



## Tuberculosis Risk Assessment for Adults (≥16 Years Old)

Hawaii State Department of Health  
Tuberculosis Control Program

<b>Name:</b>	<b>DOB:</b>	<b>Screening Date:</b>
1. Can you read English? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Were you born outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where were you born? _____ If yes, what year did you arrive to the U.S.? _____	
3. Have you traveled outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the countries that you have traveled to: Country 1: _____ traveled for ____ weeks Country 2: _____ traveled for ____ weeks	
4. Have you been exposed to anyone with TB disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you exposed at: <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Other List: _____	
5. Do you have a medical condition that increases your risk of infections? <input type="checkbox"/> Yes <input type="checkbox"/> No	Examples include diabetes, HIV infection, end-stage kidney disease, or on dialysis.	
6. Do you take medicines that increase your risk of infections? <input type="checkbox"/> Yes <input type="checkbox"/> No	Examples include cancer treatment, certain medications for psoriasis or Crohn's disease (TNF-alpha inhibitors) or long-term high-dose steroid therapy.	
7. Have you ever tested positive for TB infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, date of positive test? ____/____/____ <input type="checkbox"/> PPD Skin Test <input type="checkbox"/> Blood Test for TB infection	

TB Symptom Screen		Onset and Duration of Symptoms
1. Cough for ≥3 weeks duration	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Coughing up blood	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Night sweats	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Unexplained weight loss	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:
6. Unusual weakness or fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duration:



## Guidance for Tuberculosis Risk Assessment Responses for Adults

Hawaii State Department of Health  
Tuberculosis Control Program

Question #	Interpreting the TB Risk Assessment Questionnaire
1	If the client is not comfortable reading English, clinic staff should administer the TB Risk Assessment.
2	If the client responds “yes” and was born in a high-incidence country <sup>1</sup> , perform a test for TB infection <sup>2</sup> .
3	If the client responds “yes” and stayed with friends or family members in a high-risk country <sup>1</sup> for four weeks cumulative, perform a test for TB infection <sup>2</sup> .
4	If the client responds “yes” and it is confirmed that the client has been exposed to someone with suspected or known TB disease, perform a test for TB infection <sup>2</sup> .
5	If the client responds “yes,” perform a test for TB infection <sup>2</sup> .
6	If the client responds “yes,” perform a test for TB infection <sup>2</sup> .
7	If the client responds “yes,” do not perform a test for TB infection <sup>2</sup> . <ul style="list-style-type: none"><li>• If this is an initial screen, obtain a chest X-ray to rule out TB disease prior to TB clearance.</li><li>• If this is a follow-up or annual screen, TB clearance can be provided with a negative TB Symptom Screen.</li></ul>

### Interpreting the TB Symptom Screen

If the client responds “Yes” to having a cough for  $\geq 3$  weeks duration AND “Yes” to at least one of the other symptoms (#2-#6), perform a test for TB infection<sup>2</sup> and refer the client for a chest X-ray to rule out TB disease.

<sup>1</sup> “High-incidence countries” include any country with a TB rate over 20/100,000 per year. See the Hawaii TB Control Program website at [www.hawaii.gov/health/tb](http://www.hawaii.gov/health/tb) for a complete and updated list of countries considered by DOH to be “high-incidence” for tuberculosis.

<sup>2</sup> “Test for TB infection” includes any FDA and CDC approved test for diagnosing TB infection (e.g., Mantoux tuberculin skin test and interferon-gamma release assays). See the Hawaii TB Control Program website at [www.hawaii.gov/health/tb](http://www.hawaii.gov/health/tb) for a complete list of approved tests for TB infection.



