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

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Your name: ____________________________  Today’s Date: ____ / ____ / 20____

First name __________ Last Name

Your telephone number: (____) __________________

According to our review of medical records, you had a heat or chemical burn injury at work in the last 6 months.

Were you under 18 at the time of your work-related burn?

____ YES
____ NO
____ N/A, I was not burned at work.

If YES, please continue. If NO or N/A, you do not need to fill out this questionnaire, but please return it to us in the enclosed envelope.

1. When were you burned at work? ____________ (month/year)

2. What is the name and address of the company or organization you were working for when you were burned?

   Employer __________________________________________

   Street name __________________________ City __________ State ______

3. Which of the following best describes what kind of company or organization this is?

   ____ Coffee shop / Bakery  ____ Hospital
   ____ Fast food restaurant  ____ Nursing home
   ____ Other restaurant  ____ 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  ____ Repairs / Maintenance
   ____ Dishwasher  ____ Other: __________________________

5. How old were you at the time you were burned?

   ____ under 13
   ____ 13
   ____ 14
   ____ 15
   ____ 16
   ____ 17
6. Please describe how your burn occurred. Be as specific as you can, including where you were, what you were doing, any tools or equipment you were using, and anything else you think is important. End with how and where you got medical attention, if you did.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. What part(s) of your body were burned? (check all that apply).

- Finger
- Toe
- Eye
- Chest
- Hand
- Foot
- Face
- Other: _______________________
- Arm
- Leg
- Neck

8. What, specifically, burned you?

- Hot oil or grease
- Hot water or liquid
- Steam
- Hot object
- Chemicals, please specify _______________________
- Other: _______________________

9. Which of the following best describes the severity of your burn? (choose one answer only for each).

**Description:**

- Skin turned red
- Skin blistered or was raw and open
- Needed skin grafts
- Don’t remember

**Medical severity:**

- First degree burn
- Second degree burn
- Third degree burn
- Don’t know

10. When the burn occurred, do you think you were working quickly to finish what you were doing?

- Yes
- No (Skip to 11.)
- N/A
- Don’t know

10a. If YES, what is the main reason you were working quickly? (Choose one answer only).

- You felt pressure from your supervisor around the time of the injury
- You felt pressure on yourself (e.g., wanted to prove yourself; needed to leave work early)
- There were special circumstances on that day (e.g., short-staffed, demanding customer)
- The pace of the workplace or the nature of the job is always fast
- Other, please specify: _______________________
- Don’t know
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 **general** instructions from your employer or supervisor on 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
   ___ Through a training class/lecture
   ___ Through written materials
   ___ Co-worker showed you while working
   ___ Supervisor showed you while working
   ___ Don’t remember

15. Had you ever received any instruction from your employer or supervisor **specifically** 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
   ___ Through a training class/lecture
   ___ Through written materials
   ___ Co-worker showed you while working
   ___ Supervisor showed you while working
   ___ Don’t remember

16. Where did you receive medical care or treatment for your burn? **(check all that apply).**
   ___ 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 _________)
   ___ Other, please specify (e.g., physical therapy, occupational therapy, acupuncture) __________________

17. How many days did you miss, cut down, or not do any of your usual activities due to your burn? These activities may include school, work, recreation, extracurricular activities, or any other things you usually did.
   Number of days: ___________________
18. Specifically, how many days of [school] and [work] did you miss because of your injury?

<table>
<thead>
<tr>
<th>School</th>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Fewer than 5 days</td>
<td>Fewer than 5 days</td>
</tr>
<tr>
<td>5 days or more</td>
<td>5 days or more</td>
</tr>
<tr>
<td>How many days? ______</td>
<td>How many days? ______</td>
</tr>
</tbody>
</table>

19. 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

20. What permanent effects do you think you may have from this burn? *Check all that apply.*

- None
- Scarring
- Limited movement
- Limited feeling or sensation
- Pain or discomfort
- Other, please specify: _____________________________
- Don’t know

21. Did you, your parents, or your employer file a claim for workers' compensation?

- Yes
- No
- Don’t know

22. What is your date of birth? ____________ month/day/year

23. Are you male or female?

- M
- F

24. 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: _____________________________

25. Are you of Hispanic or Latino origin?

- Yes
- No
- Don’t know

26. 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.