

**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 \_\_\_\_\_

<b>Respond to the following questions by circling the appropriate answer.</b>	<b>RESPONSE</b>
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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 that was 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 |

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 \_\_\_\_\_

Please discuss any questions or concerns with your child's health care provider. For more information call:

Illinois Department of Public Health  
Childhood Lead Poisoning Prevention Program  
800-545-2200 or 217-782-0403  
TTY (hearing impaired use only) 800-547-0488

\_\_\_\_\_  
Signature of Doctor/Nurse

\_\_\_\_\_  
Date