

Date _____	The University of Georgia Cooperative Extension Service <i>Putting Knowledge to Work</i> Housing & Near Environment <b>INDOOR AIR QUALITY: Lead</b>	# _____
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**Checking My Knowledge...**

	True	False
•Contaminated soil cannot create lead dust.	<input type="checkbox"/>	<input type="checkbox"/>
•A few grains of lead dust, eaten or inhaled on a regular basis can cause developmental problems in children.	<input type="checkbox"/>	<input type="checkbox"/>
•Contaminated dust sources include, old paint, auto exhaust residues, water pipes, remodeling, chewable surfaces such as windowsills.	<input type="checkbox"/>	<input type="checkbox"/>
•The major source of lead is contaminated dust.	<input type="checkbox"/>	<input type="checkbox"/>
•Lead poisoning can cause anemia, high blood pressure, kidney and reproductive disorders, and even convulsions and death in some adults.	<input type="checkbox"/>	<input type="checkbox"/>

**Taking Charge...**

When I go home, I plan to:	Yes, I'll Start	I already do this
•Have my children under the age of 6 tested for blood lead.	<input type="checkbox"/>	<input type="checkbox"/>
•Inspect my home for potential lead sources.	<input type="checkbox"/>	<input type="checkbox"/>
•Conduct a risk assessment for lead poisoning.	<input type="checkbox"/>	<input type="checkbox"/>
•Never scrape, sand or burn paint in my home, particularly, if the home was built before 1978.	<input type="checkbox"/>	<input type="checkbox"/>
•Tell my family about the problems caused by lead and the health risks involved.	<input type="checkbox"/>	<input type="checkbox"/>

**WORKSHOP TITLE**  
Overall, this workshop was....

**Not Helpful   1   2   3   4   5   Very Helpful**

**Other Topics**

I would like to have more information on: \_\_\_\_\_

The best time and place for another workshop is: \_\_\_\_\_

One thing I will do as a result of this workshop is: \_\_\_\_\_

I would have enjoyed this workshop more if: \_\_\_\_\_

Name(optional) \_\_\_\_\_

**Receive Food Stamps?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Ethnic Background**  
White \_\_\_\_\_ Black \_\_\_\_\_  
Hispanic/Latino \_\_\_\_\_  
Multi-Cultural \_\_\_\_\_ American Indian \_\_\_\_\_  
Asian/Pacific Islander \_\_\_\_\_

**Receive Housing Assistance?**  
Yes \_\_\_\_\_ No \_\_\_\_\_