



Childhood Lead Risk Questionnaire

STATE LAW REQUIRES:

All children 6 years of age or younger must be evaluated for lead exposure.

All children must be assessed for risk of lead exposure and tested if necessary for enrollment into daycare, preschool, and kindergarten.

Complete the Childhood Lead Risk Questionnaire during a well-child or health care visit for children ages 12 and 24 months of age (at minimum) and once a year at annual well-child-visits at ages 3, 4, 5, and 6 years.

- If responses to all the questions are "NO," re-evaluate at next age referenced above or more often if deemed necessary.
- If any response is "YES" or "DON'T KNOW," a blood lead test must be obtained.
- If there are any "YES" or "DON'T KNOW" answers **and**
 - ✓ previous blood lead testing was done at 12 and 24 months of age with a result of 3.4 µg/dL or less OR if not performed at 12 and 24 months, a blood lead test was performed at 3, 4, 5, or 6 years of age with a result of 3.4 µg/dL or less, and
 - ✓ there has been no change in address of the child's home/residential building, child care facility, school, or other frequently visited facilities and
 - ✓ risks of exposure to lead have not changed, further blood lead tests are not necessary.

Child's name: _____

Today's date: _____

Age: _____ Birthdate: _____ ZIP Code: _____

Respond to the following questions by circling the appropriate answer.

RESPONSE

- | | |
|--|--|
| 1. Does this child reside or regularly visit a home/residential building, child-care setting, school or other facility built before 1978 or in a high risk ZIP code area?
(see reverse side of page for high risk ZIP code area list) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| 2. Is this child eligible for or enrolled in Medicaid, All Kids, Head Start, WIC, or any HFS medical program?

***All Medicaid-eligible children and children enrolled in HFS medical programs shall have a blood lead test at 12 and at 24 months of age. If a Medicaid-eligible child or HFS medical program enrolled child between 36 months and 72 months of age has not been previously tested, a blood lead test shall be performed. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| 3. Does this child have a sibling with a confirmed blood lead level of 3.5 µg/dL or higher? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| 4. In the past year, has this child been exposed to repairs, repainting, or renovation of a building/home built before 1978? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| 5. Is this child a refugee, adoptee, or recent visitor of any foreign country? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| 6. Is this child frequently exposed to imported items (such as, ayurvedic medicine, folk medicines, cosmetics, toys, glazed pottery, spices or other food items, sindoor, or kumkum)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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, bridge construction, plumbing, furniture refinishing, work with automobile batteries or radiators, lead solder, leaded glass, bullets, lead fishing sinkers, or recycling facility work)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| 8. If the child is younger than 12 months of age, did the child's mother have a past confirmed blood lead level of 3.5 µg/dL or higher? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| 9. Has the water in your home/residential building, child-care setting, school, or other regularly visited facility been tested and had a confirmed level of lead (5 ppb or higher)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |
| 10. Does your child live near an active lead smelter, battery recycling plant, or another industry likely to release lead, or does your child live near a heavily-traveled road where soil and dust may be contaminated with lead? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know |

*****ALL blood lead test results MUST be submitted to the Illinois Lead Program.**

Fax: 217-557-1188 Phone: 866-909-3572

Signature of Doctor/Nurse

Date

Illinois Lead Program 866-909-3572 or 217-782-3517 email: dph.lead@illinois.gov

TTY (hearing impaired use only) 800-547-0466



- Lead risk evaluation is the use of the Childhood Lead Risk Questionnaire to determine the risk of potential for lead exposures.
- Blood lead testing is defined as obtaining a blood lead test either by capillary or venous methodology. Only a venous test can serve as a confirmatory blood test.
- A child is considered to have an elevated blood lead level once a venous test is conducted, confirming the blood lead level is ≥ 3.5 $\mu\text{g}/\text{dL}$. All capillary (finger/heel stick) test results of ≥ 3.5 $\mu\text{g}/\text{dL}$ must be confirmed by venous draw. Point of care instruments such as the LeadCare® II cannot be used to confirm an elevated blood lead level, even if the sample is collected by venipuncture.
- It is always appropriate to obtain a diagnostic blood lead test when a child is symptomatic or a potential exposure to lead has been identified, regardless of child's age.
- Federal mandates and the Illinois Department of Healthcare and Family Services' (HFS) policy require that all children enrolled in HFS medical programs be considered at risk for lead poisoning and receive a blood lead test at ages 12 months and 24 months. Children older than the age of 24 months, up to 72 months of age, for whom no record of a previous blood lead test exists, also must receive a blood lead test. All children enrolled in HFS medical programs (such as Medicaid, All Kids, Head Start, and WIC) are expected to receive a blood lead test regardless of where they live. (Consult Handbook for Providers of Healthy Kids Services, Chapter HK-203.3.1, for more blood lead testing and reporting information.)
- Illinois has defined ZIP code areas at high risk for lead exposure based on a variety of considerations, including housing age and poverty rates. Review the list of ZIP codes and determine status of ZIP codes in your area.

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Illinois Lead Program
email: dph.lead@illinois.gov
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TTY (hearing impaired use only) 800-547-0466