



Georgia Childhood Lead Poisoning Prevention Program

Lead Risk Assessment Questionnaire

1. Does the child live in or often visit a house that may have been built before 1978?
Yes No

2. Does the child live in or often visit a house that is being remodeled or is having paint removed?
Yes No

3. Does the child live with or often visit another child that has an elevated blood lead level?
Yes No

4. Does the child live with anyone that works at a job where lead may be found or has a hobby that uses lead?
Yes No

5. Does the child chew on or eat non- food items like paint chips or dirt?
Yes No

6. Does the child live near an active lead smelter, battery recycling plant, or other industry likely to release lead?
Yes No

7. Does the child receive medicines such as greta, azarcon, kohl, or pay-loo-ah?
Yes No

When using the questionnaire, blood lead tests should be done immediately if the child is at high risk (one or more "yes" or "I don't know" answers on the risk assessment questionnaire) for lead exposure.