Pediatric TB Risk Assessment Questionnaire

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your child had any contact with a case of TB (Tuberculosis)?

YES NO

1. Was your child or any household member, born in or have they traveled to areas where TB is common? (such as Africa, Asia, Middle East, Russia, Central America, South America, Mexico (except resorts), or the Caribbean)

YES NO

1. Does your child have regular (daily) contact with adults at high risk for TB? (adults who are: migrant farm workers, nursing home residents, HIV infected, homeless, in jail, or illicit drug users)

YES NO

1. Does your child have HIV infection, or other immune deficiency?

YES NO

(Any “Yes” response is considered a positive risk factor and is an indication for administering a Mantoux tuberculin skin test (PPD).