

# **TB Questionnaire**

## **Children's Risk Assessment**

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Tuberculosis (TB) is a disease caused by TB germs and is transmitted by an adult with active TB pneumonia. It is spread to another person by coughing sneezing TB germs into the air. The child may breathe in these germs.

Adults who have active TB disease usually have many of the following symptoms: cough for more than 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 their 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 available 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 ANSWER ALL THE QUESTIONS!!**

TB can cause fever or long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know,

1. Has your child been around any adult with these symptoms or problems? **Circle: Yes or No**
2. Has your child had any of these symptoms or problems? **Circle: Yes or No**
3. Has your child been around anyone sick with TB? **Circle: Yes or No**

4. Was your child born in or has your child traveled to Mexico or any other country in Latin America, the Caribbean, Africa or Asia for longer than 3 weeks? **Circle: Yes or No**  
If so, which country/countries? \_\_\_\_\_

5. To your knowledge, has your child spent time with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United State from another country? **Circle: Yes or No**

6. Has your child been recently tested for TB? **Circle: Yes or No** (if yes, specify date \_\_\_\_\_)

7. Has your child ever had a positive TB skin test? **Circle: Yes or No** (if yes, specify date \_\_\_\_\_)