Appendix A: Questions to Ask Your Patient

Questions to ask your patient to determine if previous treatment has been initiated:

1. Have you been told you have TB before?	Yes	No
2. Have you been treated for TB before?	Yes	No
3. Have you received injections for a lung problem?	Yes	No
4. Have you purchased and used medicated cough syrup in a foreign country?	Yes	No

If your patient answered "Yes" to any question(s) above that indicate he or she may have been previously treated for TB, please ask the following:

1. Where were you treated?
   _____
2. What drugs did you receive?
   _____
3. How many different drugs? _____ How many pills each day? _____
   What size and colors were the pills/capsules?
   _____
4. Did you receive injections? ☐ Yes ☐ No
5. How long were you on treatment?
   _____
6. When did you start treatment?
   _____
7. When did you stop treatment?
   _____
8. Why did you stop? Completed treatment Adverse reaction Other
   _____(explain other reason)
9. It's hard to remember to take medicine every day. How often did you take medications?
   ☐ Daily ☐ Twice weekly ☐ Thrice weekly
10. Did you take every pill? ☐ Yes ☐ No
11. TB medicine can be expensive. Were you ever without your medications? ☐ Yes ☐ No
12. Did you miss your medications sometimes? ☐ Yes ☐ No
    How often? _____

13. Did healthcare workers observe you taking your medicine? ☐ Yes ☐ No

14. Did you urine change color while you were taking the medication? ☐ Yes ☐ No
    What color was it? _____

15. Did you feel better when you stopped treatment?
    _____

16. Did you ever have sputum examined? ☐ Yes ☐ No
    What was the result? _____

17. If positive, did your subsequent sputum test negative? ☐ Yes ☐ No

18. Did your doctor ever tell you:
    That you had to be treated longer for TB? ☐ Yes ☐ No
    That your TB returned? ☐ Yes ☐ No
    That you had drug resistance? ☐ Yes ☐ No

19. Did your TB symptoms return after finishing treatment? ☐ Yes ☐ No

If your patient answers "No" to the questions above that indicate he or she may have been previously treated for TB, please ask the following:

1. Have you been exposed to or had contact with anyone with TB? ☐ Yes ☐ No
   If yes, when? _____
2. What is that person's name and birthdate? _____ ___/___/___
   Where was he/she treated? _____
   How long was he/she treated? _____. Was he/she cured? ☐ Yes ☐ No
3. Did you have a skin TB test? ☐ Yes ☐ No
   What were the results? _____
4. Did you have a blood test for TB? ☐ Yes ☐ No
   What were the results? _____
5. Did you have a chest X-ray? ☐ Yes ☐ No
   What were the results? _____
6. Did you receive medications to prevent TB? ☐ Yes ☐ No
   If yes, what drugs and for how long? _____
   Did you go to a clinic where a healthcare worker observed you take the pills, or did a healthcare worker meet you and provide medications? _____
   What was the name or location of the clinic? _____
7. Did you have cough, fever, weight loss, or other symptoms? ☐ Yes ☐ No
   If yes, when did those symptoms start? _____
8. Are you having any symptoms now? ☐ Yes ☐ No
   If so, what symptoms are you currently experiencing? _____
9. Have you ever given a sputum specimen to check for TB? ☐ Yes ☐ No
   If yes, what were the results? _____

Please provide this form to the LPHA and the MoDHSS to assist in determining risk factors for drug resistance.

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