobs do you have? (*Interviewer: Write ALL jobs mentioned.*)

35. Now I'd like to ask about health problems or injuries you may have had from work, even if you never

saw a doctor about it. **In the last year**, have you had any health problem, injury or illness that you think happened from your work?

- 1. Yes
- 2. No ⇒ **Skip To Question 44**
- 3. Don't know ⇒ **Skip To Question 44**
- 4. Don't remember ⇒ **Skip To Question 44**

		HEALTH PROBLEM 1	HEALTH PROBLEM 2	HEALTH PROBLEM 3
36.	What kind of health problem, injury, or illness did you have because of work?	_____	_____	_____
37.	At what job did this happen?			
38.	Did you tell your employer about this?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
39.	Did you go to a doctor's office, health center, or hospital to get help?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
40.	Did you miss work because of this?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No ⇒ Skip To 43	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No ⇒ Skip To 43	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No ⇒ Skip To 43
41.	About how many days did you miss?	_____ # days	_____ # days	_____ # days
42.	Did you get paid for the work you missed?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
43.	Has this (health problem/injury) changed the kind of work you can do?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

44. Workers' Compensation is a state program that pays for medical treatment for health problems that are caused by work. It also pays for a part of your lost salary if the health problem causes you to miss work. Before today, had you heard of Workers' Compensation?
- 1. Yes
 - 2. No

45. OSHA is the government agency that is responsible for making sure that workplaces are safe. Workers

can call OSHA and make a complaint about their workplaces without having their boss know who made the complaint.

Before today, had you heard of OSHA?

- 1. Yes
- 2. No

Demographic questions

46. *(Interviewer: Fill in Gender)*

- 1. Male
- 2. Female

47. What is your age now? _____ years old

48. Do you belong to a union at your workplace?

- 1. Yes
- 2. No
- 3. Don't know

49. In which country were you born?

- 1. Mainland United States
- 2. Puerto Rico
- 3. Other Country (**Specify**) _____

50. About how many years have you lived in the (mainland) U.S.?
_____ # years

51. Did you go to school?

- 1. Yes
- 2. No ⇒ **Skip to Question 53**

52. What is the highest year or grade in school you completed?

- | | | | | |
|---|---|---|---------------------------------|--------------------------------|
| <input type="checkbox"/> 1. 8 th grade or less | → | 52a. Do you have your GED? | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
| <input type="checkbox"/> 2. 9 th thru 11 th Grade | → | 52b. Do you have your GED? | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
| <input type="checkbox"/> 3. 12 th GRADE | → | 52c. Did you graduate from high school? | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
| <input type="checkbox"/> 4. Any College or Post-High School | | | | |

53. (This is a standard question that I have to ask, though I know it may seem like a silly question for you to answer:) Are you of Hispanic origin?

- 1. Yes
- 2. No

54. How would you describe your race? (*Interviewer: Read and check All that apply*)

- 1. White/Caucasian
- 2. Black/African American
- 3. Asian
- 4. More than one race (**Please specify:** _____)
- 5. Other race (**Please specify:** _____)

55. What language do you mainly speak at home?

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. English | <input type="checkbox"/> 4. Cape Verdean Creole | <input type="checkbox"/> 7. Chinese |
| <input type="checkbox"/> 2. Spanish | <input type="checkbox"/> 5. Haitian Creole | <input type="checkbox"/> 8. Vietnamese |
| <input type="checkbox"/> 3. Portuguese | <input type="checkbox"/> 6. Cambodian | <input type="checkbox"/> 9. Other (Specify : _____) |

IF THIS INTERVIEW DONE IN ENGLISH -----→ SKIP TO END

56. How well can you speak English - well, just fair, only a little, or not at all?

- 1. Well
- 2. Just fair
- 3. Only a little
- 4. Not at all

57. How well can you read English - well, just fair, only a little, or not at all?

- 1. Well
- 2. Just fair
- 3. Only a little
- 4. Not at all

This is the end of the survey. Do you have any questions or comments you would like to make about health and safety at your job or jobs?

Thank you very much for participating in the survey.

Please give each participant who completes the survey an incentive voucher and informational materials.

INTERVIEWER COMMENTS
