

Table 1 IDPH Lead Risk Assessment Questionnaire

1. Does this child have a sibling with a blood lead level of 10 $\mu\text{g}/\text{dL}$ or higher?
 2. Does this child live in or regularly visit a home built before 1978?
 3. In this past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978?
 4. Is this child a refugee or an adoptee from any foreign country?
 5. Does this child live with someone who has a job or hobby that may involve lead (e.g. 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)?
 6. At any time, has this child lived near a factory where lead is used (e.g. a lead smelter or a paint factory)?
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