Illinois Department of Public Health
Public Health Home Visit Form for Environmental Health and Lead Assessment

A. FAMILY ASSESSMENT
1. Number of children in household _______
   Name                  DOB        Relationship     Lead Tests
   _____________________________________________
   _____________________________________________
   _____________________________________________
   _____________________________________________
   _____________________________________________

2. Parent’s occupations/hobbies ______________________________
   __________________________________________

3. Are there any pregnant women in the household?
   □ yes   □ no
   a. Have the pregnant women been tested for lead?
      □ yes   □ no
      Results _________ Reason for testing
   __________________________________________
   b. Has educational material been given to pregnant women?
      □ yes   □ no
   c. Occupation ___________________________
      Hobby _______________________________

4. What does the parent/guardian think may be the source of the lead poisoning?
   __________________________________________

B. CHILD’S HEALTH STATUS AND HISTORY

C. REVIEW OF SYMPTOMS

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Initial Visit Date</th>
<th>Follow-up Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extreme activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive tiredness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irritability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. DEVELOPMENTAL DELAYS

<table>
<thead>
<tr>
<th>Developmental Delays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross motor</td>
</tr>
<tr>
<td>Fine motor</td>
</tr>
</tbody>
</table>
| Previous testing/
evaluation                      |
| Social skills          |
| Speech                  |
E. ORAL TENDENCIES

1. Has the child been observed mouthing or eating non-food substances?  
   - yes  
   - no

2. What does the child put in his/her mouth?  
   - Hands  
   - Toys  
   - Windowsills  
   - Magazines  
   - Newspapers  
   - Railings/Moldings  
   - Doors  
   - Furniture  
   - Dirt  
   - Other _____________________

3. How often does the child put his/her hands or other objects in his/her mouth?  
   - Never/Rarely  
   - Sometimes  
   - Often/Frequently

4. Is the child a thumb/finger sucker/nail biter?  
   - yes  
   - no

5. Does the child use a pacifier?  
   - yes  
   - no

F. SLEEPING AREAS

1. Is there loose paint on nearby walls or the ceiling that could fall into the child’s bed?  
   - yes  
   - no

2. Does the crib, furniture or windowsills show teeth marks?  
   - yes  
   - no

3. Is the child’s bed near a window exposed to inside/outside sources of lead?  
   - yes  
   - no

G. FOOD PREPARATION AND EATING AREA

1. Is any paint peeling from ceilings or walls in the food preparation or eating areas?  
   - yes  
   - no

2. Are there any windows or doors in the food preparation area that could create lead dust?  
   - yes  
   - no

3. Do you use hot tap water when preparing food or bottles?  
   - yes  
   - no

4. Do you prepare or store food in or eat food from cans or pottery?  
   - yes  
   - no

5. Do you use glazed dishes or dishes made in a foreign country?  
   - yes  
   - no

H. EATING HABITS

1. Is your child enrolled in the Women, Infants, Children (WIC Program)?  
   - yes  
   - no

2. How many meals and snacks per day does your child eat?  
   ____________________________

   At what times? ____________________________

3. How many servings of fruit and vegetables does your child eat per day?  
   ____________________________

4. How many servings per day does your child eat meat/eggs/dried beans?  
   ____________________________

5. How many ounces of milk/yogurt/cheese does your child drink or eat per day?  
   ____________________________

6. Does your child use a bottle?  
   - yes  
   - no

7. Do you use bottled water to prepare formula or other drinks for your child?  
   - yes  
   - no

8. Does the bottled water include fluoride?  
   - yes  
   - no

9. Does your child take a vitamin with iron or other supplements every day?  
   - yes  
   - no

10. Do you have any food, candy or supplements that were packaged in another country?  
    - yes  
    - no

I. PLAY HABITS AND ENVIRONMENTAL SAFETY

1. Does your child hide and play quietly?  
   - yes  
   - no

   If yes, where? ____________________________

2. Where else inside the house does your child play?  
   ____________________________

3. Where does your child play outside?  
   ____________________________

4. Does your child play in the basement?  
   - yes  
   - no

5. Does your child play on the porch?  
   - yes  
   - no

6. Has anyone in the home been diagnosed with asthma?  
   - yes  
   - no

7. Does anyone in the home have asthma now?  
   - yes  
   - no

8. Do you have pets?  
   - yes  
   - no

9. Does anyone smoke in the house?  
   - yes  
   - no

10. Is there a garage/outbuilding on the property?  
    - yes  
    - no
### I. PLAY HABITS AND ENVIRONMENTAL SAFETY (cont.)

