

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 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 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.

FOR CODING ONLY

Case # H G ___ ___ ___

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)?

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?

1. _____

Last

Other Last Name

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:

C. SYMPTOMS

At the time of the testing for Mercury on _____, were you bothered by:

		Bothered by Symptom?			If YES, how often?				
		No	Yes	DK	Daily	Weekly	Monthly	Seldom	DK
C1.	Feeling pins and needles in your hands or feet?	1	2	3	1	2	3	4	9
C2.	Feeling numbness in your hands or feet?	1	2	3	1	2	3	4	9
C3.	Unsteady gait?	1	2	3	1	2	3	4	9
C4.	Difficulty speaking?	1	2	3	1	2	3	4	9
C5.	Loss of peripheral vision?	1	2	3	1	2	3	4	9
C6.	Shaking or tremors of your hand?	1	2	3	1	2	3	4	9
C7.	Memory loss?	1	2	3	1	2	3	4	9
C8.	Being irritable?	1	2	3	1	2	3	4	9
C9.	Being tired?	1	2	3	1	2	3	4	9
C10.	Feeling sad or depressed?	1	2	3	1	2	3	4	9
C11.	Waking up at night?	1	2	3	1	2	3	4	9
C12.	Nightmares or strange dreams?	1	2	3	1	2	3	4	9

C13. Within the past 3 months, have you lost more than 10 lbs. without dieting? **C13.** No 1 Yes 2 DK 3

C14. Within the past 3 months, have you had continued loss of appetite? **C14.** No 1 Yes 2 DK 3

C15. Has a health care provider told you, you have hearing loss? **C15.** No 1 Yes 2 DK 3

If YES:

C15a. What year were you told you had it? **C15a.** ___ ___ ___ ___ CCYY

C15b. Were you exposed to loud noise on a regular basis (had to raise voice to be heard)? **C15b.** No 1 Yes 2 DK 3

If YES:

C15b-1. For how many years? **C15b-1.** ___ ___ total years

C16. Has a doctor told you that you have kidney disease? **C16.** No 1 Yes 2 DK 3

C16a. If YES, what year were you told you had it? **C16a.** ___ ___ ___ ___ CCYY

C17. Has a doctor told you that you have any eye abnormalities? **C17.** No 1 Yes 2 DK 3

C17a. If YES, describe: _____

ENVIRONMENTAL HISTORY

At the time of your test for mercury on _____(date of test)

- C18.** Were you using any herbal medicines or herbal supplements? within a year of the test? *If YES, please describe: _____

- C18.** 1 No
2 Yes*
88 Unknown
99 Refused
- C19a.** Was there a spill containing mercury, including a broken thermometer, in your residence within a year of your test?
- C19a.** 1 No **Go to C20a**
2 Yes
88 Unknown **Go to C20a**
99 Refused **Go to C20a**
- C19b.** When did this spill occur?
- C19b.** ____ - ____
MM-YYYY
- C19c.** Who cleaned up the spill? _____
- C20a.** How often were you eating fish or seafood in the two months before your test?
- C20a.** 1 Never **Go to B1** (pg.6)
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** (pg.6)
99 Refused **Go to B1** (pg.6)
- C20b1.** How long before the mercury test did you eat fish?
- C20b1.** 1 Within 24 hours
2 One to 7 days
3 More than 7 days
88 Unknown
99 Refused
- C20b2.** Did your doctor tell you to avoid eating fish before the test?
- C20b2.** 1 No
2 Yes*
88 Unknown
99 Refused
- *If YES, for how many days before the test? _____ (days)
- C20c.** What type of fish did you usually eat? _____
- C20d.** Where did the fish come from?
- C20d.** 1 Grocery store/restaurant **Go to C20e**
2 Caught **Go to C20f**
88 Unknown **Go to B1**
99 Refused **Go to B1**
- C20e.** If fish from a *grocery store*, how was fish packaged?
(circle most common packaging
if eat fish with different packaging)
- C20e.** 1 Canned
2 Fresh
3 Frozen
88 Unknown
99 Refused
- C20f.** If fish was *caught*, where was the fish caught?
- C20f.** 1 Ocean*
2 River/stream*
3 Lake*
88 Unknown
99 Refused
- *Name of location: _____

B. OCCUPATIONAL HISTORY

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

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

	CURRENT JOB <i>(where exposure occurred)</i>	PREVIOUS JOB <i>(within last year)</i>
B3. Company Name & City	SIC _____	SIC _____
B4. Worksite Location <i>(if different than company location)</i>		
B5. Date start /stop <i>(mm/ccyy)</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 (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 technician 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 technician 8 Pharmaceutical manufacturer
B9. How many years have you worked around mercury? <i>(If never, STOP, Q done)</i>	____ # years NEVER 99	____ # years NEVER 99
B10. How many other workers do/did the same type of work as you?	<i>Actual # given:</i> _____	<i>Actual # given:</i> _____
B11. Has your employer ever trained you on the hazards of working with mercury? <i>(self-employed: Have you ever received information about the hazards of working with mercury? 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 <i>Go to B20.</i> 88 Unknown <i>Go to B20.</i> 99 Refused <i>Go to B20.</i>	1 Always 2 Sometimes 3 Never <i>Go to B20.</i> 88 Unknown <i>Go to B20.</i> 99 Refused <i>Go to B20.</i>
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 Cartridge/full face 4 Other _____ 88 Unknown 99 Refused	1 Dust mask 2 Cartridge/half face 3 Cartridge/full face 4 Other _____ 88 Unknown 99 Refused
B16. Does/Did your employer ever require that you wear a respirator when working with mercury?	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 mercury, 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 <i>Go to B23.</i> 2 Yes 88 Unknown <i>Go to B23.</i> 99 Refused <i>Go to B23.</i>	1 No <i>Go to B23.</i> 2 Yes 88 Unknown <i>Go to B23.</i> 99 Refused <i>Go to B23.</i>
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

HYGIENE	CURRENT JOB	PREVIOUS JOB
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 mercury?

B31. 1 No
2 Yes
88 Unknown
99 Refused

B32. Do you currently smoke cigarettes?

B32. 1 No
2 Yes
88 Unknown
99 Refused

B33. Are you a member of a union?

*If YES, Name and Local: _____

B33. 1 No
2 Yes*
88 Unknown
99 Refused

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 Mercury? **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 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.** ____ 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. 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. ____ - ____ - ____