



Verbal Blood Lead Risk Assessment

Member Name: _____

Date: _____

ID #: _____

Person Interviewed/Relationship: _____

	Yes	No
Does your child live in or regularly visit a house built before 1960? Does the house have chipping or peeling paint?		
Was your child's day care center/preschool/babysitter's home built before 1960? Does the house have chipping or peeling paint?		
Does your child live in or regularly visit a house built before 1960 with recent, ongoing or planned renovation or remodeling?		
Have any of your children or their playmates had lead poisoning?		
Does your child frequently come in contact with an adult who works with lead? Examples include construction, welding or pottery.		
Do you give your child home or folk remedies that may contain lead?		