

## TUBERCULOSIS SCREENING SURVEY

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Tuberculosis (TB) is a lung infection that you can catch from other people. It is important for us to check every patient for the chance of having Tuberculosis. Please take the time to answer the following questions.

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|--|-----|----|
| Do you have a history of active or recently diagnosed Tuberculosis?  | YES | NO |
| Have you been exposed to a person with TB within the last two years? | YES | NO |
| Do you cough up blood?   | YES | NO |
| Do you sweat at night where the sheets or clothes are moist?         | YES | NO |
| Have you lost weight beyond normal weight changes?                   | YES | NO |
| Have you had a loss of appetite for more than two months?            | YES | NO |
| Are you so tired that it interferes with daily activities?           | YES | NO |
| Have you coughed a lot over the past three weeks?                    | YES | NO |
| Have you had a lot of fever over the past few months?                | YES | NO |