

This Questionnaire is used to evaluate your risk factors for Tuberculosis (TB).

TB symptoms can progress slowly and/or mimic other diseases. You can develop symptoms of TB in a few weeks after contracting the bacteria- or not until years after the initial infection. This questionnaire targets some of the most common symptoms.

If you answer “YES” to any of the below screening questions, please contact Student Health Services for further guidance.

Tuberculosis Health Check Survey

Have you ever experienced any of the following symptoms NOT associated with a specific illness (i.e. flu or cold) lasting 3 weeks or longer?

Cough	Yes / No
Blood streaked sputum (phlegm)	Yes / No
Loss of weight (unexplained)	Yes / No
Night sweats	Yes / No
Fever	Yes / No
Anorexia (loss of appetite)	Yes / No

<p>Temporary or permanent residence of \geq 1month in a country with a high TB rate <i>Any country other than United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe</i></p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>Current or planned immunosuppression, <i>Including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone \geq 15 mg/day for \geq 1 month) or other immunosuppressive medication</i></p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>
<p>Close contact with someone who has had infectious TB disease since the last TB test</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>