

**MASSACHUSETTS SENSOR  
TEENS AT WORK: INJURY SURVEILLANCE AND PREVENTION PROJECT  
QUESTIONNAIRE**

Record ID # \_\_\_\_\_

Teen's Last Name: \_\_\_\_\_  
[first 3 letters]

**SOURCE OF CASE:**

- 1 = Hospital Emergency Room
- 2 = Hospital Computer Generated Report
- 3 = Hospital Occupational Health Clinic
- 4 = Hospital Discharge Data Set
- 5 = Workers' Compensation
- 6 = Physician
- 7 = Burn Registry
- 8 = Other, specify \_\_\_\_\_

Date of Interview: \_\_\_\_\_  
mo/dy/yr

Last Name of Interviewer: \_\_\_\_\_

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***Before we start, I would like to confirm the spelling of your name and your address so we can send you informational materials after the interview. (Be sure this information is accurate on the case reporting form or DIA record and report only the city and zip code below.)***

1. Teen's City: \_\_\_\_\_ 1a. Zip Code: \_\_\_\_\_

2. What is your date of birth? \_\_\_\_\_  
mo/dy/yr

3. What company or organization were you working for when you got injured? *(site employer)*  
\_\_\_\_\_

4. What city or town is this in? \_\_\_\_\_

5. Do you know what street this is on? \_\_\_\_\_

6. What does this company/organization do or make? *(Be very specific.)*  
\_\_\_\_\_

(SIC CODE: \_\_\_\_\_)

7. What month and year did you begin working for this employer? *(site employer)*  
\_\_\_\_\_/ 01 /\_\_\_\_\_  
mo yr

**8. Were you placed at your job by a temporary employment agency or youth job placement program?**

- 1 = Yes (Go to 8a and list site employer in 3 above.)
- 2 = No (Skip to 9.)
- 9 = Don't know/not sure

**8a.** [If yes], What's the name of this program/agency: \_\_\_\_\_

**8b.** What kind of program/agency is this? \_\_\_\_\_  
(SIC CODE: \_\_\_\_\_)

**8c.** What city or town is this in? \_\_\_\_\_

**9. At the time of your injury, what was your job title or occupation?** \_\_\_\_\_  
(If apprentice/helper, specify what kind of apprentice/helper (e.g., apprentice electrician, teacher's helper).  
(OCC. CODE: \_\_\_\_\_)

**10. The information we have says that you were injured on:** \_\_\_\_\_, which was a \_\_\_\_\_.  
mo/dy/yr day of week

**Does that sound right?**

- ( Correct date and day. Go to 11.)
- ( Unknown or not applicable--e.g., rsi. Go to 11.)

**10a.** [If not correct], What is the correct date and day of the week?

\_\_\_\_\_ day of week  
mo/dy/yr

**11. How old were you at the time you were injured?**

- 1 = <13
- 2 = 13
- 3 = 14
- 4 = 15
- 5 = 16
- 6 = 17
- 9 = Don't know/not sure

**\*\*INTERVIEWER: CALCULATE WITH TEEN.  
DISCONTINUE INTERVIEW IF TEEN WAS >18 AT TIME OF INJURY.\*\***

(Go to narrative on next page.)



14. (Confirm broader task or activity teen was doing when he/she was injured.)

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14a. Was this task/activity part of your usual job tasks or routine?

- 1 = Yes
- 2 = No
- 7 = NA (not injured while doing a task)
- 9 = Don't know/not sure

15. What time of day were you injured?

Time: \_\_\_\_\_ (24 hr. clock--e.g., 7:15am=0715; 10:30pm=2230)  
7 = NA  
9 = Don't know/not sure

16. The day of your injury, approximately how long had you been at work before you were injured?

- 1 = less than 1 hour
- 2 = 1-2 hrs. (anywhere from 1 but less than 3 hrs.)
- 3 = 3-4 hrs.
- 4 = 5-6 hrs.
- 5 = 7-8 hrs.
- 6 = 9 hrs.
- 7 = NA
- 8 = More than 9 hrs.
- 9 = Don't know

17. Are you currently working at the company/organization where you were injured?

- 1 = Yes (Skip to 18.)
- 2 = No
- 3 = Yes, but out on workers' comp. (Skip to 18.)
- 9 = Status unclear

17a. [If no], Was your leaving your job related to your being injured?

