

## Oklahoma Childhood Lead Poisoning Prevention Program Lead Exposure Risk Assessment Questionnaire (LERAQ)

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Current Residential Zip Code: \_\_\_\_\_

1. Is the above zip code an High Risk zip code area? (see back of this form )	Yes	No	Don't Know
2. Does your child have Medicaid (SoonerCare)? If yes this child must have a blood lead test at 12 and 24 months of age.	Yes	No	Don't Know
3. Does your child live in or often visit a house or child care site with peeling paint that was built prior to 1950?	Yes	No	Don't Know
4. Does your child live in or often visit a house or child care site built prior to 1978 with new repairs or remodeling in the last 6 months?	Yes	No	Don't Know
5. Does your child live in or often visit a house or child care site that has vinyl or plastic mini blinds?	Yes	No	Don't Know
6. Does your child have friends, siblings, house mates, or a play mate that has or did have lead poisoning?	Yes	No	Don't Know
7. Does your child live with an adult who has a job or hobby where lead is used? (such as oil field worker, bridge painter, demolition/renovation of buildings, automobile work with batteries or radiators, lead solder, leaded glass, lead shot, bullets or lead fish sinkers)	Yes	No	Don't Know
8. Is your child given any home or folk remedies that may have lead in them? (such as imported items called Greta, Azarcon, Rudea)	Yes	No	Don't Know
9. Does your child eat food cooked in or served from pottery made outside the United States (especially Mexico)?	Yes	No	Don't Know

Lead Poisoning Prevention Program  
Screening, Special Services & SoonerStart  
Oklahoma State Department of Health  
1000 NE 10<sup>th</sup> Street

Telephone: (405) 271-6617

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### HIGH RISK ZIP CODES

73106	73108	73111	73119	73521	74104	74110	74127	74401	74447
73107	73109	73117	73129	73701	74106	74115	74354	74403	74631
									74848

**Purpose:** The LERAQ is to be used to screen for lead poisoning at annual well child visits for children 6 - 72 months old.  
**Use:** This assessment should be administered by medical staff verbally with the primary care taker of the child. **Any "Yes" or "don't know" answer is considered a positive answer thus requires the child to have a blood lead test. If a child has a blood lead test ≤ 9µg/dL and there are no changes in risk factors, a repeat blood lead test is not required.**

**Routing and Filing:** Retain this record in the client's record to review annually.

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