



APPENDIX AVAILABLE ON THE HEI WEB SITE

Research Report 172

Potential Air Toxics Hot Spots in Truck Terminals and Cabs

Thomas J. Smith et al.

Appendix C. Consent Form and Questionnaires

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Consent Form
HARVARD SCHOOL OF PUBLIC HEALTH CONSENT FORM

Project Title: Diesel Particle Exposure and Lung Cancer

Principal Investigator: Thomas J. Smith, PhD

1. Purpose: Researchers at the Harvard School of Public Health are conducting a research study to measure exposure to diesel exhaust in workers in the trucking industry. The study at this terminal is being conducted as part of a nation-wide study of the health of workers in the industry.

2. Procedure: Your trucking terminal was selected as typical of terminals of similar size, and you were asked to take part because your job is a job we want to evaluate. We would ask you to wear a small pump (1 lb and about the size of a calculator) that draws air through a small filter attached to your shirt collar. You would wear this equipment for 8 to 12 hours depending on the length of your shift. This device allows us to measure small particles resulting from diesel fuel combustion and other sources of exhaust. After your work shift, we would like to ask you about your activities during the shift and complete a short questionnaire. If you agree, we will ask you to provide a urine sample before and after a work-shift and complete a second short questionnaire. The purpose of the urine samples are to get measurements of some chemicals associated with diesel exhaust that are thought to appear in the urine. We will measure these chemicals and how concentrated the urine is.

3. Risks and Discomforts: There are no significant risks associated with wearing the pump and filter system. The pump makes a low-pitched hum that is much less than outside background noise. The placement of the pump in your work area or truck cab will not interfere with your work or driving. There is no risk to providing the urine samples. Your name will not be identified with the samples collected.

4. Benefits: There is no direct benefit to you for participating in this study.

5. Confidentiality: The results of your personal air sampling and urine tests will not be made a part of your company medical or employment record, and will not be made available to your employer or the Union. Your personal data will not be stored with data we collect, and all samples you provide will only be marked with a study ID number. No other tests will be done on the urine sample other than those related to the study. The information obtained from your participation will be used for statistical purposes only.

To further help us protect your privacy, the investigators have obtained a Confidentiality Certificate from the Department of Health and Human Services (DHSS). With this Certificate, the investigators cannot be forced to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative or other proceedings. Disclosure of information to DHHS is allowed for audit or program evaluation purposes. You should understand that a Confidentiality Certificate does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If your consent is obtained, the investigator may not use the Certificate of Confidentiality to withhold this information from your insurer or employer.

6. Cost: There is no cost to you for any of these procedures. Your willingness to participate will have no relation to your relation to your employer.

7. Voluntariness: Participation in this research is voluntary and you are free to quit the study at any time. Refusal to participate or withdrawal will not involve a penalty or loss of benefits to which you are otherwise entitled.

8. Study Contacts: At any time during the course of this project you believe that you have not been adequately informed as to the risks, benefits, or your rights as a research subject, or feel under pressure to continue against your wishes, the Administrator of the Human Subjects Committee is available to speak with you during normal working hours (8:30AM- 5:00PM EST) at 617-384-5482. In the event of a research related injury, or for any questions you have about the study, you should contact Dr. Thomas J. Smith at any time at the Occupational Health Program at the Harvard School of Public Health, 617-384-8804. For specific emergencies, Dr. Eric Garshick is available by calling pager 617-705-2587, and entering your call-back phone number.

I have been informed about this research study and its possible benefits, risks, and discomforts. I hereby agree to take part in this research as a subject. I recognize that I am free to withdraw this consent and quit this project at any time, and that doing so will not cause me any penalty or loss of benefits that I would otherwise be entitled to enjoy.

Signature _____ Date _____

This subject has been informed of the nature and purpose of the procedures described above including any risks involved in its performance. He or she has been given time to ask any questions and those questions have been answered to the best of the investigator's ability. A copy of this consent for will be made available to the subject.

Person obtaining consent _____

PARTICIPANT COPY
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Signature _____ Date _____

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Person obtaining consent _____

OFFICE COPY

ID#

Driver Questionnaire

Pre-Shift Questionnaire:

1. Today's Date: ____/____/____
Month Day Year

2. Sex: ____Male ____Female

3. Age: ____ Years Old

4. Height: ____ Feet ____Inches

5. Weight: ____Pounds

6. Birth Date: ____/____/____
Month Day Year

7. Do you currently smoke cigarettes?
____ YES (go to question 8)
____ No (skip to question 10)

8. How many cigarettes do you usually smoke per day at work? ____ cigarettes

9. How many cigarettes are left in your pack? ____ cigarettes

10. What is your shift? ____ AM / PM to ____ AM / PM
circle circle

11. Company Job Title: _____

PLEASE GO TO NEXT PAGE



Post-Shift Questionnaire:

13. How many cigarettes did you smoke today? _____ cigarettes

If you don't smoke, please skip to question 15

14. How many cigarettes are left in your pack? _____ cigarettes

15. Do you feel the level of smoke/pollution today is typical? If no, please state how it is different:[more, less, stronger odor, etc.]

16. Was there any unusual event that occurred during today's shift (spill, accident, etc.)?

If yes, please state: _____

17. Are your work activities today typical of what you usually do?

____YES (skip to question 19)

____NO (go to question 18)

18. How were your work activities today different from your usual days?

19. Please take a moment to look at the activities you listed before your shift (question 12 above). Please fill in any other job duty you performed today which you did not list before and please put the number of hours (or fraction of hours) you have spent in that activity today.