

## Telephone Introduction for Patient Interviews

### LEAD POISONING

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 do you expect him/her home? Please tell him/her I called. My toll-free telephone number is 1-800-446-7805.

(YES) I'm calling on behalf of the State of Michigan. We receive reports of all blood lead levels, and we have recently received your blood lead report. Recently we sent you a letter asking for your help in our special investigation into determining the cause of elevated blood lead levels.

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. We are making follow up telephone calls to people who have had their blood lead level checked. We received a report of your blood lead level of \_\_\_\_ ug/dL taken on (date).

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 this 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 strictly confidential. We do not share this information with your employer. The State of Michigan will use this information to understand more about lead exposures and what can be done to reduce exposure to lead. If your exposure to lead occurred from work and you are still working at the location where you were exposed, 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) If this is a good time to do the questionnaire, I will begin with the questions now. (If this is not a good time, arrange a day and time to call back.)

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

# LEAD 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 # L \_\_\_\_ \_

Personal ID \_\_\_\_ \_

RecNo. 1

Iview Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Interviewer: \_\_\_\_ \_ (initials)

1. What is your full name?

First

MI

Last

2. What is your address?

\_\_\_\_\_

City

State

Zip

3. What is your telephone number?

( ) \_\_\_\_\_ - \_\_\_\_\_

5. What is your sex?

5. Male 1 Female 2

6. What is your date of birth?  
(Confirm DOB if available in chart.)

6. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

7. Are you of Hispanic origin?

7. No 1 Yes 2 DK 3

8. How would you be classified? The choices are:

8. Middle Eastern/North African	0
White	1
Black/African American	2
Asian	3
American Indian/Alaskan	4
Other	5
Hawaiian/Pacific Islander	6
Unknown	9

59. Were you born in the United States? No 1 Yes 2 DK 3  
If NO

59a. Where were you born? \_\_\_\_\_

59b. How long have you resided in the United States?

\_\_\_\_\_ Years \_\_\_\_\_ Months

9. What is the highest level of education you have completed?

9. 7th grade or less	1
8th, 9th, 10th, or 11th grade	2
High School Graduate	3
1-3 years College/Tech	4
4+ years College/Tech	5
Unknown	9

10. Why was your blood tested for Lead?

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How were/are you exposed to Lead?

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22. Now I'm going to read you a list of activities people sometimes do and for each activity please tell me whether you have, or anyone in your household has, done this activity during the past 12 months.

(Answer YES, only if non-work activities)

NOTE: In questions 22a to 22j first part relates to Patient, second part relates to Other HH Member(s) if Patient=No.

	SELF	OTHER HH MEMBER
a. Remodeling or Renovating (not at work)? If YES:	22a. No 1 Yes 2 DK 3	No 1 Yes 2 DK 3
1) In what year was the building you worked on built?	22a-1. ____ ____ ____ ____ CCYY	
2) How many years have you been doing this?	22a-2. ____ ____	
3) In the last year, how often have you done this?	22a-3. Daily 1 Weekly 2 Monthly 3 Seldom 4 DK 9	
b. Painting (not at work)? If YES:	22b. No 1 Yes 2 DK 3	No 1 Yes 2 DK 3
1) In what year was the building you painted built?	22b-1. ____ ____ ____ ____ CCYY	
2) How many years have you been doing this?	22b-2. ____ ____	
3) In the last year, how often have you done this?	22b-3. Daily 1 Weekly 2 Monthly 3 Seldom 4 DK 9	
c. Making pottery/ceramics using glazes? If YES:	22c. No 1 Yes 2 DK 3	No 1 Yes 2 DK 3
1) How many years have you been doing this?	22c-1. ____ ____	
2) In the last year, how often have you done this?	22c-2. Daily 1 Weekly 2 Monthly 3 Seldom 4 DK 9	
d. Firearms target practice? If YES:	22d. No 1 Yes 2 DK 3	No 1 Yes 2 DK 3
1) Name and Location of range: _____	_____	_____
2) Is the range <i>Indoor</i> or <i>Outdoor</i> or <i>Both</i> ?	22d-2. Indoor 1 Outdoor 2 Both 4 DK 3	
3) How many years have you been doing this?	22d-3. ____ ____	
4) In the last year, how often have you done this?	22d-4. Daily 1 Weekly 2 Monthly 3 Seldom 4 DK 9	
e. Making stained glass? If YES:	22e. No 1 Yes 2 DK 3	No 1 Yes 2 DK 3
1) How many years have you been doing this?	22e-1. ____ ____	
2) In the last year, how often have you done this?	22e-2. Daily 1 Weekly 2 Monthly 3 Seldom 4 DK 9	
f. Making fish weights / sinkers? If YES:	22f. No 1 Yes 2 DK 3	No 1 Yes 2 DK 3
1) How many years have you been doing this?	22f-1. ____ ____	
2) In the last year, how often have you done this?	22f-2. Daily 1 Weekly 2 Monthly 3 Seldom 4 DK 9	
g. Reloading or casting bullets, shot, or other objects? If YES:	22g. No 1 Yes 2 DK 3	No 1 Yes 2 DK 3
1) How many years have you been doing this?	22g-1. ____ ____	
2) In the last year, how often have you done this?	22g-2. Daily 1 Weekly 2 Monthly 3 Seldom 4 DK 9	

	SELF	OTHER HH MEMBER
h. Soldering, brazing or tinning?	22h. No 1 Yes 2 DK 3	No 1 Yes 2 DK 3
If YES:		
1) How many years have you been doing this?	22h-1. _____	
2) In the last year, how often have you done this?	22h-2. Daily 1 Weekly 2 Monthly 3	Seldom 4 DK 9
i. Auto body work?	22i. No 1 Yes 2 DK 3	No 1 Yes 2 DK 3
If YES:		
1) How many years have you been doing this?	22i-1. _____	
2) In the last year, how often have you done this?	22i-2. Daily 1 Weekly 2 Monthly 3	Seldom 4 DK 9
j. Using pigments / pastels?	22j. No 1 Yes 2 DK 3	No 1 Yes 2 DK 3
If YES:		
1) How many years have you been doing this?	22j-1. _____	
2) In the last year, how often have you done this?	22j-2. Daily 1 Weekly 2 Monthly 3	Seldom 4 DK 9
23. Do you use any of the following:		
Ask everyone:		
a. Imported or handmade ceramics for cooking or serving food/drink?	23a. No 1 Yes 2 DK 3	
b. Cosmetics from India or Asia, such as “Kohl”, (“Alkohol”), “Surma” or “Ceruse”?	23b. No 1 Yes 2 DK 3	
c. Medications such as:		
1) Only ask if HISPANIC Community: Azarcon, Greta, Liga, Maria Luisa, Alarcon, Coral, Rueda, or “empacho”	23c-1. No 1 Yes 2 DK 3	
2) Only ask if SE ASIAN Community: Pay-loo-ah	23c-2. No 1 Yes 2 DK 3	
3) Only ask if INDIAN (ASIAN) Community: Ayurvedic, (Air-U-V-Dic), Bala Goli, Ghasard, Kandu	23c-3. No 1 Yes 2 DK 3	
d. Spice purchased or sent by friends/family from a foreign county	23d-4. No 1 Yes 2 DK 3	
IF YES, name of spice _____		
where obtained _____		
24. Do you know if anyone in your household works in a job that may expose them to Lead?	24. No 1 Yes 2 DK 3	
If YES, what person and job is this?		
_____		
_____		
25. Have you ever been given medication to lower your Blood Lead Level?	25. No 1 Yes 2 DK 3	
If YES:		
a. What kind of medication was this? _____		
b. What month and year did you take (name of medication)?	25b. _____ - _____	
	M M C C Y Y	

26. Was your blood test of \_\_\_\_\_ ug/dL on (date of test)  
part of a company medical screening?

26. No 1 Yes 2 DK 3

If YES:

- a. Were you notified of your Blood Lead results?
- b. If Q26a = YES, were you given the results in writing?
- c. Did a doctor or nurse, employed by your company,  
examine you because of your Blood Lead results?
- e. If BLL  $\geq 15\mu\text{g/dL}$ , did your employer provide follow up  
blood lead testing within two months of the initial test?

26a. No 1 Yes 2 DK 3

26b. No 1 Yes 2 DK 3

26c. No 1 Yes 2 DK 3

26e. No 1 Yes 2 DK 3

Please tell us the name of the company doctor, nurse  
or mobile service that drew your blood sample?

\_\_\_\_\_  
\_\_\_\_\_

If NO or DK if testing was part of a company medical screening:

- d. Did you go to your own doctor for the blood test?

26d. No 1 Yes 2 DK 3

Please tell us the name and location of the doctor that drew your  
blood sample?

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Office Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

27. **INTERVIEWER:**  
Make determination from reviewing previous  
questions, *is source of Lead exposure work-related?*  
If any chance work-related, then continue with Q28.

27. No 1 Yes 2 DK 3

If YES or DK, continue with Q28.  
If NO, go to Q44, page 7.

28. a. What is the *Name* and *Address* of the company you were  
working at *when your blood was tested* for Lead?

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

- b. What does this company *do* or *manufacture*?

\_\_\_\_\_  
\_\_\_\_\_

- c. What *job* did you have when the blood test was taken?

\_\_\_\_\_

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28b. \_\_\_\_\_ SIC

28c. \_\_\_\_\_ COC

29. Which department, building, section, or job site is this in?

INTERVIEWER: very important, try to get detail.

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30. On this job, how many people also work(ed) as (occupation)?

30.     \_\_\_ \_\_\_ \_\_\_ \_\_\_  
          number of people

31. How many people work(ed) in the *same area* as you , not necessarily doing the *same* job?

31.     \_\_\_ \_\_\_ \_\_\_ \_\_\_  
          number of people

INTERVIEWER: if Q33a is <3 months before the date of the blood lead test, ask about previous job(s) in the last year. Use back of page for notes.

33 a. What month and year did you begin working for (employer name where Lead exposure occurred, see Q28a)?

33a.     \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_  
          M   M    C   C   Y   Y

35. Where are your work clothes washed?

35.     At Work 1   At Home 2   Laundry Mat 4   DK 3

41. Are you exposed to Lead at work now?

41.     No   1   Yes   2   DK   3

42. Have you ever been removed from a job before because of a high Lead level?

42.     No   1   Yes   2   DK   3

a. If YES, what is the *most recent year* you were removed?

42a.     \_\_\_ \_\_\_ \_\_\_ \_\_\_ CCYY

44. Have you *previously* worked at a job where you were exposed to Lead?

44.     No   1   Yes   2   DK   3

a. If YES, list company name, job and years:

44a.     \_\_\_ \_\_\_ total number years

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46. Do you drink homemade liquor?

46.     No   1   Yes   2   DK   3

55. Have you ever had a gun shot (bullet) wound?

55.     No   1   Yes   2   DK   3

a. If YES: Do you still have any fragments in you?

55a.     No   1   Yes   2   DK   3

b. If YES to fragments: What part of your body? \_\_\_\_\_

57. Do you eat wild game that has been killed with bullets?

57.     No   1   Yes   2   DK   3

57a. If YES, estimate in the last year how many times? \_\_\_\_\_

57b. When was the last time you ate game that has been killed with bullets?

57b.     \_\_\_ \_\_\_ \_\_\_ \_\_\_ MMY

56. Does the water from your tap where you live come from:

1) Private water well 2) Community/Municipal 3) Don't Know (*circle one*)

(If don't know, ask if there is a water bill, If YES, ask 56a)

56a. Do you drink the water from the tap? 56a. No 1 Yes 2 DK 3

56b. Do you cook with water from your tap? 56b. No 1 Yes 2 DK 3

56c. Do you use the water from your tap to make baby formula? 56c. No 1 Yes 2 DK 3

56d. Do you have a filter on your tap water? 56d. No 1 Yes 2 DK 3

47. Are there children, 6 years or under, living or regularly spending time in your house? 47. No 1 Yes 2 DK 3

If YES, can you please tell me the full names, ages, and dates of birth of the children, 6 years or under, living or regularly spending time in your house?

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

a. If Q47 YES, have any of these children been tested for Lead? 47a. No 1 Yes 2 DK 3

b. If Q47a YES, how many children 6 years or under were tested for Lead? 47b. \_\_\_\_ number of children

c. If Q47a YES, have any of these children had elevated Lead levels? 47c. No 1 Yes 2 DK 3

c1. If YES, what were the blood lead levels? 47c1. \_\_\_\_ child 1, \_\_\_\_ child 2

\_\_\_\_ child 3, \_\_\_\_ child 4

47f. In what year was the housing built that you live in? 47f. \_\_\_\_ CCYY

47g. Are you (if female) or your spouse/partner (if male), pregnant? 47g. No 1 Yes 2 DK 3

47h. Are you (if female) or your spouse/partner (if male), breastfeeding? 47h. No 1 Yes 2 DK 3

The Michigan Department of Licensing and Regulatory Affairs has the legal responsibility to inspect your workplace. Would you be concerned if they inspected your work place even though your name would be kept completely confidential?

NO \_\_\_\_ YES \_\_\_\_ N/A \_\_\_\_

If YES, what exactly are your concerns?

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If you have concerns, what can we do to minimize your concerns?

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What is the DEPARTMENT and BUILDING or ADDRESS where you were working?

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Please describe how we would find the actual LOCATION where you were exposed to lead:

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48. Highest Lead level: \_\_\_\_ \_\_\_\_ \_\_\_\_ ug/dL
49. Date of highest Lead level: \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ MM/DD/CCYY
50. County of residence \_\_\_\_ \_\_\_\_ \_\_\_\_ (use State coding scheme)
51. County of work: \_\_\_\_ \_\_\_\_ \_\_\_\_ (use State coding scheme)
52. Nature of Exposure \_\_\_\_ \_\_\_\_ \_\_\_\_
53. Employer ID Number \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_
58. NAICS \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_