CONSENT FORM

Janitors' Workload and Injury Study

You are invited to join a cooperative project between the University of Minnesota and the SEIU Local 26 that is planned to assess workload, health, and injury experience as well as injury reporting, using the attached questionnaire. You were selected for this opportunity because the SEIU L26 identified you as a janitor. We ask you to read this form and ask any questions you may have before agreeing to join this project. This project is being conducted by Deirdre Green and Adam Schwartz, graduate students in Environmental Health Sciences, University of Minnesota, together with a faculty research team from the University of Minnesota.

Background Information

The purpose of this project is to: identify factors that may contribute to injuries. To identify the injury problem, the following questionnaire asks about your employment, health status, injuries, workload, sleep quality, and your work environment. To address issues with injury reporting, this questionnaire asks about your experience with injuries and reporting; for some, this will be followed with information about how to recognize and report work-related injuries. Six months later, you will be asked to complete a second questionnaire that asks the same questions. This is important so there will be a complete year of information about your workload and injury experience - for the best results*!* ***To provide accurate information, that is not unfair, it is important to complete the questionnaire <u>whether or not</u> you had any injuries during the reporting period.***

Approximately one hundred janitors will be asked to participate in a smaller portion of the project that measures workload using FitBit bands. Another small portion of janitors will also be observed on the job to assess physical workload.

Procedures:

If you agree to join in this project, you will be asked to do the following things:

- Complete the following questionnaire, both at the beginning of the project and 6-months later, for follow-up.
- Review the information. If information is unclear or you have additional questions, please contact Adam Schwartz and Deirdre Green [contact information below].
- *If you are participating in the workload assessment projects, including the FitBit study, separate information will be provided to you for your review, before you participate in those assessments.*

Risks and Benefits of Participating in the Project

The project has <u>minimal risks and several benefits</u>:

You will be asked to remember information about injuries that happened during the six-month period, identified, while employed as a janitor. **<u>You are NOT required to answer any questions with which you are uncomfortable; just mark an "X" on any question number you do not wish to answer, and continue to the next question.</u>** All of your responses will remain confidential and will never be identified with you.

<u>The benefits of participating this project are</u>:

Janitors will benefit directly from the knowledge gained, **including new information,** about janitors' workload and potential risk of injury.

Compensation:

All participating janitors will have an opportunity to be entered into a <u>drawing for a $50 Target gift card</u>, providing them at least a 1 in 20 opportunity of receiving a gift card. <u>A total of 110 gift cards will be available</u> for this opportunity and will be provided following completion of the second questionnaire. All janitors who indicate that they want to be included in the drawing, whether or not they participate, will be among those randomly selected by the research team following completion of the study.

Confidentiality:
Your questionnaire records will be kept completely private. In any report or paper that is published, only group information is provided; no individual person can ever be identified. Project records will be stored securely at the University of Minnesota and only the research team will have access to the records. Project data will be coded according to current University of Minnesota policy for protection of confidentiality.

Voluntary Nature of the Project:
Participation in this project is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota or the SEIU Local 26. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Contacts and Questions:
The persons conducting this project are: Deirdre Green (gree1982@umn.edu) and Adam Schwartz (schw1562@umn.edu) (612-624-1296) and Dr. Susan Gerberich (gerbe001@umn.edu), together with other members of the research team. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact them at the University of Minnesota, through the email addresses or telephone number identified above. Rony Arauz is the Spanish language team member, who can be reached by telephone at 612-625-5887 or by email (arauz005@umn.edu).

If you have any questions or concerns regarding this project and would like to talk to someone other than those identified above, **you are encouraged** to contact the Research Subjects' Advocate Line, D528 Mayo, 420 Delaware St. Southeast, Minneapolis, Minnesota 55455; (612) 625-1650.

You will be given a copy of this information to keep for your records.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I agree to participate in this project.

Full Name:_____

Signature:_____ **Date:** _____

Mailing Address:_____

Email Address:_____

Telephone Number:_____

Signature of Investigator:_____ **Date:** _____

Janitor Workload Health and Injury Project: Phase I

Today's Date: _____

Confidentiality: The information that you provide will be kept strictly confidential and no information that could personally identify you or the facility in which you work(ed) will ever be made public. Only investigators at the University of Minnesota will ever have direct access to the information: any report or published paper will include only grouped information. If there is any question you do not wish to answer, please mark an X on the question number and continue to the next question.

Questionnaire and Envelope: When you have completed the questionnaire, please place it in the envelope and seal the envelope that includes the University of Minnesota address on the front. Then, return it to your Steward or the SEIU L26 representative who gave this to you. The Steward or representative who gave it to you, will return it to the SEIU L26 office where it will be placed in a large locked box until it is picked up by a member of the University of Minnesota research team member.

