



Risk Assessment Questionnaire: Birth to 10 yrs

Patient's Name _____ DOB _____ Today's Date _____

☐ **Tuberculosis Risk Assessment:** *(Initial visit & yearly thereafter)*

- Was your child born in, or lived more than a year in a country other than the U.S.? Y / N
- Has your child been exposed to anyone with active tuberculosis or a history of tuberculosis disease? Y / N
- Is your child currently living in a household with anyone who is HIV positive? Y / N
- Is your child part of a migrant worker family? Y / N

☐ **Lead Risk Assessment:** *(6 month to 6 years)*

- Does your child currently live, or has he/she ever lived in a house or apartment built before 1960 (includes day care center, preschool home, home of babysitter or relative)? Y / N
- Is anyone in the home being treated or followed for lead poisoning Y / N
- Are there any current renovations or peeling paint in a home that your child regularly visits? Y / N
- Is there any family member who is currently working in an occupation or hobby where lead exposure could occur? (auto mechanic, ceramics, commercial painter, etc) Y / N

☐ **Heart Disease/Cholesterol Risk Assessment:** *(2 yrs & above)*

- Is there a family history of parents/grandparents under the age of 55 years with heart attack/surgery, stroke, high blood pressure, high cholesterol, sudden death or diabetes? Y / N
- Is there personal history of:
 - Smoking Y / N
 - Lack of physical activity Y / N
 - High blood pressure Y / N
 - High cholesterol Y / N
 - Obesity/overweight Y / N