

# Lead Custom Fields Guidance

## Custom Fields

Control measures implemented:

Lost to follow up:

Onset date could not be determined:

## Condition Specific Custom Fields

Was the ordering physician contacted?

If YES, has an appropriate re-testing schedule been determined?

Is the patient enrolled in Medicaid?

Recipient of Women, Infants, and Children (WIC) Program Services?

### Exposure Questions

If 'Yes' is selected for any of the following, please explain in the comment field below.

Does the patient live in or visit a home, daycare, or other building built before 1978 with peeling or chipping paint, or with recent or ongoing renovation or remodeling?

Does the patient live in a rental property?

Does the patient eat or chew on non-food items such as paint chips or dirt?

Does the patient have a family member or friend who has or did have an elevated blood level?

Are there any other at-risk household members that would benefit from lead screening?

Is the patient a refugee, immigrant, or adopted from another country?

Exposure comments:

## Use for Suspect and Confirmed Cases

### For suspect cases

- Complete custom fields and the first four condition-specific fields in MIDIS.

### For confirmed cases

- Complete the custom fields and all condition-specific fields.

# Form Field Recommendations

## Custom Fields

### Control measures implemented:

- For **suspect** cases this will be the date you spoke with the patient, parent, or caregiver or the date of the capillary test.
- For **confirmed** cases, this will be the date the exposure investigation questionnaire was completed.
- If the patient was **lost to follow-up** this may be blank.

### Lost to follow up:

- Indicate “yes or no” depending on whether you were able to contact the patient or their parent or caregiver.

### Onset Date Could Not Be Determined

This is a yes/no response. The answer to this field is almost always yes since the onset date above is blank and patients with lead exposure are typically asymptomatic.

## Condition Specific Fields

### Was the ordering physician contacted?

This is a yes/no response.

- The investigator should always contact the provider first to confirm the patient has been notified of their blood lead level by the provider’s office and to confirm whether a re-test has been scheduled, this refers to scheduling a confirmatory test or follow-up test for the affected patient.

#### *If YES, has an appropriate retesting schedule been determined?*

- This is a yes or no question. Ask the provider when the re-test is scheduled and note the date in the ADMINISTRATIVE section of the form.
- The local public health investigator should communicate the plan for re-testing when they contact the patient.

### Is the patient enrolled in Medicaid?

This is a yes or no response. This information is collected from the patient.

### Recipient of Women, Infants, and Children (WIC) Program Services?

This yes or no question refers to whether the patient participates in WIC. This information is collected from the patient.

## Exposure Questions- If “Yes” is selected for any of the following, please explain in the comment field below.

The Exposure Questions are taken from the follow-up lead exposure questionnaire. The questions listed are all yes or no questions.

The MIDIS investigation reporting form captures most but not all the questions in the lead exposure questionnaire. The Exposure Comments box can be used to input additional information, such as:

- answer to any questions in the lead exposure questionnaire that are not listed in MIDIS;
- explaining why you are unable to answer a required question;
- specifying additional exposure information or concerns from the patient, parent, or caregiver;
- noting any additional information you receive from the patient, parent, or caregiver;
- including information about a confirmation or retesting date that is not in the administrative section.