

Form Pb-110: Parent Questionnaire – Risk Assessment for Lead Exposure

NOTES to Healthcare Provider:

- This risk assessment questionnaire replaces, and should be used in place of, the Abbreviated and the Detailed Parent Questionnaires. Questions appear on reverse.
- The risk assessment questionnaire is designed to be administered to the parent by the provider. Questions are provided in English along with Spanish versions to assist with Spanish speaking parents.

Instructions:

- Medicaid requires a blood lead test at **12 months** and **24 months** for all Texas Health Steps patients. This questionnaire may be used with any child, whether or not enrolled in Texas Health Steps.
- At any visit, you may choose to perform a blood lead test rather than use the risk assessment questionnaire.
- At any visit after 12 months of age, you must administer a blood lead test if there is no evidence of a previous blood lead test for the patient.
- Refer to the table below for scheduling use of the risk assessment questionnaire.
- A “yes” or “don’t know” answer to any question on the risk assessment questionnaire indicates that a blood lead test should be administered.

| Child’s Age | Parent Questionnaire | Blood Lead Test |
|--------------------------|-----------------------------|------------------------|
| 6 months | YES | |
| 9 months | YES | |
| 12 months | | YES |
| 15 months | YES | |
| 18 months | YES | |
| 24 months | | YES |
| 3, 4, 5, 6, years | YES | |



**For more information, contact the Texas Childhood Lead Poisoning Prevention Program at:
1-800-588-1248
<http://www.dshs.state.tx.us/lead>**

Fax completed form to 512-458-7699, or mail to the address below

| | | |
|------------------|------------------|-------------|
| Patient's Name: | DOB: | Medicaid #: |
| Provider's Name: | Administered by: | Date: |

| Parent Questionnaire – Risk Assessment for Lead Exposure | | Yes | Don't Know | No | |
|--|--|--------------------------|--|--------------------------|-------------------------|
| 1 | Does your child live in or often visit a home, daycare facility, or other building | | | | |
| | - that was probably built before 1978? | | | | |
| | - with ongoing repairs or remodeling? | | | | |
| 2 | Does your child eat or chew on non-food things like paint chips or dirt? | | | | |
| 3 | Does your child reside in a household or has contact with an individual with an elevated blood lead level? | | | | |
| 4 | Is your child frequently exposed to any of the following (if YES, check all that apply): | | | | |
| Perform a Blood Lead Test | | | | | |
| Contamination from a parent, relative, or friend with jobs or hobbies like these? | | | | | |
| <input type="checkbox"/> | Radiator repair | <input type="checkbox"/> | House construction or repair | <input type="checkbox"/> | Chemical preparation |
| <input type="checkbox"/> | Pottery making | <input type="checkbox"/> | Battery manufacture or repair | <input type="checkbox"/> | Valve and pipe fittings |
| <input type="checkbox"/> | Lead smelting | <input type="checkbox"/> | Burning lead-painted wood | <input type="checkbox"/> | Brass/copper foundry |
| <input type="checkbox"/> | Welding | <input type="checkbox"/> | Automotive repair shop or junkyard | <input type="checkbox"/> | Refinishing furniture |
| <input type="checkbox"/> | Making fishing weights | <input type="checkbox"/> | Going to a firing range or reloading bullets | <input type="checkbox"/> | Other: |
| Sources of lead in food and remedies? | | | | | |
| <input type="checkbox"/> | Imported or glazed pottery such as a Mexican bean pot | <input type="checkbox"/> | Foods canned or packaged outside the U.S. | | |
| <input type="checkbox"/> | Imported candy, (like Chaca Chaca) especially from Mexico | <input type="checkbox"/> | Remedies such as greta, azarcón, alarcón, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah, rueda | | |
| <input type="checkbox"/> | Nutritional pills other than vitamins | | | | |
| <input type="checkbox"/> | Other: | | | | |

| Cuestionario de Padre | | Sí | No lo se | No | |
|--|---|--------------------------|---|--------------------------|--|
| 1 | ¿Vive su hijo(a) en o visita frecuentemente una casa centro de guardería u otro edificio | | | | |
| | - que probablemente haya sido construida antes de 1978? | | | | |
| | - que está siendo pintada, remodelada, o en la que están pelando o lijando la pintura? | | | | |
| 2 | ¿Su hijo(a) come o mastica cosas que no son comida, como pedazos de pintura or tierra? | | | | |
| 3 | ¿Han tenido parientes o compañeritos de juego de su hijo(a) altos niveles de plomo en la sangre? | | | | |
| 4 | Ha sido expuesto frecuentemente su hijo(a) a cualquier de los siguientes (sí SÍ, marque todos que apliquen): | | | | |
| La haga al niño una prueba de plomo en el sangre | | | | | |
| Contaminación de un padre, pariente, o amigo con trabajos o pasatiempos como estas? | | | | | |
| <input type="checkbox"/> | Reparación de radiadores | <input type="checkbox"/> | Construcción o reparación de casas | <input type="checkbox"/> | Preparación de químicos |
| <input type="checkbox"/> | Fabricación de cerámica | <input type="checkbox"/> | Fabricación o reparación de baterías | <input type="checkbox"/> | Partes sueltas para tubos de cañerías y válvulas |
| <input type="checkbox"/> | Industria del plomo | <input type="checkbox"/> | Quema de madera pintada con plomo | <input type="checkbox"/> | Fundición de latón/cobre |
| <input type="checkbox"/> | Soldadura | <input type="checkbox"/> | Taller mecánico para autos o lote de chatarra | <input type="checkbox"/> | Terminado de muebles |
| <input type="checkbox"/> | Fabricación de pesas para pescar | <input type="checkbox"/> | Ir a un campo de tiro o recargar balas | <input type="checkbox"/> | Otros: |
| Fuentes de plomo en comidas y remedios? | | | | | |
| <input type="checkbox"/> | Productos de cerámica importada o con recubrimiento de barniz, como una olla para frijoles de México | | | | |
| <input type="checkbox"/> | Productos enlatados o empacados fuera de los Estados Unidos | | | | |
| <input type="checkbox"/> | Dulces importados, (como Chaca Chaca) especialmente de México | | | | |
| <input type="checkbox"/> | Remedios tradicionales como greta, azarcón, alarcón, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah, rueda | | | | |
| <input type="checkbox"/> | Píldoras alimenticias con excepción de las vitaminas | | | | |
| <input type="checkbox"/> | Otros: | | | | |

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