



ELEVATED BLOOD LEAD LEVEL INVESTIGATION QUESTIONNAIRE FORM Pb-103

Date of Investigation: _____

INVESTIGATOR INFORMATION

INVESTIGATOR'S LAST NAME		FIRST	INVESTIGATOR'S TITLE	
PHONE #		DSHS CERTIFICATION #		
INVESTIGATOR'S AFFILIATION/PROGRAM				
<input type="checkbox"/> DSHS		<input type="checkbox"/> DSHS REGION (SPECIFY) _____		
<input type="checkbox"/> LDH (SPECIFY) _____		<input type="checkbox"/> OTHER (SPECIFY) _____		

CHILD DEMOGRAPHICS

ADDRESS OF INVESTIGATION				
ADDRESS	CITY	STATE	COUNTY	ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ADDRESS OF INVESTIGATION)				
ADDRESS/P.O. BOX	CITY	STATE	COUNTY	ZIP CODE

C H I L D	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	AGE	BIRTHDATE	
	CHILD'S RACE	PERSON INTERVIEWED		INTERVIEWEE'S RELATIONSHIP TO CHILD			
	IS THE CHILD'S RESIDENCE THE SAME AS THE ADDRESS OF INVESTIGATION?					<input type="checkbox"/> YES	<input type="checkbox"/> NO
	IF NO, SUPPLY RESIDENT ADDRESS						
1	ADDRESS/P.O. BOX	CITY	STATE	COUNTY	ZIP CODE		

ADDITIONAL CHILDREN

Are there any other children residing at this address under the age of 6 YES NO DON'T KNOW who have an elevated blood lead level?

If yes, complete an additional page 5 and hand washing portion of page 7 for each additional child.

2	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	AGE	BIRTHDATE
	CHILD'S RACE	RELATIONSHIP TO CHILD				

3	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	AGE	BIRTHDATE
	CHILD'S RACE	RELATIONSHIP TO CHILD				

CAREGIVERS (PARENTS, GUARDIANS, ETC)

1	LAST NAME		FIRST NAME		MIDDLE NAME	
	AGE	BIRTHDATE	RELATIONSHIP TO CHILD		OCCUPATION	
	TESTED FOR LEAD? IF SO WHAT WAS LEVEL? <input type="checkbox"/> YES _____ µg/dL <input type="checkbox"/> NO DATE: _____				PHONE #	

2	LAST NAME		FIRST NAME		MIDDLE NAME	
	AGE	BIRTHDATE	RELATIONSHIP TO CHILD		OCCUPATION	
	TESTED FOR LEAD? IF SO WHAT WAS LEVEL? <input type="checkbox"/> YES _____ µg/dL <input type="checkbox"/> NO DATE: _____				PHONE #	

LIST ALL INDIVIDUALS NOT LISTED ABOVE WHO RESIDE AT THIS DWELLING:								
1	LAST NAME		FIRST NAME		MIDDLE NAME	SEX	BIRTHDATE	AGE
	TESTED FOR LEAD? IF SO WHAT WAS LEVEL? <input type="checkbox"/> YES _____ µg/dL <input type="checkbox"/> NO DATE: _____				OCCUPATION		RELATIONSHIP TO CHILD	
2	LAST NAME		FIRST NAME		MIDDLE NAME	SEX	BIRTHDATE	AGE
	TESTED FOR LEAD? IF SO WHAT WAS LEVEL? <input type="checkbox"/> YES _____ µg/dL <input type="checkbox"/> NO DATE: _____				OCCUPATION		RELATIONSHIP TO CHILD	
3	LAST NAME		FIRST NAME		MIDDLE NAME	SEX	BIRTHDATE	AGE
	TESTED FOR LEAD? IF SO WHAT WAS LEVEL? <input type="checkbox"/> YES _____ µg/dL <input type="checkbox"/> NO DATE: _____				OCCUPATION		RELATIONSHIP TO CHILD	
4	LAST NAME		FIRST NAME		MIDDLE NAME	SEX	BIRTHDATE	AGE
	TESTED FOR LEAD? IF SO WHAT WAS LEVEL? <input type="checkbox"/> YES _____ µg/dL <input type="checkbox"/> NO DATE: _____				OCCUPATION		RELATIONSHIP TO CHILD	
5	LAST NAME		FIRST NAME		MIDDLE NAME	SEX	BIRTHDATE	AGE
	TESTED FOR LEAD? IF SO WHAT WAS LEVEL? <input type="checkbox"/> YES _____ µg/dL <input type="checkbox"/> NO DATE: _____				OCCUPATION		RELATIONSHIP TO CHILD	
6	LAST NAME		FIRST NAME		MIDDLE NAME	SEX	BIRTHDATE	AGE
	TESTED FOR LEAD? IF SO WHAT WAS LEVEL? <input type="checkbox"/> YES _____ µg/dL <input type="checkbox"/> NO DATE: _____				OCCUPATION		RELATIONSHIP TO CHILD	
TOTAL NUMBER OF INDIVIDUALS RESIDING AT THIS ADDRESS: _____								

INVESTIGATION NUMBER _____
OCCUPATIONS/HOBBIES

OCCUPATIONS AND HOBBIES OF THE CAREGIVERS/RESIDENTS/FREQUENT VISITORS AT THE HOME (CHECK ALL THAT APPLY)	
BATTERY MANUFACTURING/RECYCLING	AUTOMOTIVE REPAIR
METAL SMELTER FOUNDRY	RADIATOR REPAIR
METAL RECYLING	COMPUTER MANUFACTURING
CONSTRUCTION WORK	ELECTRONICS REPAIR
PAINTING RESTORING HOMES	SOLDERING
CHEMICAL MANUFACTURING	POTTERY/CERAMICS MAKING
DEMOLITION WORK	CRYSTAL MANUFACTURING
VALVE/PIPE FITTING	STAINED GLASS MAKING
AMMUNITION RELOADING	INDOOR SHOOTING RANGE WORK
FISHING/DRAPERY WEIGHTS USAGE	BOAT BUILDING, REPAIRING, PAINTING
CABLE/WIRE SPLICING OR RECYCLING	JEWELRY REPAIR OR PRODUCTION
LEAD ABATEMENT WORKER/SUPERVISOR	WELDING BURNING, CUTTING OR TORCH WORK
OTHER (PLEASE SPECIFY)	

CLEANING HABITS	YES	NO
ARE THEIR WORK/HOBBY CLOTHES WASHED SEPARATELY FROM OTHER HOUSEHOLD LAUNDRY?		
DO THEY WASH UP BEFORE LEAVING WORK?		
DO THEY WASH UP BEFORE ENTERING THE HOME?		
DO THEY WASH UP BEFORE INTERACTING WITH THE CHILD?		
DO THEY USE THE SAME VEHICLE FOR WORK AND FAMILY TRANSPORTATION?		
IF YES, WAS A DUST WIPE SAMPLED FROM THE VEHICLE?		
IS THERE A DESIGNATED AREA OUTSIDE THE HOUSE TO TAKE SHOES OR OTHER CLOTHING OFF BEFORE ENTERING?		

PROPERTY AND ENVIRONMENT

HAS ANY LEAD ABATEMENT, RENOVATION OR REMODELING BEEN DONE, CURRENTLY BEING DONE OR IS PLANNED AT THIS DWELLING?

YES, ONCE YES, MORE THAN ONCE NO UNKNOWN

DATE FIRST RENOVATION BEGUN: _____

DATE LATEST RENOVATION COMPLETED: _____

HAVE ANY OF THE IMMEDIATE NEIGHBORS OR NEARBY BUILDINGS/STRUCTURES HAD EXTERIOR RENOVATIONS, CONSTRUCTION, PAINTING OR DEMOLITION DONE IN THE PAST 3 YEARS? YES NO DON'T KNOW

IF YES, WHAT/WHERE? _____

IS ANY REMODELING AND/OR ABATEMENT CURRENTLY OCCURRING AT A BUILDING OR SITE THAT THE CHILD VISITS? YES NO DON'T KNOW

IF YES, WHAT/WHERE? _____

IS THIS DWELLING LOCATED NEAR A LEAD PRODUCING INDUSTRY OR MAJOR HIGHWAY? YES NO DON'T KNOW

IF YES, WHAT/WHERE? _____

DWELLING/NEIGHBORHOOD

In what year was the dwelling built? _____

DWELLING TYPE (CHECK ONE)			
<input type="checkbox"/>	ATTACHED/SINGLE FAMILY (DUPLEX, FOURPLEX, CONDO)	<input type="checkbox"/>	MULTI-UNIT (APARTMENT COMPLEX)
<input type="checkbox"/>	DETACHED SINGLE FAMILY (HOUSE)	<input type="checkbox"/>	MOBILE HOME/TRAILER