Gift Card Drawing: Remember! We are providing Target gift cards valued at $50, each, to a minimum of 110 randomly selected individuals. You are not required to complete the questionnaire to be eligible for this drawing; however, if you have not already indicated your interest, YOU DO NEED TO CHECK YES OR NO BELOW.

☐ *YES, include me in the gift card drawing*

☐ *NO, do not include me in the gift card drawing*

Remember to fill in the consent form on Page 2 before starting the following questions!

THE FOLLOWING QUESTIONS ASK ABOUT YOUR JOB AS A JANITOR.
PLEASE ANSWER THE FOLLOWING QUESTIONS IN ORDER BY NUMBER.

1. OVER YOUR LIFETIME, how long have you been employed as a janitor? (Please indicate the number of years and/or months)

If **Less** than one year:

- Number of months? _____

If **One or More** years:

- Number of years? _____

2. HOW LONG HAVE YOU WORKED with your current company? (Please indicate the number of years and/or months)

If **Less** than one year:

- Number of months? _____

If **One or More** years:

- Number of years? _____

3. What was your JOB TITLE at the building where you worked most of the time in the 6 months between May 1 and October 31, 2016? (Check all that apply)

- ☐ Bathroom Cleaner
- ☐ Floor Cleaner
- ☐ Special Projects
- ☐ Other Job Title

  Please Describe_____

4. Did you work FULL-TIME OR PART-TIME, or other: *(Check one)*?

- ☐ Full-Time
- ☐ Part-Time
- ☐ Other

  Please Describe_____

5. About HOW MANY HOURS PER WEEK did you work in the 6 months between May 1 and October 31, 2016?

_____ hours per week

6. What were your USUAL WORK TIMES in the 6 months between May 1 and October 31, 2016? (Please fill in start and end times and circle a.m. or p.m.).

a.m. is midnight to noon; p.m. is noon to midnight.

____:____ (a.m./p.m.)

to

____:____ (a.m./p.m.)

7. During those 6 months, did you have OTHER JOBS besides this job? *(Check one)*

☐ Yes ☐ No → *(if NO, skip to question 9)*

8. HOW MANY OTHER JOBS did you have?

_____ number of other jobs

For these other jobs, in the 6 months between May 1 and October 31, 2016, about HOW MANY HOURS per week did you work?

_____ hours per week

For the following questions, think about YOUR WORKLOAD in the 6 months between May 1 and October 31, 2016:

9. On an AVERAGE SHIFT how many SMALL TRASH/RECYCLING CANS (up to 25lbs) did you empty? _____

10. On an AVERAGE SHIFT how many LARGE TRASH/RECYCLING CANS (over 25lbs) did you empty? _____

11. On an AVERAGE SHIFT how much TIME DID YOU SPEND VACUUMING?

If less than 1 hour, how many minutes? _____ MINUTES

If 1 hour or more, how many hours? _____HOURS

12. On an AVERAGE SHIFT how much TIME DID YOU SPEND SWEEPING or MOPPING?

If less than 1 hour, how many minutes? _____ MINUTES

If 1 hour or more, how many hours? _____HOURS

13. On an AVERAGE SHIFT how much TIME DID YOU SPEND DUSTING?

If less than 1 hour, how many minutes? _____ MINUTES

If 1 hour or more, how many hours? _____HOURS

14. On an AVERAGE SHIFT how many SINKS did you clean? _____

15. On an AVERAGE SHIFT how many TOILETS did you clean? _____

16. On an AVERAGE SHIFT, how many MIRRORS did you clean? _____

17. How did your WORKLOAD CHANGE in the 6 months between May 1 and October 31, 2016? *(Check one)*

☐ Increased ☐ Decreased ☐ No change

If workload increased, which of the following caused CHANGES in your workload? (Check all that apply)

- ☐ Fewer staff
- ☐ More job duties
- ☐ Training other employees
- ☐ Less funding
- ☐ Lack of supplies or equipment (resources)
- ☐ New equipment
- ☐ Intensity of work
- ☐ Complaints from customers, coworkers, management
- ☐ Other, please describe_____

The next questions are about MODERATE OR VIGOROUS PHYSICAL ACTIVITY you did in the past 7 days as part of your PAID OR UNPAID WORK. This does not include traveling to and from work.

18. During YOUR WORK TIME, in the past 7 days, ON HOW MANY DAYS did you do moderate or vigorous physical activities like heavy lifting, vacuuming, cleaning, walking, or climbing up stairs? Think about only those physical activities that you did for at least 10 minutes at a time.

_____ days per week

_____No vigorous job-related physical activity → Skip to question 20.

19. On average, HOW MUCH TIME DID YOU SPEND on one of those days doing moderate or vigorous physical activities as part of your work?

