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## LEAD RISK ASSESSMENT QUESTIONNAIRE

(Ages 6 months – 6 years)

Patient Name \_\_\_\_\_ Date \_\_\_\_\_  
Completed by \_\_\_\_\_ Relation \_\_\_\_\_

- |  |   |   |
|--|---|---|
| 1. Does your child live in or regularly visit an old house built before 1960?  | Y | N |
| 2. Was your child's daycare center, preschool, or baby-sitter's home built before 1960?  | Y | N |
| 3. Does your child live in a house built before 1960 with recent, on-going, or planned renovation or remodeling?   | Y | N |
| 4. Does your home contain old furniture or painted wood that your child can chew (crib, banister, windowsill)  | Y | N |
| 5. Does your child eat paint chips, dirt, or old crayons?  | Y | N |
| 6. Does your child frequently come in contact with a person who works with lead? (i.e. in construction; in welding; with pottery; fishing weights; casting ammunition; toy soldiers; stained glass; and refinishing furniture) | Y | N |
| 7. Does your child live near a lead smelter, battery recycling plant, or other industry likely to release lead or industrial pollution?  | Y | N |
| 8. Do you give your child any home folk remedies that may contain lead? (Examples: Alacon, Alkohol, Azarcon, Bali Goli, Coral, Ghasard, Greta, Liga, Pay-loo-ah, and Rueda)  | Y | N |
| 9. Does your home's plumbing have lead pipes or copper with lead solder joints?  | Y | N |
| 10. Have any of your children or their playmates been followed up or treated for lead poisoning?   | Y | N |