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Are there mini-blinds in the sleep or play area?</td>
<td></td>
<td>☐ yes</td>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Are the cords on the mini-blinds out of reach of the child?</td>
<td></td>
<td>☐ yes</td>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Does your child play at the window?</td>
<td></td>
<td>☐ yes</td>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Does your child play with painted or metal toys, antique toys or toy jewelry?</td>
<td></td>
<td>☐ yes</td>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Do you keep all firearms in a locked gun safe?</td>
<td></td>
<td>☐ yes</td>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Do you utilize safety gates to prevent a child from entering a stairwell or other area that might present a danger to the child?</td>
<td></td>
<td>☐ yes</td>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Do you have operational CO detectors?</td>
<td></td>
<td>☐ yes</td>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have operational smoke alarms?</td>
<td></td>
<td>☐ yes</td>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have an operational fire extinguisher?</td>
<td></td>
<td>☐ yes</td>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Do you use safety products, i.e., child bathtub chairs and gates at swimming pools and other areas to prevent accidental drowning?</td>
<td></td>
<td>☐ yes</td>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Do you use indoor pesticides?</td>
<td></td>
<td>☐ yes</td>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Are you aware of any water problems or mold conditions?</td>
<td></td>
<td>☐ yes</td>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### J. OBSERVATION OF DWELLING UNIT

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Exterior construction:</td>
<td></td>
<td>☐ Painted</td>
<td>☐ Brick</td>
<td>☐ Other ______________________</td>
<td></td>
</tr>
<tr>
<td>2. Is paint peeling or chipping from walls or ceiling?</td>
<td></td>
<td>☐ yes</td>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, where?</td>
<td></td>
<td>______________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Is the house in a high traffic area or near an industry (i.e., foundry, lead smelter, battery recycling facility)?</td>
<td></td>
<td>☐ yes</td>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Are renovations occurring?</td>
<td></td>
<td>☐ yes</td>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Housekeeping practices</td>
<td></td>
<td>☐ Good</td>
<td>☐ Moderate</td>
<td>☐ Poor</td>
<td></td>
</tr>
<tr>
<td>6. Overall condition of the house?</td>
<td></td>
<td>☐ Good</td>
<td>☐ Moderate</td>
<td>☐ Poor</td>
<td></td>
</tr>
<tr>
<td>7. Age of windows</td>
<td></td>
<td>____________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Has your home been tested for radon?</td>
<td></td>
<td>☐ yes</td>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Are you interested in information on how to obtain a test kit?</td>
<td></td>
<td>☐ yes</td>
<td>☐ no</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Staff conducting home visit**

**Case manager**

**Nurse signature**

**Today’s date**

**Date of environmental investigation referral**
Nursing Diagnosis: Elevated blood lead level as evidenced by confirmatory level of _______.

Goal: The family will have an improved understanding of elevated blood lead levels and will carry out practices that will minimize lead exposure. The child will have decreased blood lead levels and will demonstrate optimal growth and development.

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discuss possible sources of lead exposure (paint, occupation, cultural). Identify, if possible, the lead source.</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Conduct “visual assessment” of the child’s environment.</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Discuss effects of elevated blood lead levels (IQ/behavior/growth).</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Review behaviors that put child at risk for lead exposure (hand mouth).</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Review housekeeping, cleaning, remodeling, hygiene.</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Discuss nutrition (iron, vitamin c, calcium, 3 meals, 3 snacks).</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Refer for environmental inspection, document referral.</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Explain need for follow-up testing.</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Refer or conduct developmental screening.</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Referrals to social service agencies/programs (WIC, Medicaid, FS).</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Physician contact.</td>
<td>Yes</td>
</tr>
<tr>
<td>12. Provide educational materials.</td>
<td>Yes</td>
</tr>
<tr>
<td>13. Offer radon information and access to testing kits.</td>
<td>Yes</td>
</tr>
<tr>
<td>14. Offer indoor clean air quality education.</td>
<td>Yes</td>
</tr>
</tbody>
</table>