_____ hours per day

_____ minutes per day

An ACCIDENT or INJURY, INCLUDING PAIN;

Is one that involves any of the following:
(1) Restricted normal activities for at least 4 hours and/or
(2) Resulted in loss of consciousness/being knocked out/, and/or
(3) Required professional healthcare, including care by doctors, nurses, chiropractors, dentists or other healthcare professionals.

20. Did you have ANY WORK-RELATED INJURIES in the 6 months between May 1 and October 31 2016?

☐ **YES** ☐ **No ---> If NO, skip to Question 39, Page 12**

21. How MANY TIMES in the 6 months between May 1 and October 31, 2016 were you injured at work? _____#

Please provide the following information for EACH work-related injury/pain event that happened to you between May 1 and October 31 2016. Please fill in the date of injury/pain (if unsure of exact month, please give your best guess) and check the work shift time(s) of injury/pain. If you had one or more injuries/pains – up to 4 events, please tell us about EACH event (1-4) below.

DURING THE PAST 6-MONTHS (between May 1 and October 31, 2016):	**Injury/Pain 1**	**Injury/Pain 2**	**Injury/Pain 3**	**Injury/Pain 4**
22. Date(s) of injury(s) (*Fill in month and year. If unsure of exact month, please give your best guess)*	**____/_____ Month/Year**	**____/_____ Month/Year**	**____/_____ Month/Year**	**____/_____ Month/Year**
23. Time(s) of injury(s) (*Check all that apply for each event)*				
Beginning of Shift	○	○	○	○
Middle of Shift	○	○	○	○
End of Shift	○	○	○	○

Please DESCRIBE how each event occurred. What were you doing just before the event? What started the event?
Please use the back of this paper if needed.

24. Injury/Pain 1:_____
_____
_____

25. Injury/Pain 2:_____
_____
_____

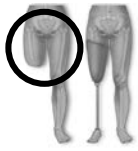
26. Injury/Pain 3:_____
_____
_____

27. Injury/Pain 4:_____
_____
_____

28. What was (were) the TYPE(S) of injury? CHECK ALL THAT APPLY FOR EACH EVENT.

See picture examples below also	Injury/Pain 1	Injury/Pain 2	Injury/Pain 3	Injury/Pain 4
A. Abrasion/Bruise	○	○	○	○
B. Amputation/loss of body part	○	○	○	○
C. Asphyxia/loss of breath/loss of oxygen	○	○	○	○
D. Bite	○	○	○	○
E. Burn	○	○	○	○
F. Concussion (Loss of consciousness / "knocked out")	○	○	○	○
G. Crushing/mangling	○	○	○	○
H. Cut/laceration/scratch	○	○	○	○
I. Fracture	○	○	○	○
J. Dislocation	○	○	○	○
K. Nerve injury	○	○	○	○
L. Pain	○	○	○	○
M. Penetration injury, including puncture	○	○	○	○
N. Poisoning	○	○	○	○
O. Sprain/strain/rupture	○	○	○	○
P. Torn ligament	○	○	○	○
Q. Varicose Veins	○	○	○	○
R. Other (Specify_____)	○	○	○	○


