

Tables

Table 1. Grouping of training organizations and participants

Organization	Description	Training Type	Worker Type	# Participants
Environmental Management and Training (EMT)	Private business	OSHA* certified 24-40 hours	Professional	12
United Steelworkers Union	Union	OSHA certified 40 hours	Professional	22
Common Ground Collective	Non-profit	Not OSHA certified 30 minutes	Volunteer	50
ACORN	Non-profit	Not OSHA certified 30 minutes	Volunteer	168
Hands On New Orleans	Non-profit	Not OSHA certified 30 minutes	Volunteer	8
RHINO Project	Non-profit	Not OSHA certified 30 minutes	Volunteer	16

Table 2. Variables included in measures of risk perception

Risk perception	
1	Heat-related illness
2	Personal injury
3	Lack of access to urgent/emergency healthcare
	<i>Short-term illness from exposure to environmental hazards such as:</i>
4	Mold
5	Contaminated soil/sediment
	<i>Long-term illness from exposure to environmental hazards such as:</i>
6	Mold
7	Contaminated soil/sediment
8	Respiratory problems from outdoor air pollution

Table 3. Variables included in measures of anticipated PPE use

Anticipated PPE use	
1	Removing damaged belongings from home
2	Demolition work (to remove walls, flooring, or other damaged structures)
3	Washing moldy surfaces
4	Sweeping floors and dusting
5	Repair or removal of roofing

Table 4. Variables included in measures of perceived barriers to PPE use

Perceived barriers to PPE use	
1	Affordability of equipment
2	No access to equipment
3	Equipment is uncomfortable
4	I don't think I need protective equipment

Table 5. Survey questions used to assess training effectiveness and limitations to training effectiveness

Research question	Pre-training survey	Post-training survey	Measure
<i>Risk perception</i>	Question 13	Question 2	Scores for individual health concerns and combined concerns <ul style="list-style-type: none"> • Baseline score (1-4) • After training score (1-4) • Change in score (0-3)
<i>Anticipated PPE use</i>	Question 14	Question 3	PPE use scores for selected cleanup activities and all combined activities <ul style="list-style-type: none"> • Baseline score (0-5) • After training score (0-5) • Change in score (0-4)
<i>Perceived barriers to PPE use</i>	Question 15		Score for total number of barriers selected, only includes workers selecting one or more barriers <ul style="list-style-type: none"> • Baseline score (1-4)

Table 6. Independent variables tested in multivariate regression models to assess effects on risk perception and anticipated PPE use models

<u>Variables</u>
Baseline perception measures*
Worker type (volunteer/professional)
Sex
Age
Race
Education
Occupation
Marital/relationship status
Children
Live in a Katrina affected/not affected region
In New Orleans when Hurricane Katrina hit
Previously experienced a hurricane
Previously participated in cleanup
Ongoing health condition existing before Katrina

* Only in models using perception scores before training as predictors of scores after training

Table 7. Population characteristics

Characteristic	Category	Volunteers (%) n= 241	Professionals (%) n= 35	Total
Sex*	Male	110 (46%)	23 (77%)	133
	Female	129 (54%)	7 (23%)	136
Age*	18-24	113 (48%)	6 (19%)	119
	25-34	37 (16%)	6 (19%)	43
	35-50	63 (27%)	14 (45%)	77
	50+	21 (9%)	5 (16%)	26
Race*	African American	14 (6%)	24 (80%)	38
	Asian	8 (3%)		8
	Caucasian	206 (86%)	3 (10%)	209
	Hispanic	7 (3%)	2 (7%)	9
	Other	4 (2%)	1 (3%)	5
Education*	High school	54 (28%)	12 (40%)	66
	Some undergraduate	66 (35%)	11 (37%)	77
	Undergraduate	71 (37%)	7 (23%)	78
	Graduate	49 (26%)	1 (3%)	50
Occupation*	Working	119 (49%)	16 (47%)	135
	Student	87 (36%)	2 (6%)	89
	Unemployed	15 (6%)	8 (24%)	23
	Other	16 (7%)	1 (3%)	17
Married or in a relationship	Yes	116 (49%)	18 (62%)	134
	No	121 (51%)	11 (38%)	132
Have children*	Yes	72 (31%)	20 (69%)	92
	No	163 (69%)	9 (31%)	172
Region*	Affected by Katrina	25 (10%)	28 (90%)	53
	Not affected by Katrina	214 (90%)	3 (10%)	217
In New Orleans when Katrina hit*	Yes	5 (2%)	12 (41%)	17
	No	232 (98%)	17 (59%)	249
Previously experienced a hurricane*	Yes	76 (32%)	17 (59%)	93
	No	159 (68%)	12 (41%)	171
Previously participated in cleanup*	Yes	21 (9%)	17 (57%)	38
	No	217 (91%)	13 (43%)	230
Ongoing health condition	Yes	40 (18%)	7 (25%)	47
	No	186 (82%)	21 (75%)	207

*Significantly different between volunteers and professionals, $p \leq 0.05$

Table 8. Pearson's chi square to test for significant differences between volunteer and professional perceptions of barriers to PPE use

<u>Barrier</u>	<u>Chi square</u>	<u>P > ChiSquare</u>
Affordability of PPE	1.01	0.316
No access to PPE	1.27	0.259
Discomfort of PPE	14.48	0.000
No need to wear PPE	3.98	0.046

Table 9. Multivariate regression models showing population characteristics associated with risk perception and anticipated PPE use before training

<i>Model A: Risk perception before training</i>					
Characteristic	Beta estimate	Std Error	T	Pr > t 	
Ages 25-34	0.24	0.09	2.51	*	
Ages 35-50	0.26	0.08	3.09	**	
Ages 50+	0.25	0.12	2.07	*	
Asian	-0.16	0.24	-0.66		
Caucasian	-0.35	0.13	-2.64	**	
Hispanic	-0.62	0.22	-2.80	**	
Other race	-0.14	0.28	-0.50		
Previously experienced a hurricane	0.14	0.07	1.88	~	
R ² = 0.106, F= 4.107					
<i>Model B: Anticipated PPE use before training</i>					
Characteristic	Beta estimate	Std Error	T	Pr > t 	
Ongoing health condition	0.64	0.19	3.38	***	
Previously participated in cleanup	0.42	0.26	1.60		
Region not affected by Katrina	0.67	0.23	2.87	**	
Volunteer worker	-0.74	0.35	-2.14	*	
R ² = 0.082, F= 5.868					
P<0.001 *** P<0.01 ** P<0.05 * P<0.1 ~					

Table 10. Multivariate regression models of population characteristics associated with changes in risk perception and anticipated PPE use

<i>Model A: Change in risk perception score</i>					
Characteristic	Beta estimate	Std Error	T	Pr > t 	
Ongoing health condition	-0.20	0.08	-2.48		*
R ² = 0.024, F= 6.157					
<i>Model B: Change in anticipated PPE use score</i>					
Characteristic	Beta estimate	Std Error	T	Pr > t 	
Volunteer worker	1.11	0.31	3.64		***
Region not affected by Katrina	-0.62	0.22	-2.87		**
Ongoing health condition	-0.39	0.18	-2.21		*
R ² = 0.069, F= 6.445					
P<0.001 *** P<0.01 ** P<0.05 * P<0.1 ~					

Table 11. Multivariate regression models of population characteristics associated with risk perception and anticipated PPE use after training

