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

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

   No, Non-work

   Other*

   *Explain:

2. a. Were you self-employed or working for a company when you were injured?

   Self-Employed

   Company

   Other*

   Temporary Agency

   Unknown

   *Explain:

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

b. Did workers’ compensation pay your medical bills for this injury?

   No

   Yes

   DK

c. Did you miss work for this injury?

   No

   Yes

   DK

   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.?)

   ________________________________
5. How did the injury occur?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

**IF SELF-EMPLOYED STOP INTERVIEW HERE**

6. What is the name of the Company and the address of the location where the injury occurred? (If the interviewee doesn’t know the exact address, try to get the street name or at least the city. Please make sure that you get the correct spelling of the Company’s name and address). (If the interviewee names a Temp Agency, answer question a, but probe also for the Company where he/she was actually injury).

_____________________________________________
Name of the Company

____________________________________  ____________________  _____  ________
Street Address                                                   City                           State    Zip Code

**If Temp Agency**

a. What is the name and the address of the Temp Agency that hired you?

_______________________________________________
Name of the Temp Agency

____________________________________  __________________  ____     ________
Street Address                                                     City                       State     Zip Code

**IF THEY MENTION THAT THEY WERE USING AN UNSPECIFIED TYPE OF “PRESS”, ASK**

7. Was the press a mechanical press (also called a “power press”)? Yes  No  Unknown
________________________________________________________________________
________________________________________________________________________

Thank you for taking the time to answer our questions. This concludes our interview.