

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date: \_\_\_\_\_

## CHILDHOOD LEAD POISONING RISK QUESTIONNAIRE

**YES NO** Does your child live or regularly visit a house or other building built before 1978 with peeling or chipping paint inside or outside the home?

**YES NO** Does your child play in areas of bare soil?

**YES NO** Has there been any paint removal, scraping or renovation work done in or near your home?

**YES NO** Is anyone in your home exposed to lead at work, or has a hobby that uses lead?

*Examples: Home remodeling or repairs, Painter, Bridge or tunnel worker, Construction or demolition, Pottery making, Battery or radiator repair, Stained glass making, Metal scrap or recycling work, Fishing (lead weights), Building or repairing ships/boat*

**YES NO** Does your child put toys, paint chips, or dirt in his/her mouth or chew on window sills or window blinds?

**YES NO** Does your family or child ever eat chilies, spices, snacks, or candies from another country (for example, Mexico, India, China).

**YES NO** Does your family use imported pottery, dishes, or leaded crystal glass for cooking, serving, or storing food?

**YES NO** Does your family use home remedies or traditional medicines to treat illnesses?

***Circle all that apply:***

- Greta (*bright yellow powder for stomach ache*)
- Azarcon (*bright orange powder for stomach ache*)
- Sindoor (*bright red powder used for bindi dot*),
- Surma, Kohl, Kajal (*black powder eye makeup*)
- Paylooah (*orange-red powder for fever*)
- Herbs/teas/other products to help get pregnant

**YES NO** Have you lived in or recently traveled to another country? If yes, where? \_\_\_\_\_

