

## ANNEXURE 2: TB SYMPTOM SCREENING TOOL

### TB SYMPTOM SCREENING TOOL FOR ADULTS AND CHILDREN



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA

#### PATIENT DETAILS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Age: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Patient folder Number: \_\_\_\_\_

#### MEDICAL HISTORY

Close contact of a person with infectious TB:

Yes	No	Unknown	(Tick v)
DS-TB	Rif Resistant TB	MDR-TB or XDR-TB	
Yes	No	Unknown	
Positive	Negative	Unknown	

Type of index patient:

Diabetic:

HIV Status:

Other: (Specify) \_\_\_\_\_

#### TB SYMPTOM SCREEN

##### 1. ADULTS

Symptoms (Tick v)	Yes	No
Cough of 2 weeks or more OR of any duration if HIV positive		
Persistent fever of more than two weeks		
Unexplained weight loss >1.5kg in a month		
Drenching night sweats		

##### 2. CHILDREN

Symptoms (Tick v)	Yes	No
Cough of 2 weeks or more which is not improving on treatment		
Persistent fever of more than two weeks		
Documented weight loss/ failure to thrive (check Road to Health Card)		
Fatigue (less playful/ always tired)		

*If "Yes" to one or more of these questions, consider TB. If the patient is coughing, collect sputum specimen and send it for Xpert testing. If the patient is not coughing but has the other symptoms, clinically assess the patient or refer for further investigation.*

Date of last TB test: \_\_\_\_\_

Patient referred for assessment and investigation: ☐ Yes ☐ No

Date of referral: \_\_\_\_\_ Facility name: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_