

## Appendix B: Maryland Lead Screening Questionnaire

### MARYLAND HEALTHY KIDS PROGRAM Preventive Screen Questionnaire

**Lead Risk Assessment:**

*(every well child visit from 6 months up to 6 years)*

	Date	Date	Date	Date	Date	Date	Date
	_____	_____	_____	_____	_____	_____	_____
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)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
2. Is anyone in the home being treated or followed for lead poisoning?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
3. Are there any current renovations or peeling paint in a home that your child regularly visits?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
4. Does your child lick, eat or chew things that are not food? (paint chips, dirt, railings, poles, furniture, old toys, etc.)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
5. 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.)	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

*(A "yes" or "don't know" response to any question indicates a positive risk)*