ASQ-3 Ages & Stages Questionnaires®

34 months 16 days through 38 months 30 days

36 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: M M D D Y Y Y Y

Child's information

Child's first name:

Middle initial:

Child's last name:

Child's date of birth: M M D D Y Y Y Y

Child's gender:
◯ Male ◯ Female

Person filling out questionnaire

First name:

Middle initial:

Last name:

Street address:

Relationship to child:
◯ Parent ◯ Guardian ◯ Teacher ◯ Child care provider
◯ Grandparent or other relative ◯ Foster parent ◯ Other:

City:

State/Province:

ZIP/Postal code:

Country:

Home telephone number:

Other telephone number:

E-mail address:

Names of people assisting in questionnaire completion:

PROGRAM INFORMATION

Child ID #:

Program ID #:

Program name:

E101360100

ASQ-3

36 Month Questionnaire

34 months 16 days through 38 months 30 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- ☑ Try each activity with your child before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your child.
- ☑ Make sure your child is rested and fed.
- ☑ Please return this questionnaire by _____.

Notes:

_____

_____

_____

_____

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least *seven* body parts? *(She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.)*	○	○	○	___
2. Does your child make sentences that are three or four words long? Please give an example:	○	○	○	___
3. Without giving your child help by pointing or using gestures, ask him to "put the book *on* the table" and "put the shoe *under* the chair." Does your child carry out both of these directions correctly?	○	○	○	___
4. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying")? You may ask, "What is the dog (or boy) doing?"	○	○	○	___
5. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle and ask your child to move the zipper *down*. Return the zipper to the middle and ask your child to move the zipper *up*. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"?	○	○	○	___
6. When you ask, "What is your name?" does your child say both her first and last names?	○	○	○	___

COMMUNICATION TOTAL ___

E101360200

GROSS MOTOR

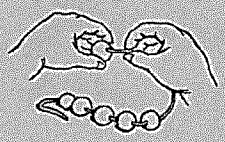
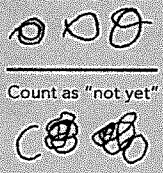
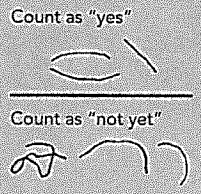
		YES	SOMETIMES	NOT YET	
1. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?		○	○	○	___
2. Does your child jump with both feet leaving the floor at the same time?		○	○	○	___
3. Does your child walk up stairs, using only one foot on each stair? *(The left foot is on one step, and the right foot is on the next.)* She may hold onto the railing or wall. *(You can look for this at a store, on a playground, or at home.)*		○	○	○	___
4. Does your child stand on one foot for about 1 second without holding onto anything?		○	○	○	___
5. While standing, does your child throw a ball *overhand* by raising his arm to shoulder height and throwing the ball forward? *(Dropping the ball or throwing the ball underhand should be scored as "not yet.")*		○	○	○	___
6. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?		○	○	○	___

GROSS MOTOR TOTAL ___

FINE MOTOR

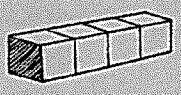
		YES	SOMETIMES	NOT YET	
1. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?	Count as "yes" 1 1 1 / Count as "not yet" 2 C 2	○	○	○	___

FINE MOTOR *(continued)*

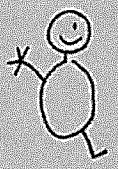
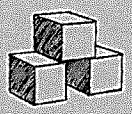
	YES	SOMETIMES	NOT YET	
2. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace? 	○	○	○	___
3. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle? 	○	○	○	___
4. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction? 	○	○	○	___
5. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. *(You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)* 	○	○	○	___
6. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?	○	○	○	___

FINE MOTOR TOTAL ___

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? *(You can also use spools of thread, small boxes, or other toys.)* 	○	○	○	___
2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?	○	○	○	___

PROBLEM SOLVING *(continued)*

	YES	SOMETIMES	NOT YET	
3. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? *(Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.")* Please write your child's response here: 	○	○	○	___
4. When you say, "Say 'seven three,'" does your child repeat *just* the two numbers in the same order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say 'eight two.'" *(Your child must repeat just one series of two numbers for you to answer "yes" to this question.)*	○	○	○	___
5. Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it? 	○	○	○	___
6. When you say, "Say 'five eight three,'" does your child repeat *just* the three numbers in the same order? *Do not repeat the numbers.* If necessary, try another series of numbers and say, "Say 'six nine two.'" *(Your child must repeat just one series of three numbers for you to answer "yes" to this question.)*	○	○	○	___
			PROBLEM SOLVING TOTAL	___

