

Telephone Introduction for Patient Interviews

SILICOSIS NEXT-OF-KIN

1. Hello, my name is _____. I'm calling for Mr./Ms./Mrs. _____. Is he/she in?
 - (NO) I'm calling on behalf of the State of Michigan. When is a good time to reach him/her? Please tell him/her I called. Here is my phone number (toll free). He/she may call me at 1-800-446-7805.
 - (YES) I'm calling on behalf of the State of Michigan. We are doing a special investigation into work-related breathing problems. Recently we sent you a letter asking for your help with this investigation.

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. Your participation in this investigation is completely voluntary. If you decide to participate, I will go through a questionnaire by phone. This takes approximately 30 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 work-related lung diseases and what can be done to prevent others from becoming sick.

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?

SILICOSIS QUESTIONNAIRE NEXT-OF-KIN

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ID # N ____ - ____ - ____ - ____

Disease: ____ - ____

Interviewer: ____ - ____ - ____ (initials)

Interview from Medical Records? N 1 Y 2

Interview Date/Medical Records:

____ - ____ - ____ - ____ - ____ - ____

BACKGROUND INFORMATION

1. I want to confirm the spelling of the deceased's name:

First Middle Last

I'd like to confirm your name: _____
FIRST LAST

Relationship to deceased: _____

Date individual died: ____ - ____ - ____ MM-DD-CCYY

State in which individual died: ____

2. I want to confirm your address:

City County State Zip

3. I want to confirm your home phone number:

() _____ - _____

4. What was his/her social security number?
(when possible, obtain from medical record in chart)

4. ____ - ____ - ____ - ____ - ____ - ____

DEMOGRAPHIC INFORMATION

5. Gender of deceased? (do not ask if obvious)

5. Male 1 Female 2

6. What was his/her date of birth? (MM/DD/CCYY)

6. ____ - ____ - ____ - ____ - ____ - ____

a. Was he/she of Hispanic origin?

7a. No 1 Yes 2 DK 9

7. How would he/she have been classified—the choices are:

7. White 1
African American 2
Asian/Pacific Islander 3
Alaskan/American Indian 4
Other* 5
Unknown 9

*If OTHER, please specify:

**LIFETIME OCCUPATIONAL HISTORY
INSTRUCTIONS**

8. Please complete the following table below, listing all jobs at which you have worked for three months or more after completing school. Include time in the Armed Services, and any periods of time that you were laid off or not working. Start with your first full time job after leaving school and come up to your most recent job. If you had more than one job at the same company, use a new space for that job. Include any part time job where you were exposed to chemicals or dusts.

WORKPLACE Employer Name, Address, City and State	TYPE OF INDUSTRY		DATES WORKED		JOB TITLE		DUTIES	EXPOSURES (Specify types of chemicals or dusts, if known)	PROTECTIVE EQUIPMENT (Gloves, masks, respirators, etc.)
	What do they do or manufacture? Is company still in business?	YES NO DK	From: Mo/Yr	To: Mo/Yr	FT? Yes No	PT? Yes No			
1. FIRST JOB	Still in business?	YES NO DK			FT? Yes No	PT? Yes No		1 Yes 2 No 3 DK Type:	1 Yes 2 No Type:
2. NEXT JOB	Still in business?	YES NO DK			FT? Yes No	PT? Yes No		1 Yes 2 No 3 DK Type:	1 Yes 2 No Type:
3. NEXT JOB	Still in business?	YES NO DK			FT? Yes No	PT? Yes No		1 Yes 2 No 3 DK Type:	1 Yes 2 No Type:
4. NEXT JOB	Still in business?	YES NO DK			FT? Yes No	PT? Yes No		1 Yes 2 No 3 DK Type:	1 Yes 2 No Type:
5. NEXT JOB	Still in business?	YES NO DK			FT? Yes No	PT? Yes No		1 Yes 2 No 3 DK Type:	1 Yes 2 No Type:
6. NEXT JOB	Still in business?	YES NO DK			FT? Yes No	PT? Yes No		1 Yes 2 No 3 DK Type:	1 Yes 2 No Type:
7. NEXT JOB	Still in business?	YES NO DK			FT? Yes No	PT? Yes No		1 Yes 2 No 3 DK Type:	1 Yes 2 No Type:
8. NEXT JOB	Still in business?	YES NO DK			FT? Yes No	PT? Yes No		1 Yes 2 No 3 DK Type:	1 Yes 2 No Type:

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8. Primary Employment:

Year Started: 8. _____ CCYY started
Year Stopped: _____ CCYY stopped
Silica Exposure? No 1 Yes 2 DK 3
Standard Industrial Classification: _____ SIC (1987)
Census Occupation Code: _____ COC (1990)
County: _____ County
Primary Industry Narrative: _____

COC (2000)
_____- _____ SOC (2000)
Primary Occupation Narrative: _____

NAICS (2002)

9. Secondary Employment:

Year Started: 9. _____ CCYY started
Year Stopped: _____ CCYY stopped
Silica Exposure? No 1 Yes 2 DK 3
Standard Industrial Classification: _____ SIC (1987)
Census Occupation Code: _____ COC (1990)

COC (2000)
_____- _____ SOC (2000)

NAICS (2002)

10. Tertiary Employment:

Year Started: 10. _____ CCYY started
Year Stopped: _____ CCYY stopped
Standard Industrial Classification: _____ SIC (1987)
Census Occupation Code: _____ COC (1990)

COC (2000)
_____- _____ SOC (2000)

NAICS (2002)

11. a. Had the deceased ever worked in a coal mine? 11a. No 1 Yes 2 DK 3
 If YES, did he/she work below ground? No 1 Yes 2 DK 3
- b. Had the deceased ever done sandblasting? 11b. No 1 Yes 2 DK 3
 If YES, which job(s)? _____

- c. Was the deceased ever exposed to asbestos? 11c. No 1 Yes 2 DK 3
 If YES, which job(s)? _____

- Please describe how he/she was exposed to asbestos:

TOBACCO SMOKING

12. Did the deceased ever smoke cigarettes? (NO means less than 5 packs of cigarettes or 12 oz. of tobacco in a lifetime.) (If NO, go to question 16) 12. No 1 Yes 2 DK 3
13. How old was he/she when he/she FIRST started smoking cigarettes? 13. _____ age started smoking
14. If he/she STOPPED SMOKING COMPLETELY, how old was he/she when he/she stopped? 14. _____ age stopped smoking
15. On the average of the entire time he/she have smoked, how many cigarettes did he/she smoke per day? (20 cigarettes/pack) 15. _____ average cigarettes/day

MEDICAL SURVEILLANCE

16. Had the deceased ever been told that he/she had tuberculosis? 16. No 1 Yes 2 DK 3
 If YES, in what year was he/she told he/she had tuberculosis? _____ CCYY
17. Had the deceased ever had a skin test for tuberculosis? 17. No 1 Yes 2 DK 3
- a. If YES, what was the last year it was done? 17a. _____ CCYY
- b. If YES, what was the result? 17b. Negative 1 Positive 2
- c. If POSITIVE, what was the last year it was **negative**? 17c. _____ CCYY
- 34a. Had the deceased ever been diagnosed with kidney disease? 34a. No 1 Yes 2 DK 3
 If YES, in what year? 34a-1. _____ CCYY
- 34b. Had the deceased ever been diagnosed with a connective tissue disease, such as *lupus*, *scleroderma* or *rheumatoid arthritis* (only include arthritis if rheumatoid arthritis. If not rheumatoid or DK if rheumatoid, then answer NO to 33b and go to 33c). 34b. No 1 Yes 2 DK 3
 If YES, type: _____
 If YES, in what year? 34b-1. _____ CCYY

34c. Did the deceased have arthritis?
 If YES, did a health care provider confirm they had arthritis?
 If YES, in what year?

34c. No 1 Yes 2 DK 3
 34c-1. No 1 Yes 2 DK 3
 34c-2. _____ CCYY

WORKERS' COMPENSATION

Indicate below if compensated for BLACK LUNG.

18. Had the deceased ever filed a workers' compensation claim for a lung condition?

18. No 1 Yes 2 DK 3

Indicate who filed: _____

19. If YES, what is the status of the claim?

19. Denied 1 Awarded 2
 Pending 3 Unknown 9

a. If the patient worked in a coal mine, had the deceased or his/her spouse filed for BLACK LUNG benefits?

19a. No 1 Yes 2 DK 3

MEDICAL CARE

20. Could you tell use the name and location of any physician and/or hospital where the deceased received care for his/her lung condition? Also, list dates and whether he/she had breathing tests and/or chest x-rays. We are interested in obtaining copies of these tests, please identify testing performed in the last five years.

Health Care Provider: _____

Chest X-Ray YES NO
 Breathing Test YES NO
 Dates: _____

Health Care Provider: _____

Chest X-Ray YES NO
 Breathing Test YES NO
 Dates: _____

Health Care Provider: _____

Chest X-Ray YES NO
 Breathing Test YES NO
 Dates: _____

Health Care Provider: _____

Chest X-Ray YES NO
 Breathing Test YES NO
 Dates: _____

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|--|--|
| <p>21. Deceased:</p> <p>a. Cause of death:</p> <p>b. Death certificate SIC:</p> <p>c. Death certificate Census Occupation Code:</p> <p>d. Age at death:</p> <p>e. Date of death:</p> | <p>21. No 1 Yes 2 DK 3</p> <p>21a. _____ cause of death</p> <p>21b. _____ SIC</p> <p>21c. _____ COC</p> <p>21d. _____ age in years</p> <p>21e. _____ - _____ - _____
MM-DD-CCYY</p> |
| <p>22. Filed for WC from DOL?</p> <p>If YES, claims status:</p> | <p>22. No 1 Yes 2 DK 3</p> <p>Denied 1 Awarded 2</p> <p>Pending 3 Unknown 9</p> |
| <p>23. Clinical Radiology Report available:</p> <p>Date of X-Ray</p> <p>Parenchyma</p> <p>PMF:</p> | <p>23. Inconsistent 1</p> <p>Consistent 2</p> <p>Inconclusive 3</p> <p>No Report Available 4</p> <p>_____ - _____ MM-CCYY</p> <p>_____ parenchyma</p> <p>_____ PMF</p> |
| <p>24. Pulmonary Function Testing (most recent results):</p> <p>a. Percent Predicted FVC:</p> <p>b. Percent Predicted FEV₁:</p> <p>c. FEV₁ (liters):</p> <p>d. FVC (liters):</p> <p>e. Percent Predicted MMFR:</p> <p>f. MMFR (liters per second):</p> <p>g. Date of PFTs:</p> | <p>24a. _____</p> <p>24b. _____</p> <p>24c. _____</p> <p>24d. _____</p> <p>24e. _____</p> <p>24f. _____</p> <p>24g. _____ - _____ MM-CCYY</p> |
| <p>25. Physician considered TB diagnosis?</p> | <p>25. No 1 Yes 2 DK 3</p> |
| <p>26. Lung biopsy done?</p> <p>If YES, biopsy report results:</p> | <p>26. No 1 Yes 2 DK 3</p> <p>Consistent w/ silicosis 1</p> <p>Consistent w/ other pneu 2</p> <p>Inconclusive for silicosis 3</p> <p>Inconsistent w/ pneum 4</p> |