OCCUPANCY (CHECK ONE)			
<input type="checkbox"/>	OWNER OCCUPIED	<input type="checkbox"/>	PUBLIC HOUSING AUTHORITY
<input type="checkbox"/>	PRIVATE RENTAL	<input type="checkbox"/>	SECTION 8
<input type="checkbox"/>	FEDERAL SUBSIDY	<input type="checkbox"/>	

OWNERSHIP				
NAME				
ADDRESS/P.O. BOX	CITY	STATE	COUNTY	ZIP CODE
OWNER'S HOME PHONE #		OWNER'S BUSINESS PHONE #		

WHAT MONTH AND YEAR DID YOU/YOUR FAMILY MOVE INTO THIS DWELLING? _____				
HOW LONG HAS YOUR CHILD LIVED IN THE DWELLING? _____ YEARS _____ MONTHS				
IF LESS THAN THREE YEARS, SUPPLY ALL OTHER ADDRESSES WHERE THE CHILD HAS LIVED				
ADDRESS, APT #	CITY	STATE	ZIP CODE	HOW LONG
				____ YEAR/MONTH
				____ YEAR/MONTH

IS THE CHILD CARED FOR AWAY FROM THE PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW			
IF YES, LIST THE DWELLINGS/PLACES THE CHILD VISITS IN THE NEXT BOX:			

LIST THE DWELLINGS/PLACES THAT THE CHILD VISITS REGULARLY (GRANDPARENTS, DAY CARE, PARK, ETC)				
1	NAME OF PERSON/BUSINESS			RELATIONSHIP TO CHILD (IF APPLICABLE)
	ADDRESS/APT #	CITY	STATE ZIP CODE	TELEPHONE #
2	NAME OF PERSON/BUSINESS			RELATIONSHIP TO CHILD (IF APPLICABLE)
	ADDRESS/APT #	CITY	STATE ZIP CODE	TELEPHONE #

HAS THE CHILD LIVED OR VISITED OUTSIDE THE USA IN THE <u>PAST THREE YEARS</u> ? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW			
IF YES, WHAT COUNTRY?		DATES:	

CHILD BEHAVIORS

HAND-TO-MOUTH BEHAVIORS

DO YOU EVER SEE YOUR CHILD PUT NON-FOOD ITEMS IN HER/HIS MOUTH YES NO DON'T KNOW
 IF YES, CHECK THOSE THAT APPLY

- | | | | |
|-------------------------|------------------------------|-----------------------------|-------------------------------------|
| FINGERS/THUMB | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| PACIFIER | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| JEWELRY | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| PAPER/PRINTED MATERIALS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| TOYS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> DON'T KNOW |
| OTHER (SPECIFY) _____ | | | |

DO YOU EVER SEE YOUR CHILD EAT DIRT? YES NO DON'T KNOW

DO YOU EVER SEE YOUR CHILD EAT PAINT CHIPS? YES NO DON'T KNOW

DO YOU EVER SEE YOUR CHILD CHEW ON PAINTED SURFACES?
 IF YES PLEASE SPECIFY WHAT:

PLAY HABITS

DOES YOUR CHILD EVER USE CRAYONS? YES NO DON'T KNOW

IF YES, WHERE WERE THE CRAYONS MADE? _____

IF YES, WHAT BRAND ARE THE CRAYONS? _____

DOES YOUR CHILD EVER PLAY WITH TOYS BROUGHT FROM OUTSIDE THE USA? YES NO DON'T KNOW

IF YES, WHERE WERE THE TOYS BROUGHT FROM? _____

IF YES, WHAT IS THE BRAND OR TYPE OF TOY? _____

DOES YOUR CHILD EVER PLAY WITH HIS/HER TOYS OUTSIDE? YES NO DON'T KNOW

DOES THE CHILD HAVE A FAVORITE BLANKET THAT THEY HAVE EVER TAKEN OUTSIDE? YES NO DON'T KNOW

ARE YOU AWARE OF ANY OF YOUR CHILD'S PLAYMATES/FAMILY MEMBERS THAT HAVE ELEVATED BLOOD LEAD-LEVELS? YES NO DON'T KNOW

DOES YOUR CHILD PLAY OUTSIDE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW				
LIST AREAS WHERE THE CHILD LIKES TO PLAY OR HIDE (INCLUDE ROOMS, CLOSETS, PORCHES, OUTBUILDINGS)				
	AREA	PAINT CONDITION (INTACT, NOT INTACT, NOT PRESENT)	VISIBLE BITE MARKS	
1			<input type="checkbox"/> YES	<input type="checkbox"/> NO
2			<input type="checkbox"/> YES	<input type="checkbox"/> NO
3			<input type="checkbox"/> YES	<input type="checkbox"/> NO
4			<input type="checkbox"/> YES	<input type="checkbox"/> NO
5			<input type="checkbox"/> YES	<input type="checkbox"/> NO

HOME REMEDIES

WHAT IS GIVEN TO YOUR CHILD FOR AN UPSET STOMACH? _____

HAS YOUR CHILD EVER BEEN GIVEN ANY OF THE FOLLOWING?

AZARCON (BRIGHT ORANGE POWDER; ALSO KNOWN AS ALARCON, CORAL, LUIGA, MARIA LUISA, OR RUEDA)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
GHASSARD (BROWN POWDER)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
GRETA (YELLOW POWDER)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
PAY-LOO-AH (RED POWDER)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
AYURVEDICS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW
OTHER (SPECIFY) _____			

DIETARY INTAKE

ARE THERE ANY FOOD ITEMS IN THE HOME THAT WERE PRODUCED IN FOREIGN COUNTRIES? YES NO DON'T KNOW

IF YES, IN WHAT COUNTRY WERE THE FOOD ITEMS PRODUCED? _____

WHERE WERE THE FOOD ITEMS PURCHASED? _____

IS THERE ANY CANDY IN THE HOME THAT WAS PRODUCED IN FOREIGN COUNTRIES? YES NO DON'T KNOW

IF YES, IN WHAT COUNTRY WAS THE CANDY PRODUCED? _____

WHERE WAS THE CANDY PURCHASED? _____

DO YOU USE/HAVE ANY FOREIGN CERAMIC WARE OR POTTERY GLAZED OR NOT? (EITHER BOUGHT IN THE USA BUT MADE IN ANOTHER COUNTRY, OR BOUGHT IN ANOTHER COUNTRY AND BROUGHT INTO THE USA) YES NO DON'T KNOW

IF YES, IN WHAT COUNTRY WAS IT MADE? _____

DOES YOUR CHILD DRINK INFANT FORMULA, POWDERED MILK, OR JUICE THAT HAS BEEN PREPARED WITH TAP WATER? YES NO DON'T KNOW

DO YOU USE WATER FROM THE HOT TAP FOR COOKING, PREPARING INFANT FORMULA, OR DRINKING? YES NO DON'T KNOW

DO YOU USE THE WATER IMMEDIATELY AFTER TURNING ON THE TAP? YES NO DON'T KNOW

FAMILY PET

IS THERE A FAMILY PET? YES NO

IF YES, WHAT IS IT? _____

IF YES, ANSWER THE FOLLOWING:

DOES YOUR CHILD INTERACT WITH THE PET?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THE PET ALLOWED INSIDE THE DWELLING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THE PET ALLOWED OUTSIDE THE DWELLING?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

HYGIENE/HOUSEHOLD

DO YOU WASH YOUR CHILD'S HANDS BEFORE THEY EAT? YES NO

DO YOU WASH YOUR CHILD'S HANDS BEFORE THEY SLEEP? YES NO

DO YOU WASH YOUR CHILD'S FACE AFTER PLAYING OUTSIDE? YES NO

DO YOU WASH YOUR CHILD'S HANDS AFTER PLAYING OUTSIDE? YES NO

ARE THERE COSMETICS IN THE HOME THAT CONTAIN KOHL (AL KOHL) OR SURMA? YES NO

DOES YOUR CHILD TAKE BATHS IN AN OLD BATHTUB WITH DETERIORATED OR NONEXISTENT GLAZING? YES NO

WHAT TYPE OF FLOOR COVERINGS ARE FOUND IN THE DWELLING? (SPECIFY ROOM)

CARPET _____ YES NO

WOOD _____ YES NO

VINYL/LINOLEUM _____ YES NO

OTHER (SPECIFY) _____ YES NO

ARE THERE VINYL MINI-BLINDS IN THE HOME? YES NO

IF YES, WHERE ARE THEY LOCATED? _____

WHAT IS THEIR COUNTRY OF MANUFACTURE? _____

WHERE WERE THEY PURCHASED? _____

WATER

WHAT IS THE WATER SOURCE FOR THE DWELLING?

