



## Parent Questionnaire for Tuberculosis and Lead Screening

Patient's Name \_\_\_\_\_

Date \_\_\_\_\_

1. Has anyone in your family had tuberculosis?      Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_
2. Do you know of any situation where your child has been around an adult who has been diagnosed or suspected of having tuberculosis?      Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_
3. Was your child born in or visited a country where there is a lot of TB?      Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_
4. TB can cause fever of long duration, unexplained weight loss, weakness, chest pain, a bad cough, hoarseness, or coughing up blood.  
Has your child had any of these symptoms?      Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_  
Has your child been around anyone who has these problems?      Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_
5. To your knowledge, has your child had contact with anyone who is or has been:  
an intravenous (IV) drug user?      Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_  
HIV infected?      Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_  
in jail or prison?      Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_  
recently moved to the U.S. from a foreign country?      Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_
6. Do you live in or often visit a house that was built before 1978?      Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_
7. Does your child live in or often visit a home, daycare, or other building that is being painted, remodeled, or having the paint scraped or sanded?      Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_
8. Does your child eat or chew on non-food items like paint chips or dirt?      Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_
9. Have any family members or friends had high blood lead levels?      Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_
10. Have you given your child medicines or pills from another country?      Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_
11. Is imported or glazed pottery, such as a Mexican bean pot, used to cook or store your food?      Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_
12. Does your child eat foods canned or packaged outside the U.S.?      Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_
13. Does your family live near or does your child play near any of these:  
Smelter?      Hazardous waste site?      Lead industry?      House demolition site?  
Place where batteries are manufactured or repaired?      Place where cars are abandoned or repaired?
14. Does anyone living in your house work at a place where any of these things happen or have a hobby that involves these things:  
Radiator repair?      Lead industry?      House construction or repair?      Refinishing furniture?  
Battery manufacture or repair?      Chemical prep?      Welding?      Making pottery?      Smelting?  
Going to a firing range?      Stained glass production?      Brass/copper foundry?      Auto repair shop?  
Valve and pipe fitting?      Highway construction?      Burning lead painted wood?  
Industrial machinery and equipment?      Casting of ammunition, lead weights, or toy soldiers?