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|---|-----|--|------------------------------|----|--------------------------------|----|---------------------------------|----|----------------------------|----|-------------------|----|-----------------------|----|---------------|----|-------------|----|------------------|----|--------------------|----|----------------------|----|--------|----|
| <p>27. Ascertainment year (year report received in office):</p> | 27. | <p>____ _ CCYY</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>28. Reporting source for the initial case report:</p> <p>If OTHER, describe: _____</p> <p>_____</p> | 28. | <table border="0" style="width: 100%;"> <tr><td>Physician report</td><td style="text-align: right;">01</td></tr> <tr><td>Outpatient clinic report</td><td style="text-align: right;">02</td></tr> <tr><td>Other HC provider report</td><td style="text-align: right;">03</td></tr> <tr><td>Hospital Disch rec rev</td><td style="text-align: right;">12</td></tr> <tr><td>Death certificate</td><td style="text-align: right;">30</td></tr> <tr><td>Routine health screen</td><td style="text-align: right;">33</td></tr> <tr><td>Workers' comp</td><td style="text-align: right;">40</td></tr> <tr><td>Self-report</td><td style="text-align: right;">50</td></tr> <tr><td>Co-worker report</td><td style="text-align: right;">51</td></tr> <tr><td>MSHA (Mine Safety)</td><td style="text-align: right;">60</td></tr> <tr><td>Referral other state</td><td style="text-align: right;">80</td></tr> <tr><td>Other*</td><td style="text-align: right;">88</td></tr> </table> | Physician report | 01 | Outpatient clinic report | 02 | Other HC provider report | 03 | Hospital Disch rec rev | 12 | Death certificate | 30 | Routine health screen | 33 | Workers' comp | 40 | Self-report | 50 | Co-worker report | 51 | MSHA (Mine Safety) | 60 | Referral other state | 80 | Other* | 88 |
| Physician report | 01 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outpatient clinic report | 02 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other HC provider report | 03 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hospital Disch rec rev | 12 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Death certificate | 30 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Routine health screen | 33 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Workers' comp | 40 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Self-report | 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Co-worker report | 51 | | | | | | | | | | | | | | | | | | | | | | | | | |
| MSHA (Mine Safety) | 60 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral other state | 80 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other* | 88 | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>29. Year recorded on initial reporting source records:</p> | 29. | <p>____ _ CCYY</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>30. Reporting source:</p> <p>If physician, physician type: _____</p> <p>If physician, physician's last name: _____</p> | 30. | <p>____ _</p> <p>_____</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>31. Is age an estimate?</p> | 31. | <p>No 1 Yes 2 DK 3</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>32. ILO report available?</p> | 32. | <table border="0" style="width: 100%;"> <tr><td>Inconsistent</td><td style="text-align: right;">1</td></tr> <tr><td>Consistent</td><td style="text-align: right;">2</td></tr> <tr><td>Inconclusive</td><td style="text-align: right;">3</td></tr> <tr><td>No x-ray available</td><td style="text-align: right;">4</td></tr> </table> | Inconsistent | 1 | Consistent | 2 | Inconclusive | 3 | No x-ray available | 4 | | | | | | | | | | | | | | | | |
| Inconsistent | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consistent | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inconclusive | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| No x-ray available | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>33. Other imaging results?</p> | 33. | <table border="0" style="width: 100%;"> <tr><td>Yes, consistent w/ silicosis</td><td style="text-align: right;">1</td></tr> <tr><td>Yes, inconsistent w/ silicosis</td><td style="text-align: right;">2</td></tr> <tr><td>Yes, inconclusive for silicosis</td><td style="text-align: right;">3</td></tr> <tr><td>No other results available</td><td style="text-align: right;">4</td></tr> </table> | Yes, consistent w/ silicosis | 1 | Yes, inconsistent w/ silicosis | 2 | Yes, inconclusive for silicosis | 3 | No other results available | 4 | | | | | | | | | | | | | | | | |
| Yes, consistent w/ silicosis | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, inconsistent w/ silicosis | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, inconclusive for silicosis | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| No other results available | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |