

TB HOME EVALUATION

Home Environment

Client has own room: Yes No # bedrooms/comments: _____
Residence: House Apt/Condo Mobile home Motel/Hotel Shelter Institution Other/Homeless
Housing Assistance: Section VIII Yes No or HUD Yes No
in dwelling: Adults ___ Children ___. Among them, Immunosuppressed: Yes No Who _____
Adequate food resources: Yes No Adequate ventilation and heating: Yes No
Safe place for storing medication: Yes No
Home safety/ adaptive equipment: Yes No Specify _____
Pets Yes No

Assessment/Comments: _____

Understanding of Disease

Education: < High School High School College College +
Drug/Alcohol Risk Factors: Yes No N/A, *if yes*, willing to seek TX Yes No
Adequate knowledge of tuberculosis transmission: Yes No

Medications:

Adequate understanding of medication side effects: Yes No
Adequate understanding of medication schedule: Yes No
Possible drug interaction: _____

Treatment Plan:

Understands need to keep doctor/clinic appointments: Yes No
Understands need to comply with requests for CXR/Lab/ DOT: Yes No

Assessment/Comments: _____

Social Interaction

Adequate culturally appropriate social support system: Yes No If Yes, Whom: _____
Lifestyle consistent with treatment adherence: Yes No Language limitations: Yes No

Assessment/Comments: _____

Transportation

Client has a car: Yes No Relative/Friend will transport? Yes No
Client needs transportation: Yes No Client has access to bus service: Yes No
Knowledge of transportation assistance: Yes No Client will need bus incentive: Yes No

Assessment/Comments: _____

Financial

Source of income: ___ Other sources: Food Bank Medicare Food Stamps WIC SSI
 Other (Specify): _____

Assessment/Comments: _____

Date: _____

Signature: _____