

RISK QUESTIONNAIRES FOR 2 YEARS OLD

NAME _____ DATE OF BIRTH _____ Today's Date _____

Circle Y for Yes Circle N for NO

	<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>	<i>Date</i>
Lead Risk Assessment: <i>(every well child visit from 6 months up to 6 years)</i>						
1. Has your child ever lived or stayed in a house or apartment that is more than built before 1978? (includes day care center, preschool home, home of babysitter or relative)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
2. Is anyone in the home being treated or followed for lead poisoning?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3. Are there any current renovations or peeling paint in a home that your child regularly visits?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
4. Does your child lick, eat or chew things that are not food? (paint chips, dirt, railings, poles, furniture, old toys, etc.)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
5. 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.)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
6. Do you live in High Lead Risk Areas Zip Codes? Harford county: 21001 21010 21034 21040 21078 21085 21130 Baltimore City : All Baltimore County : See list (A "yes" or "don't know" response to any question indicates a positive risk) See other zip codes on page 2	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Tuberculosis Risk Assessment: <i>(Starting at 1 year of age and annually thereafter)</i>						
1. Has your child been exposed to anyone with a case of TB?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
2. Was your child, or a household member, born in an area where TB is common (e.g., Africa, Asia, Latin America, and the Caribbean)?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
3. Has your child, or a household member, lived more than a year in an area where TB is common?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
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)?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
5. Does your child have HIV infection?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<i>(A "yes" response to any question indicates a positive risk)</i>						
Heart Disease/Cholesterol Risk Assessment: <i>(2 years through 20 years)</i>						
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?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
2. Has the child's mother or father been diagnosed with high cholesterol? (240 mg/dL or higher)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<i>(A "yes" response to <u>either</u> question 1 or 2 indicates a positive risk.)</i>						
3. Is the child/adolescent overweight?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
4. And is there also a personal history of:	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Smoking?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Lack of physical activity?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
High blood pressure?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
High cholesterol?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Diabetes mellitus?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
<i>(A "yes" response to <u>both</u> questions 3 and 4 indicates a positive risk)</i>						

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