

### Spice and Home Remedy Survey

*Instructions to Interviewers: Please administer this survey to the child's primary caregiver during your lead investigation if you suspect spices, herbal remedies, or imported drinks may be the child's source of lead exposure. If possible, you may want to take pictures of the food labels for any samples you collect. If parent cannot tell you exactly how much of a substance they use or eat, please have them show you how they measure it and then you can estimate the amount.*

1. Does your child currently drink any **formula**?
  - Yes
  - No
2. Is your child currently **breastfeeding**?
  - Yes
  - No
3. Does your child currently drink any **tea**?
  - Yes
  - No
4. Does your child currently drink any **coffee**?
  - Yes
  - No
5. Besides milk or formula, what does your child **eat or drink most often**?
  
6. How often do you **cook at home**?
  - 1-3 times a week
  - 3-5 times a week
  - 5-7 times a week
  - I never make home cooked meals
7. What **spices** do you cook with every week?

8. Does your **child eat any** foods cooked with spices?

- Yes (*If yes, please refer to chart*)
- No

8a. If yes, **which foods** does your child eat cooked with the spices listed in **7**?

8b. If no, do you cook **separate foods** that have no spices for your child?

- Yes
- No

9. **How much** of each spice do you typically put in foods listed in **8a**? *Approximate measurements of each spice in teaspoon, tablespoons, cups, or fractions of those measurements.*

10. **How big of a portion** does your child eat of foods listed in **8a**? *List each food one by one and request a separate portion size for each type of food as you list it. May have to give an example (1 cup of soup...)*

11. Is there **any time of year** (such as holidays) in which your child eats more of foods listed in **8a** than others?

- Yes
- No

11a. If yes, **please explain** what those times of year are for each food.

12. Does your child take any **herbal supplements, traditional medicine, or vitamins**?

EHS Interviewer Name:

Child NCLEAD ID:

Date:

- Yes (*If yes, please list them on the next page*)
- No

13. Are there any **home remedies** you make or buy that have spices in them, such as “turmeric milk”?

- Yes (*If yes, please list them on the next page*)
- No

*Instructions to Interviewers: On the next page, please list any herbal supplements or home remedies that the child takes and where the family gets the spices from:*

EHS Interviewer Name:

Child NCLEAD ID:

Date:

**Instructions for Interviewers: Record the following information about the herbs and spices that you sample**

Herb/ Spice	How often does child eat?		Brand	Lot number	How acquired? (Check One)	Where purchased or sent from? (City, State, Country, Address)
	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Several times	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/friends	
	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Several times	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/friends	
	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Several times	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/friends	
	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Several times	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/friends	
	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Several times	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/friends	
	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Several times	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/friends	
	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Several times	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<input type="checkbox"/> Purchased <input type="checkbox"/> Sent by family/friends	