



Lead Risk Assessment Questionnaire

Child's Name: _____ DOB: _____

Date (MM/DD/YYYY):	/	/
High Risk Exposure Factors	Yes	No
1. Does your child live in or regularly visit a house with peeling or chipping paint build before 1960? <i>(This could include the home of a babysitter or relative, a daycare center or preschool, etc.)</i>		
2. Does your child live in or regularly visit a house built before 1960 with planned, recent (past 6 months), or ongoing renovations or remodeling activity?		
3. Does your child live with an adult whose job or hobby involves exposure to lead?		
4. Did your child have an elevated lead test (10ug/dL or higher) when last tested? <i>(If no previous test, check "No")</i>		

Other risk factors/comments: