

# 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**) - 3Country: \_\_\_\_\_

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 10 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.*