- 1 = Yes, explain \_\_\_\_\_
- 2 = No
- 9 = Don't know/not sure

17b. Are you currently employed somewhere else?

- 1 = Yes (Skip to 18.)
- 2 = No
- 9 = Don't know/not sure

17c. [If no], Is this because you are unable to work because of your injury?

- 1 = Yes
- 2 = No
- 9 = Don't know/not sure

**18. At the time of your injury, approximately how many hours did you work each week?**

- 1 = Less than 10 hours
- 2 = Between 10 and 20
- 3 = Between 21 and 30
- 4 = Between 31 and 40
- 5 = Between 41 and 48
- 6 = More than 48
- 9 = Don't know/not sure

**19. Did you have any other jobs while working at \_\_\_\_\_?**

- 1 = Yes, specify what: \_\_\_\_\_
- 2 = No (Skip to 20.)
- 9 = Don't know/not sure

**19a. [If yes], How many hours per week did you work at this/these other job(s)?**

- 1 = Less than 5
- 2 = Between 5 and 9
- 3 = Between 10 and 15
- 4 = Between 16 and 20
- 5 = More than 20
- 9 = Don't know/not sure

**20. Had you been at school the day you were injured?**

- 1 = Yes (e.g., regular school day or summer school day)
- 2 = No (e.g., weekend, holiday, vacation, out sick)
- 3 = Not enrolled in school (left school or graduated)
- 7 = NA (e.g., if repetitive strain)
- 9 = Don't know/not sure

**21. Do you think you were working quickly to finish what you were doing?**

- 1 = Yes
- 7 = NA
- 2 = No (Skip to 22.)
- 9 = Don't know/not sure

**21a. [If yes], Why do you think you were working quickly? (Help put teen's answer into one of the categories. Read answers if teen needs assistance. One answer only.)**

- 1 = You felt pressure from your supervisor around the time of the injury
- 2 = You felt pressure on yourself (e.g., wanted to prove him/herself; needed to leave work early)
- 3 = There were special circumstances on that day/at that time (e.g., short-staffed, demanding customer)
- 4 = The pace of the workplace or the nature of the job is always fast
- 5 = Other, please specify \_\_\_\_\_
- 9 = Don't know/not sure

**Now I'd like to ask you some questions about your work environment.**

**22. At the time of your injury, where was your supervisor or someone else responsible for supervising you?**

- 1 = In the immediate area (in view of injury)
- 2 = On-site
- 3 = Not on-site
- 7 = NA
- 9 = Don't know/not sure

**23. At the time you were injured, were any other people injured at the same time?**

- 1 = Yes, how many? \_\_\_\_\_ How many under 18? \_\_\_\_\_
- 2 = No
- 7 = NA
- 9 = Don't know/not sure

**24. Have other workers experienced similar injuries at this workplace?**

- 1 = Yes, explain \_\_\_\_\_ Were any under 18? \_\_\_\_\_
- 2 = No
- 9 = Don't know/not sure

**25. Are there other injuries or hazards you think are a problem at this workplace?**

- 1 = Yes, specify \_\_\_\_\_
- 2 = No
- 9 = Don't know/not sure

**26. Including yourself, approximately how many people under 18 worked in your department/at your workplace at the time you were injured?** *(Other teen workers, on all shifts, exposed to the same hazards or working conditions. Generally for small employers, all teens employed--e.g., all teens working in a small sandwich shop; for larger employers, just teens in same department or job--e.g., hospital dietary aides.)*

- 1 = 1 - 2
- 2 = 3 - 5
- 3 = 6 - 10
- 4 = 11 - 20
- 5 = 21+
- 9 = Don't know

**27. Do you think this injury could have been prevented in some way?**

- 1 = Yes, specify \_\_\_\_\_
- 2 = No
- 9 = Don't know/not sure

TEEN ASSUMES RESPONSIBILITY FOR INJURY:

1 = YES	7 = NA
2 = NO	9 = NOT SURE

***The next few questions are about medical care or treatment you may have received for your injury.***

**28. Aside from any first aid you may have received from someone at your workplace, did you seek medical care anywhere?** *(If hospital/physician-reported case, confirm what we already know.)*

- 1 = Yes
- 2 = No (Skip to 29.)
- 9 = Don't know/not sure

**28a. Following your initial visit for medical care, did you have any additional visits for care or treatment for your injury?**

- 1 = Yes
- 2 = No
- 9 = Don't know/Not sure

**28b. Please tell me all the places where you received medical care or treatment:**

- 1 = Hospital ER, specify name of hospital \_\_\_\_\_
- 2 = Doctor's office, specify type of doctor(s) \_\_\_\_\_
- 3 = Clinic or health center, specify name/location \_\_\_\_\_
- 4 = HMO, specify name/location \_\_\_\_\_
- 5 = School nurse, specify name of school \_\_\_\_\_
- 6 = Other, specify: (e.g., pt, ot, acupuncture, chiropractor, massage therapist)  
\_\_\_\_\_

**28c. What kind of treatment did you receive at these visits? (Circle all numbers and answers that apply.)**

- 1 = PT, OT, or other rehabilitation therapy
- 2 = Observation, diagnostic tests, follow-up exams, second opinions, applying/changing bandages
- 3 = Application or removal of casts, splints, stitches
- 4 = Surgery
- 5 = Other, specify \_\_\_\_\_
- 9 = Don't know/not sure

**29. Did you ever stay overnight at a hospital because of your injury(ies)?**

- 1 = Yes
- 2 = No (Skip to 30.)
- 9 = Don't know/not sure

**29a. [If yes], How many nights?**

\_\_\_\_\_ nights

**Now I have some questions about how your injury may have affected your life.**

**30. How many days did you miss, cut down, or not do any of your usual activities? These activities may include school, work, recreation, extracurricular activities, or any other things you usually did.**

Number of days: \_\_\_\_\_

**31. Specifically, how many days of work did you miss because of your injury?**

- 0 = 0
- 1 = Fewer than 5 days
- 2 = 5 days or more

**31a. If 5 days or more, specify number \_\_\_\_\_ (Calculate based on days per week teen usually worked.)**

32. **Specifically, how many full days of school did you miss because of your injury or related appointments?**

\_\_\_\_\_ Days

33. **As of today, do you still have any pain, stiffness, discomfort, or other symptoms related to your injury?**

1 = Yes, explain \_\_\_\_\_

2 = No

9 = Don't know/not sure

34. **As of today, is your ability to do any of your usual activities still affected?**

1 = Yes, explain \_\_\_\_\_

2 = No

9 = Don't know/not sure

*(If amputation injury, do not ask 35. Circle "1" in 35; circle "5" in 35a; and skip to 36.)*

35. **Do you think there may be any permanent effects from your injury? By this I mean for example, scarring, limited movement, loss of feeling or sensation in a body part, pain that won't go away?**

1 = Yes

2 = No (Go to 36.)

9 = Don't know/not sure (Go to 36.)

35a. **What would these be?**

1 = Scarring

2 = Limited movement

3 = Limited feeling or sensation

4 = Pain or discomfort

5 = Amputation

6 = Other, specify \_\_\_\_\_

9 = Don't know/not sure

36. **Before you were injured, had you ever received any instruction from your (site) employer or supervisor on how to work safely and avoid injury while doing this type of work or working with this equipment?**

*(This question is about health and safety training and injury prevention not simply how to accomplish a job task.)*

1 = Yes, specify \_\_\_\_\_

2 = No

9 = Don't know/not sure

36a. [If placed by temp or teen job placement agency], **Did you receive any instruction from the placement agency on how to work safely and avoid injury while doing this type of work (or working with this equipment or machinery)?**

1 = Yes, specify \_\_\_\_\_

2 = No

9 = Don't know/not sure

37. **Was your job part of a co-op, school-to-work, or other training or career exploration program?**

1 = Yes, specify name/type of program \_\_\_\_\_

2 = No (Skip to 38.)

