

Childhood Lead Risk Questionnaire

A lead risk assessment tool for healthcare providers to identify children who need a blood lead test

INSTRUCTIONS: Administer this lead risk assessment during well-child visits at ages 6, 9, 12, 18, and 24 months, then at 3, 4, 5, and 6 years of age unless a blood lead test is already being performed. This lead risk assessment tool does not replace blood lead testing requirements for Medicaid-enrolled children.

A capillary or venous blood lead test is recommended if one or more responses are "Yes/Unsure." If responses to all of the questions are "No," re-evaluate at the next age referenced above or more often if deemed necessary.

Questions to ask child's parent or caregiver	Yes/Unsure	No
1. Is your child a refugee or international adoptee who arrived in the United States in the past 90 days?	TEST ^a	<input type="checkbox"/>
2. Does your child participate in Medicaid/Healthy Montana Kids Plus, Healthy Montana Kids (HMK)/CHIP, WIC, Head Start, Early Head Start or Foster Care or are they an international adoptee who has been in the United States for more than 90 days?	TARGETED TESTING ^b	<input type="checkbox"/>
3. Does your child reside in a targeted zip code for child blood lead testing (see reverse side of form for list of targeted zip codes in Montana)?	TARGETED TESTING ^b	<input type="checkbox"/>
4. Does your child live in or often visit a home, childcare center or other building built before 1960?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child live in or often visit a home, childcare center or other building built before 1978 that has been remodeled or renovated in the past six months or has peeling or chipping paint?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you aware of any high levels of lead detected in a water test (5 ppb or higher) from where your child lives or often visits, including a childcare center or school?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you aware of any family member, household member, or frequent playmate of your child who had high levels of lead in their blood (> 3.5 µg/dL) or lead poisoning within the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your child live with or frequently spend time with someone whose job or hobby can expose them to lead?	<input type="checkbox"/>	<input type="checkbox"/>
Examples: Abatement Antique furniture refinishing Auto or boat repair Construction & renovation Demolition	Fishing weights or "sinkers" Mining, smelting, or refining Painting older buildings Pipefitting or plumbing Pottery making or glazing	Scrap Metal Shooting or ammunition Soldering Stained glass Welding
9. Does your child chew on painted surfaces or eat non-food items such as paint chips, dirt or clay?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your child eat imported spices or candy (like tamarind, plum, turmeric, or chili) or eat or drink from serveware or cookware that has been imported or hand-carried to the United States?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have any concerns that your child may have been exposed to lead that we haven't talked about?	<input type="checkbox"/>	<input type="checkbox"/>

^aRefer to **Childhood Lead Poisoning Screening Plan Flowchart** for recommended blood lead testing of recently arrived refugees and international adoptees. ^bChildren who meet any targeted blood lead testing criteria should be tested at 12 months and 24 months of age. Test by 6 years of age if not previously tested. Ask lead risk assessment questions 4-11 at other well-child visits.

Additional healthcare provider considerations for testing	Yes	No
Are you conducting a diagnostic work-up for any of the following: <ul style="list-style-type: none">• Developmental problems such as growth, speech or language delays?• Neurodevelopmental disabilities or conditions such as autism, attention-deficit/hyperactivity disorder or learning delays?• Signs/symptoms consistent with lead poisoning such as irritability, headaches, vomiting, seizures or other neurological symptoms, anemia, loss of appetite, abdominal pain and cramping or constipation?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have a known or suspected exposure to lead? (e.g., swallowed item suspected to contain lead; consumed food product recalled due to lead contamination)	IMMEDIATELY TEST	<input type="checkbox"/>

Targeted Zip Codes for Child Blood Lead Testing

MONTANA STATEWIDE

Listed in numerical order

59001	59101	59312	59442	59528	59756
59006	59102	59313	59443	59529	59759
59007	59201	59315	59444	59530	59760
59011	59214	59316	59446	59531	59761
59012	59215	59319	59447	59532	59801
59014	59218	59324	59450	59535	59802
59018	59219	59326	59451	59537	59832
59024	59221	59327	59452	59538	59837
59025	59222	59330	59453	59540	59840
59026	59223	59333	59454	59542	59843
59028	59225	59336	59457	59544	59845
59029	59226	59337	59460	59545	59848
59031	59230	59338	59461	59547	59851
59032	59240	59339	59462	59601	59853
59034	59241	59343	59463	59631	59854
59036	59242	59344	59464	59632	59856
59038	59244	59345	59465	59633	59858
59044	59247	59349	59467	59635	59863
59046	59248	59351	59468	59636	59865
59047	59250	59353	59469	59638	59867
59050	59252	59401	59471	59642	59872
59053	59253	59405	59472	59645	59873
59055	59254	59410	59474	59647	59923
59059	59255	59414	59477	59701	59933
59062	59256	59416	59479	59710	
59063	59257	59418	59480	59711	
59064	59258	59419	59482	59713	
59067	59259	59420	59483	59715	
59068	59260	59422	59484	59722	
59069	59261	59424	59486	59724	
59071	59262	59425	59487	59735	
59072	59263	59427	59489	59736	
59074	59273	59430	59501	59739	
59078	59274	59432	59520	59747	
59082	59275	59433	59522	59748	
59086	59276	59434	59523	59750	
59087	59301	59436	59525	59754	
59089	59311	59440	59526	59755	



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES