

# TB SCREENING QUESTIONNAIRE

CLIENT \_\_\_\_\_ DOB: \_\_\_\_\_ ID #: \_\_\_\_\_  
Last First

1. Have you recently coughed up blood?	Yes	No
2. Have you been coughing for more than 2 – 3 weeks?	Yes	No
3. Have you lost more than 5 lbs in the last 2 months?	Yes	No
4. Have you had frequent fevers in the last month?	Yes	No
5. Have you had unusual sweating, especially at night?	Yes	No

- If “Yes” to question 1 or “Yes” to two-or-more of the other symptoms; go to **Evaluate for Active TB** below
- Other findings (“Yes” to one symptom): Refer to medical provider as needed, depending on the severity of the symptom

<b>Have you ever had a TB Test?</b>	Yes	No		
<u>What type?</u>			<u>What was the result?</u>	
TB Skin Test	Yes	No	Positive	Negative
TB Blood Test	Yes	No	Positive	Negative

Do you have proof of your TB test\*?    Yes                  No

- Previous TB test documentation: Record date and result:
- Copy TB test document for program and client’s records

TB test Date

\_\_\_\_\_ mm  
 \_\_\_\_\_ IU  
 \_\_\_\_\_ Spots

\*Current, acceptable TB tests are Mantoux TB skin test, QuantiFERON blood test, TSpot blood test

**SUMMARY** (Check all applicable)

If TB Test is:

\_\_\_\_\_ **Not known/No Previous TB test Done:** Refer clients for TB testing ASAP (7 days max)

\_\_\_\_\_ **Negative (no documentation available):** Refer client for TB testing ASAP (7 days max)

\_\_\_\_\_ **Negative (documented as done within the last 3 months):** No TB test needed now

\_\_\_\_\_ **Positive History (no documentation):** Refer for an evaluation of TB testing ASAP (7 days max)

\_\_\_\_\_ **Positive History (documented, date and size recorded above):**

Chest x-ray needed within 7 days of admission UNLESS client presents documented proof of a normal x-ray done within the last 3 months. Copy x-ray report for clinic record and record date here: **X-ray Date** \_\_\_\_\_

\_\_\_\_\_ **Evaluate for Active TB** (coughing up blood or two-or-more other symptoms): Contact TB Control to discuss situation – (619) 692-5565

**Staff completing this form:** \_\_\_\_\_ **Date:** \_\_\_\_\_