A. Abrasion/Bruise


B. Loss of Body Part


C. Loss of breath


D. Bite


E. Burn


F. Concussion


G. Crushing/Mangling


H. Cut/Scratch


I. Fracture

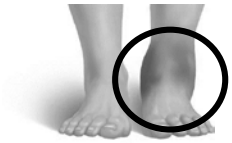

J. Dislocation


K. Nerve injury

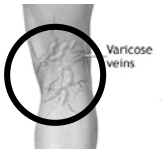

L. Pain


M. Puncture


N. Poisoning


O. Sprain/Strain


P. Torn ligament

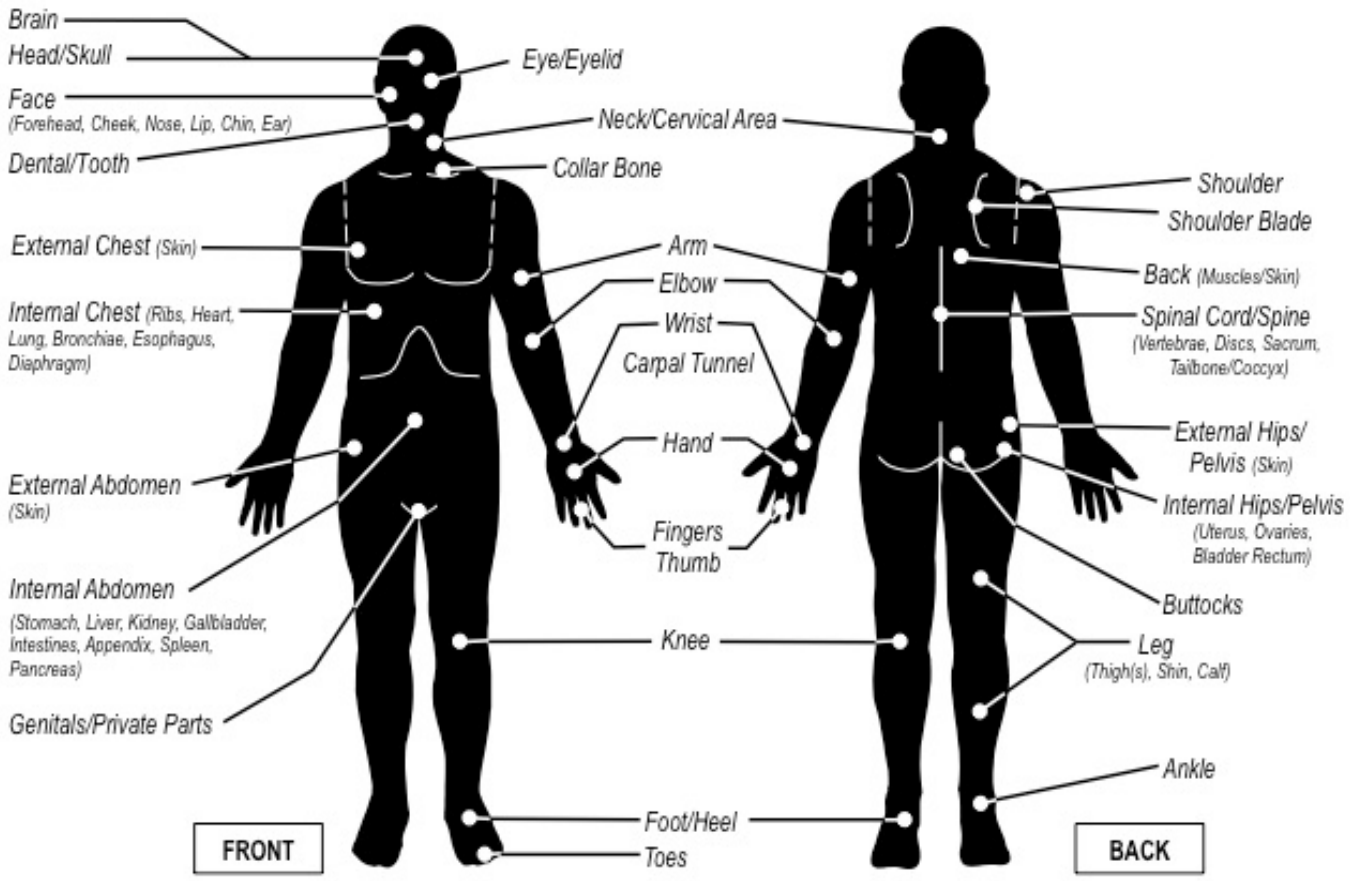


Q. Varicose veins


R. Other type

29. What BODY PART(S) were injured? CHECK ALL THAT APPLY FOR EACH EVENT.

	Injury/Pain 1	Injury/Pain 2	Injury/Pain 3	Injury/Pain 4
Head/skull/brain	○	○	○	○
Face (forehead, cheek, nose, lip, jaw, ear)	○	○	○	○
Eye/eyelid	○	○	○	○
Teeth	○	○	○	○
Neck/cervical area	○	○	○	○
Back (muscles, skin)	○	○	○	○
Chest	○	○	○	○
Spinal cord/spine	○	○	○	○
Abdomen/Stomach	○	○	○	○
Shoulder	○	○	○	○
Arm/elbow/wrist	○	○	○	○
Hand/fingers/thumb(s)	○	○	○	○
Hips	○	○	○	○
Buttocks	○	○	○	○
Genitalia/private body parts	○	○	○	○
Leg (thigh, shin, calf, knee, ankle)	○	○	○	○
Foot/heel, toes	○	○	○	○
Other (Specify_____)	○	○	○	○



Includes internal and external injuries

30. What CAUSED your injury event? CHECK ALL THAT APPLY

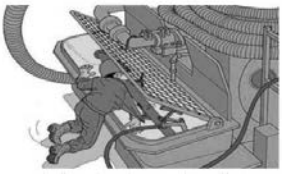
	Injury/Pain 1	Injury/Pain 2	Injury/Pain 3	Injury/Pain 4
A. Contact with object, equipment	○	○	○	○
B. Overexertion	○	○	○	○
C. Struck by object	○	○	○	○
D. Struck against object	○	○	○	○
E. Caught in object, equipment, material	○	○	○	○
F. Fall to lower level	○	○	○	○
G. Fall to same level	○	○	○	○
H. Slip, trip	○	○	○	○
I. Repetitive Motion	○	○	○	○
J. Exposed to Harmful Substance	○	○	○	○
K. Fires, explosions	○	○	○	○
L. Other Cause (specify)_____	○	○	○	○

