



Home Evaluation Form WDH Tuberculosis Program

Patient _____

DOB _____

Use this form as a guide in determining whether a client's residence is an appropriate place for home isolation and DOT, whether client will be able to comply with medication regime, appointments, etc., and general disease understanding.

HOME ENVIRONMENT

Residence: House Apt/Condo Mobile Home Motel/Hotel Shelter Institution Homeless Other

Client has own room: Yes No Comments _____

People in residence: Adults _____ Children _____ Any immunosuppressed? Who _____

Adequate food resources: Yes No Comments _____

Safe place to store medications: Yes No Comments _____

Home safety or adaptive equipment: Yes No Comments _____

Assessment of home environment _____

Further needs _____

SOCIAL ENVIRONMENT

Adequate, socially appropriate support system: Yes No Comments _____

Lifestyle consistent with treatment adherence: Yes No Comments _____

Assessment of social environment _____

Further needs _____

TRANSPORTATION

Client has car: Yes No Transportation available through friend/family Yes No

Client has access to public transportation Yes No

Assessment of transportation options _____

Further needs _____

FINANCIAL

Income source Yes No Comments _____

Housing assistance: Section VIII HUD Comments _____

Medical assistance Medicare Medicaid Other _____

Other assistance Food stamps WIC SSI Food bank

Assessment of financial situation _____

Further needs _____

DISEASE UNDERSTANDING

Education < High school Diploma College College +

Drug or alcohol use Yes No If yes, willing to seek treatment Yes No

Adequate understanding of medication side effects Yes No

Adequate understanding of medication schedule Yes No

Understands need to keep Dr/clinic appointments Yes No

Understand need to comply with DOT, CXR, lab requests Yes No

Assessment of disease understanding _____

Further needs _____

Additional comments _____

Evaluator _____ Date _____