

APPENDIX D

Form Approved
OMB No. 0920-XXXX
Exp. Date xx/xx/20xx

EMS Worker Injury and Illness Questionnaire

Interviewer instructions:

- (1) Response choices and comments in italics are not to be read to the respondent.*
- (2) Sentences in bold type (without italics) are to be read aloud to the respondent.*
- (3) Unless otherwise noted, all questions apply to the time of injury.*
- (4) Prior to initiating the interview, use the information abstracted from the medical record to determine if the respondent incurred an injury, illness, or exposure. Use the selected term throughout the interview whenever “[injury/illness/exposure]” appears in a question.*
- (5) There are brackets containing multiple words throughout the questionnaire. When this occurs, select the word that is most appropriate given the current respondent’s description of the incident.*
- (6) You may code questions marked with an * without reading through all response choices. However, before marking what you consider the correct response, you must confirm the response choice with the respondent. If you are even slightly uncertain of the correct response, read all the response choices.*
- (7) If the respondent has already provided the information to a question say, “I know you’ve already told me this, but I have to ask each question as written.”*
- (8) Some questions have “Read categories” noted in parentheses after the question. For these questions, be sure to read each of the response choices aloud.*

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-XXXX).



EMS Injury and

illness

October 2008

INTERVIEWER: FILL IN TASK # AND COMPLETE INFORMATION IN INTRODUCTION BEFORE STARTING INTERVIEW.

Task No.: _____ **HEP** _____

RECORD OF CALLS

Suggested Call-Back Time

<u>Date</u>	<u>Day of Week</u>	<u>Time (Eastern)</u>	<u>Result</u>	<u>Day</u>	<u>Time</u>
__/__/__	_____	__:____ am/pm	_____	_____	__:____ am/pm
__/__/__	_____	__:____ am/pm	_____	_____	__:____ am/pm
__/__/__	_____	__:____ am/pm	_____	_____	__:____ am/pm
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__/__/__	_____	__:____ am/pm	_____	_____	__:____ am/pm
__/__/__	_____	__:____ am/pm	_____	_____	__:____ am/pm

Result codes:

B = Language barrier
C = Completed

N = Non-working number
NA = No Answer

CB = Call Back
I = Injury not work-related
LB = Line Busy
M = Answering machine

R = Refusal
T = Terminated
W = Wrong number
X = Not an EMS worker

Comments (attempts to find correct phone number, reasons for refusal etc.) : _____

Hello. May I speak with _____?

Hi. My name is _____. I am working with the Centers for Disease Control and Prevention and the National Highway Traffic Safety Administration to study injuries and illnesses to people who perform emergency medical services work. This research study will provide information about how to prevent these injuries and illnesses from happening. In the last few weeks you should have received a letter explaining this study and how we will protect your privacy if you participate in this study. Your participation in this study is voluntary and you can end your participation in this call at any time without penalty. You can also choose not to respond to specific questions. I understand that on ___/___/___ you were treated in _____ hospital emergency department for an [injury/illness/exposure] that occurred at work. Is this correct?

IF YES: Continue with introduction.

IF NO: Were you treated on a different day in a hospital emergency department for an [injury/illness/exposure] that occurred at work? What day was that? ___/___/___

IF DATE IS WITHIN 21 DAYS OF RECORDED DATE: Continue with introduction.

IF DATE IS GREATER THAN 21 DAYS FROM RECORDED DATE:
Thank you for your time.

IF STILL NO: Thank you for your time.

I would like to ask you some questions about your [injury/illness/exposure]. Your participation is particularly important to us because you represent a number of workers who hold a similar job, but were not selected for an interview. Any information that you share with us will be treated in a private manner, to the extent that is permitted by law. Your name and contact information will be held in records of the Consumer Product Safety Commission for no more than 60 days. This information is then destroyed. Neither your name nor any personal identification will be in the records held by the Centers for Disease Control and Prevention or the National Highway Traffic Safety Administration. The information you give us will be a part of the CDC Privacy Act System. It may be released to private contractors assisting with this study or collaborating researchers who plan to conduct further research.

There is no compensation or direct benefit to you for participating in this study. The only known risk to taking part in this study is the loss of privacy that may lead to mental grief.

The interview takes about 20 minutes to complete. All interviews are being done by telephone. Would you please help us by answering some questions?

IF YES: Thank you. Before we begin I would like you to know that if you have any questions about this research you may contact Audrey Reichard at (304)285-6019. If you have any questions about your rights as a member of this study you may contact Cheryl Estill at

(513)533-8591. While injury or harm from this study is unlikely and no medical care will be provided, you may contact either Audrey or Cheryl if you have an injury related to this research. Data collected for this study are done so under the authority described in the Occupational Safety and Health Act of 1970. *[Interviewer to start the questionnaire.]*

IF NO: I assure you that everything you tell us will be kept private and will only be used to study how to prevent [injuries/illnesses/exposures] on the job. Your participation is very important and will benefit workers providing emergency medical services. Would you please reconsider helping us?

IF YES: Thank you. Before we begin I would like you to know that if you have any questions about this research you may contact Audrey Reichard at (304)285-6019. If you have any questions about your rights as a member of this study you may contact Cheryl Estill at (513)533-8591. While injury or harm from this study is unlikely and no medical care will be provided, you may contact either Audrey or Cheryl if you have an injury related to this research. Data collected for this study are done so under the authority described in the Occupational Safety and Health Act of 1970. *[Interviewer to start the questionnaire.]*

IF STILL NO: I understand that this may be a bad time. May I call back at another time?

IF YES: When is a good time for you? *(Verify the date and time by repeating the information. Record the date and time of the call back on the calling log.)*

IF NO: Thank you for your time.

I'd like to begin by getting some basic information about your job and your [injury/illness/exposure].

Screening questions

- (1) When the [injury/illness/exposure] occurred, were you providing emergency medical services?
 - A. Yes
 - B. No

- (2) When the [injury/illness/exposure] occurred, were you on duty as an EMS worker, either paid or volunteer? *(If asked, EMS worker = emergency medical services worker.)*
 - A. Yes **(SKIP TO Q4)**
 - B. No

IF RESPONSE IS "NO" TO Q1 AND Q2, END INTERVIEW

- (3) In addition to the job you were doing at the time of injury, did you work as an EMS worker, either paid or volunteer?
 - A. Yes
 - B. No

IF RESPONSE IS "YES" TO Q1 AND "NO" TO Q2 AND Q3, END INTERVIEW

Injury details

- (4) Were you treated in the emergency department on the same day that your [injury/illness/exposure] occurred?
 - A. Yes **(SKIP TO Q6)**
 - B. No
 - C. *Don't know*

- (5) On what date did your [injury/illness/exposure] occur?
 - A. ____/____/____ (MM/DD/YYYY)
 - B. *Unknown*

- (6) Based on a 24 hour clock, approximately what time did your [injury/illness/exposure] occur?
 - A. ____: ____
 - B. *Unknown am*
 - C. *Unknown pm*
 - D. *Don't know*

(7) Approximately how many hours had you worked on your EMS shift before your [injury/illness/exposure] occurred? Please do not count “on call” hours when you were not working at your base station or on active EMS duty. (Hours worked at other jobs prior to the injury should not be counted. If a range of hours is given, record the midpoint.)

- A. _____
- B. *Don't know*

(8) After your [injury/illness/exposure], did you work long enough to finish your work shift?

- A. Yes
- B. No
- C. *Don't know*

(9)*Did your [injury/illness/exposure] occur while you were on a call or a run?

- A. Yes
- B. No (**SKIP TO Q11**)
- C. *Don't know (SKIP TO Q11)*

(10)*Was this a 9-1-1 emergency call?

