

Telephone Introduction for Patient Interviews

SKULL FRACTURES 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 skull fractures, 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 skull fractures.

(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 a skull fracture injury 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 skull fracture injuries and what can be done to prevent others from similar hazards on the job.

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 skull fracture.

**SKULL FRACTURES
QUESTIONNAIRE**

FOR CODING ONLY

Case ID #: _____

Injury Date: ___ / ___ / _____

Interviewer: _____ (initials)

Interview Date: ___ / ___ / _____

BACKGROUND INFORMATION

It is ok to have questions completed by someone else other than the patient, if the patient is not available.

FILL IN FROM MEDICAL RECORD:

First Last

Street Address

City State Zip Code

Name and relationship of interviewee if other than the patient:

INJURY INFORMATION (asked during telephone interview)

1. Did your injury happen during work that you were being paid to do?

Yes, Work 1
No, Non-Work 2
Other* 3

*Explain _____

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

2. Were you self-employed or working for a company when you were injured?

Yes, Self-Employed* 1
Company 2
Other** 3
Temporary Agency 4
Unknown 9

*Explain _____

**Explain _____

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

3. What is **the name of the Company and the address of the location** where the skull fracture injury occurred?

(If the interviewee doesn't know the exact address, try to get the street name or at least the city. Please make sure that you get the correct spelling of the Company's name and address). (If the interviewee names a Temp Agency, **answer question 3a**, but probe also for the Company where he/she was actually burnt).

Name of the Company

Street Address

City

State

Zip Code

If Temp Agency

3a. What is **the name and the address of the Temp Agency** that hired you?

Name of the Temp Agency

Street Address

City

State

Zip Code

4. What was your **job assignment?**

5. How did the injury occur?

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