

Tennessee Childhood Lead Poisoning Prevention Program: Lead Risk Questionnaire

- If parent answers **“Yes”** or **“Don’t Know,”** test the child immediately.
- Children with **TennCare** are required to be tested at 12 and 24 months of age.
- Children with **TennCare** < 6 years old who do not have a documented blood lead level are required to be tested.
- You may administer a blood lead test instead of using the questionnaire.
- For more information, contact the Tennessee Childhood Lead Poisoning Prevention Program at : 615-532-8462 or 855-202-1357.

Patient’s Name: _____ DOB: _____ TennCare (Yes/No): _____
 Provider’s Name: _____ Administered by: _____ Date: _____
 How many years/months has the child lived at the current address? _____
 How long was the child at his or her previous address (and where was it)? _____
 What is the source of drinking water for the family? City/Municipal water system _____ Well _____ Bottle _____

Questions:

YES or DON’T KNOW **NO**

- | | | |
|---|--------------------------|--------------------------|
| 1) Does your child live in or regularly visit a house built before 1978 ?
(This could include a day care center, home of a baby sitter, or a relative) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Does your child have a family member or a playmate that has or did have lead poisoning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Is your child a newly arrived refugee or foreign adoptee? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Does your child live within 80 feet (or 1 block) of a heavily traveled road or street? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Does your child eat or chew on non-food items like paint chips or dirt? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Does your child have low iron? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Does your child live near or visit with someone who lives near a lead smelter, battery recycling plant or other industry that could release lead? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Does your family use products from other countries such as pottery, health remedies, spices, food, or cosmetics?
<i>Examples:</i>
<ul style="list-style-type: none"> •Traditional medicines such as Azarcon, Greta, or pay-loo-ah •Cosmetics such as kohl, surma, and sindor •Imported or glazed pottery, imported candy, and imported nutritional pills other than vitamins •Foods canned or packaged outside the U.S. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Does your child frequently come in contact with an adult whose job or hobby may have to do with lead?
<i>Examples:</i>
<ul style="list-style-type: none"> <li style="width: 33%;">•House construction or repair <li style="width: 33%;">•Chemical preparation <li style="width: 33%;">•Radiator repair <li style="width: 33%;">•Battery manufacturing or repair <li style="width: 33%;">•Valve and pipe fitting <li style="width: 33%;">•Pottery making <li style="width: 33%;">•Burning lead-painted wood <li style="width: 33%;">•Brass/copper foundry <li style="width: 33%;">•Lead smelting <li style="width: 33%;">•Automotive repair shop or junk yard <li style="width: 33%;">•Refinishing Furniture <li style="width: 33%;">•Welding <li style="width: 33%;">•Going to a firing range or reloading bullets <li style="width: 33%;">•Making fishing weights | <input type="checkbox"/> | <input type="checkbox"/> |

If any boxes are marked, test immediately

Additional question. Consider testing if parent answers “Yes”.

- 1) Does your child attend a school in which elevated lead levels were detected in the drinking water? Yes ____ No ____ I don’t know ____

Comments: _____