

## Childhood Lead Poisoning Prevention Questionnaire

**PARENT OR GUARDIAN:** This is a survey to help determine your child's risk for lead poisoning. Please answer these questions below. **Complete one survey for each child**

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

1. Does your child live in, or spend a lot of time in a place built before 1978 that has peeling or chipped paint or that has recently been remodeled?	Don't Know	Yes	No												
2. Does your child live with someone who works with lead? (Construction worker; painter; mechanic; electrician; makes ceramics, pottery, stained glass or jewelry.)		Yes	No												
3. Does your child live with someone who likes to hunt, shoot guns, fish or melt lead fishing weights?		Yes	No												
4. Does your child frequently put non-food items in his or her mouth such as dirt, paint chips, or chews on window sills?		Yes	No												
5. Has your child ever been given home remedies or ever worn cosmetics from another country? <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><u>Region/Community</u></td> <td><u>Home Remedies/Cosmetics</u></td> </tr> <tr> <td>Middle East</td> <td>Surma/Kohl, Alkohl, Esend, Ghutti, Zachoba, Zagafel, Khakshir,</td> </tr> <tr> <td>India</td> <td>Surma, Sindoor, Ghasard, Bala Goli, Kandu</td> </tr> <tr> <td>Asia</td> <td>Pay-loo-ah</td> </tr> <tr> <td>Latin America</td> <td>Azarcon, Alarcon, Greta, Albayalde, Liza Maria, Luisa Coral, Rueda</td> </tr> <tr> <td>Other:</td> <td>Other: _____</td> </tr> </table>	<u>Region/Community</u>	<u>Home Remedies/Cosmetics</u>	Middle East	Surma/Kohl, Alkohl, Esend, Ghutti, Zachoba, Zagafel, Khakshir,	India	Surma, Sindoor, Ghasard, Bala Goli, Kandu	Asia	Pay-loo-ah	Latin America	Azarcon, Alarcon, Greta, Albayalde, Liza Maria, Luisa Coral, Rueda	Other:	Other: _____		Yes	No
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Other:	Other: _____														
6. Does your child eat foods stored or cooked in old or imported pottery/dishes or lead crystal?		Yes	No												
7. Does your child eat candies imported from Mexico or Asia; Kurut yogurt imported from Afghanistan; or eat imported spices from another country?		Yes	No												
8. Has your child lived in or spent time in another country? <i>Where:</i> _____ <i>When:</i> _____		Yes	No												
9. Is your child receiving services from any publicly funded programs such as Medi-Cal or WIC?		Yes	No												

**PARENT OR GUARDIAN:**

If you answered "Yes" to any of the questions, your child may be at risk for lead poisoning and may need a blood lead test. **Take this questionnaire to your child's next health exam and ask for a blood lead test.**

**HEALTHCARE PROVIDER:**

- 1). This child may need a blood lead test based on the risk factors identified above.
- 2.) Contact the Sacramento County Childhood Lead Poisoning Prevention Program at (916) 875-7151 for assistance with the Standard of Care Guidelines on Childhood Lead Poisoning for California Health Care Providers.

**Interviewer Name/Agency:** \_\_\_\_\_ **Date:** \_\_\_\_\_

