



## CHILDHOOD LEAD POISONING EVALUATION QUESTIONNAIRE

*The following questions are to be answered by the parents / guardians of Child Health and Disability Prevention (CHDP) eligible children under 72 months of age at each periodic health assessment.*

1. Does your child live in or regularly visit a house or other location built before 1960 with peeling or chipping paint? (This can include a day care center, preschool, school, barn, home of baby-sitter, relative, friend, etc.)  
 YES  NO
2. Does your child live in or regularly visit a house built before 1960 with recent or ongoing renovation or remodeling?  
 YES  NO
3. Does your child have a parent, brother, sister, housemate or playmate that is being treated or followed for lead poisoning? (For example, blood lead >10 ug/dL. This is a unit of measure to determine blood lead levels).  
 YES  NO
4. Does your child live with someone whose job or hobby involves exposure to lead? (For example, painting, soldering, automobile battery manufacturing or recycling, vehicle radiator repairs).  
 YES  NO
5. Does your child live near an active lead smelter or battery recycling plant or other industry likely to release lead?  
 YES  NO
6. Does your child ingest non-food items, i.e. pica behavior?  
 YES  NO
7. Is pottery used for cooking purposes and/or is your child given home remedies, i.e. Azarcon, Greta, Pay-loo-ah, etc.?  
 YES  NO

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date