

TB/LEAD SCREENING QUESTIONNAIRE

PATIENT NAME: _____ **DOB:** _____ **DATE:** _____

Tuberculosis remains a significant health risk for certain populations. Lead poisoning in Colorado is rare but a potentially dangerous environmental toxin that is treatable if discovered early. The following questions will help us identify if your child is at risk for these problems and needs to be screened. Thank you for completing the questionnaire.

- | YES | NO | |
|-------|-------|---|
| _____ | _____ | 1. Has anyone in your family, anyone living with you, or anyone in frequent contact with your family had tuberculosis or unexplained chronic lung disease or been treated for TB infection. |
| _____ | _____ | 2. Are you from Africa, Asia, Latin America, Eastern Europe or Russia? Have you traveled or lived in these areas of our world? If so, when and for how long? |
| _____ | _____ | 3. Are you an American Indian? |
| _____ | _____ | 4. Have you lived in a shelter for the homeless or worked in such an institution? |
| _____ | _____ | 5. Are you, or is a member of your family, a health care worker? |
| _____ | _____ | 6. Does anyone in your household have a positive Tb test? Had a chronically abnormal x-ray? |
| _____ | _____ | 7. Is anyone in your household or family infected with the AIDS virus? |
| _____ | _____ | 8. Has anyone in your family worked in or been incarcerated in a prison facility? |
| _____ | _____ | 9. Do you currently have symptoms of blood tinged/productive cough, fever, night sweats, loss of weight, loss of appetite lasting longer than 2 weeks? |
| _____ | _____ | 10. Do you have a condition that could suppress your immune system or do you take medicine that suppresses your immune system (not including inhaled steroids)? |

LEAD

- | YES | NO | |
|-------|-------|--|
| _____ | _____ | 1. Does your child live in or regularly visit a house or childcare facility built before 1950? |
| _____ | _____ | 2. Does your child live in or regularly visit a house or childcare facility built before 1978 that is being, or has recently been renovated or remodeled (within the last 6 months)? |
| _____ | _____ | 3. Does your child have a sibling or playmate that has or did have lead poisoning? |

(Revised 05/09)