Tuberculosis Questionnaire

Name: _____ SSN: _____
Interview Date: _____ Interviewed By: _____
Date of Positive PPD: _____ Date of Last Chest X-ray: _____
INH: ☐ Yes ☐ No When Taken: _____ How Long Taken: _____

Check the appropriate response for any symptoms you may be experiencing:

1)	Unexplained weight loss	☐ Yes	☐ No
2)	Anorexia (loss of appetite)	☐ Yes	☐ No
3)	Fever (usually at night)	☐ Yes	☐ No
4)	Night sweats (drenching)	☐ Yes	☐ No
5)	Cough (> 2 weeks)	☐ Yes	☐ No
6)	Hemoptysis (spitting up blood)	☐ Yes	☐ No
7)	Production of sputum	☐ Yes	☐ No
8)	Fatigue/tiredness	☐ Yes	☐ No
9)	Shortness of breath	☐ Yes	☐ No

If you answered yes to any of the above listed symptoms, please indicate the symptom number and a brief explanation regarding this symptom:

Symptom #	Explanation

Signature: _____ **Date:** _____

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