

Annual TB Symptom Questionnaire

The TB symptom questionnaire must be completed in addition to a negative chest x-ray. The chest x-ray expires every 5 years, and the TB symptom questionnaire must be filled out annually starting one year after the chest x-ray. Please have someone at your agency ask the questions and attest to your answers.

Name: _____

Date: _____

1. Have you experienced any of the follow symptoms within the past year?

- | | |
|------------------------------------|----------|
| a. Unexplained weight loss? | Yes / No |
| b. Night sweats? | Yes / No |
| c. Chest pain? | Yes / No |
| d. Cough for more than 2 weeks? | Yes / No |
| e. Unexplained Hoarseness? | Yes / No |
| f. Unexplained fatigue? | Yes / No |
| g. Shortness of breath? | Yes / No |
| h. Hemoptysis (coughing up blood)? | Yes / No |
| i. Persistent fever? | Yes / No |
| j. Recurrent pneumonia? | Yes / No |

2. If you answered yes to any of the above symptoms, please explain:

3. Have you had exposure to anyone with active TB within the past year? Yes / No

I attest that I filled out this questionnaire to the best of my knowledge. If at any time, I experience any of the above symptoms, I will contact my physician as well as my agency.

Signature: _____

Date: _____

Interviewer: _____ Signature: _____