### Lead and Pregnancy Risk Questionnaire

Answer each question by checking the small “YES,” “NO,” or “UNSURE” box.

1. Have you ever had a high blood lead level?  
   - YES □  
   - NO □  
   - UNSURE □

2. Have you spent any time outside of the United States in the past 12 months? If yes: Where?  
   - YES □  
   - NO □  
   - UNSURE □

3. Do you use pottery, remedies, spices, foods, candies or make-up that are not sold in a regular drug store or are homemade, but are sent to you from another country?  
   - YES □  
   - NO □  
   - UNSURE □

4. Sometimes pregnant women have the urge to eat nonfood items such as clay, soil, plaster, paint chips, or crushed pottery. Do you ever eat any of these things—even accidentally?  
   - YES □  
   - NO □  
   - UNSURE □

5. a) This past year, have there been any major renovations in your home that involved sanding or scraping?  
   - YES □  
   - NO □  
   - UNSURE □  
   b) If yes: was your home built before 1978?  
   - YES □  
   - NO □  
   - UNSURE □

6. Do you or others in your household have a job or a hobby that involves possible lead exposure, such as home renovation or working with stained glass, ceramics, jewelry, auto repair or battery manufacturing?  
   - YES □  
   - NO □  
   - UNSURE □

7. Based on the results of a laboratory test, have you been told there’s lead in your home’s water?  
   - YES □  
   - NO □  
   - UNSURE □


**Lead and Pregnancy Risk Questionnaire Instructions**

**Purpose:** To assess and document past and present risk factors for lead exposure that may impact pregnancy.

**Instructions:** This form can be self-administered by the patient or verbally-administered by staff. Instruct the patient or staff to check off the responses of either “yes,” “no,” or “unsure” for each question. Regardless of who completes the form, it must be reviewed by staff to determine if clarifications are needed. If there is at least one “yes” box checked off, the patient should have a blood lead test and upon results, subsequently managed according to CDC Guidelines.

The best time to conduct this questionnaire is during the initial new obstetric intake. If a blood draw is needed, it should be conducted during the time of initial obstetric labs. However, this questionnaire can be administered any time during the pregnancy.


**Disposition:** This form is to be retained in accordance with the records disposition schedule of medical records as issued by the Division of Archives and History, and the form should become part of the client’s clinical record.

**Location:** Go to the following link to access this form and print as needed: [http://whb.ncpublichealth.com/provPart/forms.htm](http://whb.ncpublichealth.com/provPart/forms.htm).