WPCS TB History, Risk, Assessment and Symptom Screen

A. TB History

a. Have you ever tested positive for TB infection? Yes ____ No ____
   i. If yes, have you ever been treated for Latent TB Infection (LBTI)? Yes ____ No ____
   ii. If yes, did you complete treatment for LBTI? Yes ____ No ____
b. Have you ever been diagnosed with having TB? Yes ____ No ____
   i. If yes, did you complete treatment for the disease? Yes ____ No ____

B. Risk Assessment:

a. Have you worked or lived with or spent time with or been exposed to anyone who has been sick with TB in the last two years? Yes ____ No ____
b. Have you lived or traveled in Africa, Western Europe, Russia, Mexico, Central or South America, Asia, India, or the Phillippines? Yes ____ No ____
c. Have you lived or worked in a correctional facility, long term care facility, or homeless shelter? Yes ____ No ____
d. Are you infected with HIV? Yes ____ No ____
e. Have you ever injected illegal drugs? Yes ____ No ____
f. Do you smoke? Yes ____ No ____

C. Symptom Screen:

Do you currently have any of the following symptoms?

a. Drenching night sweats of more than two weeks duration? Yes ____ No ____
b. Unexplained weight loss? Yes ____ No ____
c. Body weight 10% below ideal body weight? Yes ____ No ____
d. Loss of appetite? Yes ____ No ____
e. A cough lasting more than three weeks? Yes ____ No ____
f. Coughing or spitting up blood? Yes ____ No ____
g. Hoarseness? Yes ____ No ____
h. Chest pain? Yes ____ No ____

Signature: _____ Date: _____