- A. Yes
- B. No
- C. *Don't know*

(11) Would you please describe, in your own words, how your [injury/illness/exposure] occurred?

If not included in description, prompt with these questions:	
1. What was the nature of the [injury/illness/exposure]? For example, a cut to right finger or a bruise to left lower leg.	
2. How did the injury occur?	
3. What specific task or activity were you engaged in at the time of the [injury/illness/exposure]?	
4. Where did this happen? For example, inside base, on a highway, or in an ambulance.	
5. Were other persons involved, such as co-workers?	
6. What equipment, if any, were you using? This includes personal protective equipment.	

Thank you for describing your [injury/illness/exposure]. I'm going to continue to ask you questions about your [injury/illness/exposure]. Some of these questions may repeat the information you've just given me, but I need to ask them as they appear in the questionnaire.

(12) What was the treating physician's primary diagnosis of your [injury/illness/exposure]? *(If the respondent states they do not know, ask "What do you think the primary diagnosis of your injury was?")*

- A. _____
- B. *Don't know*

(13) What other diagnoses resulted from your [injury/illness/exposure]?

- A. _____

- B. *None*

(14) What body part was most affected by your [injury/illness/exposure]?

(15) What other body parts were affected by your [injury/illness/exposure]?

- A. _____

- B. *None*

(16) Please describe the treatment you received in the emergency department for your [injury/illness/exposure].

Motor Vehicle Questions

(17) Did your [injury/illness/exposure] involve a motor vehicle incident? This includes incidents where the vehicle swerved, stopped suddenly, or overturned. It also includes collisions where you were struck by a vehicle or a vehicle struck an object, person, or animal.

- A. Yes
- B. No **(SKIP TO EXPOSURE TO A HARMFUL SUBSTANCE SECTION)**
- C. *Don't know* **(SKIP TO EXPOSURE TO A HARMFUL SUBSTANCE SECTION)**

- (18)* What type of vehicle were you riding in at the time of the incident? (*Read categories.*)
- A. Ambulance (**SKIP TO Q22**)
 - B. Fire truck (**SKIP TO Q24**)
 - C. EMS Motorcycle (**SKIP TO Q21**)
 - D. EMS vehicle other than an ambulance, fire truck or motorcycle. Please describe: _____ (**SKIP TO Q24**)
 - E. Personal vehicle (**SKIP TO Q24**)
 - F. Not applicable, was not riding in a vehicle
- (19) At the time of the incident, were you wearing high-visibility garments other than protective fire gear?
- A. Yes
 - B. No
 - C. *Don't know*
- (20) At the time of the incident, were you wearing protective fire gear?
- A. Yes (**SKIP TO Q27**)
 - B. No (**SKIP TO Q27**)
 - C. *Don't know* (**SKIP TO Q27**)
- (21) At the time of the incident, were you wearing a helmet?
- A. Yes (**SKIP TO Q25**)
 - B. No (**SKIP TO Q25**)
 - C. *Don't know* (**SKIP TO Q25**)
- (22)* Where in the ambulance were you at the time of the incident? (*Read categories.*)
- A. The driver's seat (**SKIP TO Q24**)
 - B. The passenger front seat (**SKIP TO Q24**)
 - C. The patient compartment
- (23) Where were you in the patient compartment at the time of the injury? (*Read categories.*)
- A. On the squad bench
 - B. In the attendant seat
 - C. In the CPR seat
 - D. Not on any seat
 - E. Other, please describe: _____
 - F. *Don't know*
- (24)* Were you wearing a seatbelt at the time of the incident?
- A. Yes
 - B. No
 - C. *Don't know*

- (25)*At the time of the incident, were emergency lights and/or sirens being used by the vehicle you were in?
- A. Yes
 - B. No
 - C. *Don't know*

(26) Tell me whether any of the following describe the incident.

A. Your vehicle struck another vehicle?	Yes	No
B. Your vehicle was struck by another vehicle?	Yes	No
C. Your vehicle struck a fixed object?	Yes	No
D. Your vehicle rolled over?	Yes	No
E. Your vehicle struck a person or animal?	Yes	No

(27) Which of the following factors may have contributed to the incident? (Select all that apply)

A. Weather or road conditions? Please describe: _____	Yes	No	Don't know
B. Lighting conditions? Please describe: _____	Yes	No	Don't know
C. A problem with the [ambulance/vehicle]? Please describe: _____	Yes	No	Don't know

Exposure to a Potentially Harmful Substance Questions

(28) Did your [injury/illness/exposure] involve exposure to a potentially harmful substance, including body fluids, chemicals, and other hazardous materials? (*Exposure to fire should not be included in this section.*)

- A. Yes
- B. No (**SKIP TO ASSAULT AND VIOLENCE SECTION**)
- C. *Don't know* (**SKIP TO ASSAULT AND VIOLENCE SECTION**)

(29) What parts of your body were exposed to a potentially harmful substance? (Read categories.)

A. Eye?	Yes	No
B. Mouth?	Yes	No
C. Nose?	Yes	No
D. Skin?	Yes	No
E. Other parts of your body? Please describe: _____	Yes	No
F. <i>Don't know</i>	Yes	No

(30) What potentially harmful substances were you exposed to? (*Read categories.*)

A. Blood?	Yes	No
B. Respiratory secretions?	Yes	No
C. Urine and/or feces?	Yes	No
D. Vomit?	Yes	No
E. Hazardous chemical waste?	Yes	No
F. Other substances, including chemicals? Please describe: _____	Yes	No
G. <i>Don't know</i>	Yes	No

(31) Now I am going ask about how your exposure occurred. Tell me yes or no for each question.

A. Were you spit on?	Yes	No
B. Were you vomited on?	Yes	No
C. Were you coughed on?	Yes	No
D. Were you bitten by a person?	Yes	No
E. Were you stuck by a needle?	Yes	No
F. Was the exposure due to a container leaking or breaking? <i>If yes, please describe the container:</i> _____	Yes	No
G. Was the exposure due to tubing, a bag, or a pump leaking or breaking?	Yes	No
H. Was the exposure due to contact with a contaminated surface?	Yes	No
I. Were you exposed in some other way? <i>If yes, please describe:</i> _____	Yes	No

(32)* Which of the following best describes the procedure you were performing when your [injury/exposure] occurred? (*Read categories.*)

- A. I.V. line procedures, such as starting an I.V.
- B. Blood sampling
- C. Intramuscular injection
- D. Intubation
- E. CPR
- F. Handling equipment or specimens
- G. Disposing of a needle
- H. Disposing of waste other than a needle
- I. Other, please describe: _____

(33) Which of the following were you wearing at the time of [injury/illness/exposure]? (*Read categories.*)

A. Eye protection?	Yes	No
B. A face shield?	Yes	No
C. A barrier gown, isolation gown, or disposable gown?	Yes	No
D. Hearing protection?	Yes	No
E. Latex or other type of disposable medical glove?	Yes	No
F. Work gloves?	Yes	No
G. A mask or respirator?	Yes	No
H. A plastic apron?	Yes	No
I. A self contained breathing apparatus (SCBA)?	Yes	No

Assault and /or Violence Questions

(34) Did your [injury/illness/exposure] involve an animal attack, including an animal bite?

- A. Yes
- B. No
- C. *Don't know*

(35) Did your [injury/illness/exposure] involve an assault or violent incident by a person, including spitting and verbal assaults and threats?

- A. Yes
- B. No (***SKIP TO FALL OR LOSS OF BALANCE SECTION***)
- C. *Don't know* (***SKIP TO FALL OR LOSS OF BALANCE SECTION***)

(36) What type of violence by a person did you experience? (*Read categories.*)

- A. Verbal violence. This includes abusive language, threats of violence or injury, and gestures directed towards the provider.
- B. Physical violence. This includes any unwanted physical contact directed toward the provider, including slapping, hitting, pushing, kicking or spitting.
- C. Both verbal and physical violence.
- D. Other, please describe: _____

(37) Was the violence directed at you?

