

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
Childhood Lead Risk Assessment Questionnaire

**ALL CHILDREN 6 MONTHS THROUGH 6 YEARS OF AGE SHOULD BE ASSESSED FOR LEAD POISONING**

Child's name _____										Child's date of birth _____																				
Child's age	6 mos.			9 mos.			12 mos.			18 mos.			24 mos.			3 yrs			4 yrs.			5 yrs.			6 yrs.					
Assessment Date	/ /			/ /			/ /			/ /			/ /			/ /			/ /			/ /			/ /					
In what ZIP code does the child currently reside? _____ If the child has moved within the last 12 months, in what ZIP code(s) did he/she previously live? _____																														
Check (☒) response DK = Don't Know	Yes	No	DK	Yes	No	DK	Yes	No	DK	Yes	No	DK	Yes	No	DK	Yes	No	DK	Yes	No	DK	Yes	No	DK	Yes	No	DK			
1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC?																														
2. Does this child have a sibling with a blood lead level of 10 mcg/dL or higher?																														
3. Does this child live in or regularly visit a home built before 1978?																														
4. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978?																														
5. Is this child a refugee or an adoptee from any foreign country?																														
6. Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)?																														
7. Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)?																														
8. At any time has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)?																														
9. Does this child reside in a high-risk ZIP code area?																														

**A blood lead test should be performed on children:**

- \* with any "Yes" or "Don't Know" response;
- \* living in a high-risk ZIP code area;

All Medicaid-eligible children at 12 months or age and at 24 months of age. If a Medicaid-eligible child between 36 months and 72 months of age has not been previously tested, a blood lead test should be performed.

If there is any "Yes" or "Don't Know" response; **and**

- \* there has been no change in the child's living conditions; **and**
- \* the child has had two consecutive blood lead test results (documented below) that are each less than 10 mcg/dL (with one test at age 2 or older), a blood lead test is not needed at this time.

Test 1: Blood Lead Result \_\_\_\_\_ mcg/dL Date \_\_\_\_\_

Test 2: Blood Lead Result \_\_\_\_\_ mcg/dL Date \_\_\_\_\_

If responses to all the questions are "No," re-evaluate at every well child visit or more often if deemed necessary.