



# TB Document H: State of Hawaii TB Symptom Screen

Hawaii State Department of Health  
Tuberculosis Control Program

Significant symptoms include cough for 3 weeks or more, plus at least one of the following:

TB Symptom		Onset and Duration of Symptoms
1. Cough for $\geq 3$ weeks duration	<input type="checkbox"/> No <input type="checkbox"/> Yes	
2. Coughing up blood	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	
4. Night sweats	<input type="checkbox"/> No <input type="checkbox"/> Yes	
5. Unexplained weight loss	<input type="checkbox"/> No <input type="checkbox"/> Yes	Amount:
6. Unusual weakness or fatigue	<input type="checkbox"/> No <input type="checkbox"/> Yes	Duration:

### Interpreting the TB Symptom Screen

If the client responds "Yes" to having a cough for  $\geq 3$  weeks duration AND "Yes" to at least one of the other symptoms (#2-#6), perform a test for TB infection and refer the client for a chest X-ray to rule out TB disease.

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
DOB:

\_\_\_\_\_  
Date: