## Form 5.0 Questionnaire for a Lead Hazard Risk Assessment of an Individual Occupied Dwelling Unit.

(Page 1 of 2)

(To be completed by risk assessor via interview with owner-occupant or, if a rental unit, an adult resident and, for questions 15 & 16, the owner.)  Property address: 18045 NC-87 W TACKEEL NC  Apt. No.: Unit is: Owner occupied Renter occupied				
Apt. No.: Unit is: Owner occupied Renter occupied Year of construction: Prior LBP testing? (Y or N) Name of owner interviewed: Owner interview date: / / Name of resident interviewed (if rental unit): Interview date: / / Name of risk assessor: F. Simoni  Children and Children's Habits  1. Do any children under age 6 live in the home or visit frequently? Yes □ No (If no children under age 6, skip to Question 5.)  2. If yes, how many? 3. Please provide the following information about each child under 6 to the extent you can.				
	Child 1	Child 2	Child 3	Child 4
(a) Age:	4			
(b) Blood lead level:	1/			
(c) Month/year of blood lead test:	~/>			
(d) Location of bedroom:	BED	7		
(e) Main room where child eats:	KHCHEN/ DEN			
(f) Main room where child plays:	-44	DNOUL	7	
(g) Main room where toys are stored:	BED	7		
(h) Main locations where child plays outdoors:				
<ul> <li>(If a resident child under age 6 has had an elevated blood lead level, an environmental investigation may be necessary [see Chapter 16 of the HUD Guidelines].)</li> <li>4. (a) Do any children tend to chew on any painted surfaces, such as interior window sills?  □ Yes □ No (b) If yes, where?</li> </ul>				