

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 15 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 ____ _

RecNo. 1

Iview Date: ____ - ____ - ____

Interviewer: ____ _ (initials)

.....

1. What is your full name?

First

1. ____ _
Last

2. What is your address?

City State Zip

3. What is your home telephone number?

() _____ - _____

4. ____ _ - ____ _ - ____ _

4. What is your social security number?
(If refusal to answer, try to obtain the last 4-digits)

5. Male 1 Female 2

5. What is your gender?

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. White 1
- African American 2
- Asian/Pacific Islander 3
- Native American/Alaskan 4
- White Hispanic 6
- African-American Hispanic 7
- Other Hispanic 8
- Arab or Chaldean 10
- Other 5
- Unknown 9

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?

How were/are you exposed to Lead?

12. Within the past 3 months, have you lost more than 10 lbs. without dieting? 12. No 1 Yes 2 DK 3

13. Within the past 3 months, have you had continued loss of appetite? 13. No 1 Yes 2 DK 3

14. Within the past 3 months, have you had pains in your belly? 14. No 1 Yes 2 DK 3

If YES:

a. Does the pain come *before meals*? 14a. No 1 Yes 2 DK 3

b. Does the pain come *after meals*? 14b. No 1 Yes 2 DK 3

c. Does the pain come *with constipation*? 14c. No 1 Yes 2 DK 3

15. Within the past 3 months, have you had frequent pain or soreness in your joints? 15. No 1 Yes 2 DK 3

16. Within the past 3 months, have you noticed muscle weakness? 16. No 1 Yes 2 DK 3

17. Within the past 3 months, have you been bothered by:

a. Headaches? 17a. No 1 Yes 2 DK 3
1) If YES, how often? 17a-1. Daily 1 Weekly 2 Monthly 3 Seldom 4 DK 9

b. Dizziness? 17b. No 1 Yes 2 DK 3
1) If YES, how often? 17b-1. Daily 1 Weekly 2 Monthly 3 Seldom 4 DK 9

c. Feeling sad or depressed? 17c. No 1 Yes 2 DK 3
1) If YES, how often? 17c-1. Daily 1 Weekly 2 Monthly 3 Seldom 4 DK 9

d. Being tired? 17d. No 1 Yes 2 DK 3
1) If YES, how often? 17d-1. Daily 1 Weekly 2 Monthly 3 Seldom 4 DK 9

e. Feeling nervous? 17e. No 1 Yes 2 DK 3
1) If YES, how often? 17e-1. Daily 1 Weekly 2 Monthly 3 Seldom 4 DK 9

f. Waking up at night? 17f. No 1 Yes 2 DK 3
1) If YES, how often? 17f-1. Daily 1 Weekly 2 Monthly 3 Seldom 4 DK 9

g. Nightmares or strange dreams? 17g. No 1 Yes 2 DK 3
1) If YES, how often? 17g-1. Daily 1 Weekly 2 Monthly 3 Seldom 4 DK 9

h. Being irritable? 17h. No 1 Yes 2 DK 3
1) If YES, how often? 17h-1. Daily 1 Weekly 2 Monthly 3 Seldom 4 DK 9

i. Being unable to concentrate? 17i. No 1 Yes 2 DK 3
1) If YES, how often? 17i-1. Daily 1 Weekly 2 Monthly 3 Seldom 4 DK 9

18. Have you, or your spouse, had trouble having a child? 18. No 1 Yes 2 DK 3

a. If YES, have you been told you had a decreased sperm count? (If female, then NA) 18a. No 1 Yes 2 DK 3 N (women) 4

19. Within the past 3 months, have you been told by a doctor your red blood cell count was reduced or that you have anemia? 19. No 1 Yes 2 DK 3
20. Has a doctor told you that you have kidney disease? 20. No 1 Yes 2 DK 3
 a. If YES, what year were you told you had it? 20a. ___ ___ ___ ___ CCYY
21. Do you have high blood pressure? 21. No 1 Yes 2 DK 3
 If YES:
 a. What year were you told you first had it? 21a. ___ ___ ___ ___ CCYY
 b. What is your blood pressure? 21b. ___ ___ ___ / ___ ___ ___
 c. Do you take medication for your blood pressure? 21c. No 1 Yes 2 DK 3
54. Has a health care provider told you, you have hearing loss? 54. No 1 Yes 2 DK 3
 If YES:
 a. What year were you told you had it? 54a. ___ ___ ___ ___ CCYY
 b. Were you exposed to loud noise on a regular basis (had to raise voice to be heard)? 54b. No 1 Yes 2 DK 3
 b-1. If Q54b YES, for how many years? 54b-1. ___ ___ total years

