

## OPTIONAL EMPLOYEE INTERVIEW QUESTIONNAIRE

This questionnaire is included in the ORAA software system under the Employee Questionnaires Function on the Main Menu. The questionnaire is used to record responses to the interviews with a sample of employees.

### Name/Employment Information

Last:                      First:                      Middle:

Date:                      Occupation (regular job title):    Tenure (length of time on the job):

Department/Division:

### Recordkeeping Questions

1.    a.    Have you ever seen an OSHA 200, the Log and Summary of Occupational Injuries and Illnesses, for your establishment?  
  
              Yes                          No
- b.    If yes, did you see it by:  
  
              Viewing the summary portion of the log posted by the employer.  
  
              Requesting access to see the entire OSHA log.
2.    Did you experience an injury or illness during 1998 that was caused or aggravated by an event or exposure in your work environment?  
  
              Yes (go to Question 3)                No (go to Question 7)
3.    Briefly describe this injury and/or illness.

4. a. Did you report the injury or illness to your employer?  
 Yes  No
- c If yes, was the case recorded on the OSHA log?  
 Yes  No  Don't Know
- c If no, why not?
5. Have you or your employer filed for workers' compensation for this injury or illness?  
 Yes  No
6. a. Did your injury and/or illness involve any days away from work or days of restricted work activity? If yes, explain.  
 Yes  No
- b. If yes, how many workdays?  
\_\_\_\_\_ Number of days away from work  
\_\_\_\_\_ Number of days restricted work activity
7. a. Are you aware of any of your coworkers experiencing a job-related injury or illness during 1998?  
 Yes  No
- b. If yes, who?