<i>Model A: Risk perception after training</i>					
Characteristic	Beta estimate	Std Error	T	Pr > t 	
Pre-training risk perception score	0.71	0.06	12.20	***	
Ongoing health condition	-0.15	0.08	-2.00	*	
R ² = 0.412, F = 74.57					
<i>Model B: Anticipated PPE use after training</i>					
Characteristic	Beta estimate	Std Error	T	Pr > t 	
Pre-training expected PPE use score	0.46	0.05	9.02	***	
Volunteer worker	0.64	0.28	2.30	*	
Ages 25-34	0.13	0.16	0.80		
Ages 35-50	0.30	0.14	2.18	*	
Ages 50+	-0.20	0.20	-1.04		
Asian	-0.12	0.44	-0.27		
Caucasian	-0.29	0.28	-1.05		
Hispanic	0.43	0.39	1.10		
Other race	0.46	0.44	1.03		
R ² = 0.300, F = 11.44					
P<0.001 *** P<0.01 ** P<0.05 * P<0.1 ~					

Figures

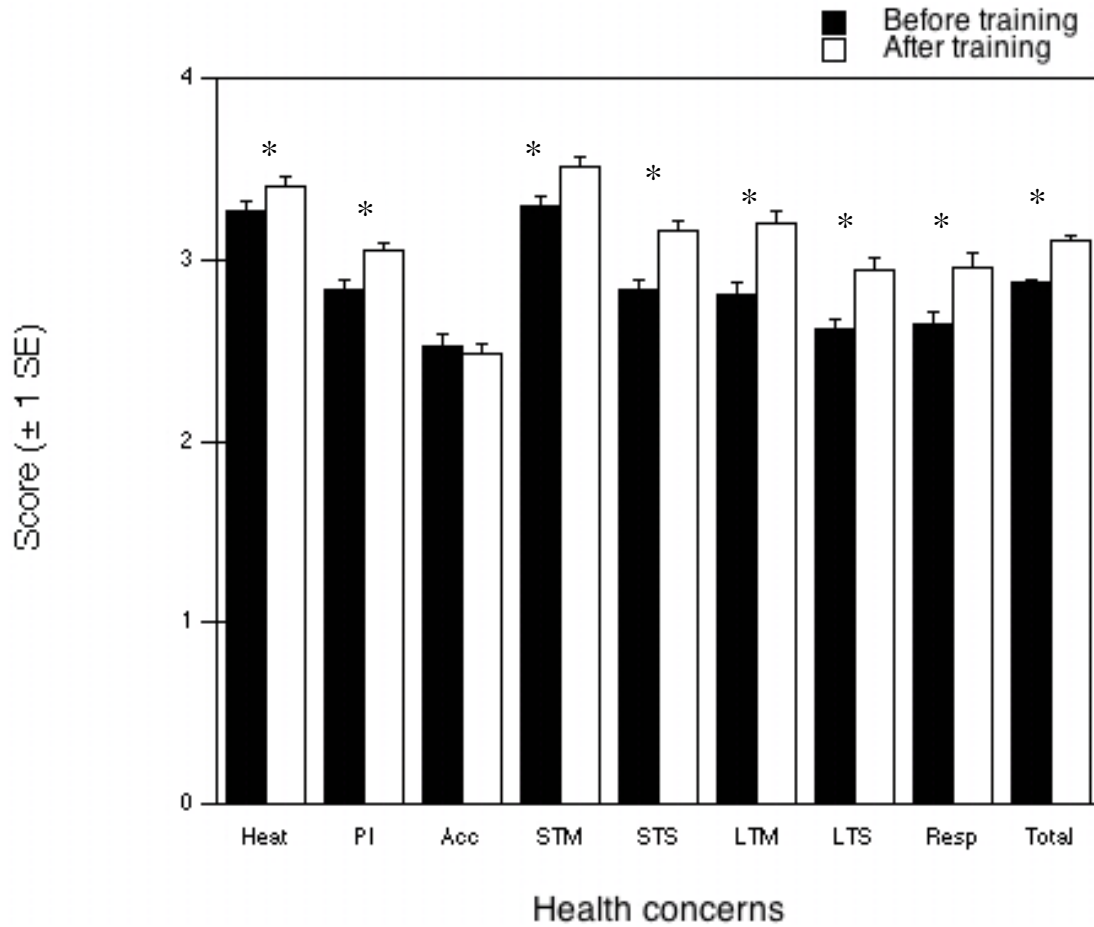


Figure 1. Volunteers' risk perception scores for each health concern category (based on a scale of 1-4), * $p \leq 0.05$

Heat = Heat-related stress, PI= Personal Injury, Acc= Lack of access to emergency healthcare, STM= Short-term illness from mold, STS= Short-term illness from contaminated soil, LTM= Long-term illness from mold, LTS= Long-term illness from soil, Resp= Respiratory illness, Total= All categories combined

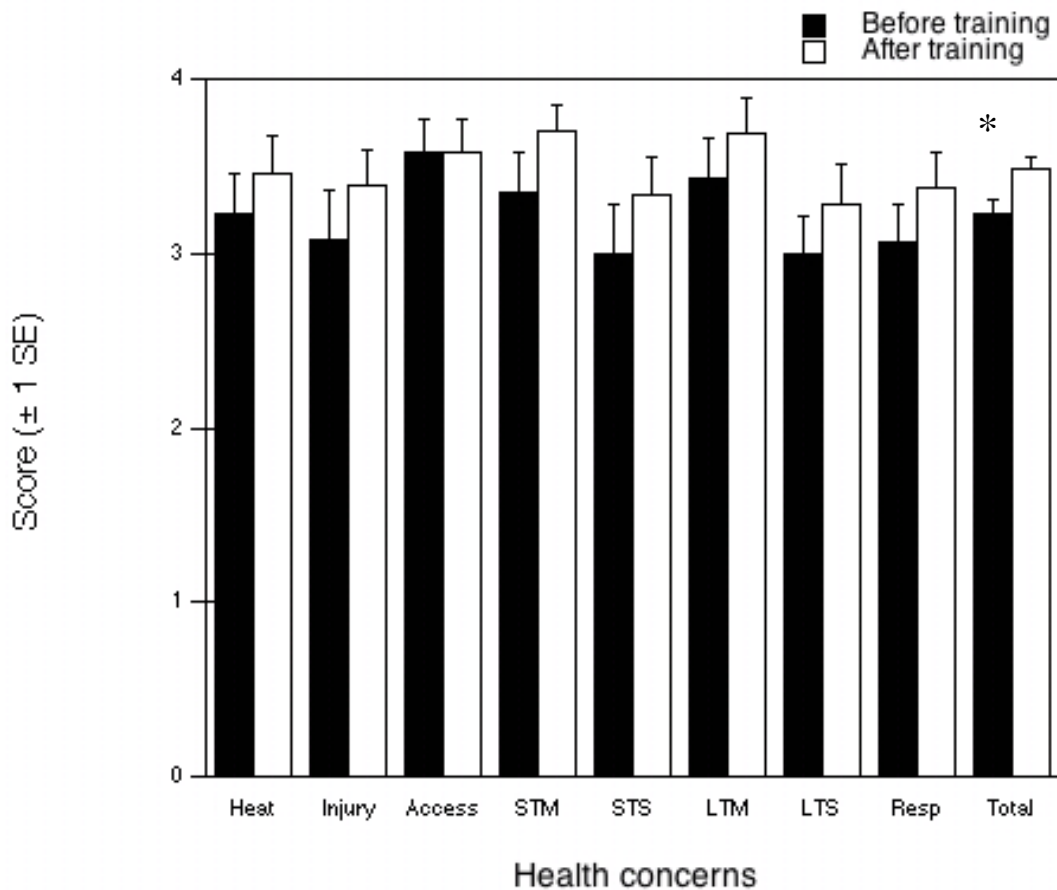


Figure 2. Professionals' risk perception scores for each health concern category (based on a scale of 1-4), * $p \leq 0.05$

