

**Primary Care Associates Childhood Tuberculosis (TB) Risk Assessment Questionnaire**  
**All Children 12 Months Through 18 years of Age Must be Assessed for TB Risk Yearly**

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Parents/Guardians: Please complete questions 1-11 listed below by circling the appropriate answer.**

- |                                                                                                                                                                                                                                                                   |     |    |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|------------|
| 1. Does your child live in Berwyn or Cicero?                                                                                                                                                                                                                      | Yes | No | Don't Know |
| 2. Was your child born outside of the United States?                                                                                                                                                                                                              | Yes | No | Don't Know |
| 3. Has your child traveled outside of the United States?                                                                                                                                                                                                          | Yes | No | Don't Know |
| 4. Has your child been exposed to anyone with tuberculosis?                                                                                                                                                                                                       | Yes | No | Don't Know |
| 5. Does your child have close contact with a person who has had a positive Tuberculosis skin test result?                                                                                                                                                         | Yes | No | Don't Know |
| 6. Does your child spend time with anyone who has been in jail, shelter, A nursing home, or mental institution, uses illegal drugs, or has HIV?                                                                                                                   | Yes | No | Don't Know |
| 7. Has your child drunk raw milk or eaten unpasteurized cheese?                                                                                                                                                                                                   | Yes | No | Don't Know |
| 8. Does your child have a household member who was born outside of the United States?                                                                                                                                                                             | Yes | No | Don't Know |
| 9. Does your child have a household member who has traveled outside of the United States?                                                                                                                                                                         | Yes | No | Don't Know |
| 10. Does your child have other medical risk factors that are known to increase risk for tuberculosis? (Risk factors may include HIV, Diabetes, continual high dose oral steroid treatment/immunosuppressive or chemotherapy medications, chronic kidney failure ) | Yes | No | Don't Know |
| 11. Does your child's school or daycare have a large foreign born population?                                                                                                                                                                                     | Yes | No | Don't Know |

A child or adolescent should be tested with a Tuberculin Skin Test if they have at least 1 risk factor.