

Oregon Lead Poisoning Prevention Program

Adult Investigation Questionnaire

800 NE Oregon St., Ste. 640, Portland, OR 97232

Phone: 971-673-0440 Fax: 971-673-0457

Case ID #:	BLL Test Date (MM/DD/YYYY):	EBLL:
Investigator Name:	Interview Date (MM/DD/YYYY):	Venous Sample: <input type="checkbox"/> Yes <input type="checkbox"/> No

A. Patient Information:

Name (Last)	(First)	(MI)	Phone	Date of Birth	Age	Sex
Home Address (Street)		(City)	(County)	(State)	(Zip)	
Race: <input type="checkbox"/> Alaskan/Native American <input type="checkbox"/> Black <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____			
Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): _____			Exposure Occupationally Related? <input type="checkbox"/> Yes <input type="checkbox"/> Both Occupational and Non-Occupational <input type="checkbox"/> No (If "No", skip to Section C)			

B. Employer Information:

Current Employer	Phone
Current Work Location (Street) (City) (County) (State) (Zip)	
Patient Occupation	Employer Industry Description
Standard Occupation Code (SOC) _____ North American Industry Classification System (NAICS) _____	How long have you been employed in this position? _____

NOTE: If patient employed with current employer less than one year, obtain information on previous employment. If not, skip to section C.

ASK: What work did you perform in your previous employment? _____

(Only obtain following previous employer information if employment lead related.)

Previous Employer	Phone
Previous Employer Address (Street) (City) (County) (State) (Zip)	
Patient Occupation	Employer Industry Description
Standard Occupation Code (SOC) _____ North American Industry Classification System (NAICS) _____	Approximate length of employment _____

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C. Exposure Source:

Occupational Lead Sources	
Is this exposure from current occupation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How are you being exposed at work?	
Hobby Lead Sources	
Hobbies (check all that apply):	
Auto/Boat Body Work	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Renovation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refinishing/painting furniture	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stained Glass	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paints/Glazes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shot/Weight Making	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hunting/Target Practice	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other lead-related hobbies:	
Occupation/Hobby Work Practices	
Location of work/hobby:	
What do you do to reduce your lead exposure?	
Is there direct ventilation to remove lead fumes/dust? <input type="checkbox"/> No <input type="checkbox"/> Yes (describe):	
Do exhaust systems exist? <input type="checkbox"/> No <input type="checkbox"/> Yes (describe):	
Do you wear personal protective equipment? If so, describe?	
Meal location during work/hobby lead activity: <input type="checkbox"/> Away from site <input type="checkbox"/> On site <input type="checkbox"/> N/A	
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes": Do you smoke during the work/hobby activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How do you clean-up after work/hobby activity? (describe)	
Do you change clothes upon completion of the work/hobby lead activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a shower at the work/hobby site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you shower at the end of each activity session?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe how you wash/laundry clothes?	

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D. Reported Medical Signs and Symptoms:

Do you or have you had any signs or symptoms of lead exposure?

E. Patient Medical History:

Was the blood lead test part of a company screening program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been informed of the test prior to this call?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If BLL >60 µg/dL blood:	
Were you treated for the high BLL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently seeing a medical provider for the lead level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe treatment:	
Were you removed from your regular job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Care Medical Provider's Name:	
Facility/Clinic Name:	
Address, City, State, Zip and Phone (include area code):	

F. Household and Environmental Information:

Are there children in the household? <input type="checkbox"/> No <input type="checkbox"/> Yes (Describe age(s), BLL test date and result).
Is anyone in the household pregnant or nursing? <input type="checkbox"/> No <input type="checkbox"/> Yes (Record date and result of BLL test).
Is anyone else in the household exposed to lead? <input type="checkbox"/> No <input type="checkbox"/> Yes (Record date and result of BLL test):

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G. Referral Sources (For occupational Cases Only): Read to Patient

1. Oregon Lead Standard: “Oregon has a law that is designed to protect workers from the effects of lead. Under this law, employers are required to keep worker’s exposures to lead down to a safe level and to train workers in working safely around lead. Some employers are also required to provide showers and change rooms and free medical exams including blood lead tests like the one that you had taken. If the doctor finds that your blood lead level is too high to continue working at your regular job, the law requires your employer to place you at a job with low or no exposure to lead and they must maintain your regular salary and benefits. Only after your blood lead level drops to a safe level are you then allowed to return to your regular job. If you think your employer is violating any requirements of the Oregon Lead Standard, you can make a complaint to Oregon-OSHA. You can request that your name be withheld from your employer.”

2. “Would you like the Oregon Public Health Division to make a referral to OR-OSHA for you?”

No Yes

3. If applicable, “Can we make a referral to the Oregon Lead-Based Paint Program?”

No Yes

H. Comments, Recommendations and Follow-up: