

Lead Exposure Questionnaire

For EBBL >5µg/dL reportable to Centre for Disease Control

This questionnaire can be used to help characterise the source of lead from which a patient may be being exposed. Although children and pregnant women are the most vulnerable, adult males are more likely to be exposed to high levels of lead from occupational activities, activities such as hunting with lead pellets/bullets, renovation activities and volatile substance abuse (VSA).

If VSA is suspected, e.g. inhaling AVGAS (Aviation Gas or paint), please complete Section 5 (VSA).

Contact Centre for Disease Control for assistance on (08) 8922 8044.

Submit this form to your regional CDC:

- Darwin: CDCSurveillance.Darwin@nt.gov.au
- Katherine: CDC.Katherine@nt.gov.au
- Tennant Creek: CDC.Barkly@nt.gov.au
- Alice Springs: CDC.alicesprings@nt.gov.au
- Nhulunbuy: CDCGove.DoH@nt.gov.au

Full list of CDC contact details can be found [Centre for Disease Control contacts | NT Health](#)

Section 1 – Person completing questionnaire

Name:		Position:	
Email:		Date completed:	
Clinic/Agency		Phone:	

Section 2 – Patient details

Name:		DOB:	
Address and other communities visited:		HRN:	
Guardian/parent name:		Relationship:	
Other household members:			

<p>What was the reason for blood lead level testing in this person?</p>	<p><input type="checkbox"/> Suspected volatile substance abuse (past or current)</p> <p><input type="checkbox"/> Suspected lead exposure (past or current)</p> <p>Please specify:</p> <p><input type="checkbox"/> Clinical presentation suggestive of lead poisoning – if so, please specify symptoms:</p> <p><input type="checkbox"/> Person has a shared exposure with a known lead-exposed individual -- if so, please describe:</p> <p><input type="checkbox"/> Repeat testing – previous elevated blood lead level result</p> <p><input type="checkbox"/> Screening requested by patient</p> <p><input type="checkbox"/> Other, please specify:</p>
<p>What is the suspected source of this person's elevated blood lead level?</p>	<p><input type="checkbox"/> Volatile substance abuse</p> <p><input type="checkbox"/> Past exposure to lead</p> <p><input type="checkbox"/> Hunts with lead shot/handles lead shot</p> <p><input type="checkbox"/> Ingestion of game/meat hunted with lead shot</p> <p><input type="checkbox"/> Makes/casts lead sinkers, lead shots, bullets etc.</p> <p><input type="checkbox"/> Lives in a house built prior to 1970</p> <p><input type="checkbox"/> Drinks water from tank or old pipes</p> <p><input type="checkbox"/> Recent home/furniture renovation, demolition activities, removal of lead based paint</p> <p><input type="checkbox"/> Undertakes automotive work including motor body restoration or radiator repair</p> <p><input type="checkbox"/> Current or past use of complementary medicines (e.g. Ayurvedic medicines) or opium</p> <p><input type="checkbox"/> Pica (intentional ingestion) of paint flakes or soil; other lead objects</p> <p><input type="checkbox"/> Has a household contact with a lead-risk occupation</p> <p><input type="checkbox"/> Hobbies such as lead-based ceramic glazes, lead lighting</p> <p><input type="checkbox"/> Other, specify:</p> <p>If source unknown, please complete: Section 3 for children <16 years Section 4 for adults</p>
<p>Section 3 - Children <16 years old</p>	
<p>Is volatile substance abuse (VSA) suspected?</p>	<p><input type="checkbox"/> Yes – also complete Section 5 VSA</p> <p><input type="checkbox"/> No</p>
<p>Is your child growing, learning, thinking and behaving the way you think he/she/they should?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If no, describe:</p>

