## **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:
 \_\_\_\_\_
 Zip code:

1. Does your child live in, or spend a lot of time in a place built before 1978 that has peel 0 0 11.04 27 698.79445 0 Td(\_\_\_\_a)-1.8(s)5(tim)22(e)]TJ 0 Tc scn 21.6 734.54 n489 0 T9 -0.02baTwdhidd609 -1.11d [(t)