CONSTRUCTION WORKERS EXPOSURE TO ASPHALT STUDY

BEFORE-WORK QUESTIONNAIRE

Location of study site: _________________ Date: _________________

Participant study identification number: ____________________________

1. What is your current height and weight?

Height (ft.-in.): _______________ Weight (lbs): _______________

2. What is your age and gender?

Age (years): ______

Gender: ___ Male ___ Female

3. What is your ethnic background?

___ Black or African American
___ White
___ Hispanic or Latino
___ American Indian or Alaska Native
___ Pacific Islander or Hawaiian
___ Asian
___ Other. Please describe: _______________________________________

4. Do you have any medical problems that you are aware of? ___ Yes ___ No

If yes, please describe your medical problem(s):

_________________________________________________________________

_________________________________________________________________

5. Are you currently taking any medication(s)? ___ Yes ___ No

If yes, please give the names of the medication(s):

_________________________________________________________________

_________________________________________________________________
6. Do you smoke cigarettes?

___Yes    ___No

7. Do you use any other tobacco products (cigars, pipes, chewing tobacco, etc.)?

___Yes    ___No

If yes, please specify: ________________________________

8. How many cigarettes or any of the following tobacco products do you smoke on average (daily or monthly)? Please select those that apply.

___cigarettes/day    ___cigars/day    ___pipes/day

___cigarettes/month    ___cigars/month    ___pipes/month

If the participant lists any tobacco products other than cigarettes, cigars or pipes (e.g., chewing tobacco) please specify the daily/monthly consumed amount for those products:

______________________________

9. How many cigarettes (or other tobacco products) did you smoke within the last 24 hours?

_____cigarettes

_____cigars

_____pipes

_________other tobacco products

10. When was the last time you smoke any cigarettes or other tobacco products (such as cigars, pipes, etc.)?

Time: ___________  Date: ___________

11. If you do not smoke currently have you ever smoked in the past?

___Yes    ___No

12. If you smoked in the past, when did you quit smoking? ____________________

13. Are you exposed to cigarette smoke at home (are others in your household smoking at home)?

___Yes    ___No
14. During the last 24 hours, have you been in any environments where there was cigarette smoke?

___Yes  ___No

15. How frequently do you consume alcoholic beverages?

___Never  ___Less than once a month  ___Once a month  ___2-3 days/month  ___1-2 days/week  ___3-4 days/week  ___Every day

16. If you consume alcoholic beverages, please select the drinks that you consume most frequently

___Beer  ___Wine  ___Liquor (e.g., brandy, gin, vodka, tequila, whisky, rum)

17. On those days when you consume alcoholic beverages, how many drinks do you usually consume in one sitting? Please select those that apply.

__________drinks

18. Have you consumed any alcoholic beverages within the last 24 hours (since yesterday morning)?

___Yes  ___No

If yes, please describe the type and amount of the alcoholic drink consumed:

________________________________________________________________________

________________________________________________________________________
19. Have you consumed any of the following food items during the last 2 days? If yes, please write how many servings (4-6 ounce) you consumed for each day.

<table>
<thead>
<tr>
<th></th>
<th>Number of servings (4-6 ounce) consumed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This morning</td>
</tr>
<tr>
<td>Grilled or barbequed meat</td>
<td></td>
</tr>
<tr>
<td>Grilled or barbequed chicken</td>
<td></td>
</tr>
<tr>
<td>Grilled or barbequed fish</td>
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<tr>
<td>Fried chicken</td>
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<td>Fried fish</td>
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<td>Fried meat</td>
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<tr>
<td>Smoked meat</td>
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<td>Smoked chicken</td>
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<tr>
<td>Smoked fish</td>
<td></td>
</tr>
<tr>
<td>Other smoked products</td>
<td></td>
</tr>
<tr>
<td>(e.g., smoked deli meat)</td>
<td></td>
</tr>
</tbody>
</table>

20. Do you have any of the following skin problems?

__Skin irritation

__Rash

__Burn

__Dermatitis

__History of skin allergies

21. Did you apply any skin lotion, moisturizer, or medicine on your hands today?

__Yes  __No

If yes, please describe the product you applied:
22. Did you perform any construction/roofing work during the last 48 hours (yesterday or the day before yesterday)?

___Yes ___No

If yes, please describe the work and date you worked:

________________________________________________________________________

23. During the last 48 hours (yesterday and the day before), have you come into contact with any of the following materials or chemicals? If the answer is yes, please describe the contact.

Asphalt

___Yes ___No

________________________________________________________________________

Coal tar (can be used in roofing, driveway sealers, dandruff shampoo, etc.)

___Yes ___No

________________________________________________________________________

Diesel or gasoline fuel

___Yes ___No

________________________________________________________________________

Exhaust (from diesel or gasoline)

___Yes ___No

________________________________________________________________________

Other chemicals such as solvents, oils, paints, coating, etc.

___Yes ___No

If yes for other chemicals, please describe the source:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

THANK YOU!
CONSTRUCTION WORKERS EXPOSURE TO ASPHALT STUDY
AFTER-WORK QUESTIONNAIRE

Location of study site: ___________________________ Date: _____________

Participant study identification number: _____________

Information to be obtained from the contractor:

Type of asphalt used in this roofing project: ____________________________

If old roof was removed, did the torn-off roof contain coal tar? __Yes __No

1. What is your current job title? ____________________________

2. How long have you been in this occupation? ____________________________

3. Did you smoke any cigarettes (or other tobacco products) since your first interview this morning?
   __Yes __No

   If yes, please tell us how many cigarettes (or other products) did you smoke since this morning?
   _____cigarettes
   _____cigars
   _____pipes
   _____other tobacco products.

   If other tobacco products, explain what type: ____________________________

4. How long ago did you smoke your last cigarette (or other tobacco products)?
   _____minutes ago _____hour(s) ago
5. Did you smoke while wearing the air sampler?

___Yes  ___No

6. During your work today have you been near someone else who smoked?

___Yes  ___No

If yes, please tell us if this occurred while wearing the air sampler:

___Yes  ___No

7. Since this morning did you eat any of the following food items. If yes, please write how many servings (4-6 ounce) you ate.

<table>
<thead>
<tr>
<th>Food Item</th>
<th>Number of servings since this morning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grilled or barbequed meat</td>
<td></td>
</tr>
<tr>
<td>Grilled or barbequed chicken</td>
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<td>Other smoked products (e.g., smoked deli meat)</td>
<td></td>
</tr>
</tbody>
</table>
8. What tasks did you perform today? Please check all that apply.

___ Tearing off old roofing material

___ Application of new roofing material

___ Worked with hot asphalt

___ Worked as kettleman (worked with kettle to melt asphalt)

___ Other tasks

Please list any other tasks that you performed:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. What type of materials were you exposed to during today’s work? Please check all that apply and describe the source and how you were exposed.

Asphalt

___ Yes

___ No

________________________________________________________________________

Coal tar

___ Yes

___ No

________________________________________________________________________

Asbestos

___ Yes

___ No

________________________________________________________________________

Exhaust (diesel/gasoline)

___ Yes

___ No

________________________________________________________________________

Gasoline or fuel

___ Yes

___ No
<table>
<thead>
<tr>
<th>Chemical</th>
<th>__Yes</th>
<th>__No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silica</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formaldehyde</td>
<td>__Yes</td>
<td>__No</td>
</tr>
<tr>
<td>Solvents</td>
<td>__Yes</td>
<td>__No</td>
</tr>
<tr>
<td>Paints</td>
<td>__Yes</td>
<td>__No</td>
</tr>
<tr>
<td>Adhesives</td>
<td>__Yes</td>
<td>__No</td>
</tr>
<tr>
<td>Caulks/Sealants</td>
<td>__Yes</td>
<td>__No</td>
</tr>
</tbody>
</table>

Please list any other chemicals that you were exposed to during your work today.

10. What type of roofing did you work with today:

__Built up roofing
__Asphalt shingles
__Roll roofing
__Modified bitumen systems
__Other

If other, please describe:

________________________________________________________________________

________________________________________________________________________
11. Which of the following protective equipment(s) did you use during today's work? For those that were used, please indicate what percentage of time you used them during work.

<table>
<thead>
<tr>
<th>Protective equipment</th>
<th>Time used (% of work)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloves</td>
<td></td>
</tr>
<tr>
<td>Face mask</td>
<td></td>
</tr>
<tr>
<td>Other (please describe):</td>
<td></td>
</tr>
</tbody>
</table>

12. If you used gloves during work, please describe what type of gloves these were:

_________________________________________________________________________

13. If you used gloves, were they heat resistant?

  ___Yes          ___No          ___Don't know

14. If you used a face mask or respirator, please describe the type you used (e.g., NIOSH approved dust mask, ½ face with cartridges, etc.):

_________________________________________________________________________

15. What type of clothing did you wear during today's work? Please check all that apply.

  ___Regular daily clothing
  ___Regular clothing, but used during this work
  ___Overalls
  ___Protective shoes
  ___Others

Please describe if other protective clothing used:

_________________________________________________________________________

16. Did you wear short or long sleeves during today's work?

  ___Short sleeves   ___Long sleeves   ___I had both during work
17. How frequently do you change into clean work clothing or overalls?
   __Every day
   __Once a week
   __Once a month
   __Less frequently than once a month

18. How are your overalls cleaned?
   __Water laundering
   __Dry cleaning
   __Other. Please describe if other: ____________________________

19. Do you usually shower immediately after the work-shift?
   __Yes       __No

20. Did anything extraordinary happen during today’s work that might increase
    your exposure to chemicals (e.g. accident, spill, etc.)
    __Yes       __No

    If yes, please describe the event:
    __________________________________________________________________

21. During today’s work did your skin come into contact with asphalt?
    __Yes       __No

    If yes, please describe how:
    __________________________________________________________________

22. Did you apply any skin lotion, moisturizer, or medicine on your hands since this
    morning?       __Yes       __No

    If yes, please describe the product you applied:
    __________________________________________________________________
23. Did you wash your hands during work today?  

__Yes   __No

If yes, please describe how long ago you washed your hands before providing the hand wipes:

________________________ minutes/hours before hand wipe sampling

24. Did you use any solvents or other chemicals to clean your skin today?  

__Yes   __No

If yes, please explain what type of cleaner used: ________________________________

25. Have you experienced skin burn related to your work with hot asphalt (as a result of contact with hot asphalt)?  

__Never   __Once   __More than once

If you experienced skin burn due to contact with hot asphalt, please describe the following:

How long ago did this burn happen?  

______________________________

Where was your skin burned?  

______________________________

26. Have you experienced skin irritation which you consider to be related to your work?  

__Yes   __No

______________________________

THANK YOU!