

# Childhood Lead Poisoning Prevention Questionnaire

**PARENT OR GUARDIAN:** This is a survey to help determine your child's risk for lead poisoning. Please answer these questions below. **Complete one survey for each child**

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

1. Does your child live in, or spend a lot of time in a place built before 1978 that has

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