

Appendix B: Maryland Lead Screening Questionnaire

MARYLAND HEALTHY KIDS PROGRAM Preventive Screen Questionnaire

| Lead Risk Assessment: <i>(every well child visit from 6 months up to 6 years)</i> | 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)