

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?

SILICOSIS QUESTIONNAIRE

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ID # S ____ _

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 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)

1. _____
Last

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:

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

*If OTHER, please specify:

a. Are you of Hispanic origin?

7a. No 1 Yes 2 DK 9

**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 What do they do or manufacture? Is company still in business?		DATES WORKED		JOB TITLE (Full Time or Part Time)		DUTIES	EXPOSURES (Specify types of chemicals or dusts, if known)	PROTECTIVE EQUIPMENT (Gloves, masks, respirators, etc.)
	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	From: Mo/Yr	To: Mo/Yr	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. | Have you ever worked in a coal mine?
If YES, did you work below ground? | 11a. | No 1 | Yes 2 | DK 3 |
| | | | | No 1 | Yes 2 | DK 3 |
| | b. | Have you ever done sandblasting?
If YES, which job(s)? _____
_____ | 11b. | No 1 | Yes 2 | DK 3 |
| | c. | Were you ever exposed to asbestos?
If YES, which job(s)? _____
_____ | 11c. | No 1 | Yes 2 | DK 3 |
| | | 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.)
(If NO, go to question 18) | 12. | No 1 | Yes 2 | DK 3 |
| 13. | Do you now smoke cigarettes? (NO means not in the last month) | 13. | No 1 | Yes 2 | DK 3 |
| 14. | How old were you when you FIRST started smoking cigarettes? | 14. | _____ | age started smoking | |
| 15. | If you have STOPPED SMOKING COMPLETELY, how old were you when you stopped? | 15. | _____ | age stopped smoking | |
| 16. | How many cigarettes do you smoke per day? (20 cigarettes/pack) (Only ask if the patient currently smokes.) | 16. | _____ | 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) | 17. | _____ | average cigarettes/day | |

MEDICAL SURVEILLANCE

- | | | | | | |
|-----|---|------|------------|------------|------|
| 18. | Have you ever been told that you have tuberculosis?
If YES, in what year were you told you had tuberculosis? | 18. | No 1 | Yes 2 | DK 3 |
| | | | _____ | _____ | CCYY |
| 19. | Have you ever had a skin test for tuberculosis? | 19. | No 1 | Yes 2 | DK 3 |
| | a. If YES, what was the last year it was done? | 19a. | _____ | _____ | CCYY |
| | b. If YES, what was the result? | 19b. | Negative 1 | Positive 2 | |
| | c. If POSITIVE, what was the last year it was negative? | 19c. | _____ | _____ | 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.) 20. No 1 Yes 2 DK 3

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? 20a. No 1 Yes 2 DK 3
- b. How many years have you had trouble with phlegm or mucus? 20b. ____ # of years

BREATHLESSNESS

21. Are you disabled from walking by any condition other than a lung disease? 21. No 1 Yes 2 DK 3

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? 22. No 1 Yes 2 DK 3
23. Do you have to walk more slowly than people of your own age on level ground because of breathlessness? 23. No 1 Yes 2 DK 3
24. Do you ever have to stop for breath when walking at your own pace on level ground? 24. No 1 Yes 2 DK 3
25. Do you ever have to stop for breath after walking about 100 yards (or after walking a few minutes) on level ground? 25. No 1 Yes 2 DK 3
26. Are you ever too breathless to leave the house or breathless upon dressing or undressing? 26. No 1 Yes 2 DK 3

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) 27. No 1 Yes 2 DK 3
- a. Was your pneumonia confirmed by a doctor? 27a. No 1 Yes 2 DK 3
- b. At what age did you first have pneumonia? 27b. ____ age started
28. Have you ever had emphysema? 28. No 1 Yes 2 DK 3
- a. Do you still have emphysema? 28a. No 1 Yes 2 DK 3
- b. Was it confirmed by a doctor? 28b. No 1 Yes 2 DK 3
- c. At what age did your emphysema start? 28c. ____ age started

29. Have you ever had asthma? 29. No 1 Yes 2 DK 3
- a. Do you still have asthma? 29a. No 1 Yes 2 DK 3
- b. Was it confirmed by a doctor? 29b. No 1 Yes 2 DK 3
- c. At what age did your asthma start? 29c. ____ age started
- d. If you no longer have asthma, at what age did it stop? 29d. ____ age stopped
30. Have you ever had silicosis? 30. No 1 Yes 2 DK 3
- a. At what age did it start? 30a. ____ age started
- b. Was it confirmed by a doctor? 30b. No 1 Yes 2 DK 3
- c. What is the doctor's name and address:

31. Have you ever had any other chest illnesses? 31. No 1 Yes 2 DK 3
- If YES, please specify: _____
32. Have you ever had any chest operations (including lung biopsy)? 32. No 1 Yes 2 DK 3
- If YES, please specify type, year, and hospital where done:

33. Have you ever had any chest injuries? 33. No 1 Yes 2 DK 3
- If YES, please specify: _____

- 33a. Have you ever been diagnosed with kidney disease? 33a. No 1 Yes 2 DK 3
- If YES, in what year? 33a-1. ____ CCYY
- 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). 33b. No 1 Yes 2 DK 3
- If YES, type: _____
- If YES, in what year? 33b-1. ____ CCYY
- 33c. Do you have arthritis? 33c. No 1 Yes 2 DK 3
- If YES, did a health care provider confirm you have arthritis? 33c-1. No 1 Yes 2 DK 3
- If YES, in what year? 33c-2. ____ CCYY

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 use 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 work place 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:

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|---|--|
| 39. Deceased: | 39. No 1 Yes 2 DK 3 |
| a. Cause of death: | 39a. _____ cause of death |
| b. Death certificate SIC: | 39b. _____ SIC |
| c. Death certificate Census Occupation Code: | 39c. _____ COC |
| d. Age at death: | 39d. _____ age in years |
| e. Date of death: | 39e. _____ - _____ - _____
MM-DD-CCYY |
| 40. Filed for WC from DOL? | 40. No 1 Yes 2 DK 3 |
| If YES, claims status: | Denied 1 Awarded 2
Pending 3 Unknown 9 |
| 41. Clinical Radiology Report available: | 41. Inconsistent 1
Consistent 2
Inconclusive 3
No Report Available 4 |
| Date of X-Ray | _____ - _____ MM-CCYY |
| Parenchyma | _____ parenchyma |
| PMF: | _____ PMF |
| 42. Pulmonary Function Testing (most recent results): | |
| a. Percent Predicted FVC: | 42a. _____ |
| b. Percent Predicted FEV ₁ : | 42b. _____ |
| c. FEV ₁ (liters): | 42c. _____ |
| d. FVC (liters): | 42d. _____ |
| e. Percent Predicted MMFR: | 42e. _____ |
| f. MMFR (liters per second): | 42f. _____ |
| g. Date of PFTs: | 42g. _____ - _____ MM-CCYY |
| 43. Physician considered TB diagnosis? | 43. No 1 Yes 2 DK 3 |
| 44. Lung biopsy done? | 44. No 1 Yes 2 DK 3 |
| If YES, biopsy report results: | Consistent w/ silicosis 1
Consistent w/ other pneu 2
Inconclusive for silicosis 3
Inconsistent w/ pneum 4 |

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|---------------------------------|--|-----|---|------------------------------|----|--------------------------------|----|---------------------------------|----|----------------------------|----|-------------------|----|-----------------------|----|---------------|----|-------------|----|------------------|----|--------------------|----|----------------------|----|--------|----|
| 45. | Ascertainment year (year report received in office): | 45. | _____ CCYY | | | | | | | | | | | | | | | | | | | | | | | | |
| 46. | Reporting source for the initial case report:
If OTHER, describe: _____
_____ | 46. | <table border="0"> <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> </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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47. | Year recorded on initial reporting source records: | 47. | _____ CCYY | | | | | | | | | | | | | | | | | | | | | | | | |
| 48. | Reporting source:
If physician, physician type:
If physician, physician's last name: | 48. | <p>_____</p> <p>_____</p> <p>_____</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| 49. | Is age an estimate? | 49. | No 1 Yes 2 DK 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| 50. | ILO report available? | 50. | <table border="0"> <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> </table> | Inconsistent | 1 | Consistent | 2 | Inconclusive | 3 | No x-ray available | 4 | | | | | | | | | | | | | | | | |
| Inconsistent | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consistent | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inconclusive | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No x-ray available | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51. | Other imaging results? | 51. | <table border="0"> <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> </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 | | | | | | | | | | | | | | | | | | | | | | | | | | |