Heat = Heat-related stress, PI= Personal Injury, Acc= Lack of access to emergency healthcare, STM= Short-term illness from mold, STS= Short-term illness from contaminated soil, LTM= Long-term illness from mold, LTS= Long-term illness from soil, Resp= Respiratory illness, Total= All categories combined

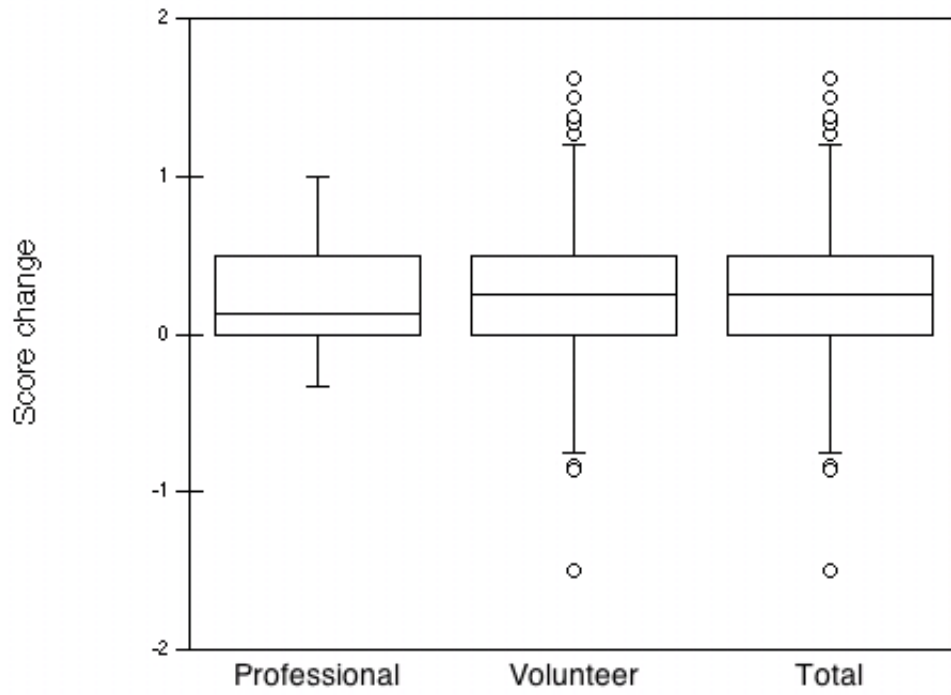


Figure 3. Change in risk perception scores for all health concerns

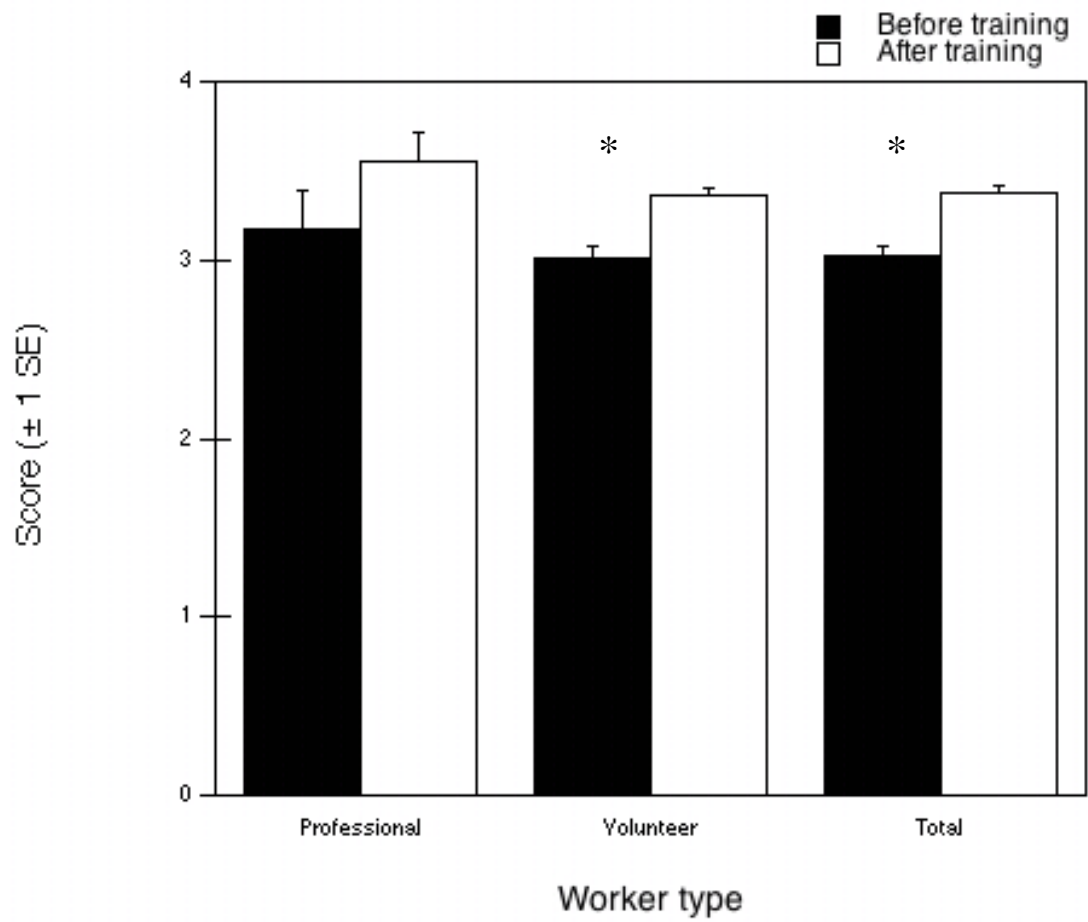


Figure 4. Risk perception of short-term illnesses before and after training (based on scale of 1-4), * $p \leq 0.05$

