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

Physician Lead Advisory Committee Lead Risk Assessment Questionnaire

Child's name: _____ Date of birth: _____

High Risk Exposure Factors 6 months - 6 years								
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 involes 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 _____%	☐ Yes ☐ No
12 Months	Low Risk	Yes _____ ug/dl	Yes _____ g/dl _____%	☐ Yes ☐ No
Date: _____	High Risk	Yes _____ ug/dl	Yes _____ g/dl _____%	☐ Yes ☐ No
18 Months	Low Risk	No	No	
Date: _____	High Risk	Yes _____ ug/dl	Yes _____ g/dl _____%	☐ Yes ☐ No
24 Months	Low Risk	Yes _____ ug/dl	Yes _____ g/dl _____%	☐ Yes ☐ No
Date: _____	High Risk	Yes _____ ug/dl	Yes _____ g/dl _____%	☐ Yes ☐ No

3 years _____
4 years _____
5 years _____
6 years _____

Low Risk - Screen if previous blood lead and H&H status is not known
High Risk - Re-screen yearly and add H&H

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