

Blood Lead Screening and Healthy Homes Summary

Screen all children between the ages of 6 and 72 months at each well-child visit using the Risk Assessment and Healthy Homes Questionnaire below.

Risk Assessment and Healthy Homes Questionnaire

*Consider the child high risk with a “no” answer to question 1. Also consider the child high risk with a “yes” or “don’t know” answer to questions 2–10.

Questions 11-14 pertain to Healthy Housing issues and will help determine if there are hazards inside the child’s home that may affect his/her health.

| Child’s Name | Date of Birth | Date | | Date | | Date | | Date | | Date | | Date | | Date | | Date | | Date | | |
|---|---------------|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|--|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | |
| 1. Was the child’s home built after 1977? | | | | | | | | | | | | | | | | | | | | |
| 2. Does the child spend at least six hours a week in a house, childcare facility or other building that was built before 1978? | | | | | | | | | | | | | | | | | | | | |
| 3. Has the child recently visited or arrived from a foreign country? | | | | | | | | | | | | | | | | | | | | |
| 4. Is the child frequently exposed to an adult that has a hobby, or works in a profession that could expose the adult to lead? Examples include: hunting/shooting, fishing, making fishing weights or bullets, repair/painting of bridges/roads/steel structures, construction (MDOT), refinish furniture, work with stained glass, metal work/welder, plumber, jewelry making/repairing, home repair/renovation/painting, auto repair/painting, auto salvage yard, battery/radiator repair/manufacture, chemical refining, making pottery/ceramics, ammunition manufacturer/reloading, electronics repair, mining, glass/plastic/rubber product manufacturing, farm/migrant farm work, regularly uses insecticides, metal/electronics/battery recycling, visiting recycling centers, paint with fine artist paints, building/repairing boats/ships/aircraft, off shore oil worker, and/or work with architectural salvage materials, etc. | | | | | | | | | | | | | | | | | | | | |
| 5. Have you observed the child mouthing or touching painted surfaces (such as window sills, doors and door frames, etc.), keys, electrical cords, jewelry, ceramics (such as figurines), vinyl (plastic) mini-blinds and window sills under the blinds, exterior painted surfaces, and bare soil around a building? | | | | | | | | | | | | | | | | | | | | |
| 6. Does the child’s family use leaded crystal or imported candy, spices, cookware, pottery or ceramic ware for food or drink, cosmetics for religious or ceremonial purposes, or folk remedies? Examples include Greta, Azarcon, Sindoor, Surma, Ruedo, Kohl, Kurm Kum, Kajal, Maria Luiso, Alarcon, Ligo, Litargino, Jin Bu Huan, Po Ying Tan, Ghasard, Pay-loo-ah, Bo Ying Compound, or Ayurvedic Medicine, etc. | | | | | | | | | | | | | | | | | | | | |
| 7. Does the child play with or around old toys (heirloom toys) or touch old painted/stained furniture or leather/vinyl furniture? | | | | | | | | | | | | | | | | | | | | |
| 8. Does the child live near or frequently visit a location within 80 feet (a city block) of a current or former lead smelter, battery recycler, shipyard, firing range, auto salvage yard, mine, chemical plant, waste incinerator, utility plant, ore and metals processing plant, or busy highway? | | | | | | | | | | | | | | | | | | | | |
| 9. Has anyone in the household been diagnosed with an elevated blood lead level or displayed symptoms of developmental delay? | | | | | | | | | | | | | | | | | | | | |
| 10. Does the child live at or frequently visit a location that uses water from a private well? | | | | | | | | | | | | | | | | | | | | |
| 11. Does your home have a smoke alarm? | | | | | | | | | | | | | | | | | | | | |
| 12. Does your home have a carbon monoxide detector? | | | | | | | | | | | | | | | | | | | | |
| 13. Are there signs of water leakage in your home (mold and mildew)? | | | | | | | | | | | | | | | | | | | | |
| 14. Has your child been diagnosed with asthma by a primary care provider? | | | | | | | | | | | | | | | | | | | | |

| Blood Lead Levels | Date and Signature | Level | | Dates and Initial | | | | Comments |
|--|--------------------|-------|--|-------------------|--|--|--|----------|
| Initial specimen drawn Specify cap. or venous | | | Lead Education | | | | | |
| Confirmatory venous Specimen drawn | | | Nutritional Counseling | | | | | |
| Repeat venous Specimen drawn | | | Lead Hazard Prevention | | | | | |
| Repeat venous Specimen drawn | | | Nursing/Social work Home Visit | | | | | |
| Repeat venous Specimen drawn | | | Referral to Environmentalist | | | | | |
| Repeat venous Specimen drawn | | | Environmental Inspection | | | | | |
| Repeat venous Specimen drawn | | | Referral for Clinical Management | | | | | |
| Repeat venous Specimen drawn | | | Referral for Developmental Assessment | | | | | |