

LEAD POISONING ASSESSMENT FORM

THIS ASSESSMENT WILL BE USED FOR THREE PURPOSES: 1) DETERMINE WHERE ENVIRONMENTAL SAMPLES SHOULD BE COLLECTED 2) IDENTIFY LEAD EXPOSURE SOURCES 3) DEVELOP INTERVENTIONS TO REDUCE THE CHILD'S EXPOSURE TO LEAD HAZARDS

Interview type: In person _____ By phone _____ Date: _____

Check: _____ Primary address _____ Related

I. DEMOGRAPHIC AND MEDICAL INFORMATION

1. Child's name: _____ 2. Date of birth: ___/___/___
Last First MI

3. Blood lead level: _____ 4. Type: Venous ___ or Capillary ___ 5. Test date: ___/___/___

6. Name of person interviewed: _____

7. Relationship to child: ___ Mother ___ Father ___ Legal Guardian ___ Other (specify) _____

8. Primary address:

Street/number

City

ZIP Code

9. Telephone: Home: _____ 11. Work: _____

10. Child's length of time at residence: _____

11. If < 6 months, prior address:

Street/number

City

ZIP Code

12. Private medical doctor:

13. Insurance: Company and policy #: _____

14. Is the child enrolled in WIC? ___ Yes ___ No

15. Is the child enrolled in Medicaid? ___ Yes ___ No

16. What other addresses does the child visit? (Include: relatives, friends, neighbors, child care facility, babysitters)

Street/number

City

ZIP Code

Street/number

City

ZIP Code

Street/number

City

ZIP Code

17. Does the child exhibit any of the symptoms below? ___None ___constipation ___vomiting
___tiredness ___stomach pain ___pica

Other specify: _____

18. Date symptoms first noticed: ___/___/___

19. Child's race: ___Black ___Caucasian ___Asian/Pacific ___America Indian/Alaskan Native
Other (Specify) _____

20. Child's Ethnicity: ___Hispanic ___Non-Hispanic

21. Is the child a recent immigrant, refugee, or international adoptee? ___ Yes ___No
If yes, country of origin _____ How long in the U.S. _____

22. Number of children in household: _____ Under six years old: _____

Name	Date of birth	Tested for lead?	Results
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

I. ENVIRONMENTAL LEAD SOURCES

1. General observation of dwelling unit: _____
Overall upkeep of interior: ___Good ___Fair ___Poor
Housekeeping practice: ___Good ___Fair ___Poor
Other: _____

2. Rent _____ Own _____ How long? _____

3. Year dwelling was built: _____ (can obtain from county tax assessor)

4. Type of home: ___single family ___ duplex ___multifamily apartment

5. Home is: ___owned ___rented/leased ___public housing ___Section 8 ___other

6. Has this home had any renovations in the last 6 months? ___Yes ___No
If yes, name of individual/company _____
Did you receive the pamphlet "Renovate Right" before renovations were started? (show pamphlet)
___Yes ___No ___Do not know
Did you sign a confirmation of receipt form? ___Yes ___No ___Do Not know

7. Ask if home built before 1978: ___Yes ___No

8. Did you receive the pamphlet "Protect Your Family from lead in Your Home" from your landlord or realtor/seller? (show pamphlet) Yes No Do not know
Did you sign a disclosure form? Yes No Do Not know

9. Peeling paint: Interior: Yes No
Exterior: Yes No

10. Check any of these items that the child eats, chews, or sucks on:

<input type="checkbox"/> Plaster	<input type="checkbox"/> Newspapers, comics, magazines	<input type="checkbox"/> Doors
<input type="checkbox"/> Paint chips	<input type="checkbox"/> Dirt	<input type="checkbox"/> Moldings
<input type="checkbox"/> Cigarette butts	<input type="checkbox"/> Toys, key chains, jewelry	<input type="checkbox"/> Guard rails
<input type="checkbox"/> Cigarette ashes	<input type="checkbox"/> Furniture (crib-bed)	<input type="checkbox"/> Metal objects
<input type="checkbox"/> Matches	<input type="checkbox"/> Thumb or fingernail	<input type="checkbox"/> Window sill
<input type="checkbox"/> Mini-blinds		

11. Is there chipping paint, broken plaster, peeling wallpaper or mini-blinds near the child's bed that can be easily reached or that can fall into it?
 Yes No If yes, specify: _____

12. Does child take painted metal or printed objects to bed with him/her?
 Yes No If yes, specify: _____

13. Does the child play with a cat or dog?
 Yes No If yes, describe: _____

14. Live with an adult whose job or hobby involves exposure to lead? (examples: renovator/painter, highway or other construction, bridge repair/painting, paint manufacturing, smelting/refining, auto/boat repairs, radiator shop/repair, welding, soldering, torch cutting, metal foundry, salvage, recycling, battery manufacturing/recycling, plumbing, pottery/ceramics, jewelry making/repair, stained glass, photography developing, fine art painting, casting/working with bullets or sinkers, hunting or target/firing range shooting)?
 Yes No If yes, specify all: _____

15. What kind of pots, pans, and dishes are used? _____
i.e. (lead soldered pots, pans, utensils, ceramics, pottery, leaded crystal, pewter)
What is used to store food ? Cans, pottery, pewter?

What kind of cup does child drink from? _____

16. Is there a garden? Where located? _____

17. Is there loose paint on wall/ceilings where food is prepared, the child eats, or where the child plays?
 Yes No If yes, specify: _____

18. What is child's favorite place to play or hide?
Indoors _____
Outdoors _____
(Look for window play areas, closets, porches, outbuildings, under beds, out door areas with no grass)

19. Are nearby buildings/houses being renovated, repainted, or demolished?
If yes, location _____

20. How is the home's water supplied? city water community water system private well

(Specify community provider or other source) _____

21. Is tap water used to prepare infant formula, powdered milk, or juices for children? Yes No
If yes, hot water cold water both

22. Has new plumbing been installed recently? Yes No

23. Does the home have lead pipes or copper pipes soldered with lead? Yes No Don't know

24. Does the bathtub(s) have a nonexistent glaze or is it deteriorated? Yes No

25. Is the child currently playing with or has played with any of the recent recalled toys?

Check www.cspc.gov for a list of recalls Yes No

Or does the child have any painted or ceramic toys? (Examples include old painted boats, cars, soldiers, dolls, train sets)

Describe _____

26. Does the family use special spices, ethnic/imported food items, or use kohl or other products that may contain lead? Yes No

27. Are special treatment or medicines used when the child is sick, or are natural supplements used that are prepared by a relative, herbalist, or healer? Yes No

(Some examples: Hispanic remedies include Greta, Azarcon, Liga, Maria Luisa, Coral. Asian remedies include Pay-loo-ah, Ghasard, Bali Goli, Kandou, Qian Dan, Huang Dan.)

28. Can you think of any sources of lead that your child may have been exposed to that we may have missed?

Describe _____

Signature: _____