Resident Questionnaire

Property Address:					Apt. No		
Name of Owner:			Name of Risk Assessor		MARKO E VOVK		
Name of Resident Interviewed:				Date of interview/		iew//	
Children/Children's Habits							
1.	1. (a) Do you have any children under age 6 that live in your home?YesNo						
	(b) If yes, how many? Ages?						
	(c) Record blood levels, if known:						
(d) Are there women of child-bearing age present?YesNo							
2. Location of the rooms/areas where each child sleeps, eats and plays. Name of child under Location of bedroom Location of all rooms Primary location							
age 6	r child under	Location of bedroom	Location of all rooms where child eats	Primary lo where chil		Primary location where child plays	
				indoors		outdoors	
3.	. Where are the toys stored/kept?						
4.	Is there any evidence of chewed or peeling paint on the woodwork, furniture or toys?						
	YesNo						
Family Use Patterns 5. Which entrances are used most frequently?							
6.	Which windows are opened frequently?						
7.	Do you use window air conditioners?						
8.	(a) Do any household members garden?YesNo						
	(b) Location of garden						
	(c) Are you planning any landscaping activities that will remove grass or ground covering?						
	YesNo						
9.	(a) How often is the household cleaned?						
	(b) What cleaning methods do you use?						
10.	(a) Did you recently compete any building renovations?YesNo						
	(b) If yes, where?						
	(c) Was building debris stored in the yard? If yes, where?						
11.	Are you planning any building renovations? If yes, where?						
12.	(a) Do any household members work in a lead-related industry?YesNo						
	(b) If yes, where are dirty work clothes placed and cleaned?						

PLEASE FILL THIS OUR AND SEND TO MARKO VOVK 1501 Spring Garden Rd. Lakewood Ohio 44107