

Child lead risk survey

Childhood Lead Poisoning Prevention Program
Utah Department of Health and Human Services
Environmental Epidemiology Program

Child's name:		
Blood lead level: µg/dL	Test date:	Test lab:
Child's ID #:	Local health department:	
Child's parent or guardian:		
Child's home phone:	Child's street address:	
Date of survey:	Survey completed by:	

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Child's demographic information:

1. Date of birth (mm/dd/yy): ___/___/___

2. Gender: Male Female

3. Race:

- | | |
|-----------------------------------|------------------------------|
| 1. Native American/Alaskan Native | 5. Asian or Pacific Islander |
| 2. Black | 6. White |
| 3. Multiracial | 7. Other |
| 4. Unknown | |

4. Ethnicity:

- | | | |
|---|------------|---------------|
| 1. Hispanic | | |
| 2. Non-Hispanic White | | |
| 3. Non-Hispanic/Asian or Pacific Islander | | |
| a. Asian Indian | b. Chinese | c. Filipino |
| d. Hawaiian | e. Korean | f. Vietnamese |
| g. Japanese | h. Samoan | i. Guamanian |
| j. Hmong | k. Other | l. Unknown |

Child's behavior:

Has your child ever done any of the following?

a. Eaten dirt, or any other non-food item	Yes	No	Unknown
b. Chewed on toys, crayons, or jewelry	Yes	No	Unknown
c. Used any crayons/chalk manufactured outside the U.S.	Yes	No	Unknown
d. Picked at or play near chipping or flaking paint	Yes	No	Unknown
e. Picked at or play near areas of broken plaster	Yes	No	Unknown
f. Put paint chips or broken plaster in mouth	Yes	No	Unknown
g. Placed fingers in mouth/suck their thumb	Yes	No	Unknown
h. Chewed on furniture, crib, or window sills	Yes	No	Unknown
i. Frequently played in bare soil	Yes	No	Unknown
j. Rode a bike or all-terrain vehicle (ATV) on or around mine tailings	Yes	No	Unknown

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Child's home environment:

(See also: Home and environment assessment form on page 9)

1. Are you the owner of the home the child lives in? Yes No Unknown

If no:

a. Name of the person who owns dwelling: _____

b. Phone number of the person who owns dwelling: _____

c. Address of dwelling: _____

2. How would you classify your home?

1. Single family

4. Government owned

2. Multi-family

5. Complex (apartment)

3. Mobile home

6. Federally assisted housing - rental-voucher

3. Which best describes where the child's neighborhood is located?

1. City

4. Other

2. Suburbs

5. Don't know

3. Country

4. How long has the child lived in this home? _____

5. What year was the home built? _____

6. Is there any peeling or chipping paint in the child's home? Yes No Unknown

7. Is there broken plaster in the child's home? Yes No Unknown

8. Has the dwelling been remodeled or repainted in the last three months?

1. Yes - inside

4. No

2. Yes - outside

5. Unknown

3. Yes - both inside and outside

9. Has the dwelling been sanded or stripped in the last three months?

1. Yes - inside

4. No

2. Yes - outside

5. Unknown

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3. Yes - both inside and outside

10.

a. Does the child regularly visit an older house or facility built before 1960? (i.e., day care center, preschool, babysitter's home, friend's home or relative's home)	Yes	No	Unknown
---	-----	----	---------

b. Does the house or facility have peeling or chipping paint?	Yes	No	Unknown
---	-----	----	---------

11. Is the child's home located near a lead smelter, battery recycling plant, or other industry likely to release lead?	Yes	No	Unknown
---	-----	----	---------

Parents/guardians and other family members:

Names of adults:

1. Has any adult listed above ever had a blood lead test?	Yes	No	Unknown
---	-----	----	---------

If yes:

What was the test result? _____ ug/dL Date: _____

What was the test result? _____ ug/dL Date: _____

2. Have imported or homemade pottery or ceramics been used to prepare or serve food in your home?	Yes	No	Unknown
---	-----	----	---------

3. Has your child eaten vegetables grown in your home garden or someone else's home garden?	Yes	No	Unknown
---	-----	----	---------

4. Has the child eaten foods that have been stored in opened cans?	Yes	No	Unknown
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5. In the past 6 months, has any member of the child's household done work in any of the following areas?

