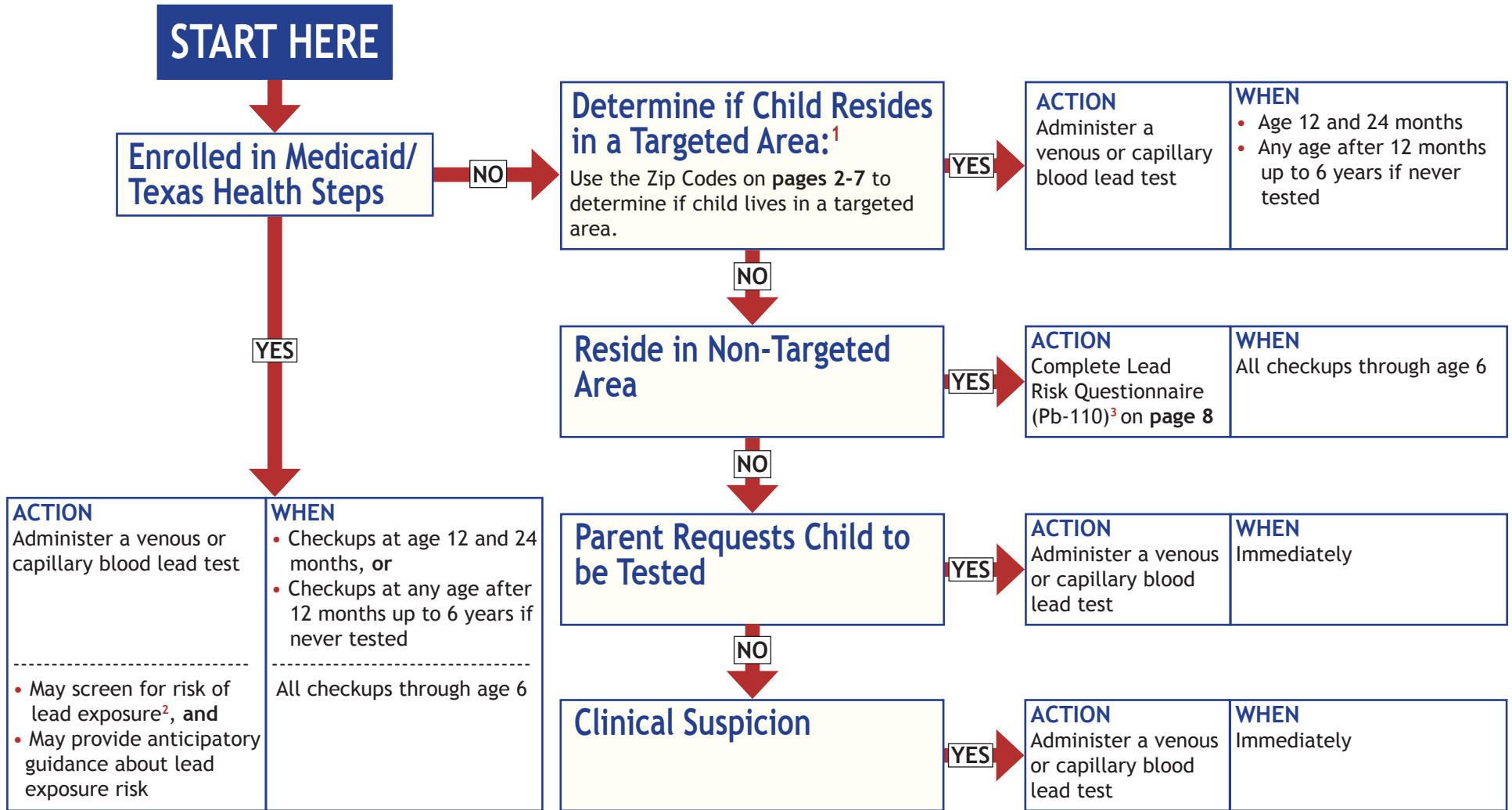


# Childhood Blood Lead Screening Guidelines



**NOTE:** After a blood lead test is administered and you receive the results; use Pb-109 Form<sup>4</sup>, *Reference for Follow-up Testing and Medical Case Management*, to determine if or when follow-up testing and medical case management is necessary.

<sup>1</sup>Targeted zip codes have one or more associated census tract in which: (a) The percentage of children age 1-2 years old with a blood lead level  $\geq 5$  mcg/dL is  $\geq 3\%$  among those tested in 2016 (Prevalence), or (b) The percentage of residential structures built before 1950 is  $\geq 27\%$  (Housing) . <sup>2</sup>Only for Texas Health Steps Children - the use of the *Lead Risk Questionnaire* (Pb-110) and child health forms is optional. The child health forms are available online from Texas Health Steps at [www.dshs.texas.gov/thsteps/forms.shtm](http://www.dshs.texas.gov/thsteps/forms.shtm). <sup>3</sup>The *Lead Risk Questionnaire* (Pb-110) is recommended for children who reside in a non-targeted area. <sup>4</sup>The Pb-109 and other TX CLPPP forms are available online at [www.dshs.texas.gov/lead](http://www.dshs.texas.gov/lead).

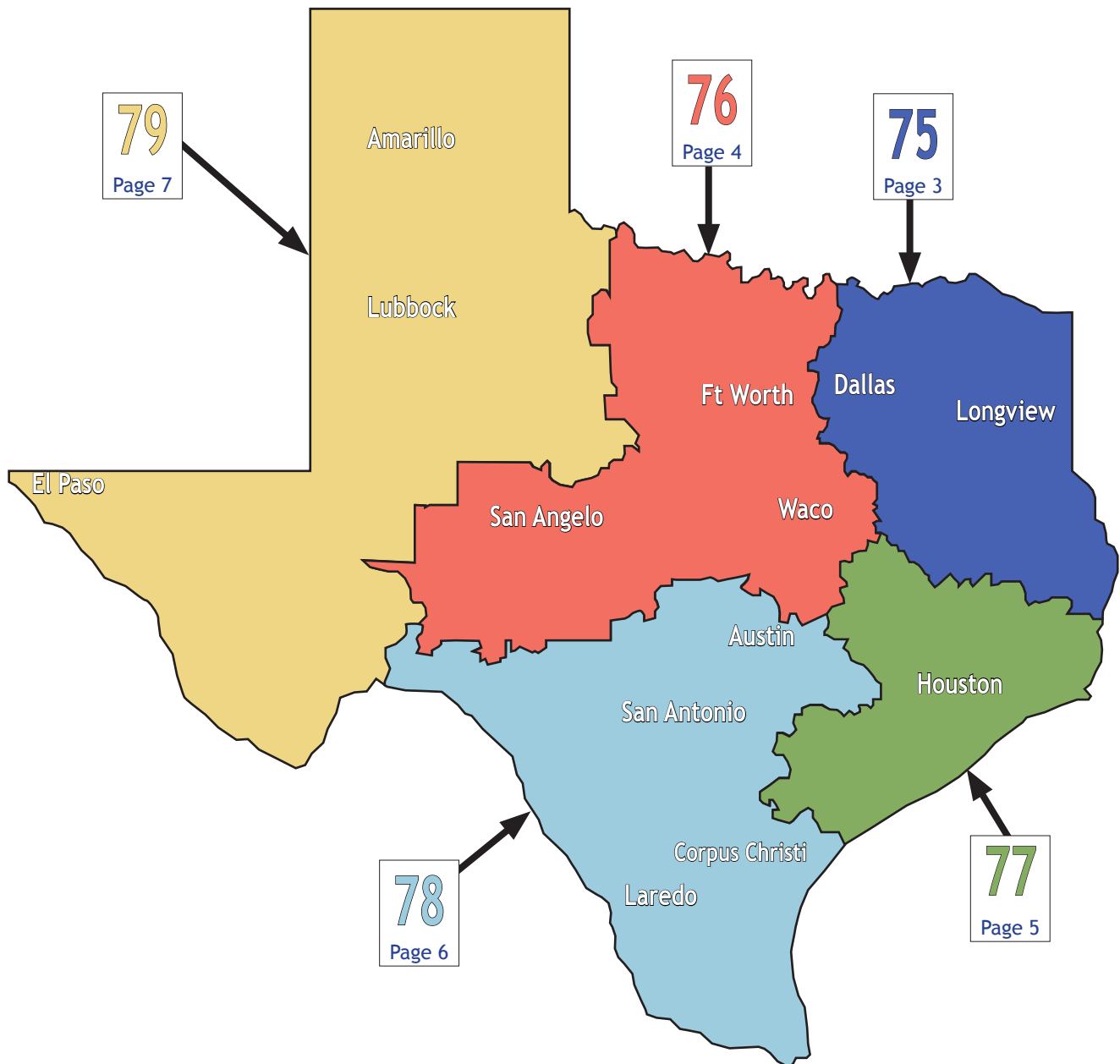
# Targeted Areas by Zip Code\*

## About the Map

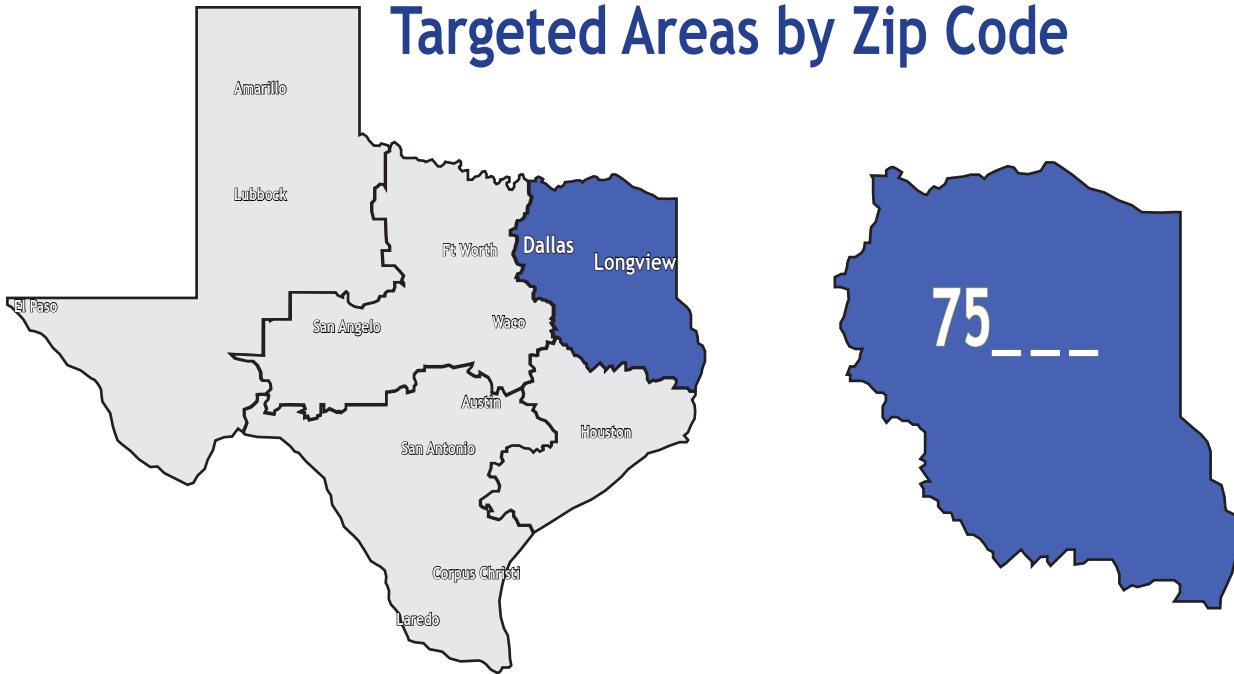
- Texas map uses an overlay of zip codes by boundary.
- Each boundary is color coded.
- Major cities listed to help locate an area on the map.

## Using the zip code the child lives in:

- Locate the zip code boundary on the map.
- Go to the zip code boundary page.
- Look at the list of zip codes to determine if child's zip code is in a targeted area.



