

Telephone Introduction for Patient Interviews

AMPUTATION 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 amputations, 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 amputations.

(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 amputation 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 amputations 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 amputation.

AMPUTATION QUESTIONNAIRE

FOR CODING ONLY

ID # C ____ - ____ - ____

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 for a job that you were being paid to do? | Yes, Work | 1 |
| | | | No, Non-work | 2 |
| | | | Diabetes-related | 3 |
| | | | Revision amputation | 4 |
| | | | Other* | 5 |
- *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

****IF SELF-EMPLOYED, STOP INTERVIEW HERE****

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

- b. What is the address of the location where the amputation 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

4. How did the injury occur?

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

5. 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.