

Form 16.1 Resident Questionnaire for Investigation of Children with EBL (4 of 9)

2. From which faucets do you obtain drinking water? (Sample the main drinking water faucet.)

3. Do you use the water immediately? yes no

Do you let the water run for a while first? yes no

(If water-lead levels are elevated in the first draw, but low in the flushed sample, recommend flushing the water if it has not been used for more than 6 hours before drinking.)

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? hot cold

If no, from what source do you obtain water for the children? _____

5. Has new plumbing been installed within the last 5 years? yes no

If yes, identify location(s). _____

Did you do any of this work yourself? yes no

If yes, specify. _____

Assessment: water lead hazard risk no water lead hazard risk

Actions:

Test water (first draw and flush samples).

Other testing (specify): _____

Counsel family (specify): _____

Lead in Soil Hazards

Use the following information to determine where soil samples should be collected.

1. Where outside does the child like to play? _____

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

3. Is this dwelling near a lead-producing industry (such as a battery plant, smelter, radiator repair shop, boat keel manufacturer, electronics plant, or soldering plant)? yes no

4. Is the dwelling located within two blocks of a major roadway, freeway, elevated highway, or other transportation structure? yes no

5. Are buildings or structures on the property or nearby being renovated, repainted, or demolished: yes no

If no: Has any of this kind of work been done recently: yes no

6. Is there deteriorated paint on outside fences, garages, play structures, railings, building siding, windows, trims, or mailboxes: yes no

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7. Were gasoline or other solvents ever used to clean parts or disposed of at the property: yes no

8. Are there any visible paint chips near the perimeter of the house, fences, garages, or play structures?
 yes no

If yes, note location(s). _____

9. Has soil ever been tested for lead: yes no If yes, when and where can this information be obtained? _____

10. Have you burned painted wood in a woodstove or fireplace? yes no
 If yes, have you emptied ashes onto soil? yes no
 If yes, where? _____

Assessment: probable soil lead hazard no soil lead hazard risk

Actions:

- Test soil (single samples of bare soil where children play). Complete Form 5.5 for Field Sampling.
- Advise family to obtain washable doormats for entrances to the dwelling
- Counsel family to keep children away from bare soil areas thought to be at risk (specify).
- Counsel family to cover bare soil areas with mulch or other material.
- Counsel family to remove the cause of lead contamination.

Additional Notes:

Occupational and Hobby Lead Hazards

Use the information in this section to determine if the child may be exposed to lead due to the work environment or hobby of parents, siblings, or other adults. Occupations that may cause exposure include:

Paint removal (e.g., sandblasting, scraping, sanding, abrasive blasting, using heat guns or torches)	Remodeling, repairing, or renovating dwellings or buildings, or demolition (tearing down buildings or metal structures like bridges)
Chemical Strippers	Working at a firing range
Plumbing	Making batteries
Repairing radiators	Making paint or pigments
Melting metal for reuse (smelting)	Painting
Welding, burning, cutting or torch work	Salvaging metal or batteries
Pouring molten metals (foundries)	Making or splicing cable or wire
Auto body repair work	Creating explosives or ammunition
Making or repairing jewelry	Making pottery
Building, repairing or painting ships	Working in a chemical plant, glass factory, oil refinery, or any other work involving lead
Soldering electrical connections	

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Answer the following questions.

1. Where does anyone in the household and any frequent visitors work? (Include parents, older siblings, and other adults)

Name	Place of Employment	Occupation	Probable Exposure
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no

2. Are work clothes separated from other laundry? yes no
3. Has anyone in the household removed paint or varnish while in the dwelling? (This includes paint removal from woodwork, furniture, cars, bicycles, boats, etc.) yes no
4. Has anyone in the household soldered electric parts while at home? yes no
5. Does anyone in the household apply glaze to ceramic or pottery objects? yes no
6. Does anyone in the household work with stained glass? yes no
7. Does anyone in the household use artist's paints to paint pictures or jewelry? yes no
8. Does anyone in the household reload bullets, target shoot, or hunt? yes no
9. Does anyone in the household melt to make bullets, fishing sinkers, or toys? yes no
10. Does anyone in the household work on auto body repair at home or in the yard: yes no
11. Is there evidence of take-home work exposures or hobby exposures in the dwelling? yes no

Assessment Probable:

- occupational related lead exposure hobby related lead exposure neither

Actions:

- Counsel family (specify) _____
- Refer to (specify): _____

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Child Behavior Risk Factors (Evaluate each child under age 6.)

