



Lead Risk Questionnaire

Form Pb-110

Purpose: To identify children who need to be tested for lead exposure.

Instructions

- If Yes or Don't Know, test the child immediately.
- You may administer a blood lead test instead of using this questionnaire.
- For more information, contact the Texas Childhood Lead Poisoning Prevention Program at: 1-800-588-1248.

Patient's Name: _____ DOB: _____ Medicaid #: _____

Provider's Name: _____ Administered by: _____ Date _____

Questions

1. Does your child live in or visit a home, day-care or other building built before 1978?
2. Does your child live in or visit a home, day-care or other building with ongoing repairs or remodeling?
3. Does your child eat or chew on non-food things like paint chips or dirt?
4. Does your child have a family member or friend who has or did have an elevated blood lead level?
5. Is your child a newly arrived refugee or foreign adoptee?
6. Does your child come in contact with an adult whose job or hobby involves lead exposure?

Examples

- House construction or repair
- Battery manufacturing or repair
- Burning lead-painted wood
- Automotive repair shop or junk yard
- Going to a firing range or reloading bullets
- Chemical preparation
- Valve and pipe fittings
- Brass/copper foundry
- Refinishing furniture
- Making fishing weights
- Radiator repair
- Pottery making
- Lead smelting
- Welding

7. Does your family use products from other countries such as pottery, health remedies, spices, or food?

Examples

- Traditional medicines such as Ayurvedic, greta, azarcón, alarcón, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah, and rueda
- Cosmetics such as kohl, surma, and sindor
- Imported or glazed pottery, imported candy, and imported nutritional pills other than vitamins.
- Foods canned or packaged outside the U.S.