# Targeted Areas by Zip Code



75001, 75002, 75006, 75009, 75013, 75019, 75020, 75021, 75022, 75023, 75024, 75025, 75028, 75032, 75033, 75034, 75035, 75038, 75039, 75040, 75041, 75042, 75043, 75044, 75048, 75050, 75051, 75052, 75058, 75060, 75061, 75062, 75063, 75065, 75067, 75068, 75069, 75070, 75071, 75074, 75075, 75076, 75077, 75078, 75080, 75081, 75082, 75087, 75088, 75089, 75090, 75092, 75093, 75094, 75098,

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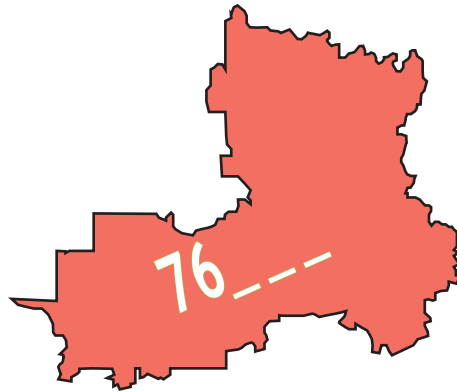
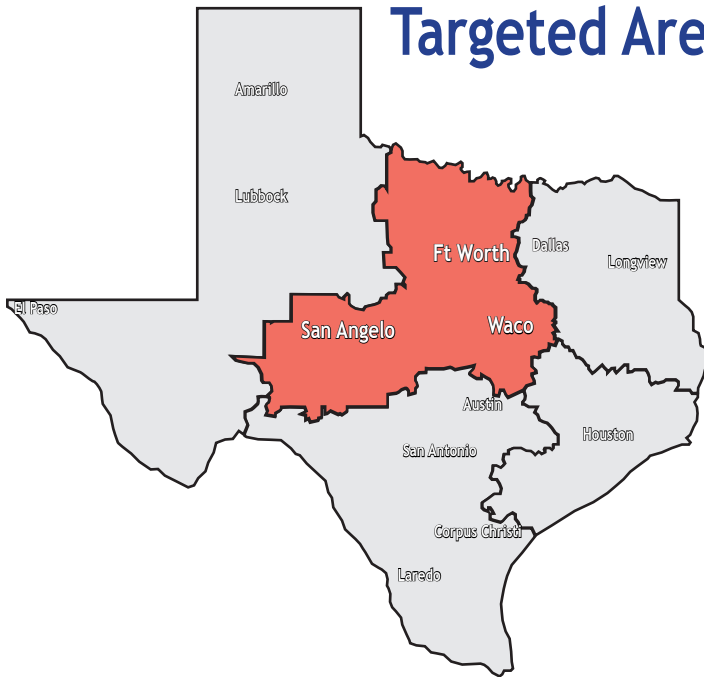
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# Targeted Areas by Zip Code



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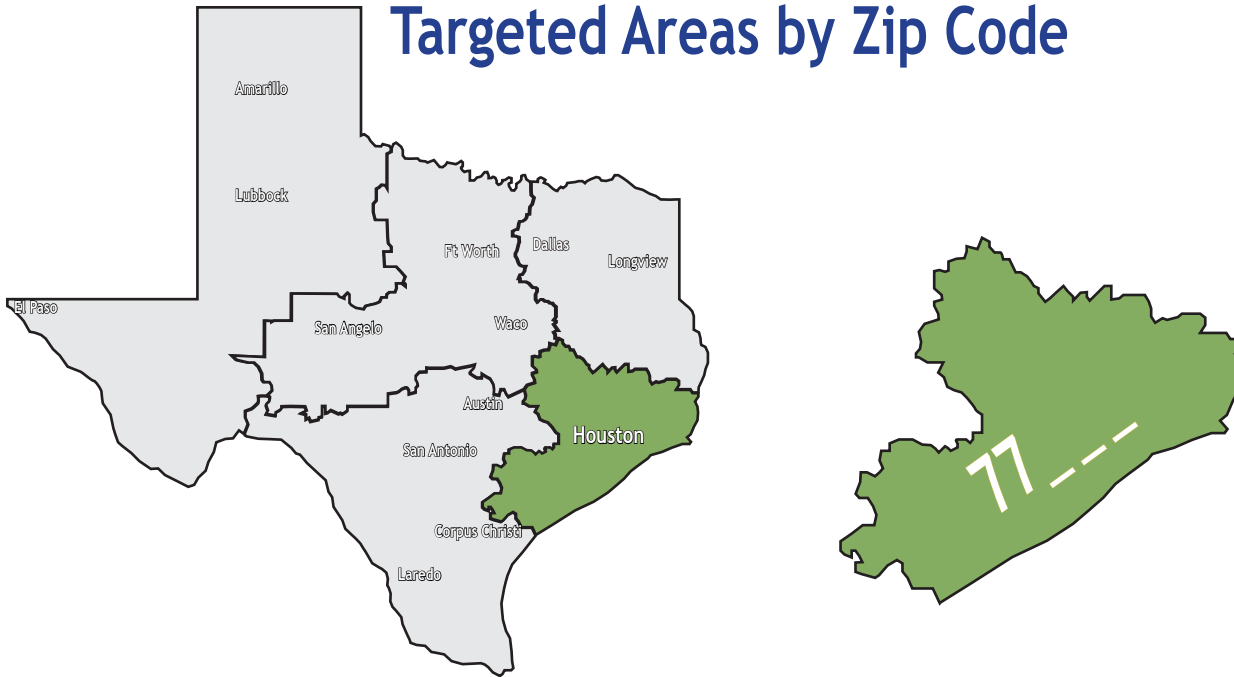
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# Targeted Areas by Zip Code



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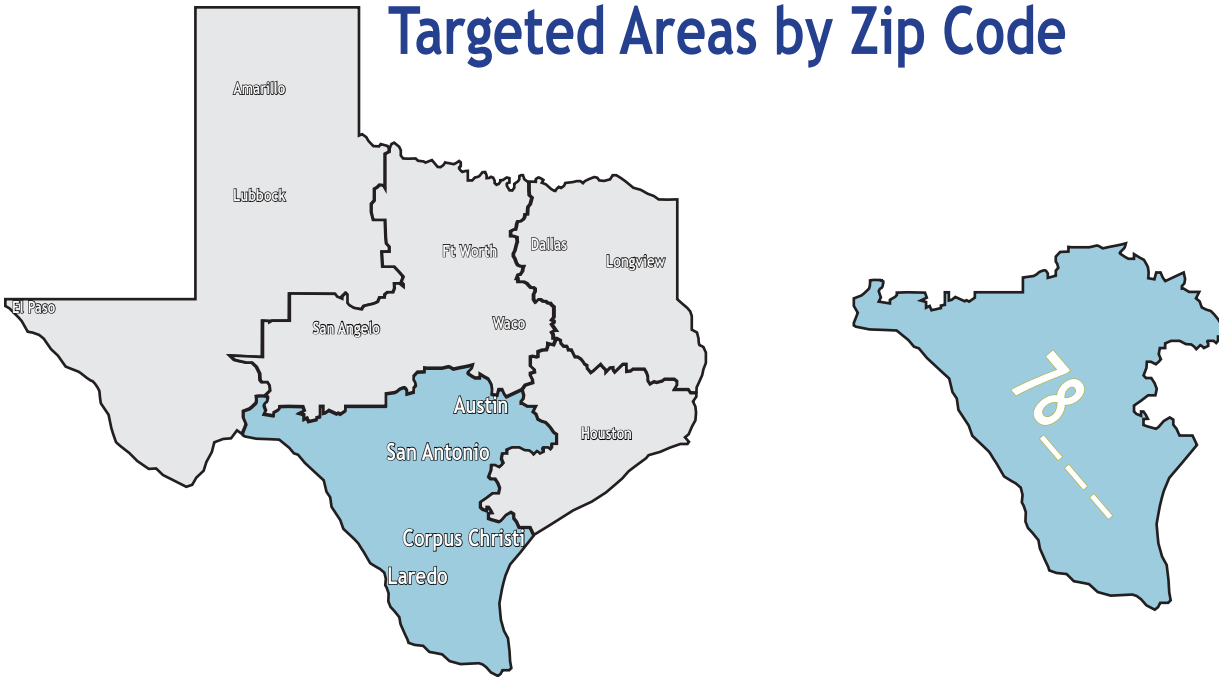
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# Targeted Areas by Zip Code



