



**I: ABOUT YOURSELF:**

**Name:** \_\_\_\_\_  
(Used as identifier only)

**Telephone** (    )    -

**Railroad Name:** \_\_\_\_\_

**Date of Hire:** \_\_\_\_\_

**Craft:** \_\_\_\_\_

**Promotion Date:** \_\_\_\_\_

**Seniority District:** \_\_\_\_\_

**Qualifications:** Road \_\_\_\_\_ Yard \_\_\_\_\_

1. **Majority of Time Worked:** \_\_\_\_\_ Mainline (1) \_\_\_\_\_ Road Switcher (2) \_\_\_\_\_ Yard (3) \_\_\_\_\_ Work Train (4)

2. Please fill in your **age:** \_\_\_\_\_ years    3. **Gender:** male (2) female (1)

4. What is your **racial origin?** \_\_\_\_\_ Caucasian (1) \_\_\_\_\_ Afro-Caribbean (2) \_\_\_\_\_ Asian (3) \_\_\_\_\_ Other (4)



**II: YOUR WORK HISTORY:**

Please tell us what locomotive(s) have you operated or have you been riding on since you started working for the railroad. Please be as specific as possible, but report only if done for more than one year. ✓

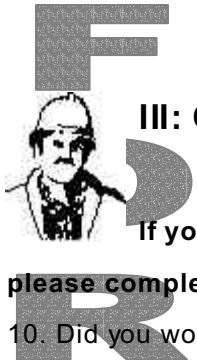
Locomotive type	No ✓	Yes ✓ --ES	What year did you begin?	How many years did you do this?
1) Commuter train (locomotive, control cab, MU type)				
2) Freight trains				
a) Coal				
b) Van				
c) Other _____				
3) Yard switching				
a) Humping				
b) Flat switching				
4) Steam locomotive				
a) Road power				
b) Yard power				
5) Turbine locomotive				
6) Electric locomotive				

7) **Number of Units** usually operated?: \_\_\_\_\_ units

8) The percentage of time that I worked the road with the **long nose forward**? \_\_\_\_\_%

9) The percentage of time that I worked the road with the **short nose forward**? \_\_\_\_\_%





### III: OTHER JOBS AND ACTIVITIES



If you are holding a **second job** (or held one since you began working for the railroad) - please complete the following questions:

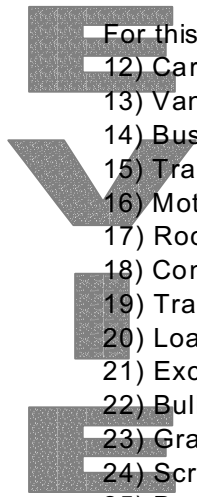
10. Did you work at any other job since you work for the railroad? Yes (1) \_\_\_\_\_ No (0) \_\_\_\_\_

**IF NO**, please move to question 31 on this page

**IF YES**, please continue completing question 11 to 30 ➡



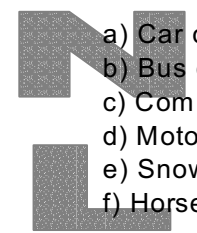
11) What was the other job? Occupation: \_\_\_\_\_ Industry: \_\_\_\_\_  
 Year began \_\_\_\_\_ Year ended \_\_\_\_\_



For this job do you use regularly (daily) a:

- |  |               |              |
|--|---------------|--------------|
| 12) Car (other than going to and from work)                | Yes (1) _____ | No (0) _____ |
| 13) Van (other than going to and from work)                | Yes (1) _____ | No (0) _____ |
| 14) Bus or coach (other than going to and from work)       | Yes (1) _____ | No (0) _____ |
| 15) Train (other than going to and from work)              | Yes (1) _____ | No (0) _____ |
| 16) Motorcycle (other than going to and from work)         | Yes (1) _____ | No (0) _____ |
| 17) Rock crusher   | Yes (1) _____ | No (0) _____ |
| 18) Concrete production machinery                          | Yes (1) _____ | No (0) _____ |
| 19) Tractor  | Yes (1) _____ | No (0) _____ |
| 20) Loader   | Yes (1) _____ | No (0) _____ |
| 21) Excavator  | Yes (1) _____ | No (0) _____ |
| 22) Bulldozer  | Yes (1) _____ | No (0) _____ |
| 23) Grader   | Yes (1) _____ | No (0) _____ |
| 24) Scraper  | Yes (1) _____ | No (0) _____ |
| 25) Dumper   | Yes (1) _____ | No (0) _____ |
| 26) Other earth-moving machinery<br>(please specify) _____ | Yes (1) _____ | No (0) _____ |
| 27) Road roller  | Yes (1) _____ | No (0) _____ |
| 28) Mower (seated)   | Yes (1) _____ | No (0) _____ |
| 29) Off road forestry vehicle                              | Yes (1) _____ | No (0) _____ |
| 30) Armored vehicle  | Yes (1) _____ | No (0) _____ |

31) In your spare time (i.e. outside work and going to and from work), please give your best estimate the total number of hours (or minutes) **per week** you spend driving or riding in the vehicles listed below.