- A. Yes
- B. No
- C. *Don't know*

(38) Were police present at the time of the incident?

- A. Yes
- B. No
- C. *Don't know*

(39) Was a police report made because of the incident?

- A. Yes
- B. No
- C. *Don't know*

- (40) Did the assailant use a weapon?
 A. Yes
 B. No (**SKIP TO Q42**)
 C. *Don't know* (**SKIP TO Q42**)

(41) Please describe the weapon(s) used: _____

- (42) Was there more than one assailant?
 A. Yes
 B. No
 C. *Don't know*

(43) Please tell me yes or no if the following describes your assailant(s). (Read categories.)

A. A patient?	Yes	No
B. A family member of a patient?	Yes	No
C. A friend of a patient, including significant others?	Yes	No
D. Someone else? Please describe: _____	Yes	No
E. <i>Don't know</i>	Yes	No

IF NONE OF THE ASSAILANTS WERE PATIENTS, SKIP TO FALL OR LOSS OF BALANCE SECTION

- (44) Did the patient appear to be under the influence of alcohol?
 A. Yes
 B. No
 C. *Don't know*
 D. *Not applicable*

Fall or Loss of Balance Questions

- (45) Did your [injury/illness/exposure] involve a fall, slip, trip, stumble, or any other loss of balance?
 A. Yes
 B. No (**SKIP TO BODY MOTION SECTION**)
 C. *Don't know* (**SKIP TO BODY MOTION SECTION**)

(46) Please tell me yes or no if the following were involved in your injury?

A. Going up or down stairs, steps, or a curb?	Yes	No
B. Stepping into or out of a vehicle?	Yes	No
C. Walking on a rough, uneven, or sloped surface such as an unlevel sidewalk or a steep bank?	Yes	No
D. Turning a corner or negotiating a turn?	Yes	No
E. Walking on a level surface?	Yes	No

(47) Please tell me yes or no if any of the following hazards were involved in your injury?

A. Surface contamination such as liquid, grease, ice or snow?	Yes	No
B. An object in the pathway of your movement?	Yes	No

(48)* Were you pushing, pulling, lifting, or carrying anything at the time of your injury?

A. Yes. Please describe: _____

B. No

C. *Don't know*

Body Motion Questions

(49) Did your [injury/illness/exposure] involve excessive physical effort, awkward body posture, or repetitive movement? (*This section excludes falls.*)

A. Yes

B. No (**SKIP TO SUDDEN ILLNESS OR CARDIAC EVENT SECTION**)

C. *Don't know* (**SKIP TO SUDDEN ILLNESS OR CARDIAC EVENT SECTION**)

(50) Please tell me yes or no if the following were involved in your injury?

A. Going up or down stairs, steps, or a curb?	Yes	No
B. Stepping into or out of a vehicle?	Yes	No
C. Walking on a rough or uneven surface such as an unlevel sidewalk or a steep bank?	Yes	No
D. Turning a corner or negotiating a turn?	Yes	No
E. Twisting?	Yes	No
F. Working above shoulder level?	Yes	No

(51) Please tell me yes or no if any of the following hazards were involved in your injury?

A. Surface contamination such as liquid, grease, ice or snow?	Yes	No
B. An object in the pathway of your movement?	Yes	No

(52) Were you forced to use an awkward posture or movement because of the space you were working in?

A. Yes

B. No

C. *Don't know*

(53)* Did this incident involve transferring, carrying, or lifting a patient or object?

A. Yes

B. No (**SKIP TO Q55**)

(54) Were you transferring, carrying, or lifting a person at the time of your injury?