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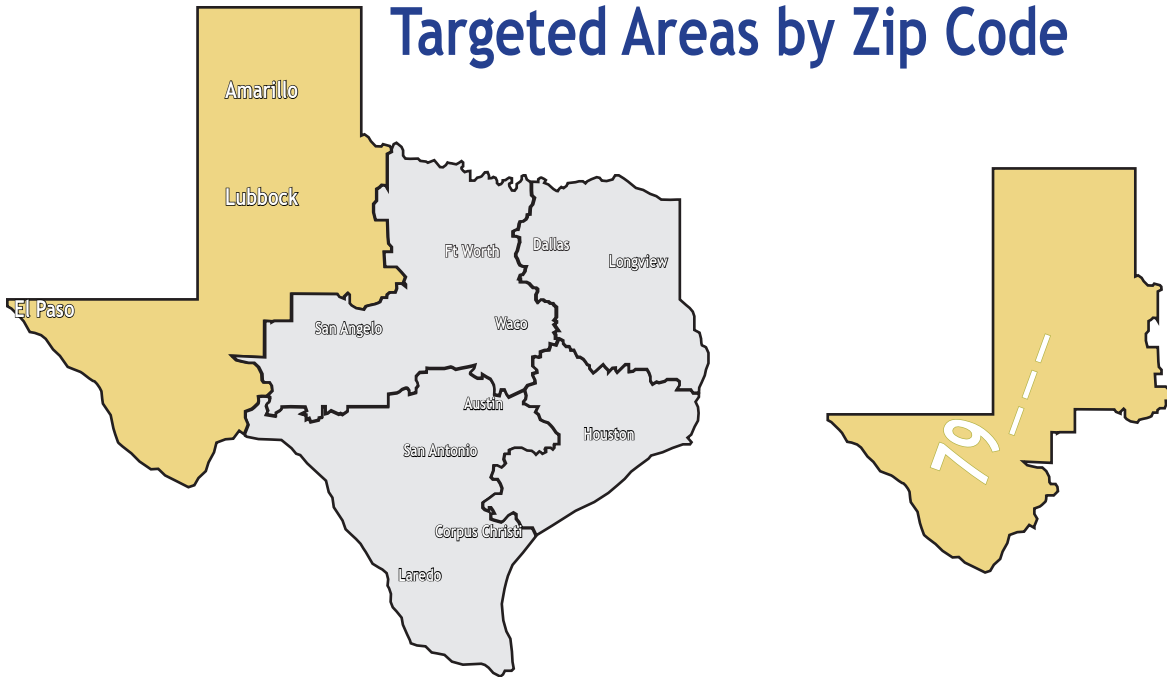
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# Targeted Areas by Zip Code



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# Lead Risk Questionnaire

**Purpose:** To identify children who need to be tested for lead exposure.

## Instructions

- If **Yes** or **Don't Know**, test the child immediately.
- You may administer a blood lead test instead of using this questionnaire.
- For more information, contact the Texas Childhood Lead Poisoning Prevention Program at: 1-800-588-1248.

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Administered by: \_\_\_\_\_ Date \_\_\_\_\_

## Questions

Questions	Yes or Don't Know	No
1. Does your child live in or visit a home, day-care or other building built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child live in or visit a home, day-care or other building with ongoing repairs or remodeling?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child eat or chew on non-food things like paint chips or dirt?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child have a family member or friend who has or did have an elevated blood lead level?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your child a newly arrived refugee or foreign adoptee?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child come in contact with an adult whose job or hobby involves lead exposure?	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Examples</i></p> <ul style="list-style-type: none"> <li>• House construction or repair</li> <li>• Battery manufacturing or repair</li> <li>• Burning lead-painted wood</li> <li>• Automotive repair shop or junk yard</li> <li>• Going to a firing range or reloading bullets</li> <li>• Chemical preparation</li> <li>• Valve and pipe fittings</li> <li>• Brass/copper foundry</li> <li>• Refinishing furniture</li> <li>• Making fishing weights</li> <li>• Radiator repair</li> <li>• Pottery making</li> <li>• Lead smelting</li> <li>• Welding</li> </ul>		
7. Does your family use products from other countries such as pottery, health remedies, spices, or food?	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>Examples</i></p> <ul style="list-style-type: none"> <li>• Traditional medicines such as Ayurvedic, greta, azarcón, alarcón, alkoohl, bali goli, coral, ghasard, liga, pay-loo-ah, and rueda</li> <li>• Cosmetics such as kohl, surma, and sindor</li> <li>• Imported or glazed pottery, imported candy, and imported nutritional pills other than vitamins.</li> <li>• Foods canned or packaged outside the U.S.</li> </ul>		

**Test Immediately**

**Fax this form to 512-776-7699 or mail to the address below.**



# Lead Risk Questionnaire

**Purpose:** To identify children who need to be tested for lead exposure.

## Instructions

- If **Yes** or **Don't Know**, test the child immediately.
- You may administer a blood lead test instead of using this questionnaire.
- For more information, contact the Texas Childhood Lead Poisoning Prevention Program at: 1-800-588-1248.

