Telephone Introduction for Patient Interviews

SILICOSIS

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. If you are still working at the location where you developed this work-related condition, you may benefit if the results of this investigation lead to changes in your workplace.

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?
**BACKGROUND INFORMATION**

1. I want to confirm the spelling of your name:

   ______________________________  ____________________
   First                        Middle

2. I want to confirm your address:

   ____________________________________________________
   ____________________________________________________
   City                          County                        State  Zip

3. I want to confirm your home phone number:

   (   ) ____________ - ______________

4. What is your social security number? (when possible, obtain from medical record in chart)

   4. ___  ___  ___ - ___  ___ - ___  ___  ___  ___

**DEMOGRAPHIC INFORMATION**

5. What is your gender? (do not ask if obvious)

   5. Male 1 Female 2

6. What is your date of birth? (MM/DD/CCYY)

   6.  ___  ___ - ___  ___ - ___  ___  ___  ___

7. How would you be classified—the choices are:

   *If OTHER, please specify:

   ______________________________

   a. Are you of Hispanic origin?

   7a. No 1 Yes 2 DK 9

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**FOR CODING ONLY**

ID #  S ___ ___ ___ ___

Disease: ___ ___

Interviewer: _____ _____ (initials)

Interview from Medical Records?  N 1   Y 2

Interview Date/Medical Records:

   ___ ___' ___ ___' ___ ___ ___ ___ ___
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.

<table>
<thead>
<tr>
<th>WORKPLACE</th>
<th>TYPE OF INDUSTRY</th>
<th>DATES WORKED</th>
<th>JOB TITLE</th>
<th>DUTIES</th>
<th>EXPOSURES</th>
<th>PROTECTIVE EQUIPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Name, Address, City and State</td>
<td>What do they do or manufacture?</td>
<td>From: Mo/Yr</td>
<td>To: Mo/Yr</td>
<td>(Full Time or Part Time)</td>
<td>(Specify types of chemicals or dusts, if known)</td>
<td>(Gloves, masks, respirators, etc.)</td>
</tr>
<tr>
<td>1. FIRST JOB</td>
<td>Still in business? YES NO DK</td>
<td></td>
<td></td>
<td>FT? Yes No PT? Yes No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. NEXT JOB</td>
<td>Still in business? YES NO DK</td>
<td></td>
<td></td>
<td>FT? Yes No PT? Yes No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. NEXT JOB</td>
<td>Still in business? YES NO DK</td>
<td></td>
<td></td>
<td>FT? Yes No PT? Yes No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. NEXT JOB</td>
<td>Still in business? YES NO DK</td>
<td></td>
<td></td>
<td>FT? Yes No PT? Yes No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. NEXT JOB</td>
<td>Still in business? YES NO DK</td>
<td></td>
<td></td>
<td>FT? Yes No PT? Yes No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. NEXT JOB</td>
<td>Still in business? YES NO DK</td>
<td></td>
<td></td>
<td>FT? Yes No PT? Yes No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. NEXT JOB</td>
<td>Still in business? YES NO DK</td>
<td></td>
<td></td>
<td>FT? Yes No PT? Yes No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. NEXT JOB</td>
<td>Still in business? YES NO DK</td>
<td></td>
<td></td>
<td>FT? Yes No PT? Yes No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. Primary Employment:

Year Started: __________ 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: ________________________________

______________________________

Primary Occupation Narrative: ________________________________

______________________________

9. Secondary Employment:

Year Started: __________ CCYY started

Year Stopped: __________ CCYY stopped

Silica Exposure? No 1 Yes 2 DK 3

Standard Industrial Classification: __________ SIC (1987)

Census Occupation Code: __________ COC (1990)

______________________________

Primary Industry Narrative: ________________________________

______________________________

Primary Occupation Narrative: ________________________________

______________________________

10. Tertiary Employment:

Year Started: __________ CCYY started

Year Stopped: __________ CCYY stopped

Standard Industrial Classification: __________ SIC (1987)

Census Occupation Code: __________ COC (1990)

______________________________

Primary Industry Narrative: ________________________________

______________________________

Primary Occupation Narrative: ________________________________

______________________________
11. a. Have you ever worked in a coal mine? No 1 Yes 2 DK 3
   If YES, did you work below ground? No 1 Yes 2 DK 3

   11b. Have you ever done sandblasting? No 1 Yes 2 DK 3
   If YES, which job(s)? __________________________

   11c. Were you ever exposed to asbestos? No 1 Yes 2 DK 3
   If YES, which job(s)? __________________________
   Please describe how you were exposed to asbestos:
   __________________________

TOBACCO SMOKING

12. Have you ever smoked cigarettes? (NO means less than 5 packs of cigarettes or 12 oz. of tobacco in a lifetime.) No 1 Yes 2 DK 3
   (If NO, go to question 18)

