

Subject ID:

Date:

Month

Day

Year

Has your child traveled outside the U.S. in the past 5 years? Y - N (please circle one)

Has your child ever been treated for an intestinal parasite? Y - N - not sure

If yes, do you know which one? (please circle all that apply)

Hookworm - Roundworm - Whipworm - Pinworm - not sure

If treated, when? _____ (MM/DD/YYYY)

If treated, where was your child treated? _____ (Clinic/Facility)

If treated, what drug? _____ (Name of Drug)

Has your child had diagnosis of developmental delay? Y - N - Not sure

If yes, what was the diagnosis? (please circle all that apply)

Autism - ADHD - Cerebral Palsy - prefer not to answer

If other, please specify _____

Has your child had a history or diagnosis of asthma/reactive airways disease? Y - N - Not sure

If yes, what was the diagnosis? _____

If treated, when? _____ (MM/DD/YYYY)

If treated, where was your child treated? _____ (Clinic/Facility)

If treated, how was your child treated? _____ (Name of Drug)

Has your child had a history of anemia or low blood count? Y - N - Not sure

If yes, what was the diagnosis? _____

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Has your child had a history of abnormal lead levels? Y - N - not sure

Has your child had loose stools for more than 1 month at a time over the past 3 years?

If yes, what was the diagnosis? _____ Y - N - not sure

If treated, when? _____ (MM/DD/YYYY)

If treated, where was your child treated? _____ (Clinic/Facility)

If treated, how was your child treated? _____ (Name of Drug)

Has your child had a history of skin rash? Y - N - not sure

If yes, what was the diagnosis? _____

If treated, when? _____ (MM/DD/YYYY)

If treated, where was your child treated? _____ (Clinic/Facility)

If treated, how was your child treated? _____ (Name of Drug)

Has your child come in contact with the following animals in the past 3 years?

Cats - Dogs - Pigs - Other - None

If other, please specify _____

Has your child played/worked outside where his/her bare hands or bare feet were in contact with soil in the past 3 years?

Never - Sometimes (less than a month) - Often (at least monthly) - All the Time - not Sure

Does your child live outside the city limits? Y or N

Does your child visit friends or relatives that live outside any city limits? Y or N

If so, how often? Daily - Weekly - Monthly - Yearly

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What type of toilet is in the home where your child lives?

Flushable toilet - Outdoor toilet - Other - prefer not to answer

If other, please specify _____

COMMENTS

Form Completed By: _____ **Date:** _____

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