

ADULT LEAD EXPOSURE SURVEY

Name: _____
First Name Middle Initial Last Name

Date of Birth: ____/____/____

Address: _____

Telephone: (____) ____ - _____

City: _____ State: _____

Zip Code: _____

Gender: Male Female

Ethnicity: Hispanic Non-Hispanic

Race: White African American Asian/Pacific Islander Native American/Alaskan Other

Please answer the following questions:

1. Why did your doctor have your blood tested for lead? Screening Program at Work Doctor's Advice Requested

2. How were/are you exposed to lead? _____

3. Are you exposed to lead at your job? YES NO DON'T KNOW

If YES or DON'T KNOW, please provide the following information about the company. If NO, skip to question 5.

Name: _____ Occupation: _____

Address: _____ Month/Year Started at Company: _____

City: _____ State: ____ Zip: _____

4. What does this company do or manufacture? _____

5. Do any of your non-work activities include: (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Home Remodeling/Renovating | <input type="checkbox"/> Firearms Target Practice (hunting/range shooting) | <input type="checkbox"/> Stained Glass |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Casting Bullets, Shot, Other Objects | <input type="checkbox"/> Pottery/Ceramics |
| <input type="checkbox"/> Soldering, Brazing, or Tinning | <input type="checkbox"/> Making Fish Weights/Sinkers | <input type="checkbox"/> Auto Body Work |
| <input type="checkbox"/> Using Pigments/Pastels | | |

6. Do you use any of the following:

- | | | | |
|---|------------------------------|-----------------------------|-------------------------------------|
| a. Imported or handmade ceramics for cooking or serving food/drink? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| b. Cosmetics from India or Asia? Such as: Kohl (Alkohol), Surma or Ceruse. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| c. Medications such as: | | | |
| 1. For HISPANIC Community:
Azarcon, Greta, Liga, Maria Luisa, Alarcon, Coral, Rueda, or "empacho"? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| 2. For SE ASIAN Community: Pay-loo-ah? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| 3. For INDIAN (ASIAN) Community: Ghasard, Bala Goli, Kandu? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |

7. Are there children, 6 years or under, living or regularly spending time in your house? YES NO

- | | | | |
|---|------------------------------|-----------------------------|-------------------------------------|
| a. If YES, have any of these children been tested for lead? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| b. If YES, how many children, 6 years or under, were tested? | _____ | | |
| c. Of those children tested, how many had elevated lead levels? | _____ | | |

Thank you for your help.
Please return the survey within 10 days using the postage-paid envelope to:

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