



## TB Form H: State of Hawai'i TB Symptom Screen

Hawai'i State Department of Health  
Tuberculosis Control Program

<b>1. Symptoms Screen</b>	
<ul style="list-style-type: none"> <li><b>If any symptoms are present, further TB evaluation with risk factor screening and/or TB testing (TST / IGRA / chest X-ray) is required for TB clearance.</b></li> <li><b>Form H is NOT a TB clearance. Please complete Form F to issue a TB clearance.</b></li> </ul>	
<p>1. How long have you been coughing in the past 12 months?</p> <p>a. I have been coughing: <input type="checkbox"/> for 3 weeks (or more) duration; <input type="checkbox"/> for shorter than 3 weeks duration</p> <p>b. (If coughing for more than three weeks), I've been coughing :  <input type="checkbox"/> up to 3 months; <input type="checkbox"/> up to 6 months; <input type="checkbox"/> longer than 6 months;</p> <p>c. <input type="checkbox"/> In the last year, I have not had a cough for longer than 3 weeks duration</p>	
<p>2. I have been coughing up blood:</p> <p>a. For the past: _____ days / weeks/ months  <input type="checkbox"/> daily <input type="checkbox"/> frequently <input type="checkbox"/> occasionally</p> <p>b. <input type="checkbox"/> Never</p>	
<p>3. In the past year, I: <input type="checkbox"/> have had temperatures greater than 100 ° F; and these were not associated with a cold, or the flu, or another known infection.</p> <p>In the past year, I: <input type="checkbox"/> have had temperatures greater than 100° F; but these were associated with a cold, or the flu, or other infection.</p> <p>In the past year, I: <input type="checkbox"/> have not had temperatures regularly above 100 °F.</p>	
<p>4. In the past 12 months, I have experienced night sweats:  <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Never</p>	
<p>5. In the past year: I have been trying to lose weight and have lost _____ lbs / kgs.</p> <p>In the past year, I have not been trying to lose weight, but have lost / gained _____ lbs / kgs.</p> <p><input type="checkbox"/> In the past year, my weight has remained stable.</p>	
<p>6. <input type="checkbox"/> In the past year, I have felt fatigued but recover with restful sleep.</p> <p><input type="checkbox"/> In the past year, I have felt easily fatigued and do not feel recovered even with sleep.</p> <p><input type="checkbox"/> In the past year, I rarely feel fatigued.</p>	
<p><b>Medical Staff reviewing symptoms screen:</b></p>	<p><b>Client/Patient's Name and DOB:</b></p>
<p><b>Assessment Date:</b></p>	<p><b>Name and Relationship of Person Providing Information (if not the above-named person):</b></p>