Kids Central, Inc. is assessing for Lead Poisoning risk factors to which your child may have been exposed. All parents of children between the ages of birth to six years are being asked to complete this questionnaire. Please answer Yes or No to the following questions.

Does your child:

1. Live in or regularly visit a house with peeling or chipping paint built before 1960? This could include a day care center, pre-school, the home of a baby sitter, or a relative. _____ Yes _____ No

2. Live in or regularly visit a house built before 1960 with recent, on-going, or planned renovation or remodeling? _____ Yes _____ No

3. Have a brother or sister, housemate, or playmate being followed or treated for lead poisoning (that is a blood lead of 15 ug/dl)? _____ Yes _____ No

4. Live with an adult whose job or hobby involves exposure to lead such as: storage batteries (lead batteries), valve and pipe fittings (except plumber’s brass goods), plumbing fixture fittings and trim, motor vehicle parts and accessories, pottery, chemical and chemical preparations, bridge, tunnel and highway construction, automotive repair shops, primary batteries, dry and wet. Hobbies which may involve exposure to lead include: casting ammunition, fishing weights, or toy soldiers, making stained glass or pottery, refinishing furniture, burning lead painted wood, and use of folk medicines or cosmetics. _____ Yes _____ No
   If yes, what? ________________________________

5. Live near an active lead smelter, battery recycling plant, or other industry likely to release lead? _____ Yes _____ No

6. Live near an area in which lead used in gasoline has contaminated the soil and dust? _____ Yes _____ No

7. Use improperly fired ceramic ware, leaded crystal, and lead-soldered cans to store foods? _____ Yes _____ No

8. Does he/she have a medical finding such as developmental delay, growth failure, pica, anemia, or neurological disease consistent with lead poisoning? _____ Yes _____ No  If yes, when? ___________________________

9. Has your child ever been tested for lead poisoning? _____ Yes _____ No

10. Do you wish for your child to be tested for lead poisoning? _____ Yes _____ No

_____________________________________
Parent/Guardian(s) Signature

_____/_____/_____
Date