

# 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: \_\_\_\_\_