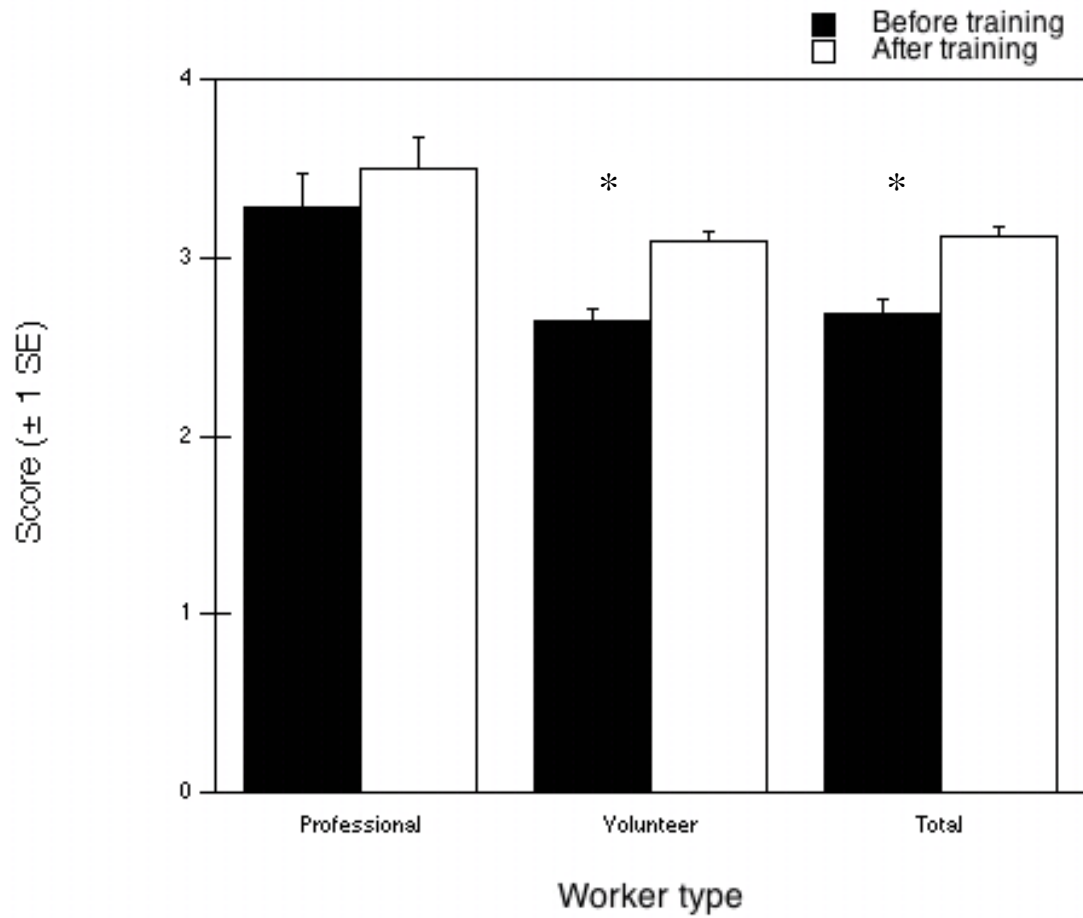


Figure 5. Risk perception of long-term illnesses before and after training (based on scale of 1-4), * $p \leq 0.05$

