Form 16.1 Resident Questionnaire for Investigation of Children with Elevated Blood Lead Levels (EBL) General Information

4	Where do you think the child is expected to the hearterd?					
	Where do you think the child is exposed to the hazard?					
2.	Do you rent or own your home? □ rent □ own					
	If rented, are there any rent subsidies? □ yes □ no					
	If yes, what type: ☐ Public housing authority ☐ Section 8 ☐ Federal Rent Subsidy					
	☐ Other (specify)					
La	Landlord information (or Rent Collector Agent)					
Na	me:					
Ad	dress: Phone:					
3.	3. When did you/your family move into this home? (month/year)					
	Complete the following for all addresses where the child has lived during the past 12 months,					
	including this home.					

Dates of Residency	Address Include City and State	Approximate Year Built	General Condition of Dwelling: Any renovation or deteriorated paint?

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4. Is the child cared for away from the home? (This includes preschool and/or child care at a center, dedicated home, or with a friend or relative.)

If yes, complete the following table.

Care	Contact name, address and phone	at location	Any renovation or deteriorated pain
. Has th	ed Paint and Lead-Contaminated Dust is dwelling been tested for lead-based pawhen?Where can this info	aint or lead-conta	·
3. Ap	proximately what year was the dwelling	built?	
	a. If unknown, was it before 1950?	⊒yes □no	
scrapir	ere been any recent repainting, remodeling of painted surfaces inside or outside the of work.		
 Has ar □ yes	ny lead abatement or other lead hazard c □ no	control work been	conducted at this dwelling recently?
. Where	does the child like to play, hide, or frequ	uent? (Include roo	ms, closets, porches & outbuildings)

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Use the table below.

Areas where the child likes to	Paint condition* (intact,	Location of painted component			
play, hide, or frequent	not intact, or not present)	with visible bite marks			
* Paint condition: Note location and extent of any visible chips and/or dust in window wells, on window sills, or on the floor directly beneath windows. If you see peeling, chipping, chalking, flaking, or deteriorated paint, make sure you include the locations and extend of deterioration.					
Assessment - Probable: □ lead-based paint hazard □ lead-dust hazard □ no lead hazard					
Actions:					
☐ Obtain records of previous environmental testing noted above.					
☐ XRF inspection of dwelling (check one) ☐ limited☐ complete					
☐ Paint testing of deteriorated paint: add to Form 5.3.					
☐ Leaded dust sampling of home: add additional areas to Form 5.4 list of rooms to be sampled					
☐ Other sampling (specify):	□ Other sampling (specify):				
Water Lead Hazards					
Determine whether the dwelling is located in a jurisdiction known to have lead in drinking water in either public municipal or well water. Consult with state/local public health authorities for details.					
Check one: □ at risk □ not at risk					
1. What is the source of drinking water for t					
☐ Other (specify):					
(This information will be used to help det exposures from water.)	(This information will be used to help determine responsibility and methods of controlling lead exposures from water.)				
If tap water is used for drinking, answer of	questions 2 through 6. If not, go	to Lead in Soil Hazards.			

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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).				
	-	do any of this work yourself? □ ye specify.	s□no	
Ass	sessment:	☐ water lead hazard risk	☐ no water lead hazard risk	
Act	ions:			
	Test water	(first draw and flush samples).		
	Other testi	ng (specify):		
	Counsel fa	ımily (specify):		
	nd in Soil Haz			
	`	g information to determine where s	•	
1.	Where outsid	de does the child like to play?		
2.	Where outside does the child like to hide?			
3.		ng near a lead-producing industry anufacturer, electronics plant, or so	(such as a battery plant, smelter, radiator repair shop, oldering plant)? ☐ yes ☐ no	
4.		ng located within two blocks of a m n structure? □ yes □ no	ajor roadway, freeway, elevated highway, or other	
5.	Are buildings or structures on the property or nearby being renovated, repainted, or demolished: ☐ yes ☐ no If <u>no</u> : Has any of this kind of work been done recently: ☐ yes ☐ no			
6.		riorated paint on outside fences, g ns, or mailboxes: ☐ yes ☐ no	arages, play structures, railings, building siding,	