**TOTAL TIME IN ONE WEEK:**

- |                     |             |               |
|---------------------|-------------|---------------|
| a) Car or Van       | _____ hours | _____ minutes |
| b) Bus or Coach     | _____ hours | _____ minutes |
| c) Commuter train   | _____ hours | _____ minutes |
| d) Motorcycle       | _____ hours | _____ minutes |
| e) Snowmobiles      | _____ hours | _____ minutes |
| f) Horseback riding | _____ hours | _____ minutes |



**IV: CURRENT WORKING CONDITIONS**

1) Does the locomotive seat you have been using most recently have? Please ✓.

Has your operator seat ?	YES	NO
Arm rest		
Any back support		
Special adjustable lower back support		
Air cushion system		
Is it a round type seat pad		
Is a foot rest available		
How is the seat mounted ?	side wall-mounted	floor mounted

2) What is your opinion of the locomotive seats? (In the appropriate column, indicate the number corresponding to your choice: "1" = excellent; "2" = good; "3" = acceptable; "4" = unacceptable.)

Seats	Conductor	Engineer	Brake person
Comfort			
Adjustment			
Foot rest			
Ease of turning seat			
Arm rests			
Leg room			

3) Do you happen to know the make or model of your seat that you have been using most recently and you have been rating above? Manufacturer \_\_\_\_\_

4) Please describe how many hours per work day you face the following conditions: (please ✓ the best answer)

AT WORK:	"Always" for 7-10 h	"Often" for 4-6 h	"Sometimes" for 1-3 h	"Seldom" less than 1 h	"never" 0 hours
I sit					
I stand					
Vibration bother me					
Noise bothers me					
Drafts bother me					
Odors bother me					
Poor air quality bothers me					
It is too warm in my cab					
It is too cold in my cab					

4.1) Have you noticed any particular problems with the "wide body" locomotives? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

4.2) Have you been seriously bothered by the ventilation system in the "wide body" locomotives?

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

# F

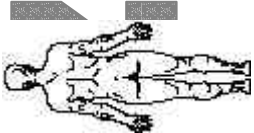
5. Please read each question carefully and circle the appropriate box which you feel best describes your job as a locomotive engineer today:

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. My job requires that I learn new things.	1	2	3	4
2. My job involves a lot of repetitive work.	1	2	3	4
3. My job requires me to work under stressful conditions.	1	2	3	4
4. My job allows me to make a lot of decisions on my own.	1	2	3	4
5. My job requires a high level of skill	1	2	3	4
6. On my job, I am given a lot of freedom to decide how I do my work.	1	2	3	4
7. I get to do a variety of different things on my job.	1	2	3	4
8. I have a lot of say about what happens on my job.	1	2	3	4
9. I have an opportunity to develop my own special abilities.	1	2	3	4
10. My job requires me to be creative.	1	2	3	4
11. My job requires working long hours.	1	2	3	4
12. My job requires working very fast	1	2	3	4
13. My job requires working very hard.	1	2	3	4
14. My job requires lots of physical effort.	1	2	3	4
15. I am free from conflicting demands that others make.	1	2	3	4
16. I have enough time to get a job done.	1	2	3	4
17. I am not asked to do an excessive amount of work.	1	2	3	4
18. I can take relief from my job duties whenever I feel the need to.	1	2	3	4
19. I am often required to work beyond 8 hours and can not refuse to do it even when I feel sick or I am in pain.	1	2	3	4
20. The Railroad Medical Dept. and/or examining doctors have discussed low back pain with me at my railroad physical.	1	2	3	4
21. The Railroad Medical Dept. is concerned about my health and welfare.	1	2	3	4
22. I often work with low back pain which gets worse as I continue to work.	1	2	3	4

# G

22) How long have you worked in the past in noisy places where you have to shout to be heard?

\_\_\_\_ Never \_\_\_\_ Less than 12 months \_\_\_\_ 1-5 Years \_\_\_\_ 6-10 years \_\_\_\_ More than 10 years



## V. YOUR BACK

1) During the **PAST 12 MONTHS**, have you had **back pain** in the area shown in the diagram, which lasted for more than a day? \_\_\_\_\_ **Yes (1)** \_\_\_\_\_ **No (0)**

(Do not include pain occurring only during pregnancy, during menstrual periods, or during the course of a feverish illness such as the "flu").

**F**  
**O**  
**R**  
**R**  
**E**  
**I**  
**E**  
**W**  
**N**  
**I**  
**W**

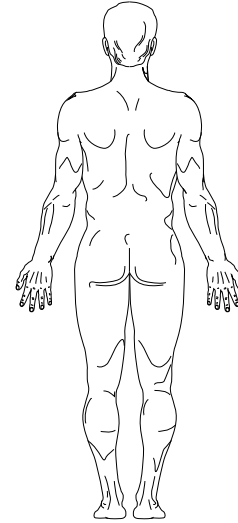
IF **NO**, skip ahead to ITEM IV, Section "YOUR GENERAL HEALTH".

IF **YES**, please answer the following questions ▼:

Please circle & mark the area that hurts you

Do you have....

- Pain?
- Cramping?
- Burning?
- Stiffness?
- Swelling?
- "Pins & Needles"?
- Numbness?



