

Lead Questionnaires

Name: _____

Date of Birth: __/__/__

PLEASE CIRCLE THE RIGHT ANSWER.

1.) Does your child live in or regularly visit a house that was build before 1960 (e.g., Day care center, preschool, home of a baby sitter or relative, recent move, etc.)? Yes No

2.) Does your child live in or regularly visit a house built before 1978 with recent, ongoing or planned renovation or remodeling? Yes No

3.) Does you child have history of an elevate blood lead level? Yes No

4.) Does you child have a brother or sister, housemate, or playmate being followed or treated for lead poisoning? Yes No

5.) Does your child frequently come in contact with an adult whose job or hobby involves e xposure to lead (e.g., co nstruction, welding, a utomotive repair s hop, other trades practiced in your community, stained glass making; using lead solder, artist paints or ceramic glazes, etc)? Yes No

6.) Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead? Yes No

7.) Does you child live near a heavily traveled major highway where soil and dust may be contaminated with lead? Yes No

8.) Has your child been given any home remedies? Home remedies containing lead include: azarcon (also known as rueda, coral, Maria Luisa, Alarcon, liga); albayalde; greta; pay-loo-ah; ghasard; bala goli; kandu; kohl; litargirio; bebetina; chyawan prash. Yes No