

Name: _____

DOB: _____

Date: _____

RISK FACTOR QUESTIONNAIRE

TUBERCULOSIS RISK

YES NO **Birth, travel, or residence** in a country with an elevated TB rate?

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe

YES NO **Immunosuppression**, current or planned?

- HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g. infliximab, etanercept, others), steroids (equivalent of ≥ 2 mg/kg/day, or ≥ 15 mg/day for ≥ 2 weeks) or other immunosuppressive medication

YES NO **Close contact** with someone with infectious TB disease during lifetime?

LEAD PREVENTION

YES NO Do you live in a home with chipping, or peeling paint? Or are you remodeling?

YES NO Do you have any friends, relatives, or neighbors with high lead levels?

YES NO Does your child eat sand or dirt?

YES NO Is anyone in your home exposed to lead in their jobs or hobbies? (i.e. painting, soldering, battery manufacturing)

YES NO Do you use unglazed cooking utensils or pottery?

HOME SAFETY

YES NO Is the water temperature in your house over 120 degrees?

YES NO Is there a gun in your home?

YES NO Does anyone in the house smoke?

YES NO Do you have a smoke detector in your home? Do you check them twice a year to be sure they are working?

YES NO Do you have a working fire extinguisher in your home?

YES NO Do you always wear seatbelts in the car?

YES NO Do you have a carbon monoxide monitor in your home?



