



Elevated Blood Lead Level Investigation Questionnaire

Form Pb-103

Date of Investigation: _____ Investigation Number: _____

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"/> LHD (SPECIFY) _____		<input type="checkbox"/> OTHER (SPECIFY) _____		

CHILD DEMOGRAPHICS

Address of Investigation				
ADDRESS / APT #	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 1	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? IF NO, SUPPLY RESIDENT ADDRESS					<input type="checkbox"/> YES <input type="checkbox"/> NO
	ADDRESS / APT #	CITY	STATE	COUNTY	ZIP CODE	

Additional Children

Are there any other children residing at this address under the age of 6 who Yes No Don't Know have an elevated blood lead level?

If so, supply the following information: (Note: Pages 3, 4, and 5 should be completed separately for each additional child. Make extra copies as needed.)

C H I L D 2	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	AGE	BIRTHDATE / /
	CHILD'S RACE	PERSON INTERVIEWED	INTERVIEWEE'S RELATIONSHIP TO CHILD			

C H I L D 3	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	AGE	BIRTHDATE / /
	CHILD'S RACE	PERSON INTERVIEWED	INTERVIEWEE'S RELATIONSHIP TO CHILD			

Caregivers (Parents, Guardians, etc.)

C A R E G I V E R 1	LAST NAME		FIRST NAME	MIDDLE NAME		
	RELATIONSHIP TO CHILD	OCCUPATION	PHONE # ()			
	IS THE PRIMARY RESIDENCE THE SAME AS THE CHILD'S? IF NO, SUPPLY RESIDENT ADDRESS					<input type="checkbox"/> YES <input type="checkbox"/> NO
	ADDRESS / APT #	CITY	STATE	COUNTY	ZIP CODE	

C A R E G I V E R 2	LAST NAME		FIRST NAME	MIDDLE NAME		
	RELATIONSHIP TO CHILD	OCCUPATION	PHONE # ()			
	IS THE PRIMARY RESIDENCE THE SAME AS THE CHILD'S? IF NO, SUPPLY RESIDENT ADDRESS					<input type="checkbox"/> YES <input type="checkbox"/> NO
	ADDRESS / APT #	CITY	STATE	COUNTY	ZIP CODE	

OCCUPATIONS/HOBBIES

Occupations and hobbies of the caregivers/residents/frequent visitors at the home (check all that apply)	
<input type="checkbox"/> Battery manufacturing/recycling	<input type="checkbox"/> Computer manufacturing
<input type="checkbox"/> Metal smelter/foundry	<input type="checkbox"/> Electronics repair
<input type="checkbox"/> Metal recycling	<input type="checkbox"/> Soldering
<input type="checkbox"/> Construction work	<input type="checkbox"/> Pottery/ceramics making
<input type="checkbox"/> Painting/restoring homes	<input type="checkbox"/> Crystal manufacturing
<input type="checkbox"/> Chemical manufacturing	<input type="checkbox"/> Stained glass making
<input type="checkbox"/> Demolition work	<input type="checkbox"/> Ammunition reloading
<input type="checkbox"/> Valve/pipe fitting	<input type="checkbox"/> Indoor shooting range work
<input type="checkbox"/> Automotive repair	<input type="checkbox"/> Fishing/drapery weights usage
<input type="checkbox"/> Radiator repair	<input type="checkbox"/> Other (specify)

If any of the above are checked, have these caregivers/residents/frequent visitors had a blood lead test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
If yes, what was the result?	<input type="checkbox"/> < 25 mcg/DI	<input type="checkbox"/> > 25 mcg/dL	<input type="checkbox"/> Don't Know
Are their work/hobby clothes washed separately from other household laundry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Do they wash up before leaving work, entering the home, or interacting with the child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Do they use the same vehicle for work and family transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
If yes, was dust wipe sampled from the vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know

List all individuals not listed above who reside at this dwelling:					
1	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	AGE
	OCCUPATION		RELATIONSHIP TO CHILD		
2	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	AGE
	OCCUPATION		RELATIONSHIP TO CHILD		
3	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	AGE
	OCCUPATION		RELATIONSHIP TO CHILD		
4	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	AGE
	OCCUPATION		RELATIONSHIP TO CHILD		
5	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	AGE
	OCCUPATION		RELATIONSHIP TO CHILD		
6	TOTAL NUMBER OF INDIVIDUALS RESIDING AT THIS ADDRESS: _____				

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 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 NUMBER ()
2	NAME OF PERSON / BUSINESS			RELATIONSHIP TO CHILD (IF APPLICABLE)	
	ADDRESS / APT #	CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()

Has the child lived or visited outside the US in the past 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
If yes, what country?			

