

DATE: \_\_\_\_\_

**QUESTIONNAIRE FOR TUBERCULOSIS EXPOSURE**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Questions:	YES	NO
<p><b>1. Was your child born outside the United States ?</b>            If yes, this question would be followed by: Where was your child born? If the child was born in Africa, Asia, Latin America, or Eastern Europe, a TST should be placed.</p>		
<p><b>2. Has your child traveled outside the United States?</b>            If yes, this question would be followed by: Where did the child travel, with whom did the child stay, and how long did the child travel? If the child stayed with friends or family members in Africa, Asia, Latin America, or Eastern Europe for &gt; 1 week cumulatively, a TST should be placed.</p>		
<p><b>3. Has your child been exposed to anyone with TB disease?</b>            If yes, this question should be followed by questions to determine if the person had TB disease or LTBI, when the exposure occurred, and what the nature of the contact was. If confirmed that the child has been exposed to someone with suspected or known TB disease, a TST should be placed.            If it is determined that a child had contact with a person with TB disease, notify the local health department per local reporting guidelines.</p>		
<p><b>4. Does your child have close contact with a person who has a positive TB skin test?</b>            If yes, see question 3 (above) for follow-up questions. Risk-assessment questionnaires can include the following questions based on local epidemiology and priorities</p> <ol style="list-style-type: none"> <li>1. Does your child spend time with anyone who has been in jail (or prison) or a shelter, uses illegal drugs, or has HIV?</li> <li>2. Has your child drank raw milk or eaten unpasteurized cheese?</li> <li>3. Does your child have a household member who was born outside the United States?</li> <li>4. Does your child have a household member who has traveled outside the United States?</li> </ol>		

\* Adolescents can be asked these questions directly.

**Children & Teens  
MEDICAL CENTER**

UPDate: 04/2014

Practice folders/tour forms/tb questionnaire