

## WELL CHILD CARE AT SIX MONTHS

### At Today's Visit

- We will ask for an update on your baby's health.
- We will discuss your baby's growth and development.
- You will complete a childhood lead risk questionnaire.
- We will screen for post partum depression using the Edinburgh Postnatal Depression Screen.
- Your infant will have a physical examination.
- Your infant will receive immunizations.
- You will have an opportunity to ask questions.

### Things to Keep in Mind Between Now and the Next Visit

- **FEEDING**
  - ▷ ***Solids anyone?*** Babies learn to eat step by step. Many babies are ready to learn to start eating mushy foods from the spoon by 5 to 6 months and are ready for table food by age 8-10 months. Others are not ready to start solids until months later and only get to the table when they are 12 to 18 months old. Once you start, keep moving at your baby's rate. Don't get stuck on any one step. Remember that faster isn't better, slower isn't worse.
  - ▷ ***Relationship building 101.*** Continue to trust in your infant's ability to communicate her solid feeding readiness. Observe her developmental accomplishments and determine when to start solids and what types of foods and textures to give her based on the way your child can eat.
  - ▷ ***Lesson 1.*** If you have not already begun solids and your infant is sitting up (alone or with support), opening her mouth for a spoon, closing her lips over the spoon, and keeps most of the food in her mouth and then swallows, she is ready for mushy food (approximate stage 1 or 2 equivalent) that you feed her with a spoon. Please refer to the four month well child care section for a detailed description of how to feed your baby solids, selecting your infant's first food, and how to orient your infant to flavors and textures.
  - ▷ ***Lesson 2.*** If your infant has already begun to eat solids, continue to advance the textures of her foods based on her interest and ability. When your infant is picking up her food but can't let go, keeps food in her mouth instead of swallowing it right away, moves the food to her jaws, and

munches the food in her mouth, she is ready for thicker, lumpier (approximate stage 2 or 3 equivalent) food that you feed from the spoon.

- ▷ **Lesson 3.** Between 7 and 10 months of age, your child will begin to be able to eat pieces of soft food, like a cooked carrot or a banana. She will learn to judge the size of the bite she takes, and will get better at chewing by grinding with her jaws rather than munching. She still will let food slip back in her throat before she chews it, so she will gag at times. She will probably cut some front teeth that she will use to help bite. She will not have molars and will get along well without them. To learn about food at this stage, children need to feel, squish, and spoon foods, to put foods in their mouths and take them out again. Give your baby a blunt little baby spoon, and let her use it when she's ready. At this time, your child will also develop a pincer grasp, using her thumb and fingers to pinch small pieces. She will delight in this skill, because it lets her pick up small finger foods. She will begin to be able to feed herself.
- ▷ **Please remember.** Allergic prone infants should avoid exposure to eggs (particularly egg whites) until they are 2 years of age, and peanuts (including peanut butter), nuts, and fish until they are 3 years of age. Meats can be introduced after 7 to 8 months of age. Egg introduction (for non-allergic infants) should be delayed until the infant's first birthday. Combination foods may be given to older infants once tolerance to the individual components has been established.
- ▷ **From the nipple to the cup to the table.** After your baby gets used to eating solid foods, it's a good idea to introduce sips of formula or juice from a cup. A regular cup is preferable so she can learn to control the muscles in her mouth. An infant cup is okay, it just postpones the oral-motor learning of cup drinking. Please don't use a bottle for juice, which will just hook your baby all the more on the bottle. When it's time for solid foods, it's also time to start working toward weaning, not toward reinforcing the use of the bottle. At first, cup drinking is messy business, with most of the liquid drooling out the corners of your baby's mouth. After a while, her mouth develops so that she can curve her lips around the edge of the cup, and drink with less spilling. Three to four cups of formula a day is enough at this age.
- ▷ **Weaning.** Please refer to the addendums on weaning, weaning from breast to the bottle, weaning from breast to the cup, weaning from the bottle to the cup, and weaning resistance for additional information.
- ▷ **You are still important.** From 6 to 12 months of age, your child begins to want to do things for herself. She starts to take more interest in people and in things other than you. It may even seem like you aren't as important as you once were. Not true. Your presence while she eats continues to be very important. She will always do more and dare more with her eating when you are there. However, at times she'll be so interested in what's going on around her that she may want you to feed her while she looks around and plays. Don't do the job for her. Expect her to be an active

participant in feeding. Even at this early age, she needs to take responsibility for her eating.

