

WELL CHILD QUESTIONNAIRE 15 MONTHS- 18 MONTHS

Patient Name: _____

Date of Birth: _____

Lead Risk Assessment:

Date: _____

(Starting at 1 month, 6 months of age and annually thereafter)

1. Has your child ever lived or stayed in a house or apartment that is built before 1978 (includes day care center, preschool home, home of babysitter or relative)?	Yes	No
2. Has your child ever lived outside the United States or recently arrived from a foreign country?	Yes	No
3. Is anyone in the home being treated or followed for lead poisoning?	Yes	No
4. Are there any current renovations or peeling paint in a home that your child regularly visits?	Yes	No
5. Does your child lick, eat, or chew things that are not food (paint chips, dirt, railings, poles, furniture, old toys, etc.)?	Yes	No
6. Is there any family member who is currently working in an occupation or hobby where lead exposure could occur (auto mechanic, ceramics, commercial painter, etc.)?	Yes	No
7. Does your family use products from other countries such as health remedies, traditional remedies, spices, cosmetics or other products canned or packaged outside of the United States? Or store or serve food in leaded crystal, pottery or pewter? Examples: Glazed pottery, Greta, Azarcon (Rueda, Coral, Liga), Litargirio, Surma, Kohl (Al kohl), Pay-loo-ah, Ayurvedic medicine, Ghassard).	Yes	No

(A “yes” response or “don’t know” to any question indicates a positive risk)