

Sample Child Health Survey for Lead

Date: _____

ID#: _____

Background Information

Gender: Female Male Age: _____

Community: _____

Place of Birth: _____

Did you grow up in the area? Yes No Partial

How long have you lived at current residence? _____

How long have you lived in this area? _____

How far is your current residence from the smokestacks?

< 5 miles 5-10 miles >10 miles

If you grew up in the area, how far from the smokestack did you live?

< 5 miles 5-10 miles >10 miles

Home: Owner Renter Other _____

Was your home built: Before 1978 After 1978

Have you ever had yard remediation? Yes No

Adults in Household: _____ # Children in Household: _____

Marital status:

Single Common law Married Separated Divorced Widow

Are your parents still living? Yes No

Education status (Check highest level completed):

Didn't Finish High School High School College University

Work Status (Check any that apply):

Self Full Time Part Time Seasonal Unemployed
 Mine Mine Related Non-Mine Related Government

Other _____

Partner Full Time Part Time Seasonal Unemployed
 Mine Mine Related Non-Mine Related Government

Other _____

Annual Home Income:

Under \$10,000 \$10,000-\$15,000 \$15,000-\$30,000 \$30,000-\$50,000 >\$50,000

Do you have health insurance? No Private Insurance Medicaid Medicare Other _____

Have you ever accessed Women Infant Child (WIC) assistance? Yes No

Is smoking allowed in the home? Yes No Occasionally