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 Blood Lead Risk and Healthy Homes Questionnaire below. Blood Lead Risk and Healthy Homes Questionnaire

*Consider the child high risk with a "yes" or "don't know" answer to questions 1-10. 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		D	Date Date		;	Date		Date		Date		Date		Da	te Date		te	Date		Date		Date	
		Do Kno	n't Y	'es N	NO Y	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1.	When was your home built?																						
	If Before-1978 would fall under Yes; If After-1978 would fall under No																					$ \rightarrow $	
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: shooting, 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																						
	windowsills, doors and door frames, etc.), keys, electrical cords, jewelry, ceramics (such as figurines), vinyl (plastic) mini-blinds and windowsills 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, po or ceramic ware for food or drink, cosmetics for religious or ceremonial purposes, folk remedies? Examples include Greta, Azarcon, Sindoor, Surma, Ruedo, Kohl, Ku Kum, Kajal, Maria Luiso, Alarcon, Ligo, Litargino, Jin Bu Huan, Po Ying Tan, Ghas Pay-loo-ah, Bo Ying Compound, or Ayurvedic Medicine, etc.	or 1rm																					
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 cur 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?	rrent																					
9.	Has anyone in the household been diagnosed with an elevated blood lead level or display	/ed																					
10	symptoms of developmental delay?																					\rightarrow	
10.																						$ \rightarrow$	
11.																							
12.	Does your home have a carbon monoxide detector?																					\square	
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?					Ţ														Ī			

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									