

Survey Instrument: Corporate Personnel Officers

SURVEY OF WORKPLACE HEALTH AND GENETIC SCREENING AND MONITORING

CORPORATE PERSONNEL 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 personnel issues. 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. 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. Space has been provided at the end for comments and opinions that you feel are not adequately represented by the survey questions.

We would like to begin with a few questions about your views on the appropriateness of employee testing in certain workplace situations.

1. Do you think that it is generally appropriate or generally inappropriate for a company to require pre-employment health examinations of job applicants in workplace settings where there are no known health risks?

Appropriate: 1 Inappropriate: 1

2. Do you think that it is generally appropriate or generally inappropriate for a company to require pre-employment health examinations of job applicants in workplace settings where there are known health risks?

Appropriate ☐ Inappropriate ☐

IF "INAPPROPRIATE" IN BOTH CL 1 AND Q. 2, SKIP TO Q. 4.

3. Would your company consider it acceptable or unacceptable to conduct a preemployment health examination in order to:

	ACCEPTABLE	UNACCEPTABLE
Identify job applicants who are physically unfit for employment.	<input type="checkbox"/>	<input type="checkbox"/>
Identify job applicants who are emotionally or psychologically unstable	1	1
Identify job applicants who are currently using drugs	1	1
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"/>

4. Do you think that it is generally appropriate or generally inappropriate for a company to require periodic medical testing of employees in workplace settings where there are no known health risks?

Appropriate. 1 Inappropriate. ☐

5. Do you think that it is generally appropriate or generally inappropriate for a company to require periodic medical testing of employees in workplace settings where there are known health risks?

Appropriate 1 Inappropriate ☐

IF "INAPPROPRIATE" IN BOTH Q. 4 AND Q. 5, SKIP TO Q. 7.

6. Do you think that it is generally cost-effective or not cost-effective for a company to conduct periodic medical testing of employees for:

	COST EFFECTIVE	NOT COST EFFECTIVE
High blood pressure.	1	<input type="checkbox"/>
Respiratory function.	<input type="checkbox"/>	1
Malignancies	<input type="checkbox"/>	<input type="checkbox"/>
Hearing function.	<input type="checkbox"/>	1
Vision.	<input type="checkbox"/>	1
Chromosomal abnormalities.	<input type="checkbox"/>	<input type="checkbox"/>
Drug abuse	<input type="checkbox"/>	1

7. Do you think it is currently cost-effective or not cost-effective for a company like yours to:

	COST EFFECTIVE	NOT COST EFFECTIVE	NOT SURE
Conduct biochemical genetic tests as part of pre-employment screening.	<input type="checkbox"/>	un	
Conduct direct-DNA tests as part of pre-employment screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct genetic monitoring of all workers exposed to workplace hazards	<input type="checkbox"/>	00	
Conduct genetic screening of workers to detect genetic susceptibilities to workplace hazards	<input type="checkbox"/>	ao	

8. Would your company consider the use of genetic @&for employees or job applicants generally acceptable or generally unacceptable to:

	ACCEPTABLE	UNACCEPTABLE
Make a clinical diagnosis of a sick employee		<input type="checkbox"/>
Establish links between genetic pre disposition and workplace hazards • 1		<input type="checkbox"/>
Inform employees of their Increased susceptibility to workplace hazards	<input type="checkbox"/>	1
Exclude employees with increased susceptibility from risk situations	<input type="checkbox"/>	<input type="checkbox"/>
Monitor or chromosomal changes associated with workplace exposure	<input type="checkbox"/>	<input type="checkbox"/>
Establish evidence of pre-employment health status for liability purposes 1		<input type="checkbox"/>

9.If an employer becomes aware that an employee has a genetic susceptibility to serious illness if he or she is exposed to substances in the workplace do you think the employer should exclude that employee from those jobs for which he/she is at increased risk or do you think the employer should allow the employee to take those jobs, if he/she waives corporate liability?

Should be excluded • 1 Allowed to take. • 1

10. As part of your pre-employment hiring practices, do you currently require each of the following as a condition of employment for all applicants, only applicants for certain plants or job classifications, only applicants with certain medical conditions or histories, or for no applicants?

	ALL	PLANTS/ JOBS	CONDITIONS/ HISTORIES	NONE
Routine physical examination • 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biochemical genetic screening tests • 1				<input type="checkbox"/>
Cytogenetic monitoring tests	<input type="checkbox"/>		<input type="checkbox"/>	
Other medical criteria, e.g., lower back X-ray, allergy testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personality/psychological testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IF "NONE" TO ALL IN **Q. 10**, SKIP TO Q.12

11. Is it company policy to inform applicants of positive test results?

Yes. ☐ NO.

11a. Is it company policy to refer applicants to appropriate health care providers If positive test results are obtained?

Yes. ☐ No. • 1

12a. Does your company have a policy concerning hiring....

FOR EACH "YES" IN Q. 12a

12b. Generally speaking, would you say it is against company policy to hire.....

	Q.12a HAVE POLICY n O YES		Q.12b AGAINST POLICY TO HIRE YES NO DEPENDS		
Cigarette smokers	<input type="checkbox"/>	0	<input type="checkbox"/>	0	0
Persons with criminal records	<input type="checkbox"/>	u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persons with pre-existing medical conditions.	<input type="checkbox"/>	0	<input type="checkbox"/>	0	0
Persons with Increased genetic susceptibility to substances or conditions in the workplace	<input type="checkbox"/>	0	<input type="checkbox"/>	0	0

IF YOUR COMPANY HAS NEVER DONE ANY BIOCHEMICAL GENETIC SCREENING, CYTOGENETIC MONITORING, DIRECT-DNA SCREENING, OR DIRECT-DNA MONITORING, **SKIP** TO QUESTION 19.

13. To the best of your knowledge, which of the following were important factors in the decision to conduct genetic screening or monitoring of employees in your company?

	IMPORTANT	NOT IMPORTANT
Cost benefit analysis	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of a possible association between chemical exposure and illness in animal studies	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of a possible association between chemical exposure and illness In epidemiological studies	• 1	<input type="checkbox"/>
Legal consequence of failure to test	<input type="checkbox"/>	<input type="checkbox"/>
Union/~ employee initiative	• 1	<input type="checkbox"/>
Something else (Please Specify)	• 1	1

14. To the best of your knowledge, has your company ever rejected a job applicant primarily or partly, based on the results of genetic screening tests?

Yes.....•No.....• ~SKIP TO Q. 15

14a. When was the most recent time that occurred?

Within past month. ☐

Within past year. ☐

1-2 years ago. • 1

3 or more years ago. ☐

14b. What was the condition(s)?

14c. Was the applicant informed of the reason for the rejection?

Yes. ☐ No.....• 1

14d. Was alternative employment within your company offered?

Yes..... ☐ No..... ☐

15. Have any medical or physical criteria been specified that would disqualify individuals from:

Work in the company..... ☒ YES ;
 Work in specified plants or locations..... ☐ 0
 Work in specified jobs..... ☐ 0

16. Does your company maintain statistical data on job applications, outcomes, and reasons for rejection?

Yes.....: 1 NO.....: ~SKIP TO (Q. 18

17. Are biochemical or cytogenetic tests used as rejection categories in these data?

Yes..... ☐0....

18. Has your company ever transferred or terminated an employee, primarily or partly, based on the results of genetic screening or monitoring?

Yes..... ☐ IMSKIP TO Q. 19

18a. When was the most recent time that occurred?

Within past month.....: 1
 Within past year..... ☐
 1-2 years ago.....: 1
 3 or more years ago..... ☐

18b. What was the condition?

18c. Was the employee informed of the reason for the action?

Yes..... ☐h00. .

19. Is it your company's policy to conduct periodic medical testing of persons in any risk categories?

Yes..... ☐ No.....: ~SK/p To Q. 20

19a. Is it company policy to inform employees of positive test results?

Yes..... ☐ No ☐

19b. Is it company policy to refer employees to appropriate health care providers if positive test results are obtained?

Yes..... ☐0....

19C Is it company policy to release positive test results to anyone outside of the company, other than the employee?

Yes..... ☐ No..... ☐ —SKIP TO Q. 20

19d. Under what circumstances?

19e. Was alternative employment within your company offered?

Yes.....: 1 No..... ☐

19f. Does your company have a set of guidelines for this type of situation or is It left to the discretion of the particular establishment?

Yes..... ☐ No ☐

20. Does your company maintain statistical data on the reasons for job terminations?

Yes.....: 1 No..... ☐ —wSKIp TO Q. 21

20a. Are biochemical or cytogenetic tests used as rejection categories in these data?

Yes.....: ☐ No

20b. Are other medical criteria used as rejection categories in these data?

Yes..... ☐ No ☐

21. Within the next five years, do you anticipate that your company will conduct:

	YES	NO
Mandatory biochemical genetic screening	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary biochemical genetic screening	<input type="checkbox"/>	<input type="checkbox"/>
Mandatory cytogenetic monitoring.....	<input type="checkbox"/>	
Voluntary cytogenetic monitoring.....	<input type="checkbox"/>	<input type="checkbox"/>
Mandatory DNA-basal genetic screening	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary DNA-based genetic screening	: 1	<input type="checkbox"/>
Mandatory DNA-based genetic monitoring.....	<input type="checkbox"/>	
Voluntary DNA-based genetic monitoring.....	: 1	<input type="checkbox"/>

22. If you were asked, would you recommend to your company that genetic screening be done as part of pre-employment screening?

Yes.....: 1 — Based on what criteria? _____
 No.....: 1 _____

23. If you were asked, would you recommend to your company that periodic genetic monitoring of employees be done?

Yes..... ☐ — Based on what criteria? _____
 No..... ☐ _____

24. Approximately what proportion of your employees are covered by collective bargaining agreements?

Less than 10?..... ☐

10% to 49%.....: 1

50% to 75%..... ☐

More than 75%..... ☐

25. Have union contract negotiations ever covered the topic of genetic screening and/or genetic monitoring?

Yes..... ☐ No.....

26. What proportion of your company's employees are covered by health insurance offered by the company

All: 1 Host ☐ Some ... ☐ Few ... ☐ None.... SKIP TO Q.27

26a. Is the company's current health insurance plan(s) purchased from a private carrier, self-insured or both?

Private carrier. ☐ Self-insured..... Both.....

27. If a job applicant is currently healthy and able to perform the job, but is considered to be a health insurance risks, would that consideration reduce the likelihood of his/her being hired by your company - a lot, some or not at all?

A lot. ☐ Some.....U Not at all ... u

28. Does your company assess the health Insurance risk of job applicants on a routine basis, sometimes or never?

Routine ☐ Sometimes.....n Never..... ☐ → SKIP TO Q. D1

28a. Does the health insurance assessment of job applicants also consider the health of dependents?

Yes.: 1 N o n

DEMOGRAPHIC CHARACTERISTICS

D1. What Is the major industrial classification of your company (such as chemicals, food, textiles, etc.) ?

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

Less than 1,000 • 1

1,000 - 4,999 • 1

5,000 - 9,999 ☐

10,000 or more. ☐

D3. What is your job title?

D4. What are your main job responsibilities?

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.

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 doing the survey.

PEEL OFF LABEL WITH SAMPLE
IDENTIFICATION NUMBER HERE

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) 4814200 Attn: Dr. Mark Schulman

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