A. Contact with object/equipment

B. Overexertion: *Injuries related to pulling, pushing, holding, carrying and throwing.*

C. Struck by object: *Objects that fall from shelves or dropped by another person*

D. Struck against an object: *When a person runs into concrete objects such as walls, doors cabinets, tables, chairs, etc.*



E. Caught in object or equipment

F. Fall to lower level: *Falling to a level below one that you walk or stand on (i.e. ladder, stairs, etc.)*

G. Fall to same level: Falling to a surface you are walking on

H. Slip, Trip

I. Repetitive motion:

J. Exposed to harmful substance:

K. Fires, explosions:

L. Other cause

31. Were you TREATED BY any of the following as a result of this (these) events?

CHECK ALL THAT APPLY FOR EACH INJURY/PAIN EVENT

	Injury/Pain 1	Injury/Pain 2	Injury/Pain 3	Injury/Pain 4
A. No treatment	○	○	○	○
B. Physician (non-Psychiatrist)	○	○	○	○
C. Dentist	○	○	○	○
D. Chiropractor	○	○	○	○
E. Nurse/Nurse Practitioner/Nurse Clinician/Physician's Assistant	○	○	○	○
F. Psychiatrist/Psychologist/Therapist	○	○	○	○
G. Paramedics/Emergency Medical Technician	○	○	○	○
H. Holistic, Alternative, or Non-traditional medical provider	○	○	○	○
I. Treated yourself	○	○	○	○
J. Other (Specify)_____	○	○	○	○

A. No treatment

B. Physician

C. Dentist

D. Chiropractor

E. Nurse/Nurse practitioner / Nurse clinician/ Physician assistant

F. Psychiatrist/ Psychologist/ Therapist

G. Paramedics/ Emergency medical technician

H. Holistic, Alternative, OR Non-traditional medical provider

I. Treated yourself

J. Other not listed

32. Were you ADMITTED TO A HOSPITAL as a result of this (these) event(s)? (*Check one for each event)*	**Injury/Pain 1**	**Injury/Pain 2**	**Injury/Pain 3**	**Injury/Pain 4**
No	◯	◯	◯	◯
Yes **If YES, for how many days?**	◯ _____ days	◯ _____ days	◯ _____ days	◯ _____ **days**
33. Did you have LOST WORK DAYS as a result of this (these) event(s)? (*Check one for each event)*	**Injury/Pain 1**	**Injury/Pain 2**	**Injury/Pain 3**	**Injury/Pain 4**
No	◯	◯	◯	◯
Yes **If YES, how many days?**	◯ _____ days	◯ _____ days	◯ _____ days	◯ _____ days
34. Were your REGULAR WORK ACTIVITIES RESTRICTED as a result of this (these) event(s)? (*Check one for each event)*	**Injury/Pain 1**	**Injury/Pain 2**	**Injury/Pain 3**	**Injury/Pain 4**
No	◯	◯	◯	◯
Yes **If YES, for how long?**	◯	◯	◯	◯
Less than 4 hours	◯	◯	◯	◯
4 hours to less than 1 day	◯	◯	◯	◯
1 day to less than 3 days	◯	◯	◯	◯
3 days to less than 7 days	◯	◯	◯	◯
7 days to less than 14 days	◯	◯	◯	◯
14 days to less than 1 month	◯	◯	◯	◯
1 month to less than 3 months	◯	◯	◯	◯
3 months or more	◯	◯	◯	◯
35. Were your REGULAR NON-WORK ACTIVITIES RESTRICTED as a result of this (these) event(s)? (*Check one for each event)*	**Injury/Pain 1**	**Injury/Pain 2**	**Injury/Pain 3**	**Injury/Pain 4**
No	◯	◯	◯	◯
Yes **If YES, for how long?**	◯	◯	◯	◯
Less than 4 hours	◯	◯	◯	◯
4 hours to less than 1 day	◯	◯	◯	◯
1 day to less than 3 days	◯	◯	◯	◯
3 days to less than 7 days	◯	◯	◯	◯
7 days to less than 14 days	◯	◯	◯	◯
14 days to less than 1 month	◯	◯	◯	◯
1 month to less than 3 months	◯	◯	◯	◯
3 months or more	◯	◯	◯	◯
36. Are your regular ACTIVITIES STILL RESTRICTED as a result of this (these) event(s)? (*Check one for each event)*	**Injury/Pain 1**	**Injury/Pain 2**	**Injury/Pain 3**	**Injury/Pain 4**
No	◯	◯	◯	◯
Yes	◯	◯	◯	◯