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Administered by: \_\_\_\_\_ Date \_\_\_\_\_

## Questions (Spanish Version)

	Si o No lo se	No
1. ¿Tu hijo vive o visita una casa, guardería, u otro edificio construido antes 1978?	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿Tu hijo vive o visita una casa, guardería, u otro edificio que se está reparando o remodelando?	<input type="checkbox"/>	<input type="checkbox"/>
3. ¿Tu hijo come o muerde cosas que no son comida, como pedazos de pintura o tierra?	<input type="checkbox"/>	<input type="checkbox"/>
4. ¿Tu hijo tiene algún familiar o amigo que tiene o que tuvo niveles altos de plomo en la sangre?	<input type="checkbox"/>	<input type="checkbox"/>
5. ¿Tu hijo es un refugiado recién llegado or un adoptado del extranjero?	<input type="checkbox"/>	<input type="checkbox"/>
6. ¿Tu hijo esta en contacto con un adulto que trabaja o con pasatiempos que este expuesto al plomo? <i>Ejemplos</i>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Construcción o reparación de casas</li> <li>• Fabricación o reparación de baterías</li> <li>• Quema de madera pintada con plomo</li> <li>• Taller mecánico para autos o deshuesadero</li> <li>• Partes sueltas para tubos de cañerías y válvulas</li> <li>• Preparación de químicos</li> <li>• Fundición de latón/cobre</li> <li>• Fabricación de pesas para pescar</li> <li>• Ir a un campo de tiro o recargar balas</li> <li>• Reparación de radiadores</li> <li>• Terminado de muebles</li> <li>• Fabricación de cerámica</li> <li>• Industria del plomo</li> <li>• Soldadura</li> </ul>		
7. ¿Su familia usa productos de otros países como alfarería, cerámica, remedios caseros, especias o comida? <i>Ejemplos</i>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• El plomo se ha encontrado en medicinas tradicionales como Ayurvedic, greta, azarcón, alarcón, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah, rueda</li> <li>• Cosméticos como kohl, surma, y sindor</li> <li>• Cerámica importada o glaseada, dulces importados, y píldoras alimenticias con excepción de las vitaminas.</li> <li>• Productos enlatados o empacados fuera de los estados unidos.</li> </ul>		

**Test Immediately**

# Lead Risk Questionnaire

**Purpose:** To identify children who need to be tested for lead exposure.

## Instructions

- If **Yes** or **Don't Know**, test the child immediately.
- You may administer a blood lead test instead of using this questionnaire.
- For more information, contact the Texas Childhood Lead Poisoning Prevention Program at: 1-800-588-1248.

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Administered by: \_\_\_\_\_ Date \_\_\_\_\_

## Questions (French Version)

	Oui ou Je l'ignore	Non
1. Votre enfant habite-t-il ou visite-t-il une maison, une garderie ou un autre bâtiment construit avant 1978 ?	<input type="checkbox"/>	<input type="checkbox"/>
2. Votre enfant habite-t-il ou visite-t-il une maison, une garderie ou un autre bâtiment où des réparations ou des rénovations sont en cours ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Votre enfant mange-t-il ou mâche-t-il des produits non alimentaires tels que des éclats de peinture ou de la boue ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Votre enfant a-t-il un membre de la famille ou un ami dont le taux de plombémie est ou a été élevé ?	<input type="checkbox"/>	<input type="checkbox"/>
5. Votre enfant est-il un réfugié nouvellement arrivé ou un adopté étranger ?	<input type="checkbox"/>	<input type="checkbox"/>
6. Votre enfant entre-t-il en contact avec un adulte, dont le travail ou le passe-temps impliquent une exposition au plomb ? <i>Exemples</i> <ul style="list-style-type: none"> <li>• Construction ou réparation de maison</li> <li>• Préparation chimique</li> <li>• Réparation de radiateurs</li> <li>• Fabrication ou réparation de batteries</li> <li>• Robinetterie et raccords de Tuyauterie</li> <li>• Poterie</li> <li>• Brûler du bois peint au plomb</li> <li>• Fonderie en laiton/cuivre</li> <li>• Fusion de plomb</li> <li>• Atelier de réparation automobile ou parc à ferraille</li> <li>• Finition de meubles</li> <li>• Soudage</li> <li>• Se rendre à un champ de tir ou recharger des balles</li> <li>• Fabriquer des plombs de pêche</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
7. Votre famille utilise-t-elle des produits provenant d'autres pays, tels que des poteries, des remèdes naturels ou de la nourriture ? <i>Exemples</i> <ul style="list-style-type: none"> <li>• Des médecines traditionnelles telles que l'Ayurvéda, greta, azarcón, alarcón, alkohl, bali goli, corail, ghasard, liga, pay-loo-ah et rueda.</li> <li>• Des produits cosmétiques tels que le khôl, le surma et le sindoor.</li> <li>• De la poterie importée ou émaillée, des sucreries importées et des capsules nutritionnelles autres que des vitamines.</li> <li>• Des conserves ou des produits alimentaires emballés en dehors des États-Unis.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

