

1) Does your child live in or regularly visit a house that was built before 1950, including a home child care center or the home of a relative?

**Yes No**

2) Does your child live in or regularly visit a house built before 1978 that has been remodeled in the last 6 months?

**Yes No**

**If No: Are their plans to remodel? Yes No**

3) Does your child have a sibling, housemate, or playmate who is being treated for lead poisoning?

**Yes No**

4) Does your child live with an adult whose job or hobby involves exposure to lead?

**Yes No**

5) Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead into the environment?

**Yes No**

6) Does your child live within one block of a major highway or busy street?

**Yes No**

7) Has your child even been given home remedies such as azarcon, greta, or pay looah?

**Yes No**

8) Has your child ever lived outside of the United States?

**Yes No**

9) Does your family use pottery or ceramics for cooking, eating, or drinking?

**Yes No**

10) Have you seen your child eat paint chips?

**Yes No**

11) Have you seen your child eat soil or dirt?

**Yes No**

12) Have you been told your child has low iron?

**Yes No**