37. Do you HAVE ANY CONTINUING PROBLEMS OR SYMPTOMS related to this (these) event(s)? (*Check one for each event)*	**Injury/Pain 1**	**Injury/Pain 2**	**Injury/Pain 3**	**Injury/Pain 4**
No	◯	◯	◯	◯
Yes	◯	◯	◯	◯
38. Did you file a WORKERS' COMPENSATION CLAIM for this problem?	**Injury/Pain 1**	**Injury/Pain 2**	**Injury/Pain 3**	**Injury/Pain 4**
No	◯	◯	◯	◯
Yes	◯	◯	◯	◯

39. Before May 1, 2016, did you have ANY INJURIES AT WORK? *(Check one)* ☐ Yes ☐ No

40. Before May 1, 2016, did you have ANY INJURIES NOT AT WORK? *(Check one)* ☐ Yes ☐ No

41. Between May 1 and October 31, 2016, did you usually experience pain while working? (Check one)

☐ Yes ☐ No

↓

If YES, check the box that shows your usual level of pain while working.

					
☐ No Pain	☐ Little Pain	☐ Some Pain	☐ Medium Pain	☐ Lots of Pain	☐ Extreme Pain

42. IF YES, Did you take medicine, either from a doctor or over the counter, for this pain? *(Check one)*

☐ Yes ☐ No

PLEASE ANSWER THE NEXT QUESTIONS ABOUT INJURY/PAIN REPORTING

43. In the 6 months between May 1 and October 31, 2016, DID YOU REPORT ANY injury or illness or pain to your employer? *(Check ONE)*

☐ Yes ☐ No

↓

If NO, did any of the following prevent you from reporting your injury or illness or pain to your employer? *(Check ALL THAT APPLY)*

I don't feel confident that the form is kept anonymous (private)	◯
I am too busy to fill out the form	◯
I am afraid of the consequences	◯
I don't want to get into trouble	◯
I am worried about legal action	◯
I feel I will be blamed for raising concerns	◯
I believe it's pointless (worthless) and nothing will be done about it	◯
I am afraid it will affect my career and reputation	◯
I am unsure who to report the incident to	◯
If I discuss the incident with the person involved, nothing else needs to be done	◯
I never get any feedback on action taken	◯
Reporting takes too much time	◯
The incident was too not that bad	◯
Injuries are a part of the job	◯
The incident form takes too long to fill out	◯
I am unaware of the reporting process	◯
Other (Please describe) _____	◯

44. Do you know what an OSHA 300 log is? *(Check one)*

☐ Yes ☐ No

45. Have you ever seen the OSHA 300, which is the Log Summary of Occupational Injuries and Illnesses for your establishment/workplace? *(Check one)*

☐ Yes ☐ No

If YES, did you see it by *(Check one)?*

- ☐ Viewing the summary portion of the log posted by the employer
- ☐ Requesting access to see the entire OSHA log

46. Did you ever have an injury recorded on the OSHA log? *(Check one)*

☐ Yes ☐ No

47. Do you know what WORKERS' COMPENSATION is? *(Check one)*

☐ Yes ☐ No

48. Have you or your employer filed for Workers' Compensation FOR ANY INJURY OR ILLNESS YOU HAD? *(Check one)*

☐ Yes ☐ No

For your work in the 6 months between May 1 and October 31, 2016, please circle one answer:

49. How MENTALLY DEMANDING has it been working as a janitor? *(Circle one)*

1	2	3	4	5
Very Low Demand	Low Demand	Medium Demand	High Demand	Very High Demand

50. How PHYSICALLY DEMANDING has it been working as a janitor? *(Circle one)*

1	2	3	4	5
Very Low Demand	Low Demand	Medium Demand	High Demand	Very High Demand

51. How HURRIED OR RUSHED have you been working as a janitor? *(Circle one)*

1	2	3	4	5
Very Low Rush	Low Rush	Medium Rush	Highly Rushed	Very Highly Rushed

52. How SUCCESSFUL were you in completing what you were asked to do? *(Circle one)*

1	2	3	4	5
Very Low Success	Low Success	Medium Success	High Success	Very High Success

53. How HARD DID YOU HAVE TO WORK to do your job? *(Circle one)*

1	2	3	4	5
Not Very Hard	Somewhat Hard	Medium Hard	Hard	Very Hard

54. How FRUSTRATED have you been with your work as a janitor? *(Circle one)*

1	2	3	4	5
Very Low Frustration	Low Frustration	Medium Frustration	High Frustration	Very High Frustration

The next question is about moderate or vigorous physical activity during the WHOLE day (DURING WORK OR IN YOUR FREE TIME) that caused at least light sweating or a slight increase in your breathing or heart rate.

55. During either YOUR WORK OR FREE TIME, in the past 7 days, ON HOW MANY DAYS did you do moderate or vigorous physical activities like fast walking, pushing a lawn mower, or moving heavy boxes by hand for at least 30 minutes at a time?

_____ Days per week

PLEASE ANSWER THE NEXT QUESTIONS ABOUT STRESS YOU MAY HAVE HAD IN THE 6 MONTHS BETWEEN MAY 1 AND OCTOBER 31, 2016.

