



## Tuberculosis Screening Questionnaire

1. In the past 24 months has a doctor or nurse told you that you have TB in the lungs? No  Yes   
If yes, in which city was the doctor or nurse located? \_\_\_\_\_

2. Have you taken medication(s) for TB in the last 24 months? No  Yes

- If 1 & 2 are answered **No**, GO TO QUESTION #3
- If 1 or 2 are answered **Yes**, **STOP! FOLLOW PROTOCOL # 1 BELOW:**

**PROTOCOL # 1** Bar from admission until clearance is received Call health department for verbal or written clearance

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3. Have you been experiencing a cough recently that has lasted longer than 3 weeks? No  Yes

4. Have you been coughing up blood in the past 3 months? No  Yes

5. Have you had any unexplained weight loss in the past 3 months? No  Yes

6. Have you had fever or heavy night sweats (other than a day or two, associated with brief flu) in the past 3 months? No  Yes

- If 3, 4, 5 & 6 are answered **No**, GO TO QUESTION #7
- If 3, **plus** 4, 5 or 6 are answered **Yes**, **STOP! FOLLOW PROTOCOL # 2 BELOW:**

**PROTOCOL # 2** Bar from admission until clearance from a physician is obtained  
Refer for medical evaluation within 3 days Written clearance is needed before admittance into program

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7. When was your last TB Skin Test? Never  Don't Remember  TB Test Date MM/YY \_\_\_\_\_

- If answer to Q# 7 is **never** or **don't remember**, **STOP! FOLLOW PROTOCOL # 3 BELOW**

8. Were you informed of the results of the test? If Yes, was the test? Positive  Negative

- If answer to Q# 8 is **negative but test took place less than 6 months ago** **STOP! FOLLOW PROTOCOL # 5 BELOW**
- If answer to Q# 8 is **negative but test took place more than 6 months ago** **STOP! FOLLOW PROTOCOL # 3 BELOW**
- If answer to Q# 8 is **positive but don't remember month & year** **STOP! FOLLOW PROTOCOL # 3 BELOW**
- If answer to Q# 8 is **positive and gives month & year** of TB skin test **STOP! FOLLOW PROTOCOL # 4 BELOW**

**PROTOCOL # 3** Ok to admit Refer for Mantoux TB Skin Testing Document that skin test was read with result, and follow-up medical evaluation given for positive TB skin test

**PROTOCOL # 4** Ok to admit No referral for Mantoux TB Skin Testing is needed Refer for chest X-ray & medical evaluation Document that chest X-ray & medical evaluation were given

**PROTOCOL # 5** Ok to admit Get client to provide documentation & sign release to allow program to obtain proof of test results

Referred for TB Services?  No  Yes Date Referred \_\_\_\_\_  Client declined referral for testing

### TB AND AIDS/HIV EDUCATION DOCUMENTATION

Client was provided County approved TB education during:	<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Group Counseling
Client was provided County approved AIDS/HIV education during:	<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Group Counseling
Client was provided printed TB and AIDS/HIV information	<input type="checkbox"/>	

Client Name	Client ID #	Agency
Screened by Counselor Print Name	Counselor Signature	Date