Questionnaire for the collection of medical history data and syndromic surveillance

Surname and Name _____ born on _____

a _____ Resident in _____ Telephone _____

			Score	
1	Has any of your family members/partners living with you ever had tuberculosis before the last 2 years?	yes □ no □	2	
2	Have you had close contact with tuberculosis cases in the last two years?	yes □ no □	3	
3	Have you ever been diagnosed with tuberculosis?	yes □ no □	3	
4	Are you currently under treatment for tuberculosis or you were receiving it when you left Ukraine?	yes □ no □	4	
5	Have you had a cough for at least 2 weeks?	yes □ no □	3	
6	Have you had fever for at least 1 week?	yes □ no □	2	
7	Do you sweat at night?	yes □ no □	1	
8	Have you lost weight in the last three months?	yes □ no □	1	
9	Do you have chest pain?	yes □ no □	2	
		TOTAL		