Telephone Introduction for Patient Interviews

ARSENIC

1. Hello, my name is _____. I'm calling for Mr./Ms./Mrs. _____. Is he/she in?

   (NO) I'm calling on behalf of the State of Michigan. When is a good time to reach him/her? Please tell him/her I called. Here is my phone number (toll free). He/she may call me at 1-800-446-7805.

   (YES) I'm calling on behalf of the State of Michigan. We are doing a special investigation into health problems from environmental exposures. Recently we sent you a letter asking for your help with this investigation.

2. Do you remember receiving the letter?

   (YES) Good. I'd like to take a moment to describe what you can do to help.
   (**go to part 3)**

   (NO) Let me see...I see that we mailed the letter to you on (date) to (address). Is that your correct address? If not, I will send you another copy of the letter. While I have you on the phone, let me explain briefly what the letter is about.
   (go to part 3)

3. Your participation in this investigation is completely voluntary. If you decide to participate, I will go through a questionnaire by phone. This takes approximately 10 minutes, and would complete your participation in the investigation. You indicate your voluntary participation by answering the questions. You can end your participation or refuse to answer individual questions at any time. All information you give us will be kept confidential. We do not share information from this investigation with any employers or insurance companies. The State of Michigan will use this information to understand more about environmental exposures and what can be done to prevent others from having an elevated arsenic level. If you are still working at the location where you were exposed to arsenic, you may benefit if the results of this investigation lead to changes in your workplace.

4. Will you help us by participating in this questionnaire?

   (YES) Great, I will begin the questions now. (If as you start they indicate this isn't a good time, arrange a time to call back.

   (NO) I see. May I ask what your concerns are?

ARSENIC QUESTIONNAIRE

Please complete the following questionnaire to the best of your knowledge. If you have any questions or if you wish to complete the questionnaire over the telephone, please call Dr. Kenneth Rosenman or his staff at their toll-free telephone number: 1-800-446-7805.

Office Use Only

ID # A s ___ ___ ___ ___

Personal ID: ___ ___ ___ ___

Interviewer: ___ ___ ___ (initials)

Iview Date: ___ ___- ___ ___- ___ ___ ___ ___

BACKGROUND INFORMATION

1. What is your full name?

_____ _____ 1. _____
First MI Last

2. What is your address?

_____

_____
City State Zip

3. What is your telephone number?

( ) _____ - _____

DEMOGRAPHIC INFORMATION

4. What is your sex? 4. 1 Male 2 Female

5. What is your date of birth? 5. ___ ___ - ___ ___ - ___ ___ ___ ___ (CCYY)

6. Are you of Hispanic origin? 6. No 1 Yes 2 DK 3

7. How would you be classified—the choices are: 7.
1 White
2 Black/African American
3 Asian
4 American Indian/Alaska Native
5 Middle Eastern/North African
6 Hawaiian/Pacific Islander
7 Other*
9 Unknown/Refused

*If OTHER, please specify:
_____

A. BLOOD/URINE TEST

Our records indicate that you had a blood/urine arsenic result of _____ on _____ (date of test).

A1. Were you ever notified of the result?

A1. 1 No 88 Unknown
2 Yes 99 Refused

A2. What was the reason for the test?

*If OTHER, please describe: _____

A2. 1 Company/workplace program
2 Union screening
3 Pre-employment physical
4 Environmental follow-up
5 Doctor's advice
6 Own decision
7 Other*
8 Chelation therapy
88 Unknown
99 Refused

A3. How were you exposed to arsenic? _____

B. OCCUPATIONAL HISTORY

B1. Are you currently employed, or have you been employed within the past year?

B1. 1 No ***Go to C1***
2 No-Retired ***Go to C1***
3 Yes-Currently
4 Yes-Currently/self-employed
5 Yes-Previously
88 Unknown ***Go to C1***
99 Refused ***Go to C1***

	CURRENT JOB *(where exposure occurred)*	**PREVIOUS JOB** *(within last year)*
B2. How many years have you worked around arsenic? ***(If never, go to C1)***	___ ___# years 99 NEVER	___ ___# years 99 NEVER
B3. Company Name & Address		
B4. Worksite Location *(if different than company location)*		
B5. Date start / stop *(mm/yyyy)*	*Start* ___ ___ /___ ___ ___ ___	*Start* ___ ___/ ___ ___ ___ ___ *Stop* ___ ___ / ___ ___ ___ ___
B6. Job Title		
B7. Please describe your job duties and any types of material or substances used on this job.		

