

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 30 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.

FOR CODING ONLY

Case # A S

Disease:

Interviewer: (initials)

Survey Date: - -

BACKGROUND INFORMATION

1. I want to confirm the spelling of your name:

First

Middle

Have you ever had a different Last Name (females only)?

1. _____

Last

Other Last Name

2. I want to confirm your address:

City

State

Zip

3. I want to confirm your home phone number:

() _____ - _____

4. What is your social security number?

4. _____ - _____ - _____

DEMOGRAPHIC INFORMATION

5. What is your gender? (do not ask if obvious)

5. 1 Male 2 Female

6. What is your date of birth? _____ - _____ - _____

6. _____ (CCYY)

7. How would you be classified—the choices are:

7. 1 White
2 African American
3 Asian/Pacific Islander
4 White Hispanic
5 Other*
6 Alaskan/American Indian
7 African American Hispanic
8 Other Hispanic*
88 Unknown
99 Refused

*If OTHER, please specify:

8. What is the highest level of education that you have completed? 8. 1- 7th grade or less
2- 8th, 9th, 10th, or 11th grade
3- High School Graduate
4- 1-3 years College/Tech
5- 4+ years College/Tech
88- Unknown
99- Refused
9. a. Why did your doctor test you for arsenic? _____
b. How were/are you exposed to arsenic? _____

A. BLOOD/URINE TEST

Our records indicate that you had a urine test of _____ for arsenic 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? A2. 1 Company/workplace program **Go to A4**
2 Union screening **Go to A4**
3 Pre-employment physical **Go to A4**
4 Environmental follow-up **Go to A4**
5 Doctor's advice
6 Own decision
7 Other*
8 Chelation therapy **Go to A4**
88 Unknown
99 Refused
- *If OTHER, please describe: _____
- A3. Why did you go to the doctor originally?

- A4. Have you had any previous arsenic testing in the last 5 years? A4. 1 No 88 Unknown
2 Yes 99 Refused
- A5. Do you have a doctor who follows your arsenic levels? A5. 1 No
2 Yes-Company doctor
3 Yes-Clinic doctor*
4 Yes-Private doctor
88 Unknown
99 Refused
- *If YES-Clinic doctor, please specify type: _____
- A6. Do you have another arsenic test scheduled? A6. 1 No **Go to B1**
2 Yes
88 Unknown **Go to B1**
99 Refused **Go to B1**
- A7. When is your next arsenic test scheduled for? A7. _____ - _____ - _____ - _____
(approximate date) MM-DD-YYYY

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 <i>(where exposure occurred)</i>	PREVIOUS JOB <i>(within last year)</i>
B3. Company Name Address Phone number	SIC ____ _	SIC ____ _
B4. Worksite Location <i>(if different than company location)</i>		
B5. Date start / stop <i>(mm/yy)</i>	_____/____	_____/____
B6. Job Title	COC ____ _	COC ____ _
B7. Please describe your job duties and any types of material or substances used on this job.		
B8. Does your job involve:	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 years have you worked around arsenic? <i>(If never, go to C1)</i>	____ # years NEVER 99	____ # years NEVER 99
B10. How many other workers do/did the same type of work as you?	Actual # given: ____ _	Actual # given: ____ _
EDUCATION		
B11. Has your employer ever trained you on the hazards of working with arsenic? <i>(self-employed: Have you ever received information about the hazards of working with arsenic? Go to B14.)</i>	1 No Go to B14. 2 Yes 88 Unknown Go to B14. 99 Refused Go to B14.	1 No Go to B14. 2 Yes 88 Unknown Go to B14. 99 Refused Go to B14.
B12. How often does your employer provide this information?		
B13. Is the information provided by someone that works for your employer?	1 No 2 Yes 88 Unknown 99 Refused	1 No 2 Yes 88 Unknown 99 Refused

PERSONAL PROTECTION	CURRENT JOB	PREVIOUS JOB
B14. Are/Were respirators made available for you to use? <i>(self-employed: Do you have a respirator?)</i>	1 Always 2 Sometimes 3 Never Go to B20. 88 Unknown Go to B20. 99 Refused Go to B20.	1 Always 2 Sometimes 3 Never Go to B20. 88 Unknown Go to B20. 99 Refused Go to B20.
B15. What type of respirator was provided? <i>(self-employed: What kind of respirator? Go to B17.)</i>	1 Dust mask 2 Cartridge/half face 3 Cartidge/full face 4 Other _____ 88 Unknown 99 Refused	1 Dust mask 2 Cartridge/half face 3 Cartidge/full face 4 Other _____ 88 Unknown 99 Refused
B16. Does/Did your employer ever require that you wear a respirator when working with arsenic?	1 Always 2 Sometimes 3 Never 88 Unknown 99 Refused	1 Always 2 Sometimes 3 Never 88 Unknown 99 Refused
B17. When you're working around arsenic, how often do you wear a respirator?	1 Always 2 Sometimes 3 Never 88 Unknown 99 Refused	1 Always 2 Sometimes 3 Never 88 Unknown 99 Refused
B18. Have you been fit-tested in the past year to wear your respirator?	1 No 2 Yes 88 Unknown 99 Refused	1 No 2 Yes 88 Unknown 99 Refused
B19. Was training provided for proper use, maintenance and storage of the respirator?	1 No 2 Yes 88 Unknown 99 Refused	1 No 2 Yes 88 Unknown 99 Refused
B20. Do you wear a protective uniform/clothing?	1 Always 2 Sometimes 3 Never 88 Unknown 99 Refused	1 Always 2 Sometimes 3 Never 88 Unknown 99 Refused
B21. Do you wear other protective equipment?	1 No Go to B23. 2 Yes 88 Unknown Go to B23. 99 Refused Go to B23.	1 No Go to B23. 2 Yes 88 Unknown Go to B23. 99 Refused Go to B23.
B22. Please describe what other protective equipment is used <i>(prompt for shoes, gloves, hard hats, hearing protection, etc.)</i>		

HYGIENE	CURRENT JOB	PREVIOUS JOB
B23. Are there wash facilities available at the worksite?	1 No <i>Go to B26.</i> 2 Yes 88 Unknown <i>Go to B26.</i> 99 Refused <i>Go to B26.</i>	1 No <i>Go to B26.</i> 2 Yes 88 Unknown <i>Go to B26.</i> 99 Refused <i>Go to B26.</i>
B24. Are showers available at the worksite?	1 No 2 Yes 88 Unknown 99 Refused	1 No 2 Yes 88 Unknown 99 Refused
B25. Do you shower regularly after your shift at work?	1 No 2 Yes 88 Unknown 99 Refused	1 No 2 Yes 88 Unknown 99 Refused
B26. Is there a clean break area provided?	1 No 2 Yes 88 Unknown 99 Refused	1 No 2 Yes 88 Unknown 99 Refused
B27. Do you ever eat/drink/snack/smoke in your work area?	1 No 2 Yes – Eat/snack 3 Yes – Drink 4 Yes – Smoke 88 Unknown 99 Refused	1 No 2 Yes – Eat/snack 3 Yes – Drink 4 Yes – Smoke 88 Unknown 99 Refused
B28. Do you regularly wash your hands before eating/smoking or after your shift at work?	1 No 2 Yes 88 Unknown 99 Refused	1 No 2 Yes 88 Unknown 99 Refused
B29. Does your employer launder your work clothes or provide you with disposable clothing? <i>(self-employed: Do you wash your clothes separate from your family's?)</i>	1 No 2 Yes – Launder 3 Yes – Disposable 88 Unknown 99 Refused	1 No 2 Yes – Launder 3 Yes – Disposable 88 Unknown 99 Refused
B30. Do you wear your work clothes or shoes home?	1 No 2 Yes – Clothes 3 Yes – Shoes 4 Yes – Clothes & Shoes 88 Unknown 99 Refused	1 No 2 Yes – Clothes 3 Yes – Shoes 4 Yes – Clothes & Shoes 88 Unknown 99 Refused

B31. Do you feel you know how to work safely with arsenic?

B31. 1 No
2 Yes
88 Unknown
99 Refused

B32. Do you currently smoke cigarettes?

B32. 1 No
2 Yes
88 Unknown
99 Refused

B2. Are you a member of a union?

