

## 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 <b>before 1978</b> ? (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"> <li>• Traditional medicines such as Azarcon, Greta, or pay-loo-ah</li> <li>• Cosmetics such as kohl, surma, and sindor</li> <li>• Imported or glazed pottery, imported candy, and imported nutritional pills other than vitamins</li> <li>• Foods canned or packaged outside the U.S.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>															
9) Does your child frequently come in contact with an adult whose job or hobby may have with lead? <i>Examples:</i> <table style="width: 100%; border: none;"> <tbody> <tr> <td style="width: 33%;">• House construction or repair</td> <td style="width: 33%;">• Chemical preparation</td> <td style="width: 33%;">• Radiator repair</td> </tr> <tr> <td>• Battery manufacturing or repair</td> <td>• Valve and pipe fitting</td> <td>• Pottery making</td> </tr> <tr> <td>• Burning lead-painted wood</td> <td>• Brass/copper foundry</td> <td>• Lead smelting</td> </tr> <tr> <td>• Automotive repair shop or junk yard</td> <td>• Refinishing Furniture</td> <td>• Welding</td> </tr> <tr> <td>• Going to a firing range or reloading bullets</td> <td>• Making fishing weights</td> <td></td> </tr> </tbody> </table>	• House construction or repair	• Chemical preparation	• Radiator repair	• 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		<input type="checkbox"/>	<input type="checkbox"/>
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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: \_\_\_\_\_