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ASSOCIATED PEDIATRICS OF
FOX VALLEY
HELPING BUILD HEALTHY FAMILIES EVERY DAY

Child's Name_____

Date of birth_____

Please complete the following questions to help us provide optimal care to your child.

AGE 3 years and up **Nutrition/Food Security Questions**

What type of milk is your child drinking? (circle one)	Skim 1% 2% Whole Other_____
How many glasses of **milk *per day*** does the child drink?	_____ Glasses/day
Does child drink SWEETENED beverages (juice, soda, sports drink, sweet tea) **more than 1 serving a day** ?	Yes No
Does the child eat FAST FOOD **more than 1 time a week**?	Yes No
Does the child eat FAMILY MEALS **less than 3 times a week**?	Yes No
Does the child spend **more than 2 hours/day** in front of a screen (tv, videogames, cell phone, tablet) ?	Yes No
Does the child do **less than 30-60 minutes** of physical activity everyday?	Yes No
Within the past 12 months we worried whether our food would run out before we got money to buy more:	Often True Sometimes True Never True
Within the past 12 months the food we bought just didn't last and we didn't have money to get more:	Often True Sometimes True Never True

AGE 6mo-6yrs ONLY Lead Screening Questions

1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC?	Yes - No - Don't Know
2. Does this child have a sibling with a blood lead level of 10 mcg/dL or higher?	Yes - No - Don't Know
3. Does this child live in or regularly visit a home built before 1978?	Yes - No - Don't Know
4. In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978?	Yes - No - Don't Know
5. Is this child a refugee or an adoptee from any foreign country?	Yes - No - Don't Know

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6. Has this child ever been to Mexico, Central or South America, Asian countries(i.e., China or India), or any country where exposure to lead from certain items could have occurred (for example, cosmetics, home remedies, folk medicines or glazed pottery)?	Yes - No - Don't Know
7. Does this child live with someone who has a job or a hobby that may involve lead (for example, jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, or work with automobile batteries or radiators, lead solder, leaded glass, lead shots, bullets or lead fishing sinkers)?	Yes - No - Don't Know
8. At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)?	Yes - No - Don't Know
9. Does this child reside in a high-risk ZIP code area? (see front desk for list)	Yes - No - Don't Know

Age 6 months and up TB Pediatric Risk Questionairre

1. Does the child have any symptoms of TB (cough, fever, night sweats, loss of appetite, weight loss or fatigue) or an abnormal chest X-ray?	❒Yes ❒No	If yes, name of symptoms: _____
2. In the last 2 years, has the child lived with or spent time with someone who has been sick with TB?	❒Yes ❒No	
3. Was the child born in Africa, Asia, Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, The Caribbean or the Middle East?	❒Yes ❒No	If yes, in what country was the child born: _____
4. Has the child lived or traveled in Africa, Asia, Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, The Caribbean or the Middle East for more than one month?	❒Yes ❒No	If yes, in what country did the child travel to: _____
5. Have any members of the child's household come to the United States from another country?	❒Yes ❒No	If yes, name of country: _____
6. Is the child exposed to a person who: - Is currently in jail or who has been in jail in the past 5 years? - Has HIV? - Is homeless? - Lives in a group home? - Uses illegal drugs? - Is a migrant farm worker?	❒Yes ❒No	If yes, name the risk factors the child is exposed to: _____ _____
7. Is the child/teen in jail or ever been in jail?	❒Yes ❒No	If yes, name of jail: _____
8. Does the child have any history of immunosuppressive disease or take medications that might cause immunosuppression?	❒Yes ❒No	If yes, name of disease or medications: _____