

Lead Screen (Risk Assessment)

Who took this survey:

_____Mother_____Father_____Both Parents_____Patient

- | | | | |
|--|------------|-----------|----------------|
| 1. Does your child live in or regularly visit a house that was built before 1978?
This includes your home, daycare, babysitter's home preschool, relatives' home, or recent move | Yes | No | Unknown |
| 2. Does your child have a family member or friend that is being treated for lead poisoning? | Yes | No | Unknown |
| 3. Does your child have a history of an elevated lead level? | Yes | No | Unknown |
| 4. Does your child encounter an adult whose hobby or job exposes them to lead?
This includes construction, welding, firing range, metal fabrication, weapon manufacturing, electronics, automotive repair, stained glassmaking, ceramic glazes, or using lead solder. | Yes | No | Unknown |
| 5. Has your child been exposed to imported products such as spices, foods, vitamins ethnic home remedies, ethnic cosmetics or dishes?
This includes Glazed imported pottery used as dishes, azarcon, albayalde, greta, pay-loo-ah, ghasard, bala goli, kandu, kohl, litargirio, bebetinea, and chyawon prash. | Yes | No | Unknown |

Source CT- DPH
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