

Annual TB Questionnaire

This Annual Tuberculosis Questionnaire is used to evaluate your current TB status. TB symptoms can progress slowly and/or mimic other diseases. You can develop symptoms of TB a few weeks after contracting the bacteria – or not until years after the initial infection. This questionnaire targets some of the most common symptoms. Please familiarize yourself with them. You are the first to know when you are not feeling well and may have TB symptoms.

Tuberculosis Health Check Survey

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

Cough Yes No

Blood Streaked Sputum (phlegm) Yes No

Loss of Weight (unplanned) Yes No

Night Sweats Yes No

Fever Yes No

Anorexia Yes No

You may be asked to provide a tuberculin skin test or consult with your doctor if you answer yes to one or more of the above questions.

Print Name _____

Signature _____ Date _____