**Test Immediately**

# Lead Risk Questionnaire

**Purpose:** To identify children who need to be tested for lead exposure.

## Instructions

- If **Yes or Don't Know**, test the child immediately.
- You may administer a blood lead test instead of using this questionnaire.
- For more information, contact the Texas Childhood Lead Poisoning Prevention Program at: 1-800-588-1248.

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Administered by: \_\_\_\_\_ Date \_\_\_\_\_

## Questions (Arabic Version)

سؤال	نعم أو لا اعرف	كلا
1. هل يعيش طفلك في المنزل أو الرعاية النهارية أو غيره من المباني أو يزورها التي بنيت قبل عام 1978 ؟	<input type="checkbox"/>	<input type="checkbox"/>
2. هل يعيش طفلك في المنزل أو الرعاية النهارية أو مبنى آخر أو يزوره مع إصلاحات مستمرة أو تجديد البناء؟	<input type="checkbox"/>	<input type="checkbox"/>
3. هل يأكل طفلك أو يمشغ الأشياء غير الغذائية مثل رقائق الطلاء أو الأوساخ؟	<input type="checkbox"/>	<input type="checkbox"/>
4. هل لدى طفلك فرد من العائلة أو صديق لديه أو كان لديه مستوى مرتفع من الرصاص في الدم؟	<input type="checkbox"/>	<input type="checkbox"/>
5. هل طفلك لاجئ وصل حديثاً أو متبني أجنبي؟	<input type="checkbox"/>	<input type="checkbox"/>
6. هل يتلامس طفلك مع شخص بالغ وظيفته أو هوايته التي تنطوي على التعرض للرصاص؟	<input type="checkbox"/>	<input type="checkbox"/>
أمثلة		
<ul style="list-style-type: none"> <li>• بناء أو إصلاح المنزل</li> <li>• صناعة الفخار</li> <li>• صهر الرصاص</li> <li>• اللحام</li> <li>• إعداد المواد الكيميائية</li> <li>• تجهيزات الصمامات والأنابيب</li> <li>• مسبك النحاس / النحاس</li> <li>• إعادة تشطيب الأثاث</li> <li>• صنع أوزان الصيد</li> <li>• إصلاح المبرد</li> <li>• تصنيع أو إصلاح البطارية</li> <li>• حرق الخشب المطلي بالرصاص</li> <li>• ورشة لتصليح السيارات أو الفناء غير المرغوب فيه</li> <li>• الذهاب إلى مدى إطلاق النار أو إعادة تحميل الرصاص</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
7. هل تستخدم عائلتك منتجات من بلدان أخرى مثل الفخار أو العلاجات الصحية أو البهارات أو الطعام؟	<input type="checkbox"/>	<input type="checkbox"/>
أمثلة		
<ul style="list-style-type: none"> <li>• العقاقير الطبية التقليدية مثل الايورفيدا، غريتا، أزاركون، الاركون، الكحل، البالي غولي، المرجان، غسار، ليغا، وباي-لو-آه ، و رويدا</li> <li>• مستحضرات التجميل مثل الكحل ، السورما ، والسندور</li> <li>• الفخار المستورد أو المزجج والحلوى المستوردة والحبوب الغذائية المستوردة غير الفيتامينات.</li> <li>• الأطعمة المعلبة أو المعبأة خارج الولايات المتحدة</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

**Test Immediately**

# Lead Risk Questionnaire

**Purpose:** To identify children who need to be tested for lead exposure.

## Instructions

- If **Yes** or **Don't Know**, test the child immediately.
- You may administer a blood lead test instead of using this questionnaire.
- For more information, contact the Texas Childhood Lead Poisoning Prevention Program at: 1-800-588-1248.