a. Battery work	Yes	No	Unknown
b. Radiator repair	Yes	No	Unknown
c. Auto repair	Yes	No	Unknown
d. Auto body work	Yes	No	Unknown
e. Metal working	Yes	No	Unknown
f. Welding	Yes	No	Unknown
g. Soldering	Yes	No	Unknown
h. Smelting	Yes	No	Unknown
i. Foundry working	Yes	No	Unknown
j. Mining	Yes	No	Unknown
k. Demolition	Yes	No	Unknown
l. Sandblasting	Yes	No	Unknown
m. Plumbing	Yes	No	Unknown
n. Painting	Yes	No	Unknown
o. Firearms handling (Law enforcement, Military, etc.)	Yes	No	Unknown
p. Other lead handling duties	Yes	No	Unknown

6. Does any member of the household do any of the following activities at home?

a. Lead glass work/repair	Yes	No	Unknown
b. Make jewelry	Yes	No	Unknown
c. Make pottery or ceramics	Yes	No	Unknown
d. Ceramic painting	Yes	No	Unknown
e. Used artist's paints	Yes	No	Unknown
f. Auto body repair	Yes	No	Unknown
g. Radiator repair	Yes	No	Unknown
h. Recycled lead batteries	Yes	No	Unknown
i. Auto body painting	Yes	No	Unknown
j. Painting bicycles or furniture	Yes	No	Unknown
k. Refinish furniture	Yes	No	Unknown
l. Solder pipes	Yes	No	Unknown
m. Use lead fishing weights or line	Yes	No	Unknown
n. Black powder shooting or shot making	Yes	No	Unknown
o. Indoor/Outdoor Shooting Range	Yes	No	Unknown

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p. Reload/Cast bullets	Yes	No	Unknown
q. Eat hunted game meat shot with leaded bullets	Yes	No	Unknown
r. Used lead recently for any other reason	Yes	No	Unknown
7. Has your family ever used any of the following folk medicines or herbal remedies for any reason?			
a. Greta/Azarcon (Alarcon, Coral, Luiga, Maria Luisa or Rueda)	Yes	No	Unknown
b. Paylooah	Yes	No	Unknown
c. Ghasard	Yes	No	Unknown
d. Bala Goli	Yes	No	Unknown
e. Kandu	Yes	No	Unknown
f. Kohl	Yes	No	Unknown
g. Ba-baw-san	Yes	No	Unknown
h. Daw Tway	Yes	No	Unknown
i. Litargirio	Yes	No	Unknown
j. Saoott	Yes	No	Unknown
k. Cebagin	Yes	No	Unknown
l. Bint al Dahab	Yes	No	Unknown
8. Does the child receive or have access to imported foods, candies or spices (Turmeric)?	Yes	No	Unknown
9. Does the child use or have access to imported cosmetics (Tiro/Tozali/Kwalli,Kajal)?	Yes	No	Unknown
10. Is food prepared or stored in imported pottery or metal containers?	Yes	No	Unknown
11. Does anyone in your home smoke or use tobacco?	Yes	No	Unknown
12. Does the home contain vinyl mini blinds made overseas and purchased before 1997?	Yes	No	Unknown
13. Are painted or unusual materials burned in household fireplaces?	Yes	No	Unknown
14. Are imported candles with metal wicks burned in the home?	Yes	No	Unknown

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Child's medical history:

1. Would you say this child's health is generally:

- | | |
|--------------|---------|
| 1. Excellent | 4. Fair |
| 2. Very good | 5. Poor |
| 3. Good | |

2. Does your child receive a regular vitamin/mineral supplement? Yes No Unknown

3. Has your child experienced any of the following symptoms more than three times in the last three months?

- | | | | |
|--------------------------------|-----|----|---------|
| a. Vomiting | Yes | No | Unknown |
| b. Nausea | Yes | No | Unknown |
| c. Weight loss | Yes | No | Unknown |
| d. Loss of appetite | Yes | No | Unknown |
| e. Stomach aches | Yes | No | Unknown |
| f. Constipation | Yes | No | Unknown |
| g. Difficulty in urinating | Yes | No | Unknown |
| h. Extreme weakness or fatigue | Yes | No | Unknown |
| i. Joint pain | Yes | No | Unknown |
| j. Paleness | Yes | No | Unknown |
| k. Headaches | Yes | No | Unknown |
| l. Dizziness | Yes | No | Unknown |
| m. Irritability | Yes | No | Unknown |
| n. Seizures or convulsions | Yes | No | Unknown |
| o. Trouble sleeping | Yes | No | Unknown |

