



## Resident Questionnaire Portland Lead Hazard Control Program

You are planning to have the home you occupy evaluated for lead hazards. A Risk Assessor will be assessing paint hazards by a visual inspection, as well as by taking XRF readings, dust and soil samples to determine the presence of lead based paint hazards.

This resident questionnaire is a very important tool to help the Risk Assessor identify existing and potential hazards to your family. Please take some time to answer these questions honestly and thoroughly. **We are not using this to “judge”**, but rather, to determine how your routine living environment may relate to any lead hazards that may be identified by the assessment.

You will be notified of the date and time of the risk assessment. It is **very important** that you **do not** change your cleaning or landscaping habits before the Risk Assessor visit. We need an accurate account of the lead dust and soil levels under your normal living conditions.

Please return your questionnaire to the Portland Housing Bureau at the address below. At the time of the assessment, we will review the questionnaire with you.

If you have any questions, please call 503- 823-3400.

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Portland Housing Bureau  
Neighborhood Housing Program  
421 SW 6<sup>th</sup> Avenue Suite 500, Portland, OR 97204  
Phone 503.823.3400 – Fax 503.865-3868

# Resident Questionnaire

Name: \_\_\_\_\_ Grant Number \_\_\_\_\_

Address: \_\_\_\_\_

## Children/Children's Habits

1. (a) Do you have any children that live in your home? Yes \_\_\_\_ No \_\_\_\_  
 If yes, how many? \_\_\_\_\_ Ages \_\_\_\_\_
  - (b) Record blood lead levels, if known. \_\_\_\_\_
  - (c) Are there any pregnant or nursing women living in or frequenting your home?  
 Yes \_\_\_\_ No \_\_\_\_
  - (d) Are there any other children and/or childcare activities that go on in your home?  
 Yes \_\_\_\_ No \_\_\_\_  
 If yes, how many hours per week? \_\_\_\_ How many children? \_\_\_\_ Ages \_\_\_\_\_
2. Location of the rooms/areas where each child sleeps, eats, and plays.

Name & Age of Child	Location of Bedroom	Location of all rooms where child eats	Primary location where child plays indoors	Primary location where child plays outdoors

3. Where are toys stored/kept? \_\_\_\_\_

4. (a) Is there any visible evidence of any chewed paint on woodwork, furniture, toys, etc...? Yes \_\_\_\_ No \_\_\_\_
- (b) Is there any evidence of peeling paint on woodwork, furniture, toys, etc...? Yes \_\_\_\_ No \_\_\_\_

If you answered "yes" to (a) or (b) please identify the items, areas and/or locations:

\_\_\_\_\_

5. Do your children visit or remain in a location (other than your home) that was built prior to 1978? Yes \_\_\_\_ No \_\_\_\_  
 If "yes", approximately how many hours/days per week? \_\_\_\_\_

6. Do you have any pets? \_\_\_\_\_ Inside \_\_\_\_\_ Outside \_\_\_\_\_

## Family Use Patterns

7. Which entrances are used most frequently? \_\_\_\_\_
8. Which windows are opened most frequently? \_\_\_\_\_

- Please identify all inoperable windows: \_\_\_\_\_
9. Do you use window air conditioners? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If you answered "yes" please give location: \_\_\_\_\_
10. What type of heating system do you have? \_\_\_\_\_  
 If it is forced air, has the duct work been cleaned? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If "yes", when? \_\_\_\_\_
11. (a) Is there a vegetable garden area on site? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (b) Location of garden. \_\_\_\_\_  
 (c) Are you planning any landscaping activities that will remove grass or ground covering? Yes \_\_\_\_\_ No \_\_\_\_\_
12. (a) How often is the household cleaned, overall? \_\_\_\_\_  
 (b) How often do you clean your windows? \_\_\_\_\_  
 What cleaning methods do you use? \_\_\_\_\_  
 (c) How often do you clean your floors? \_\_\_\_\_  
 What cleaning methods do you use? \_\_\_\_\_
13. (a) Are you aware of any recent repairs or renovations to the property? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If "yes", where? \_\_\_\_\_  
 (b) Was building debris stored in the yard? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If "yes", where? \_\_\_\_\_  
 (c) Are you aware of any upcoming plans for repairs or renovations? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, where? \_\_\_\_\_
14. (a) Do any household members work in a lead-related industry? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, where are dirty clothes placed and cleaned? \_\_\_\_\_  
 (b) Do any household members have a lead-related hobby? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, where are lead related supplies used and stored? \_\_\_\_\_  
 (c) Do you use any pottery for cooking, eating or food storage? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (d) Do you use any folk remedies? Yes \_\_\_\_\_ No \_\_\_\_\_
15. Are you aware of any previous lead testing done in your home? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If "yes", please indicate the date(s) conducted: \_\_\_\_\_
16. When did you move into this home? Month/Year \_\_\_\_\_

**Resident's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Resident's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_