



**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 _____
Lake County 60040, McHenry County 60034, Racine, WI

Respond to the following questions by circling the appropriate answer	RESPONSE
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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 renovations 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 that are each less than 10 mcg/dL (with at least one test at age 2 or older), a blood 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: