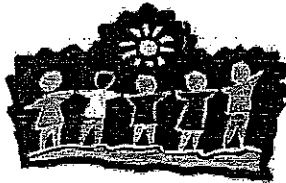


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Georgia Healthy Homes and Lead Poisoning Prevention Program

Patients Name _____ Date of Birth _____

Risk Factors Assessment Questionnaire

1. Does your child live in or often visit a house that may have been built before 1978?
2. Does your child live in or often visit a house, built before 1978, that is being remodeled or is having paint removed?
3. Does your child live with or often visit another child that had or has an elevated blood lead level?
4. Does your child live with anyone that works at a job where lead may be found or has a hobby that uses lead?
5. Does your child chew on or eat non-food items like paint chips or dirt?
6. Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead?
7. Does your child receive medicines such as greta, azaroon, kohl, or pay-loo-ah?

When using the questionnaire, blood lead tests should be done immediately if the child is at high risk (one or more "yes" or "I don't know" answers on the risk assessment questionnaire) for lead exposure.

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