

## NvCLPPP Childhood Lead Poisoning Risk Questionnaire

The CLPRQ should be completed during a health care visit for children under 6 years of age.

**A blood lead test should be performed according the AAP Bright Future’s Periodicity Schedule or more often if deemed necessary.**

Child’s name: \_\_\_\_\_ Today’s date: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Respond to the following questions by circling the appropriate answer.**

**RESPONSE**

1. Is this child eligible for or enrolled in Medicaid, Head Start, or WIC?	Yes	No	Don’t Know
2. Does this child have a sibling with a blood lead level of 3.5 µg/dL or higher?	Yes	No	Don’t Know
3. Does this child live in or regularly visit a home built before 1978?	Yes	No	Don’t Know
4. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978?	Yes	No	Don’t Know
5. Is this child a refugee or an adoptee from any foreign country?	Yes	No	Don’t Know
6. Has this child ever been to Mexico, Central or South America, Asian countries (i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)?	Yes	No	Don’t Know
7. Does this child live with someone who has a job or a hobby that may involve lead (for example, 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)?	Yes	No	Don’t Know
8. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)?	Yes	No	Don’t Know
9. Does this child reside in a high-risk zip code? (see reverse side of page for list)	Yes	No	Don’t Know

If there is any **“Yes”** or **“Don’t Know”** response a blood lead test is not needed if both of the following apply:

- the child has proof of two consecutive blood lead test results (documented below) that are each less than 3.5 mcg/dL (with one test at age 2 or older), **and**
- there has been no change in the child’s living conditions

Test 1: Blood Lead Result: \_\_\_\_\_ µg/dL Date: \_\_\_\_\_ Test 2: Blood Lead Result: \_\_\_\_\_ µg/dL Date: \_\_\_\_\_

**If responses to all the questions are “No”:**

- Re-evaluate according the AAP Bright Future’s Periodicity Schedule or more often if deemed necessary

Refer to the 2021 NvCLPPP Blood Lead Testing Plan for special considerations about testing children with developmental/intellectual disabilities who may be at increased risk for lead exposure.

## 2020 High-Risk Zip Codes for Lead Exposure

### High-Risk Zip Codes in Clark County

89019  
89029  
89030  
89101  
89102  
89104  
89106  
89107  
89110  
89115  
89119  
89156  
89169

### All Other High-Risk Zip Codes in Nevada

89706  
89449  
89883  
89825  
89832  
89823  
89820  
89001  
89447  
89428  
89427  
89420  
89020  
89049  
89419  
89502  
89512  
89431  
89509  
89704  
89501  
89402