

North Arlington Pediatrics Annual Questionnaire

2021 Screening

FILL OUT ONCE A YEAR PER FAMILY

Dr. _____

Reviewed: _____

Scanned: _____

Family Name _____ Date _____

Please list all children living in the home:

Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____
Name: _____ DOB: _____

Who do the children live with?

____ Parents ____ Foster Family ____ Joint Custody
____ Single Custody (if so, who do they live with: _____)
____ Other: _____

Which ethnic group(s) does your child/children belong to? (Please circle all that apply)

American Indian African American or Black Hispanic or Latino Asian/South Pacific Islands Caucasian Other

Respond to the following questions by circling the appropriate answer.

Tuberculosis Risk Assessment:

- | | | |
|--|-----|----|
| 1. Is there a family history of tuberculosis or suspicion of tuberculosis in a family member? | YES | NO |
| 2. Was this child or his/her parents born in South America, Africa, Central America Southeast Asia or any other foreign country? List: _____ | YES | NO |
| 3. Have any members of the family in close contact been in jail or prison? | YES | NO |
| 4. Do you live in the city of Chicago or in a neighborhood that is known to have high prevalence of tuberculosis? | YES | NO |
| 5. Have you or your child traveled out of the country in the last year or have you had visitors from out of the country? If so, where _____ | YES | NO |

Household Risk Factors:

- | | | |
|---|-----|----|
| 1. Does either parent smoke cigarettes, vape, use any tobacco or cannabis product? | YES | NO |
| 2. Is your child exposed to smoke from any tobacco product at home or on a regular basis? | YES | NO |
| 3. Are there guns in the house? | YES | NO |
| 4. Do your children visit any house where guns are kept? Please Specify: _____ | YES | NO |

Lead Risk Assessment: (FILL THIS SECTION OUT ONLY FOR CHILDREN UNDER 6 YEARS OF AGE)

- | | | |
|---|-----|----|
| 1. Is any child in your family eligible for or enrolled in Medicaid, Head Start, All Kids, or WIC? | YES | NO |
| 2. Does any child in your family have siblings with blood lead level of 10 mcg/dl or higher? | YES | NO |
| 3. Does any child in your family live in or regularly visit a home built before 1978? | YES | NO |
| 4. In the past year, has the child been exposed to repairs, repainting or renovations of a home built before 1978? | YES | NO |
| 5. Are any of your children a refugee or an adoptee from any foreign country? | YES | NO |
| 6. Has any child in your family been to Mexico, Central or South America, or any Asian country? | YES | NO |
| 7. Does any child in your family live with someone who has a job or hobby that may involve lead (for example: jewelry making, construction, plumbing, automobiles, lead solders, leaded glass, lead shots, lead fishing sinkers?) | YES | NO |
| 8. At any time, has your family lived near a factory where lead is used? | YES | NO |

PLEASE FILL OUT THE OTHER SIDE OF THIS FORM IF YOU WERE INSTRUCTED BY TODAY'S NURSE
OR IF THERE HAS BEEN ANY CHANGE TO YOUR FAMILY HISTORY IN THE LAST YEAR

