Telephone Introduction for Patient Interviews

MERCURY

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

MERCURY 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 # H g ___ ___ ___ ___

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 mercury result of _____ on _____ (date of test).

A1. What was the reason for the test?

*If OTHER, please describe: _____

_____

A1.
1 Company/workplace program
2 Union screening
3 Pre-employment physical
4 Environmental follow-up
5 Doctor's advice
6 Own decision
7 Eat Fish, just wanted to know mercury level
8 Other*
88 Unknown
99 Refused

A2. Were you notified of the result?

A2.
1 No
2 Yes ***Go to A2a***
88 Unknown
99 Refused

A2a. What advice were you given? *(circle all that apply)*

*If OTHER, please describe: _____

_____

A2a.
1 Normal, no follow up
2 Eat less fish
3 Abnormal results, repeat test
4 Change work process or job
5 Change residence
6 Chelation therapy
7 Other*
88 Unknown
99 Refused

A3. How were you exposed to mercury? _____

E. ENVIRONMENTAL HISTORY

E1. Were you using any herbal medicines or herbal supplements? within a year of the test?

E1a. If YES, please describe: _____

_____

E1.
1 No
2 Yes ***Go to E1a***
88 Unknown
99 Refused

E2. Was there a spill containing mercury, including a broken thermometer, in your residence within a year of your test?

E2.
1 No ***Go to E3***
2 Yes ***Go to E2a***
88 Unknown ***Go to E3***
99 Refused ***Go to E3***

E2a. When did this spill occur?

E2a. ___ ___ - ___ ___ ___ ___
MM-YYYY

E2b. Who cleaned up the spill? _____

E3. How often were you eating fish or seafood in the two months before your test?

E3.
1 Never ***Go to B1***
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 B1***
99 Refused ***Go to B1***

E4. How long before the mercury test did you eat fish?

E4. 1 Within 24 hours
2 One to 7 days
3 More than 7 days
88 Unknown
99 Refused

E5. Did your doctor tell you to avoid eating fish before the test?

E5. 1 No
2 Yes ***Go to E5a.***
88 Unknown
99 Refused

E5a. If YES, for how many days before the test? _____ (days)

E6. What type of fish did you usually eat? _____
[After name(s) provided, ask if they eat other types]

E7. How much fish do you usually eat? *(e.g. two cans of tuna per day / 5oz per week)*

_____

_____

E8. Where did the fish come from?

E8. 1 Grocery store/restaurant ***Go to E8a***
2 Caught ***Go to E8b***
88 Unknown ***Go to B1***
99 Refused ***Go to B1***

E8a. If fish from a *grocery store,* was the fish? (if more than one type was purchased, circle type consumed the most)

E8a. 1 Canned
2 Fresh
3 Frozen
88 Unknown
99 Refused

E8b. If fish was *caught*, where was the fish caught?

*Name of ocean/river/lake: _____

E8b. 1 Ocean*
2 River/stream*
3 Lake*
88 Unknown
99 Refused

E9. Do you regularly use facial cream that comes from outside the United States?

E9. 1 Yes ***Go to E9a***
2. No
3. DK

E9a. If YES, please provide name of cream and country in which the product is manufactured.

_____ Product Name

_____ Country

E10. Did you have mercury filling removed from your teeth in the week before your mercury test was done?

E10. 1. Yes
2. No
3. DK

B. OCCUPATIONAL HISTORY

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

B1. 1 No **STOP, Q done**
2 No-Retired **STOP, Q done**
3 Yes-Currently
4 Yes-Currently/self-employed
5 Yes-Previously
88 Unknown **STOP, Q done**
99 Refused **STOP, Q done**

	CURRENT JOB *(where exposure occurred)*	**PREVIOUS JOB** *(within last year)*
B2. How many years have you worked around mercury? ***(If never, STOP ,Q done)***	___ ___# years 99 NEVER	___ ___# years 99 NEVER
B3. Company Name & Address		
B4. Worksite Location *(if different than company location)*		
B5. Date start / stop *(mm/yy)*	*Start* ___ ___/___ ___ ___ ___	*Start* ___ ___/___ ___ ___ ___ *Stop* ___ ___/___ ___ ___ ___
B6. Job Title		
B7. Please describe your job duties and any types of material or substances used on this job.		
B8. Does your job involve: *(circle all that apply)*	1. Manufacturing chlorine 2. Manufacturing/Repairing thermometers/ barometers/thermostats 3. Manufacturing batteries 4. Manufacturing/Repairing fluorescent lights 5. Repairing medical equipment 6. Hazardous waste removal 7. Laboratory 8. Pharmaceutical manufacturer	1. Manufacturing chlorine 2. Manufacturing/Repairing thermometers/ barometers/thermostats 3. Manufacturing batteries 4. Manufacturing/Repairing fluorescent lights 5. Repairing medical equipment 6. Hazardous waste removal 7. Laboratory 8. Pharmaceutical manufacturer
B9. How many other workers do/did the same type of work as you?	***Actual # given:*** ___ ___ ___ ___	***Actual # given:*** ___ ___ ___ ___

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 Mercury?	**D3.** 1 No 2 Yes 88 Unknown 99 Refused
D4.	If D3 = YES, how many children, 7 years or under, were tested?	**D4.** ___ ___ # of children
D5.	If D3 = YES, have any of these children had elevated Mercury levels?	**D5.** 1 No 2 Yes 88 Unknown 99 Refused
D6.	If D5 = YES, how many of these children had elevated Mercury levels?	**D6.** ___ ___ # of children
D7.	Are you (if female) or your partner (if male) pregnant?	**D7.** 1 No 2 Yes 88 Unknown 99 Refused

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FOR OFFICE USE ONLY

O1.	Heavy metal type:	**O1**. Hg
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**. ___ ___ ___