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: 1) In what year was the building you worked on built? 2) How many years have you been doing this? 3) In the last year, how often have you done this?	22a. No 1 Yes 2 DK 3 22a-1. ___ ___ ___ ___ CCYY 22a-2. ___ ___ ___ ___ CCYY 22a-3. Daily 1 Weekly 2 Monthly 3	No 1 Yes 2 DK 3 Seldom 4 DK 9
b. Painting (not at work)? If YES: 1) In what year was the building you painted built? 2) How many years have you been doing this? 3) In the last year, how often have you done this?	22b. No 1 Yes 2 DK 3 22b-1. ___ ___ ___ ___ CCYY 22b-2. ___ ___ ___ ___ CCYY 22b-3. Daily 1 Weekly 2 Monthly 3	No 1 Yes 2 DK 3 Seldom 4 DK 9
c. Making pottery/ceramics using glazes? If YES: 1) How many years have you been doing this? 2) In the last year, how often have you done this?	22c. No 1 Yes 2 DK 3 22c-1. ___ ___ ___ ___ CCYY 22c-2. Daily 1 Weekly 2 Monthly 3	No 1 Yes 2 DK 3 Seldom 4 DK 9
d. Firearms target practice? If YES: 1) Name and Location of range: _____ 2) Is the range Indoor or Outdoor or Both? 3) How many years have you been doing this? 4) In the last year, how often have you done this?	22d. No 1 Yes 2 DK 3 22d-2. Indoor 1 Outdoor 2 22d-3. ___ ___ ___ ___ CCYY 22d-4. Daily 1 Weekly 2 Monthly 3	No 1 Yes 2 DK 3 Both 4 DK 3 Seldom 4 DK 9
e. Making stained glass? If YES: 1) How many years have you been doing this? 2) In the last year, how often have you done this?	22e. No 1 Yes 2 DK 3 22e-1. ___ ___ ___ ___ CCYY 22e-2. Daily 1 Weekly 2 Monthly 3	No 1 Yes 2 DK 3 Seldom 4 DK 9

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

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. Are you notified of your Blood Lead results?
- b. If Q26a YES, are you given the results in writing?
- c. Did a doctor or nurse, employed by your company, examine you because of your Blood Lead results?

26a. No 1 Yes 2 DK 3

26b. No 1 Yes 2 DK 3

26c. 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?

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?

City _____ State _____

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

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

OFFICE USE ONLY

28b. _____ SIC

28c. _____ COC

29. Which department, building, section (or job site) is this in?
INTERVIEWER: very important, try to get detail.

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

32. Can you tell me more about what you do/did as a (occupation), what materials you use, what you are making, the area you work in, and what you do on your job?
INTERVIEWER: very important, try to get detail.

Materials: _____

Worksite description: _____

Work process: _____

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

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.

 M M C C Y Y

b. What month and year did you start as
 (occupation where Lead exposure occurred, see Q28c)?

33b. ____ ____ / ____ ____ ____
 M M C C Y Y

34. Is there a separate place for you to keep your dirty work clothes and clean street clothes?

34. No 1 Yes 2 DK 3

35. Where are you work clothes washed?

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

36. At work, is there a place you can shower before getting into your clean street clothes?

36. No 1 Yes 2 DK 3

37. Is there a lunch room at work?

37. No 1 Yes 2 DK 3

38. At work, do you clean off the dust from your clothes and wash your hands before eating?

38. No 1 Yes 2 DK 3

39. At work, do you eat in a lunchroom?
(If Q37=No, or if response "off premises" / "out", then NA)

39. No 1 Yes 2 DK 3 NA 4

40. At work, do you wear a respirator?

40. No 1 Yes 2 DK 3

If YES:

a. How many hours do you wear the respirator?
b. Where do you keep your respirator when you are not wearing it? _____

40a. ____ ____ hours per day

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
- 45a. Do you now smoke cigarettes? 45a. No 1 Yes 2 DK 3
 If Q45a YES:
 b. Do you smoke in your work area? 45b. No 1 Yes 2 DK 3
 c. Do you keep your cigarettes in your pocket while at work? 45c. No 1 Yes 2 DK 3
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? _____
56. Does the water from your tap where you live come from:
 56a) Private water well 56b) Community/Municipal 56c) Don't Know (circle one)
 (If don't know ask if there is a water bill, If YES, answer (56b))
- 56d. Do you drink the water from the tap? 56d. No 1 Yes 2 DK 3
 56e. Do you cook with water from your tap? 56e. No 1 Yes 2 DK 3
 56f. Do you use the water from your tap to make baby formula? 56f. No 1 Yes 2 DK 3
 56g. Do you have a filter on your tap water? 56g. No 1 Yes 2 DK 3
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? _____
47. Are there children, 6 years or under, living or regularly spending time in your house? 47. No 1 Yes 2 DK 3
 c. 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
 c.1. 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 if male your spouse/partner pregnant?

47g. No 1 Yes 2 DK 3

47h. Are you (if female) or if male your spouse/partner 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?

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

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

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. Work-Related ___ ___ ___

53. Employer ID Number ___ ___ ___ ___ ___