

**COASTAL BEHAVIORAL HEALTHCARE, INC.  
TUBERCULOSIS RISK SELF ASSESSMENT**

**PLEASE READ EACH OF THESE QUESTIONS AND CHECK YOUR ANSWER:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Have you ever been in close contact with any person infected with tuberculosis?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you had a tuberculin skin test that read positive?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you been a resident in jail or prison within the last 6 months?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you worked or been a resident in a nursing home, long-term care facility, or psychiatric facility in the last year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you had an abnormal chest x-ray in the last 6 months?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever tested positive for HIV or the AIDS virus?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you had any of the following symptoms in the last 3 months?   |                              |                             |
| a. Unexplained fatigue/lethargy/excessive tiredness?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Unexplained weight loss?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Unexplained night sweats?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Unexplained fever?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Unexplained, prolonged cough (greater than 2 weeks) or a productive cough of thick secretions and/or blood?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client ID # \_\_\_\_\_