



TUBERCULOSIS – LEAD – TOBACCO QUESTIONNAIRE

Name: _____ Birth Date: _____

Form completed by: _____ Date Completed: _____

TUBERCULOSIS RISK ASSESMENT

1. Has your child previously had a positive tuberculin skin test? YES NO
2. Has your child been adopted or lived in a foster home? YES NO
3. Has your child ever traveled to a high risk country for more than 1 week? YES NO
4. Was your child born in a high risk region; including Africa, Asia, Eastern Europe or Latin America? YES NO
5. Has your child been exposed to a person with tuberculosis disease? YES NO
6. Does your child have close contact with a person with a positive tuberculin skin test? YES NO

LEAD POISONING RISK ASSESMENT

1. Does your child live in or regularly visit a house/preschool/child care center built before 1960? YES NO
2. Does your child live in or regularly visit a house, child care center or other building that is being remodeled or having paint removed? YES NO
3. Does your child live with or regularly visit another child that has lead poisoning? YES NO
4. Does your child chew on or eat non-food items like paint chips or dirt? YES NO
5. Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead? YES NO
6. Do you give your child home remedies that may contain lead? YES NO

TOBACCO RISK ASSEMENT

1. Does anyone in the house smoke? YES NO
2. Does anyone smoke at your child's daycare? YES NO
3. Does anyone smoke at the place where your child frequently visits? YES NO