CHILD BEHAVIORS**Hand-to-Mouth Activities**

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 Yes No Don't Know

Pacifier Yes No Don't Know

Jewelry Yes No Don't Know

Matches Yes No Don't Know

Paper/printed materials Yes No Don't Know

Toys Yes No 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? Yes No Don't Know

If yes, check those that apply:

Window sills Yes No Don't Know

Furniture edges Yes No Don't Know

Porch railings Yes No Don't Know

Putty around doors or windows Yes No Don't Know

Toys Yes No Don't Know

Other (specify) _____ Yes No Don't Know

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 made outside the US? Yes No Don't Know

If yes, where were the toys made? _____

If yes, what is the brand or type of toy? _____

Does your child ever play with her/his 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 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	

NUTRITION

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) Yes No Don't Know

Ghassard (brown powder) Yes No Don't Know

Greta (yellow powder) Yes No Don't Know

Pay-Loo-Ah (red powder) Yes No Don't Know

Surma (black powder) Yes No 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? _____

Are there any glazed bean pots present in the home? Yes No Don't Know

If yes, where was the bean pot produced? _____

Where was the bean pot purchased? _____

Is there any leaded crystal in the home? Yes No Don't Know

Does your child eat or drink acid-containing foods like fruit juices that have been stored in any of the following?

- glazed porcelain pewter leaded crystal cans

Does your child eat or drink infant formula, powdered milk, or juices that have been prepared with tap water? Yes No Don't Know

HYGIENE/HOUSEHOLD RISK FACTORS

Hygiene/Household

Do you wash your child's hands before they eat? Yes No Don't Know

Do you was your child's hands before they sleep? Yes No Don't Know

Do you wash your child's face after playing outside? Yes No Don't Know

Do you wash your child's hands after playing outside? Yes No Don't Know

Do you use/have any foreign ceramic ware or pottery glazed or not? (either bought in the U.S. but made in another country, or bought in another country and brought into the U.S.) Yes No Don't Know

If yes, in what country was it made? _____

Are there cosmetics in the home that contain Kohl (Al Kohl) or Surma? Yes No Don't Know

Does your child take baths in an old bathtub with deteriorated or nonexistent glazing? Yes No Don't Know

What type of floor coverings are found in the dwelling? (specify room)

Carpet _____ Yes No Don't Know

Wood _____ Yes No Don't Know

Vinyl/Linoleum _____ Yes No Don't Know

Other (specify) _____

Are there vinyl mini-blinds in the home? Yes No Don't Know

If yes, where are they located? _____

What is their country of manufacture? _____

Where were they purchased? _____

Family Pet

Is there a family pet? Yes No Don't Know

If yes, what is it? _____

If yes, answer the following:

Does your child interact with the pet? Yes No Don't Know

Is the pet allowed inside the dwelling? Yes No Don't Know

Is the pet allowed outside the dwelling? Yes No Don't Know

DWELLING/NEIGHBORHOOD

In what year was the dwelling built? _____

Dwelling Type (check one)			
	Attached/Single Family (duplex, fourplex, condo)		Multi Unit (apartment complex)
	Detached Single Family (house)		Mobile Home/Trailer
	Other (specify)		

Occupancy (check one)			
	Owner Occupied		Public Housing Authority
	Private Rental		Section 8
	Federal Rent Subsidy		

Ownership				
Do you own the dwelling in which the child lives?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, who owns the dwelling?				
OWNER'S LAST NAME		FIRST NAME		
ADDRESS	CITY	STATE	COUNTY	ZIP CODE
OWNER'S HOME PHONE # ()		OWNER'S BUSINESS PHONE # ()		

What year did you/your family move into this dwelling? _____				
How long has your child lived in the dwelling? _____ years _____ months				
If less than 3 years, supply all other addresses where the child has lived.				
Address, Apt #	City	State	Zip Code	How Long
				____ years ____ months
				____ years ____ months
				____ years ____ months

Property and Environment

Have any of the immediate neighbors had exterior renovation, construction or painting done to their dwelling in the past 3 years? Yes No Don't Know

Has any lead abatement work been conducted at this dwelling in the past 3 years? Yes No Don't Know

Has any renovation or remodeling been done at this dwelling in the past 3 years (i.e. painting, cabinet replacement, etc)? Yes No Don't Know

If yes, what? _____

Is any remodeling or renovation work currently being done at this dwelling? Yes No Don't Know

