

NCLEAD Child ID: \_\_\_\_\_  
DATE: \_\_\_\_\_  
INTERVIEWER: \_\_\_\_\_

COUNTY: \_\_\_\_\_

### Spice and Home Remedy Survey

*Instructions to Interviewers: Please administer this survey to the child’s primary caregiver during a lead investigation when you suspect spices, herbal remedies, or imported drinks may be the child’s source of lead exposure. If possible, take pictures of the food labels on the front and back of each product, for any samples you collect. If parent cannot tell you exactly how much of a substance the child eats, please have them show you how they measure it and then you can estimate the amount.*

- 1. Does your child currently drink any **formula**?     Yes             No
- 2. Is your child currently **breastfeeding**?             Yes             No
- 3. Does your child currently drink any **tea**?             Yes             No
- 4. Does your child currently drink any **coffee**?     Yes             No
- 5. Besides milk or formula, what does your child **eat or drink most often**? \_\_\_\_\_  
\_\_\_\_\_
- 6. How often do you **cook at home**?     1-3 times a week             3-5 times a week             5-7 times a week             Rarely
- 7. Does your **child eat any** foods prepared with herbs, spices or other seasoning?.....  Yes (**List these in chart, p.2**)             No  
7a. If no, do you prepare **separate foods** that have no spices for your child? .....  Yes             No
- 8. Is there **any time of year** (such as holidays) in which your child eats more of foods listed in **7a** than others?             Yes             No  
8a. If yes, **when**? \_\_\_\_\_
- 9. Does your child take any **herbal supplements, traditional medicine, or vitamins**? .....  Yes (**List these in chart, p.2**)             No
- 10. Are there any **home remedies** you make when your child is sick, such as “turmeric milk?”  Yes (**List these in chart, p.2**)             No

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DATE: \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

**Instructions for Interviewers: Record the following information about the herbs, spices and supplements that you sample**

Herb/ Spice/ Supplement Name	Brand Name	Lot number	How acquired? (Check One)	Purchased in USA?	>If purchased in USA or online, write Store Name, Address, City, State below > If purchased outside of USA, write country of purchase below
			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/ friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/ friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/ friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/ friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/ friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/ friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	