

## Survey Instrument: Corporate Health Officers

### SURVEY OF WORKPLACE HEALTH AND GENETIC SCREENING AND MONITORING

#### CORPORATE HEALTH OFFICER VERSION

The Congressional Office of Technology Assessment is conducting a national survey of the opinions and experiences of employers related to the use of genetic screening and monitoring in the workplace. This questionnaire has been directed to you as the person in your organization whose responsibilities include employee health. We need your assistance in answering, as best you can, some questions about workplace testing and employee health in your company.

For the purposes of this survey and the subsequent report, OTA has adopted the following definitions. By genetic monitoring we mean periodically examining employees to evaluate modifications of their genetic material via tests such as cytogenetic or direct-DNA tests. By genetic screening we mean screening job applicants or employees for certain inherited characteristics. Screening tests may be biochemical tests or direct-DNA tests. They can be used to indicate a predisposition to an occupational illness if exposed to a specific environmental agent, or they could be used to detect any inherited characteristic such as Huntington's disease. In contrast to periodic monitoring screening tests are generally performed only one time per characteristic.

This is an important study, which has been requested by the Congress of the United States, designed to represent the opinion and experience of the employer. We need to know how employers view the technologies of genetic screening and monitoring in terms of their current and future applications to the workplace. We also want to know how these technologies are seen in the broader context of more common forms of employee health screening and monitoring in the workplace.

Your responses are very important, regardless of whether you have had any experience with genetic screening or monitoring. If your company has never explored the technology, the questionnaire will only take ten minutes. If you have some experience with the technology, it may take a little longer to complete the questionnaire. In either case, your experiences and opinions will help to inform congressional opinion about this area.

Please read each question and mark the box(es) that most nearly corresponds to your answer. After each answer continue with the next question unless there is an instruction to skip to a particular question. Please feel free to qualify your answers if you feel it is necessary. Space has been provided at the end for comments and opinions that you feel are not adequately represented by the survey questions.

You are free to decline to answer any questions that you consider inappropriate. The questionnaire and any identifying information will be destroyed after data entry, so that all responses will be anonymous as well as confidential.

L In your company, are pre-employment health examinations **required** of all, **most**, some, **few**, or no job applicants?

☐

All

most

☐

Some

Few

☐

None

————→ **SKIP to Q.6**

2. Would your company consider it acceptable or unacceptable to conduct a pre-employment health examination in order to:

	ACCEPTABLE	UNACCEPTABLE
Identify job applicants who are physically unfit for employment. ....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Identify job applicants who are emotionally or psychologically unstable... ..	<input type="checkbox"/>	<input type="checkbox"/>
Identify job applicants who are currently using drugs. ....	<input type="checkbox"/>	<input type="checkbox"/>
Identify job applicants who are at increased risk to workplace hazards .....	<input type="checkbox"/>	<input type="checkbox"/>
Identify job applicants with genetic susceptibility to workplace exposures....	<input type="checkbox"/>	<input type="checkbox"/>
Identify job applicants who represent high insurance risks.....	<input type="checkbox"/>	<input type="checkbox"/>

3. Which of the following are normally part of the pre-employment examination in your company for non-administrative position? (MARK ALL APPLY)

Personal medical history .....	<input type="checkbox"/>	Chest X-ray .....	<input type="checkbox"/>
Family medical history .....	<input type="checkbox"/>	Pulmonary function test. ....	<input type="checkbox"/>
Simple physical examinations. ....	<input type="checkbox"/>	Eye and hearing exam. ....	<input type="checkbox"/>
Standard blood chemistry tests .....	<input type="checkbox"/>	Urinalysis for drug use. ....	<input type="checkbox"/>
EKG .....	<input type="checkbox"/>	Lower back X-ray .....	<input type="checkbox"/>

4. Which of the following types of results of pre-employment examinations would normally be released to job applicants?

Normal results (negative findings) .....	<input type="checkbox"/>
Positive findings already indicated in medical history .....	<input type="checkbox"/>
Positive findings not reflected in medical history .....	<input type="checkbox"/>
Positive findings which disqualify them for employment. ....	<input type="checkbox"/>
Positive findings which affect position/site eligibility .....	<input type="checkbox"/>
All of the above .....	<input type="checkbox"/>
None .....	<input type="checkbox"/>

1 —————→ **SKIP TO Q.6**

5. How would that information normally be released to job applicants?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter	Consultation with medical staff	Both	Other

6. Are there any specific medical criteria, other than those mandated by regulation, that would exclude individuals from eligibility for certain positions, jobs or sites in your company (e.g., hypersensitivity to dust or platinum, pregnancy)?

☐  
Yes

☐  
No

SKIP TO Q.7

6a. Which medical criteria would exclude employment in which jobs?

Medical Criteria	Excluded Position/Job/Site
1. _____	_____
2. _____	_____
3. _____	_____

7. Are any employees in your company exposed to chemicals or ionizing radiation in the workplace setting?

☐  
Yes

☐  
No

SKIP TO Q.8

7a. Are those employees who are exposed to chemicals or ionizing radiation routinely rotated to avoid prolonged exposure?

☐  
Yes

☐  
No

7b. Does your company conduct any form of medical surveillance of employees whose job may expose them to environmental health risks, other than testing required by OSHA?

Yes

No

8. Are any employees in your company exposed to any known workplace condition where there is a greater risk of negative health outcome, depending upon individual susceptibilities?

Yes

No

SKIP TO Q.9

8a. Do you conduct any form of screening to identify employees or job applicants at increased risk for these jobs?

☐  
Yes

☐  
No

SKIP TO Q.9

8b. Which, if any, of the following types of screening are conducted to identify increased individual susceptibility to workplace risk?

☐  
Medical History

☐  
Non-genetic screening  
(e.g., lower back X-ray,  
allergy testing)

☐  
Genetic screening

☐  
None

9a. As part of ongoing worker health ● valuation does the company require, as a condition of continued employment all employees, only those in certain plants or jobs, only employees with certain medical conditions or histories, or no employees to have

9b. Which of these tests (in Q.9a-g), if any, do you offer to employees on ● voluntary basis as part of a corporate wellness program?

	Q. 9a REQUIRE				Q.9b	
	ALL	PLANTS/ JOBS	CONDITIONS/ HISTORIES	NONE	OFFER	VOLUNTARY
					YES	NO
a. Routine physical examination....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>
b. Test for hypersensitivity . . . . .	<input type="checkbox"/>	n	<input type="checkbox"/>	n	<input type="checkbox"/>	<input type="checkbox"/>
c. Hearing tests . . . . .	<input type="checkbox"/>	n	<input type="checkbox"/>	0		<input type="checkbox"/>
d. Pulmonary function tests.. ....	<input type="checkbox"/>	n	<input type="checkbox"/>	IR		
e. Vision tests . . . . .	<input type="checkbox"/>	n	<input type="checkbox"/>	ci		
f. Chest X-rays . . . . .	<input type="checkbox"/>	n	<input type="checkbox"/>	n	<input type="checkbox"/>	0
g. Blood chemistry tests . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	<input type="checkbox"/>	n

10 Would your company consider the use of genetic screening or monitoring of employees or job applicants as generally acceptable or generally unacceptable to:

	GENERALLY ACCEPTABLE	GENERALLY UNACCEPTABLE
Make a clinical diagnosis of a sick employee . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Establish links between genetic predisposition and workplace hazards . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Inform employees of their increased susceptibility to workplace hazards . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Exclude employees with increased susceptibility from risk situations . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Monitor chromosomal changes associated with workplace exposures . . . . .	<input type="checkbox"/>	
Establish evidence of pre-employment health status for liability purposes . . . . .	<input type="checkbox"/>	

11. Does your company have a formal policy related to the use of genetic tests in the screening of job applicants or employees?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

12. Does your company have a formal policy related to the use of genetic tests in the monitoring of employee health?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

*The following questions concern biochemical genetic screening and/or cytogenetic monitoring that may have been conducted by your company on one or more employees or job applicants. By conduct we mean perform, contract for, or arrange for the test as part of a routine or ongoing program.*

13. Is your company currently conducting biochemical genetic screening of any employees or job applicants, for research or any other reason?

