

N U R S I N G G R O U P
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Tuberculosis Questionnaire

Name: _____ Date: _____
FORMAT 01/01/1980

Interview Date: _____ Interviewer Name: _____ Title: _____
FORMAT 01/01/1980

Date of Positive PPD: _____ Date of last Chest X-ray: _____
FORMAT 01/01/1980 FORMAT 01/01/1980

INH: Yes: _____ No: _____ Dates Taken: _____ Through: _____
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Check the appropriate response for any symptoms you may be experiencing

- 1. Unexplained weight loss.....Yes___ No___
- 2. Anorexia (loss of appetite).....Yes___ No___
- 3. Fever (usually at night).....Yes___ No___
- 4. Night sweats (drenching).....Yes___ No___
- 5. Cough (> 2 weeks).....Yes___ No___
- 6. Hemoptysis (spitting up blood).....Yes___ No___
- 7. Production of sputum.....Yes___ No___
- 8. Fatigue/tiredness.....Yes___ No___
- 9. Shortness of breath.....Yes___ No___

If you answered yes to any of the above listed symptoms, please indicate the symptom number and a brief explanation regarding this symptom:

Symptom #	Description/Explanation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____