

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 or 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.