Attachment E Sample HHE Specific Worker Interview

## Jockey Lead Exposure Questionnaire

Name		Age	Gender
Height	Weight		
Mailing address:			
Phone number:			
How long have you been a jockey?			
How many months a year do you race?			
Approximate number of races ridden in last 6 months?			
Do you do other work in addition to racing?			
If so what and how o	ften? Do you	personally handle/plac	e uncovered lead
weights in your saddle?			
If yes, what percentage of races do you use weights that you handle yourself?			
If no, does the valet handle weights?			

If no, do you use covered weights or weighted saddle blanket?

Do you transport lead weights from track to track?

If so, how do you transport them (box/bag)

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Do children or other family members have access to your racing

equipment and saddles?

Do you shower after racing and before leaving the track?

Do you change clothes after racing and before leaving the track?

Have you ever had your blood lead level checked?

If so, what year and what were the results?

## Potential non-racing exposure to lead

Have you participated in any of the following activities in the past year?

If so, approximately how often?

Construction

Home Remodeling/refinishing in homes built before 1980?

Painting (marine, industrial and artists paint)

Welding

Plumbing/lead soldering

Stain glass/glazed pottery making

Casting lead sinkers or bullet reloading

Target shooting at firing ranges

Hunting

Reloading of shells

Fishing

Use of lead sinkers/weights