

**Illinois Department of Public Health
Childhood Lead Risk Assessment Questionnaire**

ALL CHILDREN 6 MONTHS THROUGH 6 YEARS OF AGE MUST BE ASSESSED FOR LEAD POISONING
(410 ILCS 45/6.2)

Name _____ Today's Date _____

Age _____ Birthdate _____ ZIP Code _____

Respond to the following questions by circling the appropriate answer.	R E S P O N S E
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|---|-----|----|------------|
| 1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC? | Yes | No | Don't Know |
| 2. Does this child have a sibling with a blood lead level of 10 mcg/dL or higher? | Yes | No | Don't Know |
| 3. Does this child live in or regularly visit a home built before 1978? | Yes | No | Don't Know |
| 4. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978? | Yes | No | Don't Know |
| 5. Is this child a refugee or an adoptee from any foreign country? | Yes | No | Don't Know |
| 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)? | Yes | No | Don't Know |
| 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)? | Yes | No | Don't Know |
| 8. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)? | Yes | No | Don't Know |
| 9. Does this child reside in a high-risk ZIP code area? | Yes | No | Don't Know |

Office use Only

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 should have a blood lead test at 12 months of 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 proof of 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.

Signature of Doctor/Nurse _____

Date _____

Departamento de Salud Pública de Illinois

Cuestionario de Asesoramiento Infantil de Riesgo por el Plomo

Todos los Niños (as) de 6 meses a 6 años deben ser sometidos a un asesoramiento por Envenenamiento de Plomo.
(410 ILCS 45/6.2)

Nombre del Niño (a) _____ Fecha de hoy _____

Edad del Niño (a) _____ Fecha de Nacimiento _____ Código Postal del Niño (a) _____

Conteste las siguientes preguntas circulando la respuesta adecuada.	Respuesta
1. ¿Es éste niño elegible para o inscrito en Medicaid, Head Start, All Kids o WIC?	Sí No No Sé
2. ¿Tiene éste niño un hermano (a) que tenga algún nivel de plomo en la sangre de 10 mcg/dL o más alto?	Sí No No Sé
3. ¿Vive o visita regularmente éste niño (a) alguna casa construida antes de 1978?	Sí No No Sé
4. ¿Desde el año pasado, ha sido expuesto éste niño (a) a reparaciones, pintura, o remodelaciones de la casa construida antes de 1978?	Sí No No Sé
5. ¿Es éste niño (a) exilado o un niño (a) adoptado de algún país extranjero?	Sí No No Sé
6. ¿Estuvo alguna vez este niño en los países de México, América Central o del Sur, Asia (China o India), o cualquier país donde pudo haber estado expuesto a objetos que contienen plomo (por ejemplo, cosméticos, remedios caseros, medicinas tradicionales o cerámica vidriada)?	Sí No No Sé
7. ¿Vive éste niño con alguna persona que tenga un trabajo o un pasa tiempo "hobby" que incluya plomo (por ejemplo, personas que hacen joyas, renovación o construcción de edificios, construcción de puentes plomería, recabados de muebles, o un trabajo con baterías o radiadores de automóviles, soldadoras de plomo, vidrio de plomo, proyectiles o balas de plomo, o plomadas para pesca)?	Sí No No Sé
8. ¿En algún momento, vivió éste niño cerca de una fábrica donde plomo es usado (por ejemplo, una fábrica metalúrgica o fábrica de pintura)?	Sí No No Sé
9. ¿Vive éste niño (a) en un código postal de alto riesgo?	Sí No No Sé

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

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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.

Signature of Doctor/Nurse _____

Date _____