

### Prenatal Lead Exposure Questionnaire

1. Were you born outside of the United States, or recently spent time outside of the United States? Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> South Asia            | <input type="checkbox"/> Middle East and North Africa |
| <input type="checkbox"/> Sub-Saharan Africa    | <input type="checkbox"/> Latin America and Caribbean  |
| <input type="checkbox"/> East Asia and Pacific |   |

2. Do you live near any of the following, which could indicate exposure to lead? Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Lead Mines                             | <input type="checkbox"/> Major highways  |
| <input type="checkbox"/> Lead smelters                          | <input type="checkbox"/> Airports with propeller-driven airplanes<br>(aviation gasoline) |
| <input type="checkbox"/> Industrial or manufacturing facilities |  |
| <input type="checkbox"/> Auto repair shops                      |  |

3. Do you have a hobby or job that can expose you to lead? Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Making ceramics with leaded glazes and paints          | <input type="checkbox"/> Casting bronze  |
| <input type="checkbox"/> Jewelry making and electronics (lead solder)           | <input type="checkbox"/> Welding   |
| <input type="checkbox"/> Making stained glass and glass bowling                 | <input type="checkbox"/> Glass manufacturing   |
| <input type="checkbox"/> Print-making   | <input type="checkbox"/> Recycling of metals, electronics, and batteries                 |
| <input type="checkbox"/> Refinishing old furniture                              | <input type="checkbox"/> Distilling liquor   |
| <input type="checkbox"/> Hunting and target shooting                            | <input type="checkbox"/> Renovation/remodeling activity/Do it yourself<br>home projects? |
| <input type="checkbox"/> Casting ammunition, fishing weights, or lead figurines |  |
| <input type="checkbox"/> Enameling copper                                       |  |

4. Do you use traditional medicines, spices, or ceramics known to contain lead? Check all that apply.

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Azarcon      | <input type="checkbox"/> Turmeric  |
| <input type="checkbox"/> Greta        | <input type="checkbox"/> Georgian saffron  |
| <input type="checkbox"/> Kohl/Surma   | <input type="checkbox"/> Lead glazed ceramics used for cooking, serving<br>or storing food |
| <input type="checkbox"/> Bhasma       |  |
| <input type="checkbox"/> Rasa Shastra |  |

5. Do you ever get the urge to eat or mouth non-food items—even accidentally? Check all that apply.

- |                               |  |
|-------------------------------|--|
| <input type="checkbox"/> Dirt | <input type="checkbox"/> Crushed pottery |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Paint chips     |

6. Do you have an elevated blood lead level? Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Previous lead exposure of any level | <input type="checkbox"/> Living with someone with an elevated blood<br>lead level |
| <input type="checkbox"/> Deficient in calcium and/or iron    |   |

7. Do you live in or regularly visit a home built before 1978 with recent or ongoing renovation/remodeling activity?

If you answer “yes” or “don’t know” to any of these questions ask your doctor about a blood lead test to determine if you have been exposed to lead.