

Lead-Based Paint and Lead-Contaminated Dust Hazards

1. Has this dwelling been tested for lead-based paint or lead-contaminated dust?

Yes No Don't know

If yes, where can this information be obtained? _____

2. Have you noticed any paint that is cracking, peeling, flaking, chalking on the inside or outside of the home?

Yes No Don't Know

If yes, describe _____

3. Has there been any repainting, remodeling, renovation, window replacement, sanding, or scraping of painted surfaces inside or outside the home in the past two years?

Yes No Don't Know

a. If yes, describe _____

b. Who performed the work? _____

c. Was the child present during the work period? Yes No Don't Know

d. If home built before 1978, did you receive the pamphlet "Renovate Right" before any remodeling work done by the landlord, property management or contractor? (show pamphlet) Yes No Don't Know

4. Has any lead abatement work been conducted during the last two years? Yes No Don't Know

5. Is there any remodeling/landscaping work planned for the future? Yes No

6. Where **inside** does the child like to play, hide or frequent? (Include rooms, closets, porches, outbuildings, under beds)

Lead in Soil Hazards

1. Has the soil ever been tested? Yes No Don't Know

If yes, can this information be obtained? _____

2. Where **outside** does the child like to play or hide? _____

3. Does the child play in bare soil areas? Yes No Don't Know

Where? _____

4. Does your family eat food grown in the yard? Yes No Don't Know

If yes, where do you grow the food? _____

5. Are there visible paint chips near the house, fence, garage or play structures? If yes, location _____

6. Are nearby buildings or neighboring homes being renovated, repainted or demolished? If yes, location _____

7. Do you know of any factories, industrial plants, radiator repair shop or metal related industries near the child's home, child care or school? Yes No Don't Know

If yes, describe _____

Water Lead Hazards

1. How is your home's water supplied? City water _____

(List water provider, if known) Community system _____

Private well _____

Other (specify) _____

2. What is the source of your drinking water? (If different than above) _____

3. From which faucets do you obtain drinking water? _____

4. Is tap water used to prepare infant formula, powdered milk, or juices for the children?

Yes No If yes, do you use hot or cold tap water? _____

5. Does the home have lead pipes or copper pipes soldered with lead? Yes No

Don't Know

If yes, specify _____

5. Has new plumbing been installed within the last 5 years? Yes No Don't Know

If yes, specify _____

6. Has the water ever been tested for lead? Yes No Don't Know

If yes, can results be obtained? _____

III. Occupational/Hobby Lead Sources

1. What are the occupations of all adults/teenagers living in the household? _____

2. Has anyone in the household engaged in the following type(s) of work or hobbies within the last year: (check all that apply). For more occupations/hobbies see attached list.

Hunting/Fishing/Shooting

Casting/working with bullets or sinkers

Hunting or target/firing range shooting

Metal-related

Radiator shop/repair
Welding, soldering, torch cutting
Metal foundry, salvage, recycling

Battery mfg/recycling
Plumbing
Auto/boat body repair

Construction/Painting

Commercial/residential/industrial painting
Renovation/remodeling/repairing
Bridge painter/repair

Construction
Demolition
Paint manufacturing

Arts

Ceramics/pottery
Jewelry making/repair
Refinishing/painting furniture, etc.

Stained glass
Photography developing
Fine art painting

3. Can you think of any other work or hobbies of the adults in the household that might use lead? Specify _____

- a. If anyone in the household does perform any of the above activities, what is their relation to the child? Specify _____
- b. How long have they been engaging in these activities? _____
- c. Does the child have access to the area where the work/hobby takes place?
Yes No Don't know
- d. Do they wear their work clothes home? Yes No Don't know
If yes, are work clothes separated from other laundry? Yes No Don't know
- e. Has this person ever had a blood lead test? Yes No Don't know
If yes, results/date: _____

IV. Other Household Lead Sources

1. What type of treatments or medicines do you prefer to give your child when he/she is ill?

2. Do you sometimes use natural medicines, supplements or traditional or home medicines prepared by a relative, herbalist or healer? Yes No Don't know

If yes, what is the medicine called? _____

Common Hispanic remedies include: Greta, Azarcon, Liga, Maria Luisa, Coral
Common Asian remedies include: Pay-loo-ah, Ghasard, Bali Goli, Kandou, Qian Dan, Huang Dan

a. What does the substance look like, what is it used to treat, how often is it given, when was the most recent treatment? _____

In some Hispanic cultures, Greta/Azarcon is often used to treat empacho (abdominal pain, constipation, vomiting, bloating) or caida de la mollera (sunken fontanelle in infants.)

- a. Does anyone else in the family take the same medicine? Yes No
- b. Is a sample of the medicine available for testing? Yes No

3. Does anyone in the home use imported* cosmetics like Kohl, Surma, or Ceruse? Yes No

**North African, Middle Eastern, Asian cosmetics. Note: Kohl may also be used by cultures-primarily North/East African-on infants for religious purposes.*

4. What containers are used to prepare, serve, and store foods? _____

5. Does your family use pottery or dishes from other countries to prepare, serve or store foods? Yes No Don't Know

If yes, specify _____

6. Does your child eat candy imported from Mexico? Yes No How often? _____

7. Does your family use metal (pewter), crystal, leaded glass, older family heirlooms or improperly glazed dishes/pottery to prepare, store or serve foods or beverages?

Yes No Don't Know

8. Does your child have a favorite cup or eating utensil? Yes No

If yes, specify _____

9. Are there any vinyl mini-blinds (non-glossy) purchased before 1997 in the home?

Yes No Don't Know

10. Do you have any painted or ceramic toys that are accessible to your child (e.g. antique or old painted boats, soldiers, dolls)? Yes No Don't Know

11. Does your family have a cat, dog or other animal? Yes No

a. Where does the pet sleep? _____

b. Does the pet spend time both inside and outside the house? Yes No

12. Have you and/or your family traveled out of the country in the past 6 months?

If yes, where? _____

V. Child Behavior Risk Factors

1. Does your child suck his/her thumb or fingers, or does your child bite their nails?

Yes No Don't know

2. Does the child chew or put items in his/her mouth (other than foods.)

Yes No Don't Know

If yes, describe item(s) and frequency: _____

3. Does the child have favorite toys he/she likes to chew on? Yes No

VI. Observations and Follow-up Notes

1. Did you see any peeling, chipping, flaking or deteriorated paint? Yes No

If yes, where _____

2. Did you see visible dust in window wells, sills or on floors? Yes No

If yes, where _____

3. Is there evidence of take-home-work exposures or hobby exposures in the dwelling?

Yes No

If yes, where _____

4. Is there evidence that the child has access to pesticides, paint, old batteries, solder, drapery weights or household, lawn or garden chemicals?

Yes No

If yes, where _____

5. Does the bathtub(s) have a nonexistent glaze or is it in a deteriorated condition?

Yes No

If yes, explain _____

6. If the child was present during the interview/inspection, did he/she exhibit hand-to-mouth or pica activity? Yes No Not present

7. Where environmental samples collected?

None Water

Dust Paint

Soil Other (specify) _____

8. Is any additional follow-up needed? Yes No

If yes, explain _____

9. Is there any enforcement referrals needed? Yes No

If yes, explain (include referral agency and referral reason) _____