



Connecticut Department of Public Health Environmental Epidemiology & Occupational Health

ADULT LEAD POISONING SURVEY

Name: _____ Date of Birth: ____/____/____

Address: _____ Phone Number: () ____-____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Years in occupation: _____

Employer Name: _____ Phone Number: () ____-____

Employer Address: _____ Years at company: _____

City: _____ State: _____ Zip Code: _____

Please answer the following questions:

1. Why was a blood lead test done? SCREENING PROGRAM AT WORK DOCTOR'S ADVICE OWN DECISION

2. Are you exposed to lead at work? YES NO DON'T KNOW

2a. If yes, list job duties that expose you to lead? _____

2b. At work, do you... (Check all that apply)

- HAVE A PLACE TO EAT AWAY FROM WORK AREA HAVE SHOWER FACILITIES SMOKE
 HAVE EMPLOYER LAUNDRY YOUR WORK CLOTHES HAVE HAND WASH FACILITIES WEAR A RESPIRATOR

3. Do any of your non-work activities include: (Check all that apply)

- HOME REMODELING/HOUSE PAINTING HUNTING/RANGE SHOOTING AUTO REPAIR
 MAKING FISHING SINKERS CERAMICS/POTTERY STAINED GLASS
 OTHER, SPECIFY: _____

4. Do you have children under the age of 6 living in your household? YES NO

4a. If yes, how many? _____

4b. Have the children been tested for lead poisoning? YES NO DON'T KNOW

5. Will you be getting another blood lead test? YES NO DON'T KNOW

6. How much has the fact sheet increased your knowledge? NOT AT ALL LITTLE SOMEWHAT VERY MUCH

7. What did you learn from the fact sheet? _____

8. What do you think is the cause of your high lead level? _____

Comments or questions you have about lead poisoning:

- Optional: 1. Ethnicity Hispanic Non-Hispanic
 2. Race White Black Asian/Pacific Islander Native American/Alaskan Native Multiracial

Thank you for your help. This information is important to us. Please return the survey within 10 days to:

Occupational Health Program, Connecticut Department of Public Health
 P.O. Box 340308, MS#11OSP, Hartford, CT 06134-0308, Phone: 860/509-7744, Fax: 860/509-7785