<p>Does your child go to day care/family day care/school?</p>	<p><input type="checkbox"/> Yes If yes, how many days a week? Click or tap here to enter text. <input type="checkbox"/> No</p>
<p>Are you aware of any other children in the above settings with lead in their blood?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
<p>Does your child chew, mouth or eat non-food items?</p>	<p><input type="checkbox"/> Yes – select objects and frequency <input type="checkbox"/> No</p> <p>If yes, select objects:</p> <p><input type="checkbox"/> Toys <input type="checkbox"/> Rocks <input type="checkbox"/> Keys <input type="checkbox"/> Flakes of paint <input type="checkbox"/> Batteries <input type="checkbox"/> Painted/lead toys <input type="checkbox"/> Bullets <input type="checkbox"/> Jewellery <input type="checkbox"/> Dirt/soil <input type="checkbox"/> Electrical cable <input type="checkbox"/> Other, describe:</p> <p>If yes, how often?</p> <p><input type="checkbox"/> Daily <input type="checkbox"/> Few times a week <input type="checkbox"/> Weekly <input type="checkbox"/> Few times a month</p>
<p>Does your child play with or use lead fishing sinkers?</p>	<p><input type="checkbox"/> Yes If yes, how often? <input type="checkbox"/> No</p>
<p>Does your child eat any foods caught from the sea and rivers (e.g. fish, turtle, shellfish including mussels and oysters)</p>	<p><input type="checkbox"/> Yes If yes, how often? <input type="checkbox"/> No</p>
<p>Does your child play with lead bullets/pellets that go in a gun? (play might involve suck, swallow or handle)</p>	<p><input type="checkbox"/> Yes If yes, how often? <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
<p>Does your child eat meat that is shot with a shotgun using lead bullets/pellets? E.g. magpie goose</p>	<p><input type="checkbox"/> Yes If yes, how often? <input type="checkbox"/> No <input type="checkbox"/> Unsure</p>

<p>Where do you drink your water from?</p>	<p><input type="checkbox"/> Home (tap)</p> <p><input type="checkbox"/> Workplace (tap)</p> <p><input type="checkbox"/> Bore</p> <p><input type="checkbox"/> River/creek/lake/waterhole</p> <p><input type="checkbox"/> Bottled water (shops)</p> <p><input type="checkbox"/> Other, describe location:</p>
<p>Does your child play around any of these activities? (select all that apply)</p> <p>Describe: Click or tap here to enter text.</p>	<p><input type="checkbox"/> Building works/renovations/demolition work to buildings, cars or boats</p> <p><input type="checkbox"/> Home or furniture restoration</p> <p><input type="checkbox"/> Painting/sanding</p> <p><input type="checkbox"/> Working with metals/glass</p> <p><input type="checkbox"/> Old cars/fixing cars/panel work</p> <p><input type="checkbox"/> Work with batteries</p> <p><input type="checkbox"/> Rubbish dump</p> <p><input type="checkbox"/> Rubbish burning including burning of painted materials</p> <p><input type="checkbox"/> Sandpit/fill for sandpit</p>
<p>Has there been soil, sand or dirt brought to you house and yard from another place?</p>	<p><input type="checkbox"/> Yes</p> <p>If yes, when?</p> <p>From where?</p> <p><input type="checkbox"/> No</p>
<p>Was your house built before 1970?</p>	<p><input type="checkbox"/> Yes</p> <p>If pre-1970, have any repairs been done?</p> <p><input type="checkbox"/> Yes</p> <p>What/when?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unsure</p>
<p>Section 4 – Adults ≥ 16 years old</p>	
<p>Is volatile substance abuse (VSA) suspected?</p>	<p><input type="checkbox"/> Yes – also complete Section 5 VSA</p> <p><input type="checkbox"/> No</p>
<p>Do you eat any foods caught from the sea and rivers (e.g. Fish, turtle, shellfish including mussels, oysters)</p>	<p><input type="checkbox"/> Yes</p> <p>If yes, what and how often?</p> <p>Click or tap here to enter text.</p> <p><input type="checkbox"/> No</p>

<p>Do you eat meat that is shot with a shotgun using lead bullets/pellets? E.g. magpie goose</p>	<p><input type="checkbox"/> Yes If yes, what and how often? Click or tap here to enter text.</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
<p>Where do you drink your water from?</p>	<p><input type="checkbox"/> Home (tap) <input type="checkbox"/> Bore <input type="checkbox"/> River/creek/lake/waterhole <input type="checkbox"/> Bottled water (shops) <input type="checkbox"/> Other, describe location:</p>
<p>Was your house built before 1970?</p>	<p><input type="checkbox"/> Yes If pre-1970, have any recent repairs been done? <input type="checkbox"/> Yes What/when?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Unsure</p>
<p>Are you involved in any of these activities? (select all that apply)</p> <p>Describe:</p>	<p><input type="checkbox"/> Building works/renovations/demolition work to buildings, cars or boats <input type="checkbox"/> Home or furniture restoration <input type="checkbox"/> Painting/sanding <input type="checkbox"/> Working with metals/glass <input type="checkbox"/> Old cars/fixing cars/panel work <input type="checkbox"/> Work with batteries <input type="checkbox"/> Rubbish dump <input type="checkbox"/> Rubbish burning including burning of painted materials <input type="checkbox"/> Sandpit/fill for sandpit</p>
<p>Has there been soil, sand or dirt brought to your house and yard from another place?</p>	<p><input type="checkbox"/> Yes If yes, when? From where? <input type="checkbox"/> No</p>
<p>Do you or any household members use alternative medicines, herbal preparations or tonics? E.g. Ayurveda medicine, bush medicine</p>	<p><input type="checkbox"/> Yes If yes, describe: <input type="checkbox"/> No</p>
<p>Do you or anyone in your home use cosmetics or traditional (cultural) remedies, imported spices and ceremonial powders from overseas, another country apart from Australia?</p>	<p><input type="checkbox"/> Yes If yes, describe: <input type="checkbox"/> No</p>

Additional comments	
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Section 5 – Volatile Substance Abuse (VSA)

Volatile substance abuse (VSA) is the intentional breathing in of chemical substances by a person to feel drunk, buzzing or excited. The chemical substances breathed in are known as inhalants. Other terms include 'petrol sniffing', 'chroming' and 'huffing'. As volatile substances are typically used at a young age, the health effects have implications for the developing brain and long term health for young people.

This questionnaire is to determine some details about the person's **suspected substance use involving lead** and to facilitate appropriate referrals and treatment.

Reasons for suspicion of VSA	
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Type of VSA related to lead:	<input type="checkbox"/> AVGAS (Aviation fuel) If so, what colour is the container? Yellow, blue, green etc. ----- <input type="checkbox"/> Sniffing/chroming lead based paint e.g. car touch up paint <input type="checkbox"/> Other, describe: <input type="checkbox"/> Won't say/unsure
What age did the person start using volatile substances?	
Are they engaging in VSA alone or with others? (If others identified, consider testing for EBLL)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Won't say/unsure
Pattern of use:	<input type="checkbox"/> Daily <input type="checkbox"/> Few times a week <input type="checkbox"/> Weekly <input type="checkbox"/> Number of times a month <input type="checkbox"/> Occasional How often? <input type="checkbox"/> Periods of abstinence: When?
Potential source:	
Location of source:	
Key contacts of supply for more information:	
Any services/organisations already involved?	
Referrals made: (Please complete Volatile Substance Referral if required)	<input type="checkbox"/> Paediatrician - Date: <input type="checkbox"/> VSA Assessment Team (Volatile Substance Abuse Prevention Act) - Date: <input type="checkbox"/> Other agency e.g. Central Intake Team, Territory Families - Date:
Interventions delivered	<input type="checkbox"/> Brief intervention e.g. education <input type="checkbox"/> Family meetings <input type="checkbox"/> Family education <input type="checkbox"/> Other ----- -----

Additional comments:	
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[Volatile substance information including VSA referral form | NT Health](#)

Completed forms

Email your completed form to CDCSurveillance.DARWIN@nt.gov.au

The Centre for Disease Control or Environmental Health service in your region may contact you as part of further investigation.

More information

To access more information including the NT Public Health and Clinical Guidelines for EBBL go to [NT Health](#).

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