



Childhood Lead Poisoning Evaluation Questionnaire

North Dakota Department of Health
Division of Air Quality
SFN-59322 (08/14)

Child's Name _____ DOB _____ Age _____

Form completed by _____

County of residence for child: _____

The following questions are to be answered by the parents/guardians of North Dakota Health Tracks – EPSDT eligible children younger than 72 months at a minimum of once per year.

		Yes	No	Unknown
1	Does your child live in or regularly visit a house built before 1978 with recent or ongoing renovation or remodeling? This may include a day-care center, preschool, school, barn, or home of babysitter, relative, friend, etc. (within the past six months)?			
2	Does your child live in or regularly visit a house or other location with peeling or chipping paint built before 1960? (This may include a day-care center, preschool, school, barn, or home of babysitter, relative, friend, etc.).			
3	Does your child have a parent, brother, sister, housemate or playmate who is being treated or followed for lead poisoning, (i.e., blood lead $\geq 10 \mu\text{g/dL}$)?			
4	Does your child live with someone whose job or hobby involves exposure to lead, (i.e., stained glass, painting, soldering, automobile battery manufacturing or recycling, vehicle radiator repair)?			
5	Is your child often exposed to foreign-made products such as mini-blinds, cosmetics, color crayons, toys or canned foods?			
6	Do you eat wild game such as venison, elk or pheasant 10 times or more per month?			

➤ If "Yes" to any questions a lead screening should be completed

Capillary Blood Sample: No _____ Yes _____ Date: _____ Results: _____

➤ If sample not drawn, please document the reason:

Comments: _____

Questionnaire reviewed by: _____ Date _____

Please mail or fax a copy of this form to:



Lead-Based Paint Coordinator
Division of Air Quality
North Dakota Department of Health
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Bismarck ND 58501

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