

**SHARP LEAD REGISTRY**  
**Case Follow-up**  
*Long Interview Form*

**Background Patient Information**

Case ID # \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_

\_\_\_\_\_

Gender  M  F

\_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_

Blood Lead Level \_\_\_\_\_  $\mu\text{g}/\text{dl}$

Date of Test \_\_\_\_\_

Health Care Provider \_\_\_\_\_ HCP ID # \_\_\_\_\_

Reason for Test:  Bio-monitoring  Clinical Suspicion  Unknown  Other: \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Call Attempts: \_\_\_/\_\_\_/\_\_\_ \_\_\_:\_\_\_ AM PM

\_\_\_/\_\_\_/\_\_\_ \_\_\_:\_\_\_ AM PM

\_\_\_/\_\_\_/\_\_\_ \_\_\_:\_\_\_ AM PM

Comments:

Date Interview Completed \_\_\_/\_\_\_/\_\_\_

Interviewer \_\_\_\_\_

Date Case Information Mailed \_\_\_/\_\_\_/\_\_\_

Actions Taken?  No  Yes

Referral to WISHA

Physician to Physician Referral

Contact Employer for Further Action

Send Further Information

## I. Introduction

Hi. My name is \_\_\_\_\_, and I work with the SHARP Program at the Department of Labor and Industries. We run the adult blood lead level tracking program for the State of Washington, so we receive the results of all adult blood lead tests.

A couple weeks ago we sent you a letter and some educational materials on occupational lead exposure.

I'm calling today to ask for your participation in a brief interview about your work and how you became exposed to lead. Information about your experience can help us create safer and healthier working conditions. The interview should take about 20 minutes. The research is voluntary and there will be no penalties if you choose not to participate, or if you want to skip questions or stop the interview at any time. All of the information you share will be confidential. The information you provide will not be shared with workers' compensation claim managers or affect the outcome of any current or future claim in any way.

Are you willing to participate in the interview? Yes/No

If Yes, List preferred day/time: \_\_\_\_\_

If No, List reason for refusal: \_\_\_\_\_

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## II. Questions

1. Confirm name, address, date of birth and gender (*Refer to page 1*).

2. Were you told the results of this blood lead test?

Yes       No       Unknown

*(If no, tell him/her what the results are and answer any questions. Refer him/her to the HCP who requested the test and to the local health department, when appropriate)*

### a. Employment Information

3. What was your occupation (job title) when you had this blood lead test done?

\_\_\_\_\_

Please describe your main job task(s) \_\_\_\_\_

4. What type of business (industry) is it? \_\_\_\_\_

*(Be specific; differentiate between manufacturing, retail sales and wholesale sales.)*

5. Are you still employed at this job?       Yes       No

6. How long have (had) you been employed at this job? \_\_\_\_\_ years \_\_\_\_\_ months

**b. Lead Exposure in the Workplace**

7. When you had this blood lead test done, were you being exposed to lead at work?

- Yes       No       Unknown

8. In your job, have you worked around any of the following substances:

- |  |   |
|--|---|
| <input type="checkbox"/> pigments, colorants                             | <input type="checkbox"/> car batteries        |
| <input type="checkbox"/> painted surfaces (old, house paint)             | <input type="checkbox"/> automobile radiators |
| <input type="checkbox"/> painted surfaces (old, bridge, other structure) | <input type="checkbox"/> pottery glazes       |
| <input type="checkbox"/> solder (new)                                    | <input type="checkbox"/> scrap metal          |
| <input type="checkbox"/> solder (old, plumbing repair)                   | <input type="checkbox"/> bullets (lead shot)  |
| <input type="checkbox"/> welding materials                               | <input type="checkbox"/> lead glass           |

*(If no to 10 and none for 11, skip to question 35)*

9. Please describe how you work with it \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Are there other people at your job site who are also working with this material?

- Yes       No       Unknown

10a.. How many? \_\_\_\_\_

11. Is there a union representing workers on this job?     Yes     No       Unknown

11a. If Yes, Union and Local No. \_\_\_\_\_

12. Has your employer changed anything in the workplace since your blood lead was tested?

- Yes       No

- 12a. If Yes, please describe     Changed work process or materials       Installed ventilation
- Started lead Training       Shifted me to lead-free job
- Other: \_\_\_\_\_

### c. Workplace Lead Program

13. Who suggested you have your blood tested for lead?

company    doctor    self    other \_\_\_\_\_

14. Did you have this blood lead test done as part of a regular blood lead testing program at work?

Yes    No

15. How often is your blood tested at work?

>once in 6 months    every 6 months    once a year    <once a year    never

16. Did you receive any information or training from the company about lead and how to protect yourself from lead overexposure?

Yes    No    Unknown

17. If yes to 16, what kind of training did you receive?

Verbal Instruction    Pamphlets    Educational video    Other

18. Are you given refresher courses?

Yes    No

< once/year    annual    every 2 years

19. How useful was your training? (rate from 1-10) \_\_\_\_\_

### d. Ventilation Controls, Personal Protective Equipment, Personal Hygiene

20. Is dust formed in your work?    Yes    No    Unknown

20a. If yes, please describe how:

*Hand scraping*

*Hand sanding*

*Power scraping*

*Abrasive blasting*

*Power sanding*

*Sweeping*

*Mixing powdered pigments or glazes*

*Shop vacuum*

*Using compressed air for cleaning*

*Material drops on the floor and dries*

*Carving or etching glass*

*Firing bullets*

Other: \_\_\_\_\_

21. Do you use a mask or respirator at work?

- Yes                       No                       Unknown

22. Do you use the respirator or mask:

- All the time     Usually     Once in a while     For specific tasks \_\_\_\_\_

23. Is there any ventilation for the work you do?

- Yes                       No                       Unknown

23a. If Yes, ask questions that help describe the kind of ventilation present:

- Blasting booth/room                       General dilution  
 Spray booth/room                       Local exhaust

*General dilution ventilation is conditioned "fresh" air e.g. Air from a furnace and/or air-conditioning unit.*

*Local exhaust ventilation can range from a suction hose to a room-sized booth. The contaminant is being captured as it is generated e.g. "elephant trunks" (flexible duct work that is moved into the immediate area of work), "hoods" such as fume hoods used in labs, or 3-sided structures which draw air through and exhaust it from the rear of the enclosure.*

24. Do you wash your hands before eating/drinking?

- Never                       Occasionally                       Usually                       Always

25. Do you smoke?     Yes                       No

25a. Do you wash your hands before smoking?

- Never     Occasionally     Usually     Always

26. Do you chew tobacco?  Yes                       No

26a. Do you wash your hands before chewing tobacco?

- Never     Occasionally     Usually     Always

27. Are there washrooms near your work area?                       Yes     No     Unknown

28. Is there a shower with warm water at work?                       Yes     No     Unknown

28a. If Yes, do you shower before you leave work?  Yes     No

29. Do you change your clothes before you leave work?  Yes     No



37. May we contact your employer to send them materials on lead exposure?

Yes  No  Prefer not to answer

37a. If so, List Name of Employer: \_\_\_\_\_

37b. List, Employer's Address: \_\_\_\_\_

If Construction, List Address of Jobsite: \_\_\_\_\_

37c. List, Employer's Phone: \_\_\_\_\_

37d. If no, why not?

Fear of Retaliation

Satisfied with Employers' Efforts

Other, describe \_\_\_\_\_

#### **g. Workers' Compensation**

38. Did you file a claim for worker's compensation in conjunction with this lead test?

Yes  No