HealthPartners

Tuberculosis (TB) Risk Questionnaire

Yes	No	
☐	☐	**1. Have you ever had a tuberculosis <u>skin</u> test?** If yes, have you ever had a positive test? ☐ Yes ☐ No
☐	☐	**2. Have you ever had a tuberculosis <u>blood</u> test?** If yes, have you ever had a positive test? ☐ Yes ☐ No
☐	☐	**3. Have you ever had a chest x-ray?** If yes, when was your last chest x-ray? _____ Where? _____
☐	☐	**4. Have you ever been told you have tuberculosis?** If yes, describe any treatment you received: _____
☐	☐	**5. Were you born outside of the United States?** If yes, which country? _____
☐	☐	**6. In the last 5 years, have you traveled outside of the United States?** If yes, where? _____
☐	☐	**7. Have you ever had close contact with someone with tuberculosis?**
☐	☐	**8. Have you ever received the BCG vaccine for tuberculosis?** (Note: BCG vaccine is <u>not</u> given in the United States)
☐	☐	**9. Do you work in a prison, hospital, long-term care facility, or homeless shelter?**
☐	☐	**10. Have you ever been told that you are immunocompromised?**
☐	☐	**11. Do you have an autoimmune disorder (e.g. lupus, HIV, rheumatoid arthritis)?**
☐	☐	**12. Have you ever had an organ transplant?**
☐	☐	**13. Have you ever received chemotherapy?**
☐	☐	**14. Do you have any other medical conditions?** If yes, please list: _____
☐	☐	**15. Do you take prednisone or other immunosuppressive medications?**
☐	☐	**16. Do you use illegal injection substances (e.g. heroin)?**
		17. Do you <u>currently</u> have any of the following symptoms?
☐	☐	Coughing up phlegm for longer than 3 weeks
☐	☐	Coughing up blood
☐	☐	Chest pain
☐	☐	Fever
☐	☐	Chills
☐	☐	Night sweats
☐	☐	Fatigue (feeling tired most of the time)
☐	☐	Decreased appetite
☐	☐	Unexpected weight loss