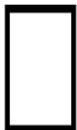


Childhood Lead Risk Questionnaire

Child Name _____ Age _____

Date _____

	Yes	No
Does your child live in or regularly visit a house or apartment (including grandparents or other relatives) or childcare center built before 1978?		
If yes, does this space have chipping, peeling or deteriorated paint?		
If yes, has the space recently been renovated or remodeled, or are there ongoing renovations or remodeling?		
Does your child have a sibling, playmate or family member with a confirmed elevated blood lead level?		
Does your child live with an adult whose job or hobby involves exposure to lead such as house painting or remodeling, auto body work or repair, welding, manufacturing, jewelry or pottery making, or bullet recasting?		
Does your child have an iron deficiency or anemia, or a developmental delay or behavioral problems?		
Does your child have excessive mouthing habits, like thumb or finger sucking or nail biting, or eating dirt, paint chips or other non-food items?		
In the past 12 months, did your child move to Delaware County from a foreign country?		
Does your child consume alternative remedies (Azarcon, Greta), imported candies, or food cooked or stored in imported pottery?		



You answered yes to one or more of these questions. Your child is at risk of lead poisoning and needs a blood lead test.