

PREVENTIVE CARE RECOMMENDATIONS PEDIATRIC AGES 0-10

PEDIATRIC LEAD EXPOSURE QUESTIONNAIRE

Child's Name: _____ Sex: Male Female

Birth Date: _____ Age: _____ Phone No.: _____

Address: _____

Child's Physician: _____ Guardian: _____

1. Has your child ever been tested for lead poisoning? Yes No Unsure

2. In the last 12 months has your child lived in or regularly visited a home built before 1960 or lived in Salt Lake City? Yes No Unsure

3. In the last 12 months was there broken plaster, chipping or peeling paint inside or outside the child's home? Yes No Unsure

4. In the last 12 months has the child been exposed to any renovation or remodeling in a home built before 1978 (for example: paint been sanded or stripped inside/outside the child's home)? Yes No Unsure

5. Does the child spend time at a place such as a day care center or a relative's house that has peeling or chipping paint or broken plaster? Yes No Unsure

6. Has the child lived with anyone whose job exposes them to lead? Yes No Unsure
 If yes, check the type of job below:

<input type="checkbox"/> Auto repair	<input type="checkbox"/> Foundry work	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Soldering
<input type="checkbox"/> Auto body	<input type="checkbox"/> Metal working	<input type="checkbox"/> Radiator repair	<input type="checkbox"/> Welding
<input type="checkbox"/> Battery work	<input type="checkbox"/> Mining	<input type="checkbox"/> Sandblasting	<input type="checkbox"/> Other lead handling:
<input type="checkbox"/> Demolition	<input type="checkbox"/> Painting	<input type="checkbox"/> Smelting	_____

7. Has your child lived with anyone whose hobby exposes them to lead? Yes No Unsure
 If yes, check hobby below:

<input type="checkbox"/> Artist paint	<input type="checkbox"/> Hunt with shotgun	<input type="checkbox"/> Target Shooting	<input type="checkbox"/> Painting bicycles/cars
<input type="checkbox"/> Black powder gun	<input type="checkbox"/> Jewelry making	<input type="checkbox"/> Pottery/ceramics	<input type="checkbox"/> Solder piper
<input type="checkbox"/> Bullets	<input type="checkbox"/> Make fishing sinkers	<input type="checkbox"/> Refinish Furniture	<input type="checkbox"/> Stained glass

8. Has your child been given folk or herbal medicines? Yes No Unsure

9. Does your child eat or drink from imported or homemade pottery? Yes No Unsure

10. Have any of your children or their playmates been treated for lead poisoning? Yes No Unsure