

LEAD AND TUBERCULOSIS QUESTIONNAIRE

(Please answer all the questions below)

LEAD

1. Do you or your children live in or frequently visit a house with peeling or chipping paint built before 1960? Yes No
2. Do you or your children live in or regularly visit a building built before 1960 with recent, ongoing or planned renovation or remodeling? Yes No
3. Do you or your children come in contact with other children being followed or treated for lead poisoning? Yes No
4. Do you or your children live with an adult whose job or hobby involves exposure to lead? Yes No
5. Do you or your children live near an active lead smelter, battery recycling plant or other industry likely to release lead? Yes No
6. Do you or your children live near a major highway? Yes No
7. Does your child eat dirt or paint chips or other inedible objects? Yes No

TUBERCULOSIS

1. Do you or your children live with or regularly visit someone infected or being treated for TB or AIDS? Yes No
2. Have you or your children recently immigrated to the USA from a country in which TB is common? Yes No
3. Do you or your children come in close contact with recent immigrants from countries in which TB is common? Yes No
4. Has any family member, including the child been institutionalized, incarcerated or lived in a homeless shelter? Yes No
5. Are you or your children family members migrant workers? Yes No
6. Do you or your children visit nursing homes, institutionalized or incarcerated residents regularly? Yes No
7. Have you or your children ever tested positive for TB? Yes No
8. Are you or your child on any medications which suppress the immune system? Yes No

Patient Name: _____ DOB: _____ Date: _____