☐  
Yes

☐  
No

☐  
Not Sure

14. Has your company conducted any biochemical genetic screening of any employees or job applicants, for research or any other reason in the past 19 years?

☐  
Yes

☐  
No

☐  
Not Sure

15. Is your company currently conducting cytogenetic monitoring of any employees or job applicants, for research or any other reason?

☐  
Yes

☐  
No

☐  
Not sure

16. Has your company conducted any cytogenetic monitoring of any employees or job applicants, for research or any other reason in the past 19 years?

☐  
Yes

☐  
No

☐  
Not sure

17. Is your company currently conducting direct-DNA screening of any employees or job applicants, for research or any other reason?

☐  
Yes

☐  
No

☐  
Not sure

18. Is your company currently conducting direct-DNA monitoring of any employees or job applicants, for research or any other reason?

☐  
Yes

☐  
No

☐  
Not Sure

19. Has your company conducted any of the following tests, either currently or in the past of a voluntary wellness program, at the request of an employee, or for diagnosis? (MARK ALL THAT APPLY)

		BIOCHEMICAL GENETIC SCREENING	CYTOGENETIC MONITORING	DIRECT-DNA SCREENING	DIRECT-DNA MONITORING
a. As part of a voluntary wellness program:	Currently .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In past 19 years. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not sure .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. At the request of the employee:	Currently .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In past 19 years .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not sure .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. For diagnosis :	Currently .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In past 19 years .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	#to. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not sure .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IF YOUR COMPANY HAS NEVER DONE BIOCHEMICAL GENETIC SCREENING, CYTOGENETIC MONITORING, DIRECT-DNA SCREENING, OR DIRECT-DNA MONITORING, SKIP TO QUESTION 28 ON PAGE 8**

**IF YOUR COMPANY HAS DONE CYTOGENETIC MONITORING, DIRECT-DNA SCREENING, OR DIRECT-DNA MONITORING OF EMPLOYEES, FOR ANY PURPOSE, BUT NOT BIOCHEMICAL GENETIC SCREENING, SKIP TO QUESTION 21 ON PAGE 7**

**IF YOUR COMPANY HAS EVER DONE BIOCHEMICAL GENETIC SCREENING OF ANY EMPLOYEE, FOR ANY PURPOSE, PLEASE CONTINUE WITH QUESTION 20**

**20. Which of the following types of biochemical screening tests are being conducted by your company of any employees or job applicants? (MARK ALL THAT APPLY)**

FOR EACH TEST CONDUCTED, MARK( WHETHER THE TESTING IS BEING DONE ON A ROUTINE BASIS FOR HEALTH SURVEILLANCE. AS PART OF A VOLUNTARY RESEARCH PROGRAM. AS PART OF FOLLOW-UP DIAGNOSIS, OR AS PART OF A VOLUNTARY WELLNESS PROGRAM, OR ONLY AT THE REQUEST OF AN EMPLOYEE

	NOT DONE	ROUTINE HEALTH SURVEILLANCE	VOLUNTARY FOLLOW-UP	FOLLOW-UP DIAGNOSIS	VOLUNTARY WELLNESS PROGRAM	AT EMPLOYEE REQUEST
Sickle cell trait .....	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Glucose-6-phosphate dehydrogenase deficiency (G-6-PO) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methemoglobin reductase deficiency .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Serum alpha-1 -antitrypsin deficiency .....	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alpha and beta thalassemias .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aryl hydrocarbon hydroxylase inducibility (AHH) .....	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Slow vs. fast acetylation .....	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Allergic respiratory disease .....	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact dermatitis .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Histocompatibility markers (HLA) .....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other immune system markers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bloom syndrome .....	<input type="checkbox"/>	13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fanconi syndrome .....	<input type="checkbox"/>		<input type="checkbox"/>			
Ataxia-telangiectasia .....	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Xeroderma pigmentosum .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Other heterozygous chromosomal instabilities .....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21, Which of the following *types* of cytogenetic monitoring are being conducted by your company of any employees? (**MARK ALL THAT APPLY**)

