

**Oklahoma Childhood Lead Poisoning Prevention Program  
2012 Lead Exposure Risk Assessment Questionnaire (LERAQ)**

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

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

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

|   |     |    |            |
|---|-----|----|------------|
| 1. Does your child have Medicaid (SoonerCare)? If yes this child must have a blood lead test at 12 and 24 months of age (or, if older than 24 months, at least one test before 6 <sup>th</sup> birthday).   | Yes | No | Don't Know |
| 2. Does your child live in a high risk ZIP code area? (see a list of high risk ZIPs on this form )  | Yes | No | Don't Know |
| 3. Does your child live in or often visit a house or child care site with chipped or 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 1950 with renovation, repairs or remodeling that were done 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? Examples would be: oil field worker, bridge painter, demolition or renovation of buildings, automobile work with batteries or radiators, lead solder, metal plating, furniture refinishing, leaded glass, lead shot or bullets and lead fishing sinkers. | Yes | No | Don't Know |
| 8. Is your child given any home or folk remedies or cosmetics such as imported items called Greta, Azarcon, Rudea, Kohl or does your child eat food cooked in or served from pottery made outside the United States?  | Yes | No | Don't Know |
| 9. Does your child chew on or mouth trinket jewelry or toys found in vending machines?  | Yes | No | Don't Know |

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

Telephone: (405) 271-6617  
Toll Free: 1-800-766-2223

**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 possible lead exposure in children 6 - 72 months of age.  
**Use:** This assessment may be administered by medical staff or teacher, or completed by the child's parent or guardian.  
**Any "Yes" or "don't know" answer is considered a positive answer thus requires the child to have a blood lead test.**

According to OCLPPP Case Management Guidelines, if a child has a blood lead test <5 µg/dL, reassess with the LERAQ in 1 year. No additional testing is necessary unless an exposure risk change has occurred. This Guideline does not supersede the federal CMS requirement that children enrolled in SoonerCare receive a blood lead test at 12 and 24 months of age as defined in the Child Health Check Up, also known as Early and Periodic Screening, Diagnosis and Treatment (EPSDT).

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