

# THE EUROPEAN COMMUNITY RESPIRATORY HEALTH SURVEY II



## ECRHS II

### OCCUPATIONAL MODULES

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## INSTRUCTIONS FOR OCCUPATIONAL MODULES

### *Background*

There are seven different modules. Whether a subject should do a module or not, depends on the answer to a “filtering question”. There are seven filtering questions, which should be asked to every subject by means of a face-to-face interview. Photos are available to elucidate the difference between “welding” (module 6) and “soldering” (module 7). For some other questions, photos are used to elucidate possible answers (respiratory protective equipment, ventilation systems). These photos are included with the modules.

Modules can in principle be self-completed with supervision of the interviewer.

### *Filtering questions*

Ask all filtering questions first, before shifting to the modules.

All filtering questions refer to an activity for more than 3 consecutive months since the last survey.

If subject answers positively to a filtering question, verify whether this was for more than 3 consecutive months since the last survey

1. Cleaning and/or washing in the home: Cleaning the house (floor, carpets, furniture, bathroom, windows); and/or washing clothes.
2. All types of cleaners; including private home cleaners (charwomen), cleaners of schools, offices, public buildings, ...
3. All types of nurses, including carers in old people’s homes, dental hygienists, midwives, anaesthesia assistants, assistants of general practitioner.
4. Disinfectants are chemical compounds used to destroy bacteria and other micro-organisms. These are used in different types of occupations, such as farmers and other agricultural workers, laboratory workers, slaughterhouse workers and butchers, cleaners, nurses and other health care workers. Controlling cockroaches with pesticides is NOT disinfection!

5. All “metal workers”.

Examples: blast-furnace workers, automotive workers (manufacturing and repair), instrument manufacturing, galvanisation

6. Photos set I; especially for French and Spanish

Welding at home: does not refer to a job in matrix; thus can be shorter than 3 months

Welding at home is usually a side activity, for instance fixing old cars.

7. Photos set I; especially for French and Spanish

Soldering at home: does not refer to a job in matrix; thus can be shorter than 3 months

*Soldering at home is usually a side activity, for instance electronics as a hobby.*

*General instructions for the modules*

- First question: Look at Q28 of main questionnaire
- If there are more jobs for the module, follow the sequence of the matrix (i.e. most recent job first and work top-down the matrix).
- First question of each module: Record one job number
- Last question of each module: Tick each of the jobs 1–10 where appropriate
  
- Frequency categories all regarding average number of days a week, since the last survey:

|               |   |
|---------------|---|
| Never         | as is says  |
| <1 day/week   | for instance once every two weeks, occasionally, once a month |
| 1–3 days/week | for instance half of my working days                          |
| 4–7 days/week | for instance basically every (working) day                    |

Always make one choice of these four, never tick two.

The same holds for Module 3.5 and Module 3.7, and for Module 4.4 and Module 6.2 and Module

7.2

*Module 1: CLEANING / WASHING IN THE HOME*

1.1 For cleaning/washing in the home, this module should only be linked to a job in the matrix when it concerns being a houseperson. If not, enter a 0.

1.3 Dusting OR sweeping OR hoovering OR rug beating

1.4 Liquid multi-use cleaning products; not for dishes or washing clothes

1.5 Ironing sprays: **not** is meant steam ironing

1.6 Any perfumed or scented cleaning product, either in powder, liquid or spray-form

*Module 2: CLEANERS*

2.2. If “sometimes” cleaning offices, record a negative answer

More than one answer possible:

2.3 Dusting OR sweeping OR hoovering OR rug beating

Factories, industrial cleaning

2.5 Ironing sprays: **not** is meant steam ironing

2.6 Any perfumed or scented cleaning product, either in powder, liquid or spray-form

*Module 3: NURSES*

3.2: More than one answer possible

3.8 Liquid multi-use cleaning products; not for dishes or washing clothes

*Module 4: DISINFECTANTS*

4.3 Sanitary: toilets, showers, washing rooms

4.6 If the subject does not remember the active compound, ask for the brand name and fill in as detailed as possible (e.g. “HYPOCHLORAN, YELLOW BOTTLE, LIQUID”)

