

TUBERCULOSIS RISK ASSESSMENT QUESTIONNAIRE

Please check "Yes" or "No" for the following questions:

	YES	NO
1. Is your child in close contact of a person with infectious tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have HIV infection or is he/she considered at risk for HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your child foreign born (especially Asian, African, Latin American), a refugee or a migrant?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your child in contact with an incarcerated person or a person who was incarcerated in the past five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your child exposed to the following individuals: HIV infected, homeless individuals, residents of nursing home, institutionalized adolescents or adults, users of illicit drugs, incarcerated adolescents or adults or migrant farm workers?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child have a medical condition or treatment of a medical condition which suppresses the immune system?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your child live in a community in which it has been established that a high risk exists for tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
8. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

(Individuals treated for tuberculosis or currently active should not be tested.)

Any "yes" answer means the child is high risk, should receive a tuberculin skin test (Mantoux) which should be read by a health professional and the Public Health Department should be notified.

(See section 902.2j)

Patient Name: _____

Date of Birth: _____

Age: _____

PROVIDER SIGNATURE: _____

Today's Date: _____

CARTERSVILLE PEDIATRIC ASSOCIATES

SCREENING FOR TB DISEASE AND INFECTION

- In general, high-risk groups that should be screened for infection include:
- Close contacts of persons with infectious TB;
- Persons with HIV infection or risk factors for HIV for unknown HIV status;
- Persons with certain medical conditions (including cancer of head and neck, Hematologic and Reticuloendothelial diseases, end-stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndromes, prolonged corticosteroid therapy, and other immunosuppressive therapy);
- Persons who inject drugs;
- Foreign-born persons from areas of the world where TB is common (e.g., Asia, Africa, Latin American);
- Medically underserved low income populations, including high risk racial and ethnic groups (e.g., Asians, Pacific Islanders, Blacks, Hispanics, and Native Americans);
- Residents of long-term care facilities (e.g., correctional facilities and nursing homes); or
- Other groups identified locally as having an increased prevalence of TB (e.g., migrant farm workers or homeless persons).

TUBERCULIN SKIN TESTING

Mantoux tuberculin skin testing is the standard method of identifying persons infected with *M. tuberculosis*. Multiple puncture tests should not be used to determine whether a person is infected.

The Mantoux test is performed by giving an intradermal injection of 0.1ml of purified protein derivative (PPD) tuberculin containing 5 tuberculin units (TU) into either the volar or dorsal surface of the forearm. The injection should be made with a disposable tuberculin syringe, just beneath the surface of the skin, with the needle bevel facing upward. This should produce a discrete, pale elevation of the skin (a wheal) 6mm to 10mm in diameter.

The reaction to the Mantoux test should be read by the trained health care worker 48 to 72 hours after the injection. If a patient fails to show up for the scheduled reading, a positive reaction may still be measurable up to 1 week after testing. However, if a patient who fails to return within 72 hours has a negative, tuberculin testing should be repeated.

The area of induration (palpable swelling) around the site of injection is the reaction to Tuberculin. The diameter of the indurated area should be measured across the forearm (perpendicular to the long axis). Erythema (redness) should not be measured. All reaction should be recorded in millimeters of induration, even those classified as negative. If no induration is found, "0mm" should be recorded.

PATIENT NAME _____ DATE OF BIRTH _____

HEARING AND VISION RISK ASSESSMENT: 3 YEARS AND OLDER

Does your child:

- | | | |
|---|---|---|
| 1. Have a problem hearing over the phone? | Y | N |
| 2. Have trouble following a conversation when
two or more people are talking at the same time? | Y | N |
| 3. Complain that the volume needs to be turned up on the TV? | Y | N |
| 4. Strain to understand conversations? | Y | N |
| 5. Have trouble hearing in a noisy background? | Y | N |
| 6. Ask you to repeat yourself? | Y | N |
| 7. Misunderstand what others are saying and respond inappropriately? | Y | N |
| 8. Have trouble understanding the speech of women and children? | Y | N |

(For Physician Use Only)

COMMENTS: Hearing screen: NEEDED / NOT NEEDED Refer to ENT: _____

Left Ear: PASSED / FAILED

Right Ear: PASSED / FAILED

Does or has your child:

- | | | |
|--|---|---|
| 1. Ever had an eye exam? | Y | N |
| 2. Wear glasses or contacts? | Y | N |
| 3. If yes, when was their last exam? | | |
| 4. Hold toys or books close to their eyes? | Y | N |
| 5. Have trouble recognizing faces at a distance? | Y | N |
| 6. Tend to squint? | Y | N |
| 7. Failed a school vision screening test? | Y | N |

(For Physician Use Only)

COMMENTS: NO SCREENING NEEDED

RECHECK IN 6 MONTHS

REFER TO OPHTHAMOLOGY

LEFT EYE: _____ RIGHT EYE: _____

Provider Signature: _____

Date: _____

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Patient Health Questionnaire-2

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things.

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

Feeling down, depressed, or hopeless.

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

Total point score: _____

Information from Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. *Med Care*. 2003;41:1284–1292

Source:

Thibault JM, Steiner RW. Efficient identification of adults with depression and dementia. *Am Fam Physician*. 2004;70:1101–1110



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THE CRAFT SCREENING INTERVIEW

PLEASE ANSWER ALL QUESTIONS HONESTLY. YOUR ANSWERS WILL REMAIN CONFIDENTIAL.

DATE: _____

PATIENT NAME: _____ DOB: _____

Part A

During the PAST 12 MONTHS, did you:

- | | No | Yes |
|--|--------------------------|--------------------------|
| 1. Drink any <u>alcohol</u> (more than a few sips)?
(Do not count sips of alcohol taken during family or religious events.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Smoke any <u>marijuana or hashish</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Use <u>anything else</u> to get high?
("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff") | <input type="checkbox"/> | <input type="checkbox"/> |

For clinic use only: Did the patient answer "yes" to any questions in Part A?

No ☐

Yes ☐



Ask CAR question only, then stop

Ask all 6 CRAFT questions

Part B

- | | No | Yes |
|---|--------------------------|--------------------------|
| 1. Have you ever ridden in a <u>CAR</u> driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you ever use alcohol or drugs to <u>RELAX</u> , feel better about yourself, or fit in? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you ever use alcohol or drugs while you are by yourself, or <u>ALONE</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you ever <u>FORGET</u> things you did while using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do your <u>FAMILY</u> or <u>FRIENDS</u> ever tell you that you should cut down on your drinking or drug use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever gotten into <u>TROUBLE</u> while you were using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

CONFIDENTIALITY NOTICE:

The information recorded on this page may be protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient for this purpose.

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