

# SCREENING QUESTIONNAIRE

## TUBERCULOSIS:

<b>Are there any changes to these questions since your last well check?</b> If the answer is no, then skip to water source questions	YES
Was your child born in a high-risk country (countries other than the US, Canada, Australia, New Zealand or Western Europe)?	YES
Has a family member or contact had tuberculosis disease? If yes, when _____ Did they take medicine for it? Yes or No	YES
Has a family member or contact had a positive TB skin test or blood test? If yes, when _____ Did they take medicine for it? Yes or No	YES
Has your child traveled to a high-risk country for more than 4 weeks	YES

## WATER SOURCE:

City/County	Well Water	Bottled Water with Fluoride	Bottled Water without fluoride
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## GUNS and WEAPONS IN THE HOME:

Are there any guns or weapons where your child lives or visits?	YES
If YES, are these guns or weapons, unloaded and stored safely in a locked cabinet with the ammunition stored separately?	YES
Do you have a safety lock on your gun or weapon?	YES

## CHOLESTEROL:

Are the biological mother and/or father taking medicine for high triglycerides or high cholesterol?	YES
Is there a family history of premature heart disease (< 55 years for men or < 65 years for women)? If so, whom?	YES

## LEAD SCREEN: *for children less than 6 years of age only*

Does your child live in or regularly visit a house that was built before 1950, including a home childcare center or the home of a relative?	YES
Does your child live in or regularly visit a house built before 1978 with peeling or chipping paint or has this house been renovated in the past 6 months?	YES
Does your child have a brother, sister, housemate, or playmate who is being treated for lead poisoning?	YES
Does your child live with an adult whose job or hobby involves exposure to lead?	YES
Has your child lived near an active lead smelter, battery-recycling plant, or other industry likely to release lead into the environment?	YES
Is your child a recent refugee, immigrant, or recent adoptee?	YES
Is your child eligible for or receiving Medicaid or WIC benefits?	YES
Does your child live in a high-risk zip code? (Including <u>Dumfries:22025</u> ; <u>Falls Church:22046</u> ; <u>Arlington: 22201,22203, 22204, 22205, 22206, 22207, 22211</u> ; <u>Alexandria: 22301, 22302, 22305, 22314</u> ; <u>Fairfax: 22307</u> ; <u>Winchester: 22601</u> )	YES