

**SISTER STUDY JOB MODULE: DENTISTS, DENTAL HYGIENISTS, DENTAL ASSISTANTS,
AND DENTAL LAB WORKERS**

- DE1. How many different full-time or part-time jobs have you had working as a dentist, dental hygienist, dental assistant, or dental lab worker? # JOBS
- DE2. Did you ever polish teeth? YES..... 1
NO [GO TO DE6]..... 2
REF [GO TO DE6]..... 7
DK [GO TO DE6]..... 8
- DE3. How many years in total did you work in a job where you did this (polish teeth)? #YEARS
- DE4. In the years that you did this, how many months and/or weeks per year on average did you do this (polish teeth)? MONTHS/YR WEEKS/YR
- DE5. On average, how many hours per week did you do this (polish teeth)? # HOURS PER WEEK
- DE6. Did you ever work at least 5 hours per week for at least one month in a room where nitrous oxide or any other anesthetic gas was being administered by you or anyone else in your presence? YES..... 1
NO [GO TO DE15]..... 2
REF [GO TO DE15]..... 7
DK [GO TO DE15]..... 8
- DE7. How many years in total did you work in a job where you did this (work where nitrous oxide or other anesthetic gases were administered in your presence)? #YEARS
[IF LESS THAN 1 YEAR, ENTER "01"]
- DE8. In the years that you did this, how many months and/or weeks per year on average did you do this (work where nitrous oxide or other anesthetic gases were administered in your presence)? MONTHS/YR WEEKS/YR
- DE9. On average, how many hours per week did you do this? (work where nitrous oxide or other anesthetic gases were administered in your presence)? # HOURS PER WEEK

DE10. (When you worked in a room where anesthetic gases were in use,) was [ANESTHETIC] administered by you or by anyone else in your presence?	DE11. Did you <u>personally</u> administer [ANESTHETIC] at least 5 hours per week for at least one month out of the year?	DE12. How many years in total did you do this?	DE13. In the years that you did this, how many months and/or weeks per year, on average, did you personally administer [ANESTHETIC]?	DE14. On average, how many hours per week did you personally administer [ANESTHETIC]?
a. Nitrous oxide YES1 NO....[DE10b] 2	YES 1 NO.[DE10b] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
b. Halothane YES1 NO....[DE10c] 2	YES 1 NO.[DE10c] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
c. Ether YES1 NO....[DE10d] 2	YES 1 NO.[DE10d] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
d. Isoflurane YES1 NO....[DE10e] 2	YES 1 NO.[DE10e] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
e. Enflurane YES1 NO.... [DE10f] 2	YES 1 NO.[DE10f] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
f. Chloroform YES1 NO....[DE10g] 2	YES 1 NO.[DE10g] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
g. Any other anesthetic gas YES1 NO....[DE15] .2 SPECIFY: _____	YES 1 NO..[DE15] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS

DE15. Did you ever assemble or disassemble syringes containing anesthetics at least 5 times per week?

YES..... 1
NO [GO TO DE19]..... 2
REF [GO TO DE19]..... 7
DK [GO TO DE19]..... 8

DE16. How many years in total did you work in a job where you did this (assemble or disassemble syringes containing anesthetics)?

#YEARS

DE17. In the years that you did this, how many months and/or weeks per year on average did you do this? (assemble or disassemble syringes containing anesthetics)?

MONTHS/YR WEEKS/YR

DE18. On average, how many hours per week did you do this (assemble or disassemble syringes containing anesthetics)?

HOURS PER WEEK

DE19. Did you ever use a dental drill on patients?

YES..... 1
NO [GO TO DE23]..... 2
REF [GO TO DE23]..... 7
DK [GO TO DE23]..... 8

DE20. How many years in total did you work in a job where you did this (use a dental drill on patients)?

#YEARS

DE21. In the years that you did this, how many months and/or weeks per year on average did you do this (use a dental drill on patients)?

MONTHS/YR WEEKS/YR

DE22. On average, how many hours per week did you do this (use a dental drill)?

HOURS PER WEEK

<ASK DE23 ONLY IF DE19 = NO, REF, OR DK>

DE23. Were you ever present in the room while a dental drill was being used on a patient?

YES..... 1
NO [GO TO DE27]..... 2
REF [GO TO DE27]..... 7
DK [GO TO DE27]..... 8

DE24. How many years in total did you work in a job where you did this (were present where a dental drill was being used)?

#YEARS

DE25. In the years that you did this, how many months and/or weeks per year on average did you do this (were present where a dental drill was being used)?

MONTHS/YR WEEKS/YR

DE26. On average, how many hours per week did you do this?
(were present where a dental drill was being used)?

HOURS PER WEEK

DE27. Did you ever prepare or mix dental amalgam?

YES..... 1
NO [GO TO DE31]..... 2
REF [GO TO DE31]..... 7
DK [GO TO DE31]..... 8

DE28. How many years in total did you work in a
job where you did this (prepare or mix dental
amalgam)?

#YEARS

DE29. In the years that you did this, how many months
and/or weeks per year on average did you do this
(prepare or mix dental amalgam)?

MONTHS/YR WEEKS/YR

DE30. On average, how many hours per week did you
do this (prepare or mix dental amalgam)?

HOURS PER WEEK

DE31. Did you ever prepare dental composite materials?

YES..... 1
NO [GO TO DE35]..... 2
REF [GO TO DE35]..... 7
DK [GO TO DE35]..... 8

DE32. How many years in total did you work in a
job where you did this (prepare dental
composite materials)?

#YEARS

DE33. In the years that you did this, how many months
and/or weeks per year on average did you do this?
(prepare dental composite materials)?

MONTHS/YR WEEKS/YR

DE34. On average, how many hours per week did you
do this (prepare dental composite materials)?

HOURS PER WEEK

DE35. Did you ever prepare glass ionomer materials?

YES..... 1
NO [GO TO DE39]..... 2
REF [GO TO DE39]..... 7
DK [GO TO DE39]..... 8

DE36. How many years in total did you work in a
job where you did this (prepare glass ionomer
materials)?

#YEARS

DE37. In the years that you did this, how many months and/or weeks per year on average did you do this (prepare glass ionomer materials)?

MONTHS/YR WEEKS/YR

DE38. On average, how many hours per week did you do this (prepare glass ionomer materials)?

HOURS PER WEEK

DE39. Did you ever make dental impressions?

YES..... 1
NO [GO TO DE43]..... 2
REF [GO TO DE43]..... 7
DK [GO TO DE43]..... 8

DE40. How many years in total did you work in a job where you did this (make dental impressions)?

#YEARS

DE41. In the years that you did this, how many months and/or weeks per year on average did you do this (make dental impressions)?

MONTHS/YR WEEKS/YR

DE42. On average, how many hours per week did you do this (make dental impressions)?

HOURS PER WEEK

DE43. Did you ever pour, trim, or polish stone or plaster casts?

YES..... 1
NO [GO TO DE47]..... 2
REF [GO TO DE47]..... 7
DK [GO TO DE47]..... 8

DE44. How many years in total did you work in a job where you did this (pour, trim, or polish stone or plaster casts)?

#YEARS

DE45. In the years that you did this, how many months and/or weeks per year on average did you do this (pour, trim, or polish stone or plaster casts)?

MONTHS/YR WEEKS/YR

DE46. On average, how many hours per week did you do this (pour, trim, or polish stone or plaster casts)?

HOURS PER WEEK

DE47. Did you ever construct custom impression trays?

YES..... 1
NO [GO TO DE51]..... 2
REF [GO TO DE51]..... 7
DK [GO TO DE51]..... 8

DE48. How many years in total did you work in a job where you did this (construct custom impression trays)?

#YEARS

DE49. In the years that you did this, how many months and/or weeks per year on average did you do this (construct custom impression trays)?

MONTHS/YR WEEKS/YR

DE50. On average, how many hours per week did you do this (construct custom impression trays)?

HOURS PER WEEK

DE51. Did you ever fabricate acrylic crowns?

YES..... 1
NO [GO TO DE55]..... 2
REF [GO TO DE55]..... 7
DK [GO TO DE55]..... 8

DE52. How many years in total did you work in a job where you did this (fabricate acrylic crowns)?

#YEARS

DE53. In the years that you did this, how many months and/or weeks per year on average did you do this (fabricate acrylic crowns)?

MONTHS/YR WEEKS/YR

DE54. On average, how many hours per week did you do this (fabricate acrylic crowns)?

HOURS PER WEEK

DE55. Did you ever fabricate acrylic partial dentures?

YES..... 1
NO [GO TO DE59]..... 2
REF [GO TO DE59]..... 7
DK [GO TO DE59]..... 8

DE56. How many years in total did you work in a job where you did this (fabricate acrylic partial dentures)?

#YEARS

DE57. In the years that you did this, how many months and/or weeks per year on average did you do this (fabricate acrylic partial dentures)?

MONTHS/YR WEEKS/YR

DE58. On average, how many hours per week did you do this (fabricate acrylic partial dentures)?

HOURS PER WEEK

DE59. Were you ever in the same room where patients were being X-rayed at least 5 times per week?

- YES..... 1
- NO [GO TO DE66]..... 2
- REF [GO TO DE66]..... 7
- DK [GO TO DE66]..... 8

DE60. How many years in total did you work in a job where you did this (were present in the same room where patients were being X-rayed) at least 5 times per week?

#YEARS

DE61. In the years that you did this, how many months and/or weeks per year on average did you do this (were present in the same room where patients were being X-rayed)?

MONTHS/YR WEEKS/YR

DE62. On average, how many times per week were you in the same room where patients were being X-rayed?

TIMES PER WEEK

DE63. How often did you wear a leaded apron or stand behind a leaded barrier while the X-rays were being shot?

- all the time 1
- most of the time 2
- about half of the time..... 3
- some of the time 4
- rarely or never..... 5
- REF 7
- DK 8

DE64. How often did you wear a dosimetry or film badge that measured your radiation exposure? Was it...
[IF RESPONDENT SAYS ONLY A FEW TIMES, CODE AS RARELY OR NEVER]

- all the time 1
- most of the time 2
- about half of the time..... 3
- some of the time 4
- rarely or never..... [GO TO DE66] 5
- REF [GO TO DE66] 7
- DK [GO TO DE66] 8

DE65. Did you ever receive a report that your measured dose of radiation was above the safe limit?

- YES..... 1
- NO 2
- REF 7
- DK 8

DE66. Did you ever develop X-ray films?

- YES..... 1
- NO [GO TO DE70]..... 2
- REF [GO TO DE70]..... 7
- DK [GO TO DE70]..... 8

DE67. How many years in total did you work in a job where you did this (develop X-ray films)?

#YEARS

DE68. In the years that you did this, how many months and/or weeks per year on average did you do this (develop X-ray films)?

MONTHS/YR WEEKS/YR

DE69. On average, how many hours per week did you do this (develop X-ray films)?

HOURS PER WEEK

DE70. Did you ever work at least 5 hours per week for at least one month out of the year in a room where instruments or other equipment were being sterilized?

YES..... 1
NO [GO TO DE79]..... 2
REF [GO TO DE79]..... 7
DK [GO TO DE79]..... 8

DE71. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year in a room where instruments or other equipment were being sterilized)? [IF LESS THAN 1 YEAR, ENTER "01"]

YEARS

DE72. In the years that you did this, how many months and/or weeks per year, on average, did you work in a room where instruments or other equipment were being sterilized?

MONTHS/YR WEEKS/YR

DE73. On average, how many hours per week did you work in a room where instruments or other equipment were being sterilized?

HOURS PER WEEK

DE74. (During this time,) was [STERILANT] used to sterilize the instruments or equipment?	DE75. Did you personally use [STERILANT] to sterilize the instruments or equipment at least 5 hours per week for at least one month out of the year?	DE76. How many years in total did you do this?	DE77. In the years that you did this, how many months and/or weeks per year, on average, did you personally use [STERILANT]?	DE78. On average, how many hours per week did you personally use [STERILANT]?
a. Ethylene oxide YES 1 NO [DE74b] 2	YES 1 NO. [DE74b] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
b. hydrogen peroxide gas YES 1 plasma, such as NO [DE74c] 2 the STERRAD system	YES 1 NO. [DE74c] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS

<p>DE74. (During this time,) was [STERILANT] used to sterilize the instruments or equipment?</p>	<p>DE75. Did you personally use [STERILANT] to sterilize the instruments or equipment at least 5 hours per week for at least one month out of the year?</p>	<p>DE76. How many years in total did you do this?</p>	<p>DE77. In the years that you did this, how many months and/or weeks per year, on average, did you personally use [STERILANT]?</p>	<p>DE78. On average, how many hours per week did you personally use [STERILANT]?</p>
<p>c. glutaraldehyde products such as Cidex, ColdSport, Endocide, Glutacide, Hospex, Metricide, or Sporicidin</p> <p>YES1 NO [DE74d] 2</p>	<p>YES1 NO. [DE74d] 2</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS</p>
<p>d. ortho-phthalaldehyde products such as Cidex OPA</p> <p>YES1 NO [DE74e] 2</p>	<p>YES1 NO. [DE74e] 2</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS</p>
<p>e. peracetic acid products such as the Steris system</p> <p>YES1 NO [DE74f] 2</p>	<p>YES1 NO. [DE74f].2</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS</p>
<p>f. hydrogen peroxide products such as Accell or Optim</p> <p>YES1 NO [DE74g] 2</p>	<p>YES1 NO. [DE74g] 2</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS</p>
<p>g. formaldehyde</p> <p>YES1 NO [DE74h] 2</p>	<p>YES1 NO. [DE74h] 2</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS</p>
<p>h. hexachlorophene products such as Phisohex or Phisoderm</p> <p>YES1 NO [DE74i].2</p>	<p>YES1 NO. [DE74i].2</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS</p>
<p>i. any other sterilizing agent SPECIFY: _____</p> <p>YES1 NO [DE79] .2</p>	<p>YES1 NO.. [DE79] .2</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS</p>

DE79. Did you ever personally use disinfectants to clean other equipment or the patient care area?

YES..... 1
NO [GO TO DE83]..... 2
REF [GO TO DE83]..... 7
DK [GO TO DE83]..... 8

DE80. How many years in total did you work in a job where you did this?

#YEARS

DE81. In the years that you did this, how many months and/or weeks per year on average did you do this?

MONTHS/YR

WEEKS/YR

DE82. On average, how many hours per week did you do this?

HOURS PER WEEK

DE83. About how many hours per week did you wear latex gloves, on average, while working in the dental field?

HOURS PER WEEK

DE84. Did you ever use talcum powder in your gloves?

YES..... 1
NO [GO TO *]..... 2
REF [GO TO *]..... 7
DK [GO TO *]..... 8

DE85. How many years in total did you work in a job where you did this?

#YEARS

DE86. In the years that you did this, how many months and/or weeks per year on average did you do this?

MONTHS/YR

WEEKS/YR

DE87. On average, how many times per week did you do this?

TIMES PER WEEK

* Thank you for answering these questions about your work in the dental field. Now I will ask questions about some other industries.

<RETURN TO OC>