Childhood Lead Exposure Risk Questionnaire: Douglas/Sarpy County

Name of Child _________________________________  Date of Birth ________________________

Check Box If Answer Is “Yes”

Year of survey. __ __ __ __ __ __ __

1. Is your child less than 7 years of age (83 months)?

2. Has your child lived in or regularly visited a house located in the following Zip Codes during the past 2 years? (Home, Day Care, Relative’s Home)
   - Douglas County: 68102 68104 68105 68106 68107 68108 68110 68111 68112 68131 68132
   - Sarpy County: 68005 68046 68133 68157

3. Does your child live in or regularly visit a house built before 1978 with recent (within last 6 months) or ongoing renovations or remodeling?

4. Does your child live with or frequently come in contact with an adult who works with lead on the job or in a hobby? (Make or fix batteries, melt/cast/grind lead, brass or bronze, make or fix radiators, make or paint ceramics, remove old paint, tear down or remodel houses, solder, work with scrap metal, work at a shooting range)

5. Does your child have a sibling or playmate who has or had a lead level of 9.5 ug/dl or higher?

6. Have you observed your child playing with keys? (Car keys – House Keys)

7. Have you observed your child eating: Paint Chips? Soil?

8. Have you observed your child eating imported candy from Mexico and/or China?

9. Have you observed your child putting jewelry, even children’s jewelry in his/her mouth? (Necklaces, bracelets, etc)

10. Do you use a ceramic bean pot to cook?

*If the answer to any of these questions is “yes”, the child is considered to be at high-risk for lead poisoning and must be tested. If the parent does not know the answer to a question, one should assume the answer to be “yes”.

TARGETED SCREENING GUIDELINES FOR DOUGLAS COUNTY NEBRASKA, FEBRUARY 1998 (UPDATE FALL 2011)

- Health providers should use a blood lead test to screen all children at approximately 12, 24, and 36 months of age, or at the first visit after 9 months if no prior test record available.
- Children between 36 and 72 months of age should be assessed for risk of present and past exposure using the attached questionnaire. Any question answered yes or unknown should trigger a blood lead test.
- Every time a child accesses care, providers should evaluate risk and need for testing.
- Children with a change in their risk status (renovations, change of address for family or caregivers, etc.) and those children observed mouthing or ingesting items of concern may benefit from additional screening.

Children that have had a prior test > 9.5 ug/dL should be retested as recommended in the CDC guidelines for responding to blood lead levels in children, 1991 and 1997.

All lead tests are reportable in Nebraska and are to be reported to the state or local health department. Guidelines for case management of EBLs, reporting, and other information regarding childhood lead poisoning are available from:

Douglas County Health Department Childhood Lead Poisoning Prevention Program
1111 South 42nd Street, Omaha, NE 68105, (402) 444-7825

In 1991, the CDC recommended universal (yearly) testing of all children through 72 months of age. In 1997, the CDC urged local health departments to determine targeted screening guidelines based on an evaluation of local housing, poverty, and past testing data.

The Douglas County Health Department Childhood Lead Poisoning Prevention Program makes the following recommendations for testing children for lead exposure based on these concerns:

- Studies continue to demonstrate that even low-level exposure can cause damage.
- Children continue to have many different routes of lead exposure in Douglas County.
- A child’s risk level is a complex combination of behavioral and environmental factors and can change quickly as the child develops or has a change of environment.
- Children are most at risk 0 to 3 years of age, with risk tapering off through 6 years.
- Most children do not exhibit overt symptoms during lead exposure, but damage can be occurring, with the effects becoming evident once the child is in school.
- Until lead exposure can be prevented, children need to be screened to assure sources of exposure are being adequately controlled.
- The best opportunity to positively impact the outcome of lead exposure occurs with early detection and intervention.