

North Carolina Department of Health and
Human Services Division of Public Health

**ENVIRONMENTAL INVESTIGATION FOR LEAD
HAZARDS
(Prenatal Form)**

Name: _____ Phone: _____

Current Address: _____ County: _____

Length of residence at this address: _____ Age of home _____

Has a household member recently traveled/ lived outside of the United States? _____

If yes, Name of the Country? _____ Length of stay _____

Pregnancy due date: ____/____/____

Email Address: _____

Secondary Contact: _____ Phone: _____

List children in the household under six years old:

Name	Age/DOB	Tested Y/N	Elevated Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Water Sample: Collected: Yes No Scheduled: Yes No Date/Time: _____

Dietary History

- YES** **NO**
- Are you currently taking iron, calcium, or prenatal vitamins? If yes, how often? _____
- Are imported herbs or spices used as supplements, medicines in cooking or in ceremonial activities? How often? _____ Last used? _____
How were they obtained/purchased? _____
- Do you use any imported, herbal, or homemade medicines? Name? _____
How often? _____ Last used? _____
How were they obtained/purchased? _____
- Are you currently breastfeeding? If yes, how often? _____

If there is an infant in the household, is he/she: Currently formula fed? Currently breastfed?

Investigator(s) Signature: _____

Date _____

Risk Factors

YES NO

- Do you consume any imported candies that are made/processed in another country?
- Do you consume any non-food items, clay (soil), paper, or paint? Item? _____
How often? _____
- Do you use ceremonial powders or cosmetics? How are they used? _____
How often are they purchased? _____
- Do you use hair coloring, dye, or traditional cosmetic products?
- Do you prepare, store, or serve food in imported ceramic dishes, bakeware, or pottery?
How often are they used? _____

How were they obtained/purchased? _____
- Do you store food in open cans? How often? _____
What types of foods? _____
- Do you have a favorite cup, bowl, or dish? _____
- Do you use any antique dishes to store food?
- Do you store any edible items in mason jars (blue/green)?
- Are there any areas of peeling paint or plaster inside or outside of your home?
- Has there been any remodeling or renovations done in the past six months?
Interior? Exterior? Comments: _____
- Do you have any vinyl miniblinds in your home? What rooms? _____
- Do you recycle or store batteries? If yes, where? _____
- Do you burn battery casings? If yes, where? _____
- Do you burn any painted boards? If yes, what reason? _____ Where? _____
- Do you burn any other items, i.e., waste/garbage? If yes, where? _____

Does anyone in the household work in an occupation or industry where there could be potential lead exposure? If yes, please provide the information below.

YES NO

- Remodeling/ Renovations _____
- Painting _____
- Mechanic/ Car Repair _____
- Salvage (Battery or other) _____
- Machine operations _____
- Smelting _____
- Other _____

Comments:
