PATIENT SURVEY

The Baltimore City Health Department is currently treating you for Tuberculosis (TB), an airborne infection. Some individuals with TB are required to stay home or limit movement, or asked to take other precautions to prevent the spread of disease while infectious. We would like to ensure we are meeting your needs while you are being treated and have this short survey for you to complete. All responses are kept confidential and are used only to help create a personalized plan for you. Thank you for your time.

HOUSING	1. Do you have a consistent and safe place to live while receiving TB treatment? ☐ Yes ☐ No 2. Are you worried that you will be asked to move due to TB treatment or isolation ☐ Yes ☐ No 3. Do you have children under the age of 5 at home? ☐Yes ☐No 4. Are there any individuals in the home that are immunocompromised? ☐Yes ☐No Comments_____
FOOD	1. In the past year were you ever hungry but did not eat because there wasn't enough money for food? ☐Yes ☐ No 2. Are you concerned about access to food? ☐Yes ☐ No Comments:_____
JOBS	1. Do you have a job? ☐ Yes ☐ No (If yes, complete additional questions below) 1a. Do you think you may lose your job if you need to take time off from work due to TB treatment or isolation)? ☐ Yes ☐ No 1b. Do you work outside your home? ☐ Yes ☐ No 1c. Are you able to work remotely? ☐ Yes ☐ No
MENTAL HEALTH	1. Do you use drugs or drink at least 4 drinks of any kind in a single day? ☐ Yes ☐ No 2. Have you experienced any of the following problems within the past 2 weeks? • Feeling down ☐ Yes ☐ No • Feeling depressed ☐ Yes ☐ No • Feeling worried or frightened? ☐ Yes ☐ No • Any thoughts of harming yourself? ☐ Yes ☐ No
FINANCES	1.) In the past year- have you had trouble paying for Rent /Mortgage? ☐Yes ☐ No • Medical care? ☐Yes ☐No • Other bills? ☐Yes ☐No 2.) Have you borrowed any money this year? ☐Yes ☐No
SOCIAL	1.) Are you afraid to tell your family/friends about your diagnosis of TB? ☐Yes ☐No 2.) Are there activities you are worried you will not be able to do because of TB? ☐Yes ☐No Comments_____
GENERAL	Do you anticipate any challenges to being isolated? ☐Yes ☐No Comments: