

Patient Name: _____ DOB: _____

Tuberculosis Screen Questionnaire	Yes	No	Unsure
1. Has your child been exposed to anyone with the confirmed or suspected TB?			
2. Has your child been exposed to any family member or close friend who has been in jail in the last five years?			
3. Has your child recently emigrated from Asia, the Middle East, Africa or Latin America?			
4. Has your child recently traveled to Asia, the Middle East, Africa or Latin America?			
5. Does your child have HIV or live in a home with someone who has HIV?			
6. Has your child been exposed to anyone with HIV, homeless residents or nursing homes, teens or adults in jail, or migrant farm workers?			
7. Have you (parent) emigrated (with known TB status) from Asia, the Middle East, Africa, Latin America; Do you travel to these areas or have contact in your home with people from these areas with known TB status?			
8. Does your child live in an area that you know to have a high prevalence of TB?			
9. Does your child have diabetes, chronic renal failure, malnutrition, or a problem with the immune system that he/she was born with or acquired later in childhood?			