

# Capital Region **WOMEN'S CARE**

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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 # \_\_\_\_\_