

Questionnaire à destination du Centre de Lutte Antituberculeux











Name.....

Forename.....

Date of birth..... country of birth.....native country

Phone number Date of arrival in France.....

Dépistage duDépistage fait

	<p>Do you smoke ?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>		<p>Do you sweat at night?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p>
	<p>Do you have a cough?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>		<p>Have you been treated for tuberculosis in the past?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p>
	<p>How long have you had the cough?</p> <p><input type="radio"/> Have you been coughing for more than 3 weeks?</p> <p><input type="radio"/> Have you been coughing for less than 3 weeks?</p> <p><input type="radio"/> Don't know</p>		<p>Has any other member of your immediate family ever suffered from tuberculosis?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p>
	<p>Have you coughed up any phlegm?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p>		<p>Are you pregnant ?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
	<p>Have you lost weight over the last 3 months?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p>		<p>Do you feel sick or weak today?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't know</p>

The typical signs of tuberculosis or TB are a persistent cough lasting many weeks, fever and weight loss. It is caused by bacteria that are carried in the air coughed up by people who are suffering from the disease. By inhaling such air, healthy people become infected themselves and get sick. Tuberculosis is curable. To treat it, the patient must take medication every day for a period of 6 to 8 months.

Informations à remplir par la structure :

Adresse postale de l'intéressé(e) :

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.....
.....

• A remplir par la MERM le jour du dépistage



Impression de l'infirmière

- Bonne santé
- Mauvaise santé

• A remplir par le personnel du centre de dépistage de la tuberculose :

Score retenu :

Consultation médicale oui non

Questionnaire vu par le