

Employment Status Questionnaire

Administered to: Patient Alternate Contact Person Not Done

Baseline Employment Status

1 Have you ever been employed earning wages or salary, either full-time or part-time, including self-employment?

Yes
 No
 No answer

Interviewer: if "No" or "No Answer" skip to Current Employment Status (question 5)

2 [If yes] Which best describes your employment situation just prior to hospital admission? (Select ONE answer)

- Working - Full Time (at least 32 hours per week)
- Working - Part Time
- On leave but still employed (skip question 4)
- Temporarily laid off (skip question 4)
- Unemployed and looking for work (skip question 4)
- Wanting to work, but unemployed due to health related reason (skip question 4)
- Going to school (skip questions 3 and 4)
- Keeping house or being home maker (skip questions 3 and 4)
- Retired (skip question 4)
- Receiving/Awaiting approval for disability payments (skip question 4)
- Other (specify): _____
- No Answer (skip questions 3 and 4)
- Don't know (skip questions 3 and 4)

3 What is your occupation, or what kind of work did you do?

Interviewer: Refer to Occupation List (page 6) to categorize response below

_____ No Answer Don't know

4 On average, how many hours per week did you work in the 6 months before being hospitalized?

_____ No Answer Don't know

Current Employment Status

5 Which best describes your current employment situation? (Select ONE answer)

- Retired or disability (or awaiting disability) AND this is same status as at baseline (*Questionnaire is complete*)
- Working - Full Time (at least 32 hours per week) (*skip question 6*)
- Working - Part Time (*skip question 6*)
- On sick leave but still employed (*skip question 6*)
- Temporarily laid off
- Unemployed – presently in a health care facility
- Unemployed and Looking for Work
- Wanting to work, but unemployed due to health related reason
- Going to School (If a participant is both “going to school” and “working part time,” ask how many hours for each one and tick whichever option is greater) (*skip question 6*)
- Keeping house or being home maker
- New Retirement (i.e. started after hospital d/c)
- Receiving New/Awaiting New Approval for Disability payments (i.e. started after hospital d/c) (*skip question 6*)
- Other (specify): _____
- No Answer
- Don't know

6 [If not working/retired/disabled/in school] Are you planning to return to work or education?

☑ Yes No No Answer

[If Yes] Please tick the statement that best applies to you now:

- I intend to return to the same job or educational course that I was doing before my Burn Injury
- I intend to go back to different job or educational course than before my Burn Injury
- I am unemployed and actively looking for work
- I am actively looking for an educational course
- Other (please describe): _____
- _____
- _____

7 Have you worked at all since you left the hospital?

Yes (Proceed to question 8)

No → Why have you not worked? _____ (Questionnaire is complete)

[If No] **Interviewer:** Please categorize above text response (see right for options)

Health related reasons

Looking for work

On disability

Homemaker

Retired

No response

In school

Other

8 How many weeks after hospital discharge did you return to work? (record using weeks ONLY)

_____ No Answer Don't know

9 What is your occupation, or what kind of work do/did you do?

Interviewer: Refer to Occupation List (page 6) to categorize response below

_____ No Answer Don't know

10 On average, how many hours per week do/did you work?

_____ No Answer Don't know

11 During the past FOUR WEEKS, how many complete work days or shifts have you missed due to your Burn Injury?

_____ No Answer Don't know N/A (Have not worked in the last 4 weeks)

12 During the past FOUR WEEKS, how many partial days or shifts have you missed due to your Burn Injury, including leaving work early or taking time for doctor's visits?

_____ No Answer Don't know N/A (Have not worked in the last 4 weeks)

13 Thinking about your work experience since leaving hospital, have you ever had to make a significant change in your work duties because of your Burn Injury?

(IF REQUIRES PROMPT: Such changes can include a change in work processes, a change in your mix of responsibilities or other changes in job activities.)

Yes No No Answer Don't know

[If Yes] Please describe this change: _____

Interviewer: Please categorize above text response (see right for options)

Decreased hours

Stopped work/laid off

Limited physically

Change in job duties

Limited cognitively

No response

Other

14 During the past FOUR WEEKS, how would you rate your EFFECTIVENESS on the job after your Burn Injury?

100% means your Burn Injury did not affect your job effectiveness

0% means you were unable to work at all because of your Burn Injury.

How would you rate your effectiveness as a percent?

_____ % No Answer Don't know N/A (Have not worked in the last 4 weeks)

15 Are you limited in the kind or amount of work you can do because of your Burn Injury?

Yes No No Answer Don't know

16 Have you ever had to change your job or occupation because of your Burn Injury?

Yes No No Answer Don't know

17 Has your employer or university/school made any of the following changes to help you with your job or coursework, following your Burn Injury?

Allowed you a phased return to work? Yes No

[If yes] How long did this phased return last? ____ months ____ weeks

Allowed you to take more breaks? Yes No

[If yes] Approximately how many extra breaks do you take daily? ____ breaks

[If yes] Approximately how long does each break last? ____ minutes

Allowed you to permanently reduce your working hours/days? Yes No

Reduced the quantity of work you have to do? Yes No

Reduced your responsibilities? Yes No

Provided more responsibilities? Yes No

Provided more supervision or support at work? Yes No

Allowed you to work from home? Yes No

Used any help, such as Government program, occupational health, etc. To support you? Yes No

[If yes] Please describe who was involved: _____

Interviewer: If the Answer to Question 5 was **part-time**, ask the question below.
Otherwise, the questionnaire is complete.

18 [If working part time]

Which best describes the reason you are working part time? (*Select ONE answer*)

Related to your Burn Injury

Related to other illness

Related to other reason

Don't know

No Answer

Interviewer: If the Answer to Question 5 was **New Retirement**, ask the question below.
Otherwise, the questionnaire is complete.

19 [If retired] **Which best describes the reason why you have retired?** (*Select ONE answer*)

Related to your Burn Injury

Reasons not related to your Burn Injury

No Answer

Interviewer: If the Answer to Question 5 was **Going to school**, ask the question below.
Otherwise, the questionnaire is complete.

20 [If going to school] **Which best describes your educational situation?** (*Select ONE answer*)

I am at same college/university, doing the same or a similar educational course as before

I am at the same college/university, doing a different educational course as before

I am at a different college/university, doing the same or a similar course as before

I am at a different college/university, doing a different course as before

If so, please state what it is: _____

Other(please describe): _____

No Answer

Occupation List

Q3 & 10 Options (What is your occupation)

1	Management
2	Business and Financial Operations
3	Computer and Mathematical
4	Architecture and Engineering
5	Life, Physical, and Social Science
6	Community and Social Services
7	Legal
8	Education, Training, and Library
9	Arts, Design, Entertainment, Sports, and Media
10	Healthcare Practitioner and Technical
11	Healthcare Support
12	Protective Service
13	Food Preparation and Serving Related
14	Building and Grounds Cleaning and Maintenance
15	Personal Care and Service
16	Sales and Related
17	Office and Administrative Support
18	Farming, Fishing, and Forestry
19	Construction and Extraction
20	Installation, Maintenance, and Repair
21	Production
22	Transportation and Material Moving