

Form 5.0 Questionnaire for a Lead Hazard Risk Assessment of an Individual Occupied Dwelling Unit.

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(To be completed by risk assessor via interview with owner-occupant or, if a rental unit, an adult resident and, for questions 15 & 16, the owner.)

Property address: _____

Apt. No.: _____ Unit is: Owner occupied _____ Renter occupied _____

Year of construction: _____ Prior LBP testing? (Y or N) _____

Name of owner interviewed: _____ Owner interview date: ___/___/___

Name of resident interviewed (if rental unit): _____ Interview date: ___/___/___

Name of risk assessor: _____

Children and Children's Habits

1. Do any children under age 6 live in the home or visit frequently? Yes No *(If no children under age 6, skip to Question 5.)*
2. If yes, how many? _____
3. Please provide the following information about each child under 6 to the extent you can.

| | Child 1 | Child 2 | Child 3 | Child 4 |
|--|---------|---------|---------|---------|
| (a) Age: | | | | |
| (b) Blood lead level: | | | | |
| (c) Month/year of blood lead test: | | | | |
| (d) Location of bedroom: | | | | |
| (e) Main room where child eats: | | | | |
| (f) Main room where child plays: | | | | |
| (g) Main room where toys are stored: | | | | |
| (h) Main locations where child plays outdoors: | | | | |

(If a resident child under age 6 has had an elevated blood lead level, an environmental investigation may be necessary [see Chapter 16 of the HUD Guidelines].)

4. (a) Do any children tend to chew on any painted surfaces, such as interior window sills?

Yes No

(b) If yes, where? _____

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Other Household Information and Family Use Patterns

5. Do women of child-bearing age live in the home? Yes No
6. If this home is in a building with other dwelling units, what common areas in the building are used by children?

7. (a) Which entrance is used most frequently?

(b) What other entrances are used frequently?

8. Which windows are opened most frequently?

9. (a) Do you use window air conditioners? * Yes No (b) If yes, where?

**Condensation underneath window air conditioners often causes paint deterioration.*
10. (a) Do you or any other household members garden? Yes No
(b) If yes, where is the garden?

11. (a) Are you planning any landscaping activities that will remove grass or ground covering? Yes No
(b) If yes, where?

12. (a) Which areas of the home get cleaned regularly?

(b) Which areas of the home do not get cleaned regularly?

13. (a) Are any household members exposed to lead at work? Yes No
[If no, go to question 14.]
(b) If yes, are dirty work clothes brought home? Yes No
(c) If they are brought home, who handles are dirty work clothes and where they placed and cleaned?

14. (a) Do you have pets? Yes No
(b) If yes, do these pets go outdoors?

Building Renovations

15. (a) Were any building renovations or repainting done here during the past year? Yes No
(b) If yes, what work was done, and when?

(c) Were carpets, furniture and/or family belongings present in the work areas? Yes No
(d) If yes, which items and where were they?

(e) Was construction debris stored in the yard? Yes No
(f) If yes, please describe what, where and how was it stored.

16. (a) Are you conducting or planning any building renovations? Yes No
(b) If yes, what work will be done, and when?