4.7 Use photos set II (respiratory protective equipment)

#### *Module 5: METAL WORKERS*

5.6 Use photos set III (ventilation)

5.7 Use photos set II (respiratory protective equipment)

#### *Module 6: WELDERS*

6.1 For welding at home, enter a 0.

6.7 Use photos set III (ventilation)

6.8 Use photos set II (respiratory protective equipment)

#### *Module 7: SOLDERS*

7.1 For welding at home, enter a 0.

7.5 Use photos set III (ventilation)

7.6 Use photos set II (respiratory protective equipment)

## Coding Instructions

### General

|                          |   |
|--------------------------|---|
| NO                       | 1 |
| YES                      | 2 |
| NOT APPLICABLE           | 8 |
| NOT KNOWN / NOT ANSWERED | 9 |

### *Questions on frequency*

|               |   |
|---------------|---|
| NEVER         | 1 |
| <1 DAY/WEEK   | 2 |
| 1-3 DAYS/WEEK | 3 |
| 4-7 DAYS/WEEK | 4 |

### *First question of each module*

One job number (1-10), or a 0 for modules 1, 6 and 7

### *Last question of each module*

|  |   |
|--|---|
| NO   | 1 |
| YES, different working tasks                         | 2 |
| YES, similar working tasks                           | 3 |
| 10 variables (JOB1, JOB2, ..., JOB10) NO (1) YES (2) |   |

### *Module 1*

1.1: Enter a 0 if module does not refer to a job in matrix

### *Module 2*

2.2: More than one answer possible; each answer no/yes

### *Module 3*

3.2: More than one answer possible; each answer no/yes

3.5 and 3.7:

|              |   |
|--------------|---|
| NONE         | 1 |
| 1-2          | 2 |
| 3-5          | 3 |
| 6-10         | 4 |
| MORE THAN 10 | 5 |

### *Module 4*

4.4:

|                 |   |
|-----------------|---|
| <1 HOUR A DAY   | 1 |
| 1-4 HOURS A DAY | 2 |

>4 HOURS A DAY 3

4.6: Two fields of free text for disinfectant name

### *Module 6*

6.1: Enter a 0 if module refers to welding at home

6.2:

<1 HOUR A DAY 1

1-4 HOURS A DAY 2

>4 HOURS A DAY 3

### *Module 7*

7.1: Enter a 0 if module refers to soldering at home

7.2:

<1 HOUR A DAY 1

1-4 HOURS A DAY 2

>4 HOURS A DAY 3

## OCCUPATIONAL MODULES (AFTER Q31 OF MAIN QUESTIONNAIRE)

### Since the last survey:

- i. Have you been the person doing the cleaning and/or washing in your home?  
**yes** → **DO MODULE 1**  
**no**
  
- ii. Have you worked as a cleaner?  
**yes** → **DO MODULE 2**  
**no**
  
- iii. Have you worked as a nurse?  
*We are interested in all types of nurses, including assistant nurses, midwives, dental hygienists, medical technicians, and carers.*  
**yes** → **DO MODULE 3**  
**no**
  
- iv. Have you used disinfectants at work?  
**yes** → **DO MODULE 4**  
**no**
  
- v. Have you worked in a job that involved production, processing or handling of metal or metallic objects?  
**yes** → **DO MODULE 5**  
**no**
  
- vi. Have you carried out welding, at work or at home? *(Use photo 1A)*  
**yes** → **DO MODULE 6**  
**no**
  
- vii. Have you carried out soldering, at work or at home? *(Use photo 1B)*  
**yes** → **DO MODULE 7**  
**no**

If all above questions were answered **no**, return to the main questionnaire (Q32)

If all modules according to above answers **yes** are completed, return to the main questionnaire (Q32)

## **MODULE 1: CLEANING / WASHING IN THE HOME**

|                  |  |  |  |  |
|------------------|--|--|--|--|
| Centre number:   |  |  |  |  |
| Personal number: |  |  |  |  |

