

Lead-Check Questionnaire

There are no clear signs to tell if a child suffers from lead poisoning so early detection and prevention is key. Use the **Lead-Check Questionnaire** below to help determine if your family could be at risk.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home built before 1950? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you noticed crackling, chipping, or flaking paint in your home? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have water pipes made with lead? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your home been recently remodeled or renovated? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does someone you live with work where lead is used?
(Examples: construction, plumbing, car repair, furniture refinishing) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have children under age six who have not had a blood test for lead? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have neighborhood children or playmates ever had a high blood lead test? |

If you answered yes to any of the above questions, please have child tested for lead immediately.

