State of Tennessee
Department of Mental Health and Developmental Disabilities
Division of Alcohol and Drug Abuse Services

Tuberculosis (TB) Symptom Screening Tool

Name (Last, First, MI): _____ **DOB:** _____/_____/_____

Alias(s): _____ **Country of origin:** _____

Facility _____ **Program type:** ☐ Residential ☐ Non-residential ☐ Personnel

INTERVIEWER INSTRUCTIONS: *Circle **Y**= yes or **N**=no for each item below.*

Section I: Signs and Symptoms of TB Disease:

Y N Cough lasting 3 weeks or longer?
Y N Chest pain?
Y N Difficulty breathing?
Y N Persistent fever and/or chills?
Y N Persistent loss of appetite?
Y N Weight loss (without dieting)?

Does the individual now have ...

Y N Coughing up blood?
Y N Night sweats (drenching)?
Y N Hoarseness and/or trouble swallowing?
Y N Persistent fatigue?
Y N Other: _____
_____

Section II: Evaluation for Latent TB Infection (LTBI): *Has the individual had* ...

Y N Documented history of a previous *POSITIVE* TB skin test (TST, aka a "PPD")?
If *YES*, Date: _____/_____/_____ Result: _____ mm (must be measured in millimeters)
Agency name: _____
Agency address: _____
_____ Zip code: _____
Treatment, if any: _____

Y N Documented history of previous *NEGATIVE* TB skin test in the past 12 months
If *YES*, Date: _____/_____/_____ Result: _____ mm (must be measured in millimeters)
Agency name: _____
Agency address: _____
_____ Zip code: _____

Section III: Disposition

Circle Action Taken: ↓	Section I: *Any* signs/symptoms of active TB?	Section II: Evaluation for Latent TB Infection (LTBI)		Action Needed: ↓
		Documented previous *positive* TST?	Documented *negative* TST within last 12 mo.?	
A	**YES**	-----	-----	▪ *Notify physician immediately)*
B	NO	**YES**	-----	▪ Educate about TB ▪ Recommend treatment for LTBI if not previously completed
C	NO	NO	**YES**	▪ Educate about TB
D	NO	NO	NO	▪ Educate about TB ▪ Refer for TST placement and reading

☐ Referred to: Health care provider, if applicable: _____
Agency name: _____
Agency address: _____ Zip code: _____
Phone #: _____ Fax #: _____

_____ Date: _____/_____/_____
Interviewer Signature/Title