

Childhood Lead Poisoning Prevention Program - Screening Questionnaire

Patient Name: _____ **DOB:** _____
PCP: _____ **EMR:** _____

This questionnaire is about lead. Lead is a dangerous material that sometimes gets into children's bodies. It can make them sick and affect their behavior and ability to learn. Answers to these questions will help us decide if your child needs a blood lead test. If any of these questions are confusing, ask the provider or nurse to help you with them. For more information call the Lead Line at 1-800-368-5060 or 503-988-4000 in the Portland Metro area.

Please circle your answers to the following questions:

Does your child live in or regularly visit a home, child care or other building built before 1950?	YES	DON'T KNOW	NO
During the past 6 months has your child lived in or regularly visited a home, childcare or other building built before 1980 with recent or ongoing painting, repair, remodeling or damage?	YES	DON'T KNOW	NO
Does your child have a brother, sister, or other relative, housemate or playmate with lead poisoning?	YES	DON'T KNOW	NO
Does your child spend time with an adult that has a job or hobby where they may work with lead (such as painting, remodeling, auto radiators, batteries, auto repair, soldering, making sinkers, bullets, stained glass, pottery, going to shooting ranges, hunting or fishing)?	YES	DON'T KNOW	NO
Do you have pottery or ceramics made in other countries or lead crystal or pewter that are used for cooking, storing or serving food or drink?	YES	DON'T KNOW	NO
Has your child ever used any traditional, imported or home remedies or cosmetics such as Azarcon, Alarcon, Greta, Rueda, Pay-loo-ah, or Kohl?	YES	DON'T KNOW	NO
Has your child been adopted from, lived in or visited a foreign country in the last 6 months?	YES	DON'T KNOW	NO
Do you have concerns about your child's development? If so, please list your concerns:	YES	DON'T KNOW	NO