**Patient's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Medicaid #:** \_\_\_\_\_

**Provider's Name:** \_\_\_\_\_ **Administered by:** \_\_\_\_\_ **Date** \_\_\_\_\_

## Questions (Burmese Version)

	ဟုတ်သည် (သို့) မသိရှိပါ	မဟုတ်ပါ
1. သင်၏ ကလေးသည် 1978 မတိုင်မီ ဆောက်လုပ်ထားသည့် နေအိမ်၊ နွေကလေးထိန်း (သို့) အခြားအဆောက်အဦးတွင် နေထိုင်ပါသလား (သို့) သွားရောက်လည်ဖူးပါသလား။	<input type="checkbox"/>	<input type="checkbox"/>
2. သင်၏ ကလေးသည် ပြုပြင်ဆင်ဆင် (သို့) ပြင်ဆင်ဆင် နေအိမ်၊ နွေကလေးထိန်း (သို့) အခြားအဆောက်အဦးတွင် နေထိုင်ပါသလား (သို့) သွားရောက်လည်ဖူးပါသလား။	<input type="checkbox"/>	<input type="checkbox"/>
3. သင်၏ ကလေးသည် နံရံဆေးအပိုင်းစများ သို့မဟုတ် ဖုန်အညစ်ကြေးများကဲ့သို့ အစားအသောက်မဟုတ်သည့်အရာများကို စားဖူးပါသလား (သို့) ဝါးဖူးပါသလား။	<input type="checkbox"/>	<input type="checkbox"/>
4. သွေးတွင်းခဲသတ္တုဓာတ် မြင့်မားသည့် သို့မဟုတ် မြင့်မားခဲ့သည့် မိသားစုဝင် သို့မဟုတ် သူငယ်ချင်းတစ်ဦး သင့်ကလေးထံ၌ ရှိပါသလား။	<input type="checkbox"/>	<input type="checkbox"/>
5. သင်၏ကလေးသည် အသစ်ရောက်ရှိလာသော ဒုက္ခသည်နိလူသူ သို့မဟုတ် နိုင်ငံရပ်ခြားမှ မွေးစားကလေးတစ်ဦး ဖြစ်ပါသလား။	<input type="checkbox"/>	<input type="checkbox"/>
6. သင်၏ကလေးသည် အလုပ်အကိုင် သို့မဟုတ် ဝါသနာမှာ ခဲသတ္တုများနှင့်ထိတွေ့မှုရှိနေသည့် လူကြီးတစ်ဦးဖြင့် ထိတွေ့ဆက်ဆံမှု ရှိပါသလား။	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>ဥပမာအားဖြင့်</b></p> <ul style="list-style-type: none"> <li>• အိမ်ဆောက်လုပ်ရေး သို့မဟုတ် ပြုပြင်ရေး</li> <li>• ဘက်ထရီအိုး ထုတ်လုပ်မှု သို့မဟုတ် ပြုပြင်ရေး</li> <li>• ခဲခြယ်ထားသော သစ်အား လောင်ကျွမ်းဖန်တီးခြင်း</li> <li>• ယာဉ် ပြုပြင်ရေးဆိုင် သို့မဟုတ် တိုလီမိုလီပစ္စည်းရိုဒေါင်</li> <li>• သေနတ်ပစ်ကွင်းသို့ သွားရောက်ခြင်း သို့မဟုတ် ကျည်ဆံဖြည့်ခြင်း</li> <li>• ဓာတုပစ္စည်း ပြင်ဆင်မှု</li> <li>• အဆိုရှင် နှင့် ပိုက် အံကိုက်ပြုလုပ်ခြင်း</li> <li>• ကြေးဝါ/ကြေးနီ အရည်ကျိုရုံ</li> <li>• ပရိဘောဂပစ္စည်း ပြန်လည်ပြုပြင်ခြင်း</li> <li>• ငါးမျှားတံသုံး အလေးချိန်တုံး ပြုလုပ်ခြင်း</li> <li>• ဓာတ်ရောင်ခြည်ကိရိယာ ပြုပြင်ခြင်း</li> <li>• အိုးဖုတ်ခြင်း</li> <li>• ခဲသတ္တုအရည်ကျိုခြင်း</li> <li>• ဂဟေဆက်ခြင်း</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
7. သင်၏မိသားစုသည် အခြားနိုင်ငံများမှ အိုးများ၊ ကျန်းမာရေး ဆေးနည်းများ၊ ဟင်းခတ်များ (သို့) အစားအသောက်များကဲ့သို့ အစရှိသည့်ပစ္စည်းများကို အသုံးပြုပါသလား။	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>ဥပမာအားဖြင့်</b></p> <ul style="list-style-type: none"> <li>• Ayurvedic ၊ greta ၊ azarcón ၊ alarcón ၊ alkohl ၊ bali goli ၊ coral ၊ ghasard ၊ liga ၊ pay-loo-ah နှင့် rueda ကဲ့သို့သော ရိုးရာ ဆေးများ</li> <li>• kohl ၊ surma နှင့် sindor ကဲ့သို့သော အလှကုန်ပစ္စည်းများ</li> <li>• ပြည်ပမှတင်သွင်းသော သို့မဟုတ် စဉ်သွတ်ထားသော အိုးများ၊ ပြည်ပမှ သကြားလုံးများ နှင့် ဗီတာမင်ဆေးများထက်ဆိုင်လျှင် ပြည်ပမှတင်သွင်းသည့် အခြား အဟာရဆေးများ</li> <li>• U.S ပြင်ပ၌ သံဗူးထုပ်ပိုးသော သို့မဟုတ် ပါကင်ထုပ်ပိုးသော အစားအသောက်များ</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

**Test Immediately**