If yes, what? _____

Is any construction planned at this dwelling in the next 12 months? Yes No Don't Know

If yes, what? _____

Is any remodeling and/or abatement currently occurring at a building or site that the child visits? Yes No Don't Know

If yes, where? _____

Are nearby buildings or structures currently being renovated or demolished? Yes No Don't Know

If yes, where? _____

Is this dwelling located near a lead producing industry (battery plant, smelter, radiator repair shop) or electronics/soldering industry? Yes No Don't Know

If yes, specify industry: _____

Where? _____

Is there an industrial hazard within one mile of this dwelling? Yes No Don't Know

If yes, where? _____

Is this dwelling located within two blocks of a major roadway, freeway, elevated highway, or other transportation structure? Yes No Don't Know

If yes, where? _____

Were gasoline or other solvents ever used to clean parts, or were disposed of at the property? Yes No Don't Know

If yes, what? _____

Where? _____

Are any fertilizers applied in outdoor play or bare soil areas? Yes No Don't Know

If yes, what brand? _____

Where? _____

Water

What is the water source for the dwelling?

City/Municipality Yes No Don't Know

Private Well Yes No Don't Know

Other (specify) _____

Has the water ever been tested for lead? Yes No Don't Know

If yes, when? _____

What were the results? Elevated Within Range Don't Know

What type of water pipes are 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? _____

Do you use water from the hot tap for the following?

Drinking Cooking Preparing Infant Formula

Do you use the water immediately after turning on the tap? Yes No Don't Know

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?

If yes, where are these ashes disposed of? _____

VISUAL ASSESSMENT

Physical Characteristics

Construction

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Brick Veneer | <input type="checkbox"/> Vinyl Siding |
| <input type="checkbox"/> Asbestos Siding | <input type="checkbox"/> Cinder Block | <input type="checkbox"/> Other (specify) _____ |

Foundation

- | | |
|--|--|
| <input type="checkbox"/> Concrete Slab | <input type="checkbox"/> Pier and Beam |
| <input type="checkbox"/> Cinder Block | <input type="checkbox"/> Mobile |

Structural Integrity

- | | |
|--|---|
| <input type="checkbox"/> Excellent (new) | <input type="checkbox"/> Poor (dilapidated, extreme shifts) |
| <input type="checkbox"/> Good (normal wear, considering age) | |

Paint Condition

Interior

- | | | |
|---------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Intact | <input type="checkbox"/> Not Intact | <input type="checkbox"/> Not Present |
|---------------------------------|-------------------------------------|--------------------------------------|

Are any of these conditions observed in the interior paint?

- | | | |
|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Peeling | <input type="checkbox"/> Flaking | <input type="checkbox"/> Chipping |
|----------------------------------|----------------------------------|-----------------------------------|

Are there signs of these observed in the window sills?

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Dust | <input type="checkbox"/> Flakes |
|-------------------------------|---------------------------------|

Are there signs of these observed on the floor?

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Dust | <input type="checkbox"/> Flakes |
|-------------------------------|---------------------------------|

Are there signs of these observed on the baseboards?

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Dust | <input type="checkbox"/> Flakes |
|-------------------------------|---------------------------------|

Are there signs of these observed on doors or doorframes?

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Dust | <input type="checkbox"/> Flakes |
|-------------------------------|---------------------------------|

Exterior

- | | | |
|---------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Intact | <input type="checkbox"/> Not Intact | <input type="checkbox"/> Not Present |
|---------------------------------|-------------------------------------|--------------------------------------|

Are any of these conditions observed in the exterior paint?

- | | | | | |
|---------------------------------------|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Alligatoring | <input type="checkbox"/> Peeling | <input type="checkbox"/> Flaking | <input type="checkbox"/> Chipping | <input type="checkbox"/> Chalking |
|---------------------------------------|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|

Are there signs of these observed on the ground?

- | | |
|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Paint Chips | <input type="checkbox"/> Flakes |
|--------------------------------------|---------------------------------|

Are there signs of these observed in areas where children play?

- | | |
|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Paint Chips | <input type="checkbox"/> Flakes |
|--------------------------------------|---------------------------------|

Sanitation

- Good = Clean, neat, most of the dwelling is orderly and tidy.
- Fair = Clean, limited cluttered, minor disorder in areas of the dwelling.
- Poor = Dirty, insect or rodent infestation noted, cluttered, more than one meal's dirty dishes in evidence, excessive trash in the 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, consisting of 20 columns and 30 rows of small squares, intended for sketching a dwelling floor plan and surrounding property.

