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

**General Information**

1. 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)

**Landlord information (or Rent Collector Agent)**

Name:

Address: Phone:

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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**Form 16.1 Resident Questionnaire for Investigation of Children with EBL (2 of 9)**

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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Care** | **Location of care Contact name, address and phone** | **No. hours/wk at location** | **General Condition of Dwelling: Any renovation or deteriorated paint?** |
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**Lead-Based Paint and Lead-Contaminated Dust Hazards**

1. Has this dwelling been tested for lead-based paint or lead-contaminated dust? yes no

If yes, when? Where can this information be obtained?

1. Approximately what year was the dwelling built?
   1. If unknown, was it before 1950? yes no

3. Has there been any recent repainting, remodeling, renovation, window replacement, sanding or scraping of painted surfaces inside or outside this dwelling unit? If yes, describe activities, time and duration of work.

4. Has any lead abatement or other lead hazard control work been conducted at this dwelling recently?  
 yes no

5. Where does the child like to play, hide, or frequent? (Include rooms, closets, porches & outbuildings)

**Form 16.1 Resident Questionnaire for Investigation of Children with EBL (3of 9)**

Use the table below.

|  |  |  |
| --- | --- | --- |
| **Areas where the child likes to play, hide, or frequent** | **Paint condition\* (intact, not intact, or not present)** | **Location of painted component with visible bite marks** |
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\* *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):

**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 the family? Municipal water Private well

Other (specify):

(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 questions 2 through 6. If not, go to Lead in Soil Hazards.

**Form 16.1 Resident Questionnaire for Investigation of Children with EBL (4 of 9)**

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).

Did you do any of this work yourself? yes no

If yes, specify.

**Assessment:** water lead hazard risk  no water lead hazard risk

**Actions:**

* Test water (first draw and flush samples).
* Other testing (specify):

* Counsel family (specify):

**Lead in Soil Hazards**

Use the following information to determine where soil samples should be collected.

1. Where outside does the child like to play?
2. Where outside does the child like to hide?
3. Is this dwelling near a lead-producing industry (such as a battery plant, smelter, radiator repair shop, boat keel manufacturer, electronics plant, or soldering plant)? yes no
4. Is the dwelling located within two blocks of a major roadway, freeway, elevated highway, or other transportation structure? yes no
5. Are buildings or structures on the property or nearby being renovated, repainted, or demolished:   
    yes no  
   If no: Has any of this kind of work been done recently: yes no
6. Is there deteriorated paint on outside fences, garages, play structures, railings, building siding, windows, trims, or mailboxes: yes no

**Form 16.1 Resident Questionnaire for Investigation of Children with EBL (5 of 9)**

1. Were gasoline or other solvents ever used to clean parts or disposed of at the property: yes no
2. Are there any visible paint chips near the perimeter of the house, fences, garages, or play structures?  
    yes no

If yes, note location(s).

1. Has soil ever been tested for lead: yes no If yes, when and where can this information be obtained?
2. Have you burned painted wood in a woodstove or fireplace? yes no

If yes, have you emptied ashes onto soil? yes no

If yes, where?

**Assessment:** probable soil lead hazard  no soil lead hazard risk

**Actions:**

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, abrasive blasting, using heat guns or torches) | Remodeling, repairing, or renovating dwellings or buildings, or 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 work involving lead |
| Soldering electrical connections |

**Form 16.1 Resident Questionnaire for Investigation of Children with EBL (6 of 9)**

Answer the following questions.

1. Where does anyone in the household and any frequent visitors work? (Include parents, older siblings, and other adults)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Place of Employment** | **Occupation** | **Probable Exposure** |
|  |  |  | yes no |
|  |  |  | yes no |
|  |  |  | yes no |
|  |  |  | yes no |
|  |  |  | yes no |

2. Are work clothes separated from other laundry? yes no

3. 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 household soldered electric parts while at home? yes no

5. Does anyone in the household apply glaze to ceramic or pottery objects? yes no

6. Does anyone in the household work with stained glass? yes no

7. Does anyone in the household use artist’s paints to paint pictures or jewelry? yes no

8. Does anyone in the household reload bullets, target shoot, or hunt? yes no

9. Does anyone in the household melt to make bullets, fishing sinkers, or toys? yes no

10. Does anyone in the household work on auto body repair at home or in the yard: yes no

11. Is there evidence of take-home work exposures or hobby exposures in the dwelling? yes no

**Assessment Probable:**

 occupational related lead exposure hobby related lead exposure neither

**Actions:**

Counsel family (specify)

Refer to (specify):

**Form 16.1 Resident Questionnaire for Investigation of Children with EBL (7 of 9)**

**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 yes, specify:

3. Does child chew on painted surfaces, such as old painted cribs, windowsills, furniture edges, railings, door molding, or broom handles? yes no

If yes, specify:

4. Does the child chew on putty around windows? yes no

5. Does the child put soft metal objects in the mouth? yes 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?

1. Where does the child obtain drinking water?
2. If a child is present, note the extent of hand-to-mouth behavior observed.

**Form 16.1 Resident Questionnaire for Investigation of Children with EBL (8 of 9)**

**Assessment if Child is at Risk:**

* Hand-to-mouth behavior
* Mouthing probable lead-containing source
* Other behavior (specify)
* No observed at-risk behavior

**Actions:**

Counsel family to limit access to use of (specify)

Other (specify)

**Other 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

If yes, what type?

1. Are any liquids stored in metal, pewter, or crystal containers? yes no
2. 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 casings, fishing sinkers, lead pellets, solder, or drapery weights? yes no

7. Does the child take baths in an old bathtub with deteriorated or nonexistent glazing? yes no

8. Does the home contain vinyl mini-blinds made overseas and/or purchased before 1997?   
 yes no

**Assessment if Child is at Risk:**

Increased risk of lead exposure due to:

* No observed risk

**Actions:**

* Counsel family to limit access or use (specify):
* Other (specify)

**Form 16.1 Resident Questionnaire for Investigation of Children with EBL (9 of 9)**

**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 floors?

Vacuum the floors? Wash the windowsills?

Wash the window troughs?

3. What type of floor coverings are found in the dwelling? (check all that apply)

vinyl/linoleum carpeting wood other (specify):

4. Are floor coverings smooth and cleanable? yes no

5. Cleanliness of dwelling (check one using table below)

appears clean some evidence of housecleaning no 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 |
| Evidence of recent vacuuming | Slight dust buildup on furniture | Heavy dust buildup on furniture |
| No matted or soiled carpeting | Slightly matted and/or soiled carpeting | Matted and/or soiled carpeting |
| No debris or food scattered about | Some debris or food scattered about | Debris or food scattered about |
| Few visible cobwebs | Some visible cobwebs | Visible cobwebs |
| Clean kitchen floor | Slightly soiled kitchen floor | Heavily soiled kitchen floor |
| Clean 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
* No observed risk

**Actions:**

Counsel family to limit access or use (specify room and location):

* Provide cleaning equipment
* Instruct family on special cleaning methods
* Demonstrate special cleaning methods
* Flooring treatments needed (specify rooms)
* Other (specify)