

Tulane University Schools of Medicine Student-Run Clinics
TB Screening Questionnaire
MODIFIED FOR USE DURING CLINIC CLOSURES DUE TO COVID-19

Instructions to clinical site: Please ask patients the questions on this form. Add up the numbers for all the checked boxes to determine a risk score. Following the instructions on the other side of this page to determine next steps based on the risk score. For any questions, contact the Tulane Student-Run Clinic Program at SCCLeadership.TUSOM@tulane.edu. *PLEASE ENSURE TO SCREEN FOR COVID-19 (novel coronavirus) BEFORE COMPLETING THIS TB RISK SCREENING.*

I. Patient Information:

Today's Date: _____

Name: _____ Date of Birth: ____/____/2020 Last 4 Digits SSN: _____

II. Patient Questions:

1. Have you EVER had a positive tuberculosis test? Yes No Unknown

2. Have you EVER been diagnosed with tuberculosis? Yes No Unknown

3. Please check any of the following you have had in the last month. Only check things that are UNEXPLAINED, meaning you do not have a known medical condition causing the symptom.

- | | | |
|--|---|--|
| <input type="checkbox"/> Cough lasting 3+ weeks - 3 | <input type="checkbox"/> Unexplained weight loss - 1 | <input type="checkbox"/> Swelling of Neck - 1 |
| <input type="checkbox"/> Coughing up blood - 3 | <input type="checkbox"/> Night sweats - 3 | <input type="checkbox"/> Persistent trouble breathing - 1 |
| <input type="checkbox"/> Chest pain - 3 | <input type="checkbox"/> Changes in bowel habits - 1 | <input type="checkbox"/> Unexplained Fatigue - 1 |
| <input type="checkbox"/> Fever/Chills - 3 | <input type="checkbox"/> Blood in urine - 1 | <input type="checkbox"/> Severe headache - 1 |

4. Please check any of the following that you have:

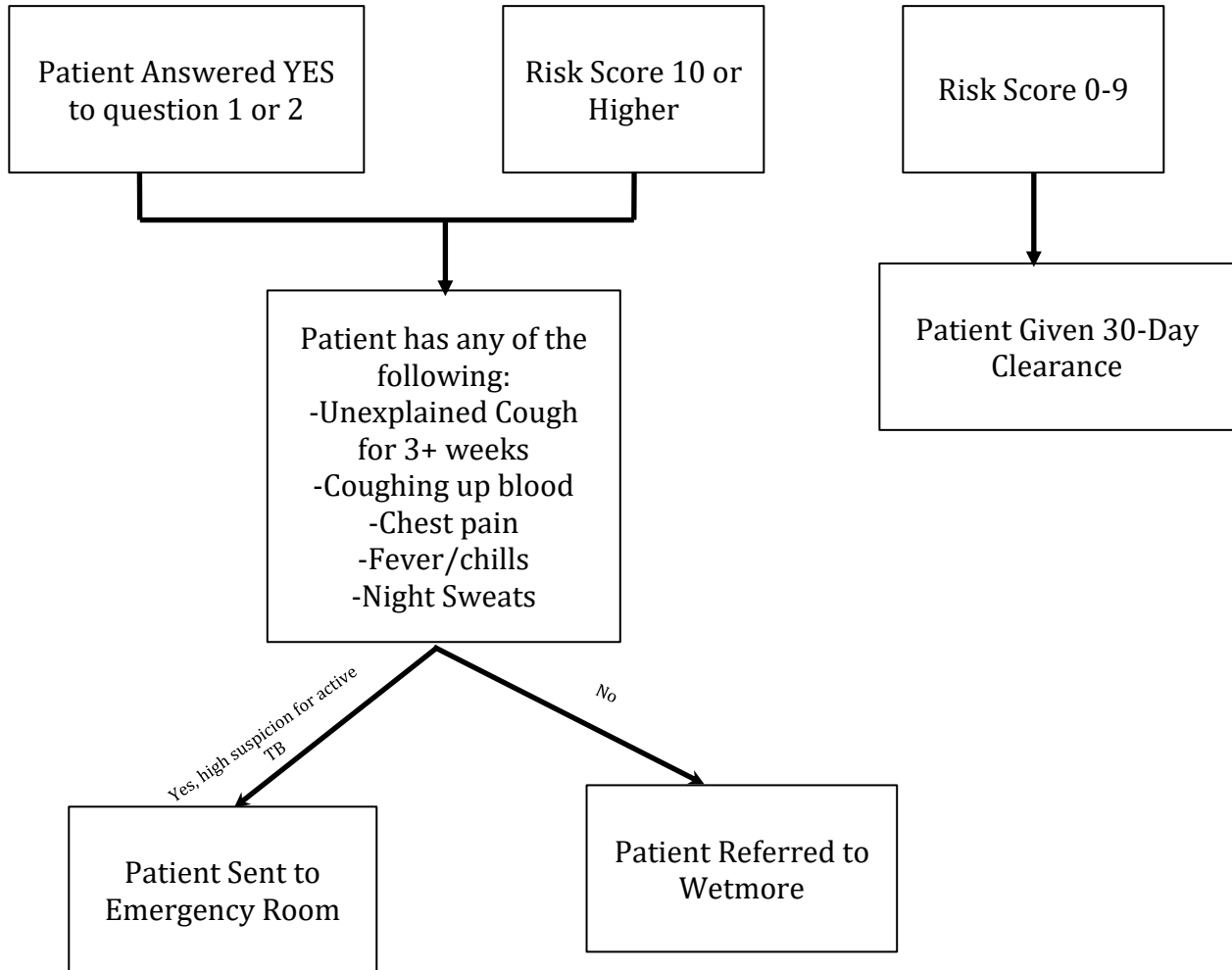
- Long-term use of oral/intravenous steroids or immunosuppressive medications (used for cancer, organ transplant, autoimmune diseases, severe asthma, rheumatoid arthritis, Crohn's disease, ulcerative colitis, lupus, multiple sclerosis) - **2**
- Exposure to HIV or AIDS - **3**
- Close contact with known or suspected active tuberculosis? - **3**
- Silicosis, a lung disease caused by using a sand blaster - **1**
- Lung Disease due to inhaled dust or coal particles (called coal-worker's lung) - **1**
- Gastrectomy (a surgery that removes all or part of the stomach) - **1**
- Removal of part of the intestines - **1**
- Being underweight (10% or more below ideal body weight) - **1**
- Chronic kidney failure - **1**
- Diabetes - **3**
- Cancer of head, neck, or lung - **1**
- Current diagnosis of blood cancers, leukemia or lymphoma - **1**
- Incarceration within the last 5 years - **3**
- IV drug use within the last 5 years - **2**
- Spent more than 2 weeks in any of the following countries in the last 5 years: India, Indonesia, China, African countries, Pakistan, Bangladesh, Philippines, Myanmar, Vietnam, Russia, Thailand, Brazil, Afghanistan - **3**

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RISK SCORE: _____

How to calculate risk score: Add up all checked boxes from questions 3 and 4.

NEXT STEPS:



WETMORE TB CLINIC REFERRAL INFORMATION

Please bring this form with you

Walk-In Clinic: Every Thursday, 8am-12pm

Address:

3308 Tulane Avenue, 6th Floor

New Orleans, LA, 70119

(At the intersection of Tulane Ave and Jeff Davis)

Phone: 504-826-2063

