

WELL CHILD QUESTIONNAIRE 2 YRS- 5 YRS

Patient Name: _____

Date of Birth: _____

Lead Risk Assessment:

(Starting at 1 month, 6 months of age and annually thereafter)

Date: _____

1. Has your child ever lived or stayed in a house or apartment that is built before 1978 (includes day care center, preschool home, home of babysitter or relative)?	Yes	No
2. Has your child ever lived outside the United States or recently arrived from a foreign country?	Yes	No
3. Is anyone in the home being treated or followed for lead poisoning?	Yes	No
4. Are there any current renovations or peeling paint in a home that your child regularly visits?	Yes	No
5. Does your child lick, eat, or chew things that are not food (paint chips, dirt, railings, poles, furniture, old toys, etc.)?	Yes	No
6. 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.)?	Yes	No
7. Does your family use products from other countries such as health remedies, traditional remedies, spices, cosmetics or other products canned or packaged outside of the United States? Or store or serve food in leaded crystal, pottery or pewter? Examples: Glazed pottery, Greta, Azarcon (Rueda, Coral, Liga), Litargirio, Surma, Kohl (Al kohl), Pay-loo-ah, Ayurvedic medicine, Ghassard).	Yes	No

Tuberculosis Risk Assessment:

(Starting at 1 month, 6 months of age and annually thereafter)

1. Has your child been exposed to anyone with a case of TB or a positive tuberculin skin test, or received a tuberculosis vaccination?	Yes	No
2. Was your child, or a household member, born in a high-risk country (countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries)?	Yes	No
3. Has your child travelled (had a contact with resident populations) to a high-risk country for more than 1 week?	Yes	No
4. Does your child have daily contact with adults at high risk for TB (e.g., those who are HIV infected, homeless, incarcerated, and/or illicit drug users)?	Yes	No
5. Does your child have HIV infection?	Yes	No

Heart Disease/Cholesterol Risk Assessment:

1. Is there a family history of parents/grandparents under 55 years of age with a heart attack, heart surgery, angina or sudden cardiac death?	Yes	No
2. Has the child's mother or father been diagnosed with high cholesterol (240 mg/dL or higher)?	Yes	No
3. Is the child/adolescent overweight (BMI > 85th %)?	Yes	No
4. And is there a personal history of:		
Smoking?	Yes	No
Lack of physical activity?	Yes	No
High blood pressure?	Yes	No
High cholesterol?	Yes	No
Diabetes mellitus?	Yes	No