TN Department of Health

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: 615-532-8515 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:

1. Does your child live in or regularly visit a house built **before 1978**?
   (This could include a day care center, home of a babysitter, or a relative)
   Yes ___ No ___ I don't know ___

2. Does your child live in or regularly visit a house built **before 1978** with recent, ongoing, or planned renovations or remodeling (within past six (6) months)?
   Yes ___ No ___ I don't know ___

3. Does your child have a family member or a playmate that has or did have lead poisoning?
   Yes ___ No ___ I don't know ___

4. Is your child a newly arrived refugee or foreign adoptee?
   Yes ___ No ___ I don't know ___

5. Does your child live within 80 feet (1 block) of a heavily traveled road or street?
   Yes ___ No ___ I don't know ___

6. Does your child eat or chew on non-food items like paint chips or dirt?
   Yes ___ No ___ I don't know ___

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7. Does your child have low iron?
   Yes ___ No ___ I don't know ___

8. 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?
   Yes ___ No ___ I don't know ___

9. Does your family use products from other countries such as pottery, health remedies, spices, food, or cosmetics?
   Yes ___ No ___ I don't know ___
   Examples:
   - 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.

10. Does your child frequently come in contact with an adult whose job or hobby may have with lead?
    Examples:
    - House construction or repair
    - Chemical preparation
    - Battery manufacturing or repair
    - Valve and pipe fitting
    - Pottery making
    - Burning lead-painted wood
    - Brass/copper foundry
    - Lead smelting
    - Automotive repair shop or junk yard
    - Refinishing Furniture
    - Welding
    - Going to a firing range or reloading bullets
    - Making fishing weights

Consider testing if parent answers "Yes".

11. Does your child attend a school in which elevated lead levels were detected in the drinking water?
    Yes ___ No ___ I don't know ___

Comments: _____