

IOWA DEPARTMENT OF PUBLIC HEALTH CHILDHOOD LEAD POISONING RISK QUESTIONNAIRE

Name: _____ Date of Birth: _____

Date: _____ Address: _____

You may use this questionnaire to decide whether to use the high risk or low risk blood lead testing schedule on the Basic Lead Testing Chart. Or you may use the high risk testing schedule for all children. You may not assume that all children are at low risk.

If the answer to any question is "yes," then the child is at high risk for lead poisoning and must be tested according to the high-risk testing schedule. If the parent does not know the answer to a question, assume that the answer is "yes." If the child is at low risk for lead poisoning, test according to the low risk testing schedule. This questionnaire is not accurate enough to decide that a child does not need to be tested.

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| 1. | Has your child ever lived in or regularly visited a house built before 1960?
(Examples: home, day-care center, baby-sitter, relative's home) | Yes | No |
| 2. | Have you noticed any peeling or chipping paint in or around the pre-1960 house that your child has lived in or regularly visited? | Yes | No |
| 3. | Is the pre-1960 home that your child has lived in or regularly visited been remodeled or renovated by:
A. Stripping, sanding, or scraping paint on the inside or outside of the house;
B. Removing walls and/or tearing out lath and plaster. | Yes | No |
| 4. | Does your child eat non-food items such as dirt? | Yes | No |
| 5. | Have any of your other children or their playmates had lead levels $\geq 15 \mu\text{g/dL}$? | Yes | No |
| 6. | Does your child live with or frequently come in contact with an adult who works with lead on the job or in a hobby? (Examples: painter, welder, foundry worker, old home renovator, shooting range worker, battery plant worker, battery recycling worker, ceramics worker, stained glass worker, sheet metal worker, scrap metal worker, plumber). | Yes | No |
| 7. | Does your child live near a battery plant, battery recycling plant, or lead smelter? | Yes | No |
| 8. | Do you give your child any home or folk remedies? (Ex: Azarcon, greta, pay-loo-ah) | Yes | No |
| 9. | Does your child eat candy that is produced in Mexico, Central America or Southeast Asia? | Yes | No |
| 10. | Has your child ever lived in Mexico, Central America, South America, Africa, Asia, or Eastern Europe, or visited one of these areas for a period longer than two months? | Yes | No |

In Iowa, all children are required to have had at least one blood lead test prior to entering kindergarten.