

Tulane University Schools of Medicine Student-Run Clinics TB Screening Questionnaire

I. Preliminary Patient Data:

Name: _____ Patient ID: _____

DOB: ____/____/____ Last 4 SSN: _____

If no personal phone number, check here Phone Number: _____

Clinic Site: _____ Health Care for the Homeless Patient: Yes No

II. Risk Assessment:

1. Active Symptoms (check all that apply):

In the last 1 month have you had **UNEXPLAINED**:

- | | |
|--|---|
| <input type="checkbox"/> Cough lasting 3+ weeks* - 3 | <input type="checkbox"/> Blood in urine - 1 |
| <input type="checkbox"/> Coughing up blood* - 3 | <input type="checkbox"/> Severe headache - 1 |
| <input type="checkbox"/> Chest pain* - 3 | <input type="checkbox"/> Changes in bowel habits - 1 |
| <input type="checkbox"/> Fever/Chills* - 3 | <input type="checkbox"/> Swelling of cervical lymph nodes - 1 |
| <input type="checkbox"/> Night sweats* - 3 | <input type="checkbox"/> Persistent shortness of breath - 1 |
| <input type="checkbox"/> Unexplained weight loss - 1 | <input type="checkbox"/> Unexplained fatigue - 1 |

Total Score: _____ → If no active symptoms, check here

2. Risk Factors (check all that apply): [mm refers to induration size for skin test]

Do you have a history of any of the following?

- Prolonged high dose corticosteroid and other immunosuppressive therapy [e.g. drugs used for organ transplant, autoimmune disease, severe asthma] **(use 5 mm) - 2**
- Exposure to HIV or AIDS **(use 5 mm) - 3**
- Close contact with someone who is known or suspected to have active TB? **(use 5 mm) - 3**
- Lung Disease due to inhaled silica particles [Silicosis-have you ever used sand blaster?] **(use 10 mm) - 1**
- Lung Disease due to inhaled dust or coal particles **(use 10 mm) - 1**
- Stomach Surgery **(use 10 mm) - 1**
- Intestinal Surgery [bypass] **(use 10 mm) - 1**
- Weight 10% or more below ideal body weight **(use 10 mm) - 1**
- Chronic kidney failure **(use 10 mm) - 1**
- Diabetes mellitus **(use 10 mm) - 3**
- Cancer of head, neck, or lung **(use 10 mm) - 1**
- Blood disorders [e.g. Leukemia, Lymphoma] **(use 10 mm) - 1**
- Previous incarceration within the last 5 years **(use 10 mm) - 3**
- History of IV drug use within the last 5 years **(use 10 mm) - 2**
- Lived/traveled outside the country in last 5 years?
 - >2 weeks
 - TB endemic country [SEE LIST]**(use 10 mm) - 3**Country: _____

Total Score: _____ → If no risk factors apply, check here

Will you be able to come back in 48-72 hours (circle one)? Yes No Uncertain

3. **Action Taken:** Total Risk Stratification Score: _____ (add scores from I.1 and I.2)

High Risk - Refer to University Hospital ER:
(A risk stratification score of 10 points or greater, with at least one (*) active symptom)

Intermediate Risk - Complete Tuberculin Skin Testing:
(A risk stratification score between 3-9 points, or greater than 9 points with no active symptoms) **proceed to III**

Low Risk - Tuberculin Skin Testing: [CLINIC DOES NOT ALLOW CLEARANCE WITHOUT TEST]
(A risk stratification score between 0-2 points) **proceed to III**

Low Risk - TB Clearance for 30 Days [Salvation Army]:
(A risk stratification score between 0-2 points) **proceed to IV**

Unable to Follow-Up in 48-72 hours- Temporary TB Clearance

III. Tuberculin Skin Test:

Have you had a previous Positive TB Test (circle one)? Yes No Unknown

Date of Last TB Test: ____/____/____ Clinic Site _____

Have you ever been treated for TB (circle one)? Yes No

→ If yes, what kind of TB (circle one)? Latent Active Unclear

→ Did you complete treatment (circle one)? Yes No

Have you ever received the BCG vaccine within the last 15 years(circle one)? Yes No

(If yes to any of the above, refer to Wetmore Clinic for further testing, DO NOT place TST. If no to all of the above, proceed with TST placement)

Test placement: *If PPD contraindicated, check here*

Visit Number _____ Date of Test: ____/____/____

Lot Number: _____ Expiration Date: ____/____/____

Time of Test Administration: _____ Arm (circle one): Right Left

Student Administering Test: _____

Results: *If PPD contraindicated, check here*

Date of Reading: ____/____/____ **Result** (circle one) Negative Positive

For Positive Result: Induration (size in millimeters): _____

- Referred to University Hospital ER (High Risk: Patient has ≥1 active symptoms [*])
- Referred to Wetmore Clinic (Low Risk: Patient has no active symptoms [*])

Student Reading Test: _____

IV: TB Clearance:

- YES:** *offer patient TB clearance card for 6 months*
 - Patient has no active symptoms and is low-risk stratification
 - Patient has completed **PPD** testing with negative result

- NO:** *clearance pending further evaluation*
 - Patient referred to ER for emergent evaluation for active TB
 - Patient referred to Wetmore due to previous/new positive PPD, or BCG vaccine

- TEMPORARY CLEARANCE:** *clearance offered for short-term residents*
 - Patient has no active symptoms and is low-risk stratification
 - Patient will not be able to return for PPD reading in 48-72 hours

V: Documentation

- POSTIVE PPD results explained to the patient**
 - Clearance card explained to patient
 - Follow-up procedure with Wetmore explained
 - ER referral for emergent evaluation for active TB explained to patient
- NEGATIVE PPD results explained to the patient**
 - Clearance card explained to patient
- ER referral for emergent evaluation for active TB explained to patient**

Free response section for anything that isn't captured that the clinic leader discussed with patient and needs to be documented

VI: Comments

Free response section for anything that isn't captured that the clinic leader felt was clinically relevant.