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. Does your child use a spoon to feed herself with little spilling?	○	○	○	___
2. Does your child push a little wagon, stroller, or toy on wheels, steering it around objects and backing out of corners if he cannot turn?	○	○	○	___
3. When your child is looking in a mirror and you ask, "Who is in the mirror?" does she say either "me" or her own name?	○	○	○	___
4. Does your child put on a coat, jacket, or shirt by himself?	○	○	○	___
5. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?	○	○	○	___
6. Does your child take turns by waiting while another child or adult takes a turn?	○	○	○	___
			PERSONAL-SOCIAL TOTAL	___

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain: ○ YES ○ NO

2. Do you think your child talks like other children her age? If no, explain: ○ YES ○ NO

3. Can you understand most of what your child says? If no, explain: ○ YES ○ NO

4. Can other people understand most of what your child says? If no, explain: ○ YES ○ NO

5. Do you think your child walks, runs, and climbs like other children his age? If no, explain: ○ YES ○ NO

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: ○ YES ○ NO

OVERALL *(continued)*

7. Do you have any concerns about your child's vision? If yes, explain: ○ YES ○ NO

8. Has your child had any medical problems in the last several months? If yes, explain: ○ YES ○ NO

9. Do you have any concerns about your child's behavior? If yes, explain: ○ YES ○ NO

10. Does anything about your child worry you? If yes, explain: ○ YES ○ NO

ASQ-3 36 Month ASQ-3 Information Summary

34 months 16 days through 38 months 30 days

Child's name: _____ Date ASQ completed: _____

Child's ID #: _____ Date of birth: _____

Administering program/provider: _____

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See *ASQ-3 User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	30.99		●	●	●	●	●	●	●	○	○	○	○	○	○
Gross Motor	36.99		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	18.07		●	●	●	●	○	○	○	○	○	○	○	○	○
Problem Solving	30.29		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	35.33		●	●	●	●	●	●	●	●	○	○	○	○	○

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See *ASQ-3 User's Guide*, Chapter 6.

1. Hears well? Yes **NO**
   Comments:
2. Talks like other children his age? Yes **NO**
   Comments:
3. Understand most of what your child says? Yes **NO**
   Comments:
4. Others understand most of what your child says? Yes **NO**
   Comments:
5. Walks, runs, and climbs like other children? Yes **NO**
   Comments:
6. Family history of hearing impairment? **YES** No
   Comments:
7. Concerns about vision? **YES** No
   Comments:
8. Any medical problems? **YES** No
   Comments:
9. Concerns about behavior? **YES** No
   Comments:
10. Other concerns? **YES** No
    Comments:

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the ▭ area, it is above the cutoff, and the child's development appears to be on schedule.
If the child's total score is in the ▭ area, it is close to the cutoff. Provide learning activities and monitor.
If the child's total score is in the ■ area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.

_____ Provide activities and rescreen in _____ months.

_____ Share results with primary health care provider.

_____ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.

_____ Refer to primary health care provider or other community agency (specify reason): _____.

_____ Refer to early intervention/early childhood special education.

_____ No further action taken at this time

_____ Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

P101360800

Ages & Stages Questionnaires®: Social-Emotional
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors
By **Jane Squires, Diane Bricker, & Elizabeth Twombly**
with assistance from **Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim**

ASQ:SE™

36 Month/3 Year Questionnaire

(For children ages 33 through 41 months)

Important Points to Remember:

- ☑ Please return this questionnaire by _____ .
- ☑ If you have any questions or concerns about your child or about this questionnaire, please call: _____ .
- ☑ Thank you and please look forward to filling out another ASQ:SE questionnaire in _____ months.

ASQ:SE™

Ages & Stages Questionnaires®: Social-Emotional
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors
By **Jane Squires, Diane Bricker, & Elizabeth Twombly**
with assistance from **Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim**

36 Month/3 Year ASQ:SE Questionnaire

(For children ages 33 through 41 months)

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

_____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

_____

Administering program or provider: _____

ASQ:SE™

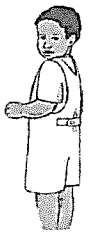
Please read each question carefully and
1. Check the box ❑ that best describes your child's behavior *and*
2. Check the circle ○ if this behavior is a concern

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
1. Does your child look at you when you talk to her?	❑ z	❑ v	❑ x	○
2. Does your child like to be hugged or cuddled? 	❑ z	❑ v	❑ x	○
3. Does your child talk and/or play with adults he knows well?	❑ z	❑ v	❑ x	○
4. Does your child cling to you more than you expect? 	❑ x	❑ v	❑ z	○
5. When upset, can your child calm down within 15 minutes?	❑ z	❑ v	❑ x	○
6. Does your child seem too friendly with strangers?	❑ x	❑ v	❑ z	○
7. Can your child settle herself down after periods of exciting activity?	❑ z	❑ v	❑ x	○
8. Can your child move from one activity to the next with little difficulty, such as from playtime to mealtime?	❑ z	❑ v	❑ x	○
9. Does your child seem happy?	❑ z	❑ v	❑ x	○

TOTAL POINTS ON PAGE ___

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
10. Is your child interested in things around him, such as people, toys, and foods?	☐ z	☐ v	☐ x	○
11. Does your child do what you ask her to do?	☐ z	☐ v	☐ x	○
12. Does your child seem more active than other children her age? 	☐ x	☐ v	☐ z	○
13. Can your child stay with activities she enjoys for at least 5 minutes (not including watching television)?	☐ z	☐ v	☐ x	○
14. Do you and your child enjoy mealtimes together?	☐ z	☐ v	☐ x	○
15. Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or _____ ? (You may write in another problem.)	☐ x	☐ v	☐ z	○
16. Does your child sleep at least 8 hours in a 24-hour period?	☐ z	☐ v	☐ x	○
17. Does your child use words to tell you what he wants or needs?	☐ z	☐ v	☐ x	○

TOTAL POINTS ON PAGE ___

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
18. Does your child follow routine directions? For example, does she come to the table or help clean up her toys when asked?	☐ z	☐ v	☐ x	○
19. Does your child cry, scream, or have tantrums for long periods of time? 	☐ x	☐ v	☐ z	○
20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home? 	☐ z	☐ v	☐ x	○
21. Does your child do things over and over and can't seem to stop? Examples are rocking, hand flapping, spinning, or _____ . (You may write in something else.)	☐ x	☐ v	☐ z	○
22. Does your child hurt himself on purpose?	☐ x	☐ v	☐ z	○
23. Does your child stay away from dangerous things, such as fire and moving cars?	☐ z	☐ v	☐ x	○
24. Does your child destroy or damage things on purpose? 	☐ x	☐ v	☐ z	○
25. Does your child use words to describe her feelings and the feelings of others, such as, "I'm happy," "I don't like that," or "She's sad"?	☐ z	☐ v	☐ x	○

TOTAL POINTS ON PAGE ___

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
26. Can your child name a friend?	☐ z	☐ v	☐ x	○
27. Do *other* children like to play with your child?	☐ z	☐ v	☐ x	○
28. Does *your child* like to play with other children?	☐ z	☐ v	☐ x	○
29. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	☐ x	☐ v	☐ z	○
30. Does your child show an interest in or knowledge of adult sexual language and activity?	☐ x	☐ v	☐ z	○
31. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:	☐ x	☐ v	☐ z	○

_____

_____

_____

_____

32. Do you have any concerns about your child's eating, sleeping, or toileting habits? If so, please explain:

_____

_____

_____

_____

TOTAL POINTS ON PAGE ___

33. Is there anything that worries you about your child? If so, please explain:

_____

_____

_____

_____

34. What things do you enjoy most about your child?

_____

_____

_____

_____

36 Month/3 Year ASQ:SE Information Summary

Child's name: _____ Child's date of birth: _____

Person filling out the ASQ:SE: _____ Relationship to child: _____

Mailing address: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ Assisting in ASQ:SE completion: _____

Today's date: _____ Administering program/provider: _____

SCORING GUIDELINES

1. Make sure the parent has answered all questions and has checked the concern column as necessary. If all questions have been answered, go to Step 2. If not all questions have been answered, you should first try to contact the parent to obtain answers or, if necessary, calculate an average score (see pages 39 and 41 of *The ASQ:SE User's Guide*).
2. Review any parent comments. If there are no comments, go to Step 3. If a parent has written in a response, see the section titled "Parent Comments" on pages 39, 41, and 42 of *The ASQ:SE User's Guide* to determine if the response indicates a behavior that may be of concern.
3. Using the following point system:

Z (for zero) next to the checked box	= 0 points
V (for Roman numeral V) next to the checked box	= 5 points
X (for Roman numeral X) next to the checked box	= 10 points
Checked concern	= 5 points

Add together:

Total points on page 3	= _____
Total points on page 4	= _____
Total points on page 5	= _____
Total points on page 6	= _____
	Child's total score = _____

SCORE INTERPRETATION

1. *Review questionnaires*
   Review the parent's answers to questions. Give special consideration to any individual questions that score 10 or 15 points and any written or verbal comments that the parent shares. Offer guidance, support, and information to families, and refer if necessary, as indicated by score and referral considerations.
2. *Transfer child's total score*
   In the table below, enter the child's total score (transfer total score from above).

Questionnaire interval	Cutoff score	Child's ASQ:SE score
36 months/3 years	59	

3. *Referral criteria*
   Compare the child's total score with the cutoff in the table above. If the child's score falls above the cutoff and the factors in Step 4 have been considered, refer the child for a mental health evaluation.
4. *Referral considerations*
   It is always important to look at assessment information in the context of other factors influencing a child's life. Consider the following variables prior to making referrals for a mental health evaluation. Refer to pages 44–46 in *The ASQ:SE User's Guide* for additional guidance related to these factors and for suggestions for follow-up.
   - Setting/time factors
     (e.g., Is the child's behavior the same at home as at school?, Have there been any stressful events in the child's life recently?)
   - Development factors
     (e.g., Is the child's behavior related to a developmental stage or a developmental delay?)
   - Health factors
     (e.g., Is the child's behavior related to health or biological factors?)
   - Family/cultural factors
     (e.g., Is the child's behavior acceptable given cultural or family context?)

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

PEDIATRIC TB RISK ASSESSMENT FORM

Physician/ Health Provider:	Phone:	Date:

Child's Name: _____ Date **of Birth:** _____/_____/_____

Address: _____ **City:** _____ **State:** _____ **County:** _____

Sex: ❒Male ❒Female **Hispanic:** ❒No ❒Yes **Race:** ❒White ❒Black ❒Asian ❒Am. Indian/Nat. Alaskan ❒Other _____

US Born: ❒Yes ❒No **If no, US Date of Arrival:** _____/_____/_____ **Country of Birth:** _____

Parent/Guardian: _____ **Phone:** _____

TB RISK FACTORS:

1. Does the child have any symptoms of TB (cough, fever, night sweats, loss of appetite, weight loss or fatigue) or an abnormal chest X-ray?	❒Yes ❒No	If yes, name of symptoms: _____
2. In the last 2 years, has the child lived with or spent time with someone who has been sick with TB?	❒Yes ❒No	
3. Was the child born in Africa, Asia, Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, The Caribbean or the Middle East?	❒Yes ❒No	If yes, in what country was the child born: _____
4. Has the child lived or traveled in Africa, Asia, Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, The Caribbean or the Middle East for more than one month?	❒Yes ❒No	If yes, in what country did the child travel to: _____
5. Have any members of the child's household come to the United States from another country?	❒Yes ❒No	If yes, name of country: _____
6. Is the child exposed to a person who: • Is currently in jail or who has been in jail in the past 5 years? • Has HIV? • Is homeless? • Lives in a group home? • Uses illegal drugs? • Is a migrant farm worker?	❒Yes ❒No	If yes, name the risk factors the child is exposed to: _____ _____
7. Is the child/teen in jail or ever been in jail?	❒Yes ❒No	If yes, name of jail: _____
8. Does the child have any history of immunosuppressive disease or take medications that might cause immunosuppression?	❒Yes ❒No	If yes, name of disease or medications: _____

If yes, to any of the above, the child has an increased risk of TB infection and should have a TST/IGRA.

All children with a positive TST/IGRA result must have a medical evaluation, including a chest X-ray. Treatment for latent TB infection should be initiated if the chest X-ray is normal and there are no signs of active TB. If testing was done, please attach or enter results on next page.

MEDICAL INFORMATION:

Primary Reason for Evaluation: ❒ Contact Investigation ❒ Targeted Testing ❒ Immigration Exam
❒ Incidental Abnormal CXR/CT ❒ Incidental Lab Result
❒ Other: _____

Symptomatic: ❒ No ❒ Yes If Yes, ONSET date: _____/_____/_____

Symptoms: ❒ Cough ❒ Hemoptysis ❒ Fever ❒ Night Sweats ❒ Weight Loss of _____lbs.
❒ Other: _____

Tuberculin Skin Test (TST/Mantoux/PPD) **Date Given:** _____/_____/_____ **Date Read:** _____/_____/_____	**Induration:** _____ **mm** **Impression:** ❒ Negative ❒ Positive
Interferon Gamma Release Assay (IGRA) **Date:** _____/_____/_____	**Impression:** ❒ Negative ❒ Positive ❒ Indeterminate
Chest X-ray (required with positive TST or IGRA) **Date:** _____/_____/_____	**Impression:** ❒ Normal ❒ Abnormal findings
❒ **LTBI treatment** (Rx and start date): Rx:_____ Date: _____/_____/_____ ❒ **Contraindications to INH or rifampin for LTBI**	❒ **Prior TB/LTBI treatment** (Rx and duration): Rx: _____ _____mm ❒ **Offered but refused LTBI treatment**

ADDITIONAL COMMENTS:

_____

_____

_____

_____

RECOMMENDATIONS:

_____

_____

_____

_____

Health Provider Signature: _____ **Date Completed:** ____/____/____

State of Illinois
Illinois Department of Public Health

Childhood Lead Risk Questionnaire

STATE LAW REQUIRES:

All children 6 years of age or younger must be evaluated for lead exposure.

All children must be assessed for risk of lead exposure and tested if necessary for enrollment into daycare, preschool, and kindergarten.

Complete the Childhood Lead Risk Questionnaire during a well-child or health care visit for children ages 12 and 24 months of age (at minimum) and once a year at annual well-child-visits at ages 3, 4, 5, and 6 years.

- If responses to all the questions are "NO," re-evaluate at next age referenced above or more often if deemed necessary.
- If any response is "YES" or "DON'T KNOW," a blood lead test *must* be obtained.
- If there are any "YES" or "DON"T KNOW" answers ***and***
  - ✓ previous blood lead testing was done at 12 and 24 months of age with a result of 4.9 µg/dL or less OR if not performed at 12 and 24 months, a blood lead test was performed at 3, 4, 5, or 6 years of age with a result of 4.9 µg/dL or less, and
  - ✓ there has been no change in address of the child's home/residential building, child care facility, school, or other frequently visited facilities and
  - ✓ risks of exposure to lead have not changed, further blood lead tests are not necessary.

Child's name _____ Today's date _____

Age _____ Birthdate _____ ZIP Code _____

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

1. Does this child reside or regularly visit a home/residential building, child-care setting, school or other facility built before 1978 or in a high risk ZIP code area? (see reverse side of page for high risk ZIP code area list) — Yes No Don't Know
2. Is this child eligible for or enrolled in Medicaid, All Kids, Head Start, WIC, or any HFS medical program? — Yes No Don't Know
   ***All Medicaid-eligible children and children enrolled in HFS medical programs shall have a blood lead test at 12 and at 24 months of age. If a Medicaid-eligible child or HFS medical program enrolled child between 36 months and 72 months of age has not been previously tested, a blood lead test shall be performed.
3. Does this child have a sibling with a confirmed blood lead level of 5 µg/dL or higher? — Yes No Don't Know
4. In the past year, has this child been exposed to repairs, repainting, or renovation of a building/home built before 1978? — Yes No Don't Know
5. Is this child a refugee, adoptee, or recent visitor of any foreign country? — Yes No Don't Know
6. Is this child frequently exposed to imported items (such as, ayurvedic medicine, folk medicines, cosmetics, toys, glazed pottery, spices or other food items, sindoor, or kumkum)? — 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, bridge construction, plumbing, furniture refinishing, work with automobile batteries or radiators, lead solder, leaded glass, bullets, lead fishing sinkers, or recycling facility work)? — Yes No Don't Know
8. If the child is younger than 12 months of age, did the child's mother have a past confirmed blood lead level of 5 µg/dL or higher? — Yes No Don't Know
9. Has the water in your home/residential building, child-care setting, school, or other regularly visited facility been tested and had a confirmed level of lead (5 ppb or higher)? — Yes No Don't Know
10. Does your child live near an active lead smelter, battery recycling plant, or another industry likely to release lead, or does your child live near a heavily-traveled road where soil and dust may be contaminated with lead? — Yes No Don't Know

*****ALL blood lead test results MUST be submitted to the Illinois Lead Program.**
Fax: 217-557-1188 Phone: 866-909-3572

_____ _____
Signature of Doctor/Nurse *Date*

Illinois Lead Program 866-909-3572 or 217-782-3517 email: dph.lead@illinois.gov
TTY (hearing impaired use only) 800-547-0466

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State of Illinois
Illinois Department of Public Health

Pediatric Lead Poisoning High-Risk ZIP Code Areas

Adams
62301
62320
62324
62339
62346
62348
62349
62365

Alexander
62914
62988

Bond
62273

Boone
61038

Brown
62353
62375
62378

Bureau
61312
61314
61315
61322
61323
61328
61329
61330
61337
61338
61344
61345
61346
61349
61359
61361
61362
61368
61374
61376
61379

Calhoun
62006
62013
62036
62070

Carroll
61014
61051
61053
61074
61078

Cass
62611
62618
62627
62691

Champaign
61815
61816
61845
61849
61851
61852
61862
61872

Christian
62083
62510
62517
62540
62546
62555
62556
62557
62567
62570

Clark
62420
62442
62474
62477
62478

Clay
62824
62879

Clinton
62219

Coles
61931
61938
61943
62469

Cook
All Chicago
ZIP Codes
60043
60104
60153
60201
60202
60301
60302
60304
60305
60402
60406
60456
60501
60513
60534
60546
60804

Crawford
62433
62449
62451

Cumberland
62428

DeWitt
61727
61735
61749
61750
61777
61778
61882

DeKalb
60111
60129
60146
60550

Douglas
61930
61941
61942

DuPage
60519

Edgar
61917
61924
61932
61933
61940
61944
61949

Edwards
62476
62806
62815
62818

Effingham
None

Fayette
62458
62880
62885

Ford
60919
60933
60936
60946
60952
60957
60959
60962
61773

Franklin
62812
62819
62822
62825
62874
62884
62891
62896
62983
62999

Fulton
61415
61427
61431
61432
61441
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61501
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61543
61544
61563

Gallatin
62934

Greene
62016
62027
62044
62050
62054
62078
62081
62082
62092

Grundy
60437
60474

Hamilton
62817
62828
62829
62859

Hancock
61450
62311
62313
62316
62318
62321
62330
62334
62336
62354
62367
62373
62379
62380

Hardin
62919
62982

Henderson
61418
61425
61454
61460
61469
61471
61480

Henry
61234
61235
61238
61274
61413
61419
61434
61443
61468
61490

Iroquois
60911
60912
60924
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Jackson
62927
62940
62950

Jasper
62432
62434
62459
62475
62480

Jefferson
62883
Jersey
62030
62063

Jo Daviess
61028
61075
61085
61087

Johnson
62908
62923
Kane
60120
60505

Kankakee
60901
60910
60917
60954
60969

Kendall
None

Knox
61401
61410
61414
61436
61439
61458
61467
61474
61485
61489
61572

Lake
60040

LaSalle
60470
60518
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61301
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Lawrence
62439
62460
62466

Lee
60553
61006
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Livingston
60420
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Logan
62512
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62643
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62671

Macon
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62537
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Macoupin
62009
62033
62069
62085
62088
62093
62626
62630
62640
62649
62672
62674
62685
62686
62690

Madison
62002
62048
62058
62060
62084
62090
62095

Marion
None

Marshall
61369
61377
61424
61537
61541

Mason
62617
62633
62644
62655
62664
62682

Massac
62953

McDonough
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62374

McHenry
60034

McLean
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Menard
62642
62673
62688

Mercer
61231
61260
61263
61276
61465
61466
61476
61486

Monroe
None

Montgomery
62015
62019
62032
62049
62051
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62094
62538

Morgan
62601
62628
62631
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62695

Moultrie
61937

Ogle
61007
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61064
61091

Peoria
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61602
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Perry
62832
62997

Piatt
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61830
61839
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61929
61936

Pike
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62314
62323
62340
62343
62345
62352
62355
62356
62357
62361
62362
62363
62366
62370

Pope
None

Pulaski
62956
62963
62964
62976
62992

Putnam
61336
61340
61363

Randolph
62217
62242
62272

Richland
62419
62425

Rock Island
61201
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St. Clair
62201
62203
62204
62205
62220
62289

Saline
62930
62946

Sangamon
62625
62689
62703

Schuyler
61452
62319
62344
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Scott
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Shelby
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Stark
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Stephenson
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Tazewell
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Union
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Vermilion
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Wabash
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Warren
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Washington
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Wayne
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White
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Whiteside
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Will
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60433
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Williamson
62921
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62951

Winnebago
61077
61101
61102
61103
61104

Woodford
61516
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