

Case ID # _____ Last Name: _____

**WORK RELATED ASTHMA:
FOLLOW-UP WORKER QUESTIONNAIRE COVER SHEET**

Completed Refused Not Conducted, Reason _____

Interview Date ___/___/___ Interviewed By _____

Source: WC, Claim ID: _____ Provider Report Other, List _____

Confirm the following demographic information:

Worker's Name _____

Address _____

Employer at time of claim filing/provider report (see source above) _____

DOB ___/___/___ Sex: Female Male Phone: _____

NOTES TO INTERVIEWER

- All questions about or referring to the worker's employer, work, or workplace refer to the worker's employment when the claim or physician's report was filed. If the worker has since changed jobs, or is currently unemployed, make sure the worker understands which employer we want to collect information on. This should be done at the time demographic information is confirmed with the worker.
- All instructions are in bold, and should not be read as a part of the script.

INTRODUCTION AND VERBAL CONSENT

Hi, my name is _____, and I work with the SHARP Program at the Department of Labor and Industries. Our program researches workplace health and safety issues and we're currently working on a study to identify and prevent asthma caused by exposures in the workplace.

A couple weeks back we sent you a letter and some educational materials on occupational asthma. The reason we're calling today, is to ask for your participation in a brief interview about your work and how you became sick. Information about your experience can help us create safer and healthier working conditions.

The interview should take about 20 minutes. Participation in this research is voluntary. There will be no penalties for refusing to participate, or if you wish to skip questions or stop the interview at any time. All of the information you share will be confidential. Furthermore, none of the information you provide will be shared with workers' compensation claim managers or affect the outcome of any current or future claim in any way. You may be uncomfortable or feel stress in discussing your illness. However, many workers find the chance to talk about their experiences to be helpful.

You may call the Washington State Institutional Review Board if you have questions about your rights or concerns/complaints about the research. The WSIRB oversees this study to make sure that the rights of people who take part are protected. You can call at 1.800.583.8488. You don't have to give your name if you call.

1. Are you 18 years old or older? Yes No

If NO, We're only interviewing workers 18 years old or older, so we won't need any more of your time today. Thank you for your cooperation. Goodbye.

2. Are you willing to participate in the interview? Yes No

2a. **If NO**, Is there another day or time that I may call you back? Yes No

2b. **If YES**, List preferred day/time _____

2c. **If NO**, List reason for refusal _____

Date verbal consent obtained: ___/___/___

Interviewer Name

Interviewer Signature