

WELL CHILD QUESTIONNAIRE 6 YRS- 10 YRS

Patient Name: _____

Date of Birth: _____

Tuberculosis Risk Assessment:

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

Date: _____

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:

(2 years through 20 years)

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