



# TUBERCULOSIS SYMPTOM QUESTIONNAIRE FOR PPD POSITIVE EMPLOYEES

EMPLOYEE NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

DOCUMENTED PPD HISTORY: DATE OF TEST: \_\_\_\_\_ RESULTS: \_\_\_\_\_ mm

IF RECENT PPD, CHEST X-RAY DATE: \_\_\_\_\_ RESULTS: \_\_\_\_\_

HISTORY OF TREATMENT FOR ACTIVE TB DISEASE OR TREATMENT FOR LATENT TUBERCULOSIS TREATMENT (LTBI)?

YES  NO, IF YES, WHEN?: \_\_\_\_\_ WHERE? \_\_\_\_\_

NUMBER OF MONTHS TAKEN: \_\_\_\_\_ DOT  SELF-ADMINISTERED (SA)

MEDICATION(S) TAKEN: \_\_\_\_\_

## SYMPTOM ASSESSMENT

DATE OF ASSESSMENT: \_\_\_\_\_

DO YOU CURRENTLY HAVE A PRODUCTIVE COUGH? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, HOW LONG HAVE YOU HAD IT? \_\_\_\_\_ DAYS \_\_\_\_\_ WEEKS \_\_\_\_\_ MONTHS

IF YES, WHAT COLOR IS THE MUCUS? \_\_\_\_\_

IF YES, ARE YOU COUGHING UP BLOOD? \_\_\_\_\_

DO YOU HAVE "NIGHTSWEATS"? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU HAVE A LOW-GRADE FEVER? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU HAD WEIGHT LOSS WITHOUT DIETING? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, HOW MANY POUNDS HAVE YOU LOST? \_\_\_\_\_

HAVE YOU HAD UNUSUAL TIREDNESS OR FATIGUE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, HOW LONG? \_\_\_\_\_ DAYS \_\_\_\_\_ WEEKS \_\_\_\_\_ MONTHS

DO YOU HAVE CHEST PAIN? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, HOW LONG? \_\_\_\_\_ DAYS \_\_\_\_\_ WEEKS \_\_\_\_\_ MONTHS

DO YOU HAVE SHORTNESS OF BREATH? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, HOW LONG? \_\_\_\_\_ DAYS \_\_\_\_\_ WEEKS \_\_\_\_\_ MONTHS

DO YOU KNOW SOMEONE WHO HAS OR HAS HAD THESE SYMPTOMS? \_\_\_\_\_ YES \_\_\_\_\_ NO

COMMENTS/REFERRALS: \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERVIEWER'S SIGNATURE/TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_