

Patient's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date completed: \_\_\_\_\_

## Tuberculosis (TB) Risk Assessment Questionnaire

Updated 11-12-08

		Yes	No
1.	Was your child born outside the United States? <i>If yes, where?</i> _____	___	___
2.	Has your child traveled outside the United States? <i>If yes,</i> Where did the child travel? _____ With whom did the child stay? _____ How long did the child travel? _____	___	___
3.	Does your child have close contact or live with anyone who has a positive TB skin test? <i>If yes,</i> When did the contact occur? _____ What was the nature of the contact? _____	___	___
4.	Has your child been exposed to anyone with known or suspected tuberculosis? <i>If yes,</i> When did the exposure occur? _____ What was the nature of the contact? _____	___	___
5.	During the past 5 years, has your child spent time with anyone who has been in a jail or shelter, used illegal drugs, or has HIV or AIDS? <i>If yes, what was the nature of the contact?</i> _____	___	___
6.	Has your child drunk raw milk or eaten unpasteurized cheese, (e.g., queso fresco)?	___	___
7.	Does your child have a household member who was born outside the United States? <i>If yes, where?</i> _____	___	___
8.	Do you or your household members travel to foreign countries or have visitors to your home from foreign countries? <i>If yes, where?</i> _____	___	___

Areas with a high incidence of TB: Asia, Africa, Latin America, Eastern Europe, Russia.