56. STRESS means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because his/her mind is troubled all the time. Did you feel any STRESS? *(Check one)*

□ Not at all □ Very little □ Sometimes □ Often □ Very Much

57. How did you feel about YOUR JOB? *(Check one)*

□ Terrible/Unhappy □ Mostly Dissatisfied □ Mixed Feelings □ Mostly Satisfied □ Pleased/Delighted

58. How did you feel about the PEOPLE YOU WORKED WITH -- your co-workers? *(Check one)*

□ Terrible/Unhappy □ Mostly Dissatisfied □ Mixed Feelings □ Mostly Satisfied □ Pleased/Delighted

59. How did you feel about the WORK YOU DID ON YOUR JOB – the work itself? *(Check one)*

□ Terrible/Unhappy □ Mostly Dissatisfied □ Mixed Feelings □ Mostly Satisfied □ Pleased/Delighted

60. How did you feel about WHERE YOU WORKED --- the physical surroundings, the hours, the amount of work you were asked to do? *(Check one)*

□ Terrible/Unhappy □ Mostly Dissatisfied □ Mixed Feelings □ Mostly Satisfied □ Pleased/Delighted

61. How did you feel about the RESOURCES (equipment, tools, information, supervision, etc.) you had available for doing your job? *(Check one)*

□ Terrible/Unhappy □ Mostly Dissatisfied □ Mixed Feelings □ Mostly Satisfied □ Pleased/Delighted

PLEASE ANSWER THE NEXT QUESTIONS ABOUT THE PAST MONTH (October 2016).

62. In the PAST MONTH, how often have you felt that you were unable to control the important things in your life? *(Check one)*

□ Never □ Almost Never □ Sometimes □ Fairly Often □ Very Often

63. In the PAST MONTH, how often have you felt confident about your ability to handle your personal problems? *(Check one)*

□ Never □ Almost Never □ Sometimes □ Fairly Often □ Very Often

64. In the PAST MONTH, how often have you felt that things were going your way? *(Check one)*

□ Never □ Almost Never □ Sometimes □ Fairly Often □ Very Often

65. In the PAST MONTH, how often have you felt difficulties were piling up so high that you could not overcome them? *(Check one)*

□ Never □ Almost Never □ Sometimes □ Fairly Often □ Very Often

PLEASE ANSWER THE NEXT QUESTIONS ABOUT YOUR SLEEP EXPERIENCE AND QUALITY

The following questions refer to sleep quality DURING THE PAST 7 DAYS.

66. On average, I got _____ HOURS OF SLEEP in a 24-hour period.

67. On average, my sleep quality was (*Check one*)

☐ Very Poor ☐ Poor ☐ Fair ☐ Good ☐ Very Good

68. On average, my sleep was refreshing (*Check one*)

☐ Not at All ☐ A little bit ☐ Somewhat ☐ Quite a Bit ☐ Very Much

69. On average, I had a problem with my sleep (*Check one*)

☐ Not at All ☐ A little bit ☐ Somewhat ☐ Quite a Bit ☐ Very Much

70. On average, I had difficulty falling asleep (*Check one*)

☐ Not at All ☐ A little bit ☐ Somewhat ☐ Quite a Bit ☐ Very Much

Was your SLEEP IN THE PAST 7 DAYS SIMILAR TO YOUR SLEEP IN THE 6 MONTHS between May 1st and October 31st, 2016?

☐ **Yes → IF YES , SKIP TO PAGE 17** ☐ **NO - IF NO, PLEASE ANSWER QUESTIONS BELOW:**

The following questions refer to sleep quality IN THE 6 MONTHS between May 1st and October 31st, 2016.

71. On average, I got _____ HOURS OF SLEEP did you get in a 24-hour period.

72. On average, my sleep quality was (*Check one*)

☐ Very Poor ☐ Poor ☐ Fair ☐ Good ☐ Very Good

73. On average, my sleep was refreshing (*Check one*)

☐ Not at All ☐ A little bit ☐ Somewhat ☐ Quite a Bit ☐ Very Much

74. On average, I had a problem with my sleep (*Check one*)

☐ Not at All ☐ A little bit ☐ Somewhat ☐ Quite a Bit ☐ Very Much

75. On average, I had difficulty falling asleep (*Check one*)

☐ Not at All ☐ A little bit ☐ Somewhat ☐ Quite a Bit ☐ Very Much

76. Has a doctor, nurse, or other health professional EVER told you that you had any of the following? (Check all that apply)

