



**CHILDHOOD LEAD POISONING PREVENTION PROGRAM
SCREENING QUESTIONNAIRE FOR LEAD EXPOSURE**

Today's date

Parents: Please check either "Yes" or "No" after each question. Your health care provider will go over these questions with you and decide if your child needs a test for lead. * *Some children may need to have a lead test even if all answers are "No."* **

Questions answered by Relationship to child

Lead Screening Questions	Yes	No	If Yes, please give details
1. Does your child live in or often visit a house built before 1950? This may include a childcare provider, babysitter's home, or relative's home.			
2. During the past 6 months, has your child lived in or regularly visited a home, child care, or other building built before 1978 with recent or ongoing painting, repair, remodeling, or damage?			
3. Does your child live in or often visit a house with vinyl mini-blinds made before 1996, or mini-blinds that are not labeled as "lead safe"?			
4. Does your child play in loose soil near a busy road or near any industrial sites such as a battery recycling plant, junk yard, or lead smelter?			
5. Have you seen your child eat dirt?			
6. Have you seen your child eat paint chips?			
7. Have you seen your child chew on painted surfaces (like windowsills)?			
8. Have you seen your child chew on non-food items such as imported toys or crayons, putty around doors or windows, porch railings, toy jewelry, or other non-food items?			
9. Do you have pottery or ceramics made in other countries or lead crystal or pewter that are used for cooking, storing, or serving food or drink?			
10. Does your child eat imported candies, snacks, or spices?			
11. Does your family use any traditional, imported, or home remedies, or cosmetics such as Azarcón, Greta, Kajal/Kohl, Pay-loo-ah, Rueda, Surma, or imported pills or vitamins?			
12. Does your child have a parent, sibling, other child living in the home, or a playmate who has high lead levels in his/her blood?			
13. Was your child born outside of the US?			
14. Has your child lived in, or visited a foreign country in the last 6 months?			
15. Does your child spend time with an adult whose job or hobby involves working with lead? (like house painting or remodeling; welding or soldering; auto body work and repair; working with batteries, stained glass, or ceramics; making fishing lures or sinkers; recasting bullets; using or working at indoor shooting ranges; hunting or fishing)			
16. Does your child live in public or voucher housing such as Section 8? *** <i>Contact DPH for YES answers if child has venous blood lead level 5 or greater.</i>			<input type="checkbox"/> Section 8 <input type="checkbox"/> Other housing

* Testing is recommended for children under six years of age with Yes answers identifying a lead risk.
 ** Medicaid requires blood lead testing at 9-12 months, 24 months, and up to age 6 if not previously tested. Refugee and Head Start programs may also require blood lead testing.
 *** HUD requires property owners to provide environmental assessments for children in subsidized/voucher housing with confirmed blood lead levels ≥ 5 .

Child's Name _____ **Provider Signature** _____

Child's DOB _____ Office/ Practice Name _____

Child's Medicaid # _____ Chart/Case ID _____

& Type _____ (as needed) _____

Instructions for Completing 3511-ENG-DPH Screening Questionnaire for Lead Exposure

PURPOSE

This questionnaire may be completed during an encounter for health services to identify common risks that would make a child more likely to have lead exposures/elevated blood lead levels.

For children for whom blood lead testing is required (e.g., Medicaid participants at specified ages, Head Start enrollees, new refugee status or newly-arrived international adoptees), the questionnaire may be used as an adjunct to testing. It may identify concerns/risks for which health education and/or referrals are needed.

The questionnaire may also be used by healthcare providers or public health staff during telephone or in-person follow-up on elevated blood lead lab reports.

For children with qualifying blood lead levels (one or more venous result 10 mcg/dL or greater in the past 6 months), the 3511 form may be used by DPH staff prior to an environmental assessment.

PROCEDURES: Section-by-Section Instructions

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- Enter date when questionnaire is completed.
- Identify the person responding to the questions and that person's relationship to the child.

LEAD SCREENING QUESTIONS

- Ask parent or guardian to check Yes or No after each question.
- Review responses to questions, adding details, and educate parents about the increased risk of lead exposure for any "Yes" responses.
- *If the child is at elevated risk of lead exposure/elevated blood lead levels, based on one or more "Yes" responses or if a blood lead testing requirement applies, perform or refer for blood lead screening. Note: routine blood lead screening is not performed in DPH clinics.*
- Notify DPH at 1-866-466-5323 to initiate HUD referral for environmental assessment for any children with venous blood lead levels of 5 mcg/dL or greater who live in subsidized/public housing.

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- The provider reviewing the questionnaire with the informant signs the form.
- Indicate child's name, date of birth, Medicaid number & type, name of practice or DPH Health Department office administering questionnaire, and other needed identifying information.

DISTRIBUTION AND RETENTION

- Offer a copy of the form to the parent as an educational tool.
- A copy of the form may be sent to DPH for elevated blood lead level investigations.

DPH STAFF

- With a signed 1623 form, the 3511 form may be shared with the child's healthcare provider or other sources of care/follow-up to which the child/family may be referred.
- This form is scanned/uploaded to DPH's electronic surveillance system as part of the investigation.
- Document answers and plan of care in the SCION surveillance system.