CHILD CASE DATA ABSTRACTION FORM

I. Child Case Background

1. Date of birth
   ___/___/_______

2. Sex
   Male 1
   Female 2
   Unknown 9

3. Race
   White 1
   Black or African American 2
   Asian 3
   Native Hawaiian or other Pacific Islander 4
   American Indian/Alaskan Native 5
   Other 6
   Unknown 9

4. Ethnicity
   Hispanic or Latino 1
   Not Hispanic or Latino 2
   Unknown 9

5. Country of origin*
   United States (including Puerto Rico) 1
   Other U.S. territory 2
   Mexico 3
   Other (specify):____________________ 4
   Unknown 9

IF COUNTRY OF BIRTH IS THE UNITED STATES OR A U.S. TERRITORY, SKIP TO Q9

5a. Date of arrival in the United States
   ___/___/_______
1. Was the foreign born child screened for TB prior to entry into the U.S.?
   - No 0
   - Yes 1
   - Not applicable 8
   - Unknown 9

   * = Word or concept defined in the “Instructions for Data Collection and Submission for TBES Task Order 3”

   IF NO, NOT APPLICABLE, OR UNKNOWN, SKIP TO Q8

2. What were the results of the child’s CXR performed as part of their medical examination prior to coming to the U.S.?
   - Normal 1
   - Abnormal, c/w TB 2
   - Abnormal, not c/w TB 3
   - CXR not performed 8
   - Unknown 9

3. Did any family members receive a TB classification of A or B as a result of overseas TB screening?
   - No 0
   - Yes 1
   - Unknown 9

4. Do parents/guardians have any history of:
   9a. TB
      - No 0
      - Yes 1
      - Unknown 9
   9b. foreign birth*
      - No 0
      - Yes 1
      - Unknown 9

   * = Word or concept defined in the “Instructions for Data Collection and Submission for TBES Task Order 3”

   IF NO OR UNKNOWN, SKIP TO Q10

9c. If parent(s)/guardian(s) were foreign born, in what country were they born?* ________________________

5. Was the child BCG vaccinated?
   - No 0
   - Yes 1
   - Unknown 9
6. Is the child HIV positive?*
   - No 0
   - Yes 1
   - Unknown 9

7. Was the child homeless in the twelve months prior to the TB diagnostic evaluation?*
   - No 0
   - Yes 1
   - Unknown 9

8. Has the child drank or eaten unpasteurized milk or milk products? *(If available)*
   - No 0
   - Yes 1
   - Unknown 9

9. Did the child travel out of the country in the past 12 months?*
   - No 0
   - Yes 1
   - Unknown 9

**IF NO OR UNKNOWN, SKIP TO Q16**

15. Child=s travel history

<table>
<thead>
<tr>
<th>Country Visited</th>
<th>Length of stay (days)</th>
<th>Where stayed</th>
</tr>
</thead>
<tbody>
<tr>
<td>15a.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15c.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Values: Where stayed:
1 = Child stayed with relatives or friends
2 = Child stayed in resort area/hotel/motel
8 = Not applicable
9 = Unknown

16. What type of health care provider did the child use for administration of their first positive TST?
   - Health Department (HD) 1
   - Private* 2
   - Other *(specify)*: __________________ 3
   - Not applicable, no positive TST 8
   - Unknown 9
17. What was the child’s final TB classification?
   LTBI
   TB disease

IF FINAL CLASSIFICATION WAS LTBI OR EXPOSED, NO INFECTION,
   PROCEED TO SECTION II, LTBI EVALUATION AND TREATMENT

IF FINAL CLASSIFICATION WAS TB DISEASE, SKIP TO SECTION III,
   TB DISEASE EVALUATION AND TREATMENT
II. LTBI Evaluation and Treatment

1. Date child first came to medical attention for LTBI*
   ___/___ /_______

2. Why did the child come to medical attention?
   - Symptoms
   - Contact investigation
   - Source case investigation
   - Screening
   - Other (specify): __________________________
   - Unknown

IF CHILD WAS NOT FOUND THROUGH SCREENING OR UNKNOWN, SKIP TO Q3

2a. If the child was found through screening, why was the child screened?
   - Immigrant or refugee
   - Child care requirement
   - School requirement
   - Routine health care visit
   - Immunization clinic visit, not required by school or child care
   - WIC
   - Other (specify): __________________________
   - Unknown

3. TST

<table>
<thead>
<tr>
<th>TST</th>
<th>Type</th>
<th>Date placed</th>
<th>Mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a. Last negative TST/unknown TST*</td>
<td></td>
<td><em><strong>/</strong></em> /_______</td>
<td></td>
</tr>
<tr>
<td>3b. First positive TST*</td>
<td></td>
<td><em><strong>/</strong></em> /_______</td>
<td></td>
</tr>
<tr>
<td>3c. Subsequent positive TST*</td>
<td></td>
<td><em><strong>/</strong></em> /_______</td>
<td></td>
</tr>
</tbody>
</table>