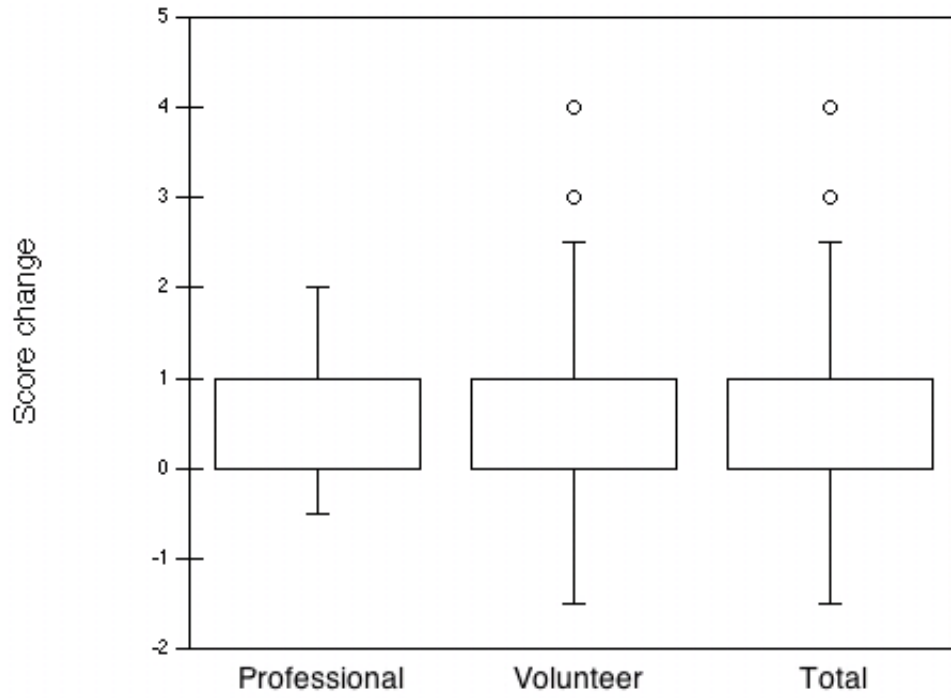


Figure 6. Change in risk perception scores for short-term illnesses

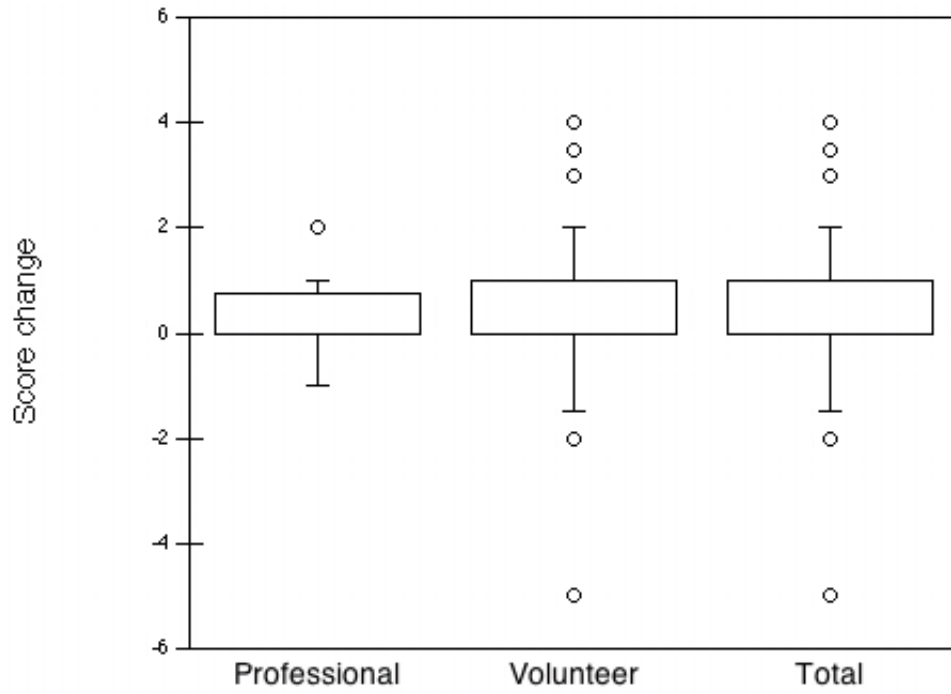


Figure 7. Change in risk perception scores for long-term illnesses

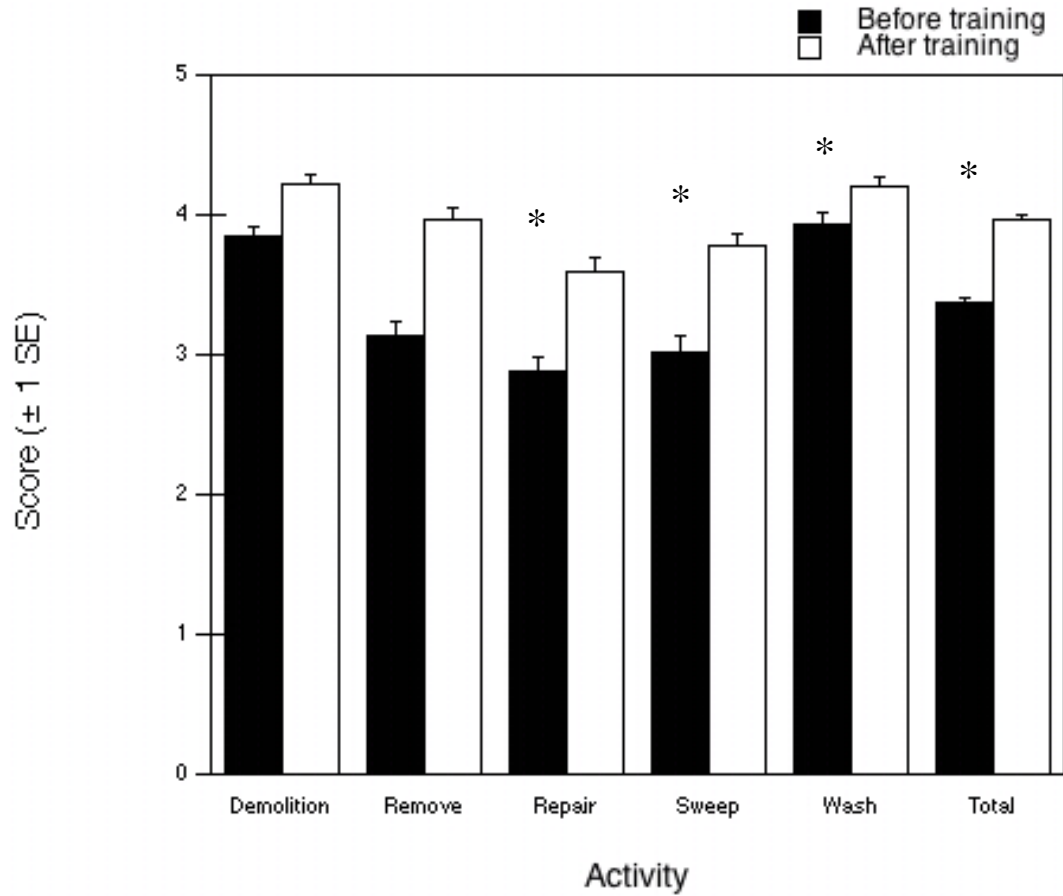


Figure 8. Number of PPE selected among all workers (# PPE used ranged from 0-5),
 * $p \leq 0.05$
 Demol= Demolition work, Remove= Removing damaged material from home, Repair= Repair or removal of roofing, Sweep= Sweeping floors and dusting, Wash= Washing moldy surfaces

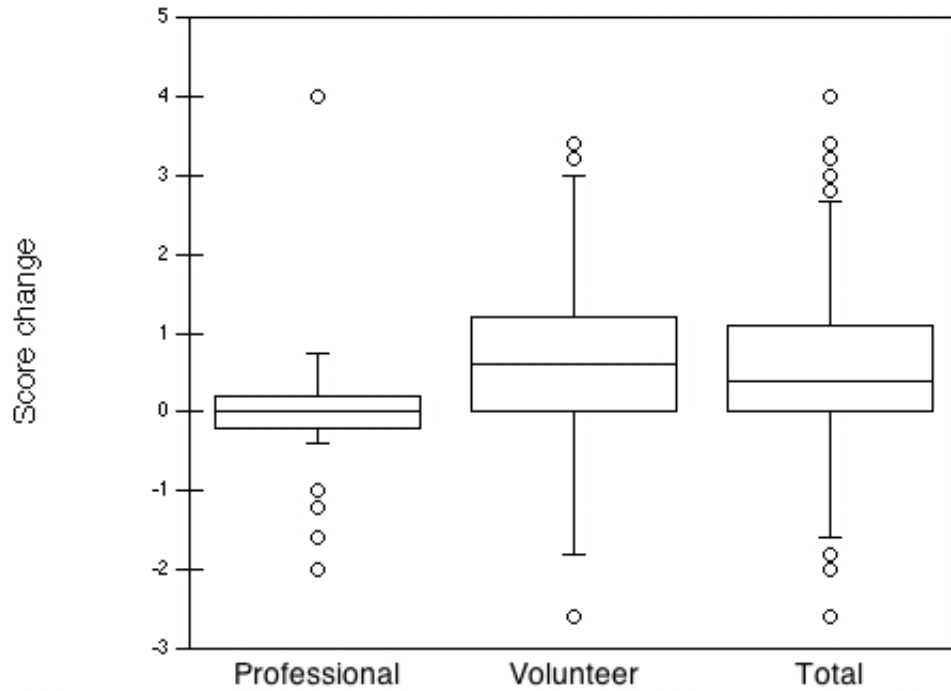


Figure 9. Change in number of PPE selected by workers for all cleanup activities combined

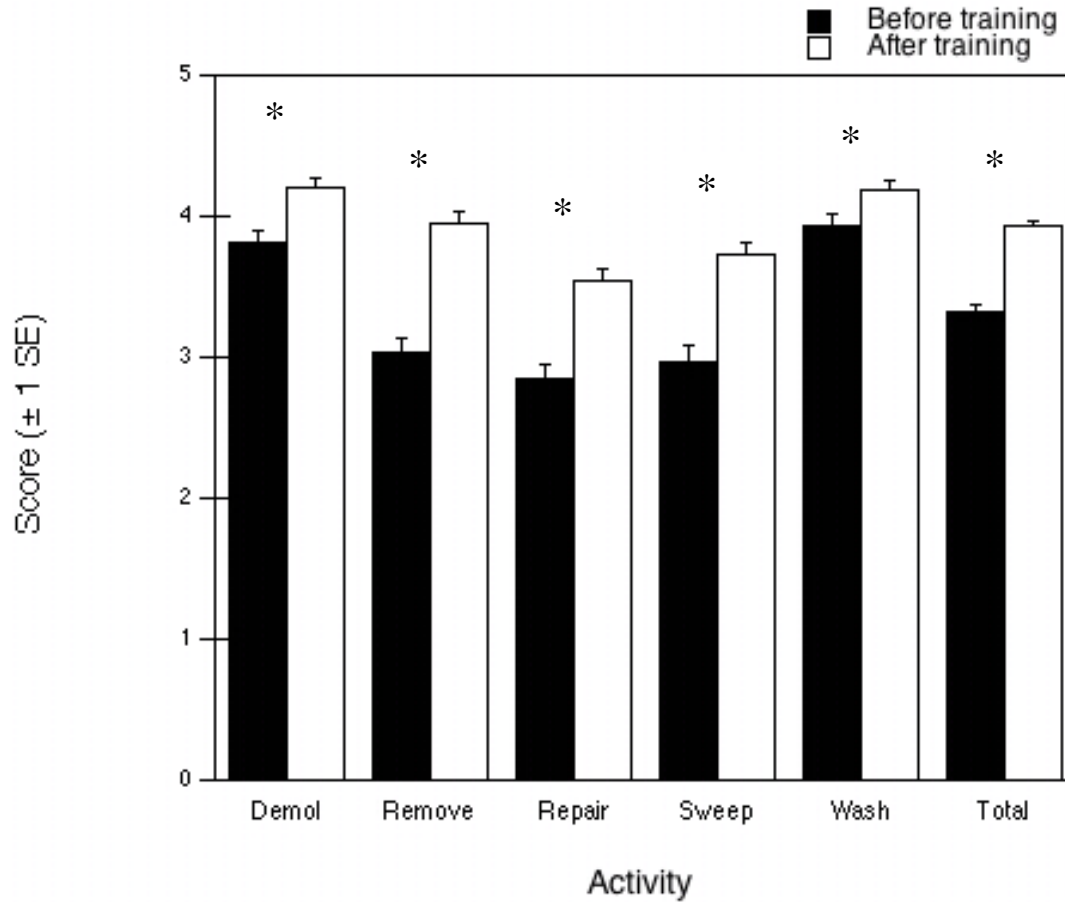


Figure 10. Number of PPE selected by volunteers (# PPE used ranges from 0-5),
 * $p \leq 0.05$
 Demol= Demolition work, Remove= Removing damaged material from home, Repair= Repair or removal of roofing, Sweep= Sweeping floors and dusting, Wash= Washing moldy surfaces

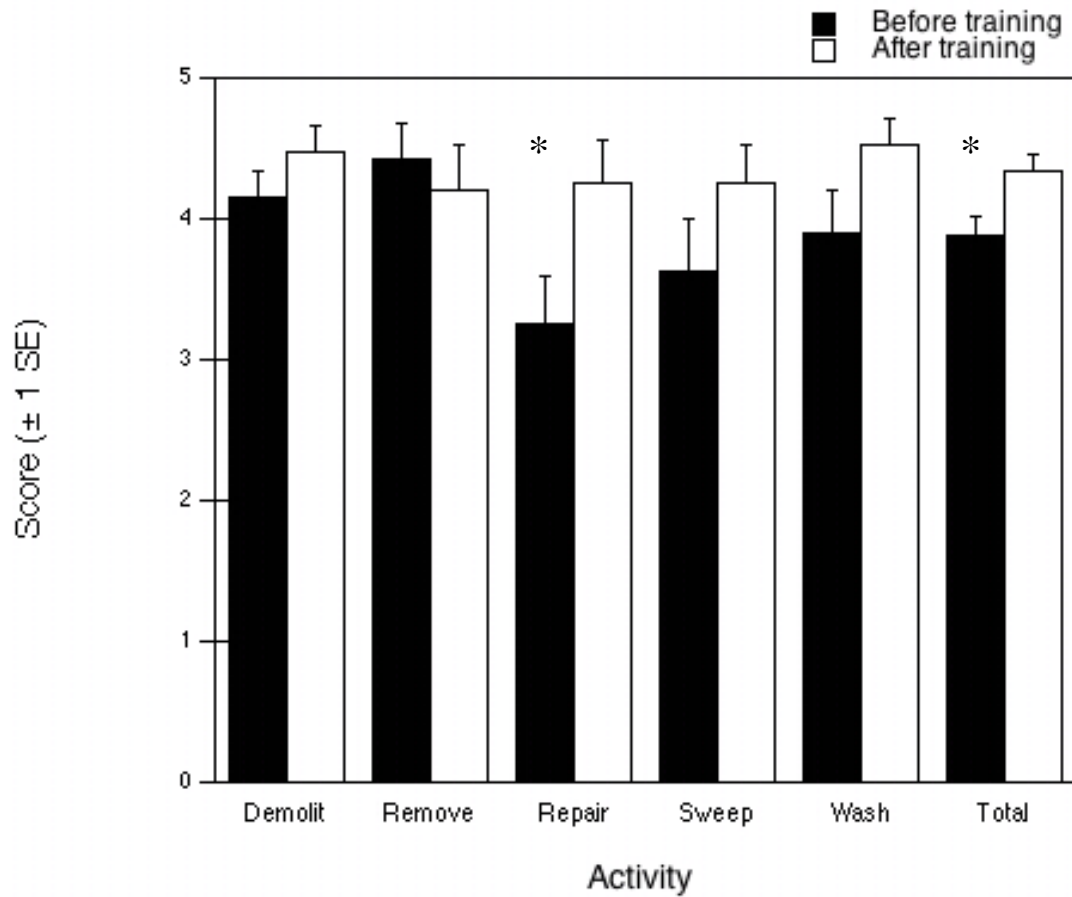


Figure 11. Number of PPE selected by professionals (# PPE used ranged from 0-5),
 * $p \leq 0.05$
 Demol= Demolition work, Remove= Removing damaged material from home, Repair= Repair or removal of roofing, Sweep= Sweeping floors and dusting, Wash= Washing moldy surfaces

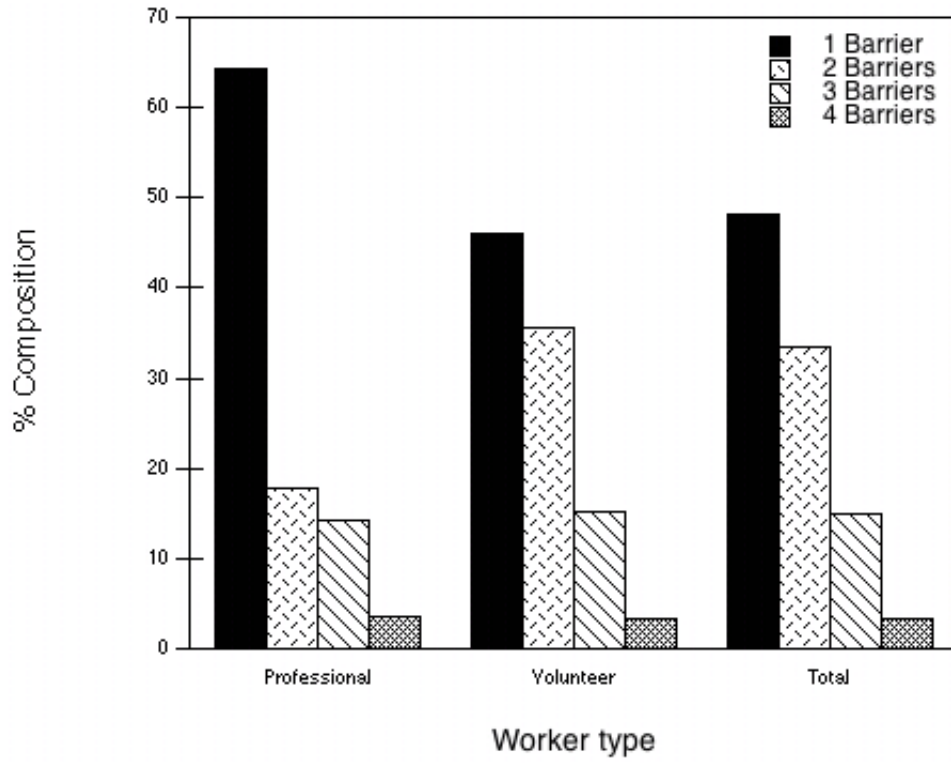


Figure 12. Workers (%) identifying 1 to 4 barriers to PPE use

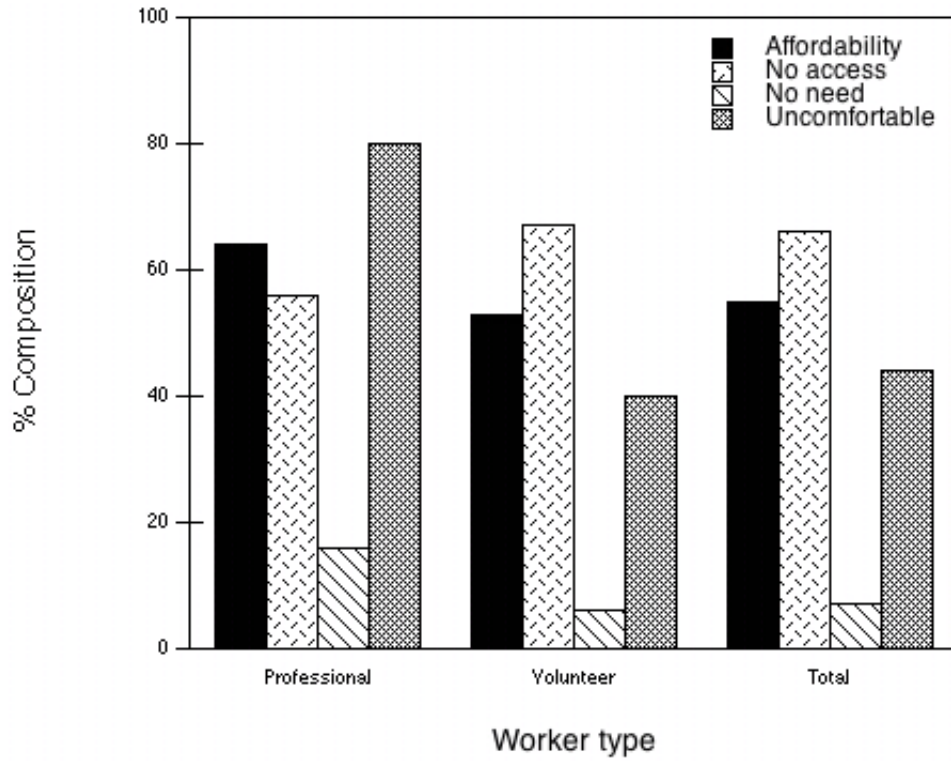


Figure 13. Workers (%) identifying each of the barriers to PPE use
 Affordability= Affordability of equipment, No access= No access to equipment,
 Uncomfortable=Equipment is uncomfortable to wear, No need= I don't think I need
 protective equipment

Appendices
 Appendix A

Code _____

Health Risk Perception Questionnaire, Part 1

INSTRUCTIONS: Please mark your answer by circling the number next to your chosen response(s).

