

Patient Name: _____ Date of Birth: _____ Age: _____ Date: _____

Parents, Legal Guardians, or Authorized Persons: Please answer all of the questions below. If you have any questions or concerns about any part of this questionnaire, please speak with one of our staff. ("Recent" refers to the past 5 years) Answer YES or No to each of the questions.

CHILDHOOD TB RISK ASSESSMENT QUESTIONNAIRE

(To be completed at 9 months of age, and each physical exam thru age 20 yr.)

- ___ 1. Is there a recent history of tuberculosis in any living family member?
- ___ 2. Have any members of your family or any close contacts recently been in jail or prison?
- ___ 3. Were you or your child born in a country where tuberculosis is common such as Africa, Central America, the Middle East or Asia?
- ___ 4. Have any family members or your child traveled to the countries in question 3 or had significant Contact with persons from such countries?
- ___ 5. Is there any history of HIV infection or AIDS in your family or close contacts?
- ___ 6. Does any family member or your child have contact with homeless people, residents of nursing homes, users of illicit drugs or migrant farm workers?
- ___ 7. Is the child a foster child?

Parent Signature: _____

CHILDHOOD LEAD RISK ASSESSMENT QUESTIONNAIRE

(To be completed at 6 mo., 9 mo., 12 mo., 15 mo., 18 mo., and 2-6 yr. exams)

- ___ 1. Does your child live in a high risk ZIP code?
- ___ 2. Does your child live in or regularly visit a house with peeling or chipping paint, built before 1950?
- ___ 3. Does your child live in or regularly visit a house build before 1978 with planned or ongoing renovation or remodeling?
- ___ 4. Does your child have a sibling, a housemate, or a playmate with confirmed lead poisoning?
- ___ 5. Does your child live with an adult whose job or hobby involves exposure to lead? (Refer to list below)
- ___ 6. Do you or anyone else give your child home remedies such as greta, azarcon, ghasdard, payloo-Ah or Hai ge fen?
- ___ 7. Do you fix meals in, keep food in, or eat from ceramic dishes or pottery not made in the U.S.?
- ___ 8. Has your child ever been to Mexico, Central America, or South America?

Parent Signature: _____

High Risk ZIPs Cook County

All Chicago ZIP codes
60202 60501 60513
60022 60408 60666
60093 60411 60402
60153 60426 60548
60201 60472 60305

Dekalb County

60550
60556
601353

Kendall County

None

DuPage County

None

Occupations/Hobbies:

Auto/Boat repair	Glass manufacture	Plastics manufacture	Rubber product manufacture
Battery manufacture/repair	Home remodeling	Plumbing/pipe fitting	Stained glass manufacture
Brass/copper foundry	Industrial Equipment Operation	Police Officer	Steel welding/cutting
Bridge construction	Lead miner	Preparing lead	Target shooting
Casting lead figures(toys)	Lead smelter/refiner	shot/fishing sinkers/bullets	Painting
Chemical manufacture	Lead soldering	Printing	Gas station attendants
Construction	Migrant farm worker	Radiator Repair	Reloading cartridges