CITY/MUNICIPALITY YES NO DON'T KNOW

PRIVATE WELL YES NO DON'T KNOW

BOTTLED WATER YES NO DON'T KNOW

OTHER (SPECIFY) _____

HAS THE WATER EVER BEEN TESTED FOR LEAD?

IF YES, WHEN? _____

WHAT WERE THE RESULTS? ELEVATED WITHIN RANGE DON'T KNOW

WHAT TYPE OF WATER PIPES IS IN THE DWELLING?

LEAD YES NO DON'T KNOW

GALVANIZED STEEL YES NO DON'T KNOW

COPPER YES NO DON'T KNOW

PVC YES NO DON'T KNOW

OTHER (SPECIFY) _____

IS SOLDER VISIBLE ON METALLIC WATER PIPES OR COPPER ELBOWS AND JOINTS? YES NO DON'T KNOW

HAS NEW PLUMBING BEEN INSTALLED WITHIN THE LAST 5 YEARS? YES NO DON'T KNOW

IF A WELL IS PRESENT, HAVE FERTILIZERS BEEN USED AROUND THE WELL? YES NO DON'T KNOW

IF YES, WHAT BRAND? _____

HEATING

- IF THE DWELLING IS HEATED BY A FIREPLACE/WOOD-BURNING STOVE, IS PAINTED WOOD USED FOR FIREWOOD? YES NO DON'T KNOW
 IF YES, WHERE ARE THESE ASHES DISPOSED OF? _____
- IF THERE IS AN OUTSIDE GRILL, IS PAINTED WOOD USED FOR FIREWOOD? YES NO DON'T KNOW
 IF YES, WHERE ARE THESE ASHES DISPOSED OF? _____

VISUAL ASSESSMENT

PHYSICAL CHARACTERISTICS

CONSTRUCTION

- WOOD FRAME BRICK VENEER VINYL SIDING
 ASBESTOS SIDING CINDER BLOCK OTHER (SPECIFY) _____

FOUNDATION

- CONCRETE SLAB PIER AND BEAM
 CINDER BLOCK MOBILE

STRUCTURAL INTEGRITY

- EXCELLENT GOOD (NORMAL WEAR, CONSIDERING AGE)
 POOR (DILAPIDATED, EXTREME SHIFTS)

PAINT CONDITIONS

INTERIOR

- INTACT NOT INTACT NOT PRESENT

ARE ANY OF THESE CONDITIONS OBSERVED IN THE INTERIOR OF THE PAINT?

- ALLIGATORING PEELING FLAKING CHIPPING

ARE THERE SIGNS OF THESE OBSERVED IN THE WINDOW SILLS? DUST FLAKES

ARE THERE SIGNS OF THESE OBSERVED ON THE FLOOR? DUST FLAKES

ARE THERE SIGNS OF THESE OBSERVED ON THE BASEBOARDS? DUST FLAKES

ARE THERE SIGNS OF THESE OBSERVED ON DOORS OR DOORFRAMES? DUST FLAKES

EXTERIOR

- INTACT NOT INTACT NOT PRESENT

ARE ANY OF THESE CONDITIONS OBSERVED IN THE EXTERIOR OF THE PAINT?

- ALLIGATORING PEELING FLAKING CHIPPING CHALKING

ARE THERE SIGNS OF THESE OBSERVED ON THE GROUND? DUST FLAKES

ARE THERE SIGNS OF THESE OBSERVED IN AREAS WHERE CHILDREN PLAY? DUST FLAKES

SANITATION

- GOOD = CLEAN, MOST OF THE DWELLING IS ORDERLY
 FAIR = CLEAN, LIMITED CLUTTER, MINOR DISORDER IN AREAS OF THE DWELLING
 POOR = DIRTY, INSECT OR RODENT INFESTATION NOTED, CLUTTERED, EXCESSIVE TRASH IN DWELLING

ARE THERE ANY SANITATION PROBLEMS THAT WARRANT NOTING? YES NO

IF YES, GIVE DETAILS: _____

SKETCH DWELLING FLOOR PLAN AND SURROUNDING PROPERTY:

(Label all rooms. Note exterior buildings and any other possible sources of contamination)

A large grid of graph paper for sketching a dwelling floor plan and surrounding property. The grid consists of small squares, with a slightly larger square in the top-left corner, likely intended for a title or drawing area. The grid is bounded by a solid line on the top and left, and a dashed line on the right and bottom.