9 = Don't know/not sure



**37a.** [If yes], **Did you receive instruction from anyone at this program on how to work safely and avoid injury while doing this type of work (or using this equipment or machinery)?**

- 1 = Yes, specify \_\_\_\_\_
- 2 = No
- 9 = Don't know/not sure

**38.** **Which of the following describe(s) your reasons for working? You can choose as many as you want.**  
*(Read all choices.)*

- 1 = For spending money
- 2 = To support yourself and/or your own family (e.g., pay rent outside parents' home, support child)
- 3 = To contribute to your parent's/guardian's household expenses
- 4 = To buy or to support a car
- 5 = Saving for additional schooling
- 6 = Saving for reasons other than a car or school
- 8 = To learn a skill or career
- 10 = Other, specify \_\_\_\_\_
- 9 = Don't know/not sure

**38a.** **Which of these would you say is your main reason for working?** *(If only one answer in 38, circle same answer below and skip to 39.)*

- 1 = For spending money
- 2 = To support yourself and/or your own family
- 3 = To contribute to your parent's/guardian's household expenses
- 4 = To buy or to support a car
- 5 = Saving for additional schooling
- 6 = Saving for other than a car or school
- 8 = To learn a skill or career
- 10 = Other
- 9 = Don't know/not sure

**39.** **At the time of your injury did you have a work permit or educational certificate for this particular job?**

- 1 = Yes
- 2 = No
- 9 = Don't know/not sure

**40.** **Have you ever received information about the Child Labor Laws? These are special laws that apply to people under 18 and their employers.**

- 1 = Yes, specify where \_\_\_\_\_
- 2 = No
- 9 = Don't know/not sure

**41.** **Do you know if you, your parents, or employer filed a claim for workers' compensation?**

- 1 = Yes, a claim was filed
- 2 = No, no claim was filed
- 9 = Don't know/not sure

**Just a few more questions.**

**42. My supervisor reviews all interviews. If she is concerned that other teens may be at risk of injury in the same workplace or that an employer may not be following health and safety or child labor laws, she may want to ask another agency to do a workplace evaluation. She would not give your name to any agency and that agency wouldn't reveal anything you told me today to the employer. Despite this, it is possible that an employer might somehow connect you to the referral. How would you feel if a workplace evaluation were requested for this employer?**

- 1 = Fine, I wouldn't mind
- 2 = I'd prefer that an evaluation not be requested
- 3 = Not sure at this time

**43. What language is spoken in your home most often? (One answer only.)**

- |                         |                           |
|-------------------------|---------------------------|
| 1 = English             | 10 = Haitian Creole       |
| 2 = Spanish             | 11 = Russian              |
| 3 = Portuguese          | 12 = French               |
| 4 = Chinese             | 13 = Greek                |
| 5 = Khmer               | 14 = Arabic               |
| 6 = Vietnamese          | 15 = Lao                  |
| 8 = Cape Verdean        | 16 = Other, specify _____ |
| 9 = Don't know/not sure |                           |

**44. Are you of Hispanic or Latino origin?**

- 1 = Yes
- 2 = No
- 9 = Don't know/not sure

**45. What is your race? You may select one or more of the following categories: (Read all choices.)**

- 1 = American Indian or Alaska Native
- 2 = Asian
- 3 = Black or African American
- 4 = Native Hawaiian or Other Pacific Islander
- 5 = White
- 9 = Refused/doesn't identify with above categories (identifies as \_\_\_\_\_)

**46. Gender:**

- 1 = M
- 2 = F

47. Before we finish I'd like to ask you about one more thing. Because our project is so unique, we are sometimes contacted by journalists or researchers who are looking for information about working teens or are interested in talking with people who have been injured at work.

If we get a request from someone who wants to talk with a teen who has been injured, would it be okay if we gave him or her your first name and telephone number and a little bit of information about your injury? We would not give them the name of your employer.

- 1 = Yes
- 2 = No

*[If yes]*, If someone does contact you, you can decide for sure at that time whether or not you want to talk with him or her. Also, if you are contacted, we would suggest two things: (1) that you may want to talk with your parents about whether or not talk to the person; and (2) think carefully about what you are comfortable with other people knowing.

*[If yes]*, Interviewer's recommendation regarding media/other related calls:

- 1 = Yes
- 2 = No

48. Do you have any questions for me or comments you would like to make about your injury, your employer, or anything else related to working teens?

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49. Thanks very much for your cooperation. If I realize later that I've missed something or need clarification, would it be okay to call you back?

- 1 = Yes
- 2 = No

**THANKS AGAIN!**