1. Does the child suck his/her fingers? yes no
2. Does child put painted objects in the mouth? yes no

If yes, specify: _____

3. Does child chew on painted surfaces, such as old painted cribs, windowsills, furniture edges, railings, door molding, or broom handles? yes no

If yes, specify: _____

4. Does the child chew on putty around windows? yes no
5. Does the child put soft metal objects in the mouth? yes no
These may include lead and pewter toys and toy soldiers, jewelry, gunshot, bullets, beads, fishing sinkers, or items containing solder (e.g., electronics).

6. Does the child chew or eat paint chips or pick at painted surfaces? yes no

7. Is the paint intact in the child's play areas? yes no

8. Does the child put foreign, printed material (newspapers, magazines) in the mouth? yes no

9. Does the child put matches in the mouth? (may contain lead acetate) yes no

10. Does the child play with cosmetics, hair preparations, or talcum powder or put them in the mouth?
 yes no If yes, are any of these products foreign made? yes no

11. Does the child have a favorite: cup? yes no eating utensil? yes no
If yes, are either of them handmade or ceramic? yes no

12. Does the child have a dog, cat, or other pet that could track in contaminated soil or dust from outside?
 yes no If yes, where does the pet sleep? _____

13. Where does the child obtain drinking water? _____

14. If a child is present, note the extent of hand-to-mouth behavior observed. _____

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Assessment if Child is at Risk:

- Hand-to-mouth behavior
- Mouthing probable lead-containing source
- Other behavior (specify) _____
- No observed at-risk behavior

Actions:

Counsel family to limit access to use of (specify) _____
Other (specify) _____

Other Household Risk Factors

1. Are imported cosmetics, such as Kohl™, Surma™, or Ceruse™, used in the home? yes no
2. Does the family ever use any home remedies or herbal treatments? yes no
If yes, what type? _____
3. Are any liquids stored in metal, pewter, or crystal containers? yes no
4. What containers are used to prepare, serve, and store the child's food? _____

Are any of the imported potteries, metal, soldered, or glazed? yes no

Does the family cook with a ceramic bean pot? yes no

5. Does the family use imported canned items regularly? yes no
6. Does the child play in, live in, or have access to any areas where the following materials are kept: shellacs, lacquers, driers, coloring pigments, epoxy resins, pipe sealants, putty, dyes, industrial crayons or markers, paints, pesticides, fungicides, gear oil, detergents, old batteries, battery casings, fishing sinkers, lead pellets, solder, or drapery weights? yes no
7. Does the child take baths in an old bathtub with deteriorated or nonexistent glazing? yes no
8. Does the home contain vinyl mini-blinds made overseas and/or purchased before 1997?
 yes no

Assessment if Child is at Risk:

- Increased risk of lead exposure due to: _____
- No observed risk

Actions:

Counsel family to limit access or use (specify): _____
 Other (specify) _____

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Assessment for Likely Success of Temporary Hazard Control Measures

1. What cleaning equipment does the family have in the dwelling?
 broom mop & bucket vacuum that works sponge & rags
2. How often does the family:
 Sweep the floors? _____ Wet mop the floors? _____
 Vacuum the floors? _____ Wash the windowsills? _____
 Wash the window troughs? _____
3. What type of floor coverings are found in the dwelling? (check all that apply)
 vinyl/linoleum carpeting wood other (specify): _____
4. Are floor coverings smooth and cleanable? yes no
5. Cleanliness of dwelling (check one using table below)
 appears clean some evidence of housecleaning no evidence of housecleaning

Appears Clean	Some evidence of housecleaning	No evidence of housecleaning
No visible dust on most surfaces	Slight dust buildup in corners	Heavy dust buildup in corners
Evidence of recent vacuuming	Slight dust buildup on furniture	Heavy dust buildup on furniture
No matted or soiled carpeting	Slightly matted and/or soiled carpeting	Matted and/or soiled carpeting
No debris or food scattered about	Some debris or food scattered about	Debris or food scattered about
Few visible cobwebs	Some visible cobwebs	Visible cobwebs
Clean kitchen floor	Slightly soiled kitchen floor	Heavily soiled kitchen floor
Clean door jambs	Slightly soiled door jambs	Heavily soiled door jambs

Assessment if Child is at Risk:

- Cleaning equipment inadequate
- Cleaning routine inadequate
- Floor coverings inadequate to maintain clean environment
- No observed risk

Actions:

- Counsel family to limit access or use (specify room and location): _____

- Provide cleaning equipment
- Instruct family on special cleaning methods
- Demonstrate special cleaning methods
- Flooring treatments needed (specify rooms) _____

- Other (specify) _____