

CHILD (only for children below age 7)

Interview Number: _____

Date _____ Time: _____

Interviewer's Name (Print): _____

House Address: _____

Child # ____ Age ____; Relationship to the respondent: _____

4. How many hours PER WEEK does your child (0 to 6 years only) spend at HOME, both indoors and outdoors? ("Indoors," refers to waking hours, and "Outdoors" refers to time spent outdoors in the yard).

Home Location	Hours/week (Summer: June-Aug)		Hours/week (Fall: Sep – Nov)		Hours/week (Winter: Dec –Feb)		Hours/week (Spring: Mar-May)	
	Week day	Week End	Week day	Week End	Week day	Week End	Week day	Week End
Indoors:								
Outdoor:								

5. If the child does not play outdoors (in the yard), skip to question #8.

6. Where is your child's outdoor primary play area (check one):

____ Front yard; ____ Back yard; _____ Not applicable (explain) _____

7. Please describe the nature of your child's (0-6 years only) outdoor activity. How many hours would you estimate that your child is involved in the following activities?

Outdoor HOME Activity	Hours/week (Summer: June-Aug)	Hours/week (Fall: Sep – Nov)	Hours/week (Winter: Dec –Feb)	Hours/week (Spring: Mar-May)
Play in the sand-box				
Play in grass-covered areas on the property (participating in activities such as soccer, catch, etc.). Identify primary types				

of activities close (1-2 feet) to the house: _____				
	Hours/week (Summer: June-Aug)	Hours/week (Fall: Sep – Nov)	Hours/week (Winter: Dec –Feb)	Hours/week (Spring: Mar-May)
Play in exposed soil or dirt area (non grass- covered area) (such as digging in the dirt with trucks, etc.). Identify primary types of activities in this area: _____				
Assist with planting or gardening				
Play on swing set or similar structure. (Interviewer should determine percent of cover in this area)				

8. Next, we would like to know this child’s activity outside of the home.

Does this child attend day-care, pre-school or school?

_____ Day-care. Name and address _____ ; Phone: _____
 Located (check one): ___ East of 45th Street; ___ West of 45th Street.

How many hours at day-care:
 Week-day, from _____ to _____
 Weekend, from _____ to _____

	Hours/week (Summer: June-Aug)		Hours/week (Fall: Sep – Nov)		Hours/week (Winter: Dec –Feb)		Hours/week (Spring: Mar-May)	
	Week Day	Week End	Week Day	Week End	Week Day	Week End	Week Day	Week End
Play in exposed soil or dirt area (non grass-covered area) such as digging in the dirt with trucks, etc. Identify primary types of activities in this area								
Play on swing set or similar structure								

If this child does not attend pre-school or school, go to question #13.

_____ **PRE-SCHOOL** OR _____ **SCHOOL (check one)**

11. How many hours per week does your child spend at PRE-SCHOOL OR SCHOOL, both indoors and outdoors?

	Hours/week (Summer: June-Aug)	Hours/week (Fall: Sep – Nov)	Hours/week (Winter: Dec –Feb)	Hours/week (Spring: Mar-May)
Indoors:				
Outdoor:				

If the child does not play outdoors at pre-school, skip to question #14.

12. Please describe the nature of your child’s (0-6 years only) outdoor activity at the pre-school or school. How many hours would you estimate that they are involved in the following activities? (Interviewer, if the adult is unable to provide this information, skip to #13. This information will be obtained directly from the pre-school or school).

Outdoor PRE-SCHOOL or SCHOOL	Hours/week (Summer: June-Aug)	Hours/week (Fall: Sep – Nov)	Hours/week (Winter: Dec –Feb)	Hours/week (Spring: Mar-May)
Play in the sand-box				
Play in grass-covered areas on the property (participating in activities such as soccer, catch, etc.). Identify primary types of activities close (1-2 feet) to the property: _____				
Play in exposed soil or dirt area (non grass-covered area, such as digging in the dirt with trucks, etc.). Identify primary types of activities in this area: _____				
Play on swing set or similar structure (Interviewer should determine percent of dirt cover in this area)				

13. Now, I have some questions on **FOOD** consumption for your child. Does your child consume the following foods:

FOODS	YES	NO
Fruits grown in your garden		
Vegetables grown in your garden		
Take any Mexican home remedies such as <i>Greta</i>		
Mexican home remedies such as <i>Arzcon</i>		
Any other home remedies or herbal treatments? Specify: _____		
Any other home remedies or herbal treatments? Specify: _____		
Eat foods from any pottery or ceramic-ware made in Mexico		
Eat canned foods or drinks made in Mexico or any other country Specify: _____		
Eat candy made in Mexico or any other country		

14. Has your child been tested for lead before:

When	Where	Results (ug/dL)	Child's type of insurance	Any other health problems such as asthma, anemia, sickle cell? (Specify)

15. Does your child chew or suck on any of the following non-food items. (Interviewer check appropriate box):

Fingers/Thumbs	Newspapers/ Magazines	Pewter/Brass	Woodwork/Rails
Pacifier	Cosmetics	Mini-blinds	Doors
Toys	Matches	Knick Knack	Paint Chips
Blanket/Plush Toys	Jewelry/Key	Furniture	Pick at Paint
Crayons/Art Supplies	Dirt/Rocks/Sticks	Window sills	Play w/ baby powder
Other: Specify: _____	Other: Specify: _____	Other: Specify: _____	Other Specify: _____

If more children in the household, below age 7, go to new "CHILD" questionnaire.

16. If no more children in the household below age 7, then END the interview.

END: Thank you so much for your time. The information you have provided will help us in determining the level of exposure of people to lead in the community.