

12 Months

Name _____

Today's Date _____

Date of Birth _____

Hunger Vital Sign Questionnaire: (NB then yearly)

For each statement, please tell me whether the statement was Often True, Sometimes True, or Never True for your household in the past 12 months.

	Often True	Sometimes True	Never True
Within the past 12 months, we worried whether our food would run out before we got money to buy more.			
Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.			

TB Screening Questionnaire (administer at 2 months, 6 months, 12 months, 18 months, 24 months, then yearly)

	YES	NO	UNSURE
Has your child been in close contact with a person with infectious Tuberculosis?			
Does your child have HIV infection or is considered at risk for HIV infection?			
Is your child foreign born (especially if born in Asia, Africa, or Latin America), a refugee, or an immigrant?			
Is your child in contact with the following individuals: HIV infected, homeless, nursing home residents, institutionalized or incarcerated adolescents or adults, illicit drug users, or migrant farm workers?			
Does your child have a depressed immune system, either because of disease or treatment for disease?			
Does your child live in an established "high risk for tuberculosis" community or area?			