State of Illinois
Illinois Department of Public Health

Childhood Lead Risk Questionnaire

STATE LAW REQUIRES:

All children 6 years of age or younger must be evaluated for lead exposure.

All children must be assessed for risk of lead exposure and tested if necessary for enrollment into daycare, preschool, and kindergarten.

Complete the Childhood Lead Risk Questionnaire during a well-child or health care visit for children ages 12 and 24 months of age (at minimum) and once a year at annual well-child-visits at ages 3, 4, 5, and 6 years.

- If responses to all the questions are "NO," re-evaluate at next age referenced above or more often if deemed necessary.
- If any response is "YES" or "DON'T KNOW," a blood lead test *must* be obtained.
- If there are any "YES" or "DON"T KNOW" answers ***and***
  - ✓ previous blood lead testing was done at 12 and 24 months of age with a result of 4.9 µg/dL or less OR if not performed at 12 and 24 months, a blood lead test was performed at 3, 4, 5, or 6 years of age with a result of 4.9 µg/dL or less, and
  - ✓ there has been no change in address of the child's home/residential building, child care facility, school, or other frequently visited facilities and
  - ✓ risks of exposure to lead have not changed, further blood lead tests are not necessary.

Child's name _____ Today's date _____

Age _____ Birthdate _____ ZIP Code _____

Respond to the following questions by circling the appropriate answer.	**RESPONSE**		
1. Does this child reside or regularly visit a home/residential building, child-care setting, school or other facility built before 1978 or in a high risk ZIP code area? (see reverse side of page for high risk ZIP code area list)	Yes	No	Don't Know
2. Is this child eligible for or enrolled in Medicaid, All Kids, Head Start, WIC, or any HFS medical program? ***All Medicaid-eligible children and children enrolled in HFS medical programs shall have a blood lead test at 12 and at 24 months of age. If a Medicaid-eligible child or HFS medical program enrolled child between 36 months and 72 months of age has not been previously tested, a blood lead test shall be performed.	Yes	No	Don't Know
3. Does this child have a sibling with a confirmed blood lead level of 5 µg/dL or higher?	Yes	No	Don't Know
4. In the past year, has this child been exposed to repairs, repainting, or renovation of a building/home built before 1978?	Yes	No	Don't Know
5. Is this child a refugee, adoptee, or recent visitor of any foreign country?	Yes	No	Don't Know
6. Is this child frequently exposed to imported items (such as, ayurvedic medicine, folk medicines, cosmetics, toys, glazed pottery, spices or other food items, sindoor, or kumkum)?	Yes	No	Don't Know
7. Does this child live with someone who has a job or a hobby that may involve lead (for example; jewelry making, building renovation, bridge construction, plumbing, furniture refinishing, work with automobile batteries or radiators, lead solder, leaded glass, bullets, lead fishing sinkers, or recycling facility work)?	Yes	No	Don't Know
8. If the child is younger than 12 months of age, did the child's mother have a past confirmed blood lead level of 5 µg/dL or higher?	Yes	No	Don't Know
9. Has the water in your home/residential building, child-care setting, school, or other regularly visited facility been tested and had a confirmed level of lead (5 ppb or higher)?	Yes	No	Don't Know
10. Does your child live near an active lead smelter, battery recycling plant, or another industry likely to release lead, or does your child live near a heavily-traveled road where soil and dust may be contaminated with lead?	Yes	No	Don't Know

*****ALL blood lead test results MUST be submitted to the Illinois Lead Program.**
Fax: 217-557-1188 Phone: 866-909-3572

_____ _____
Signature of Doctor/Nurse *Date*

Illinois Lead Program 866-909-3572 or 217-782-3517 email: dph.lead@illinois.gov
TTY (hearing impaired use only) 800-547-0466

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Pediatric Lead Poisoning High-Risk ZIP Code Areas

Adams
62301
62320
62324
62339
62346
62348
62349
62365

Alexander
62914
62988

Bond
62273

Boone
61038

Brown
62353
62375
62378

Bureau
61312
61314
61315
61322
61323
61328
61329
61330
61337
61338
61344
61345
61346
61349
61359
61361
61362
61368
61374
61376
61379

Calhoun
62006
62013
62036
62070

Carroll
61014
61051
61053
61074
61078

Cass
62611
62618
62627
62691

Champaign
61815
61816
61845
61849
61851
61852
61862
61872

Christian
62083
62510
62517
62540
62546
62555
62556
62557
62567
62570

Clark
62420
62442
62474
62477
62478

Clay
62824
62879

Clinton
62219

Coles
61931
61938
61943
62469

Cook
All Chicago
ZIP Codes
60043
60104
60153
60201
60202
60301
60302
60304
60305
60402
60406
60456
60501
60513
60534
60546
60804

Crawford
62433
62449
62451

Cumberland
62428

DeWitt
61727
61735
61749
61750
61777
61778
61882

DeKalb
60111
60129
60146
60550

Douglas
61930
61941
61942

DuPage
60519

Edgar
61917
61924
61932
61933
61940
61944
61949

Edwards
62476
62806
62815
62818

Effingham
None

Fayette
62458
62880
62885

Ford
60919
60933
60936
60946
60952
60957
60959
60962
61773

Franklin
62812
62819
62822
62825
62874
62884
62891
62896
62983
62999

Fulton
61415
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61501
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Gallatin
62934

Greene
62016
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62081
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62092

Grundy
60437
60474

Hamilton
62817
62828
62829
62859

Hancock
61450
62311
62313
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62321
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62336
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62373
62379
62380

Hardin
62919
62982

Henderson
61418
61425
61454
61460
61469
61471
61480

Henry
61234
61235
61238
61274
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61434
61443
61468
61490

Iroquois
60911
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Jackson
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62950

Jasper
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62475
62480

Jefferson
62883
Jersey
62030
62063

Jo Daviess
61028
61075
61085
61087

Johnson
62908
62923
Kane
60120
60505

Kankakee
60901
60910
60917
60954
60969

Kendall
None

Knox
61401
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61414
61436
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61458
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61474
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61489
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Lake
60040

LaSalle
60470
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61301
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Lawrence
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Lee
60553
61006
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Livingston
60420
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Logan
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62643
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Macon
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Macoupin
62009
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62069
62085
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62093
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62649
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62686
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Madison
62002
62048
62058
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62084
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62095

Marion
None

Marshall
61369
61377
61424
61537
61541

Mason
62617
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62644
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Massac
62953

McDonough
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McHenry
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McLean
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Menard
62642
62673
62688

Mercer
61231
61260
61263
61276
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61466
61476
61486

Monroe
None

Montgomery
62015
62019
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Morgan
62601
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Moultrie
61937

Ogle
61007
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Peoria
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Perry
62832
62997

Piatt
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61929
61936

Pike
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62323
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62343
62345
62352
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62361
62362
62363
62366
62370

Pope
None

Pulaski
62956
62963
62964
62976
62992

Putnam
61336
61340
61363

Randolph
62217
62242
62272

Richland
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62425

Rock Island
61201
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St. Clair
62201
62203
62204
62205
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62289

Saline
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Sangamon
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62703

Schuyler
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Scott
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Shelby
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Stark
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Stephenson
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Tazewell
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Union
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Vermilion
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Wabash
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Warren
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Washington
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Wayne
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White
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Whiteside
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Will
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Williamson
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62951

Winnebago
61077
61101
61102
61103
61104

Woodford
61516
61545
61570
61760

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Child's Name: _____ **Date of Birth:** ____/____/____

Parent/Guardian: _____

TB RISK FACTORS:

1. Does the child have any symptoms of TB (cough, fever, night sweats, loss of appetite, weight loss or fatigue) or an abnormal chest X-ray?	☐Yes ☐No	If yes, name of symptoms: _____
2. In the last 2 years, has the child lived with or spent time with someone who has been sick with TB?	☐Yes ☐No	
3. Was the child born in Africa, Asia, Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, The Caribbean or the Middle East?	☐Yes ☐No	If yes, in what country was the child born: _____
4. Has the child lived or traveled in Africa, Asia, Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, The Caribbean or the Middle East for more than one month?	☐Yes ☐No	If yes, in what country did the child travel to: _____
5. Have any members of the child's household come to the United States from another country?	☐Yes ☐No	If yes, name of country: _____
6. Is the child exposed to a person who: • Is currently in jail or who has been in jail in the past 5 years? • Has HIV? • Is homeless? • Lives in a group home? • Uses illegal drugs? • Is a migrant farm worker?	☐Yes ☐No	If yes, name the risk factors the child is exposed to: _____ _____
7. Is the child/teen in jail or ever been in jail?	☐Yes ☐No	If yes, name of jail: _____
8. Does the child have any history of immunosuppressive disease or take medications that might cause immunosuppression?	☐Yes ☐No	If yes, name of disease or medications: _____

BEHAVIORAL QUESTIONAIRE

FOR PRESCHOOL CHILDREN

Patient's Name_____

Are you concerned about your child in any of the following areas?
Circle any that concern you:

1. Bedwetting
2. Wetting during the day
3. Bad Dreams
4. Restless sleep
5. Getting him/her to go to sleep at night
6. Any other sleeping problems
   What?_____
7. Thumbsucking
8. Stammering or stuttering
9. Nervous habits of any kind
   What?_____
10. High strung or easily upset
11. Too restless
12. Overly cautious or has special fears
13. Shy
14. Glum and sulky
15. Feelings easily hurt
16. Wanting too much attention
17. Wanting too much comfort or support from parent
18. Contrary or stubborn
19. Disobedient
20. Punishment
21. Lying
22. Selfish in sharing
23. Jealous of brothers and sisters
24. Fighting with other children
25. Purposely destroys things
26. Feeding
27. Bowels
28. Other behavior not mentioned
    What?_____