

# Tuberculosis Assessment

Confidential patient questionnaire

## WHY WE'RE ASKING

Certain travel, living, and medical situations can increase a patient's risk of tuberculosis (TB) exposure. Your answers help us decide whether TB testing or follow-up is appropriate. Your responses are confidential.

## Who completed this survey?

Mother  Father  Both Parents  Patient

## PLEASE ANSWER EVERY QUESTION — CHECK YES OR NO

#	Question	Yes	No
<b>1</b>	<b>Country of birth</b> Was the patient born in any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe?	<input type="checkbox"/>	<input type="checkbox"/>
	<i>If yes, which country?</i>		
<b>2</b>	<b>Travel or residence abroad</b> Has the patient traveled to or lived in a country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe for more than ONE month?	<input type="checkbox"/>	<input type="checkbox"/>
	<i>If yes, which country and what year(s) did they live there?</i>		
<b>3</b>	<b>TB exposure</b> Has the patient been exposed to anyone with active TB (tuberculosis) disease?	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b>	<b>Immune status &amp; medications</b> Has the patient ever tested HIV positive, been immunosuppressed, had or plans to have an organ transplant, or received any of the following: TNF-alpha antagonist treatment (e.g., infliximab, etanercept), steroids (equivalent of prednisone $\geq 2$ mg/kg/day, or $\geq 15$ mg/day for $\geq 1$ month), or other immunosuppressive medication?	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	<b>Living situation</b> Has the patient ever lived in a homeless shelter, juvenile detention center, correctional facility, halfway house, or group home?	<input type="checkbox"/>	<input type="checkbox"/>

Your responses are confidential. Please contact your provider if you have any questions about this form.