



# RISK ASSESSMENT

## ► Cholesterol Screening Questionnaire

- 1) Does your child have a parent or grandparent who was diagnosed with heart disease or had a heart bypass surgery at less than 55 years old?      Yes      No
- 2) Does your child have a parent or grandparent with documented heart attack, poor circulation (in legs), stroke or sudden death that occurred when they were less than 55 years old?      Yes      No
- 3) Does your child have a parent with high cholesterol levels?      Yes      No

## ► Lead Screening Questionnaire

- 1) Does your child live in or regularly visit a home built before 1978 with peeling or chipping paint? (This includes day-care, sitter, etc.)      Yes      No
- 2) Does your child live in or regularly visit a home built before 1978 with recent, ongoing or planned renovations?      Yes      No
- 3) Does your child have a sibling, housemate or playmate being followed or treated for lead poisoning?      Yes      No
- 4) Does your child live with someone whose job/hobby involves exposure to lead?      Yes      No

## ► Smoking risk factors

- 1) Are there any smokers at home?      Yes      No

## ► Tuberculosis (TB) Screening Questionnaire

- 1) Was your child born outside the United States?      Yes      No
- 2) Has your child traveled outside the United States?      Yes      No  
(If yes, where did they travel, with whom did they stay and for how long?)
- 3) Has your child been exposed to anyone with TB disease?      Yes      No
- 4) Does your child have a close contact with a person with positive TB skin test?      Yes      No

## ► Dental Care

- 1) Does your child regularly see a dentist?      Yes      No
- 2) Do you use mostly well water in your home?      Yes      No
- 3) Do you have family history of multiple dental cavities?      Yes      No

## ► Gun Safety

- 1) Are there guns or firearms in the home?      Yes      No
- 2) Are guns locked and kept separately from ammunition?      Yes      No
- 6) Does your child spend time with anyone who has been in jail, a shelter, uses illegal drugs or has HIV?      Yes      No

## ► Food Insecurity

- 1) Within the past 12 months, were you worried whether your food would run out before you had money to buy more.      Yes      No
- 2) Within the past 12 months, did the food not last, and did you not have money to get more.      Yes      No