



Resident Questionnaire Portland Regional 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.

Portland Housing Bureau
Neighborhood Housing Program
421 SW 6th 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:** _____