



Administered by: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Childhood Lead Risk Questionnaire

For assessing lead exposures in children.

- Instructions: 1. Ask the child's parent or guardian the following questions and mark their responses.  
 2. If guardian answers YES or Don't Know (D/K) to any question, test the child for lead as soon as possible.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ years

Gender (circle one):      **MALE**      **FEMALE**

Provider's Name: \_\_\_\_\_

Please answer YES, Don't Know (D/K) or NO to the following questions:

- |   | YES   | D/K   | NO                       |
|---|---|---|--------------------------|
| 1. Does your child live in or visit homes, day care centers or other buildings built before 1978?   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| 2. Does your child live in or visit homes, day care centers or other buildings with recent repairs or remodeling?   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| 3. Does your child eat or chew on non-food substances such as paint chips or dirt?  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| 4. Has anyone who lives in the same home as your child previously had an elevated blood lead level?   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| 5. Is your child a foreign adoptee, refugee or has your child recently travelled internationally?   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| 6. Does your child eat wild game such as moose, caribou or waterfowl that has been shot with lead bullets?  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| 7. Does your child come in contact with a person whose job or hobby includes any of the following:  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>• Chemical preparation</li> <li>• Valve and pipe fittings</li> <li>• Brass/Copper foundry</li> <li>• Refining furniture</li> <li>• Making fishing weights</li> <li>• Lead smelting</li> <li>• Welding</li> </ul>   | <ul style="list-style-type: none"> <li>• House construction or repair</li> <li>• Battery manufacturing or repair</li> <li>• Burning lead-painted wood</li> <li>• Automotive repair shop or junk yard</li> <li>• Going to a firing range or reloading bullets</li> <li>• Radiator repairs</li> <li>• Pottery making</li> </ul> | <ul style="list-style-type: none"> <li>• Mining</li> <li>• Use of lead-containing aviation gas in airplanes or snow-machines</li> </ul> |                          |
| 8. Does your family use foreign or traditional products such as imported pottery, health remedies, skin care creams, spices, or foods? These include:   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <li>• Cosmetics such as kohl, surma, and sindor</li> <li>• Imported or glazed pottery, imported candy, and imported nutritional pills or vitamins</li> <li>• Traditional medicines such as ayurvedic, greta, azarcon, alarcon, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah and rueda</li> <li>• Foods canned or packaged outside the U.S.</li> </ul> |   |   |                          |

For more information, please contact:

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