A. Yes

B. No

C. *Don't know*

- (55) Were you transferring, carrying, or lifting equipment at the time of your injury?
 A. Yes
 B. No **(SKIP TO Q58)**
 C. *Don't know (SKIP TO Q58)*
- (56) What equipment were you moving?
 A. A backboard
 B. A stretcher
 C. A stair chair
 D. Other, please describe: _____
- (57) How many other persons were assisting you with the transfer, carry, or lift? ____ ____
- (58)* Prior to this injury, did you have a sprain, strain, or repetitive motion injury to the same injured body part?
 A. Yes
 B. No
 C. *Don't know*
 D. *Not applicable, this injury/illness did not involve a sprain, strain, or repetitive motion injury*

Sudden Illness or Cardiac Events (Given information from the respondent's narrative descriptive, use the term "illness" or "cardiac event" wherever "illness/cardiac event" appears.)

- (59) Did your [injury/illness/exposure] involve any sudden illness or cardiac event?
 A. Yes
 B. No **(SKIP TO OCCUPATION AND EMPLOYMENT SECTION)**
 C. *Don't know (SKIP TO OCCUPATION AND EMPLOYMENT SECTION)*
- (60) What symptoms did you experience in relation to your [illness/cardiac event]? (Read categories. Select all that apply.)

A. Chest pain?	Yes	No
B. Dizziness?	Yes	No
C. Headache?	Yes	No
D. Light-headedness or fainting?	Yes	No
E. Nausea or vomiting?	Yes	No
F. Numbness or tingling of one or more extremities?	Yes	No
G. Shortness of breath?	Yes	No
H. Other symptoms? Please describe: _____	Yes	No

- (61) Had you experienced a similar [illness/cardiac event] in the past?
 A. Yes, please describe: _____
 B. No
 C. *Don't know*

- (62) Are you under treatment for any ongoing illness or cardiac problems?
A. Yes, please describe: _____
B. No

Occupation and Employment

Now, I'd like to ask you some specific questions about your job.

- (63) At what level do you practice as an EMS worker? (*Read categories.*)
A. First responder
B. EMT-Basic
C. EMT-Intermediate, which is a level between EMT-B and paramedic
D. EMT-Paramedic
E. Other, please describe: _____
- (64) Have you been trained as a fire fighter?
A. Yes
B. No (**IF NO, SKIP TO Q66**)
- (65) About how much of your work involves EMS duties? (*Read categories. Select the most appropriate response.*)
A. All or nearly all of your work involves EMS duties
B. Most of your work involves EMS duties
C. About half of your work involves EMS duties
D. Less than half of your work involves EMS duties
E. *Don't know*
- (66) How many years have you worked, paid or volunteer, as an EMS provider? (*If response includes five or fewer months, record only the number of years reported. If response includes six or more months, add one to the number of years reported. For example, 2 years, 4 months = 2 years; 2 years, 6 months = 3 years.*)
A. ____
B. *Don't know*
- (67) At the time of your [injury/illness/exposure], what kind of EMS worker were you functioning as? Were you: (*Read categories.*)
A. a full-time paid employee
B. a part-time paid employee
C. an on-call or as-needed paid employee,
D. a volunteer, or
E. something else?
Please describe: _____

Injury Circumstances

Now I have some questions about how the [injury/illness/exposure] occurred. Even though you have already described the incident, I do not want to overlook any important details.

(68) What activity were you performing at the time of your [injury/illness/exposure]? (Select all that apply.)

- A. Performing patient care
- B. Transferring, carrying, or lifting a patient
- C. Riding in an ambulance
- D. Getting in or out of a vehicle
- E. Exercising
- F. Other, please describe: _____

(69) What equipment were you using to complete the task you were working on at the time of your [injury/illness/exposure]? (Read categories. Select all that apply.)

A. An automated external defibrillator, also called an AED, or a cardiac monitor?	Yes	No
B. A backboard?	Yes	No
C. Manual or hand tools?	Yes	No
D. A needle or syringe?	Yes	No
E. An oxygen tank?	Yes	No
F. A stair chair?	Yes	No
G. A stretcher or cot?	Yes	No
H. Vehicle extrication equipment?	Yes	No
I. Other equipment? Please describe: _____	Yes	No
J. Don't know	Yes	No

Injury Outcome

I'm going to ask a couple of questions about follow-up care and any related [injury/illness/exposure] problems you may have experienced after your visit to the emergency department.

(70) When you were seen in the emergency department, did they recommend follow-up by another healthcare provider?

- A. Yes
- B. No (**SKIP TO Q72**)
- C. Don't know (**SKIP TO Q72**)

(71) Describe additional treatment you received after your ED visit, including the type of professional who performed the treatment and what type of treatment you received.

A. _____

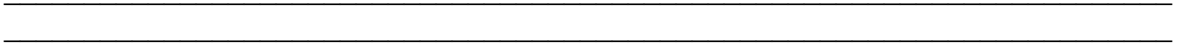
B. None

- (72) After your injury, when did you go back to your EMS job? (*Read categories.*)
- A. The same day your [injury/illness/exposure] occurred; **(SKIP TO Q74)**
 - B. The day following your [injury/illness/exposure] or your next scheduled workday; or **(SKIP TO Q74)**
 - C. You missed one or more days of work because of your [injury/illness/exposure]
 - D. You will not be returning to work **(SKIP TO Q75)**
 - E. *Don't know*
- (73) Not counting the day you [were injured/became ill/were exposed], how many days were you away from work due to your [injury/illness/exposure]?
- A. ___ ___ ___
 - B. *Continues to be off work*
(IF 30 OR MORE DAYS, SKIP TO Q75)
- (74) In the 30 days after your [injury/illness/exposure], were there any work duties you could not do because of your [injury/illness/exposure]?
- A. Yes. Please describe: _____

 - B. No
- (75) In the 30 days after your [injury/illness/exposure], were there any activities at home that you could not do because of your [injury/illness/exposure]?
- A. Yes. Please describe: _____

 - B. No
 - C. Was not able to return home within one month
- (76) In the 30 days after your injury, did you experience any symptoms related to your [injury/illness/exposure]?
- A. Yes. Please describe: _____

 - B. No
- (77) What is the long-term prognosis for recovery from your [injury/illness/exposure]? (*Read categories.*)
- A. Full recovery **(SKIP TO PHYSICAL CONDITION SECTION)**
 - B. Permanent impairment
 - C. *Don't know* **(SKIP TO PHYSICAL CONDITION SECTION)**
- (78) Describe your permanent impairments:
- _____



Physical condition

Now I am going to ask a few questions about yourself and your current health status.

(79) In what month and year were you born? ____ ____ / ____ ____ ____ ____

(80) How would you rate your overall health? *(Read categories.)*

- A. Excellent
- B. Good
- C. Fair
- D. Poor

(81) How would you rate your overall physical fitness? *(Read categories.)*

- A. Excellent
- B. Good
- C. Fair
- D. Poor

(82) During the past 12 months, have you had other EMS work-related injuries, illnesses, or exposures that required more medical treatment than first aid?

- A. Yes
- B. No

Thank you for your participation. We greatly appreciate your cooperation.

END INTERVIEW

Questions for interviewer

(1) What is the respondent's sex?

- A. Male
- B. Female
- C. Don't know

(2) Did the respondent have difficulty completing this questionnaire? *(Select all that apply.)*

- A. No
- B. Difficulty hearing
- C. Difficulty with language or language barrier
- D. Difficulty understanding a question or response option. Please specify:

E. Other: _____

(3) Did the interviewer have difficulty completing this questionnaire? *(Select all that apply.)*

- A. Respondent was difficult to hear and/or understand
- B. Respondent was not cooperative
- C. Other: _____