**Tuberculosis Risk Assessment Screening Questionnaire**

Today’s Date: ________________________________________

Name: _____________________________________________ Date of Birth: ______________________

*If your child has the appointment today, please fill out the form as it pertains to the child.*

**Circle any symptoms you are experiencing today:**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>YES</th>
<th>NO</th>
<th>UNSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
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<tr>
<td>Fever</td>
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<tr>
<td>Loss of Appetite</td>
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<td>Coughing Up Blood</td>
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<td>Fatigue</td>
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<td>Weight Loss</td>
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<tr>
<td>Night Sweats</td>
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1. Have you ever had a **positive** TB Skin Test or **positive** TB Blood Test (Quantiferon Level)?
   *(If YES, also answer A-D below). (If NO, skip to Question #2).*

   **Answer only if history of positive TB Test:**

   A. Date of positive test? _______________________
   B. Date of last chest x-ray?  ____________________ Normal:  Yes  No
   C. Was a preventive treatment for tuberculosis taken (such as INH)?  Yes  No
   D. Preventative treatment dates? ___________________

2. Have you had any of the following vaccines in the past 4 weeks: MMR (Measles/Mumps/Rubella), Varicella, Proquad (MMR/Varicella combination vaccine), Zoster (Shingles), or FluMist?  YES  NO  UNSURE

3. Do you have, or live with someone who has, active Tuberculosis, HIV/AIDS, or any other immune system problems?  YES  NO  UNSURE

4. Do you live or work, in a hospital, clinic, nursing home, shelter, or prison?  YES  NO  UNSURE

5. Do you have a family member or anyone you see regularly, who may be suspected of having active tuberculosis disease?  YES  NO  UNSURE

6. Were you born in, traveled to, or lived in, Asia, Africa, Latin America, Caribbean, Eastern Europe, Pacific Islands, South America, or Mexico?  YES  NO  UNSURE

7. Do you live in foster care, or a group home?  YES  NO  UNSURE

8. Have you been incarcerated (in prison) in the last 5 years, or lived with someone who has been incarcerated in the last 5 years?  YES  NO  UNSURE

9. Are you currently homeless, a migrant worker, a street drug user, or have you been exposed to someone who is currently homeless, a migrant worker, or a street drug user?  YES  NO  UNSURE

I have received information about the TB skin test and have had the opportunity to ask any questions which were answered to my satisfaction. I agree to return in **48-72 hours** to have my TB test read. I understand the risks and benefits of the TB skin test and request the test be administered to me. I understand that if I am symptomatic for TB, or the TB skin test is positive, I will need to follow up with my Primary Care Physician and further treatment may be necessary.

**Form Completed By (Signature):** ___________________________  **Date:** ____________________

**Print Name:** ____________________________________________

**Relationship to Patient:** (Self), (Parent), (Guardian), Other): __________________________________
**Test Interpretation:**

If the patient’s TST is 5-9 millimeters, screen the patient further for positive high risk conditions (see high risk conditions below under “An induration of 5 or more millimeters). If none of the high risk conditions are applicable to the patient, then the patient’s test is considered to be negative, but the millimeter reading must still be documented. If any of these risk factors do apply, the patient’s test is considered positive and a Referral for Chest X-ray Referral or Blood Quantiferon Level should be initiated. Once results of CXR or Quantiferon Level are received, Provider should initiate and discuss further treatment with patient if applicable.

An **induration of 5 or more millimeters** is considered **positive** in:

- HIV-infected persons
- A recent contact of a person with TB disease
- Persons with fibrotic changes on chest radiograph consistent with prior TB
- Patients with organ transplants
- Persons who are immune-suppressed for other reasons (e.g., taking the equivalent of >15 mg/day of prednisone for 1 month or longer, taking TNF-a antagonists)

In the state of California, if the patient’s TST is 10 millimeters or above, the TST is considered **positive** and a Referral for Chest X-ray Referral or Blood Quantiferon Level should be initiated. Once results of CXR or Quantiferon Level are received, Provider should initiate and discuss further treatment with patient if applicable.

An **induration of 10 or more millimeters** is considered **positive** in:

- Recent immigrants (< 5 years) from high-prevalence countries
- Injection drug users
- Residents and employees of high-risk congregate settings
- Mycobacteriology laboratory personnel
- Persons with clinical conditions that place them at high risk
- Children < 4 years of age
- Infants, children, and adolescents exposed to adults in high-risk categories

All patients testing 10 millimeters or higher are considered positive in California due to risk factors of the populations residing in California, however, an **induration of 15 or more millimeters** is considered positive in any person, including persons with no known risk factors for TB. However, targeted skin testing programs should only be conducted among high-risk groups.