**EXAMPLE: CRITICALLY APPRAISED TOPIC**

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<th>Name of Reviewer: Joe Schmoe</th>
<th>Date: 1/1/2010</th>
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**Patient’s Story:** It’s unclear which children presenting for well-child checks should be screen with a PPD. Is there a questionnaire that can help determine who should be screened?

**Answerable Clinical Question (PICO):**
- **P/patient:** in asymptomatic children
- **I/intervention:** how good is a risk assessment questionnaire
- **C/comparison:** compared with PPD
- **O/outcome:** to identify asymptomatic TB infection.

**The Search:** PubMed → Clinical Queries → Diagnosis → Specificity

Search terms: tuberculin AND questionnaire

**Study/Studies Citation:**

**Brief Description of Methods:**
- **Pt population:** inner NYC children 1-18 years of age, receiving routine health maintenance exams, without prior positive PPD. 4 item questionnaire. PPD interpreted by nurse blinded to questionnaire. PPD induration or uncertainty were referred to MD. Positive PPD defined as > 10mm. Total population 3093, 10 with prior + PPD and 163 (5.3%) lost to follow-up → 2920 with both questionnaire and PPD reading.

**Brief Description of Results (focusing on your question):**
Using a positive response to any of the 3 NYCDOH questions (the 4th question re: HIV was negative in all children), the questionnaire had a sensitivity of 0.852, specificity of 0.860. The prevalence in their study was 27/2920 (0.9%).

**Issues Regarding Applicability, Strengths/Limitations, Concerns:**
- The population in the study was similar to that at Loyola, so it would seem to be applicable.
- Nurse reading the PPD was blinded to the questionnaire results.
- The internal validity of the questionnaire was not tested.

**CLINICAL BOTTOM LINE:**
The NYCDOH risk assessment questionnaire is a useful tool to reduce tuberculin screening in a low prevalence population (less than 1% asymptomatic infection).