

Tuberculosis Risk Assessment

Who took this survey: _____ Mother _____ Father _____ Both Parents _____ Patient

		Yes	No
1	Was your child born in Africa, Asia, Latin America, the Caribbean, or Eastern Europe?		
2	If yes, to above, what country? (Write country in this box)		
3	Has your child traveled to or lived in Africa, Asia, Latin America, the Caribbean, or Eastern Europe for more than ONE month?		
4	If yes, to above, what country? And what year did they live there? (Write country in this box)		
5	Has your child been exposed to anyone with TB (Tuberculosis) disease?		
6	Has your child ever tested HIV positive or are they immunosuppressed; had oral chronic steroid use for over a month, or other immunosuppressive treatment?		
7	Has your child lived in a homeless shelter, juvenile detention center, correctional facility, halfway house, or group home?		