

COUNTY OF ORANGE CALIFORNIA
HEALTH CARE AGENCY/CHDP PROGRAM
CHILDHOOD LEAD POISONING SCREENING QUESTIONNAIRE

Please circle you answer to the following questions. Your answers will help us see your baby's or child's risk for lead exposure. The nurse will go over your answers with you.

1. Is paint peeling or chipping on any part of your house?
YES NO

2. Is your house being remodeled?
YES NO

3. Does your child have a parent, brother, sister, housemate, or playmates who is being treated or followed for lead poisoning (i.e., blood lead $\geq 10 \mu\text{g/dL}$)?
YES NO

4. Does your child live with someone whose job or hobby involves exposure to lead (i.e. / painting, soldering automobile battery manufacturing or recycling, vehicle radiator repair, auto painting, or stained glass work)?
YES NO

5. Does your child live near an active lead smelter, battery recycling plant or other industry likely to release lead?
YES NO

6. Do you or anyone else who lives with or cares for your child use Azarcon, Greta, Rueda, Coral, Alcaron, Liga, Maria Luisa?
YES NO

7. Do you use pottery (ceramics, earthenware) that is old or has been bought outside the U.S. for cooking, storing food, or eating/drinking?
YES NO

8. Your family purchase canned foods that are canned outside the U.S.?
YES NO

9. Does your baby or child eat dirt or clay?
YES NO

10. Does your baby or child visit frequently outside the U.S.?
YES NO

Patient's Name: _____

Parent's Signature: _____

Date: _____