



Affiliate of ProMedica

Lima Memorial Health System

Tuberculosis Questionnaire

Name (Please print): _____ Date: _____

Signature: _____ D.O.B.: _____

CURRENT SYMPTOMS

1. Do you have a cough that has lasted longer than three weeks?

- Yes
- No

2. Do you cough up blood or mucous?

- Yes
- No

3. Have you lost your appetite? Aren't hungry?

- Yes
- No

4. Have you lost weight (more than 10 pounds) in the last two months, without trying to?

- Yes
- No

5. Do you have night sweats (need to change the sheets or your clothes because they are wet)?

- Yes
- No

TB HISTORY

1. Have you ever had a positive TB skin test?

- Yes
- No
- Don't know

2. Have you ever had an abnormal chest x-ray?

- Yes
- No

If yes, how long ago?

3. Have you recently had the mucous you cough up tested for TB?

- Yes
- No
- Don't know

If yes, were you told it was positive?

- Yes
- No

4. Have you ever been told you have Infectious Tuberculosis?

- Yes
- No

If yes, how long ago?

5. Have you ever been treated with medication for Infectious TB?

- Yes
- No

If yes, how many medications?

- One
- Two
- More than three

6. Are you still taking TB medicine?

- Yes
- No

Did you take all the TB medicine until the health care professional told you that you were finished?

- Yes
- No

7. Do you live with or have you been in close contact with someone who was recently diagnosed with TB? (e.g. shelter roommate, close friend, relative).

- Yes
- No
- Don't know