

Lead and Pregnancy Risk Questionnaire

*Answer each question by checking the small
 "YES," "NO," or "UNSURE" box.*

***If there is at least one "yes" box checked off,
 the patient should have a blood lead test.
 The patient's care should be managed according
 to CDC guidelines based on test results.***

| | | |
|---|------------|-----|
| 1. Last Name | First Name | MI |
| 2. Patient Number | | |
| 3. Date of Birth (MM/DD/YYYY) | | |
| | Month | Day |
| 4. Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> White | | |
| 5. Ethnic Origin <input type="checkbox"/> Hispanic Cuban <input type="checkbox"/> Hispanic Mexican American <input type="checkbox"/> Hispanic Other <input type="checkbox"/> Hispanic Puerto Rican <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unreported | | |
| 6. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male | | |
| 7. County of Residence | | |

| | YES | NO | UNSURE |
|--|--------------------------|--------------------------|--------------------------|
| 1. Have you ever had a high blood lead level? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you spent any time outside of the United States in the past 12 months? If yes: Where? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you use pottery, remedies, spices, foods, candies or make-up that are not sold in a regular drug store or are homemade, but are sent to you from another country? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Sometimes pregnant women have the urge to eat nonfood items such as clay, soil, plaster, paint chips, or crushed pottery. Do you ever eat any of these things—even accidentally? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. a) Was your home built before 1978? b) This past year, have there been any renovations in your home that involved sanding or scraping? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you or others in your household have a job or a hobby that involves possible lead exposure, such as home renovation or working with stained glass, ceramics, jewelry, auto repair, battery manufacturing, or firearms (bullets, projectiles, firing ranges)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Based on the results of a laboratory test, have you been told there's lead in your home's water? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have any of your children been tested for lead exposure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Lead and Pregnancy Risk Questionnaire Instructions

Purpose: To assess and document past and present risk factors for lead exposure that may impact pregnancy.

Instructions: This form can be self-administered by the patient or verbally-administered by staff. Instruct the patient or staff to check off the responses of either “yes,” “no,” or “unsure” for each question. Regardless of who completes the form, it must be reviewed by staff to determine if clarifications are needed. If there is at least one “yes” box checked off, the patient should have a blood lead test and upon results, subsequently managed according to CDC Guidelines.

The best time to conduct this questionnaire is during the initial new obstetric intake. If a blood draw is needed, it should be conducted during the time of initial obstetric labs. However, this questionnaire can be administered any time during the pregnancy.

The CDC Guidelines can be accessed at
www.cdc.gov/nceh/lead/publications/LeadandPregnancy2010.pdf.

Disposition: This form is to be retained in accordance with the records disposition schedule of medical records as issued by the Division of Archives and History, and the form should become part of the client's clinical record.

Location: Go to the following link to access this form and print as needed:
<http://whb.ncpublichealth.com/provPart/forms.htm>.