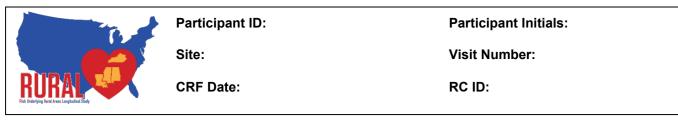
| The state of | Participant ID: | Participant Initials: |
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WORKPLACE HAZARDS

| | Are you currently employed? | ☐ Yes ☐ No |
|-----|---|--|
| | | *If No skip to Work Limitations section of survey. After the Work Limitations survey, continue with the Your Job Future section and Skip question 5 within that section. Continue with Employment Opportunities section but skip question 2 of the survey. |
| | | |
| е | Hazards answer each of the following questions as they apply to you. Does your job primarily involve providing direct service to specific groups of people or client populations? | ☐ Yes ☐ No |
| е | answer each of the following questions as they apply to you. | ☐ Yes ☐ No |
| e | answer each of the following questions as they apply to you. Does your job primarily involve providing direct service to specific groups of people or client populations? How often does your job expose you to verbal abuse and/or | ☐ Yes ☐ No |
| e | answer each of the following questions as they apply to you. Does your job primarily involve providing direct service to specific groups of people or client populations? | |
| e | answer each of the following questions as they apply to you. Does your job primarily involve providing direct service to specific groups of people or client populations? How often does your job expose you to verbal abuse and/or | □ Never□ Occasionally□ Sometimes |
| e . | answer each of the following questions as they apply to you. Does your job primarily involve providing direct service to specific groups of people or client populations? How often does your job expose you to verbal abuse and/or | ☐ Never |
| e | answer each of the following questions as they apply to you. Does your job primarily involve providing direct service to specific groups of people or client populations? How often does your job expose you to verbal abuse and/or | □ Never□ Occasionally□ Sometimes |
| e | answer each of the following questions as they apply to you. Does your job primarily involve providing direct service to specific groups of people or client populations? How often does your job expose you to verbal abuse and/or | Never□ Occasionally□ Sometimes□ Fairly often |



WORKPLACE HAZARDS

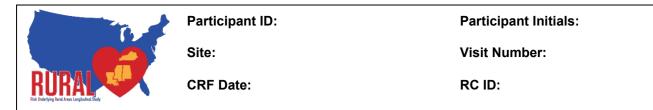
| | Display Name- 1 Month: Workplace Hazards | | | |
|-----------|--|---|----------------|---------|
| • | | | Sometimes | |
| | | | ☐ Fairly often | |
| | | | ☐ Very often | |
| | | | | |
| | 4. | How often have you been physically assaulted within the past 12 | Never | |
| | | months while performing your job? | ☐ Occasionally | |
| | | | Sometimes | |
| | | | ☐ Fairly often | |
| | | | ☐ Very often | |
| | | | _ , | |
| | | | | |
| | | | | |
| | | | | |
| , | | | | |
| | 5. | How often does your job personally subject you to potential legal | Never | |
| | | liability? | ☐ Occasionally | |
| | | | ☐ Sometimes | |
| | | | ☐ Fairly often | |
| | | | ☐ Very often | |
| | | | very enter. | |
| | | | | |
| <u>Ph</u> | ysic | cal Environment | | |
| Ple | ase | indicate whether the following statements about your job are TRUE or | FALSE. | |
| | 1. | The level of NOISE in the area(s) in which I work is usually high. | ☐ True | ☐ False |
| | | | | |
| | 2. | The level of LIGHTING in the area(s) in which I work is usually poor. | ☐ True | ☐ False |

| The state of | Participant ID: | Participant Initials: |
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| 3. | The TEMPERATURE of my work area(s) during the SUMMER is usually comfortable. | ☐ True | ☐ False |
|----|--|--------|---------|
| 4. | The TEMPERATURE of my work area(s) during the WINTER is usually comfortable. | ☐ True | ☐ False |
| 5. | The HUMIDITY in my work area(s) is usually either too high or too low. | ☐ True | ☐ False |
| 6. | The level of AIR CIRCULATION in my work area(s) is good. | ☐ True | ☐ False |
| 7. | The AIR in my work area(s) is clean and free of pollution. | ☐ True | ☐ False |
| 8. | In my job, I am well protected from exposure to DANGEROUS SUBSTANCES. | ☐ True | ☐ False |
| 9. | The overall quality of the PHYSICAL ENVIRONMENT where I work is poor. | ☐ True | ☐ False |
| 10 | . My WORK AREA(S) is/are awfully crowded. | ☐ True | ☐ False |

