

Blood Lead Screening and Healthy Homes Summary

Screen all children between the ages of 6 and 72 months at each well-child visit using the Risk Assessment and Healthy Homes Questionnaire below.

Risk Assessment and Healthy Homes Questionnaire-*Consider the child high risk with a “yes” or “don’t know” answer to questions 1-7.

Questions 8-11 pertain to Health Housing issues and will help determine if there are hazards inside the child’s home that may affect his/her health.

Child’s Name	Date of Birth	Date		Date		Date		Date		Date		Date		Date		Date	
		Yes	No	Yes	No	Yes	No	Yes	Yes	No	No	Yes	No	Yes	No	Yes	No
1. Does your child live in or visit a home, daycare, or other building built before 1950?																	
2. Does your child spend at least six hours a week at a home, daycare, or other building built before 1978 with recent, ongoing or planned remodeling?																	
3. Does your child have a family member or friend who has or did have an elevated blood lead level																	
4. Does Your child frequently come in contact with an adult who works with lead? Examples: construction, welding, painting, radiator repair, metal recycling.																	
5. Have you seen your child mouthing or touching painted surfaces (i.e. window sills, door frames), keys, electrical cords, jewelry, vinyl (plastic) mini-blinds or bare soil outside near the home?																	
6. Do you give your child any home or folk remedies which may contain lead? Examples: Greta or Azarcon (Hispanic), pay-loo-ah (SE Asia), and ayurvedic medicines (India)?																	
7. Does your child drink well water?																	
8. Does your home have a smoke alarm?																	
9. Does your home have a carbon monoxide detector?																	
10. Are there signs of water leakage in you home (mold and mildew)?																	
11. Has your child been diagnosed with asthma by a primary care provider?																	

Blood Lead Levels

	Date and Signature	Level		Dates and Initials				Comments
Initial Specimen drawn Specify cap, or venous			Lead Education					
Confirmatory venous Specimen drawn			Nutritional Counseling					
Repeat venous Specimen drawn			Lead Hazard Prevention					
Repeat venous Specimen drawn			Nursing/Social Work Home Visit					
Repeat venous Specimen drawn			Referral to Environmentalist					
Repeat venous Specimen drawn			Environmental Inspection					
Repeat venous Specimen drawn			Referral for Clinical Management					
Repeat venous Specimen drawn			Referral for Developmental Assessment					