	CURRENT JOB *(where exposure occurred)*	PREVIOUS JOB *(within last year)*
B8. Does your job involve: *(circle all that apply)*	1. Manufacturing/Application of pesticides, herbicides, fungicides or insecticides 2. Manufacturing of glass 3. Manufacturing of semiconductors, solar batteries, microwave devices 4. Sawing/sanding/burning of preserved wood 5. Copper/Lead Smelting 6. Hazardous waste removal/site investigations 7. Working with animals; type: _____	1. Manufacturing/Application of pesticides, herbicides, fungicides or insecticides 2. Manufacturing of glass 3. Manufacturing of semiconductors, solar batteries, microwave devices 4. Sawing/sanding/burning of preserved wood 5. Copper/Lead Smelting 6. Hazardous waste removal/site investigations 7. Working with animals; type: _____
B9. How many other workers do/did the same type of work as you?	**Actual # given:** ___ ___ ___ ___	**Actual # given:** ___ ___ ___ ___

ENVIRONMENTAL HISTORY

C1. How long have you lived at your current permanent address? (***If less than 6 months, ask for current and previous residence.)*** **C1**. ____ ____ number of years

CURRENT RESIDENCE	PREVIOUS RESIDENCE (within last six months)
C2. What is the source of your drinking water? 1 Municipal/public 2 Private well 3 Other - Describe:_____ 88 Unknown 99 Refused	**C2.** What is the source of your drinking water? 1 Municipal/public 2 Private well 3 Other - Describe:_____ 88 Unknown 99 Refused
C3. If source of drinking water is a *private well*, was it tested for arsenic? 1 No 2 Yes 88 Unknown 99 Refused	**C3.** If source of drinking water is a *private well*, was it tested for arsenic? 1 No 2 Yes 88 Unknown 99 Refused
C4. If source of drinking water is a *private well*, and *was tested for arsenic*, what were the results? 1 Normal 2 Elevated 3 Tested, unknown results 88 Unknown 99 Refused	**C4.** If source of drinking water is a *private well*, and *was tested for arsenic*, what were the results? 1 Normal 2 Elevated 3 Tested, unknown results 88 Unknown 99 Refused

C5. Do you use any herbal medicines or herbal supplements?

C5a. If YES, please describe: _____

C5. 1 No
2 Yes ***Go to C5a***
88 Unknown
99 Refused

C6. How often were you eating fish or seafood in the two months before your test?

(If the person says NEVER, confirm by asking "Never, not even canned tuna fish?")

C6.
1 Never ***Go to C11***
2 Less than once/month
3 About once/month
4 Less than once/week
5 About once/week
6 Few times/week
7 Daily
88 Unknown ***Go to C11***
99 Refused ***Go to C11***

C7. How long before the arsenic test did you eat fish?

C7.
1 Within 24 hours
2 One to 7 days
3 More than 7 days
88 Unknown
99 Refused

C8. Did your doctor tell you to avoid eating fish before the test?

C8.
1 No
2 Yes ***Go to C8a***
88 Unknown
99 Refused

C8a. If YES, for how many days before the test? _____ (days)

C9. What type(s) of fish do you usually eat? _____

_____

C10. How much fish do you usually eat? *(e.g. two cans of tuna per day / 5oz per week)* _____

_____

C11. In the past year, have you or anyone within your household, participated in any of the following activities?

	Self			Same Household			(apply to self then household member) Times/Week			Used Ventilation or PPE?			
	No	Yes	Unk	No	Yes	Unk				No	Yes	Unk	Ref
A. Woodworking with treated lumber	1	2	88	1	2	88	<1	1-4	>4	1	2	88	99
B. Taxidermy	1	2	88	1	2	88	<1	1-4	>4	1	2	88	99

If YES, please describe: _____

D. DEMOGRAPHIC INFORMATION

(NOTE: Only ask this section if question B1=3: currently employed or B1=4: currently self employed AND B2 ≠ never.)

D1. Are there children, 7 years or under, living or regularly spending time in your house?

D1. 1 No
2 Yes
88 Unknown
99 Refused

D2. If YES, can you please tell me the names and ages of the children, 7 years or under, living or regularly spending time in your house?

Child's Name	Age
_____	_____
_____	_____
_____	_____

D3. If D1 = YES, have any of these children been tested for Arsenic?

D3. 1 No
2 Yes
88 Unknown
99 Refused

D4. If D3 = YES, how many children, 7 years or under, were tested?

D4. ___ ___ number of children

D5. If D3 = YES, have any of these children had elevated Arsenic levels?

D5. 1 No
2 Yes
88 Unknown
99 Refused

D6. If D5 = YES, how many of these children had elevated Arsenic levels?

D6. ___ ___ number of children

FOR OFFICE USE ONLY

O1. Heavy metal type:

O1. As

O2. Specimen type:

O2. 1 Random Urine (U1)
2 24-Hour Urine (U2)
3 Blood

O3. Specimen result:

O3. ___ ___ ___ ___.___

O4. Specimen units:

O4. ug/L (for either blood or urine specimens)

O5. Specimen date:

O5. ___ ___ - ___ ___ - ___ ___ ___ ___

O6. Nature of Exposure:

O6. ___ ___ ___