

Survey: Lead Screening Risk Assessment

Description: Questions to determine whether patient should have lead level draw risk

Privacy level: Any staff member

- 1. Does your child live in or regularly visit a house that was built before 1950, including a home child care center or the home of a relative? ?
- 2. Does your child live in or regularly visit a house built before 1978 that has been remodeled in the last 6 months? Are there any plans to remodel? ?
- 3. Does your child have a brother, sister, housemate or playmate who is being treated for lead poisoning? ?
- 4. Does your child live with an adult whose job or hobby involves exposure to lead? ?
- 5. Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead into the environment? ?
- 6. Does your child live within 1block of a major highway or busy street? ?
- 7. Has your child ever been given home remedies such as azarcon, greta, or pay looah? ?
- 8. Has your child ever lived outside the United States? ?
- 9. Does your family use pottery or ceramics for cooking, eating or drinking? ?
- 10. Have you seen your child eat paint chips? ?
- 11. Have you seen your child eat soil or dirt? ?
- 12. Have you been told your child has low iron? ?