



TUBERCULOSIS/LEAD QUESTIONNAIRE

DATE OF VISIT _____

TB RISK ASSESSMENT

CIRCLE ANSWER

1. Does your child have any symptoms of TB (cough, fever, night sweats, loss of appetite, weight loss or fatigue)?	YES	NO
2. Has your child been in close contact to a person sick with active TB disease?	YES	NO
3. Was your child born outside the United States or has your child traveled outside the United States?	YES	NO
4. Does your child have a household member who was born outside the United States or who has traveled outside the United States?	YES	NO
5. Is your child exposed to a person who: (check all that apply) <input type="checkbox"/> is currently in jail or who has been in jail during the past 5 yrs./ <input type="checkbox"/> has HIV / <input type="checkbox"/> is homeless / <input type="checkbox"/> lives in a group home / <input type="checkbox"/> uses illegal drugs / <input type="checkbox"/> is a migrant farm worker	YES	NO
6. Does your child have HIV, at risk to have HIV or any other health problem that lowers the immune system?	YES	NO
7. Is your child/teen in jail or ever been in jail?	YES	NO

LEAD RISK ASSESSMENT

CIRCLE ANSWER

1. Does your child live in or often visit a house/apt. that may have been built before 1978?		NO
	YES	I DON'T KNOW
2. Does your child live in or often visit a House/Apt. that is being remodeled or is having paint removed?	YES	NO
3. Does your child live with or often visit another child that had an elevated blood lead level?	YES	NO
4. Does your child live with anyone who works at a job where lead may be found or has a hobby that uses lead?	YES	NO
5. Does your child chew on or eat non-food items like paint chips or dirt?	YES	NO
6. Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead?	YES	NO
7. Does your child receive medicines such as Greta, Azarcon, Kohl, or Pay-loo-ah?	YES	NO