



Tuberculosis Symptom Screening

Hawaii State Department of Health
Tuberculosis Control Program

Tuberculosis Symptom	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	

Guidance for interpreting responses to the tuberculosis (TB) symptom screening: 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 and refer the client for a chest X-ray to rule out TB disease.