	Yes	No	Unsure
a. Heart Attack (i.e., myocardial infarction)?	☐	☐	☐
b. Angina or Coronary Heart Disease?	☐	☐	☐
c. Stroke?	☐	☐	☐
d. Asthma? ↓	☐	☐	☐
If YES, do you still have asthma?	☐	☐	☐
e. Cancer?	☐	☐	☐
f. Lung Disease (e.g., emphysema or chronic bronchitis)?	☐	☐	☐
g. Arthritis?	☐	☐	☐
h. Depression? ↓	☐	☐	☐
If YES, are you currently being treated for depression, for example, taking medication or seeing a health professional for counseling?	☐	☐	☐
i. Diabetes?	☐	☐	☐

77. In general, how would you RATE YOUR PHYSICAL HEALTH (PAST 7 DAYS AND FOR 6-MONTH PERIOD)?

a. In the PAST 7 DAYS (Check one)	*AND→*	*b. BETWEEN MAY 1 AND OCTOBER 31, 2016 (Check one)*
☐ *Poor*		☐ *Poor*
☐ *Fair*		☐ *Fair*
☐ *Good*		☐ *Good*
☐ *Very Good*		☐ *Very Good*
☐ *Excellent*		☐ *Excellent*

78. In general, how would you RATE YOUR MENTAL HEALTH, including your mood and your ability to think?

a. In the PAST 7 DAYS (Check one)	*AND→*	*B. BETWEEN MAY 1 AND OCTOBER 31, 2016 (Check one)*
☐ *Poor*		☐ *Poor*
☐ *Fair*		☐ *Fair*
☐ *Good*		☐ *Good*
☐ *Very Good*		☐ *Very Good*
☐ *Excellent*		☐ *Excellent*

79. In general, how would you RATE YOUR SATISFACTION with your social activities and relationships?

a. In THE PAST 7 DAYS (Check one)	*AND→*	*b. BETWEEN MAY 1 AND OCTOBER 31, 2016 (Check one)*
☐ *Poor*		☐ *Poor*
☐ *Fair*		☐ *Fair*
☐ *Good*		☐ *Good*
☐ *Very Good*		☐ *Very Good*
☐ *Excellent*		☐ *Excellent*

80. During your ENTIRE LIFE HAVE YOU SMOKED AT LEAST 100 CIGARETTES, which is about 5 packs? *(Check one)*

☐ Yes ☐ No ☐ Unsure

81. Do you NOW SMOKE CIGARETTES? *(Check one)*

☐ Everyday ☐ Some Days ☐ Not at all

82. What is YOUR GENDER? *(Check one)*

☐ Male ☐ Female ☐Other

83. As of today's date, what is YOUR AGE?

_____ (years)

84. Which of the following best describes YOUR ETHNIC BACKGROUND? *(Check one)*

☐ Hispanic ☐ Not Hispanic

85. Which of the following best describes YOUR RACE? *(Check all that apply)*

☐ American Indian
☐ Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

86. What is YOUR HIGHEST LEVEL OF EDUCATION COMPLETED? *(Check one)*

☐ No Schooling Completed
☐ Less Than grade 12
☐ High School Graduate (High school diploma, GED or alternative credential)
☐ College or Some College
☐ Graduate or Professional School

87. What is your CURRENT MARITAL STATUS? *(Check one)*

☐ Married
☐ Living as Married
☐ Living with a domestic partner
☐ Never married
☐ Separated
☐ Divorced
☐ Widowed

88. What category best describes your ANNUAL HOUSEHOLD INCOME? *(Check one)*

☐ Less than $25,000
☐ $25,000 to $34,999
☐ $35,000 to $49,999
☐ $50,000 to $74,999
☐ $75,000 or more

89. Do you SPEAK a LANGUAGE OTHER THAN ENGLISH? *(Check one)*

☐ Yes↓ ☐ No

If yes, what is this language? *(Check all that apply)*

☐ Spanish ☐ Somali ☐ Arabic
☐ French ☐ Amharic
☐ Other (please describe below)

_____

90. HOW WELL do you speak English? *(Check one)*

☐ Very well ☐ Well ☐ Not well
☐ Not at All

91. What is the total number of PERSONS WHO LIVE IN YOUR HOUSEHOLD, INCLUDING YOURSELF?

_____persons

92. ARE YOU THE PRIMARY WAGE EARNER in your household? *(Check one)*

☐ Yes ☐ No

93. For WHICH COMPANY do you work? *(Check one)*

☐ Aramark
☐ ABLE
☐ ABM
☐ Best Way
☐ Capital
☐ Contract Cleaners
☐ F&F
☐ Harvard
☐ Mid-City
☐ ISS Managed Services
☐ Marsden
☐ Peterson
☐ Preferred
☐ SBM
☐ SCC
☐ Triangle
☐ Turtle Bay
☐ Other (Specify)_____

94. What is your height?

_____ feet ____inches **OR** _____centimeters

95. What is your current body weight?

_____ pounds **OR** _____ kilograms

This is the end of the questionnaire. Thank you for participating in this important effort!