4. Has the child ever been treated with folk remedies or herbal remedies ("non-Western" medicine)? Yes No Unknown

5. Has your child's doctor ever told you the child was low in iron, calcium or zinc? Yes No Unknown

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6. Has the child ever received treatment for lead poisoning? Yes No Unknown

If yes:

Did the child receive chelation treatment? Yes No Unknown

If yes:

What kind of chelation treatment did the child receive?

- | | |
|---------------|------------|
| 1. Inpatient | 3. Both |
| 2. Outpatient | 4. Unknown |

Was the child hospitalized? Yes No Unknown

Who paid for the medical treatment?

- | | | |
|----------------------|-------------|------------|
| 1. Medicaid | 3. Self-Pay | 5. Unknown |
| 2. Private insurance | 4. Other | |

7. Has the child ever had a blood lead test? Yes No Unknown

If yes:

What was the sample type? Capillary Venous

If yes:

What was the result? _____ ug/dL Date: _____

If yes:

What was the source of funding for the test?

- | | |
|----------------------|------------|
| 1. Medicaid | 4. Other |
| 2. Private insurance | 5. Unknown |
| 3. Self-Pay | |

Other children in the home:

1. How many other children live in your home? _____

Blood lead test (if done)

Names of other children	Birth date	Lead level	Test date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Home and environment assessment

Assessment completed by: _____ Date: _____

1. Year the dwelling was constructed: _____

2. Ownership:
- | | |
|-------------------------------|----------------------------|
| a. Private, owner-occupied | b. Rental, privately owned |
| c. Rental, commercially owned | d. Rental, publicly owned |
| e. Rental, Section 8 | f. Unknown |

3. Dwelling type:
- | | |
|----------------------------|--------------------|
| a. Attached, single family | b. Day Care Center |
| c. Detached, single family | d. Multi-unit |
| e. School | f. Other |
| g. Unknown | |

Site surveillance:

4. Has the residence been renovated?
- | |
|-------------------------|
| a. Yes - Once |
| b. Yes - More than once |
| c. No |
| d. Unknown |

Date first renovation began (mm/dd/yy): _____

Date latest renovation began (mm/dd/yy): _____

5. Does the dwelling have peeling, chipping or flaking paint:
- | |
|---------------------------------|
| a. Yes - interior |
| b. Yes - exterior |
| c. Yes - both interior/exterior |
| d. No |
| e. Not inspected |

6. Does the dwelling have broken plaster:
- | |
|---------------------------------|
| a. Yes - interior |
| b. Yes - exterior |
| c. Yes - both interior/exterior |
| d. No |

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e. Not inspected

7. Age of plumbing: _____

8. Type of plumbing: _____

9. What type of yard does this dwelling have:

a. Lawn - good growth

b. Lawn - poor growth

c. No lawn

10. Is there a garden area?

Yes

No

Not inspected

11. Are there other areas of uncovered soil?

Yes

No

Not inspected

12. List all other lead hazards observed at dwelling:

13. Is there an industrial hazard near dwelling?

Yes

No

Unknown

Specify all: _____

14. Is there a freeway near dwelling?

Yes

No

Unknown

Environmental surveillance:

Highest XRF result in mg/cm²: _____

Highest floor dust sample result: _____

Unit of measure:

 $\mu\text{g}/\text{ft}^2$

ppm

Highest windowsill dust sample result: _____

Unit of measure:

 $\mu\text{g}/\text{ft}^2$

ppm

Highest window trough dust sample result: _____

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Unit of measure:	$\mu\text{g}/\text{ft}^2$	ppm	
Highest paint chip sample result:	_____		
Unit of measure:	$\mu\text{g}/\text{ft}^2$	ppm	mg/cm^2
Highest soil sample result (ppm):	_____		
Highest water sample result (ppb):	_____		

