



# Childhood Lead Poisoning Evaluation Questionnaire

North Dakota Department of Health  
Division of Air Quality  
SFN-59322 (12/09)

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Form completed by \_\_\_\_\_

The following questions are to be answered by the parents/guardians of North Dakota Health Tracks – EPSDT eligible children younger than 72 months at a minimum of once per year.

		Yes	No	Unknown
1	Does your child live in or regularly visit a house built before 1978 with recent or ongoing renovation or remodeling? This may include a day-care center, preschool, school, barn, or home of babysitter, relative, friend, etc. (within the past six months)?			
2	Does your child live in or regularly visit a house or other location with peeling or chipping paint built before 1960? (This may include a day-care center, preschool, school, barn, or home of babysitter, relative, friend, etc.).			
3	Does your child have a parent, brother, sister, housemate or playmate who is being treated or followed for lead poisoning, (i.e., blood lead $\geq 10 \mu\text{g/dL}$ )?			
4	Does your child live with someone whose job or hobby involves exposure to lead, (i.e., stained glass, painting, soldering, automobile battery manufacturing or recycling, vehicle radiator repair)?			
5	Is your child often exposed to foreign-made products such as mini-blinds, cosmetics, color crayons, toys or canned foods?			
6	Do you eat wild game such as venison, elk or pheasant 10 times or more per month?			

➤ If "Yes" to any questions a lead screening should be completed

Capillary Blood Sample: No \_\_\_\_\_ Yes \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_

➤ If sample not drawn, please document the reason:

Comments: \_\_\_\_\_

Questionnaire reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

**Please mail or fax a copy of this form to:**

	<p>Lead-Based Paint Coordinator Division of Air Quality North Dakota Department of Health 918 Divide Avenue, 2<sup>nd</sup> Floor Bismarck ND 58501</p>	<p>Fax: 701.328.5185 Phone: 701.328.5188</p>
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