Values: Type:  
1 = Mantoux
2 = Tine
8 = Not done
9 = Unknown

mm: Skin test result recorded in millimeters (88 = Not read; 99 = Unknown)

4. Did the child have a CXR within six months of their LTBI diagnosis?
   - No
   - Yes
   - Not Applicable
   - Unknown

IF NO, NOT APPLICABLE, OR UNKNOWN, SKIP TO Q5
4a. Date of CXR (if more than one, use CXR closest in time to first positive TST)
__/__/____

4b. What was the result of this CXR?
   Normal 1
   Abnormal, consistent with TB 2
   Abnormal, not consistent with TB 3
   Other (specify) __________________________ 4
   Unknown 9

5. Did the child have a subsequent CXR for TB evaluation?
   No 0
   Yes 1
   Not Applicable 8
   Unknown 9

   IF NO, NOT APPLICABLE, OR UNKNOWN, SKIP TO Q6

5a. Date of CXR
__/__/____

5b. What was the result of this CXR?
   Normal 1
   Abnormal, consistent with TB 2
   Abnormal, not consistent with TB 3
   Other (specify) __________________________ 4
   Unknown 9

6. Was the child given window prophylaxis?
   No 0
   Yes 1
   Not Applicable(initial TST Positive) 8
   Unknown 9

   IF YES, SKIP TO Q6b
   IF NOT APPLICABLE OR UNKNOWN, SKIP TO Q7

6a. Why was window prophylaxis not given? (If available)
   Not offered 1
   Refused 2
   Moved 3
   Lost 4
   Other 5
   Unknown 9

   SKIP TO Q7
6b. Window prophylaxis start date  
___/___/_______

6c. Window prophylaxis stop date  
___/___/_______

7. Was the child offered treatment for LTBI?  
   No 0  
   Yes 1  
   Not Applicable 8  
   Unknown 9  

   **IF LTBI TREATMENT OFFERED, SKIP TO Q8**

   **IF UNKNOWN OR NOT APPLICABLE, SKIP TO SECTION IV, SOURCE CASE INVESTIGATION**

7a. If LTBI treatment was not offered, what was the reason?  
   Window prophylaxis 1  
   Previous LTBI treatment 2  
   Awaiting source case susceptibility 3  
   Other (specify) ______________ 4  
   Unknown 9  

   **IF LTBI TREATMENT NOT OFFERED,**  
   **SKIP TO SECTION IV, SOURCE CASE INVESTIGATION**

8. Did the child begin treatment for LTBI?  
   No 0  
   Yes 1  
   Not Applicable 8  
   Unknown 9  

   **IF NO, NOT APPLICABLE, OR UNKNOWN,**  
   **SKIP TO SECTION IV, SOURCE CASE INVESTIGATION**

9. What type of treatment for LTBI did the child receive?  
   INH 1  
   Rif 2  
   Other (specify): ______________ 3  
   Unknown 9
10. What was the initial prescribed length (months) of treatment for LTBI? (99 = Unknown) _____

10a. Date treatment started for LTBI ___/___/________

10b. Date treatment stopped for LTBI ___/___/________

10c. Did the child complete at least 80% of prescribed doses?
   No 0
   Yes 1
   Unknown 9

10d. What was the reason for the end of treatment?
   Completed 1
   Moved 2
   Lost 3
   Refused 4
   Treatment ongoing, has not ended 5
   Other (specify): _____________________ 6
   Unknown 9

11. How many clinic appointments did the child miss?* (99 = Unknown) ___ __

12. Was treatment for LTBI directly observed?
   No 0
   Yes 1
   Unknown 9

IF NO OR UNKNOWN, SKIP TO SECTION IV, SOURCE CASE INVESTIGATION

12a. Date DOPT was started for LTBI ___/___/_______

12b. Date DOPT was stopped for LTBI ___/___/_______

SKIP TO SECTION IV, SOURCE CASE INVESTIGATION
III. TB Disease Evaluation and Treatment

1. Date child first reported to the health department*
   __/__/________

2. Date child first came to medical attention for TB*
   __/__/________

3. Why did the child come to medical attention?
   Symptoms related to TB  1
   Contact investigation  2
   Source case investigation  3
   Screening  4
   Other (specify): ______________________________  5
   Unknown  9

IF CASE WAS NOT FOUND THROUGH SCREENING, SKIP TO Q4

3a. If the case was found through screening, why was the case screened?
   Immigrant or refugee  1
   Child care requirement  2
   School requirement  3
   Routine health care visit  4
   Immunization clinic visit, not required by school or child care  5
   WIC  6
   Other (specify): ______________________________  7
   Unknown  9

4. Was the child ever given window prophylaxis?
   No  0
   Yes  1
   Not Applicable(initial TST Positive)  8
   Unknown  9

IF YES, SKIP TO Q4b

IF NOT APPLICABLE OR UNKNOWN, SKIP TO Q5

4a. Why was window prophylaxis not given? (If available)
   Not offered  1
   Refused  2
   Moved  3
   Lost  4
   Other  5
   Unknown  9

