

ANNEXURE -I
CONSENT FORM

“Prevalence of Burtonian Lines and its Correlation with Environmental and Occupational Factors Among Individuals residing in Rural Areas of Haryana”

1. I, ... from
..... agree to participate in the study described by the researcher.

2. I acknowledge that I have understood the procedure of the research, which explains why I have been selected, the aims of the study and the nature and the possible risks of the investigation, and the statement has been explained to me to my satisfaction.

3. Before signing this consent form, I have been given the opportunity of asking any questions relating to any possible physical and mental harm I might suffer as a result of my participation, and I have received satisfactory answers.

4. I understand that I can withdraw from the study at any time.

5. I agree that research data gathered from the results of the study may be published, provided that I cannot be identified.

6. I understand that if I have any questions relating to my participation in this research, I may contact the Investigator who will be happy to answer them.

Signature of participant/

guardian (in case of children)

Name

Date

Signature of investigator

Name

Date

ANNEXURE- II (DEMOGRAPHIC DETAILS)

1. Age
 - a) 5 years
 - b) 12 years,
 - c) 15 years
 - d) 35-44 years
 - e) 65-74 years
2. Gender:
 - a) Male
 - b) Female
3. Residential area-
4. Duration of Residency-
 - a) More than 5 Years
 - b) More than 10 years
 - c) More than 15 years
5. Zone of Haryana –
 - a) Zone I
 - b) Zone II
 - c) Zone III
 - d) Zone IV
6. Highest level of education completed
 - a) No Formal Education
 - b) Primary School Education
 - c) Secondary School Education
 - d) Graduation
 - e) Postgraduation
7. Sources of Drinking water:

- a) Municipal
- b) Surface Water From Tap/Pipe
- c) Directly From Surface
- d) Groundwater
- e) Other/ Unknown

8. Primary occupation

- a. Farming
- b. Industrial work (e.g., battery manufacturing etc.)
- c. Mining
- d. Service industry (e.g., shopkeeping, teaching)
- e. Unemployed
- f. Other (please specify): _____

9. How often do you brush your teeth?

- a) Twice a day
- b) Once a day
- c) Occasionally
- d) Never

FAMILY/GENETIC HISTORY

1. Is there a history of lead poisoning in your family?

- a) Yes
- b) No
- c) Not sure

2. Do any family members working in environments with potential lead exposure (e.g., mining, battery manufacturing)?

- a) Yes
- b) No
- c) Not sure

3. Do any family members have a history of chronic illnesses (e.g., kidney disease, anemia) that may affect lead absorption?

- a) Yes
- b) No
- c) Not sure

ANNEXURE-III (OCCUPATIONAL EXPOSURE)

1. Are you currently working in an environment where you are exposed to lead?
 - a. Yes
 - b. No
2. Have you previously worked in an environment where you were exposed to lead?
 - a. Yes
 - b. No
3. If yes to either of the above, please describe the nature of your work and exposure:
 - a. Job Description: _____
 - b. Type of Lead Exposure (e.g., fumes, dust, direct contact):

 - c. Duration of Exposure (hours per day, days per week): _____
4. Please indicate the protective measures used during your work with lead:
 - a. Personal Protective Equipment (PPE) (e.g., gloves, masks)
 - b. Engineering Controls (e.g., ventilation)
 - c. Administrative Controls (e.g., job rotation, training)
5. Have you received any training on lead exposure and safety measures?
 - a. Yes
 - b. No
6. Have you ever experienced any health symptoms that you believe are related to lead exposure?
 - a. Yes
 - b. No
7. Have you ever been diagnosed with lead poisoning or elevated blood lead levels?
 - a. Yes
 - b. No

ANNEXURE – IV (ENVIRONMENTAL AND DIETARY FACTORS EXPOSURE)

1. What type of fuel does your household use for cooking?
 - a. Wood
 - b. Charcoal
 - c. Kerosene
 - d. Gas
 - e. Electricity
 - f. Other (please specify): _____

2. Does your household use any products known to contain lead (e.g., lead-based paint, lead-glazed pottery)?
 - a. Yes
 - b. No
 - c. Not sure

3. Do you live near any industrial areas or factories?
 - a. Yes
 - b. No
 - c. Not sure

4. Are there any ongoing construction or renovation activities near your home?
 - a. Yes
 - b. No
 - c. Not sure

5. How often do you consume the following foods?
 - a. Green leafy vegetables: Daily / Weekly / Monthly / Rarely/Never
 - b. Meat: Daily / Weekly / Monthly / Rarely/Never
 - c. Dairy products: Daily / Weekly / Monthly / Rarely/Never
 - d. Fish: Daily / Weekly / Monthly / Rarely/Never

6. Do you use any water filtration systems in your household?

- a. Yes
- b. No
- c. Not sure

7. Have you taken any measures to reduce lead exposure in your home?

- a. Yes (please specify): _____
- b. No

ANNEXURE – V (SYMPTOMS AND SIGNS OF LEAD EXPOSURE)

1. Have you experienced any of the following symptoms? (Check all that apply)

- a. Abdominal pain
- b. Constipation
- c. Vomiting
- d. Behavioral problems (e.g., irritability, hyperactivity)
- e. Learning difficulties
- f. Fatigue
- g. Loss of appetite
- h. Other (please specify): _____

ANNEXURE-VI (CLINICAL EXAMINATION OF BURTONIAN LINES)

UPPER TEETH

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	
																PRESENT/ ABSENT

LOWER TEETH

																PRESENT/ ABSENT
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	

TOTAL NUMBER OF TEETH WITH BURTONIAN LINES –

Five or Less than 5 teeth affected–

More than 5 teeth affected-

PERCENTAGE OF TEETH WITH BURTONIAN LINES –

GRADE –

<33.3% - MILD (I)

33.3% - 66.7% - MODERATE (II)

>66.7% = SEVERE (III)