Tuberculosis Symptom Questionnaire

Name: ____________________________________________

DOB: ____________________________________________

Date: ____________________________________________

Previous PPD skin test results show you to be TB skin test positive. A positive skin test reaction means that sometime in the past you have come into contact with M. tuberculosis, the bacterium that causes tuberculosis (TB). An otherwise healthy person with a positive TB skin has about a 10% lifetime risk of developing active tuberculosis. The risk in the first two years after TB skin test conversion is about 5%. This means that of 100 people whose skin test converts and who do not receive adequate preventive therapy, 5 of them will develop TB during the first 2 years after TB skin test conversion. An immunocompromised person (HIV positive, receiving immunosuppressive or cancer chemotherapy) with a positive TB skin test has a risk that is approximately twice as high for developing active TB.

Answer yes or no to the questions; if any answer is yes, give the approximate date the symptoms started and whether or not you still have them.

Have you had any of the following symptoms in the past year?

1. Productive cough for 3 weeks or more  No Yes Date _________ Still Have? _________

2. Persistent weight loss without dieting.  No Yes Date _________ Still Have? _________

3. Persistent fever above 100 degrees F  No Yes Date _________ Still Have? _________

4. Night sweats  No Yes Date _________ Still Have? _________

5. Loss of appetite  No Yes Date _________ Still Have? _________

6. Swollen glands in neck or elsewhere  No Yes Date _________ Still Have? _________

7. Recurrent/persistent kidney/bladder infections  No Yes Date _________ Still Have? _________

8. Coughing up blood (hemoptysis)  No Yes Date _________ Still Have? _________

9. Shortness of breath  No Yes Date _________ Still Have? _________

10. Chest pains  No Yes Date _________ Still Have? _________

11. Fatigue or weakness of feeling ill  No Yes Date _________ Still Have? _________

12. Frequent of recurring chills  No Yes Date _________ Still Have? _________

Persons with a positive PPD who are experiencing symptoms should receive a chest x-ray to assess for pulmonary tuberculosis.

Physician ___________________________ Phone ___________________________

Please fax to Waco-McLennan County Public Health District, TB Control Department 254.750.5453.