TB Questionnaire

Name of Child _____ Date of Birth _____

Organization administering questionnaire _____ Date _____

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB disease usually have many of the following symptoms: cough for more that two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis. Please respond to the following questions by circling the appropriate answer:

TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: has your child been around anyone with any of these symptoms or problems? or has your child had any of these symptoms or problems? or has your child been around anyone sick with TB?	Yes	No	Don't Know
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?	Yes	No	Don't Know
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries? _____	Yes	No	Don't Know
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?	Yes	No	Don't Know

Has your child been tested for TB? Yes___ (if yes, specify date_____/_____) No_____

Has your child ever had a positive TB skin test? Yes___ (if yes, specify date_____/_____) No_____

For school/healthcare provider use only

PPD administered Yes____ No_____

If yes,

Date administered_____/_____/_____ Date read_____/_____/_____ Result of PPD test_____mm response

Type of service provider (i.e. school, Health Steps, other clinics) _____

PPD provider _____ _____

signature printed name

Provider phone number _____

City_____ County _____

If positive, referral to healthcare provider Yes_____ No_____

If yes, name of provider _____

TEXAS Department of State Health Service