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LEAD RISK ASSESSMENT QUESTIONS FOR PREGNANT WOMAN

- 1. Do you or others in your household have an occupation that involves lead exposure? **YES** **NO**
- 2. Sometimes pregnant women have the urge to eat things that are not food, such as clay, soil, plaster, or paint chips. Do you ever eat any of the above? **YES** **NO**
- 3. Do you live in an old house with ongoing renovations that generate a lot of dust? Example: sanding or scraping **YES** **NO**
- 4. To your knowledge, has your home been tested for lead in the water, and if so, were you told that the level was high? **YES** **NO**
- 5. Do you use any traditional folk remedies or cosmetics, that are not sold in a regular drug store or are homemade, which may contain lead? **YES** **NO**
- 6. Do you or others in your household have any hobbies or activities likely to cause lead exposure? **YES** **NO**
- 7. Do you use non-commercially prepared pottery or leaded crystal? **YES** **NO**

Signature _____

Date: _____

Date of Birth _____

Patient Account # _____

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