



## TB RISK ASSESSMENT QUESTIONNAIRE

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Was your child born outside the US? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where was your child born? \_\_\_\_\_

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Has the child traveled outside the US? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where did your child travel? \_\_\_\_\_  
With whom did the child stay? \_\_\_\_\_

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Has the child been exposed to anyone with TB infection? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when did the exposure occur? \_\_\_\_\_

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Does the child have close contact with a person who has a positive TB skin test? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the nature of the contact? \_\_\_\_\_

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Does your child spend time with anyone who has been in jail, prison, shelter, who uses illegal drugs, or has HIV? Yes \_\_\_\_\_ No \_\_\_\_\_

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Has the child ever had raw milk or unpasteurized cheese? Yes \_\_\_\_\_ No \_\_\_\_\_

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Is the child exposed to a household member who was born or has traveled outside the US? (i.e. Africa, Asia, Latin America, or Eastern Europe) Yes \_\_\_\_\_ No \_\_\_\_\_

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