



Pediatric TB Risk Assessment Questionnaire¹

A TB screening tool for healthcare providers only

The following questions are designed to determine whether a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) is indicated for your pediatric patient. According to recent CDC guidelines, a TST is preferred for a child less than 5 years of age. If a child is 5 years of age or older and is foreign-born, then an IGRA is preferred.²

Name of Child: _____

Child's Date of Birth: _____ Date of Risk Assessment: _____

Questions to be asked of parent/guardian (adolescents can be asked directly):
1. Was your child born in a high-risk country?* Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Has your child traveled to a high-risk country* for more than 1 week? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has a family member or contact had tuberculosis disease? Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has a family member had a positive TST or IGRA result? Yes <input type="checkbox"/> No <input type="checkbox"/>

* High-risk country: Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe

If there is a "Yes" response to any of the questions above, then TST or IGRA testing should be performed.

Note: If the child being screened was previously tested, had a documented negative TST or IGRA result, and has not acquired any new risk factors since the last assessment, then he/she does not need to be re-tested.

¹ Adapted from the Children's Medical Services, Child Health and Disability Prevention Program Risk Assessment Questionnaire Distributed in August 1, 2011 Provider Information Notice No. 11-04 Revised.

² Centers for Disease Control and Prevention (CDC). Updated guidelines for using Interferon Gamma Release Assays to detect *Mycobacterium tuberculosis* infection – United States, 2010. *MMWR Morb Mortal Wkly Rep.* June 25, 2010, Vol. 59, No. RR-5.