For 7.	m 16.1 Resident Questionnaire for Investigation of Children with EBL (5 of 9) 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? \square yes \square 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.	O. Have you burned painted wood in a woodstove or fireplace? ☐ yes ☐ noIf yes, have you emptied ashes onto soil? ☐ yes ☐ noIf yes, where?					
	sessment: probable soil lead hazard no soil lead hazard risk tions:					
	☐ 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,	Remodeling, repairing, or renovating dwellings or buildings, or	
abrasive blasting, using heat guns or torches)	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	
Soldering electrical connections	work involving lead	

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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)

					Probable
Name	Place of E	mployment	Occupa	tion	Exposure
					□yes □no
					□yes □no
					□yes □no
					□yes □no
					□yes □no
2. Are work clothes se	parated from other lau	ndry? □ yes I	⊐no		
	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 h	Has anyone in the household soldered electric parts while at home? ☐ yes ☐ no				
5. Does anyone in the	Does anyone in the household apply glaze to ceramic or pottery objects? ☐ yes ☐ no				
6. Does anyone in the	Does anyone in the household work with stained glass? ☐ yes ☐ no				
7. Does anyone in the	household use artist's	paints to paint pic	tures or jewelry?		yes □no
8. Does anyone in the	household reload bulle	ets, target shoot, o	r hunt?	□yes □r	10
9. Does anyone in the	household melt to mal	ke bullets, fishing s	inkers, or toys?		yes □no
10. Does anyone in	the household work o	n auto body repair	at home or in the	e yard: □	yes □no
11. Is there evidence of	take-home work expo	sures or hobby exp	oosures in the d	velling? □	yes □no
Assessment Probable:					
□ occupational relate	ed lead exposure	☐ hobby related	d lead exposure		neither
Actions:					
☐ Counsel family (spec	cify)				
☐ 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 y	es, specify:
	Does child chew on painted surfaces, such as old painted cribs, windowsills, furniture edges, railings, door molding, or broom handles? ☐ yes ☐ no
,	
4.	Does the child chew on putty around windows? ☐ yes ☐ no
5.	Does the child put soft metal objects in the mouth? \square yes \square 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 power 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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As	essment if Child is at Risk:	
	☐ Hand-to-mouth behavior	
	☐ Mouthing probable lead-containing source	
	Other behavior (specify)	
	☐ No observed at-risk behavior	
Ac	ons:	
	Counsel family to limit access to use of (specify)	
	Other (specify)	
Otl	er 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	
	f 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 casin ishing sinkers, lead pellets, solder, or drapery weights? yes no	
7.	Does the child take baths in an old bathtub with deteriorated or nonexistent glazing? \Box yes \Box no	
8.	Does the home contain vinyl mini-blinds made overseas and/or purchased before 1997? ☐ yes ☐ no	
As	essment if Child is at Risk:	
	☐ Increased risk of lead exposure due to:	
	□ No observed risk	
Ac	ons:	
	☐ 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 flo	oors?		
	Vacuum the floors?		owsills?		
			owsiiis:		
	Wash the window troughs?				
3.	What type of floor coverings	are found in the dwelling? (check all the	at apply)		
	□ vinyl/linoleum □ carpeti	ng 🛘 wood 🗘 other (specify):			
4.	Are floor coverings smooth a	and cleanable? □yes □no			
5.	Cleanliness of dwelling (che	ck one using table below)			
	□ appears clean □ sor	ne evidence of housecleaning 🛛 no e	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		
	dence of recent vacuuming	Slight dust buildup on furniture	Heavy dust buildup on furniture		
	matted or soiled carpeting	Slightly matted and/or soiled carpeting	Matted and/or soiled carpeting		
	debris or food scattered about	Some debris or food scattered about	Debris or food scattered about		
	visible cobwebs	Some visible cobwebs	Visible cobwebs		
Clea	an kitchen floor	Slightly soiled kitchen floor	Heavily soiled kitchen floor		
Clea	an 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				
Act	ions:				
	☐ Counsel family to limit access or use (specify room and location):				
	□ Provide cleaning equipment				
	Instruct family on special o	leaning methods			
	□ Demonstrate special cleaning methods				
	Flooring treatments neede	d (specify rooms)			
	Other (specify)		_		