- ▷ ***Feelings are important.*** Don't be afraid of your child's feelings, and don't feed your child to try to settle him down. At this stage, he's beginning to express pleasure, excitement, protest, rage, aggressiveness, dependency, and affection. He can express these feelings and still be able to calm down. It's at this stage that he's sorting out emotions from sensations of hunger, appetite, and fullness. You need to help with the sorting by not feeding him whenever he gets upset. Children who are offered food whenever they feel upset don't learn to feel their feelings and may eat instead. They can also get turned off by food.

## ▪ **DEVELOPMENT**

- ▷ At this age babies are usually rolling over and beginning to sit by themselves. Babies squeal, babble, laugh, and often cry very loudly. They may be afraid of people they do not know. Meet your baby's needs quickly and be patient with your baby. ***Look for the following characteristics in your infant between 6 and 9 months of age:***

### **Daily Activities**

- ◆ Adores playing with balls, rattles, and squeaky toys
- ◆ Usually sleeps through the night
- ◆ Usually begins teething
- ◆ May prefer some foods to others
- ◆ May enjoy playing with food
- ◆ Loves games like peek-a-boo and pat-a-cake

### **Language Development**

- ◆ Babbles and squeals using single syllables
- ◆ Loves to jabber
- ◆ May recognize own name

### **Emotional Development**

- ◆ May show sharp mood changes
- ◆ Displays especially strong attachment to mother
- ◆ Develops deeper attachment to father, siblings, and other familiar people
- ◆ Distinguishes children from adults
- ◆ Smiles at other children
- ◆ May show fear of strangers
- ◆ Continues to be intrigued with mirror image

### **Motor Skills**

- ◆ Rests on elbows
- ◆ Begins to sit alone
- ◆ Sits in high chair
- ◆ Continues to use motions leading to crawling
- ◆ Makes jumping motions when held in standing position

- ◆ Reaches with one hand
- ◆ Bats and grasps dangling objects
- ◆ Holds objects between thumb and forefinger
- ◆ Passes objects from one hand to another

- **SLEEP**

- ▷ Place your infant on their back in the crib when they are drowsy but awake.
- ▷ Your infant may not want to be put in bed. A favorite blanket or stuffed animal may make bedtime easier.
- ▷ Do not put a bottle in the bed with your baby.
- ▷ Continue to develop a bedtime routine like playing a game, singing a lullaby, turning the lights out, and giving a goodnight kiss. Make the routine the same every night. Be calm and consistent with your baby at bedtime.
- ▷ At six months of age, you may expect your infant to take two naps totaling 3 or 4 hours during the day and to sleep for about 11 hours at night (for some, the 11 hours will occasionally take place in a single stretch). The morning nap gradually drops out but, for most children, the afternoon nap continues through toddlerhood and into the preschool years.
- ▷ Somewhere between 6 and 12 months of age, your infant may develop separation anxiety (a fear of strangers and possibly anyone other than a preferred parent). This phase indicates that your infant is becoming aware of himself as an individual separate from you. He is also beginning to understand that you, too, are a separate person. Separation anxiety generally peaks between 10 and 18 months and gradually fades away during the latter half of the second year. Knowing that you are separate from her, as your child enters a light sleep phase, she may awake once or many times in the night, crying or calling out for you. Until it disappears, your child may need reassurance several times night after night. You can take steps during the day to lessen nighttime disturbances:
  - ◆ No matter how young your baby is, let him know in a matter of fact way when you have to leave him. Even if you're only going into another room for a minute, tell him, "I'll be right back." One day he'll surprise you with his own, "Right back!" when he's leaving you for a while.
  - ◆ Playing peek a boo and games in the mirror helps your baby to understand that Mommy and Daddy go away and come back
  - ◆ When you go out in the evening, try to use a familiar babysitter. If you must use a new one, ask her to arrive before the child's bedtime and allow a little time for getting acquainted.
- ▷ Waking phases come and go, often without any explanation, in the first few years. As long as your infant is healthy, well fed, and comfortable

