**Lead Risk Assessment**

Kentucky Childhood Lead Poisoning Prevention Program (KYCLPPP)

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_ LHD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete for **all children ages 6 months through 72 months** of age **and all pregnant women** (at the time of positive pregnancy test/first prenatal visit) must be evaluated for lead poisoning.

* **A blood lead test should be performed for any “Yes” or “I don’t know” response.**
* If responses to all the questions are “No”, re-evaluate at every well child visit or as necessary.

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| --- | --- | --- | --- |
| 1. Eligible for or enrolled in Medicaid, Head Start, or WIC? | Yes | No | Don’t Know |
| 2. Have a family member at home with a blood lead level of 3.5 μg/dL or higher or monitored for elevated lead levels? | Yes | No | Don’t Know |
| 3. Live in or regularly visit a home built before 1978 with peeling, chipping, or flaking paint? | Yes | No | Don’t Know |
| 4. Live in or regularly visit a home with lead pipes or copper with lead solder joints? | Yes | No | Don’t Know |
| 5. Been exposed to repairs or renovation of a home built before 1978 in the past year? | Yes | No | Don’t Know |
| 6. Is a refugee, immigrant, or adopted from any foreign country? | Yes | No | Don’t Know |
| 7. Ever been to Mexico, Central/South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (such as cosmetics, home remedies, folk medicines, or glazed pottery)? | Yes | No | Don’t Know |
| 8. Live with or in close contact with someone who has a job/hobby that may involve lead such as making jewelry, stain glass, artisan paints, construction, renovations, demolitions, plumbing, cleanup/painting/sanding of buildings/steel structures, mining, recycling, work with incinerators/foundries/smelting, welding, furniture refinishing, use of firearms, fishing/lead fishing sinkers, recycling, work with automobile batteries/radiators, lead solder, leaded glass, lead shots? | Yes | No | Don’t Know |
| 9. Ever lived near a factory where lead is used (such as a lead smelter or a paint factory)? | Yes | No | Don’t Know |
| 10. Live near a busy road/ highway where soil/dust may be contaminated with lead such as lead based insecticides, water cisterns/wells on site, and property near an airport with possible exposure from aviation gas?  | Yes | No | Don’t Know |
| 12. Use of remedies/products such as sindoor, kohl, surma, ghasard, great, azarcon, and daw tway? | Yes | No | Don’t Know |
| 13. Consume food/beverages from or prepared in ceramic cookware/dishes or imported pottery? | Yes | No | Don’t Know |
| 14. Has this person recently eaten non-food items or exhibited pica behavior? | Yes | No | Don’t Know |
| 15. Does this child exhibit any neurodevelopmental disabilities or learning delays? | Yes | No | Don’t Know |

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 LHD/Provider Signature and Credentials Date

Reference: <https://www.cdc.gov/lead-prevention/prevention/index.htm>