

NvCLPPP Childhood Lead Poisoning Risk Questionnaire

The CLPRQ should be completed during a health care visit for children under 6 years of age.

A blood lead test should be performed according the AAP Bright Future's Periodicity Schedule or more often if deemed necessary.

Child's name: _____ Today's date: _____

Age: _____ Birthdate: _____ Zip Code: _____

Respond to the following questions by circling the appropriate answer.

RESPONSE

- | | | | |
|---|-----|----|------------|
| 1. Is this child eligible for or enrolled in Medicaid, Head Start, or WIC? | Yes | No | Don't Know |
| 2. Does this child have a sibling with a blood lead level of 3.5 µg/dL or higher? | Yes | No | Don't Know |
| 3. Does this child live in or regularly visit a home built before 1978? | Yes | No | Don't Know |
| 4. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978? | Yes | No | Don't Know |
| 5. Is this child a refugee or an adoptee from any foreign country? | Yes | No | Don't Know |
| 6. Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)? | 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 or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)? | Yes | No | Don't Know |
| 8. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)? | Yes | No | Don't Know |
| 9. Does this child reside in a high-risk zip code? (see reverse side of page for list) | Yes | No | Don't Know |

If there is any **"Yes"** or **"Don't Know"** response a blood lead test is not needed if both of the following apply:

- the child has proof of two consecutive blood lead test results (documented below) that are each less than 3.5 mcg/dL (with one test at age 2 or older), **and**
- there has been no change in the child's living conditions

Test 1: Blood Lead Result: _____ µg/dL Date: _____ Test 2: Blood Lead Result: _____ µg/dL Date: _____

If responses to all the questions are "No":

- Re-evaluate according the AAP Bright Future's Periodicity Schedule or more often if deemed necessary

Refer to the 2021 NvCLPPP Blood Lead Testing Plan for special considerations about testing children with developmental/intellectual disabilities who may be at increased risk for lead exposure.

2020 High-Risk Zip Codes for Lead Exposure

High-Risk Zip Codes in Clark County

89019
89029
89030
89101
89102
89104
89106
89107
89110
89115
89119
89156
89169

All Other High-Risk Zip Codes in Nevada

89706
89449
89883
89825
89832
89823
89820
89001
89447
89428
89427
89420
89020
89049
89419
89502
89512
89431
89509
89704
89501
89402