FOR EACH TEST CONDUCTED, MARK WHETHER THE TESTING IS BEING ON A ROUTINE BASIS FOR HEALTH SURVEILLANCE, AS PART OF A VOLUNTARY RESEARCH PROGRAM, AS PART OF FOLLOW-UP DIAGNOSIS, AS PART OF A VOLUNTARY WELLNESS PROGRAM, OR ONLY AT THE REQUEST OF AN EMPLOYEE

	NOT DONE	ROUTINE HEALTH SURVEILLANCE	VOLUNTARY RESEARCH PROGRAM	FOLLOWUP DIAGNOSIS	VOLUNTARY WELLNESS PROGRAM	EMPLOYEE REQUEST
Chromosomal aberrations . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Sister chromatid exchanges . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutations by assaying the ONA. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Mutations by assaying the enzyme/protein . . . : 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPRT mutation rate. . . . . : 1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DNA adduct formation. . . . . : 1		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (SPECIFY)						
_____ . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Has genetic screening or monitoring ever been done in your company based on:

	YES	No
Family history . . . . .	<input type="checkbox"/>	
Gender . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic or racial background . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Co-factors (e.g., smoking). . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Job exposures . . . . . : 1		

23. &e all employees routinely informed of abnormal (positive) findings, normal (negative) findings, both or neither from genetic screening and monitoring tests?

Abnormal (positive). . . . . ☐

Normal (negative). . . . . ☐

Both . . . . . ☐

Neither . . . . . : 1

24. Is counseling offered to all employees with abnormal (positive) genetic test results by the company or are they referred to their own physicians?

Company counseling . . . . . ☐

Referred to own physicians . . . . . : 1

25. Does your company employ or contract with a genetic counselor?

<input type="checkbox"/>	13	<input type="checkbox"/>
Employ	Contract with	Neither

26. Has an employee ever been referred for genetic counseling by your company's medical staff as a result of any medical or genetic testing?

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

27. As a result of a genetic screening or monitoring program, has your company ever.-?

	YES	NO
Suggested an employee seek job elsewhere . . . . .	<input type="checkbox"/>	
Placed an employee or transferred an employee to a different job in the many. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Implemented engineering control . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Recommended personal protection devices . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Implemented a research program . . . . .	<input type="checkbox"/>	
Discontinued a product or changed materials in a product* . . . . .	<input type="checkbox"/>	13

28. Has your company ever instituted or changed a workplace practice or exposure level due to the results of:

	YES	No
Genetic monitoring in your own establishment(s) . . . . .	1	1
Other non-genetic medical monitoring in your own establishment(S) . . . . .	<input type="checkbox"/>	1
Genetic monitoring in another company's establishment s... . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Other non-genetic medical monitoring in another company's establishments....	<input type="checkbox"/>	<input type="checkbox"/>
Information published by federal agencies, including NIOSH and OSHA. . . . .	<input type="checkbox"/>	<input type="checkbox"/>

29. In the past 10 years has your company chosen not to use genetic screening or monitoring due to the reimits of:

	YES	NO
Genetic monitoring in your own establishment(s). . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Genetic monitoring in another company's establishments . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Genetic screening in your own establishment(s). . . . .	1	<input type="checkbox"/>
Genetic screening in another company's establishments . . . . .	1	<input type="checkbox"/>



30a. Which office determines whether or not a specific test will be conducted as part of pre-employment screening?



30b. Which office determines whether or not a specific test will be conducted as part of employee health surveillance?

	PRE-EMPLOYMENT SCREENING	1 EMPLOYEE HEALTH SURVEILLANCE
Corporate personnel . . . . .	1	1
Corporate health . . . . .	0 <input type="checkbox"/>	<input type="checkbox"/>
Location personnel . . . . .	1	
Location health . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Other (SPECIFY) _____ . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

31. Is your company currently considering conducting direct-DNA screening of employees or job applicants for any reason?

Yes ☐ No ☐ Not Sure ☐

32. Is your company currently considering conducting direct-DNA monitoring of employees or job applicants for any reason?

