

# Questionnaire to Assess Your Exposure Risk for Lead and Mercury (Quicksilver)

Name: <i>first / middle / last</i>	Date:
Address: <i>city state zip</i>	Phone:

1. Do you live in or regularly visit a house/building built before 1980?

- Yes
- No
- Don't know

2. How long have you lived in your current home?



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<http://www.nj.gov/health/forms/oas-f2.pdf>

- No

6. Do you have a family member (including children) or other household member with a confirmed elevated blood lead or mercury level?

- Yes
- No

If yes, which? Please identify where lead/mercury came from, if known.

- lead \_\_\_\_\_
- mercury \_\_\_\_\_

7. Do you, a spouse, or someone you live with have a job or hobby that might involve exposure to lead or mercury? (See Note for common examples)

- Yes
- No
- Don't know

**Note:** Job examples are house painting, plumbing, renovation, construction, auto repair, welding, electronics repair, jewelry or pottery making. Hobby examples are making stained glass or pottery, fishing, making or shooting firearms, and collecting lead or pewter figurines.

8. Do you or other family members use health remedies that might contain lead? (See Note for common examples):

- Yes
- No
- Don't know

If yes, how often?

- Daily
- Weekly
- Monthly
- Less than monthly

**Note:** Home remedies of concern: Ayurvedic medicine, liga, Maria Luisa greta, litargirio, azarcón, alarcón, alkoohl, bali goli, coral, ghasard, pay-loo-ah, rueda, empacho or any other home remedy that might contain lead.

9. Do you ingest “earth” or other non-nutritive items (pica)? (Some expectant mothers consume “earth” from their home country to create a bond between the home country and the baby)

- Yes
- No

10. Do you use cosmetics or color restorer products that might contain lead or mercury? (See Note for common examples)

- Yes
- No
- Don't know

If yes, how often?

- Daily
- Weekly
- Monthly
- Less than monthly

**Note:** Cosmetics of concern include kohl (Alkohl), surma, Ceruse, sindoor, progressive hair color restorer can contain lead acetate (e.g. Grecian Formula or “black” henna - often on label).

11. Are you aware of any skin lightening agents or creams in your home?

- Yes
- No

**Note:** Skin lightening creams can contain mercury (e.g. Agua Mary, Faiza No. 1 Beauty Cream, etc.)

12. Do you use skin lightening agent or creams?

- Yes
- No

If yes, is it imported from another country?

- Yes, from \_\_\_\_\_
- No

13. Do you use spices, especially imported spices, turmeric, or curcumin/cucurin?

- Yes
- No
- Don't know

If yes, how often?

- Daily
- Weekly
- Monthly
- Less than monthly

14. Do you cook or serve food in handmade or imported ceramics, leaded crystal, pottery, or pewter?

- Yes
- No
- Don't know

If yes, how often?

- Daily
- Weekly
- Monthly
- Less than monthly

15. Do you eat food canned or packaged outside of the US?

- Yes, from \_\_\_\_\_
- No
- Don't know

If yes, how often?

- Daily
- Weekly
- Monthly
- Less than monthly

16. Do you consume fish?

- Yes
- No

If yes, how often?

- Daily
- Weekly
- Monthly
- Less than monthly

What kind do you eat most? \_\_\_\_\_

17. Are you aware of any mercury spilled inside your home or workplace? (examples include the contents of a broken glass thermometer, use in religious ceremonies)

- Yes
- No

18. Are you taking any of the following supplements? If yes, how often?

- Calcium \_\_\_\_\_
- Iron \_\_\_\_\_
- Folate \_\_\_\_\_
- Vitamin D \_\_\_\_\_

19. The water you MOST OFTEN drink at home (including for making coffee, tea, and other beverages mixed with water):

- Comes directly from the tap
- Tap water that has been filtered by a water treatment device (not including water softeners)

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## If filtered, please select the type of water treatment device:

- Whole house carbon filter (also called granular activated carbon filter or GAC)
- Under the sink carbon filter or reverse osmosis system
- Refrigerator filter, kitchen water filter, or pitcher filter like Brita or Pur
- Don't know

How often do you change your filter (e.g. monthly, 3 months, yearly, never)? \_\_\_\_\_

- Bottled water
- Other (please specify): \_\_\_\_\_

20. On average, how many cups (8 ounces) of water do you drink each day at home (including coffee, tea, and other beverages mixed with water)?

- None
- 1-2
- 3-4
- 5-6
- 7-8
- 9-10
- More than 10

21. For the last year what has been your usual occupation?

<input type="checkbox"/> Not employed.	Finished
<input type="checkbox"/> Full-time student.	Go to Question 22 below.
<input type="checkbox"/> Occupation (specify) _____	Go to Question 22 below.

22. What is the primary source of water at the place you attend school or work?

- Municipal water. Water company if known \_\_\_\_\_
- Bottled
- Don't know

23. On average, how many cups (8 ounces) of water do you drink each day at school or work (including coffee, tea, and other beverages mixed with water)?

- None
- 1-2
- 3-4
- 5-6
- 7-8
- 9-10
- More than 10

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New Jersey Department of Health  
[www.nj.gov/health/biomonitoring](http://www.nj.gov/health/biomonitoring)  
(609) 406-6924