

Telephone Introduction for Patient Interviews

INJURY QUESTIONNAIRE

1. Hello, my name is _____. I'm calling for [First Name, Last Name]. Is he/she in?

(YES) I'm calling on behalf of the State of Michigan. We receive reports of work-related injuries, and we have received a report of your medically treated injury in [month/year] Recently we sent you a letter asking for your help in our special investigation into work-related injuries.

(NO) Could you tell me a good time to call to reach [First Name]*.

2. Do you remember receiving the letter?

(YES) Good. I'd like to take a moment to describe what you can do to help.
(go to part 3)

(NO) Let me see...I see that we mailed the letter to you on (date) to (address). Is that your correct address? If not, I will send you another copy of the letter. While I have you on the phone, let me explain briefly what the letter is about.
(go to part 3)

3. We are making follow-up telephone calls to people who had an injury to better understand the hazards that cause these injuries. We received a report from [hospital name] that you were treated for the injury on [month/day/year].

Your participation in this investigation is completely voluntary. If you decide to participate, I will go through a questionnaire by phone. This takes approximately 5 minutes, and would complete your participation in the investigation. You indicate your voluntary participation by answering the questions. You can end your participation or refuse to answer individual questions at any time. All information you give us will be kept confidential. We do not share information from this investigation with any employers or insurance companies. The State of Michigan will use this information to understand more about hazards leading to injuries and what can be done to prevent others from similar incidents.

4. Will you help us by participating in this questionnaire?

(YES) Great, I will begin the questions now. (If as you start they indicate this isn't a good time, arrange a time to call back.)

(NO) I see. May I ask what your concerns are?

*If you call repeatedly and cannot interview the patient directly, see if someone else can answer some brief questions about the injury.

INJURY QUESTIONNAIRE

FOR CODING ONLY

ID # _____

Injury Date: ____-____-____

Interviewer: ____ ____ ____ (initials)

Interview Date: ____-____-____

BACKGROUND INFORMATION

It is ok to have questions completed by someone other than the patient, if the patient is not available.

FILL IN FROM MEDICAL RECORD:

 First Last

Address:

 City State Zip Code

Name and relationship of interviewee if other than the patient: _____

INJURY INFORMATION (asked during telephone interview):

- | | | | | |
|----|----|--|--------------|---|
| 1. | a. | Did your injury happen during work that you were being paid to do? | Yes, Work | 1 |
| | | | No, Non-work | 2 |
| | | | Other* | 3 |

*Explain: _____

****IF NOT WORK-RELATED, STOP INTERVIEW HERE****

- | | | | | |
|----|----|--|------------------|---|
| 2. | a. | Were you self-employed or working for a company when you were injured? | Self-Employed | 1 |
| | | | Company | 2 |
| | | | Other* | 3 |
| | | | Temporary Agency | 4 |
| | | | Unknown | 9 |

*Explain: _____

- | | | | | |
|----|---|------|-------|------|
| b. | Did workers' compensation pay your medical bills for this injury? | No 1 | Yes 2 | DK 3 |
| c. | Did you miss work for this injury? | No 1 | Yes 2 | DK 3 |

If Yes, how many days? (If returned to work the next day record as Zero) _____ Days

3. What was your job?

4. What type of industry (i.e. agriculture, construction, manufacturing, etc.)?