(bedroom not too cold or warm, diaper not soaked and clammy), this may just be a stage in his development.

- ▷ When your baby cries, give him a few minutes to settle down on his own. If the crying continues, keep the lights dim as you check to make sure everything is all right, pat your baby and reassure him but avoid picking him up, and leave his room again as soon as he is calm but still awake.
- ▷ ***Breaking the nighttime feeding habit.*** Consider phased withdrawal rather than the “cold turkey” method. When your child wakes during the night and does not console herself back to sleep, briefly check on her to make sure that there is no physical reason for the crying. After 6 months of age, the amount of breast milk or formula given at night should be tapered off, the duration of the feeding shortened, and the feedings finally discontinued altogether. A bottle fed baby may cry less if the withdrawal visits are managed by the parent who does not usually provide the nighttime feedings and thus is not associated with the routine. In most cases, it should be possible to complete the withdrawal process within 2 weeks. Once the feedings are stopped, nighttime crying should be managed with a brief initial visit to make sure there isn't a physical problem. If the crying continues, return for brief visits at increasingly longer intervals, between 5 and 10 minutes at a time. Speak in a soft, reassuring tone to your baby, pat him or rub him gently, but don't pick him up. The sooner you make the change, the easier it will be. However, make sure you choose a time to change when your baby doesn't need extra attention because of an illness with uncomfortable symptoms. If you are concerned about letting your baby cry for a longer period than usual because it may wake your other children, choose a weekend or school vacation time when the crying will be less disruptive.
- ▷ ***Bad habits.*** A few common habits that interfere with developing good sleep habits include allowing your baby to fall asleep at the breast or bottle, rocking your baby to sleep, and sharing a bed with your baby.

## ▪ SAFETY TIPS

- ▷ ***Avoiding Suffocation, Choking, and Drowning.*** Keep ropes, strings, cords, dangling toys, and small, hard objects out of your baby's reach. Use only unbreakable toys without sharp edges or small parts that can come loose. Avoid foods on which a child might choke (such as candy, hot dogs, peanuts, popcorn).
- ▷ ***Preventing Fires, Burns, and Scalds.*** Develop and practice a fire escape plan. Check your smoke detector(s) every six months to make sure it is working. Keep a fire extinguisher in or near the kitchen. Check food temperatures carefully, especially if foods have been heated in a microwave oven. Keep hot foods and liquids out of reach. Avoid eating, drinking, or carrying anything hot near your baby or while you are holding your baby. Cover all exposed electrical outlets and throw away

cracked/frayed cords. Turn the water heater down to 120°F (50°C). Avoid too much direct sunlight. At 6 months of age, you can lightly apply sunscreen. Choose sunscreen that is made for children, preferably waterproof. Select an SPF of 15 or higher to prevent both sunburn *and* tanning, and choose a sunscreen that states on the label that it protects against both UVA and UVB rays (referred to as "broad-spectrum" sunscreen).

- ▷ ***Avoid Falls.*** Keep crib and playpen sides up. Avoid using walkers. Install safety gates to guard stairways. Lock doors to dangerous areas like the basement or garage. Check drawers, tall furniture, and lamps to make sure they can't fall over easily. Consider padding table corners. Always keep one hand on your baby, and do not leave them alone in the bathtub or on high places.
- ▷ ***Prevent Poisoning.*** Keep all medicines, vitamins, cleaning fluids, and gardening chemicals locked away or disposed of safely. Install safety latches on cabinets. The poison control number is **1-800-222-1222**. Please keep this number near all of your telephones.

#### ▪ **GENERAL RECOMMENDATIONS**

- ▷ Never shake your baby. Forceful shaking can cause death or permanent injury. Good people when overwhelmed can hurt an infant. Remove yourself from your infant and return only when diffused and calm.
- ▷ Your baby may be teething. This is a normal process as new teeth work their way through the gums. Your baby's first tooth may appear any time between 3 months to 1 year of age. Most children have completely painless teething. The only symptoms are increased saliva, drooling, and a desire to chew on things. Teething occasionally causes some mild gum pain, but it doesn't interfere with sleep. The degree of discomfort varies from child to child. Your child won't be miserable. Because teeth erupt almost continuously from 6 months to 2 years of age, many unrelated illnesses are blamed on teething. Fevers are also common during this time because after the age of 6 months, infants lose the natural protection provided by **their mothers' antibodies**.

- ◆ ***Which baby teeth come in first?*** Your baby's teeth will usually erupt in the following order:

1. 2 lower incisors
2. 4 upper incisors
3. 2 lower incisors and all 4 first molars
4. 4 canines
5. 4 second molars

♦ *How can I take care of my child?*

**1. Gum massage**

- Find the irritated or swollen gum. Massage it with your finger for 2 minutes. Do this as often as necessary. You may also massage the gum with a piece of ice.

**2. Teething rings**

- Your baby's way of massaging his gums is to chew on a smooth, hard object. Teethers or teething rings are helpful. Most children like them cold. Offer a teething ring that has been chilled in the refrigerator, but not frozen in the freezer. A piece of chilled banana may help. Avoid ice or Popsicles that could cause frostbite of the gums. Also avoid hard foods that he might choke on (like raw carrots). Teething biscuits are fine.

**3. Diet**

- Avoid salty or acidic foods. Your baby probably will enjoy sucking on a nipple, but if he complains, use a cup for fluids temporarily.

**4. Pain medicine**

- If the pain increases, give acetaminophen (Tylenol) for 1 day. Special teething gels are unnecessary and probably not beneficial. Many teething gels contain benzocaine, which can cause an allergic reaction. In addition, it's unlikely they can numb the gums because they are washed out of the mouth and swallowed within a few minutes. If you still want to use a gel, do not apply it more than 4 times a day.

**5. Common myths about teething**

- Teething does not cause fever, sleep problems, diarrhea, diaper rash, or lowered resistance to any infection. It probably doesn't cause crying. If your baby develops a fever while teething, the fever is caused by something else.

**6. Don't tie a teething ring around your baby's neck**

- It could catch on something and strangle your child. Attach it to your baby's clothing with a "catch-it-clip."

**7. Call during office hours if:**

- Your child develops a fever over 101°F, or 38.3°C.
- Your child develops crying that doesn't have a cause.

- ▷ Never put your baby to bed with a bottle. Your baby will start to see the bottle as a security object and this will make it difficult to wean your child from the bottle. Prolonged bottle use, especially at night will lead to tooth decay and may cause ear infections.

- ▷ You may begin cleaning your baby’s gums and/or teeth with water and a soft cloth or rubber toothbrush...especially after medications. Avoid fluoride containing products at this time.
- ▷ Your baby may cry when near strangers – this is age-appropriate stranger anxiety. Calm your baby and allow time to warm up.
- ▷ Read to your child. Encourage your baby to imitate sounds. Provide opportunities for safe exploration. Play pat-a-cake and peek-a-boo.
- ▷ DEET-containing insect repellants can be used as long as the concentration of DEET is 30% or less. Apply these sprays sparingly on exposed skin, and not on your child’s hands, or near the eyes or mouth. Wash treated skin with soap and water after returning indoors.

▪ **IMMUNIZATIONS**

- ▷ **At the 6-month visit, your baby should receive 2 shots and 1 oral immunization including a:**
  - ◆ DTaP (diphtheria, tetanus, acellular pertussis,) Hib (Haemophilus influenza type B) , Polio combined within one shot (Pentacel)
  - ◆ Pneumococcal (PCV7) shot
  - ◆ Rotavirus oral vaccine
  - ◆ *Please refer to your vaccine information statements (VIS) for complete details regarding each vaccine.*

▪ **IMMUNIZATION SIDE EFFECTS**

- ▷ Your child may run a fever and be irritable for about 1-2 days after getting shots. Your child may also have some soreness, redness, or swelling at the vaccine sites. Acetaminophen (Tylenol) may help reduce fever and pain. For pain at the injection sites, place a cool, wet washcloth on the area as often and as long as needed for comfort.
- ▷ Please call us if your baby has a rectal temperature over 102.5°F, or has a reaction other than fever, mild irritability, or injection site problems.

▪ **ADDITIONAL RESOURCES\***

- ▷ Fever
- ▷ Temperature, how to measure
- ▷ Weaning
- ▷ Weaning from breast to bottle
- ▷ Weaning from bottle to cup
- ▷ Weaning from breast to cup
- ▷ Weaning reluctance or resistance

### **How to Prepare for the Next Visit**

- Please bring in questions and observations about your baby that you would like to discuss.
- Keep track of any illnesses, including visits to other health care facilities and the ER.
- Please bring your vaccine record.
- Please complete the ASQ developmental questionnaire found on our website\* within 1 week of your next well visit.

### **What to Expect at the Next Visit**

- Your child should return when he is **9 months old**.
- Your baby will have a physical examination.
- We will score and discuss the results of the ASQ developmental questionnaire.
- There are no required immunizations at the nine month well child visit.

\* =found on our website

## QUESTIONS FOR 6 MONTH VISIT

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please answer the questions that apply to either your breast milk or formula fed infant.

### NUTRITION

#### BREAST MILK

Do you feel that breast feeding is going well?  yes  no

Are you?  breast feeding  exclusively pumping  both

#### APPROXIMATE NUMBER OF FEEDINGS IN A 24 HOUR PERIOD:

5  6  7-8  9-10  10-12  >12

#### DOES YOUR INFANT BREAST FEED FROM ONE OR BOTH BREASTS?

one  both  N/A

#### APPROXIMATE AMOUNT OF TIME PER BREAST?

< 15 minutes  15-30 minutes  30-45 minutes  > 45 minutes  n/a

Have you introduced an occasional bottle?  yes  no  n/a

Are you currently taking your prenatal vitamins?  yes  no

Is your infant taking a vitamin D supplement?  yes  no

Do you plan on returning to work while breast feeding or pumping breast milk?  yes  no

Do you want information regarding breast feeding/pumping while returning to work?  yes  no

### FORMULA FED

#### OUNCES PER FEEDING:

4-5 ounces  6-7 ounces  7-8 ounces  > 8 ounces

#### FREQUENCY OF FEEDING:

every 2-3 hours  every 3-4 hours  every 4-5 hours  > 5 hours

#### APPROXIMATE FEEDINGS IN A 24 HOUR PERIOD:

5  6  7-8  >8

#### APPROXIMATE TIME PER FEEDING:

< 15 minutes  15-30 minutes  30-45 minutes  > 45 minutes

#### FORMULA TYPE:

Enfamil Lipil  Nestle Goodstart  Prosobee  Enfacare  Other

Similac Advance  Isomil  Nutramigen  Neosure

### SOLID FOODS

Has your infant started solids (complementary foods)?  yes  no

If yes, what?

