

Form 5.0 Questionnaire for a Lead Hazard Risk Assessment of an Individual Occupied Dwelling Unit.

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(To be completed by risk assessor via interview with owner-occupant or, if a rental unit, an adult resident and, for questions 15 & 16, the owner.)

Property address _____

Apt. No. _____ Unit is ☐ Owner occupied ☐ Renter occupied

Year of construction _____ Prior LBP testing? ☐ Yes ☐ No

Name of owner interviewed _____ Owner interview date: ____/____/____

Name of resident interviewed (if rental unit) _____ Interview date: ____/____/____

Name of risk assessor _____

Children and Children's Habits

1. Do any children under age 6 live in the home or visit frequently? ☐ Yes ☐ No

(If no children under age 6, skip to Question 5.)

2. If yes, how many? _____

3. Please provide the following information about each child under 6 to the extent you can.

	Child 1	Child 2	Child 3	Child 4
(a) Age:				
(b) Blood lead level :				
(c) Month/year of blood lead test:				
(d) Location of bedroom:				
(e) Main room where child eats:				
(f) Main room where child plays:				
(g) Main room where toys are stored:				
(h) Main locations where child plays outdoors:				

(If a resident child under age 6 has had an elevated blood lead level, an environmental investigation may be necessary [see Chapter 16 of the HUD Guidelines].)

4. (a) Do any children tend to chew on any painted surfaces, such as interior window sills? ☐ Yes ☐ No

(b) If yes, where? _____



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Other Household Information and Family Use Patterns

5. Do women of child-bearing age live in the home? ☐ Yes ☐ No
6. If this home is in a building with other dwelling units, what common areas in the building are used by children?

7. (a) Which entrance is used most frequently? _____
(b) What other entrances are used frequently? _____

8. Which windows are opened most frequently? _____

9. (a) Do you use window air conditioners? ☐ Yes ☐ No
(b) If yes, where? _____

**Condensation underneath window air conditioners often causes paint deterioration.*

10. (a) Do you or any other household members garden? ☐ Yes ☐ No
(b) If yes, where is the garden? _____

11. (a) Are you planning any landscaping activities that will remove grass or ground covering? ☐ Yes ☐ No
(b) If yes, where? _____

12. (a) Which areas of the home get cleaned regularly? _____
(b) Which areas of the home do not get cleaned regularly? _____

13. (a) Are any household members exposed to lead at work? ☐ Yes ☐ No
(If no, go to question 14.)

- (b) If yes, are dirty work clothes brought home? ☐ Yes ☐ No

- (c) If they are brought home, who handles dirty work clothes and where are they placed and cleaned?

14. (a) Do you have pets? ☐ Yes ☐ No
(b) If yes, do these pets go outdoors? _____

Building Renovations

15. (a) Were any building renovations or repainting done here during the past year? ☐ Yes ☐ No
(b) If yes, what work was done, and when? _____
(c) Were carpets, furniture and/or family belongings present in the work areas? ☐ Yes ☐ No
(d) If yes, which items and where were they? _____
(e) Was construction debris stored in the yard? ☐ Yes ☐ No
(f) If yes, please describe what, where and how was it stored. _____
16. (a) Are you conducting or planning any building renovations? ☐ Yes ☐ No
(b) If yes, what work will be done, and when? _____