

TB Screening Questionnaire

This is an OPTIONAL form for all San Diego County funded Substance Use Disorder programs. While the form is optional, programs are required to document TB screening and timelines.

WHEN:

Completed during Screening/Intake Admission

COMPLETED BY:

Authorized agency representative

REQUIRED ELEMENTS:

- **Client Name:** Complete client's full name.
- **Date of Birth:** Complete client's month/day/year of birth.
- **ID #:** Complete the client ID number as determined by agency guidelines.

The next five questions are to determine possible signs of tuberculosis. The responses to the questions may exclude signs and symptoms related to alcohol or drug use, withdrawal signs, voluntary weight loss, or current diagnosed medical conditions.

1. **Have you recently coughed up blood?** Complete yes or no answer.
2. **Have you been coughing for more than 2 - 3 weeks?** Complete yes or no answer.
3. **Have you lost more than 5 lbs in the last 2 months?** Complete yes or no answer.
4. **Have you had frequent fevers in the last month?** Complete yes or no answer.
5. **Have you had unusual sweating, especially at night?** Complete yes or no answer.

If there is a “Yes” answer to question 1, or “Yes” answer to two-or-more of the other symptoms; go to the Evaluate for Active TB section at the bottom of the form.

For other findings (“Yes” to one symptom): Refer to medical provider as needed, depending on the severity of the symptom

The following three questions are to determine client's previous history of TB skin test.

- **Have you ever had a TB skin test?** Complete yes or no answer.
- **What type?** Complete the yes or no answer for each of the questions regarding type: TB Skin Test and TB Blood Test
- **What was the result?** When a “yes” answer is given to the above question, the screener should ask for the client's last results for either of the types of TB tests. Circle the appropriate answer.
- **Do you have proof of your test?** Complete yes or no answer. If yes, the client must provide copy of result.

- **Previous test documentation:** If the client is able to provide proof of either negative or positive TB test results, complete the test date. Also record date in the appropriate fields (mm, IU and/or Spots). Retain the copy of the result for program and client records.

Summary: This section applies to action taken by the agency for compliance with TB Control of County of San Diego. Check all applicable actions.

- **Not known/No previous TB test done:** Place a checkmark if TB test is not known or no previous test was performed.
- **Negative (no documentation available):** Place a checkmark if previous test was negative but no documentation is provided.
- **Negative (documented as done within last 6 months):** Place a checkmark if the test was negative and the client provided copy of the test result. The test result must be within the last 6 months.
- **Positive history (No documentation):** Place a checkmark if client reported positive test result and no documentation was provided.
- **Positive history (documented; date and size recorded above):** Place a checkmark if client reported positive test result and provided with documentation. If client presents documented proof of a “normal” X-ray done within the last 6 months, record date in the field titled X-ray date.
- **Evaluate for Active TB (coughing up blood or two-or-more other symptoms):** Contact TB control at 619-692-5565 to discuss the situation.
- **Staff completing this form:** The staff completing this form is required to sign and date this form.