TB SCREENING QUESTIONNAIRE

_________________       ___________________        ________________                              ____/_____/_____

Last name                              First name                         Middle name                                       Date of birth

______________________________________     _________________         ___________            ____________

Address                              City                              State                              Zip

_____________________

Home phone                     Cell or work phone                     Today’s date

CIRCLE ANY OF THE BELOW SYMPTOMS YOU HAVE TODAY

Cough         Coughing up blood         Fever         Weight loss         Tiredness         Night sweats

PLEASE ANSWER THESE QUESTIONS

Why do you need a TB test today?

Have you ever had a positive TB skin test or TB blood test?  Yes  No  Don’t Know
Have you had a severe reaction to a TB skin test?  Yes  No  Don’t Know
Have you ever taken medication for tuberculosis?  Yes  No  Don’t Know

What country were you born in?

What countries have you lived in?

Have you had the BCG vaccine?  Yes  No  Don’t Know
Have you been in contact with someone who has TB disease?  Yes  No  Don’t Know
Have you ever used injection drugs?  Yes  No  Don’t Know
Do you have HIV/AIDS?  Yes  No  Don’t Know
Do you have any diseases that could affect your immune system such as cancer, leukemia or other?  Yes  No  Don’t Know

Do you have diabetes?  Yes  No  Don’t Know
Do you have severe kidney disease?  Yes  No  Don’t Know
Are you underweight or do you have a disease which affects how you absorb food and nutrients?  Yes  No  Don’t Know
Have you had an intestinal bypass or gastrectomy?  Yes  No  Don’t Know
Do you take any prescription medications?  List them below:  Yes  No  Don’t Know

continue on next page  ————
CONSENT TO TESTING
I have received information about the TB skin test. I had a chance to ask questions which were answered to my satisfaction. I agree to return in 48-72 hours to have the test read. I understand the risks and benefits of the TB skin test and request the test be given to me. I understand that if I am symptomatic for TB or if the TB skin test is positive, results may be communicated to the physician with whom I will follow-up if medical care is needed.

____________________________________  ______________________
Signature                               Date

DO NOT COMPLETE, FOR NURSE

<table>
<thead>
<tr>
<th>Administration</th>
<th>TST #1</th>
<th>TST #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person giving test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date and time administered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location (circle)</td>
<td>L forearm</td>
<td>R forearm</td>
</tr>
<tr>
<td>Tuberculin manufacturer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculin exp. date and lot #</td>
<td></td>
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<tr>
<td>Administrator signature</td>
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<tr>
<td>Results (48-72 hours)</td>
<td></td>
<td></td>
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<tr>
<td>Date and time read:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of mm of induration: (across forearm)</td>
<td>_____ mm</td>
<td>_____ mm</td>
</tr>
<tr>
<td>Interpretation of reading (circle)</td>
<td>Positive**</td>
<td>Negative</td>
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<tr>
<td>Reader’s signature</td>
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</tbody>
</table>

**Interpreting the TST**

> 5 mm is positive:
- HIV infected
- Recent contacts
- People with fibrotic changes on CXR
- Patients with organ transplant and others on immunosuppressant drugs (including prolonged course of oral or intravenous corticosteroids or TNF alpha inhibitors)

> 10 mm is positive:
- Born in or former resident of country with high TB incidence
- Injection drug user
- Mycobacterial lab workers
- People who live/work in high risk congregate settings (health care workers, long term care, correctional facilities)
- Children younger than 4 years
- Infants, children and adolescents exposed to adults in high risk categories
- People with: Diabetes, severe kidney disease, silicosis, cancer of head or neck, hematologic or reticuloendothelial disease such as Hodgkin’s disease or leukemia, intestinal bypass or gastrectomy, chronic malabsorption syndromes, low body weight

> 15 mm is positive if there are no known TB risk factors