1.) Background information:

- A.) Sex: **CIRCLE ONE:** Male 01
 Female 02

B.) Age: _____ years

C.) Permanent residency:

City: _____ State: _____

D.) Temporary residency (if applicable):

City: _____ State: _____

E.) If you were asked to put yourself into only one of these groups, in which one would you place yourself? Would you say...

CIRCLE ONE:

- Asian01
- Pacific Islander02
- African American/ Black,03
- Caucasian/ White04
- Native American05
- Other (please specify) _____06
- DON'T KNOW*07

F.) Are you of Latino or Hispanic descent?*

* This would include Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Central American, South American, some other Latino/Hispanic origin, or some combination of these? **CIRCLE ONE:**

- Yes.....01 No.....02 *DON'T KNOW*.....03

G.) What is the highest level of schooling have you completed?

CIRCLE ONE:

- High school diploma or GED..... 01
- Some college course work for credit or AA degree... 02
- Bachelor's degree (4 years)..... 03
- Master's degree 04
- Doctoral degree, Ph.D., M.D., or D.D.S..... 05
- DON'T KNOW* 06

Code _____

H.) Are you currently married or in a relationship?

Yes..... 01 No.....02

I.) Do you have any children?

Yes.....01 No.....02

J.) What is your current occupation? **CIRCLE ALL THAT APPLY:**

Working (Specify job):.....01

Looking for work02

Homemaker or raising children full-time..... 03

Retired04

Student 05

Other (Please specify)..... 06

2.) Were you in New Orleans when Hurricane Katrina hit the City?

Yes.....01 No..... 02

If yes, have you been displaced by Hurricane Katrina?

Yes.....01 No..... 02

3.) Other than Hurricane Katrina, have you ever directly experienced a hurricane?

Yes.....01 No..... 02

4.) Before Hurricane Katrina, did you live and/or work in New Orleans?

CIRCLE ALL THAT APPLY: Live...01 Work.....02 Neither...03

5.) Are you presently living and/or working in New Orleans?

CIRCLE ALL THAT APPLY: Live... 01 Work.....02 Neither...03

6.) When did you first return to OR arrive in New Orleans after Hurricane Katrina?

September..01 January05 May..... 09

October.....02 February.....06 June..... 10

November...03 March07 July..... 11

December... 04 April.....08 Never left.... 12

Code _____

7.) How did you hear about this training session? **CIRCLE ONE:**

- Volunteer organization (specify): _____ 01
- Neighborhood/community meeting (specify): _____ 02
- Employer (specify): _____ 03
- Advertisement04
- Word of mouth (includes phone call) 05
- Other (please specify):06

8.) After Hurricane Katrina, have you been actively looking for information on health and safety conditions in New Orleans?

- Yes.....01
- No.....02

9.) Please **CIRCLE ALL** of the following sources you use to gather information about the health and safety conditions in New Orleans after Hurricane Katrina, and **RANK (1-4)** how useful each was to you.

CIRCLE ALL THAT APPLY	Very useless	Somewhat useless	Somewhat useful	Very useful
a.) Newspaper	1	2	3	4
b.) TV	1	2	3	4
c.) Radio	1	2	3	4
d.) Word of mouth	1	2	3	4
e.) Internet	1	2	3	4
f.) Other (Please specify):	1	2	3	4

10.) Please **CIRCLE ALL** (if any) of these sources that were **NOT** available to you:

- Newspaper01
- TV 03
- Radio 02
- Internet 04

11.) Please **CIRCLE ALL** the following agencies, organizations, or institutions you used to learn about health risks after Hurricane Katrina, and **RANK (1-4)** how useful each was to you:

CIRCLE ALL THAT APPLY	Very useless	Somewhat useless	Somewhat useful	Very useful
a.) City/Parish government	1	2	3	4
b.) Louisiana Dpt. Environmental Quality	1	2	3	4
c.) Federal government (FEMA, EPA)	1	2	3	4
d.) Community or Advocacy Group	1	2	3	4
e.) Research Institution (e.g.- a University)	1	2	3	4
f.) Employer	1	2	3	4
g.) Other (please specify):	1	2	3	4

Code _____

12 a.) Do you feel that you are aware of the major health issues related to the aftermath of Hurricane Katrina?

Yes.....01 No.....02 *DON'T KNOW*.....03

b.) What do you think are the major health issues of concern after Hurricane Katrina?

CIRCLE ALL THAT APPLY:

- Personal injury during clean-up01
- Lack of access to urgent/emergency healthcare02
- Lack of access to preventative health care03
- Lack of access for longer-term psychological healthcare04
- Illness from exposure to environmental hazards through:
 - Contaminated Floodwater05a
 - Infectious Diseases05b
 - Mold05c
 - Contaminated soil/ sediment (e.g.- lead, arsenic)05d
- Contaminated drinking water06
- Respiratory problems from outdoor air pollution07
- Other (please specify): _____08

Questions 13 & 14: If you have done cleanup, answer based on your experience. If not, answer based on what you think your cleanup experience might be like.

13.) The following items include health concerns that could exist when cleaning damaged sites in New Orleans. Please **RANK (1-5)** your opinion about the level of risk each item might pose to your health.

	No risk	Low risk	Medium risk	High risk	I don't know
a.) Heat-related illness	1	2	3	4	5
b.) Personal injury	1	2	3	4	5
c.) Lack of access to urgent/emergency healthcare	1	2	3	4	5
SHORT-TERM illness from exposure to environmental hazards such as:					
d1.) Mold	1	2	3	4	5
d2.) Contaminated soil / sediment	1	2	3	4	5
d3.) Other (please specify):	1	2	3	4	5
LONG-TERM illness from exposure to environmental hazards such as:					
e1.) Mold	1	2	3	4	5
e2.) Contaminated soil / sediment	1	2	3	4	5
e3.) Other (please specify):	1	2	3	4	5
f.) Respiratory problems from outdoor air pollution	1	2	3	4	5
g.) Other (please specify):	1	2	3	4	5

Code _____

14.) The following scenarios represent situations in which you might choose to wear protective equipment. Please **CIRCLE ALL** equipment listed you would choose to wear (if any) in that scenario: **CIRCLE ALL THAT APPLY:**

a.) Removing damaged appliances, furniture, & personal belongings from your home

Protective suit/clothing....01	Gloves..... 04
Respirator..... 02	Goggles/eye protection... 05
Booties..... 03	No equipment..... 06

b.) Demolition work to remove walls, flooring, or other damaged structures

Protective suit/clothing....01	Gloves..... 04
Respirator..... 02	Goggles/eye protection... 05
Booties..... 03	No equipment..... 06

c.) Washing moldy surfaces

Protective suit/clothing....01	Gloves..... 04
Respirator..... 02	Goggles/eye protection... 05
Booties..... 03	No equipment..... 06

d.) Sweeping floors and dusting

Protective suit/clothing....01	Gloves..... 04
Respirator..... 02	Goggles/eye protection... 05
Booties..... 03	No equipment..... 06

e.) Repair or removal of roofing

Protective suit/clothing....01	Gloves..... 04
Respirator..... 02	Goggles/eye protection... 05
Booties..... 03	No equipment..... 06

15.) What challenges/barriers do you believe might prevent you from using protective equipment? **CIRCLE ALL THAT APPLY:**

Affordability of equipment 01
No access to equipment 02
Equipment is uncomfortable to wear 03
I don't think I need protective equipment 04
Other: (please specify) _____ 05

Code _____

16.) Have you participated in some cleanup work in New Orleans after Hurricane Katrina?

