

# Household Questionnaire for Screening

Address: \_\_\_\_\_

Pangalan ng BHW: \_\_\_\_\_

Date: \_\_\_\_\_

**For ages 15 years old and above: PRESUMPTIVE TB – cough of any duration (high-risk group)**

Name of Household Member	With cough (YES or NO)	Duration of cough (in days)	Weight loss (YES or NO)	Fever (YES or NO)	Diabetic (YES or NO)	REFERRED (YES or NO)	TESTING DONE (YES or NO)

**For ages 14 years old and below: Presumptive TB – cough of 2 weeks OR any one of the symptom criteria**

Name of Household Member	Age (years)	Cough/ Wheezing, 2 weeks	Fever, 2 weeks	Weight loss or loss of appetite	No response to antibiotic	Failure to recover after infection	Weakness, lethargy	REFERRED* (YES or NO)	TESTING DONE (YES or NO)

\*any one of the 6 symptom criteria

**Listahan para sa screening**

Tirahan: \_\_\_\_\_

Pangalan ng BHW: \_\_\_\_\_  
 Petsa: \_\_\_\_\_

**Para sa edad 15 taon gulang pataas: PRESUMPTIVE TB – ubo kahit gaano katagal (high-risk group)**

Pangalan	May ubo? (OO/WALA)	Ilang araw na ang ubo?	Pangangayayat? (OO/HINDI)	Lagnat (OO/HINDI)	May diabetes? (OO/WALA)	Ni-refer para ma- eksamin? (OO/HINDI)	Nagpunta sa takdang araw (OO/HINDI)

**Para sa edad 14 taong gulang o mas bata: Presumptive TB – ubo na 2 linggo, O tatlo sa mga sintomas (kahit walang ubo)**

Pangalan ng bata (Edad 14 yo pababa)	Age (years)	May ubo, 2 linggo na?	Lagnat, 2 linggo na?	Pagbaba ng timbang	Ubo/ Lagnat na hindi gumaling sa antibiotic	Hindi bumalik ang sigla matapos magkaroon ng tigdas o ibang impeksiyon	Panghihina, pagiging matamlay	Ni-refer para ma- eksamin ? (OO/ HINDI)	Nagpunta sa takdang araw (OO/HINDI)