



## Tuberculosis Health Assessment/History

SIGNS & SYMPTOMS OF TB	+/-	DATE OF ONSET	COMMENTS
Cough (Persistent X3 Weeks)			
Weight Loss			Today's wt. _____ Est. wt. 3 mo. ago _____
Fever / Chills			Today's temperature _____
Shortness of Breath			
Chest Pain			
Fatigue			
Loss of Appetite			
Night Sweats			
Hemoptysis			
Hoarseness			
Eye Pain or Blurry Vision			
Swelling of Lymph Node(s)			
Frequent Urination, Bloody Urine or Flank Pain			
Swelling of Joint / Vertebra			
Headache, Decreased Level of Consciousness or Neck Stiffness			
Pain / Swelling in Other Locations			

SOCIAL HISTORY	+/-	COMMENTS	COMMENTS
Tobacco use		_____ pks / day _____ years of use	<b>Education:</b> [ ] Elem. Sch. [ ] Jr. Hi. [ ] Hi. Sch. [ ] College
Alcohol		Current # alcoholic drinks per week	<b>Housing:</b> [ ] Own [ ] Rent [ ] Homeless [ ] Inner city resident [ ] Binational (US-Mexico) [ ] Low Income [ ] Live Alone [ ] Live With Others
HIV/AIDS Risk			<b>Long-Term Care:</b> [ ] Nsg. Home [ ] Hosp.-Based [ ] Residential [ ] Mental Health Res. [ ] Alcohol/Drug Treatment [ ] Other
Drug Abuse		___ Non-injecting Drugs? ___ Injecting Drugs?	<b>Incarceration:</b> [ ] Fed. Prison [ ] State Prison [ ] Local Jail [ ] ICE [ ] Juvenile Correctional [ ] Other Corr. [ ] Unknown. Incarceration date:
Malnutrition/Diet low in sources of B <sub>6</sub>			<b>Occupation:</b> [ ] Health Care [ ] Correctional [ ] Migrant/Seasonal [ ] Other Occupation [ ] Not employed in past 24 mo [ ] Student [ ] Child [ ] Homemaker [ ] Retiree [ ] Institutionalized [ ] Unk
Foreign Birth		If foreign-born, Country Mo/Yr Entry US	<b>If Pediatric TB Case/Suspect (&lt; 15 years old)</b> Country of birth for primary guardian(s) Patient lived outside US for > 3 months [ ] Yes. [ ] No If yes, country
Foreign Travel or Residence			<b>Locating Info:</b>
Barriers to Compliance			

ADDITIONAL COMMENTS	COMMENTS
Signature of person taking history	Signature of interpreter (if used)

+ = If History Is Positive      - = If History Is Negative