



Active Tuberculosis Screening in Long-Term Care and Retirement Homes
Checklist for Clinicians

SYMPTOM	YES	NO	COMMENTS
Cough > 3 weeks			
Hemoptysis*			
Fever (may be absent in the elderly)			
Night sweats (may be absent in the elderly)			
Weight loss (unintentional)*			
Anorexia*			
Chest pain*			
Dyspnea*			

*generally a manifestation of more advanced disease

CHEST X-RAY FINDINGS	YES	NO	COMMENTS
Cavities (seen at a later stage and dependent on immune response; rarely seen in immunocompromised individuals)			
Infiltrates (apical-posterior segments of upper lobes or superior segment of lower lobes in 90%)			
Nodules			
Pleural effusions			
Hilar or mediastinal lymphadenopathy (particular in HIV-infected individuals)			
Changes in apices of lungs			
Densities			
Volume loss			
Fibrosis			
Granulomas			

Important Note: If there are concerning findings on either the review of symptoms or the chest x-ray, three sputum specimens should be collected and tested with microscopy as well as culture. Where feasible, these specimens (either spontaneous or induced) can be collected on the same day, a minimum of 1 hour apart.