## Tuberculosis Risk Assessment for Children (<16 Years Old)

Hawaii State Department of Health  
Tuberculosis Control Program

Child's Name:	DOB:	Screening Date:
1. Can you read English? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Was your child born outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, country my child was born in: _____	
3. Was one or both parents born outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, country mother was born in: _____ Year mother arrived in U.S.: _____ Country father was born in: _____ Year father arrived in U.S.: _____	
4. Has your child traveled outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the countries your child has traveled to: Country 1: _____ traveled for ____ weeks Country 2: _____ traveled for ____ weeks	
5. Has your child been exposed to anyone with TB disease? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you exposed at: <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Other List: _____	
6. Does your child have a medical condition that increases risk of infections? <input type="checkbox"/> Yes <input type="checkbox"/> No	Examples include diabetes, HIV infection, end-stage kidney disease, or on dialysis.	
7. Does your child take medicines that increase risk of infections? <input type="checkbox"/> Yes <input type="checkbox"/> No	Examples include cancer treatment, certain medications for psoriasis or Crohn's disease (TNF-alpha inhibitors) or long-term high-dose steroid therapy.	
6. Has your child tested positive for TB infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, date of positive test? ____/____/____ <input type="checkbox"/> PPD Skin Test <input type="checkbox"/> Blood Test for TB infection	

TB Symptom Screening	Onset and Duration of Symptoms
1. Cough for ≥3 weeks duration <input type="checkbox"/> No <input type="checkbox"/> Yes	
2. Coughing up blood <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Fever <input type="checkbox"/> No <input type="checkbox"/> Yes	
4. Night sweats <input type="checkbox"/> No <input type="checkbox"/> Yes	
5. Unexplained weight loss <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount:
6. Unusual weakness or fatigue <input type="checkbox"/> No <input type="checkbox"/> Yes	Duration:



## Guidance for Tuberculosis Risk Assessment Responses for Children

Hawaii State Department of Health  
Tuberculosis Control Program

Question #	Interpreting the TB Risk Assessment Questionnaire
1	If the client is not comfortable reading English, clinic staff should administer the TB Risk Assessment.
2	If the client responds “yes” and was born in a high-incidence country <sup>1</sup> , perform a test for TB infection <sup>2</sup> .
3	If the client responds “yes” and either parent has been in the U.S. for less than 5 years, perform a test for TB infection <sup>2</sup> .
4	If the client responds “yes” and stayed with friends or family members in a high-risk country <sup>1</sup> for four cumulative weeks, perform a test for TB infection <sup>2</sup> .
5	If the client responds “yes” and it is confirmed that the client has been exposed to someone with suspected or known TB disease, perform a test for TB infection <sup>2</sup> .
6	If the client responds “yes,” perform a test for TB infection <sup>2</sup> .
7	If the client responds “yes,” perform a test for TB infection <sup>2</sup> .
8	<p>If the client responds “yes,” do not perform a test for TB infection<sup>2</sup>.</p> <ul style="list-style-type: none"> <li>• If this is an initial screen, obtain a chest X-ray to rule out TB disease prior to TB clearance.</li> <li>• If this is a follow-up or annual screen, TB clearance can be provided with a negative TB Symptom Screen.</li> </ul>

### Interpreting the TB Symptom Screen

If the client responds “Yes” to having a cough for ≥3 weeks duration AND “Yes” to at least one of the other symptoms (#2-#6), perform a test for TB infection<sup>2</sup> and refer the client for a chest X-ray to rule out TB disease.

<sup>1</sup> “High-incidence countries” include any country with a TB rate over 20/100,000 per year. See the Hawaii TB Control Program website at [www.hawaii.gov/health/tb](http://www.hawaii.gov/health/tb) for a complete and updated list of countries considered by DOH to be “high-incidence” for tuberculosis.

<sup>2</sup> “Test for TB infection” includes any FDA and CDC approved test for diagnosing TB infection (e.g., Mantoux tuberculin skin test and interferon-gamma release assays). See the Hawaii TB Control Program website at [www.hawaii.gov/health/tb](http://www.hawaii.gov/health/tb) for a complete list of approved tests for TB infection.