## Turn Up the Heat on Burns at Work: A Survey for Teens

## MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Your	name:		Toda	y's Date:	/ / 20			
	First name Last Name			, <u> </u>				
Your	telephone number: ( )							
Acco	ording to our review of medical records, you h	ad a heat or	chemical burn inj	ury at work i	n the last 6 months.			
Were	you under 18 at the time of your work-related bu	rn?						
	YES							
	NO N/A, I was not burned at work.							
			or and the fill and their					
	If <b>YES</b> , please continue. If <b>NO</b> or <b>N/A</b> questionnaire, but please return it to u							
	· · · · · · · · · · · · · · · · · · ·							
1.	When were you burned at work?(mo	onth/vear)						
_								
2.	What is the name and address of the company or organization you were you working for when you were burned?							
	Employer							
	Street name	City		State				
3.	Which of the following best describes what kin	d of compar	ny or organization th	is is?				
	Coffee shop / Bakery		_ Hospital					
	Fast food restaurant Other restaurant		_ Nursing home Gas station					
	Grocery store		Auto Body Shop					
	Hotel / Motel		_ Other:					
4.	At the time of your injury, which of the following best describes your primary job at work? (Check one).							
	Cashier / Clerk / Counter Help		_ Cleaning					
	Cook / Food Prep	_	_ Dietary Aide					
	Waiter or Waitress Dishwasher		Repairs / Mainten Other:					
5.	How old were you at the time you were burned	<b>d?</b>						
	under 13							
	13							
	14 15							
	15							
	17							

	_ Finger Toe _ Hand Foot _ Arm Leg	t	Eye Face Neck	Ches Othe	st er:
What snec	sifically, burned you?				
	_ Hot oil or grease _ Hot water or liquid	_ Hot object _ Chemicals, _ Other:	please specify _		
N/biob of th	ne following best describes the	ha aquaritu of	vour burn? (obc	<b></b>	war anly for apph
Descriptio	_	The Severity Of	Medical sever		wer only for each).
	Skin turned red		F	irst degree bu	
_	_ Skin blistered or was raw	and open		Second degree	
	_ Needed skin grafts Don't remember			Third degree b Don't know	ourn
	ourn occurred, do you think y	vou woro wor	king guickly to fi	nich what vou	word doing?
Mhon tha k	diff occurred, do you trillik y	NI/A		ilisii wilat you	were doing?
	Voo	IN/A			
	Yes No ( <i>Skip to 11.)</i>	_ Don't know			
_	No (Skip to 11.)	Don't know		Choose <b>one</b> a	answer onlv).
_	No ( <i>Skip to 11.)</i> <b>ES</b> , what is the <u>main</u> reason	Don't know	rking quickly? (		answer only).
  0a.  f y 	No (Skip to 11.)	Don't know  you were wo ur supervisor self (e.g., war	rking quickly? (around the time ato prove you	of the injury urself; needed	l to leave work earl

11.	At the time of your burn, where was your supervisor or someone else responsible for supervising you?	
	In the immediate area (in view of injury)	
	On-site	
	Not on-site N/A	
	Don't know	
12.	Have other workers experienced similar injuries at this workplace?	
	Yes	
	No Don't know	
13.	Do you think your burn could have been prevented in some way?	
	Yes (How?)	
	No Don't know	
14.	Before you were burned, had you ever received any <b>general</b> instructions from your employer or supervisor or	า
17.	how to work safely and avoid injury?	•
	Yes	
	No (Go to Question 15)	
	Don't know / Not sure	
	14a. If YES, how were you instructed? (check all that apply).	
	Through a video Co-worker showed you while working Supervisor showed you while working Supervisor showed you while working	
	Through written materials Don't remember	
15.	Had you ever received any instruction from your employer or supervisor <b>specifically</b> on working safely and avoiding injury while doing the type of work or using the piece of equipment that led to your burn?	
	Yes	
	No (Go to Question 16)	
	Don't know / Not sure	
	15a. If YES, how were you instructed? (check all that apply).	
	Through a video Co-worker showed you while working	
	Through a training class/lecture Supervisor showed you while working Don't remember	
16.	Where did you receive medical care or treatment for your burn? <i>(check all that apply)</i> .	
	Did not receive treatment (Go to Question 17).	
	First aid at workplace	
	Hospital ER (Which hospital?) Doctor's office / Clinic / Health center (Number of visits)	
	Doctor's office / Clinic / Health center (Number of visits) Other, please specify (e.g., physical therapy, occupational therapy, acupuncture)	
	enter, predect opening (e.g., priyered) unordpy, eccupational archapy, deapartecture)	
17.	How many days did you miss, cut down, or not do any of your usual activities due to your burn? These activit	ies
	may include school, work, recreation, extracurricular activities, or any other things you usually did.	
	Number of days:	

	Specifically, how many days of school and work did you miss because of your injury?					
	School: None Fewer than 5 days 5 days or more How many days? How many days?					
	As of today, do you still have any pain, stiffness, discomfort, or other symptoms related to your injury?  Yes, please explain: No Don't know					
	What permanent effects do you think you may have from this burn? (check all that apply).					
	NoneScarringLimited movementLimited feeling or sensationPain or discomfortOther, please specify:Don't know					
	Did you, your parents, or your employer file a claim for workers' compensation?  Yes No Don't know					
-	What is your date of birth? month/day/year					
	Are you male or female?					
	M F					
	What is your race? You may select one or more of the following categories:					
	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other / Mixed, please specify:					
	Are you of Hispanic or Latino origin?  —— Yes —— No —— Don't know					
-	Do you have any other comments you would like to make about your injury, your employer, or anything else related to working teens or burns in the workplace?					

Thank you for completing this interview.