



C A S A G R A N D E P E D I A T R I C S

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Child's Name

Date of Birth

AHCCCS ID #

Name of Person Completing Questionnaire

Relationship to Child

PLEASE ANSWER ALL THE QUESTIONS. THIS WILL HELP THE DOCTOR DECIDE IF YOUR CHILD NEEDS A SPECIAL BLOOD TEST.

Lead Screening Questionnaire		Yes	No
1.	Does your child live in, often visit, or play near a house or building built before 1978 with recent remodeling? (This could include a day care center, preschool, and the home of a babysitter or a relative.)		
2.	Does your child live in or visit often a house with peeling or chipping paint built before 1960?		
3.	Has your family or child ever lived outside the United States, or has just arrived from a foreign country?		
4.	Does your child have a brother, sister, housemate or playmate being followed or treated for lead poisoning?		
5.	Does your child often put things in his/her mouth such as toys, jewelry, or keys? Does your child eat anything that is not food?		
6.	Does your child often come in contact with an adult whose job or hobby involves exposure to lead? (Jobs include house painting, plumbing, remodeling, construction, auto repair, welding, electronics repair, jewelry or pottery making. Hobby examples are making stained glass or pottery, fishing, making or shooting firearms and collecting lead or pewter figurines.)		
7.	Does your child live near an active company that melts lead, battery recycling plant, or another industry likely to release lead?		
8.	Does your family use cosmetics from other countries like kohl, surma, or sindoor?		
9.	Do you give your child any home remedies or traditional medicines that may contain lead?		
10.	Does your child eat food, drink juice or punch that has been stored in pottery from Mexico or that has been stored in open cans?		
11.	Does your child live near a busy roadway where soil and dust may be contaminated with lead?		
12.	Does your home's plumbing have lead pipes or copper with lead joints?		