University Health Services
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Positive PPD Assessment Survey

This survey is to be used in addition to documentation of positive PPD testing. Do not submit this form if your PPD test is negative.

Today's date: _____/_____/_____

Name:_____ **Age:** _____ **Birth date:** _____/_____/_____
Please print

❑Male ❑Female SS #_____/_____/_____ OR M #_____ Race _____

Birthplace: _____ Occupation _____

A.	**Is tuberculosis:**	❑ an infection	❑ hereditary problem	❑ allergic problem	❑ don't know
B.	**What does a positive TB (PPD) skin test imply:**	❑ allergic reaction	❑ possible exposure to TB	❑ greater risk of developing TB disease	❑ don't know
C.	**What part of the body does TB affect most often ?**	❑ the brain	❑ the bones	❑ the lungs	❑ don't know
D.	**When were your last two TB skin test:**	1)	2)	❑ Unknown	
E.	**Did you ever have BCG (TB) vaccine ?**	❑ Yes	❑ No		
F.	**Were you ever treated for tuberculosis ?**	❑ Yes	❑ No – **if your answer is NO, please skip to question G**		

a.	**What year were you treated for TB?**	_____	❑ Unknown		
b.	**How many months did you take anti-TB therapy?**	❑ six	❑ nine	❑ twelve	❑ other
c.	**If you did not complete at least six months of therapy, please explain why.**				
d.	**What medicine did you take (check all that apply)**	❑ INH (isoniazid)	❑ Streptomycin	❑ Rifampin	❑ Unknown

G.	**Do you know the symptoms of TB disease?**	❑ Yes	❑ No

If yes, please name two:	1)	2)

H.	**Do you have any of the following illnesses or conditions?**		
	Diabetes	❑ Yes	❑ No
	Cancer	❑ Yes	❑ No
	Organ transplant	❑ Yes	❑ No
	Lung disease	❑ Yes	❑ No
	Kidney disease	❑ Yes	❑ No
	HIV infection	❑ Yes	❑ No

I.	**Are you on any of the following medications?**		
	Steroids	❑ Yes	❑ No
	Insulin	❑ Yes	❑ No
	Cancer treatment	❑ Yes	❑ No

J.	**Do you have any of the following symptoms ?**		
	Persistent cough	❑ Yes	❑ No
	Unexplained weight loss ?	❑ Yes	❑ No
	Poor appetite	❑ Yes	❑ No
	Night sweats	❑ Yes	❑ No
	Fatigue	❑ Yes	❑ No

K.	When did you last have a chest x-ray ?	_____	❑ Unknown

a.	Was your chest x-ray normal?	❑ Yes	❑ No	❑ Unknown

L.	If you have received x-rays every year, how many years did you receive x-rays?	_____	❑ Does not apply

M.	Have any of your family, or close friends:		
	Had active tuberculosis	❑ Yes	❑ No
	Reacted to the skin test	❑ Yes	❑ No

If yes, please describe your relationship to that person.	

N.	Have you ever worked in the following places or occupations?		
	Mining	❑ Yes	❑ No
	Foundry/quarry	❑ Yes	❑ No
	Prison	❑ Yes	❑ No
	Sandblasting	❑ Yes	❑ No
	Pottery	❑ Yes	❑ No
	Stonemason	❑ Yes	❑ No
	Mental or TB Hospital	❑ Yes	❑ No

O.	Did you have a positive reaction to the test before you came to the University of Cincinnati ?	❑ Yes	❑ No	❑ Unknown

P.	Where do you think you came in contact with tuberculosis?						
	❑Family	❑Friend	❑ Hospital	❑ Foreign Country	❑ Nursing Home	❑ Other	❑ Unknown

If other, please describe	

*** OPTIONAL QUESTION***			
Q.	Do any of the following apply to you?	❑ Yes	❑ No
	Received a blood transfusion from 1978 to 1985.		
	Used IV drugs in the last ten years.		
	Had a sexual partner who used IV drugs.		
	Had greater than five sexual partners.		
	Had a partner who is bisexual.		

To be signed by UHS-

Reviewed by: _____ Date:_____