



Please fill out for children 6 months to 6 years of age

Patient's Name: _____

Date Questionnaire Administered: _____

DETAILED PARENT QUESTIONNAIRE

RISK ASSESSMENT FOR LEAD EXPOSURE

1. Do you live in or often visit a house that was **probably** built before 1978?
YES **NO** **I DON'T KNOW**
2. Does your child live in or often visit a house that is being painted, remodeled, or having the paint scraped or sanded?
YES **NO** **I DON'T KNOW**
3. Does your child eat or chew on non-food things like paint chips or dirt?
YES **NO** **I DON'T KNOW**
4. Have any other members of the family or your child's playmates had high blood leads as far as you know?
YES **NO** **I DON'T KNOW**
5. Does your family live near or does your child play near any of these (**circle** the ones that apply):
 - Smelter
 - Hazardous waste site
 - Lead industry
 - Place where batteries are manufactured or repaired
 - House construction site
 - Heavily traveled major highway
 - Place where cars are abandoned or repaired?
6. Do you give your child, or have you ever given your child, any of these products from another country:
 - MEDICINES like greta or azarcon for empacho, alarcon, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah, or rueda?
YES **NO** **I DON'T KNOW**
 - NUTRITIONAL PILLS OTHER THAN VITAMINS?
YES **NO** **I DON'T KNOW**



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THSteps Forms

7. Does anyone living in your house work at a place where any of these things happen or have a hobby that involves these things (**circle** the ones that apply):

Radiator repair	Brass/copper foundry
Lead industry	Valve and pipe fittings
Welding	Bridge, tunnel and elevated highway construction
Battery manufacture or repair	Industrial machinery and equipment
House construction or repair	Re-loading bullets or making fishing weights
Smelting	Refinishing furniture
Chemical preparation	Burning lead-painted wood
Making pottery	Automotive repair shop
Going to a firing range	
Stained glass with lead solder	

8. Does anybody that your child spends a lot of time with (outside of your home) do any of these things or work at a place where these things are done?

YES **NO** **I DON'T KNOW**

9. Is imported or glazed pottery, or a Mexican bean pot, used to cook or store your food?

YES **NO** **I DON'T KNOW**

10. Does your child eat foods canned or packaged (such as candy) outside the U.S.?

YES **NO** **I DON'T KNOW**