



TB HOME EVALUATION

**COMMUNICABLE DISEASE DIVISION
TB PROGRAM**
3020 Rucker Avenue, Suite 100, Everett, WA 98201-3900
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343-NonDOH March 2011

Home Environment

Client has own room Yes No # bedrooms ? _____
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
Adequate food resources: Yes No Adequate ventilation and heating Yes No
Safe place for storing medication Yes No
Home safety/ adaptive equipment Yes No Which _____
Pets Yes No

Assessment/Comments

Understanding of Disease

Education: < High School High School College Post –Graduate
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 Health District transportation Yes No Client has access to bus service Yes No
Knowledge of DSHS 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 TANF SSI
 Other assistance (Specify): _____

Assessment/Comments

Date: _____ Signature: _____