

# Prenatal Risk Assessment for Lead

✓ **If yes to questions 1-7, blood lead testing is recommended.**

**YES**      **NO**

1. Do you or others who live with you work with lead at your job?  
(see list below of jobs that may have lead exposure)

    

Ammunition/explosives production	Bridge, tunnel and elevated highway/subway construction	Glass recycling, stained glass and glass manufacturing	Manufacturing and installation of plumbing components	Occupations using firearms	Rubber manufacturing
Automotive repair shops	Cable/wire stripping, splicing or production	Lead abatement	Manufacturing of industrial machinery and equipment	Plastics manufacturing	Sandblasting, sanding, scraping, burning or disturbing lead paint
Battery manufacturing and recycling	Ceramic manufacturing	Lead production or smelting	Metal scrap yards and other recycling operations	Pottery making	Use of lead based paints
Brass, bronze, copper or lead foundries	Firing range work	Machining or grinding lead alloys	Motor vehicle parts and accessories	Production and use of chemical preparations	Welding or torch-cutting painted metal

2. Do you or others who live with you have any hobbies or activities that involve lead?  
(see list below of activities that may have lead exposure)

Making stained glass or painting on stained glass	Making pottery and ceramic ware with lead glazes and paints	Jewelry making with lead solder	Glassblowing with leaded glass	Hunting and target shooting
Copper enameling	Casting ammunition, fishing weights or lead figurines	Electronics with lead solder	Printmaking and other fine arts	
Bronze casting	Collecting, painting or playing games with lead figurines	Furniture refinishing	Liquor distillation	

3. Do you have children in your home with lead poisoning?

    

4. Do you have a history of lead poisoning?

    

5. Have you in the past five years, or are you currently, fixing a home built before 1978 for your job, hobby, or personal use?

    

6. Sometimes pregnant women have the urge to eat things which are not food, such as clay, soil, plaster or paint chips. Do you ever eat or chew on non-food items?

    

7. Were you born or have you spent any time outside of the United States?

    

✓ **If yes to questions 8-11, risk reduction counseling/education is recommended.**

**YES**      **NO**

8. To your knowledge, has your home been tested for lead in the water, and if so, were you told that the level was high ( $\geq 15$  parts per billion)?

    

9. Do you use any traditional folk remedies or cosmetics that are not sold in a regular drug store or are homemade, which may contain lead?  
For example: kohl, kajal, surma, greta, azarcon, bali goli, pay-loo-ah and ghazard

    

10. Do you use homemade pottery or leaded crystal for eating or drinking?

    

11. Do you live in, or regularly visit, a house built before 1978 that either has chipped or peeling paint, or has been remodeled or renovated in the past five years?