Iron fortified cereal  Stage 1 products  Stage 2 products  Home made baby foods

Has your infant started to drink water?  yes  no

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## QUESTIONS FOR 6 MONTH VISIT

PATIENT NAME: \_\_\_\_\_

### ELIMINATION

Wet diapers per day:     <6         >6

### BOWEL MOVEMENTS:

Frequency:

< 1 per day     1-3 per day     4-6 per day     > 6 per day

Is your infant having any problems with bowel movements?     yes     no

### SLEEP

Sleeps consecutively for:

2-3 hours     3-4 hours     4-5 hours     5-6 hours     > 6 hours

How many naps does your infant take?

none     1     2     3     > 3

How much time (total) does your infant spend napping during the day?

< 1 hour     1-2 hours     3-4 hours     4-6 hours     > 6 hours

Is your infant sleeping on his/her back?     yes     no

Is your infant using a pacifier?     yes     no

Are you establishing a routine before placing your infant to sleep?     yes     no

Are you placing your infant to sleep while partially or fully-awake?     yes     no

### VISION

Do you have any concerns about your infant's vision?     yes     no

### HEARING

Do you have any concerns about your infant's hearing?     yes     no

### SAFETY

Does your infant ride in the car using a rear facing infant car seat?     yes     no

### DEVELOPMENT

Plays with hands by touching them together	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Transfers objects from one hand to another	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Grasps and mouths objects	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Turns head to sounds that originate outside of immediate area	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Supports head when pulled from back to sit (no head lag)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Sits with support	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Tries to stand on feet and bear some weight while being held underneath the arms	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Supports weight on outstretched hands while on stomach	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Sees small objects such as crumbs	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Attempts to talk by producing a string of sounds	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Babbles back and forth with others	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Reacts to the emotions of others	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Smiles, laughs and squeals	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Begins to relax when read a bedtime story	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Notices self and actions while staring in mirror	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Is interested in toys	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving
Reaches out to you to be picked up	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> evolving

M.A.R. 2.2008    SIGNATURE OF PROVIDER: \_\_\_\_\_    DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHILDHOOD LEAD RISK  
 ASSESSMENT QUESTIONNAIRE**

PATIENT NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

AGE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ ZIP CODE: \_\_\_\_\_

**ALL CHILDREN 6 MONTHS THROUGH 6 YEARS MUST BE ASSESSED FOR LEAD POISONING.  
 (410 ILCS 45/6.2)**

A documented result of a blood lead test or a properly filled out Childhood Lead Risk Assessment Questionnaire must be attached to a Certificate of Child Health Examination form for purposes of admission to an Illinois Department of Children and Family Services or state regulated child-care facility, including those operated by a school district.

**Respond to the following questions by checking the appropriate answer.**

Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this child have a sibling with a blood lead level of 10 mcg/dL or higher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does this child live in or regularly visit a home that was built before 1978?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
In the past year, has this child been exposed to repairs, repainting or renovation of a home built before 1978?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Is this child a refugee or an adoptee from any foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
At any time, has this child lived near a factory where lead is used (for example, a lead smelter or a paint factory)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Does your child live in a high risk zip code area? * Please reference list of high risk zip codes on the back of this form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	* <input type="checkbox"/> Don't Know

MAR 2, 2008

SIGNATURE OF PROVIDER: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## TUBERCULOSIS RISK ASSESSMENT QUESTIONNAIRE

PATIENT NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

AGE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

In order to determine whether or not a TB test is indicated for your child, we need you to answer the following questions. Because exposure risks can change, we will ask you to update this questionnaire at the 6, 12, 18, and 24 month well child visits and then annually until 21 years of age.

### Respond to the following questions by checking the appropriate answer.

Has a member of your family or a person who has contact with your child had tuberculosis disease?  Yes  No  Unknown

Has a family member had a positive tuberculin skin (TB) test?  Yes  No  Unknown

Was your child born in a country with a high rate of tuberculosis (places other than the United States, Canada, Australia, New Zealand, or Western European countries)?  Yes  No  Unknown

Has your child traveled (had contact with resident populations) to a high risk country for more than 1 week?  Yes  No  Unknown

MAR 2.2008

SIGNATURE OF PROVIDER: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_