

Appendix 1: Case investigation form

Event data	NCIMS number _____
Demographic	
Surname: _____ Given name(s): _____ Sex: M / F _____	
DOB: __ / __ / ____ Age at notification (years/months): __ / __ Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Parent/Guardian name: _____	
Home address: _____	
Suburb: _____ Postcode: _____ Telephone: _____	
Email: _____ Mobile: _____	
Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	
LHD: _____ LGA: _____	
Description of occupation: _____	
Occupation address: _____	
Suburb: _____ Postcode: _____ Telephone: _____	
Name of school / preschool / childcare centre / other setting (e.g. grandparents' home): _____	
Address: _____	
Suburb: _____ Postcode: _____	
Telephone: _____	
Frequency of attendance: <input type="checkbox"/> _____ days/week <input type="checkbox"/> _____ days/month	
Indigenous: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Not stated/Unknown	COB: <input type="checkbox"/> Australia <input type="checkbox"/> Other: specify _____ Language: <input type="checkbox"/> English <input type="checkbox"/> Other: specify _____
Laboratory	
Specimen collection date: __ / __ / ____	Specimen type: <input type="checkbox"/> Capillary blood (finger prick) <input type="checkbox"/> Venous blood <input type="checkbox"/> Other _____
Specimen number: _____	
ELR date received: __ / __ / ____	PHU review date: __ / __ / ____ Blood lead result: ____µg/dL

Administrative

Notification sent date: __ / __ / __

Identification method:

- Laboratory
 Clinical
 Laboratory and clinical

Public health follow-up:

- Pending
 In Progress
 Complete
 Unable
 Not required
 Unknown

Lab report received:

- Electronic only
 Paper only
 Both

Notified Interstate:

No

Yes - ACT NT QLD SA TAS VIC WA

Notification date: __ / __ / __

Person de-identified:

No

Yes – Reason for de-identification: _____

Clinical

Treating doctor name: _____ Practice name: _____

Street address: _____

Suburb: _____ Postcode: _____ Telephone: _____

Person's medical record/chart number: _____ Fax: _____

Email: _____

Treatment notes: _____

Did person have symptoms:

Unknown

No

Yes - Date of first symptom onset: __ / __ / __

Duration of symptoms: _____ hours/days/weeks/months

Aggression: Yes No Unknown

Behavioural Problems: Yes No Unknown

Colic: Yes No Unknown

Convulsions: Yes No Unknown

Developmentally delayed: Yes No Unknown

Headache: Yes No Unknown

Irritability: Yes No Unknown

Learning difficulties: Yes No Unknown

Lethargy: Yes No Unknown

Pica: Yes No Unknown

Other symptoms: Yes No Unknown

Specify: _____

Was person hospitalised?

Yes - Name of hospital: _____

No

Unknown

Outcome:

Unknown

Alive

Died - Date of death: __ / __ / ____

Cause of death related to lead in blood?

Yes

No

Unknown

Place of disease acquisition:

Unknown

NSW - postcode of acquisition (if known): _____

Australia (outside NSW) - state of disease acquisition: _____

Outside Australia - country of disease acquisition: _____

Risk history (aligns with risk history questions in NCIMS)

During the period of interest, did the case engage in any of the following high risk occupations?

- Automotive worker
- Demolisher
- Foundry worker
- Furniture restorer
- Lead miner
- Metal recycler
- Metal worker
- Painter
- Plumber
- Smelter worker
- Stained glass manufacturer
- Other – please specify
- Not application / Nil occupational exposure

Date that case last attended the workplace: __ / __ / ____

During the period of interest, did the case have any of the following lead exposures?

- Live in or near a house built before 1970
- Live in house built before 1970 – recent renovations
- Live in house built before 1970 – peeling paint
- Live in house built before 1970 – recent painting
- Recent demolition of houses nearby
- Lives near main road / highway
- Car batteries dismantled at place of residence
- Lives in area where there is a lead industry
- Chews / sucks on painted toys
- Participates in risk hobbies
- Sibling / other household member with elevated blood lead
- Person suffers from pica
- Case takes alternative medicines
- Other – please specify
- No identifiable risk

Was person interviewed?

Yes - Date of interview __ / __ / ____

No - Reason not interviewed: _____

N/A