



## TUBERCULOSIS RISK ASSESSMENT

<b>Name</b>		<b>Date</b>	
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Read the following questions and circle or fill in the appropriate answer.

Have you been exposed to anyone with active tuberculosis this year?	Y or N
Have you had a recent unexplained weight loss?	Y or N
Do you have a persistent cough?	Y or N
Do you have night sweats, chills or a fever?	Y or N
Do you have swollen glands?	Y or N
Have you noticed a change in your voice quality?	Y or N
Have you had a loss of appetite?	Y or N
Do you have difficulty breathing?	Y or N
Are you wheezing?	Y or N
Have you noticed a loss of strength?	Y or N
Have you coughed up blood?	Y or N
Do you have chest pain?	Y or N
Are you feeling well?	Y or N
Have you traveled out of the country in the past year?	Y or N
If yes, where?	
Have you lived in a foreign county?	Y or N
If yes, where?	
Is there a family history of tuberculosis?	Y or N
Have you ever been treated for tuberculosis?	Y or N
Have you ever been diagnosed with HIV?	Y or N
Have you had an organ transplant?	Y or N
Do you have a serious medical condition?	Y or N
Please list :	
Do you work or live in a facility where many other people live, like a nursing home, shelter, group home, or correctional facility?	Y or N
Are you taking prednisone or other steroids?	Y or N
Do you use illegal drugs?	Y or N

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_