



Four Corners Primary Care Center
5030 Georgia Belle Court
Norcross, Georgia 30093

LEAD RISK-ASSESSMENT QUESTIONNAIRE

A questionnaire should be used at the six-month health maintenance office visit to assess the potential for high-dose lead exposure and, therefore, the appropriate frequency of screening.

Child's Name _____ Date _____ DOB _____
Mother's Name _____ Address _____
City _____, State _____ Zip _____ Phone () _____

1. Does child live in or often visit a house that may have been built before 1978?
 - Yes
 - No
 - Unknown
2. Does your child live in or often visit a house that is being remodeled or is having paint removed?
 - Yes
 - No
 - Unknown
3. Does your child live with or often visit another child that has an elevated blood lead level?
 - Yes
 - No
 - Unknown
4. Does your child live with anyone that works at a job where lead may be found or has a hobby that uses lead?
 - Yes
 - No
 - Unknown
5. Does your child chew on or eat non-food items like paint chips or dirt?
 - Yes
 - No
 - Unknown
6. Does your child live near an active lead smelter, battery recycling plant at, or other industry likely to release lead?
 - Yes
 - No
 - Unknown
7. Does your child receive medicines such as *greta*, *azarcon*, *kohl*, or *pay-loo-ah*?
 - Yes
 - No
 - Unknown

When using the questionnaire, blood lead tests should be done immediately if the child is at high risk (one or more "yes" or "I don't know" answers on the risk assessment questionnaire for lead exposure.