

Tuberculosis Assessment #3

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

		Yes	No
1	Was your child born in any other country than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe?		
2	If yes, to above, what country? (Write country in this box)		
3	Has your child traveled to or lived in a country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe for more than <u>ONE</u> month?		
4	If yes, to above, what country? And what year did they live there? (Write country and year 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, or had or plan to have an organ transplant, TNF-alpha antagonist treatment (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 2 mg/kg/day, or ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication?		
7	Has your child lived in a homeless shelter, juvenile detention center, correctional facility, halfway house, or group home?		