

**CHILD LEAD RISK SURVEY**  
 Healthy Homes Program  
 Utah Department of Health  
 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:		

**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/Non-Asian/Non-Pacific Islander  
                  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. Eat dirt, or any other non-food item                | YES | NO | Not Sure |
| b. Chew on toys or crayons                             | YES | NO | Not Sure |
| c. Use any crayons/chalk manufactured outside the U.S. | YES | NO | Not Sure |

- |   |     |    |          |
|---|-----|----|----------|
| d. Pick at or play near chipping or flaking paint                         | YES | NO | Not Sure |
| e. Pick at or play near areas of broken plaster                           | YES | NO | Not Sure |
| f. Put paint chips or broken plaster in mouth                             | YES | NO | Not Sure |
| g. Place fingers in mouth/suck their thumb                                | YES | NO | Not Sure |
| h. Chew on furniture, crib, or window sills                               | YES | NO | Not Sure |
| i. Frequently play in bare soil   | YES | NO | Not Sure |
| j. Ride a bike or all-terrain vehicle (ATV) on or<br>around mine tailings | YES | NO | Not Sure |

**CHILD'S HOME ENVIRONMENT\*:**

1. Are you the owner of the home the child lives in? YES NO Not Sure

- If NO:
- a. Name of the person who owns dwelling: \_\_\_\_\_
  - b. Phone number of the person who owns dwelling: \_\_\_\_\_
  - c. Address of the person who owns 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 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 was built: \_\_\_\_\_

6. Is there any peeling or chipping paint in the child's home? YES NO Not Sure

7. Is there broken plaster in child's home? YES NO Not Sure

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

- |                                  |             |
|----------------------------------|-------------|
| 1. Yes - Inside                  | 4. No       |
| 2. Yes - Outside                 | 5. Not Sure |
| 3. Yes - Both inside and outside |             |

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

- 1. Yes - Inside
- 2. Yes - Outside
- 3. Yes - Both inside and outside
- 4. No
- 5. Not Sure

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 Not Sure
- b. Does the house or facility have peeling or chipping paint? YES NO Not Sure
11. Is child's home located near a lead smelter, battery recycling plant or other industry likely to release lead? YES NO Not Sure

**DEMOGRAPHIC INFORMATION OF PARENTS/GUARDIANS:**

Name of Adults

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**PARENTS/GUARDIANS AND OTHER FAMILY MEMBERS:**

1. Has any adult listed above ever had a blood lead test? YES NO Not Sure
- 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 Not Sure
3. Has your child eaten vegetables grown in your home garden or someone else's home garden? YES NO Not Sure
4. Has the child eaten foods that have been stored in opened cans? YES NO Not Sure
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 Not Sure
  - b. Radiator repair YES NO Not Sure
  - c. Auto repair YES NO Not Sure
  - d. Auto body work YES NO Not Sure

e.	Metal working	YES	NO	Not Sure
f.	Welding	YES	NO	Not Sure
g.	Soldering	YES	NO	Not Sure
h.	Smelting	YES	NO	Not Sure
i.	Foundry working	YES	NO	Not Sure
j.	Mining	YES	NO	Not Sure
k.	Demolition	YES	NO	Not Sure
l.	Sandblasting	YES	NO	Not Sure
m.	Plumbing	YES	NO	Not Sure
n.	Painting	YES	NO	Not Sure
o.	Other lead handling duties	YES	NO	Not Sure

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

a.	Leaded glass work/repair	YES	NO	Not Sure
b.	Make jewelry	YES	NO	Not Sure
c.	Make pottery or ceramics	YES	NO	Not Sure
d.	Ceramic painting	YES	NO	Not Sure
e.	Used artist's paints	YES	NO	Not Sure
f.	Auto body repair	YES	NO	Not Sure
g.	Radiator repair	YES	NO	Not Sure
h.	Recycled lead batteries	YES	NO	Not Sure
I.	Auto body painting	YES	NO	Not Sure
j.	Painting bicycles or furniture	YES	NO	Not Sure
k.	Refinish furniture	YES	NO	Not Sure
l.	Solder pipes	YES	NO	Not Sure
m.	Making lead fishing weights	YES	NO	Not Sure
n.	Black powder shooting or shot making	YES	NO	Not Sure
o.	Indoor/Outdoor Shooting Range	YES	NO	Not Sure
p.	Reloading bullets	YES	NO	Not Sure
q.	Used lead recently for any other reason	YES	NO	Not Sure

7. Has your family ever used any of the following folk medicines for any reason?

a.	Greta/Azarcon (alarcon, coral, luiga, maria luisa or rueda)	YES	NO	Not Sure
b.	Paylooah	YES	NO	Not Sure
c.	Ghasard	YES	NO	Not Sure
d.	Bala Goli	YES	NO	Not Sure
e.	Kandu	YES	NO	Not Sure
f.	Kohl	YES	NO	Not Sure
g.	Ba-baw-san	YES	NO	Not Sure
h.	Daw Tway	YES	NO	Not Sure
i.	Litargirio	YES	NO	Not Sure

8.	Does the child receive or have access to imported foods or cosmetics?	YES	NO	Not Sure
9.	Is food prepared or stored in imported pottery or metal containers?	YES	NO	Not Sure
10.	Does anyone in your home smoke or use tobacco?	YES	NO	Not Sure
11.	Does the home contain vinyl mini-blinds made overseas and purchased before 1997?	YES	NO	Not Sure

- |  |     |    |          |
|--|-----|----|----------|
| 12. Are painted or unusual materials burned in household fireplaces? | YES | NO | Not Sure |
| 13. Are imported candles, with metal wicks burned in the home?       | YES | NO | Not Sure |

**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	Not Sure
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3. Has your child experienced any of the following symptoms more than three times in the last three months?

- |                                |     |    |          |
|--------------------------------|-----|----|----------|
| a. Vomiting                    | YES | NO | Not Sure |
| b. Nausea                      | YES | NO | Not Sure |
| c. Weight loss                 | YES | NO | Not Sure |
| d. Loss of appetite            | YES | NO | Not Sure |
| e. Stomach aches               | YES | NO | Not Sure |
| f. Constipation                | YES | NO | Not Sure |
| g. Difficulty in urinating     | YES | NO | Not Sure |
| h. Extreme weakness or fatigue | YES | NO | Not Sure |
| i. Joint pain                  | YES | NO | Not Sure |
| j. Paleness                    | YES | NO | Not Sure |
| k. Headaches                   | YES | NO | Not Sure |
| l. Dizziness                   | YES | NO | Not Sure |
| m. Irritability                | YES | NO | Not Sure |
| n. Seizures or convulsions     | YES | NO | Not Sure |
| o. Trouble sleeping            | YES | NO | Not Sure |

4. Has the child ever been treated with folk remedies ("non-Western" medicine)?	YES	NO	Not Sure
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5. Has your child's doctor ever told you the child was low in iron, calcium or zinc?	YES	NO	Not Sure
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6. Has the child ever received treatment for lead poisoning?	YES	NO	Not Sure
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If YES:

Did child receive chelation treatment?	YES	NO	Not Sure
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If YES:

What kind of chelation treatment did child receive?

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

Was the child hospitalized?

YES NO Not Sure

Who paid for the medical treatment?

- 1. Medicaid
- 2. Private insurance
- 3. Self-Pay

- 4. Other
- 5. Unknown

7. Has the child ever had a blood lead test?

YES NO Not Sure

If YES:

What was the result? \_\_\_\_\_ ug/dL

**OTHER CHILDREN IN 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 & 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 residence been renovated?    a. YES - Once  
     b. YES - More than once  
     c. NO  
     d. Unknown

Date first renovation begun (mm/dd/yy) \_\_\_\_\_

Date latest renovation begun (mm/dd/yy) \_\_\_\_\_  
     (leave blank if renovation is ongoing)

5. Does 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 dwelling have broken plaster:    a. YES - interior  
     b. YES - Exterior  
     c. YES - both interior/exterior  
     d. NO  
     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:

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13. Is there an industrial hazard near dwelling? YES NO Not Sure  
Specify all: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Is there a freeway near dwelling? YES NO Not Sure

**ENVIRONMENTAL SURVEILLANCE:**

Highest XRF result in mg/cm<sup>2</sup>: \_\_\_\_\_

Highest floor dust sample result: \_\_\_\_\_  
Unit of measure:                      μg/ft<sup>2</sup>                      ppm

Highest window sill dust sample result: \_\_\_\_\_  
Unit of measure:                      μg/ft<sup>2</sup>                      ppm

Highest window well dust sample result: \_\_\_\_\_  
Unit of measure:                      μg/ft<sup>2</sup>                      ppm

Highest paint chip sample result: \_\_\_\_\_  
Unit of measure:                      μg/ft<sup>2</sup>                      ppm                      mg/cm<sup>2</sup>

Highest soil sample result (ppm): \_\_\_\_\_

Highest water sample result (ppb): \_\_\_\_\_