1.1 To which job number in the matrix does this module refer?

**If this refers to a time period not as a houseperson, enter 0**

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

1.2 On how many days a week did you perform the following tasks?

|                            | Never | <1<br>day/wk | 1-3<br>days/wk | 4-7<br>days/wk |
|----------------------------|-------|--------------|----------------|----------------|
| Cleaning the house         |       |              |                |                |
| Washing clothes by hand    |       |              |                |                |
| Washing clothes by machine |       |              |                |                |
| Cooking                    |       |              |                |                |

1.3 On how many days a week did you perform the following cleaning tasks?

|   | Never | <1<br>day/wk | 1-3<br>days/wk | 4-7<br>days/wk |
|---|-------|--------------|----------------|----------------|
| Dusting, sweeping, hoovering, rug beating                 |       |              |                |                |
| Mopping, wet cleaning, damp wiping                        |       |              |                |                |
| Cleaning the toilet bowl                                  |       |              |                |                |
| Polishing, waxing, shampooing                             |       |              |                |                |
| Cleaning windows or mirrors                               |       |              |                |                |
| Cleaning the kitchen ( <i>not included dish washing</i> ) |       |              |                |                |

1.4 On how many days a week did you use the following cleaning products?

|  | Never | <1<br>day/wk | 1-3<br>days/wk | 4-7<br>days/wk |
|--|-------|--------------|----------------|----------------|
| Washing powders (detergents)                         |       |              |                |                |
| Liquid multi-use cleaning products                   |       |              |                |                |
| Polishes, waxes ( <i>floor, furniture</i> )          |       |              |                |                |
| Bleach ( <i>examples</i> )                           |       |              |                |                |
| Ammonia ( <i>examples</i> )                          |       |              |                |                |
| Decalcifiers, acids ( <i>liquid scale removers</i> ) |       |              |                |                |
| Solvents, stain removers ( <i>examples</i> )         |       |              |                |                |
| Other cleaning products                              |       |              |                |                |

1.5 On how many days a week did you use the following sprays?

|   | Never | <1<br>day/wk | 1-3<br>days/wk | 4-7<br>days/wk |
|---|-------|--------------|----------------|----------------|
| Furniture sprays                                  |       |              |                |                |
| Glass cleaning sprays ( <i>windows, mirrors</i> ) |       |              |                |                |
| Sprays for carpets, rugs, or curtains             |       |              |                |                |
| Sprays for mopping the floor                      |       |              |                |                |
| Oven sprays                                       |       |              |                |                |
| Ironing sprays                                    |       |              |                |                |
| Air refreshing sprays                             |       |              |                |                |
| Other sprays                                      |       |              |                |                |

1.6 On how many days a week did you use perfumed or scented cleaning products?

never    <1 day/week    1-3 days/week    4-7 days/week

1.7 Were you the person doing the cleaning and/or washing in your home in another time period since the last survey?

|  |   |  |  |  |
|--|---|--|--|--|
|  | <b>No</b> → <i>Return to the front page of the modules.</i>   |  |  |  |
|  | <b>Yes</b> , with <u>essentially different</u> working tasks<br>→ <i>Complete another module 1.</i>         |  |  |  |
|  | <b>Yes</b> , with <u>similar</u> working tasks<br><i>Please indicate the job number(s) from the matrix:</i> |  |  |  |

## **MODULE 2: CLEANERS**

|                  |  |  |  |  |  |
|------------------|--|--|--|--|--|
| Centre number:   |  |  |  |  |  |
| Personal number: |  |  |  |  |  |

2.1 To which job number in the matrix does this module refer?

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

2.2 What/where did you clean? Identify your principal working places.

|                              | No | Yes |
|------------------------------|----|-----|
| Private homes                |    |     |
| Schools                      |    |     |
| Offices                      |    |     |
| Hospitals, pharmacies        |    |     |
| Shops                        |    |     |
| Cafés, restaurants           |    |     |
| Kitchens                     |    |     |
| Factories (production sites) |    |     |
| Outside                      |    |     |

