



Prenatal Lead Risk Questionnaire

Please Print

Are you eligible for or enrolled in Medicaid? Yes No Don't Know Medicaid Number _____ (if applicable)

Are you eligible for or enrolled in the Women's, Infants and Children (WIC) Nutrition Program? Yes No Don't Know

Name (Last, First) _____ Date of Birth _____

Address _____ Phone Number _____

City _____ County of Residence _____

Testing is only recommended for those considered at risk. If the answer is "yes" to any of these questions, the person is at risk for lead exposure and should have a blood lead test. If the answer is "don't know" the person has a possible lead risk and should be advised of this and given the opportunity to have a lead test. If a lead test is declined and the person has given answers of "yes" or "don't know", the person should be given education regarding effects of lead exposure.

Respond to the following questions by circling the appropriate answer.

RESPONSE

- | | | | |
|--|-----|----|------------|
| 1. Do you live in a house built before 1978 with recent or ongoing renovations that generate dust from sanding and scraping, or have chipping, peeling, or deteriorating paint? | Yes | No | Don't Know |
| 2. Have you ever had a blood lead level $\geq 5\mu\text{g/dL}$? | Yes | No | Don't Know |
| 3. Do you live with someone who has an elevated blood lead level? | Yes | No | Don't Know |
| 4. Do you crave or have you eaten non-food items during this pregnancy (Pica)?
(Such as clay, soil, pottery, plaster or paint chips.) | Yes | No | |
| 5. Do you have or have you had any oral piercings? (Oral piercing jewelry may contain lead) | Yes | No | |
| 6. Do you use any products made outside of the United States such as cosmetics, herbal remedies, ceremonial powders, or food products? (Sindoor, kumkum, Ayurvedic products, tumeric) | Yes | No | Don't Know |
| 7. Do you use glazed or painted pottery, china, or leaded crystal made outside of the United States to store food or drink? | Yes | No | Don't Know |
| 8. Do you or others in your household have an occupation, hobby or activity which may result in lead exposure? Such as, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shot, bullets, or lead fishing sinkers. | Yes | No | Don't Know |
| 9. Were you born in a country outside of the United States or have you spent any time outside of the United States during the past 12 months? | Yes | No | |
| 10. Has the water in your home/residential building been tested and had a confirmed level of lead (5ppb or higher)? | Yes | No | Don't Know |

Signature of Doctor/Nurse

Date of Evaluation

Provider's full address _____

Provider # _____

City _____ State _____

Phone Number _____

Blood Lead Test Results _____

Capillary Venous

Date of Test _____ Date Reported _____

ALL blood lead test results, regardless of level, are required to be reported to the IDPH Lead Program. Please fax or email completed form with blood lead test results to:

Illinois Lead Program
525 W. Jefferson Street, Third Floor
Springfield, Illinois 62761-0001
Phone: 217-782-3517 · Fax: 217-557-1188
TTY (hearing impaired use only) 800-547-0466
dph.HHLPPSS@illinois.gov



If patients are unsure of their eligibility for Medicaid Services, please refer them to use the HFS website (<https://www.illinois.gov/hfs/MedicalPrograms/AllKids/Pages/MomsAndBabies.aspx>) to find information for Moms and Babies. Moms & Babies covers healthcare for women while they are pregnant and for 60 days after the baby is born. Moms & Babies covers both outpatient healthcare and inpatient hospital care, including delivery and baby can get checkups, well-baby care, shots and many other services.

If patients are unsure of their eligibility for WIC Services, please refer them to use the DHS Office Locator (<http://www.dhs.state.il.us/page.aspx?module=12>) to find their nearest location. They can also use the pre-screening tool at <https://wic.fns.usda.gov/wps/pages/start.jsf> to learn more about their potential eligibility. Individuals participating in the WIC program can receive funds to purchase healthy foods as well as information on nutrition, breastfeeding, and access to healthcare. They can receive WIC in addition to SNAP and can receive benefits without providing proof of citizenship or immigration status.