Work Limitations



WORKPI ACE HAZARDS

| Ve are interested in learning about any work disability you may have had in the last 12 months. Please answer the ollowing questions. | | | |
|---|--|-------|--|
| 1. | Within the past 12 months, has the kind or amount of work you can do been limited by any disability? | Yes | ☐ No |
| | been innited by any disability? | , , | ed "No", skip the tions on this form) |
| 2. | Was this disability caused by your job? | ☐ Yes | □ No |
| 3. | Was this disability a result of an accident at work? | ☐ Yes | □No |
| | | · • | ed "No", skip the tions on this form) |
| 4. | Have you applied for financial benefits as a result of this disability? | ☐ Yes | □ No |
| 5. | Do you currently receive financial benefits as a result of this disability? | ☐ Yes | □No |
| 5. | Do you currently receive financial benefits as a result of this disability? | ☐ Yes | |
| 1 | | | |



| Participant | ID: | | | |
|-------------|-----|--|--|--|
|-------------|-----|--|--|--|

Participant Initials:

Site:

Visit Number:

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WORKPLACE HAZARDS

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| | looks like? | ☐ A little uncertain ☐ Somewhat certain |
|----|---|---|
| | | ☐ Fairly certain ☐ Very certain |
| | | |
| 2. | How certain are you that opportunities for promotion and advancement will exist in the next few years? (Changed | ☐ Very uncertain |
| | wording) | A little uncertain |
| | | ☐ Somewhat certain |
| | | ☐ Fairly certain |
| | | ☐ Very certain |
| | | |
| 3. | How certain are you about whether your job skills will be of | ☐ Very uncertain |
| | use and value five years from now? | ☐ A little uncertain |
| | | ☐ Somewhat certain |
| | | ☐ Fairly certain |
| | | ☐ Very certain |
| | | |
| 4. | How certain are you about what your responsibilities will be | ☐ Very uncertain |
| | six months from now? | ☐ A little uncertain |
| | | ☐ Somewhat certain |
| | | ☐ Fairly certain |
| | | ☐ Very certain |
| | | |

| | Participant ID: | Participant Initials: | |
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|-----------|-------------------|--|---|--|--|
| | WORKPLACE HAZARDS | | | | |
| | | | Display Name- 1 Month | n: Workplace Hazards | |
| | 5. | If you lost your job support yourself? | , how certain are you that you could | Dery uncertain A little uncertain Somewhat certain Fairly certain Very certain | |
| | e ne | eyment Opportun xt four questions as | | ut your job in relationship to other jobs you might be able to | |
| | 1. | How easy would it with another empl | be for you to find a suitable job oyer? | □ Very easy □ Quite easy □ Fairly easy □ Not quite so easy □ Not at all easy | |
| | 2. | | be for you to find a job as good w have with another employer? | □ Very easy □ Quite easy □ Fairly easy □ Not quite so easy □ Not at all easy | |
| | 3. | | escribe the number of available of employers, for a person with ? | □ Very available□ Quite available□ Fairly available | |



| Participant ID: | Participant Initials: |
|-----------------|-----------------------|
|-----------------|-----------------------|

Site: Visit Number:

CRF Date: RC ID:

WORKPLACE HAZARDS

Display Name- 1 Month: Workplace Hazards Not quite so available Not at all available

4. How likely is it that you would have to move out of your local area to find a suitable job with another employer?

☐ Very likely

☐ Quite likely

☐ Fairly likely

☐ Not quite so likely

■ Not at all likely

5. How many jobs have you had in the past five years?

Thank You for Completing this Questionnaire!