2.3 On how many days a week did you perform the following cleaning tasks?

|   | Never | <1<br>day/wk | 1–3<br>days/wk | 4–7<br>days/wk |
|---|-------|--------------|----------------|----------------|
| Dusting, sweeping, hoovering, rug beating   |       |              |                |                |
| Mopping, wet cleaning, damp wiping  |       |              |                |                |
| Cleaning the toilet bowl  |       |              |                |                |
| Polishing, waxing, shampooing   |       |              |                |                |
| Cleaning windows or mirrors   |       |              |                |                |
| Cleaning the kitchen  |       |              |                |                |
| Washing clothes by hand   |       |              |                |                |
| Washing clothes by machine  |       |              |                |                |
| Industrial cleaning ( <i>regular maintenance/<br/>cleaning of process machinery, daily spraying of<br/>sieves, cleaning sacking machine with<br/>compressed air</i> ) |       |              |                |                |

2.4 On how many days a week did you use the following cleaning products?

|  | Never | <1<br>day/wk | 1–3<br>days/wk | 4–7<br>days/wk |
|--|-------|--------------|----------------|----------------|
| Washing powders (detergents)                 |       |              |                |                |
| Liquid multi-use cleaning products           |       |              |                |                |
| Polishes, waxes ( <i>floor, furniture</i> )  |       |              |                |                |
| Bleach ( <i>examples</i> )                   |       |              |                |                |
| Ammonia ( <i>examples</i> )                  |       |              |                |                |
| Decalcifiers, acids (liquid scale removers)  |       |              |                |                |
| Solvents, stain removers ( <i>examples</i> ) |       |              |                |                |
| Other cleaning products                      |       |              |                |                |

2.5 On how many days a week did you use the following sprays?

|   | Never | <1<br>day/wk | 1–3<br>days/wk | 4–7<br>days/wk |
|---|-------|--------------|----------------|----------------|
| Furniture sprays                                  |       |              |                |                |
| Glass cleaning sprays ( <i>windows, mirrors</i> ) |       |              |                |                |
| Sprays for carpets, rugs, or curtains             |       |              |                |                |
| Sprays for mopping the floor                      |       |              |                |                |
| Oven sprays                                       |       |              |                |                |
| Ironing sprays                                    |       |              |                |                |
| Air refreshing sprays                             |       |              |                |                |
| Other sprays                                      |       |              |                |                |

2.6 On how many days a week did you use perfumed or scented cleaning products?

never    <1 day/week    1–3 days/week    4–7 days/week

2.7 On how many days a week did you wear a mask or other respiratory protection during cleaning work?

never    <1 day/week    1–3 days/week    4–7 days/week

2.8 Were you a cleaner in another time period since the last survey?

|   |  |  |  |
|---|--|--|--|
| <b>No</b> → <i>Return to the front page of the modules.</i>   |  |  |  |
| <b>Yes</b> , with <u>essentially different</u> working tasks<br>→ <i>Complete another module 2.</i>         |  |  |  |
| <b>Yes</b> , with <u>similar</u> working tasks<br><i>Please indicate the job number(s) from the matrix:</i> |  |  |  |

### **MODULE 3: NURSES**

|                         |  |  |  |
|-------------------------|--|--|--|
| <i>Centre number:</i>   |  |  |  |
| <i>Personal number:</i> |  |  |  |

3.1 To which job number in the matrix does this module refer?

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

3.2 What was your job? Identify your principal work.

|  | <b>No</b> | <b>Yes</b> |
|--|-----------|------------|
| Nurse in general practitioner's surgery      |           |            |
| Clinical nurse in a hospital                 |           |            |
| Nursing assistant in a hospital              |           |            |
| Anaesthesia assistant                        |           |            |
| Technician in a hospital                     |           |            |
| Carer in private homes of patients           |           |            |
| Carer in a service flat or old people's home |           |            |
| Midwife                                      |           |            |
| Maternity nurse                              |           |            |
| Dental hygienist or assistant                |           |            |
| Other  |           |            |

3.3 On how many days a week did you perform the following working tasks?

|                                    | Never | <1<br>day/wk | 1-3<br>days/wk | 4-7<br>days/wk |
|------------------------------------|-------|--------------|----------------|----------------|
| Assistance of general practitioner |       |              |                |                |
| Work in medical outpatient clinic  |       |              |                |                |
| Work in paramedics                 |       |              |                |                |
| Work in emergency room             |       |              |                |                |
| Work in critical care unit         |       |              |                |                |

|                                      |  |  |  |  |
|--------------------------------------|--|--|--|--|
| Work in operating theatres           |  |  |  |  |
| Work in endoscopy                    |  |  |  |  |
| Work in oncology                     |  |  |  |  |
| Work in radiology / nuclear medicine |  |  |  |  |
| Preparation of medicines             |  |  |  |  |
| Administration of medicines          |  |  |  |  |
| Work in laboratory                   |  |  |  |  |
| Disinfection                         |  |  |  |  |

3.4 On how many days a week did you use powdered latex (natural rubber) gloves?

never <1 day/week 1–3 days/week 4–7 days/week

3.5 How many pairs of powdered latex gloves did you use per day?

none 1–2 3–5 6–10 more than 10

3.6 On how many days a week did you use non-powdered latex gloves?

never <1 day/week 1–3 days/week 4–7 days/week

3.7 How many pairs of non-powdered latex gloves did you use per day?

none 1–2 3–5 6–10 more than 10

3.8 On how many days a week did you use the following cleaning products at work?

|  | Never | <1<br>day/wk | 1–3<br>days/wk | 4–7<br>days/wk |
|--|-------|--------------|----------------|----------------|
| Washing powders (detergents)               |       |              |                |                |
| Liquid multi-use cleaning products         |       |              |                |                |
| Bleach <i>(examples)</i>                   |       |              |                |                |
| Ammonia <i>(examples)</i>                  |       |              |                |                |
| Solvents, stain removers <i>(examples)</i> |       |              |                |                |
| Any cleaning products in spray-form        |       |              |                |                |
| Other cleaning products                    |       |              |                |                |

3.9 Did you work as a nurse in another time period since the last survey?

|  |   |  |  |  |
|--|---|--|--|--|
|  | <b>No</b> → <i>Return to the front page of the modules.</i>   |  |  |  |
|  | <b>Yes</b> , with <u>essentially different</u> working tasks<br>→ <i>Complete another module 3.</i>         |  |  |  |
|  | <b>Yes</b> , with <u>similar</u> working tasks<br><i>Please indicate the job number(s) from the matrix:</i> |  |  |  |

## ***MODULE 4: DISINFECTANTS***

|                         |  |  |  |
|-------------------------|--|--|--|
| <i>Centre number:</i>   |  |  |  |
| <i>Personal number:</i> |  |  |  |

4.1 *To which job number in the matrix does this module refer?*

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

4.2 On how many days a week did you perform the following working tasks with disinfectants?

|   | Never | <1<br>day/wk | 1–3<br>days/wk | 4–7<br>days/wk |
|---|-------|--------------|----------------|----------------|
| <u>Preparation / mixing of disinfectant</u> |       |              |                |                |
| <u>Filling of devices before use</u>        |       |              |                |                |
| <u>Actual disinfection</u>                  |       |              |                |                |
| <u>Cleaning equipment after use</u>         |       |              |                |                |

4.3 On how many days a week did you disinfect the following:

|                                      | Never | <1<br>day/wk | 1–3<br>days/wk | 4–7<br>days/wk |
|--------------------------------------|-------|--------------|----------------|----------------|
| <u>Sanitary (toilets, bathrooms)</u> |       |              |                |                |
| <u>Kitchens</u>                      |       |              |                |                |
| <u>Medical instruments</u>           |       |              |                |                |
| <u>Laboratory equipment</u>          |       |              |                |                |
| <u>Industrial machinery</u>          |       |              |                |                |

|                         |  |  |  |  |
|-------------------------|--|--|--|--|
| Cooling towers          |  |  |  |  |
| Animal houses / stables |  |  |  |  |
| Greenhouses             |  |  |  |  |
| Agricultural soil       |  |  |  |  |
| Slaughterhouses         |  |  |  |  |
| Butcher's shops         |  |  |  |  |
| Other food shops        |  |  |  |  |
| Stores                  |  |  |  |  |
| Other places            |  |  |  |  |

