

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

1) Was your Child born in Africa, Asia, Latin America, the Caribbean or Eastern Europe?

Yes No

2) Has your child traveled to or lived in Africa, Asia, Latin America, the Caribbean or Eastern Europe for more than one week?

Yes No

3) Has your child been exposed to anyone with TB disease?

Yes No

4) Does your child have close contact or live with anyone who has had a positive TB skin test?

Yes No

5) Has your child spent time with anyone in the past 5 years who has been in a jail, shelter, uses illegal drugs, or has HIV?

Yes No

6) Has your child ever tested positive for HIV?

Yes No

7) Does your child have a household member who was born outside of the United States?

Yes No

8) Does your child have a household member who has traveled outside the United States?

Yes No

If Yes,

When:

Where: