

## Letter and questionnaire for patients exposed to tuberculosis

Dear recipient,

According to information we have received, you may have been exposed to tuberculosis. Please contact your local health center and book an appointment visit or a telephone appointment for an interview. **Take this letter and the enclosed questionnaire, filled out, with you to the appointment.** You will be directed to the necessary examinations after the interview.

**However, if you already experience symptoms indicative of tuberculosis (prolonged cough lasting more than 3 weeks, coughing up blood, coughing up phlegm, fever, tiredness, night sweats, or weight loss), or an illness or medication that weakens the immune system (see enclosed questionnaire), please book an appointment to a physician in your local health center and inform them of your exposure to tuberculosis.**

Tuberculosis transmits through the air but only about a third of exposed people are infected. Of the infected, only a small portion will have an active infection later in their life. People who live in the same household have the highest risk of contracting the disease. Also other people who have had repeated contact with the infected may be at risk of infection. The risk of infection is affected by, for example, the person's immune system and age. Children under the age of five, teenagers, and young adults are at the highest risk of infection.

Contact tracing of a person who has been infected with tuberculosis is carried out according to the Infectious Diseases Act, and all your information will be handled with confidentiality. Examinations in the health center are free of charge for you.

Date \_\_\_ / \_\_\_ / \_\_\_\_\_

Yours truly (please contact the following phone number):

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# Questionnaire for patients exposed to tuberculosis

## Basic information

Name: \_\_\_\_\_ Personal identity code: \_\_\_\_\_ - \_\_\_\_\_

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

Tel: \_\_\_\_\_ Spoken languages, if other than Finnish/Swedish: \_\_\_\_\_

Name and telephone number of a contact person, if any:  
\_\_\_\_\_

Country of birth: \_\_\_\_\_ If other than Finland, date when moved to Finland: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Profession/student and place of work/study: \_\_\_\_\_

Substance dependence: Alcohol  Drugs , which drugs: \_\_\_\_\_

Pregnant: Yes  No  Due date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

## General Health Information

### Do you have any of the following illnesses or medications?

Chronic kidney disease that requires dialysis Yes  No

Organ transplant, or stem cell transplant Yes  No   
Which transplant, when: \_\_\_\_\_

HIV, and when HIV medication was started: \_\_\_\_\_ Yes  No

Cytostatic treatment currently in use (e.g. for cancer, rheumatic disease) Yes  No   
Which disease and medicine: \_\_\_\_\_

A disease for which you use TNF inhibitors or other biological medicines Yes  No   
Which disease and medicine: \_\_\_\_\_

A disease for which you use cortisone tablet treatment (over 20 mg/day) Yes  No   
Which disease: \_\_\_\_\_

Silicosis, also known as mason's disease or miner's asthma Yes  No

## Symptoms of tuberculosis

### Have you experienced any of the following symptoms in the past 3 months?

Cough lasting over 3 weeks Yes  No

Coughing up phlegm Yes  No

Coughing up blood Yes  No

Shortness of breath on exertion Yes  No

Unusual tiredness Yes  No

Loss of appetite Yes  No

Abnormal weight loss Yes  No

Night sweats Yes  No

Unexplained rises in body temperature or fever Yes  No

Other symptoms, please specify: \_\_\_\_\_ Yes  No

Have you had tuberculosis before: Yes  No

When: \_\_\_\_\_ In which organ: \_\_\_\_\_

Medicine used to treat it: \_\_\_\_\_

Have you been exposed to tuberculosis before: Yes  No

When: \_\_\_\_\_ Where: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Signature of replier: \_\_\_\_\_