Yes ☐ No ☐ Not Sure ☐

33. Does your company anticipate conducting any biochemical genetic screening for any reason, in the next five years?

Yes ☐ No ☐ Not Sure ☐

34. Does your company anticipate conducting any cytogenetic monitoring for any reason, in the next five years?

Yes ☐ No ☐ Not sure ☐

35. Does your company anticipate conducting any direct-DNA screening for any reason, in the next five years?

Yes ☐ No ☐ Not Sure ☐

36. Does your company anticipate conducting any direct-DNA monitoring for any reason, in the next five years?

☐

Yes

☐

No

☐

Not Sure

37. Which office/division within the company is/will be responsible for administering genetic tests?

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38. Which position/office within the company is/will be responsible for interpreting genetic test results?

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39. Which office in your company is responsible for employee health records?

Medical/Occupational health . . . . . ☒

Personnel . . . . . ☐

Other (SPECIFY)

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40. Does your company permit access to employee medical records -- at company discretion, with employee permission, or both, to:

	AT COMPANY DISCRETION	EMPLOYEE PERMISSION	BOTH
Personnel department . . . . .	<input type="checkbox"/>		<input type="checkbox"/>
Health Insurance carriers . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
Life Insurance carriers . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
Disability insurance carriers . . . . .	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Unions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other companies . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
Employee . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
Employee's spouse . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family . . . . .	<input checked="" type="checkbox"/>		<input type="checkbox"/>

## GENERAL ATTITUDES

41. How do you feel about the following general statements concerning genetic screening and monitoring in the workplace? For each statement, please indicate whether you agree strongly, agree somewhat disagree somewhat, or disagree strongly.

	AGREE STRONGLY	AGREE SOMEWHAT	DISAGREE SOMEWHAT	DISAGREE STRONGLY
It's fair for employers to use genetic screening to identify individuals whose increased risk of occupational disease poses the potential for greater costs to the employer .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The employer should have the option of deciding how to use the information obtained through genetic screening and monitoring. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The decision to perform genetic screening of job applicants and employees should be the employer's. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The decision to perform genetic monitoring of employees should be the employer's. ....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Government agencies should provide guidelines for genetic screening of job applicants and employees. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government agencies should provide employees for genetic monitoring of .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genetic screening in the workplace represents a potential threat to the rights of employees .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## DEMOGRAPHICS

D1. What is the major Industrial classification of your company (such as chemicals, food, textiles, ?)

\_\_\_\_\_

D2. Approximately how many persons are employed in the United States by your company?

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than 1,000	1,000-4,999	5,000-9,999	10,000 or more

D3. What proportion of the establishments in your company have occupational health care professionals on premises?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All	Most	Some	Few	None

D4. Which of the following types of health professionals are employed, either full or part time, as part of the occupational health staff of this company?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physicians MD/DO)	Physician assistants	Nurse practitioners	Registered nurses	Industrial hygienists
				Other health professionals

D5. What is your job title?

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D6. What are your main job responsibilities?

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Thank you very much for your cooperation in answering our questions. We would also like to give you an opportunity to give us any other opinions, concerns or suggestions related to genetic testing in the workplace that you feel our questions did not address. These comments may be incorporated in our report to Congress. We would also appreciate your comments on any survey questions that you found confusing or difficult to answer, to help us analyze the results. Please write these comments below.

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We have attached a peel-off identification number on the questionnaire. This is the only link between the companies who were sampled and the questionnaires returned. We would prefer that you leave the identification number on the questionnaire when you return it. Our staff will remove the label upon receipt, making the questionnaire completely anonymous. No linkage between companies and questionnaires will be retained. The label from the completed questionnaire will allow us to eliminate your company from those that we have to recontact.

However, if you feel that you cannot complete the questionnaire if there is even temporary identification, then peel off the label before returning the questionnaire. We appreciate your help and we want you to be comfortable with doing the survey.

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PEEL OFF LABEL WITH SAMPLE  
IDENTIFICATION NUMBER HERE

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PLEASE RETURN IN THE POSTAGE PAID RETURN ENVELOPE SENT WITH THE QUESTIONNAIRE.  
IF THE RETURN ENVELOPE HAS BEEN LOST, THE RETURN ADDRESS IS:

**Schulman, Ronca and Bucuvalas, Inc.**  
444 Park Avenue South  
New York, New York 10016

(212) 481-6200 Attn: Dr. Mark Schulman