

INH QUESTIONNAIRE

Health Department: _____
Address: _____
Phone: _____

Client Name: _____ Birth Date: _____ Weight: _____

- 1. Have you ever received BCG? No Yes When? _____
- 2. Have you ever taken INH? No Yes When? _____
- 3. Are you taking any medications now? No Yes What? _____

4. Discuss Tylenol usage.
I understand I should not use Tylenol or any medicine that contains Tylenol while taking INH.

5. Are you allergic to any medications? No Yes What? _____

6. Have you ever had Hepatitis or other Liver disease? No Yes When? _____
Circle applicable type: Hep A Hep B Hep C

7. Have you ever had stomach ulcers? No Yes When? _____

8. Do you have any chronic conditions? (E.g., Diabetes, Epilepsy, Heart Disease, etc.) No Yes
What? _____

9. Do you have any known exposure to anyone with tuberculosis? No Yes
Who? _____

10. Do you have a positive HIV Test? No Yes When? _____

11. Do you have any HIV Risk Factors? No Yes What? _____

12. Do you drink Alcohol? No Yes Daily amount: _____
I understand that I should not drink alcohol beverages while I am taking INH.

13. Are you pregnant? No Yes Due Date: _____
I understand that I should not become pregnant while taking INH, or if I do become pregnant, I should immediately discuss with my physician.

Date of Interview

Public Health Nurse

Patients Signature