



*Affiliate of ProMedica*

**Lima Memorial Health System  
Tuberculosis Questionnaire**

Name (Please print): Date: \_\_\_\_\_

Signature: D.O.B.: \_\_\_\_\_

**CURRENT SYMPTOMS**

**1. Do you have a cough that has lasted longer than three weeks?**

- Yes
- No

**2. Do you cough up blood or mucous?**

- Yes
- No

**3. Have you lost your appetite? Aren't hungry?**

- Yes
- No

**4. Have you lost weight (more than 10 pounds) in the last two months, without trying to?**

- Yes
- No

**5. Do you have night sweats (need to change the sheets or your clothes because they are wet)?**

- Yes
- No

TB HISTORY

**1. Have you ever had a positive TB skin test?**

- Yes
- No
- Don't Know

**2. Have you ever had an abnormal chest x-ray?**

- Yes
- No

If yes, how long ago?

**3. Have you recently had the mucous you cough up tested for TB?**

- Yes
- No
- Don't Know

If yes, were you told it was positive?

- Yes
- No

**4. Have you ever been told you have Infectious Tuberculosis?**

- Yes
- No

If yes, how long ago?

**5. Have you ever been treated with medication for Infectious TB?**

- Yes
- No

If yes, how many medications?

- One
- Two
- More than three

**6. Are you still taking TB medicine?**

Yes

No

Did you take all the TB medicine until the health care professional told you that you were finished?

Yes

No

**7. Do you live with or have you been in close contact with someone who was recently diagnosed with TB?  
(e.g. shelter roommate, close friend, relative).**

Yes

No

Don't Know