



**Physician Lead  
Advisory Committee  
Lead Risk Assessment  
Questionnaire**

1700 American Blvd.  
Pennington, NJ 08534  
Phone: **1-800-682-9091**

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

<b>High Risk Exposure Factors 6 months - 6 years</b>								
Does Your Child: ("yes" or "I don't know" to any question = high risk)	/	/	/	/	/	/	/	/
1. Live in or regularly visit a house with peeling or chipping paint built before 1978? This could include the home of a babysitter or relative, a daycare center or preschool.	Yes	No	Yes	No	Yes	No	Yes	No
2. Live in or regularly visit a house built before 1978 with planned, recent (within the past year) or ongoing renovation/remodeling activity?								
3. Have a brother or sister, a playmate or other household member with a confirmed elevated blood level?								
4. Receive home or folk remedies that may contain lead?								
5. Live near an active lead smelter (lead production plant), battery recycling plant, or other industry likely to release lead or live with an adult whose job or hobby involves lead?								
6. Have a history of possible prenatal exposure to lead (child's mother had elevated blood lead during pregnancy)?								
7. Have iron deficiency anemia, sickle cell disease, developmental delay or behavioral problems?								
8. Have a habit of eating dirt, paint chips, or other non-food items?								
9. Have excessive mouthing habits that are not age appropriate?								
10. Have an elevated blood lead test 5 ug/dl or higher when last tested?								

**Lead prevention education and/or lead poisoning intervention material given to parent**  Yes  No

**Screening Schedule**

Age	Risk Status	Blood Lead	Hgb/Hct	Follow Up
6 Months	Low Risk	No	No	
Date: _____	High Risk	Yes _____ ug/dl	Yes _____ g/dl _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 Months	Low Risk	Yes _____ ug/dl	Yes _____ g/dl _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____	High Risk	Yes _____ ug/dl	Yes _____ g/dl _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
18 Months	Low Risk	No	No	
Date: _____	High Risk	Yes _____ ug/dl	Yes _____ g/dl _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 Months	Low Risk	Yes _____ ug/dl	Yes _____ g/dl _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____	High Risk	Yes _____ ug/dl	Yes _____ g/dl _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No

3 years \_\_\_\_\_ Low Risk - Screen if previous blood lead and H&H status is not known  
 4 years \_\_\_\_\_ High Risk - Re-screen yearly and add H&H  
 5 years \_\_\_\_\_  
 6 years \_\_\_\_\_