Wisconsin Healthy Homes Initiative
Lead Risk Screening

Subject Code #:_____ Interviewer Code #:_____ Date:_____

Relationship of Respondent to enrolling DCHS child:

Mother _____ Father _____ Other Guardian_____

Does respondent live with child: Yes _____ No _____

1. Does your child have a brother/sister, housemate, or playmate who has been lead poisoned?	☐ Yes	☐ No ☐ Don't know
2. Do adult members of the household work in a lead-exposed job such as painting or remodeling older buildings or repairing car radiators?	☐ Yes	☐ No ☐ Don't know
3. Has the child moved from another country or from a big city such as Milwaukee or Chicago in the past year?	☐ Yes	☐ No ☐ Don't know
4. Does the child regularly visit a home that is more than 50 years old?	☐ Yes ☐ Don't know	☐ No
5. Is the child's home more than 50 years old?	☐ Yes ☐ Don't know	☐ No
6. Has the child's home been scraped, painted, or remodeled in the past year?	☐ Yes	☐ No ☐ Don't know
The next questions are about condition of the child's home.		
7a. Is there chipping or peeling paint on ceilings, walls or floors?	☐ Yes	☐ No ☐ Don't know
7b. Is there chipping or peeling paint on a painted porch or outside stairs or walls?	☐ Yes	☐ No ☐ Don't know
7c. Are window surfaces chipped or are there paint chips lying in the bottom of the windows?	☐ Yes	☐ No ☐ Don't know
7d. Are there chipping or broken paint surfaces on doors or woodwork?	☐ Yes	☐ No ☐ Don't know

Note to interviewer:
A "Yes" answer to any question (or "Don't know" to number 4 or 5) indicates that the child needs a blood lead test.