*If YES, Name and Local: _____

B2. 1 No
2 Yes*
88 Unknown
99 Refused

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)
<p>C2. What type of house do you live in?</p> <p>1 Single family, townhouse, duplex, or 2-family 2 Mobile or modular home 3 Apartment or condominium 4 Other - Describe: _____ 88 Unknown 99 Refused</p>	<p>C2. What type of house did you live in?</p> <p>1 Single family, townhouse, duplex, or 2-family 2 Mobile or modular home 3 Apartment or condominium 4 Other - Describe: _____ 88 Unknown 99 Refused</p>
<p>C2a. What is the source of your drinking water?</p> <p>1 Municipal/public Go to C3. 2 Private well 3 Other - Describe: _____ 88 Unknown 99 Refused</p>	<p>C2a. What is the source of your drinking water?</p> <p>1 Municipal/public Go to C3. 2 Private well 3 Other - Describe: _____ 88 Unknown 99 Refused</p>
<p>C2b. If source of drinking water is a <i>private well</i>, was it tested for arsenic?</p> <p>1 No 2 Yes 88 Unknown 99 Refused</p>	<p>C2b. If source of drinking water is a <i>private well</i>, was it tested for arsenic?</p> <p>1 No 2 Yes 88 Unknown 99 Refused</p>
<p>C2c. If source of drinking water is a <i>private well</i>, and was tested for arsenic, what were the results?</p> <p>1 Normal 2 Elevated 3 Tested, unknown results 88 Unknown 99 Refused</p>	<p>C2c. If source of drinking water is a <i>private well</i>, and was tested for arsenic, what were the results?</p> <p>1 Normal 2 Elevated 3 Tested, unknown results 88 Unknown 99 Refused</p>
<p>C3. Have there been any recent additions to your residence using pressure-treated lumber?</p> <p>1 No Go to C5. 2 Yes 88 Unknown Go to C5. 99 Refused Go to C5.</p> <p>IF YES: Please describe the type of work done:</p>	<p>C3. Were there any recent additions to your residence using pressure-treated lumber?</p> <p>1 No Go to C5. 2 Yes 88 Unknown Go to C5. 99 Refused Go to C5.</p> <p>IF YES: Please describe the type of work done:</p>
<p>C4. Did you participate in these renovations?</p> <p>1 No 2 Yes 88 Unknown 99 Refused</p>	<p>C4. Did you participate in these renovations?</p> <p>1 No 2 Yes 88 Unknown 99 Refused</p>

C5. Do you use any herbal medicines or herbal supplements?
 *If YES, please describe: _____

C5. 1 No
 2 Yes*
 88 Unknown
 99 Refused

C6. Do you take any food supplements such as fish oil?
 *If YES, please describe: _____

C6. 1 No
 2 Yes*
 88 Unknown
 99 Refused

C7a. 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?")

- C7a. 1 Never **Go to C8**
 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 C8**
 99 Refused **Go to C8**

C7b. How long before the arsenic test did you eat fish?

- C7b. 1 Within 24 hours
 2 One to 7 days
 3 More than 7 days
 88 Unknown **Go to C7b1**
 99 Refused

C7b1. If C7b is Unknown, did your doctor tell you to avoid eating fish before the test?

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

- C7b1. 1 No
 2 Yes*
 88 Unknown
 99 Refused

C7c. What type of fish did you usually eat? _____

C7d. Where did the fish come from?

- C7d. 1 Grocery store/restaurant **Go to C7e**
 2 Caught **Go to C7f**
 88 Unknown **Go to C8**
 99 Refused **Go to C8**

C7e. If fish from a *grocery store*, how was fish packaged?

- C7e. 1 Canned
 2 Fresh
 3 Frozen
 88 Unknown **Go to C8**
 99 Refused **Go to C8**

C7f. Where was the fish caught?

*Name of location: _____

- C7f. 1 Ocean*
 2 River/stream*
 3 Lake*
 88 Unknown
 99 Refused

C8. 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)			Used Ventilation or PPE?			
	No	Yes	Unk	No	Yes	Unk	Times/Week			No	Yes	Unk	Ref
A. Gardening with pesticides	1	2	88	1	2	88	<1	1-4	>4	1	2	88	99
B. Woodworking with treated lumber	1	2	88	1	2	88	<1	1-4	>4	1	2	88	99
C. Hobby farming (both plants and animals)	1	2	88	1	2	88	<1	1-4	>4	1	2	88	99
D. 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 B9 ≠ 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

D7. If a WOMAN ask, are you pregnant or nursing? D7. 1 No
2 Yes
88 Unknown
99 Refused

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. ___ ___ - ___ ___ - ___ ___ ___