



Childhood Lead Poisoning Risk Exposure Questionnaire for Children Between the Ages of 22-26 Months

Child's Name: (Last) (First) DOB: (Month / Day / Year)

Health Insurance Type:

Medicaid #: Parent / Guardian:

Address: (Street) (City) (ZIP)

Phone No: Date:

Table with columns: DATE, AGE (Months), YES, NO. Rows include: The Child, Is suspected by a parent or a health care provider to be at risk for lead exposure or to exhibit the symptoms of lead poisoning, Has a sibling or frequent playmate with lead poisoning, Is a recent immigrant, refugee, or foreign adoptee, Has a household member who uses traditional, folk, or ethnic remedies or cosmetics or who routinely eats food imported informally (e.g., by a family member) from abroad, Lives in or regularly visits a house or day care center (including out buildings) built before 1978, Lives with an adult whose job or hobby involves exposure to lead (e.g. construction, welding, pottery, mechanic, jeweler, plumber, renovator, firing range enthusiast, stained glass maker), Lives near an active lead smelter, battery recycling plant, or other industry likely to release lead, Lives in, attends day care in, or visits any of the following zip code areas at least 6 hours a week or 60 hours a year: • 197XX: 01, 02, 03, 06, 09, 11, 13, 20, 33 • 198XX: 01, 02, 03, 04, 05, 06, 08, 09, 10 • 199XX: 01, 04, 33, 34, 38, 39, 40, 41, 43, 45, 46, 47, 50, 52, 53, 56, 58, 60, 62, 63, 66, 68, 71, 73, 75, 77. Blood-lead level performed: Results:

File questionnaire in chart.



**Instructions for Completing  
Childhood Lead Poisoning  
Risk Exposure Questionnaire for Children Between the Ages of 22-26 Months**

**I. Purpose**

The purpose of the Childhood Lead Poisoning Prevention Risk Assessment Questionnaire form for children between the ages of 22-26 months is to provide documentation of verbal screening and blood lead-level test results for eligible children.

As of December 11, 2010, the Delaware State law requires that children between the ages of 22-26 months have proof of screening for lead poisoning in addition to blood lead testing at 12 months of age.

1. Complete the information on the upper portion of the form.
2. Complete the date box (MM/DD/YY) and age (in months) box.
3. Screen all children between the ages of **22** and **26** months of age by asking the parent or guardian the eight questions on the form.
4. Put a check mark in the box in the column indicating the parent's or guardian's response to each of the eight questions.
5. If the parent or guardian answers **YES** to one or more questions draw a sample for blood-lead testing.
6. If the parent or guardian answers **NO** to all of the questions, the lead screening is complete.
7. Fill in the test results on the bottom row.
8. File questionnaire in chart.
9. If the test results are above **09 ug/dl**, refer to the Childhood Lead Poisoning Prevention's Screening Protocol for the recommended follow-up schedule.
10. Test results that have been **confirmed by venipuncture that are 20 ug/dl and greater, OR confirmed three months apart that are 15 – 19 ug/dl** should be reported immediately by telephone to the Division of Public Health's Office of Lead Poisoning Prevention (DPH OLPP) in New Castle County (302)283-7300. This reporting will initiate a DPH OLPP nursing home visit and an environmental assessment of the home.