

NvCLPPP Lead Exposure Questionnaire for Pregnant and Lactating Persons

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 (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 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 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 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?

- Yes No Don't know

If you answer **“Yes”** or **“Don't know”** to any of these questions, ask your doctor for blood lead test to determine if you have been exposed to lead.