

SISTER STUDY JOB MODULE: DOCTOR OR PHYSICIAN

DOC1. How many different full-time or part-time jobs have you had working as a doctor or physician? This includes both paid and volunteer work that took at least 10 hours per week.

JOBS

I am going to ask about some specific tasks that you may have done while working as a doctor or physician.
<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:> In answering these questions, please think about your overall experience in all of your full-time or part-time jobs of this type.

While working as a doctor or physician, did you ever work ...	About how many years and/or months in total did you work there (<i>[PLACE]</i>)?
DOC2. in a hospital, or large outpatient surgical center YES..... 1 NO... [GO TO DOC4].. 2 REF . [GO TO DOC4] .. 7 DK... [GO TO DOC4] .. 8	DOC3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
DOC4. in a doctor's office YES..... 1 NO... [GO TO DOC6].. 2 REF . [GO TO DOC6] .. 7 DK... [GO TO DOC6] .. 8	DOC5. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
DOC6. in a nursing home, assisted living facility, or other residential care facility YES..... 1 NO... [GO TO DOC8].. 2 REF . [GO TO DOC8] .. 7 DK... [GO TO DOC8] .. 8	DOC7. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
DOC8. in a free-standing urgent care center, outpatient clinic, or HMO YES..... 1 NO.. [GO TO DOC10]. 2 REF [GO TO DOC10]. 7 DK.. [GO TO DOC10]. 8	DOC9. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
DOC10. providing home health care (that is, visiting patients at home) YES..... 1 NO.. [GO TO DOC12]. 2 REF [GO TO DOC12]. 7 DK.. [GO TO DOC12]. 8	DOC11. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
DOC12. in a school YES..... 1 NO.. [GO TO DOC14]. 2 REF [GO TO DOC14]. 7 DK.. [GO TO DOC14]. 8	DOC13. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
DOC14. in another type of workplace YES..... 1 NO.. [GO TO DOC16]. 2 REF [GO TO DOC16]. 7 DK.. [GO TO DOC16]. 8 SPECIFY: _____ _____	DOC15. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS

<BEGIN REPEATING RECORD – SPECIALTY AREAS>

DOC16. What was the [first/next] department or specialty area that you spent most of your time working?

MEDICAL SPECIALTY

<SPECIALTIES WILL BE SELECTED FROM A LOOK-UP TABLE>

DOC16a. Did you work in any other departments or specialty areas?

YES[DOC16] 1
NO 2

<END REPEATING RECORD – SPECIALTY AREAS>

DOC17. Did you ever work at least 5 hours per week for at least one month out of the year in an operating room or anywhere else where general anesthetics were being administered by you or anyone else?

YES 1
NO [GO TO DOC26] 2
REF [GO TO DOC26] 7
DK [GO TO DOC26] 8

DOC18. How many years in total did you do this (work in an operating room or anywhere else where general anesthetics were administered by you or others at least 5 hours per week for at least one month out of the year)? [IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC19. In the years that you did this, how many months and/or weeks per year, on average, did you work in an operating room or anywhere else where general anesthetics were administered by you or others?

MONTHS/YR WEEKS/YR

DOC20. On average, how many hours per week did you work in an operating room or anywhere else where general anesthetics were administered by you or others?

HOURS PER WEEK

DOC21. (When you worked in an operating room or anywhere else general anesthetics were in use,) was [ANESTHETIC] administered by you or by others in your presence?		DOC22. Did you personally administer [ANESTHETIC] at least 5 hours per week for at least one month out of the year?	DOC23. How many years in total did you do this?	DOC24. In the years that you did this, how many months and/or weeks per year, on average, did you personally administer [ANESTHETIC]?	DOC25. On average, how many hours per week did you personally administer [ANESTHETIC]?
a. Nitrous oxide	YES1 NO.. [DOC21b]2	YES 1 NO[DOC21b]2	<input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> # HOURS
b. Halothane	YES1 NO.. [DOC21c]2	YES 1 NO[DOC21c]2	<input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> # HOURS
c. Ether	YES1 NO.. [DOC21d]2	YES 1 NO[DOC21d]2	<input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> # HOURS
d. Isoflurane	YES1 NO.. [DOC21e]2	YES 1 NO[DOC21e]2	<input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> # HOURS
e. Enflurane	YES1 NO... [DOC21f]2	YES 1 NO[DOC21f]2	<input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> # HOURS
f. Chloroform	YES1 NO.. [DOC21g]2	YES 1 NO[DOC21g]2	<input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> # HOURS
g. Any other anesthetic	YES1 NO... [DOC26]2 SPECIFY: _____	YES 1 NO [DOC26]2	<input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> # HOURS

DOC26. Have you ever administered aerosolized ribavirin or Virazole, pentamidine or Nebupent, or tobramycin or Nebcin? YES 1
 NO [GO TO DOC34] 2
 REF [GO TO DOC34] 7
 DK [GO TO DOC34] 8

		Y	N	REF	DK
DOC27. Which of these drugs have you administered in aerosolized form?	a. ribavirin or Virazole	1	2	7	8
	b. pentamidine or Nebupent.....	1	2	7	8
	c. tobramycin or Nebcin	1	2	7	8

DOC28. How many years in total did you have a job where you did this (administered aerosolized ribavirin or Virazole, pentamidine or Nebupent, or tobramycin)? # YEARS
 [IF LESS THAN 1 YEAR, ENTER "1"]

DOC29. 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

DOC30. On average, about how many hours per week did you spend administering any of the aerosolized drugs? Please include only the time you spent actually handling the drug, were present in the area during administration, and in clean-up. Do not include set-up time, or time the patient was receiving the drug while you were not present. # HOURS PER WEEK

DOC31. When you administered aerosolized drugs, was it usually... inside a fully enclosed and sealed treatment chamber or booth 1
 inside a partially enclosed treatment hood or tent..... 2
 with no type of enclosure 3

		Y	N	REF	DK
DOC32. When you administered aerosolized drugs, did you <u>usually</u> ...	a. inspect the aerosol generator for leaks or worn parts prior to use?	1	2	7	8
	b. use a nebulizer with an automatic shutoff valve?	1	2	7	8
	c. administer the medication in an isolation room under negative pressure (where air flows into the room from adjacent areas)?	1	2	7	8

		Y	N	REF	DK
DOC33. When you administered aerosolized drugs, did you <u>usually</u> wear any of the following protective equipment? (By usually we mean most of the time.)	a. a water resistant gown	1	2	7	8
	b. gloves.....	1	2	7	8
	c. goggles, safety glasses, or a face shield....	1	2	7	8
	d. respiratory protection; this does <u>not</u> include a surgical mask	1	2	7	8

DOC34. 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 was being sterilized?

YES 1
 NO [GO TO DOC43] 2
 REF [GO TO DOC43] 7
 DK [GO TO DOC43] 8

DOC35. 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 was being sterilized)? [IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC36. 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 was being sterilized?

MONTHS/YR WEEKS/YR

DOC37. On average, how many hours per week did you work in a room where instruments or other equipment was being sterilized?

HOURS PER WEEK

DOC38. (During this time,) was [ANESTHETIC] used to sterilize the instruments or equipment?	DOC39. Did you personally use [ANESTHETIC] to sterilize the instruments or equipment at least 5 hours per week for at least one month out of the year?	DOC40. How many years in total did you do this?	DOC41. In the years that you did this, how many months and/or weeks per year, on average, did you personally use [ANESTHETIC]?	DOC42. On average, how many hours per week did you personally use [ANESTHETIC]?
a. Ethylene oxide	YES 1 NO.. [DOC38b]2	YES 1 NO[DOC38b]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"/> # MONTHS # WKS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
b. hydrogen peroxide gas plasma, such as the STERRAD system	YES 1 NO.. [DOC38c]2	YES 1 NO[DOC38c]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"/> # MONTHS # WKS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
c. glutaraldehyde products such as Cidex, ColdSport, Endocide, Glutacide, Hospex, Metricide, or Sporicidin	YES 1 NO.. [DOC38d]2	YES 1 NO[DOC38d]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"/> # MONTHS # WKS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
d. ortho-phthalaldehyde products such as Cidex OPA	YES 1 NO.. [DOC38e]2	YES 1 NO[DOC38e]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"/> # MONTHS # WKS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS

DOC38. (During this time,) was [ANESTHETIC] used to sterilize the instruments or equipment?	DOC39. Did you personally use[ANESTHETIC] to sterilize the instruments or equipment at least 5 hours per week for at least one month out of the year?	DOC40. How many years in total did you do this?	DOC41. In the years that you did this, how many months and/or weeks per year, on average, did you personally use [ANESTHETIC]?	DOC42. On average, how many hours per week did you personally use [ANESTHETIC]?
e. peracetic acid products such as the Steris system	YES1 NO...[DOC38f]2	YES 1 NO[DOC38f]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. hydrogen peroxide products such as Accell or Optim	YES1 NO.. [DOC38g]2	YES 1 NO[DOC38g]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. formaldehyde	YES1 NO.. [DOC38h]2	YES 1 NO[DOC38h]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
h. hexachlorophene products such as Phisohex or Phisoderm	YES1 NO...[DOC38i]2	YES 1 NO[DOC38i]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
i. any other sterilizing agent SPECIFY: _____	YES1 NO... [DOC43]2	YES 1 NO [DOC43]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

DOC43. Did you ever use disinfectants or antiseptics at least 5 hours per week for at least one month out of the year while working as a doctor or physician?

YES 1
NO[GO TO DOC49] 2
REF.....[GO TO DOC49] 7
DK[GO TO DOC49] 8

DOC44. 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 using disinfectants or antiseptics)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC45. In the years that you did this, how many months and/or weeks per year, on average, did you work at least 5 hours per week using disinfectants or antiseptics?

MONTHS/YR WEEKS/YR

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DOC46. On average, how many hours per week did you use disinfectants or antiseptics?

HOURS PER WEEK

	Y	N	REF	DK
DOC47. Which of the following disinfectants or antiseptics did you use? Did you use...				
a. Betadine	1	2	7	8
b. Duraprep	1	2	7	8
c. Formaldehyde	1	2	7	8
d. Hibclens	1	2	7	8
e. Iodophor or iodophorm.....	1	2	7	8
f. Lysol	1	2	7	8
g. PhisoHex or phisoderm	1	2	7	8
h. Skin prep or alcohol pads	1	2	7	8
i. Alcare or other foamed alcohol products..	1	2	7	8
j. Bactoshield	1	2	7	8
k. Any other disinfectant.....	1	2	7	8
SPECIFY: _____				

<IF MORE THAN ONE OF DOC47a-k IS ANSWERED "YES":>

DOC48. Which one disinfectant did you use the most?	BETADINE	01
	DURAPREP	02
	FORMALDEHYDE	03
	HIBCLENS.....	04
	IODOPHOR OR	
	IODOPHORM.....	05
	LYSOL	06
	PHISOHEX OR	
	PHISODERM.....	07
	SKIN PREP OR ALCOHOL	
	PADS.....	08
	ALCARE OR OTHER	
	FOAMED ALCOHOL	
	PRODUCTS	09
	BACTOSHIELD	10
	OTHER DISINFECTANT	11

DOC49. Did you ever take X-rays from a room that was separate from the room where the patient was, at least 5 times per week?

- YES 1
- NO [GO TO DOC51] 2
- REF [GO TO DOC51] 7
- DK [GO TO DOC51] 8

DOC50. How many years in total did you work in a job where you took X-rays from a separate room (at least 5 times per week for at least one month out of the year)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC51. Were you ever in the same room where X-rays were being taken at least 5 times per week for at least one month out of the year?

- YES 1
- NO [GO TO DOC58] 2
- REF [GO TO DOC58] 7
- DK [GO TO DOC58] 8

DOC52. How many years in total did you work in a job where you were in the same room while X-rays were being taken (at least 5 times per week for at least one month out of the year)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC53. In the years that you did this, how many months and/or weeks per year, on average, did you do this (work in a job where you were in the same room where X-rays were being taken at least 5 times per week)?

 MONTHS/YR WEEKS/YR

DOC54. On average, how many times per week were you in a room while X-rays were being taken?

TIMES PER WEEK

DOC55. 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 DOC57] 5
- REF [GO TO DOC57] ... 7
- DK [GO TO DOC57] ... 8

DOC56. 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

DOC57. How often did you wear a leaded apron or stand behind a leaded barrier while the x-ray was being taken?

- 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

DOC58. Did you ever work at least 5 hours per week for at least one month out of the year performing fluoroscopy? YES 1
 NO [GO TO DOC62] 2
 REF [GO TO DOC62] 7
 DK [GO TO DOC62] 8

DOC59. 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 performing fluoroscopy)? [IF LESS THAN 1 YEAR, ENTER "1"] # YEARS

DOC60. In the years that you did this, how many months and/or weeks per year, on average, did you perform fluoroscopy? MONTHS/YR WEEKS/YR

DOC61. On average, how many hours per week did you do this? (perform fluoroscopy)? # HOURS PER WEEK

DOC62. Did you ever work at least 5 hours per week for at least one month out of the year in a room where any other sources of radiation were being administered, such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography? YES 1
 NO [GO TO DOC67] 2
 REF [GO TO DOC67] 7
 DK [GO TO DOC67] 8

DOC63. 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 other sources of radiation were being administered such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)? [IF LESS THAN 1 YEAR, ENTER "1"] # YEARS

DOC64. In the years that you did this, how many months and/or weeks per year, on average, did you work in a room where other sources of radiation were being administered (such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)? MONTHS/YR WEEKS/YR

DOC65. On average, how many hours per week did you work in a room where any other sources of radiation were being administered (such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)? # HOURS PER WEEK

	Y	N	REF	DK
DOC66. Which of the following sources of radiation were present where you worked? Was there...				
a. CAT scan	1	2	7	8
b. MRI.....	1	2	7	8
c. Radioactive isotopes or nuclides	1	2	7	8
d. Angiography	1	2	7	8
e. Any other radiation source.....	1	2	7	8

SPECIFY: _____

DOC67. Did you ever work within five feet of a patient while lasers or other electrosurgery devices were being used? YES 1
 NO [GO TO DOC73] 2
 REF [GO TO DOC73] 7
 DK [GO TO DOC73] 8

DOC68. How many years in total did you have a job where you did this (work within 5 feet of where lasers or other electrosurgery devices were being used)? # YEARS
 [IF LESS THAN 1 YEAR, ENTER "1"]

DOC69. 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

DOC70. On average, about how many hours per week did you do this? # HOURS PER WEEK

DOC71. On average, how many procedures per week involving lasers or other electrosurgery devices were performed within 5 feet of you? #/WEEK

DOC72. Was surgical smoke exhausted outside the room? YES 1
 NO 2

DOC73. Did you ever work in a clinical or research laboratory at least 5 hours per week for at least one month out of the year while working as a doctor or physician? YES 1
 NO [GO TO DOC78] 2
 REF [GO TO DOC78] 7
 DK [GO TO DOC78] 8

DOC74. 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 laboratory)? # YEARS
 [IF LESS THAN 1 YEAR, ENTER "1"]

DOC75. In the years that you did this, how many months and/or weeks per year, on average, did you work in a laboratory? MONTHS/YR WEEKS/YR

DOC76. On average, how many hours per week did you work in a laboratory? # HOURS PER WEEK

	Y	N	REF	DK
DOC77. While working in a laboratory, did you ever use any of the following? (Did you use...)				
a. Dyes, as a powder, paste or liquid. Does not include handling previously stained slides.....	1	2	7	8
b. Mercury. Does not include handling thermometers containing mercury	1	2	7	8
c. Solvents, such as benzene or trichloroethylene	1	2	7	8
d. Dioxane.....	1	2	7	8
e. Formaldehyde	1	2	7	8

DOC78. Did you ever mix chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year?

