

Telephone Introduction for Patient Interviews

CADMIUM

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 cadmium level. If you are still working at the location where you were exposed to cadmium, 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?

CADMIUM 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.

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Office Use Only

ID # C d _____

Personal ID: _____

Interviewer: _____ (initials)

Iview Date: ____ - ____ - ____

BACKGROUND INFORMATION

1. What is your full name?

First

MI

1. _____
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:

*If OTHER, please specify:

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

A. BLOOD/URINE TEST

Our records indicate that you had a blood/urine cadmium 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 (do not use)
5 Doctor's advice
6 Own decision
7 Other*
8 Chelation therapy
88 Unknown
99 Refused

A3. How were you exposed to cadmium? _____

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 cadmium? (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:	1. Manufacturing of nickel-cadmium batteries 2. Smelting, refining and mining of copper, lead, zinc and iron ores 3. Electrical/Electronic equipment manufacturing or repair 4. Producing, spraying, scraping of industrial paint 5. Hazardous waste removal/site investigations/incineration of waste materials 6. Producing, plating, soldering or welding of cadmium plated steel, iron, copper and brass 7. Metal recycling involving torch cutting of scrap metals 8. Manufacturing or use of industrial chemicals 9. Production or use of cadmium pigments 10. Jewelry, ceramics, pottery making, metal sculpting, painting, or other fine art	1. Manufacturing of nickel-cadmium batteries 2. Smelting, refining and mining of copper, lead, zinc and iron ores 3. Electrical/Electronic equipment manufacturing or repair 4. Producing, spraying, scraping of industrial paint 5. Hazardous waste removal/site investigations/incineration of waste materials 6. Producing, plating, soldering or welding of cadmium plated steel, iron, copper and brass 7. Metal recycling involving torch cutting of scrap metals 8. Manufacturing or use of industrial chemicals 9. Production or use of cadmium pigments 10. Jewelry, ceramics, pottery making, metal sculpting, painting, or other fine art
B9. How many other workers do/did the same type of work as you?	<i>Actual # given:</i> ____ ____ ____ ____	<i>Actual # given:</i> ____ ____ ____ ____

C. TOBACCO SMOKING AND FOOD

C1. Do you currently smoke cigarettes?

C1. 1 No
 2 Yes **Go to C1a**
 88 Unknown
 99 Refused

C1a. How many packs a day do you smoke?

C1a. 1 Less than 1 pack per day
 2 1 pack per day
 3 More than 1 pack per day
 88 Unknown
 99 Refused

C2. How often do you eat the following:

Leafy Green Vegetables (eg., spinach, lettuce)	1	2	3	4
Cereal & Grains	1	2	3	4
Nuts	1	2	3	4
Sunflower Seeds & Other Seeds	1	2	3	4
Liver & Kidney Meat	1	2	3	4
Chocolate & Cocoa Products	1	2	3	4
Potatoes & Other Root Vegetables (Carrots, turnips, mushrooms)	1	2	3	4

C2. Never Weekly Daily Twice a day or more

1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

D. DEMOGRAPHIC INFORMATION

NOTE: Only ask this section if question person works with cadmium. (B1 = 3 OR B1 = 4 & 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 Cadmium?

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 Cadmium levels?

D5. 1 No
2 Yes
88 Unknown
99 Refused

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

D6. ____ number of children

FOR OFFICE USE ONLY

O1. Heavy metal type:

O1. CD

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)
ug/gram creatinine (urine only)

O5. Specimen date:

O5. ____ - ____ - ____

O6. Nature of Exposure:

O6. ____