- 2) Did the pain spread down your leg to below your knee? \_\_\_\_\_ **Yes (1)** \_\_\_\_\_ **No (0)**
- 3) Have you had the pain during the past week? \_\_\_\_\_ **Yes (1)** \_\_\_\_\_ **No (0)**
- 4) Do you have lower back problems more than 3 times per year? \_\_\_\_\_ **Yes (1)** \_\_\_\_\_ **No (0)**
- 5) Do you have lower back problems lasting more than 1 week: \_\_\_\_\_ **Yes (1)** \_\_\_\_\_ **No (0)**
- 6) Did you have any severe injuries or fractures in the area of current discomfort: \_\_\_\_\_ **Yes (1)** \_\_\_\_\_ **No (0)**

Please describe: \_\_\_\_\_

7) Did your doctor or chiropractor tell you that you had a back problem and/or is treating you for that?  
 \_\_\_\_\_ **No (0)** \_\_\_\_\_ **Yes (1)** The diagnosis was: \_\_\_\_\_

8) Have you ever reported a back related injury to the railroad or railroad medical department:  
 \_\_\_\_\_ **No (0)** \_\_\_\_\_ **Yes (1)** My problem was: \_\_\_\_\_

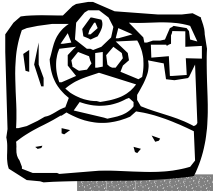
9) Within the last week, did you have lower back... please ✓

	'Always' every day	'Often' 4-6days/week	'Sometimes' 1- 3day/week	'Seldom' up to 1 day /week	'Never'
<b>Pain</b>					
<b>Cramping</b>					
<b>Burning sensation</b>					
<b>Stiffness</b>					
<b>Swelling</b>					
<b>"Pins and Needles"</b>					
<b>Numbness in back</b>					
<b>Numbness in back and lower leg</b>					

**F**  
**O**

Within the past year (please ✓ the best answer):

	never	1-2 times in a year	1-2 times in a month	1-2 times in a week	daily
10) Does your back pain go from the lower back down the leg below the knee(s)					
11) Before you started your present job, did you have back problems					
12) Do you take any medicine (pain-killer) for your back problem					
13) In your present job, did you miss any work due of lower back problems					



**VI: YOUR GENERAL HEALTH**

1. How often do you have the following symptoms during the past year? (Please ✓ the best answer)

	never	1-2 times in a year	1-2 times in a month	1-2 in a week	daily
Headaches					
Feeling extremely tired					
Feeling low in mood or spirits					
Indigestion or stomach problems					
Feeling under "stress"					
Noises in your head or ears (such as ringing, buzzing or whistling) lasting longer than 5 minutes?					

**L**  
**O**  
**Y**

2) Have you ever smoked regularly (i.e. at least once a day for a month or longer)? \_\_ Yes (1) \_\_ No (0)

(a). If Yes, how old were you when you first smoked regularly? \_\_\_\_\_ years of age.

(b). If you have quit, how old were you when you stopped? \_\_\_\_\_ years of age.

**F**  
**O**  
**R**

3) Severe pain in the past week and the past year: Answer ✓ the questions below in the boxes.

During the past week have you had pain lasting a day or more in your ...	During the past 12 months have you had pain lasting a day or more in your ...	During the past 12 months have you been prevented from carrying out normal activities (e.g. job, housework, hobbies) because of pain in your ...
<b>KNEES</b> _____ Yes _____ No	<b>KNEES</b> _____ Yes _____ No	<b>KNEES</b> _____ Yes _____ No
<b>HIPS</b> _____ Yes _____ No	<b>HIPS</b> _____ Yes _____ No	<b>HIPS</b> _____ Yes _____ No

**R**  
**E**

4) What about severe pain in the upper body parts ?

<b>SHOULDERS</b> _____ Yes _____ No	<b>SHOULDERS</b> _____ Yes _____ No	<b>SHOULDERS</b> _____ Yes _____ No
<b>NECK</b> _____ Yes _____ No	<b>NECK</b> _____ Yes _____ No	<b>NECK</b> _____ Yes _____ No
<b>WRIST/HANDS</b> _____ Yes _____ No	<b>WRIST/HANDS</b> _____ Yes _____ No	<b>WRIST/HANDS</b> _____ Yes _____ No
<b>IF YES:</b> ___ Right ___ Left ___ Both	<b>IF YES:</b> ___ Right ___ Left ___ Both	<b>IF YES:</b> ___ Right ___ Left ___ Both
<b>ELBOWS</b> _____ Yes _____ No	<b>ELBOWS</b> _____ Yes _____ No	<b>ELBOWS</b> _____ Yes _____ No
<b>IF YES:</b> ___ Right ___ Left ___ Both	<b>IF YES:</b> ___ Right ___ Left ___ Both	<b>IF YES:</b> ___ Right ___ Left ___ Both

**W**  
**O**  
**N**

Thank you very much for your help - you have now completed the confidential questionnaire ! (5/00)

Please send the questionnaire back to the principal study investigator:  
Dr. Eckardt Johanning, Occupational and Environmental Health Science



**Y**