13. Do you now smoke cigarettes? (NO means not in the last month) No 1 Yes 2 DK 3

14. How old were you when you FIRST started smoking cigarettes? ___ ___ age started smoking

15. If you have STOPPED SMOKING COMPLETELY, how old were you when you stopped? ___ ___ age stopped smoking

16. How many cigarettes do you smoke per day? (20 cigarettes/pack) (Only ask if the patient currently smokes.) ___ ___ cigarettes per day

17. On the average of the entire time you have smoked, how many cigarettes did you smoke per day? (20 cigarettes/pack) ___ ___ average cigarettes/day

MEDICAL SURVEILLANCE

18. Have you ever been told that you have tuberculosis? No 1 Yes 2 DK 3
   If YES, in what year were you told you had tuberculosis? ___ ___ ___ ___ CCYY

19. Have you ever had a skin test for tuberculosis? No 1 Yes 2 DK 3
   a. If YES, what was the last year it was done? ___ ___ ___ ___ CCYY
   b. If YES, what was the result? Negative 1 Positive 2
   c. If POSITIVE, what was the last year it was negative? ___ ___ ___ ___ CCYY
PHLEGM (MUCUS)

20. Do you usually bring up phlegm or mucus from your chest? (Count phlegm or mucus with first getting up in the morning and first smoke or on the first going-out-of-doors. Exclude phlegm or mucus from the nose. Count swallowed phlegm or mucus.)

If YES, go to question 20a; if NO, go to question 21

a. Do you bring up phlegm or mucus like this on most days for 3 months in a row or more during the year?

b. How many years have you had trouble with phlegm or mucus?

BREATHELESSNESS

21. Are you disabled from walking by any condition other than a lung disease?

If YES, nature of condition: ______________________________

(If YES, go to question 27)

22. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

23. Do you have to walk more slowly than people of your own age on level ground because of breathlessness?

24. Do you ever have to stop for breath when walking at your own pace on level ground?

25. Do you ever have to stop for breath after walking about 100 yards (or after walking a few minutes) on level ground?

26. Are you ever too breathless to leave the house or breathless upon dressing or undressing?

LUNG DISEASES

For each of the lung diseases below, indicate YES or NO to indicate whether or not you have ever had the condition. If YES, answer the additional related questions. If NO, go to the next condition. (If patient doesn’t know what the condition is, answer DK.)

27. Have you ever had pneumonia? (including bronchopneumonia)

a. Was your pneumonia confirmed by a doctor?

b. At what age did you first have pneumonia?

28. Have you ever had emphysema?

a. Do you still have emphysema?

b. Was it confirmed by a doctor?

c. At what age did your emphysema start?
29. Have you ever had asthma?
   a. Do you still have asthma?
   b. Was it confirmed by a doctor?
   c. At what age did your asthma start?
   d. If you no longer have asthma, at what age did it stop?

30. Have you ever had silicosis?
   a. At what age did it start?
   b. Was it confirmed by a doctor?
   c. What is the doctor’s name and address:

31. Have you ever had any other chest illnesses?
   If YES, please specify:

32. Have you ever had any chest operations (including lung biopsy)?
   If YES, please specify type, year, and hospital where done:

33. Have you ever had any chest injuries?
   If YES, please specify:

33a. Have you ever been diagnosed with kidney disease?
   If YES, in what year?

33b. Have you 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).
   If YES, type:
   If YES, in what year?

33c. Do you have arthritis?
   If YES, did a health care provider confirm you have arthritis?
   If YES, in what year?
WORKERS' COMPENSATION

Indicate below if compensated for BLACK LUNG.

34. Have you filed a workers’ compensation claim for a lung condition against any of your employers?  
   34. No 1 Yes 2 DK 3

35. If YES, what is the status of your claim?  
   35. Denied 1 Awarded 2 Pending 3 Unknown 9

   a. If the patient worked in a coal mine, have you filed for BLACK LUNG benefits?  
      35a. No 1 Yes 2 DK 3

MEDICAL CARE

36. Have you had to seek medical treatment for your breathing problems?  
   36. No 1 Yes 2 DK 3

   a. If YES, have you been hospitalized for your breathing problems?  
      36a. No 1 Yes 2 DK 3

   b. What is the month and year you FIRST were hospitalized for breathing problems?  
      36b. ___ ___/___ ___ ___ ___ MM/CCYY

   c. How many times were you hospitalized for breathing problems?  
      36c. ___ ___ ___ # times HOSPITAL

HEALTH CARE

37. Could you tell us the name and location of any physician and/or hospital where you received care for your lung condition? Also, list dates and whether you 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: ____________________
38. The Michigan Department of Labor and Economic Growth has the legal responsibility to inspect your workplace. Would you be concerned if they inspected your workplace even though your name would be kept completely confidential?

NO ___       YES ___       N/A ___

If YES, what exactly are your concerns?

______________________________________________________________________________

______________________________________________________________________________

What can we do to minimize your concerns?

______________________________________________________________________________

______________________________________________________________________________

If NOT CONCERNED, would it be okay if your name was used during an inspection by the Michigan Department of Labor and Economic Growth (MIOSHA)?

NO ___       YES ___

What is the DEPARTMENT and BUILDING or PLANT where you became sick?

______________________________________________________________________________

______________________________________________________________________________

Please describe how we would find the LOCATION IN THE PLANT where you were working when you became sick:

______________________________________________________________________________
39. Deceased:
   a. Cause of death:
   b. Death certificate SIC:
   c. Death certificate Census Occupation Code:
   d. Age at death:
   e. Date of death:

39a. ___ ___ ___ ___ cause of death
39b. ___ ___ ___ ___ SIC
39c. ___ ___ ___ COC
39d. ___ ___ ___ age in years
39e. ___ - ___ - ___ ___ MM-DD-CCYY

40. Filed for WC from DOL?
   If YES, claims status:

40. No 1 Yes 2 DK 3
   Denied 1 Awarded 2 Pending 3 Unknown 9

41. Clinical Radiology Report available:
   Date of X-Ray
   Parenchyma
   PMF:

41. Inconsistent 1 
    Consistent 2 
    Inconclusive 3 
    No Report Available 4

41. ___ ___-___ ___ ___ ___ MM-CCYY
   ___ ___ parenchyma
   ___ PMF

42. Pulmonary Function Testing (most recent results):
   a. Percent Predicted FVC:
   b. Percent Predicted FEV₁:
   c. FEV₁ (liters):
   d. FVC (liters):
   e. Percent Predicted MMFR:
   f. MMFR (liters per second):
   g. Date of PFTs:

42a. ___ ___ ___
42b. ___ ___ ___
42c. ___ ___ ___
42d. ___ ___ ___
42e. ___ ___ ___
42f. ___ ___ ___
42g. ___ ___-___ ___ ___ MM-CCYY

43. Physician considered TB diagnosis?
   43. No 1 Yes 2 DK 3

44. Lung biopsy done?
   If YES, biopsy report results:

44. No 1 Yes 2 DK 3
   Consistent w/ silicosis 1 
   Consistent w/ other pneu 2 
   Inconclusive for silicosis 3 
   Inconsistent w/ pneum 4
45. Ascertainment year (year report received in office): ___ ___ ___ ___ CCYY
46. Reporting source for the initial case report:
   If OTHER, describe: ____________________________
   ____________________________

<table>
<thead>
<tr>
<th>Reporting source</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician report</td>
<td>01</td>
</tr>
<tr>
<td>Outpatient clinic report</td>
<td>02</td>
</tr>
<tr>
<td>Other HC provider report</td>
<td>03</td>
</tr>
<tr>
<td>Hospital Disch rec rev</td>
<td>12</td>
</tr>
<tr>
<td>Death certificate</td>
<td>30</td>
</tr>
<tr>
<td>Routine health screen</td>
<td>33</td>
</tr>
<tr>
<td>Workers’ comp</td>
<td>40</td>
</tr>
<tr>
<td>Self-report</td>
<td>50</td>
</tr>
<tr>
<td>Co-worker report</td>
<td>51</td>
</tr>
<tr>
<td>MSHA (Mine Safety)</td>
<td>60</td>
</tr>
<tr>
<td>Referral other state</td>
<td>80</td>
</tr>
<tr>
<td>Other*</td>
<td>88</td>
</tr>
</tbody>
</table>

47. Year recorded on initial reporting source records: ___ ___ ___ ___ CCYY
48. Reporting source: ___ ___ ___ ___
   If physician, physician type: ___ ___
   If physician, physician’s last name: ___ ___ ___ ___ ___ ___ ___ ___ ___

<table>
<thead>
<tr>
<th>Reporting source</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent</td>
<td>1</td>
</tr>
<tr>
<td>Consistent</td>
<td>2</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>3</td>
</tr>
<tr>
<td>No x-ray available</td>
<td>4</td>
</tr>
</tbody>
</table>

49. Is age an estimate? No 1 Yes 2 DK 3
50. ILO report available? ___ ___ ___ ___ ___ ___ ___ ___ ___

<table>
<thead>
<tr>
<th>Reporting source</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, consistent w/ silicosis</td>
<td>1</td>
</tr>
<tr>
<td>Yes, inconsistent w/ silicosis</td>
<td>2</td>
</tr>
<tr>
<td>Yes, inconclusive for silicosis</td>
<td>3</td>
</tr>
<tr>
<td>No other results available</td>
<td>4</td>
</tr>
</tbody>
</table>

51. Other imaging results?

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Last Revised: 04/13/2011