## **Childhood Lead Poisoning Prevention Questionnaire**

<u>PARENT OR GUARDIAN</u> : 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 peel 0 0 11.04 27 698.79 Tw 2.05a6489astimetp3 (	•		-se)]T