



**CHILDREN'S HEALTH / CHILDHOOD LEAD PROGRAM  
SCREENING QUESTIONNAIRE FOR LEAD EXPOSURE**

Today's date

**A. LEAD RISK INFORMATION**

**Parents:** Please check either "Yes" or "No" after each question. Your health care provider will go over these questions with you and decide if your child needs a test for lead. *Note: Some children may have a lead test even if all answers are "No."*

Lead Screening Questions	Yes	No	If Yes, please give details
1. Does your child live in or often visit a house built before 1950? This includes a childcare provider, babysitter's home, or relative's home.			
2. During the past 6 months, has your child lived in or regularly visited a home, child care, or other building built before 1978 with recent or ongoing painting, repair, remodeling, or damage?			
3. Have you seen your child eat paint chips, soil, or dirt?			
4. Have you seen your child chew on painted surfaces like windowsills?			
5. Does your child live in or often visit a house with vinyl mini-blinds made before 1996, or mini-blinds that are not labeled as "lead safe"?			
6. Do you have pottery or ceramics made in other countries or lead crystal or pewter that are used for cooking, storing, or serving food or drink?			
7. Does your child eat imported candies or other imported snacks?			
8. Has your child ever used any traditional, imported, or home remedies or cosmetics such as Azarcón, Greta, Rueda, Pay-loo-ah, or Kohl?			
9. Has anyone in your family been diagnosed with lead poisoning?			
10. Does your child have a brother, sister, or other child living in the home, or a playmate who has high lead levels in his/her blood?			
11. Has your child been adopted from, lived in or visited a foreign country in the last 6 months?			
12. Does your child spend time with an adult whose job or hobby involves working with lead? (like house painting or remodeling; welding or soldering; auto body work and repair; working with batteries, stained glass, or ceramics; making fishing lures or sinkers; recasting bullets; going to shooting ranges; hunting, or fishing)			

**B. LEAD TESTING PLANNED OR PERFORMED / EDUCATION PROVIDED**

Test(s) Done	<input type="checkbox"/> None	Type (capillary or venous)	Result	Follow-up / Education Provided
Date:				
Date:				

Testing is recommended at 9-12 months of age and again at 24 months for children with Yes answers identifying a lead risk. Medicaid requires testing at 9-12 months, 24 months, and up to age 6 if not previously tested. Other programs (Refugee, Head Start) may also require lead testing.

**Provider Signature** \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Chart #: \_\_\_\_\_

Child's ID #: \_\_\_\_\_

Child's Medicaid #: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Other Insurance #: \_\_\_\_\_

LABEL

**Instructions for completing the DHEC 3511  
Screening Questionnaire for Lead Exposure Form**

**PURPOSE**

This questionnaire may be completed during an encounter for health services to identify common risks that would make a child more likely to have lead exposures/elevated blood lead levels.

For children for whom lead testing is required (e.g., Medicaid participants, Head Start enrollees, new refugee status or newly—arrived international adoptees), the questionnaire may be used as an adjunct to testing, and may identify concerns/risks for which health education and/or referrals are needed.

The questionnaire may also be used by healthcare providers or public health staff during telephone or in-person follow-up on elevated blood lead lab reports.

*For children with qualifying blood lead levels (venous 15 or greater twice in 3+ months, or a single venous level 20 or greater), the DHEC 3511 may be used by DHEC staff prior to an environmental assessment.*

**PROCEDURES**

**Section-by-Section Instructions**

**Top:**

- Enter date when questionnaire is completed.

**A. LEAD RISK INFORMATION:**

- Ask parent or guardian to check yes or no after each question.
- Review responses to questions and educate parents about the increased risk of lead exposure for any “yes” responses.
- *If the child is at high risk of lead exposure/elevated blood lead levels, based on one or more “yes” responses, perform, or refer for blood lead screening. Note: routine blood lead screening is not performed in DHEC clinics.*

**B. LEAD TESTING PLANNED OR PERFORMED / EDUCATION PROVIDED**

- Document results of lead testing performed and any education provided.
- Indicate if no testing done on date when form was completed.
- The provider reviewing the form with the parent/guardian signs at the bottom of Section B.
- DHEC staff:
  - Obtain parent/guardian signature on DHEC 1623 form for referrals made.
  - Document actions and plan of care on the Continuation/Coordination Sheet (DHEC 1619).

**Bottom:**

- If available, affix a label containing the child’s name, patient number, date of birth, chart number, Medicaid number, other insurance information, to the space at the bottom. Otherwise, write-in these items in the space provided.

**DISTRIBUTION AND RETENTION**

- Offer a copy of the form to the parent as an educational tool.
- This form becomes part of the child’s medical record, and is retained per retention schedules for pediatric records.
- With a signed DHEC 1623 form, the D-3511 form may be shared with the child’s healthcare provider or other sources of care/follow-up to which the child/family may be referred.