

Lead Risk Questionnaire

Purpose: To identify children who need to be tested for lead exposure.

Instructions

- If Yes or Don't Know, test the child immediately.
- You may administer a blood lead test instead of using this questionnaire.
- For more information, contact the Texas Childhood Lead Poisoning Prevention Program at: 1-800-588-1248.

Patient's Name:	DOB: Medicaid #	:	
Provider's Name:	Administered by:	Date	
Questions		Yes or Don't Know	No
1. Does your child live in or visit a home, day-c	are or other building built before 1978?		
2. Does your child live in or visit a home, day-c	are or other building with ongoing repairs or remodel	ing?	
3. Does your child eat or chew on non-food thir	ngs like paint chips or dirt?		
4. Does your child have a family member or frie	end who has or did have an elevated blood lead level	?	
5. Is your child a newly arrived refugee or fore	gn adoptee?		
 6. Does your child come in contact with an adu Examples House construction or repair Battery manufacturing or repair Burning lead-painted wood Automotive repair shop or junk yard Going to a firing range or reloading bullets 	 Chemical preparation Valve and pipe fittings Brass/copper foundry Refinishing furniture Making fishing weights Radiator repair Pottery making Lead smelting Welding 		
 7. Does your family use products from other countries such as pottery, health remedies, spices, or food Examples Traditional medicines such as Ayurvedic, greta, azarcón, alarcón, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah, and rueda Cosmetics such as kohl, surma, and sindor Imported or glazed pottery, imported candy, and imported nutritional pills other than vitamins. Foods canned or packaged outside the U.S. 			
		Test Immediately	

Modified for use by Region 7 Education Service Center Early/Head Start.