

NCLEAD Child ID: _____

COUNTY: _____

DATE: _____

INTERVIEWER: _____

Food, Spices, Cosmetics, and Medicines Survey

Instructions to Interviewers: Please administer this survey to the child’s primary caregiver during a lead investigation when you SUSPECT a “food product” MAY be the child’s source of lead exposure. A “food product” is any food, drink, flavoring (e.g. spices), alternative/traditional medicine, medicine, vitamin, herbal remedy, or herbal supplement intended to be consumed orally. If possible, take pictures of the labels on the front and back of each product, for any samples you collect.

1. Is your child currently **breastfeeding** ? Yes No
2. Does your child currently drink any **formula**? Yes No
3. Besides milk or formula, what does your child **eat or drink most often**? _____

4. Does your child currently drink any **tea**? Yes No
5. Does your child currently drink any **coffee**? Yes No
6. How often do you **cook at home**? 1-2 times a week 3-5 times a week 6-7 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
11. Do you use any **ceremonial, religious, or cosmetic products** such as kum kum, sindoor, kajal, kohl, or surma on your child? Yes (**List these in chart, p.2**) No
12. Are there any **lotions, medicinal creams, or similar items** that you use or use on your child? Yes (**List these in chart, p.2**) No

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Instructions for Interviewers: Record the following information about any food, spice, cosmetic or medicine/supplement products that you sample

Product Type (name of food, spice, cosmetic, or traditional medicine)	Brand Name (Manufacturer)	Lot number, net wt	Dates the product was consumed?	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"/> Provided by family/ friends	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	
				<input type="checkbox"/> Purchased <input type="checkbox"/> Provided by family/ friends	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	
				<input type="checkbox"/> Purchased <input type="checkbox"/> Provided by family/ friends	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	
				<input type="checkbox"/> Purchased <input type="checkbox"/> Provided by family/ friends	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	
				<input type="checkbox"/> Purchased <input type="checkbox"/> Provided by family/ friends	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	
				<input type="checkbox"/> Purchased <input type="checkbox"/> Provided by family/ friends	<input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No	