Yes.....01

No.....02

IF YOU ANSWERED NO, PLEASE SKIP TO QUESTION 28

17 a.) On average, how many hours per week have you worked on cleanup projects in New Orleans?

On average, I have worked for ____ hours/week

b.) In total, how many weeks or months have you spent working on cleanup?

I have worked for ____ weeks OR ____ months

***The following scenarios include different cleanup activities you might have done in New Orleans after Katrina. Please **CIRCLE ALL** cleanup activities **YOU PERSONALLY DID**, as well as **RANK (1-3)** how often you chose to wear protective equipment in each activity.*

18.) Removing damaged furniture, appliances, and personal belongings.....01

Equipment	Never	Sometimes	Always
18a.) Respirator: CIRCLE ONE : dust mask, bandana, disposable mask with filter, non-disposable mask with filter	1	2	3
18b.) Protective suit/clothing	1	2	3
18c.) Goggles	1	2	3
18d.) Gloves	1	2	3
18e.) Boots or shoe covers	1	2	3

19.) Removing walls, carpet, or flooring.....02

Equipment	Never	Sometimes	Always
19a.) Respirator: CIRCLE ONE : dust mask, bandana, disposable mask with filter, non-disposable mask with filter	1	2	3
19b.) Protective suit/clothing	1	2	3
19c.) Goggles	1	2	3
19d.) Gloves	1	2	3
19e.) Boots or shoe covers	1	2	3

Code _____

20.) Washing moldy surfaces.....03

Equipment	Never	Sometimes	Always
20a.) Respirator: CIRCLE ONE : dust mask, bandana, disposable mask with filter, non-disposable mask with filter	1	2	3
20b.) Protective suit/clothing	1	2	3
20c.) Goggles	1	2	3
20d.) Gloves	1	2	3
20e.) Boots or shoe covers	1	2	3

21.) Sweeping floors and dusting.....04

Equipment	Never	Sometimes	Always
21a.) Respirator: CIRCLE ONE : dust mask, bandana, disposable mask with filter, non-disposable mask with filter	1	2	3
21b.) Protective suit/clothing	1	2	3
21c.) Goggles	1	2	3
21d.) Gloves	1	2	3
21e.) Boots or shoe covers	1	2	3

22.) Repair or removal or roofing.....05

Equipment	Never	Sometimes	Always
22a.) Respirator: CIRCLE ONE : dust mask, bandana, disposable mask with filter, non-disposable mask with filter	1	2	3
22b.) Protective suit/clothing	1	2	3
22c.) Goggles	1	2	3
22d.) Gloves	1	2	3
22e.) Boots or shoe covers	1	2	3

23.) How did you obtain the protective equipment that you used?

CIRCLE ALL THAT APPLY:

- I purchased the equipment myself..... 01
- The equipment was donated to me (by whom?).....02
- DON'T KNOW*..... 03

24.) Did the protective equipment come with instructions on how to use it?

- Yes..... 01 No..... 02 *DON'T KNOW*..... 03

If so, did you read the instructions before using it?

- Yes..... 01 No..... 02 *DON'T KNOW*..... 03

Appendix B

Code _____

Health Risk Perception Questionnaire, Part 2

INSTRUCTIONS: Please mark your answer by circling the number next to your chosen response(s).

- 1 a.) Now that you've had the training, do you believe that you were sufficiently aware of the major health issues related to Hurricane Katrina? **CIRCLE ONE:**

Yes.....01 No..... 02 *DON'T KNOW*..... 03

- b.) What do you think are the major health issues of concern after Hurricane Katrina? **CIRCLE ALL THAT APPLY:**

Personal injury during cleanup01
Lack of access to urgent/emergency healthcare02
Lack of access to preventative health care03
Lack of access for longer-term psychological healthcare04
Illness from exposure to environmental hazards through:
 Contaminated Floodwater05a
 Infectious Diseases05b
 Mold05c
 Contaminated soil/ sediment (e.g.- lead, arsenic)05d
Contaminated drinking water06
Respiratory problems from outdoor air pollution07
Other (please specify): _____08

- c.) What additional health issues related Hurricane Katrina would you still like to know more about?

Code _____

Questions 2 & 3: If you have done cleanup, answer based on your experience. If not, answer based on what you think your cleanup experience might be like.

2.) The following items include health concerns that could exist when cleaning damaged sites in New Orleans. Please **RANK (1-5)** your opinion about the level of risk each item might pose to your health.

	No risk	Low risk	Medium risk	High risk	I don't know
a.) Heat-related illness	1	2	3	4	5
b.) Personal injury	1	2	3	4	5
c.) Lack of access to urgent/emergency healthcare	1	2	3	4	5
SHORT-TERM illness from exposure to environmental hazards such as:					
d1.) Mold	1	2	3	4	5
d2.) Contaminated soil / sediment	1	2	3	4	5
d3.) Other (please specify):	1	2	3	4	5
LONG-TERM illness from exposure to environmental hazards such as:					
e1.) Mold	1	2	3	4	5
e2.) Contaminated soil / sediment	1	2	3	4	5
e3.) Other (please specify):	1	2	3	4	5
f.) Respiratory problems from outdoor air pollution	1	2	3	4	5
g.) Other (please specify):	1	2	3	4	5

3.) The following scenarios represent situations in which you might choose to wear protective equipment. Please **CIRCLE ALL** equipment listed you would choose to wear (if any) in that scenario: **CIRCLE ALL THAT APPLY:**

a.) Removing damaged appliances, furniture, & personal belongings from your home

- Protective suit/clothing....01 Gloves..... 04
- Respirator..... 02 Goggles/eye protection... 05
- Booties..... 03 No equipment..... 06

b.) Demolition work to remove walls, flooring, or other damaged structures

- Protective suit/clothing....01 Gloves..... 04
- Respirator..... 02 Goggles/eye protection... 05
- Booties..... 03 No equipment..... 06

c.) Washing moldy surfaces

- Protective suit/clothing....01 Gloves..... 04
- Respirator..... 02 Goggles/eye protection... 05
- Booties..... 03 No equipment..... 06

Code _____

d.) Sweeping floors and dusting

- | | |
|--------------------------------|-----------------------------|
| Protective suit/clothing....01 | Gloves.....04 |
| Respirator.....02 | Goggles/eye protection...05 |
| Booties.....03 | No equipment.....06 |

e.) Repair or removal of roofing

- | | |
|--------------------------------|-----------------------------|
| Protective suit/clothing....01 | Gloves.....04 |
| Respirator.....02 | Goggles/eye protection...05 |
| Booties.....03 | No equipment.....06 |

4.) Do you feel that this training session improved your ability to protect yourself from environmental contaminants?

- Yes.....01 No.....02 *DON'T KNOW*.....03

5.) Did this training session increase the likelihood that you will wear protective equipment during cleanup?

- Yes.....01 No.....02 *DON'T KNOW*.....03

6.) What was the most valuable piece of information or skill that you received from this training session?

7.) What information (if any) not covered in this training session would be useful in helping you understand and reduce your health risks during cleanup?

Thank you for answering this set of questions. If you think of any questions, please don't hesitate to contact me. My phone number and email address are on the consent form.