



# Childhood Lead Risk Questionnaire

**STATE LAW REQUIRES:**

**All children 6 years of age or younger must be evaluated for lead exposure.**

**All children must be assessed for risk of lead exposure and tested if necessary for enrollment into daycare, preschool, and kindergarten.**

**Complete the Childhood Lead Risk Questionnaire during a well-child or health care visit for children ages 12 and 24 months of age (at minimum) and once a year at annual well-child-visits at ages 3, 4, 5, and 6 years.**

- If responses to all the questions are "NO," re-evaluate at next age referenced above or more often if deemed necessary.
- If any response is "YES" or "DON'T KNOW," a blood lead test *must* be obtained.
- If there are any "YES" or "DON'T KNOW" answers **and**
  - ✓ previous blood lead testing was done at 12 and 24 months of age with a result of 4.9 µg/dL or less OR if not performed at 12 and 24 months, a blood lead test was performed at 3, 4, 5, or 6 years of age with a result of 4.9 µg/dL or less, and
  - ✓ there has been no change in address of the child's home/residential building, child care facility, school, or other frequently visited facilities and
  - ✓ risks of exposure to lead have not changed, further blood lead tests are not necessary.

Child's name \_\_\_\_\_ Today's date \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Respond to the following questions by circling the appropriate answer.**

**RESPONSE**

- |  |                         |
|--|-------------------------|
| 1. Does this child reside or regularly visit a home/residential building, child-care setting, school or other facility built before 1978 or in a high risk ZIP code area?<br>(see reverse side of page for high risk ZIP code area list)   | Yes    No    Don't Know |
| 2. Is this child eligible for or enrolled in Medicaid, All Kids, Head Start, WIC, or any HFS medical program?<br><br>***All Medicaid-eligible children and children enrolled in HFS medical programs shall have a blood lead test at 12 and at 24 months of age. If a Medicaid-eligible child or HFS medical program enrolled child between 36 months and 72 months of age has not been previously tested, a blood lead test shall be performed. | Yes    No    Don't Know |
| 3. Does this child have a sibling with a confirmed blood lead level of 5 µg/dL or higher?  | Yes    No    Don't Know |
| 4. In the past year, has this child been exposed to repairs, repainting, or renovation of a building/home built before 1978?   | Yes    No    Don't Know |
| 5. Is this child a refugee, adoptee, or recent visitor of any foreign country?   | Yes    No    Don't Know |
| 6. Is this child frequently exposed to imported items (such as, ayurvedic medicine, folk medicines, cosmetics, toys, glazed pottery, spices or other food items, sindoor, or kumkum)?  | Yes    No    Don't Know |
| 7. Does this child live with someone who has a job or a hobby that may involve lead (for example; jewelry making, building renovation, bridge construction, plumbing, furniture refinishing, work with automobile batteries or radiators, lead solder, leaded glass, bullets, lead fishing sinkers, or recycling facility work)?   | Yes    No    Don't Know |
| 8. If the child is younger than 12 months of age, did the child's mother have a past confirmed blood lead level of 5 µg/dL or higher?  | Yes    No    Don't Know |
| 9. Has the water in your home/residential building, child-care setting, school, or other regularly visited facility been tested and had a confirmed level of lead (5 ppb or higher)?   | Yes    No    Don't Know |
| 10. Does your child live near an active lead smelter, battery recycling plant, or another industry likely to release lead, or does your child live near a heavily-traveled road where soil and dust may be contaminated with lead?   | Yes    No    Don't Know |

**\*\*\*ALL blood lead test results MUST be submitted to the Illinois Lead Program.  
Fax: 217-557-1188 Phone: 866-909-3572**

\_\_\_\_\_  
*Signature of Doctor/Nurse*

\_\_\_\_\_  
*Date*

**Illinois Lead Program 866-909-3572 or 217-782-3517 email: [dph.lead@illinois.gov](mailto:dph.lead@illinois.gov)  
TTY (hearing impaired use only) 800-547-0466**