

<b>Well Child Pre-Screening Questionnaire</b>			
<b>Lead screening</b>			
Does child live in or visit a house probably built before 1978?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
Does child live in or visit a house being painted/remodeled?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
Does child eat or chew on non-food things like paint chips or dirt?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
Have any members of the family or your child's playmates had high blood lead?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
Does family live or does child play near site with risk of lead exposure?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
Have you ever given child any products that may contain lead?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
Does anyone living with you have exposure to lead?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
Does anybody child spends time with have exposure to lead?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
Is imported or glazed pottery, Mexican bean pot used to cook or store foods?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
Does child eat foods canned or packaged outside the U.S.?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
<b>Tuberculosis screening</b>			
Has anyone in your family had TB?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
Is child around adult diagnosed or suspected of having TB?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
Child born/visited a country with a lot of TB?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
Is child around anyone with TB symptoms?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
Has child him/herself had TB symptoms?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
Has child had contact with anyone who is/was an IV drug user?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
Has child had contact with anyone who is HIV infected?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
Has child had contact with anyone is/has been in jail/prison?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>
Has child recently moved to the U.S. from a foreign country?	<b>N</b>	<b>Y</b>	<b>Don't Know</b>