4.4 On days with disinfectant use, how many hours did you on average use disinfectants?

<1 hour a day      1–4 hours a day      >4 hours a day

4.5 On how many days a week did you use the following methods of disinfection:

|   | Never | <1<br>day/wk | 1–3<br>days/wk | 4–7<br>days/wk |
|---|-------|--------------|----------------|----------------|
| Spraying                                |       |              |                |                |
| Rinsing manually                        |       |              |                |                |
| Washing by machine                      |       |              |                |                |
| Clean surfaces with a sponge or a cloth |       |              |                |                |
| Mopping or scouring the floor           |       |              |                |                |
| Other method                            |       |              |                |                |

4.6 On how many days a week did you use the following disinfectants?

|   | Never | <1<br>day/wk | 1–3<br>days/wk | 4–7<br>days/wk |
|---|-------|--------------|----------------|----------------|
| Formaldehyde  |       |              |                |                |
| Glutaraldehyde  |       |              |                |                |
| Bleach, chlorine <i>(examples)</i>  |       |              |                |                |
| Chloroamine-T   |       |              |                |                |
| Alcohol <i>(ethanol, methanol)</i>  |       |              |                |                |
| Ammonia   |       |              |                |                |
| Quaternary ammonium compounds   |       |              |                |                |
| Ethylene oxide  |       |              |                |                |
| Halamid   |       |              |                |                |
| <i>If you don't know the active compound, fill in the brand name below:</i> |       |              |                |                |
|   |       |              |                |                |

|                                    |  |  |  |  |
|------------------------------------|--|--|--|--|
|                                    |  |  |  |  |
| Other product; don't know the name |  |  |  |  |

4.7 Which of the following respiratory protection devices did you use during working with disinfectants?

|  | No | Yes |
|--|----|-----|
| Face piece (PHOTO 2A)                        |    |     |
| Face mask with filter (PHOTO 2B)             |    |     |
| Face shield with fresh air supply (PHOTO 2C) |    |     |
| Other  |    |     |

4.8 Did you use disinfectants in another time period since the last survey?

|  |  |  |  |
|--|--|--|--|
| No → Return to the front page of the modules.  |  |  |  |
| Yes, with <u>essentially different</u> working tasks<br>→ Complete another module 4.         |  |  |  |
| Yes, with <u>similar</u> working tasks<br>Please indicate the job number(s) from the matrix: |  |  |  |

## MODULE 5: METAL WORKERS

|                  |  |  |  |
|------------------|--|--|--|
| Centre number:   |  |  |  |
| Personal number: |  |  |  |

5.1 To which job number in the matrix does this module refer?

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

5.2 On how many days a week did you perform the following working tasks?

|  | Never | <1<br>day/wk | 1-3<br>days/wk | 4-7<br>days/wk |
|--|-------|--------------|----------------|----------------|
| Metal smelting                           |       |              |                |                |
| Rolling-mill worker                      |       |              |                |                |
| Metal melting and reheating              |       |              |                |                |
| Metal casting                            |       |              |                |                |
| Metal moulding and coremaking            |       |              |                |                |
| Metal annealing, tempering and hardening |       |              |                |                |
| Metal drawing and extruding              |       |              |                |                |
| Metal plating/galvanising                |       |              |                |                |
| Metal coating/spray painting             |       |              |                |                |
| Metal finishing and cleaning             |       |              |                |                |
| Blacksmith, forging press operating      |       |              |                |                |

|                                  |  |  |  |  |
|----------------------------------|--|--|--|--|
| Tool making                      |  |  |  |  |
| Machine tool setter-operating    |  |  |  |  |
| Metal-tool operating             |  |  |  |  |
| Metal grinding, polishing        |  |  |  |  |
| Machinery fitting and assembling |  |  |  |  |
| Precision-instrument making      |  |  |  |  |
| Motor-vehicle mechanic           |  |  |  |  |

5.3 On how many days a week did you perform the following types of tasks?

|   | Never | <1<br>day/wk | 1-3<br>days/wk | 4-7<br>days/wk |
|---|-------|--------------|----------------|----------------|
| Handwork                                    |       |              |                |                |
| Operating machinery close to process        |       |              |                |                |
| Operating fully automated process machinery |       |              |                |                |

5.4 On how many days a week did you work with the following metals?

|   | Never | <1<br>day/wk | 1-3<br>days/wk | 4-7<br>days/wk |
|---|-------|--------------|----------------|----------------|
| Ferrous ( <i>iron, steel</i> )                    |       |              |                |                |
| Aluminium   |       |              |                |                |
| Other non-ferrous ( <i>copper</i> )               |       |              |                |                |
| Hard metal ( <i>tungsten, cobalt, beryllium</i> ) |       |              |                |                |
| Other   |       |              |                |                |

5.5 On how many days a week occurred the following exposures during your working tasks?

|  | Never | <1<br>day/wk | 1-3<br>days/wk | 4-7<br>days/wk |
|--|-------|--------------|----------------|----------------|
| Metal dusts and fumes                  |       |              |                |                |
| Moulding dusts and fumes               |       |              |                |                |
| Acid fumes ( <i>plating</i> )          |       |              |                |                |
| Water-based metal working fluids       |       |              |                |                |
| Oil-based metal working fluids         |       |              |                |                |
| Welding fumes                          |       |              |                |                |
| Soldering fumes                        |       |              |                |                |
| Organic solvents ( <i>degreasing</i> ) |       |              |                |                |
| Other degreasing agents (water-based)  |       |              |                |                |
| Paints                                 |       |              |                |                |
| Oil and greases                        |       |              |                |                |

5.6 Which of the following types of ventilation was in use at your workplace?

|                                | No | Yes |
|--------------------------------|----|-----|
| General mechanical ventilation |    |     |

|  |  |  |
|--|--|--|
| Local exhaust ventilation: fixed extraction                  |  |  |
| Local exhaust ventilation: mobile extraction (PHOTO 3B)      |  |  |
| Local exhaust ventilation: on-tool tin extraction (PHOTO 3C) |  |  |

5.7 Which of the following respiratory protection devices did you use during working with metal?

|  | No | Yes |
|--|----|-----|
| Face piece (PHOTO 2A)                                    |    |     |
| Face mask with filter (PHOTO 2B)                         |    |     |
| Face shield with fresh air supply (Airstream) (PHOTO 2C) |    |     |
| Other  |    |     |

5.8 Were you a metal worker in another time period since the last survey?

|  |  |  |  |
|--|--|--|--|
| No → Return to the front page of the modules.  |  |  |  |
| Yes, with <u>essentially different</u> working tasks<br>→ Complete another module 5.         |  |  |  |
| Yes, with <u>similar</u> working tasks<br>Please indicate the job number(s) from the matrix: |  |  |  |

## MODULE 6: WELDERS

|                  |  |  |  |
|------------------|--|--|--|
| Centre number:   |  |  |  |
| Personal number: |  |  |  |

6.1 To which job number in the matrix does this module refer?

**If this refers to welding at home enter 0**

6.2 If welding, on how many hours per day did you on average carry out welding?

<1 hour a day    1–4 hours a day    >4 hours a day

6.3 On how many days a week did you use the following welding methods?

|                                | Never | <1<br>day/wk | 1–3<br>days/wk | 4–7<br>days/wk |
|--------------------------------|-------|--------------|----------------|----------------|
| MMA (manual metal arc welding) |       |              |                |                |

|  |  |  |  |  |
|--|--|--|--|--|
| MAG/MIG (metal active/inert gas welding) |  |  |  |  |
| TIG (tungsten inert gas welding)         |  |  |  |  |
| SAW (submerged arc welding)              |  |  |  |  |
| FCW (flux cored arc welding)             |  |  |  |  |
| Other                                    |  |  |  |  |

6.4 On how many days a week did you perform welding:

|   | Never | <1<br>day/wk | 1-3<br>days/wk | 4-7<br>days/wk |
|---|-------|--------------|----------------|----------------|
| By hand                                     |       |              |                |                |
| Operating a fully automated welding machine |       |              |                |                |

6.5 On how many days a week did you weld in the following materials?

|   | Never | <1<br>day/wk | 1-3<br>days/wk | 4-7<br>days/wk |
|---|-------|--------------|----------------|----------------|
| Stainless steel   |       |              |                |                |
| Mild steel ( <i>ferrous alloy for ship construction</i> ) |       |              |                |                |
| Galvanised iron or steel                                  |       |              |                |                |
| Aluminium   |       |              |                |                |
| Painted metal   |       |              |                |                |
| Other   |       |              |                |                |

6.6 On how many days a week did you weld in the following places?

|   | Never | <1<br>day/wk | 1-3<br>days/wk | 4-7<br>days/wk |
|---|-------|--------------|----------------|----------------|
| Confined spaces ( <i>ship's (cargo) hold, inside of tank or truck</i> ) |       |              |                |                |
| Workshops   |       |              |                |                |
| Shipyards, but not confined spaces                                      |       |              |                |                |
| Outdoors  |       |              |                |                |

6.7 Which of the following types of ventilation was in use at your workplace?

|  | No | Yes |
|--|----|-----|
| General mechanical ventilation                                   |    |     |
| Local exhaust ventilation: fixed extraction                      |    |     |
| Local exhaust ventilation: mobile extraction ( <i>PHOTO 3B</i> ) |    |     |

|  |  |  |
|--|--|--|
| Local exhaust ventilation: on-tool tin extraction (PHOTO 3C) |  |  |
|--|--|--|

6.8 Which of the following respiratory protection devices did you use during welding?

|  | No | Yes |
|--|----|-----|
| Face piece (PHOTO 2A)                                    |    |     |
| Face mask with filter (PHOTO 2B)                         |    |     |
| Face shield with fresh air supply (Airstream) (PHOTO 2C) |    |     |
| Other  |    |     |

6.9 Did you carry out welding in another time period since the last survey?

|  |  |  |  |
|--|--|--|--|
| No → Return to the front page of the modules.  |  |  |  |
| Yes, with <u>essentially different</u> working tasks<br>→ Complete another module 6.         |  |  |  |
| Yes, with <u>similar</u> working tasks<br>Please indicate the job number(s) from the matrix: |  |  |  |

## **MODULE 7: SOLDERERS**

|                  |  |  |  |
|------------------|--|--|--|
| Centre number:   |  |  |  |
| Personal number: |  |  |  |

7.1 To which job number in the matrix does this module refer?

**If this refers to soldering at home enter 0**

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

7.2 If soldering, on how many hours per day did you on average carry out soldering?

<1 hour a day    1–4 hours a day    >4 hours a day

7.3 On how many days a week did you use the following soldering methods?

|   | Never | <1<br>day/wk | 1-3<br>days/wk | 4-7<br>days/wk |
|---|-------|--------------|----------------|----------------|
| Brazing ( <i>hard or silver soldering</i> )   |       |              |                |                |
| Soft soldering ( <i>electric resistance</i> ) |       |              |                |                |
| Other   |       |              |                |                |

7.4 On how many days a week did you perform soldering:

|   | Never | <1<br>day/wk | 1-3<br>days/wk | 4-7<br>days/wk |
|---|-------|--------------|----------------|----------------|
| By hand                                       |       |              |                |                |
| Operating a fully automated soldering machine |       |              |                |                |

7.5 Which of the following types of ventilation was in use at your workplace?

|   | No | Yes |
|---|----|-----|
| General mechanical ventilation  |    |     |
| Local exhaust ventilation: fixed extraction                           |    |     |
| Local exhaust ventilation: mobile extraction ( <i>PHOTO 3B</i> )      |    |     |
| Local exhaust ventilation: on-tool tip extraction ( <i>PHOTO 3C</i> ) |    |     |

7.6 Which of the following respiratory protection devices did you use during soldering?

|  | No | Yes |
|--|----|-----|
| Face piece ( <i>PHOTO 2A</i> )   |    |     |
| Face mask with filter ( <i>PHOTO 2B</i> )                                  |    |     |
| Face shield with fresh air supply ( <i>Airstream</i> ) ( <i>PHOTO 2C</i> ) |    |     |
| Other  |    |     |

7.7 Did you carry out soldering in another time period since the last survey?

|  |   |  |  |
|--|---|--|--|
|  | <b>No</b> → <i>Return to the front page of the modules.</i>   |  |  |
|  | <b>Yes</b> , with <u>essentially different</u> working tasks<br>→ <i>Complete another module 7.</i>         |  |  |
|  | <b>Yes</b> , with <u>similar</u> working tasks<br><i>Please indicate the job number(s) from the matrix:</i> |  |  |