YES 1
NO [GO TO DOC82] 2
REF [GO TO DOC82] 7
DK [GO TO DOC82] 8

DOC79. How many years in total did you work in a job where you did this (mixed chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC80. In the years that you did this, how many months and/or weeks per year, on average, did you mix chemotherapy agents or anti-neoplastic drugs at least 5 times per week?

MONTHS/YR WEEKS/YR

DOC81. On average, how many times per week did you mix chemotherapy agents or anti-neoplastic drugs?

TIMES PER WEEK

DOC82. Did you ever purge IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year?

YES 1
NO [GO TO DOC86] 2
REF [GO TO DOC86] 7
DK [GO TO DOC86] 8

DOC83. How many years in total did you work in a job where you did this (...purged IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC84. In the years that you did this, how many months and/or weeks per year, on average, did you purge IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs at least 5 times per week?

MONTHS/YR WEEKS/YR

DOC85. On average, how many times per week did you purge IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs?

TIMES PER WEEK

DOC86. Did you ever perform injections, IV insertions, or phlebotomy at least 5 times per week?

YES 1
NO [GO TO DOC90] 2
REF [GO TO DOC90] 7
DK [GO TO DOC90] 8

DOC87. How many years in total did you do this (perform injections, IV insertions, or phlebotomy at least 5 times per week)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC88. 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

DOC89. On average, how many times per week did you do this?

TIMES PER WEEK

DOC90. About how many hours per week did you wear latex gloves, on average?

HOURS PER WEEK

DOC91. About how many hours per week did you wear non-latex gloves, such as nitrile gloves, on average?

HOURS PER WEEK

DOC92. Did you ever use talcum powder on your patients or in your gloves at least 5 times per week for at least one month out of the year?

YES 1
NO [GO TO DOC96] 2
REF [GO TO DOC96] 7
DK [GO TO DOC96] 8

DOC93. How many years in total did you do this (work in a job where you used talcum powder on your patients or in your gloves at least 5 times per week for at least one month out of the year)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC94. In the years that you did this, how many months and/or weeks per year, on average, did you use talcum powder at least 5 times per week?

MONTHS/YR WEEKS/YR

DOC95. On average, how many times per week did you use talcum powder on your patients or in your gloves?

TIMES PER WEEK

DOC96. Were you ever accidentally stuck with a needle or an instrument such as a scalpel that was contaminated with blood?

YES 1
NO [GO TO DOC99] 2
REF [GO TO DOC99] 7
DK [GO TO DOC99] 8

DOC97. How many times has this happened?

TIMES

DOC98. Were you ever treated with drugs for HIV prevention?

YES 1
NO 2

DOC99. On average, how many times per week did you have contact with patients infected with hepatitis, HIV, or tuberculosis?

TIMES PER WEEK

DOC100. How often were you tested for TB with a skin-prick test?
Was it...

once per year..... 1
once every few years 2
rarely or never..... 3

Thank you for answering these questions about your work as a doctor. Now I will ask questions about some other industries.

LOOK-UP TABLE FOR MEDICAL SPECIALTIES:

Adult primary care
Anesthesiology
Audiology
Cardiology
Central processing
Dental services
Dermatology
Ear, nose, and throat
Emergency
Endocrinology
Family practice
Gastroenterology
Geriatrics
Hematology
HIV/AIDS clinic
Home healthcare
Hospice care
Immunology
Infectious disease
Infusion therapy
Intensive care
Laboratory
Long-term mental health
Nephrology
Neurology
Nuclear medicine
Nutrition
Obstetrics/gynecology
Occupational medicine
Oncology
Ophthalmology
Optometry
Orthopedics/sports medicine
Pathology
Pediatrics
Pharmacy
Physical/occupational therapy
Psychiatry
Podiatry
Post-anesthesia care unit
Pulmonary
Radiology
Research
Respiratory care
Rheumatology
Sleep disorders
Social work
Surgery
Urology
Other (SPECIFY):