

**LEAD POISONING RISK ASSESSMENT QUESTIONNAIRE**

**DATE :** \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_ **PATIENT DATE OF BIRTH:** \_\_\_\_\_

Question	Please, circle one		
1. Does your child live in or regularly visit (once a week or more) any house or building built before 1978?	<b>Yes</b>	<b>No know</b>	<b>Don't know</b>
2. Does your child live in or regularly visit any house or building that has recently undergone renovation?	<b>Yes</b>	<b>No know</b>	<b>Don't know</b>
3. Does your child frequently come into contact with an adult whose job or hobby involves exposure to lead? Examples occupations: building renovation, battery factory or recycling, auto or radiator repair; highway bridge sandblasting or painting, welding metal structures Hobbies: refinishing furniture; home renovation; casting bullets; auto battery or radiator repair, toy soldiers, dive weights, or fishing weights	<b>Yes</b>	<b>No know</b>	<b>Don't know</b>
4. Does your child have contact with cosmetics, kohl, candies, spices, jewelry, ceramic dishware and/or home (or folk) remedies not made in the United States; and/or leaded crystal, imported ceramic, or pewter dishes?	<b>Yes</b>	<b>No know</b>	<b>Don't know</b>
5. Does your child play in loose soil, near a busy road or near any industrial sites such as a battery recycling plant, junk yard or lead smelter?	<b>Yes</b>	<b>No know</b>	<b>Don't know</b>
6. Have you ever seen your child eat dirt or put his/her mouth on painted surfaces, paint chips, toys, jewelry or vinyl mini blinds?	<b>Yes</b>	<b>No know</b>	<b>Don't know</b>
7. Has your child recently visited or lived in another country for an extended period of time?	<b>Yes</b>	<b>No know</b>	<b>Don't know</b>

**Please circle your Zip code if you can identify from the list Below:**

<b>33401</b>	<b>33409</b>	<b>33444</b>
<b>33403</b>	<b>33410</b>	<b>33460</b>
<b>33404</b>	<b>33430</b>	<b>33461</b>
<b>33405</b>	<b>33431</b>	<b>33462</b>
<b>33406</b>	<b>33432</b>	<b>33480</b>
<b>33407</b>	<b>33435</b>	<b>33483</b>
<b>33408</b>	<b>33436</b>	<b>33486</b>



## Pediatric Tuberculosis (Tb) Risk Assessment Questionnaire

Name of Child: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Date of Risk Assessment: \_\_\_\_\_

### Questions:

1. Was your child born in a high-risk country? \* Yes  No

2. Has your child traveled to a high-risk country\* for more than 1 week? Yes  No

3. Has a family member or contact had tuberculosis disease? Yes  No

4. Has a family member had a positive Tuberculin Test? Yes  No

\* High-risk country: Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe