



**BIRTH TO TWENTY: 15<sup>TH</sup> YEAR  
LEAD QUESTIONNAIRE**

DATE : Day  Month  Year

BTT ID NUMBER :

BONE STUDY ID NUMBER :

**Your son/daughter's blood Lead level is either in the HIGHEST or LOWEST group of Bt20 lead results (as indicated by your feedback letter). We would appreciate it if you would answer the following questions on lead exposure and we will have time to discuss any questions you may have.**

1. How would you describe in general your son/daughter's schoolwork?
  1. Good
  2. Average
  3. Poor
  4. Don't know
  
2. Does your son/dayghter attend...
  1. a public/government school
  2. a former Model C school
  3. a private school
  4. other kind of school (please specify)\_\_\_\_\_
  
3. Would you use the term "**over-active**" to describe your son/daughter?
  1. Yes
  2. No
  3. Don't know

4. Have you ever noticed your son/daughter putting non-food objects **regularly** into his/her mouth, such as the following items? (Tick one answer only for each item)

|                        | <b>Yes</b> | <b>No</b> | <b>Don't know</b> |
|------------------------|------------|-----------|-------------------|
| <b>Paint</b>           |            |           |                   |
| <b>Cement/plaster</b>  |            |           |                   |
| <b>Sand/Soil</b>       |            |           |                   |
| <b>Sticks</b>          |            |           |                   |
| <b>Match sticks</b>    |            |           |                   |
| <b>Cigarette ends</b>  |            |           |                   |
| <b>Other (eg toys)</b> |            |           |                   |

5. Do you use any pottery (non-coated) dishes for cooking or storing food in?

1. Yes
2. No
3. Don't know

6. Does your son/daughter suffer from any of the following on a regular basis?  
(Tick all that applies)

1. Abdominal (stomach) pain
2. Convulsions (fits)
3. Anaemia
4. Frequent tiredness
5. Headaches
6. Constipation
7. Diarrhoea
8. Vomiting
9. Unable to concentrate properly
10. Irritability
11. Weakness and pain in joints/muscles
12. Other (please specify).....

7. Does your son/daughter normally have a good appetite?
1. Yes
  2. No
  3. Don't know
8. Approximately, how old is your home where the child resides? ..... years
9. What fuel do you use **most** of the time for cooking?
1. Electricity
  2. Paraffin
  3. Gas
  4. Wood
  5. Coal
  6. Car batteries
  7. Other (please specify) .....
10. What fuel is used in your home (where the child resides) **most** of the time for heating the home?
1. Electricity
  2. Paraffin
  3. Gas
  4. Wood
  5. Coal
  6. Car batteries
  7. None
  8. Other (please specify) .....
11. Does any member of your household smoke regularly at home?
1. Yes
  2. No
12. How many people regularly smoke cigarettes in your home? (At least one cigarette per day at home).....

13. Is your home (where the child resides)..... in a short time after cleaning:
1. Very dusty
  2. Slightly dusty
  3. Not dusty
14. What type of plumbing (water pipes) does the home have?
1. Metal
  2. Plastic
  3. Other (please specify) .....
  4. Don't know
15. Is there paint peeling from the **inside** walls, doors or windowsills of the home?
1. Yes
  2. No
  3. Don't know
16. Is there paint peeling from the **outside** walls, doors or windowsills of the home?
1. Yes
  2. No
  3. Don't know
17. Please describe the surface of the **front garden/section** of the child's house  
(Tick all that applies)
1. grass and/or plants
  2. paving, bricks or tiling
  3. bare soil
18. Please describe the surface of the **back garden/section** of the child's house  
(Tick all that applies)
1. grass and/or plants
  2. paving, bricks or tiling
  3. bare soil

19. Has the house been painted during the past year?

1. Yes
2. No
3. Don't know

20. Has there been any major repair or renovation work done to the house in the past 6 months?

1. Yes
2. No
3. Don't know

21. How would you describe the traffic in the road in which you live?

1. Busy
2. Quiet
3. Don't know

22. How many cars are owned by people living in your house where the child resides house? .....

23. Does anyone regularly do any of the following at home

|   | Yes | No | Don't know |
|---|-----|----|------------|
| Fix cars                                    |     |    |            |
| Do spray painting of cars                   |     |    |            |
| Make metal jewelry                          |     |    |            |
| Make stained glass                          |     |    |            |
| Fix electrical appliances using lead solder |     |    |            |
| Scrap metal recycling                       |     |    |            |

24. Does the child regularly play with a cat or dog?

1. Yes
2. No
3. Don't know

25. Does anyone living in the child's house work in any of the following places or have the following jobs?

|  | Yes | No | Don't know |
|--|-----|----|------------|
| Car repair workshop  |     |    |            |
| Spray painting workshop  |     |    |            |
| Battery manufacturing or repair factory                          |     |    |            |
| Make stained glass   |     |    |            |
| Repairs to electrical appliances                                 |     |    |            |
| Jewellery maker  |     |    |            |
| Painting company   |     |    |            |
| Scrap metal facility   |     |    |            |
| Lead Mine  |     |    |            |
| Plumbing company   |     |    |            |
| Welding company  |     |    |            |
| Work with guns or ammunition (for example in the police service) |     |    |            |
| Fishing  |     |    |            |
| Pottery work   |     |    |            |
| Soldering  |     |    |            |
| Pottery work   |     |    |            |
| House or other building renovations                              |     |    |            |
| Electrician  |     |    |            |
| Panel beater   |     |    |            |
| Petrol station (for example petrol attendants & others)          |     |    |            |

26. Please tell me what is **LEAD**?

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27. Please tell me 5 sources of lead (where is lead found in)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

28. Do you know what effects lead has on health?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

29. How is sweeping done in your home?

1. with a dry broom
2. with a mop/broom dipped in water
3. with a mop/broom dipped in water +  
detergent/soap
4. With a vacuum cleaner

**Research Assistant name:**

**Date:**