Telephone Introduction for Patient Interviews

**CARBON MONOXIDE 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 carbon monoxide exposures, and we have received a report of your medically treated exposure in [month/year] Recently we sent you a letter asking for your help in our special investigation into work-related carbon monoxide.

   (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 carbon monoxide exposure to better understand the hazards that cause these exposures. We received a report from [hospital name] that you were treated for the exposure 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 carbon monoxide poisoning 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 carbon monoxide exposure.
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:  ______________________________________________

EXPOSURE INFORMATION (asked during telephone interview):

1. How did the carbon monoxide exposure occur?
   __________________________________________________________  __________________________________________________________  __________________________________________________________

2. a. Did your exposure happen for a job that you were being paid to do?  ___________________  
   Yes, Work  1  No, Non-work  2  DK  3
   * Explain:  ________________________________________________

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

3. a. Were you self-employed or working for a company when you were exposed?  ___________________  
   Self-Employed  1  Company  2  Other*  3
   * Explain:  ________________________________________________  Temporary Agency  4  Unknown  9

   b. Did workers’ compensation pay your medical bills for this exposure?  ___________________  
      No  1  Yes  2  DK  3

   c. Did you miss work for this incident?  ___________________  
      No  1  Yes  2  DK  3

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

FOR CODING ONLY

ID #  C ___  ___  ___  ___
Injury Date:  ___  ___-___  ___-___  ___  ___  ___  ___  ___
Interviewer:  ___  ___  ___  (initials)
Interview Date:  ___  ___-___  ___-___  ___  ___  ___  ___  ___
**IF SELF-EMPLOYED, STOP INTERVIEW HERE**

4.  
   a. What is the name and address of the company you were working for when your exposure occurred? (if they name a temp agency, probe for company where they actually sustained the exposure) (make sure you get the correct spelling of the company, if possible)

   _________________________________________________________
   _________________________________________________________
   _________________________________________________________

   b. What is the address of the location where the carbon monoxide exposure occurred? (if they don’t know the exact address, try to get the street name, or at least the city)

   Street Address City State ______

IF INTERVIEWEE IS WILLING, ASK THE FOLLOWING

5. Do you think there is ongoing exposure to carbon monoxide at this worksite?

   _________________________________________________________

   _________________________________________________________

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