SKIP TO Q5
4b. Window prophylaxis start date
___/___/_______

4c. Window prophylaxis stop date
___/___/_______

5. Was the child initially diagnosed with LTBI?
   No 0
   Yes 1
   Unknown 9

   IF NO OR UNKNOWN, SKIP TO Q7

6. Was the child given treatment for LTBI?
   No 0
   Yes 1
   Unknown 9

   IF NO OR UNKNOWN, SKIP TO Q7

6a. Date treatment started for LTBI
___/___/_______

6b. Date treatment stopped for LTBI
___/___/_______

6c. What was the reason for the end of treatment?
   Completed 1
   Moved 2
   Lost 3
   Refused 4
   New TB disease case 5
   Other (specify): ____________________________ 6
   Unknown 9

6d. Did the child complete at least 80% of prescribed doses?
   No 0
   Yes 1
   Unknown 9

6e. During LTBI treatment, how many clinic appointments did the child miss?*
   (99 = Unknown) ___ ___
7. TST

<table>
<thead>
<tr>
<th></th>
<th>TST</th>
<th>Type</th>
<th>Date placed</th>
<th>Mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>7a.</td>
<td>Last negative TST/unknown TST*</td>
<td></td>
<td><strong>/</strong>/______</td>
<td></td>
</tr>
<tr>
<td>7b.</td>
<td>First prior positive TST*</td>
<td></td>
<td><strong>/</strong>/______</td>
<td></td>
</tr>
<tr>
<td>7c.</td>
<td>Subsequent positive TST*</td>
<td></td>
<td><strong>/</strong>/______</td>
<td></td>
</tr>
</tbody>
</table>

Values: Type: 
1 = Mantoux
2 = Tine
8 = Not done
9 = Unknown

mm: Skin test result recorded in millimeters (88 = Not read; 99 = Unknown)

8. Did the child have a CXR within six months of their TB diagnosis?

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Not Applicable(initial TST Positive)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF NO, NOT APPLICABLE, OR UNKNOWN, SKIP TO Q9

8a. Date of CXR (if more than one, use CXR closest in time to first positive TST) __/__/______

8b. What was the result of this CXR?

|   |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|
| 1 | Normal |   |   |   |   |   |
| 2 | Abnormal, consistent with TB |   |   |   |   |   |
| 3 | Abnormal, not consistent with TB |   |   |   |   |   |
| 4 | Other (specify) |   |   |   |   |   |
| 9 | Unknown |   |   |   |   |   |

IF ABNORMAL, CONSISTENT WITH TB, SKIP TO Q10

9. Did the child have an abnormal CXR, consistent with TB?

|   |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|
| 0 | No |   |   |   |   |   |   |
| 1 | Yes|   |   |   |   |   |   |
| 8 | Not Applicable(initial TST Positive) |   |   |   |   |   |   |
| 9 | Unknown |   |   |   |   |   |   |

IF NO, NOT APPLICABLE, OR UNKNOWN, SKIP TO Q10

9a. Date of first abnormal CXR consistent with TB __/__/______

10. Was the child hospitalized for signs and/or symptoms related to TB?

|   |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|
| 0 | No |   |   |   |   |   |
| 1 | Yes|   |   |   |   |   |
| 9 | Unknown |   |   |   |   |   |

IF NO OR UNKNOWN, SKIP TO Q11
10a. If yes, how many **days** was the child hospitalized?  

---

11. Did the child present with signs and/or symptoms at the time of TB diagnosis?  
   - No  
   - Yes  
   - Unknown  

**IF NO OR UNKNOWN, SKIP TO Q14**

12. What symptoms did the child present with?  

<table>
<thead>
<tr>
<th>Symptom</th>
<th>No</th>
<th>Yes</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a. Cough</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b. Fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12c. Night Sweats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12d. Loss of appetite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12e. Poor weight gain or weight loss</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12f. Fatigue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12g. CNS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12h. Cervical adenopathy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12i. Other <em>(specify)</em>:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. How many **weeks** of symptoms preceded the initial medical visit?  

---

14. What was the **primary** disease site?  

<table>
<thead>
<tr>
<th>Disease Site</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary</td>
<td>1</td>
</tr>
<tr>
<td>Intrathoracic lymphadenopathy</td>
<td>2</td>
</tr>
<tr>
<td>Meningeal</td>
<td>3</td>
</tr>
<tr>
<td>Miliary</td>
<td>4</td>
</tr>
<tr>
<td>Cervical lymphadenopathy</td>
<td>5</td>
</tr>
<tr>
<td>Other <em>(specify)</em>:</td>
<td>8</td>
</tr>
<tr>
<td>Unknown</td>
<td>9</td>
</tr>
</tbody>
</table>

14a. Additional disease site 1  

14b. Additional disease site 2  

15. Was bacteriology done?  
   - No  
   - Yes  
   - Unknown  

**IF NO OR UNKNOWN, SKIP TO Q18**
16. Date and results of first specimens collected

<table>
<thead>
<tr>
<th>Specimen collected?</th>
<th>Date collected</th>
<th>Smear result</th>
<th>Culture result</th>
</tr>
</thead>
<tbody>
<tr>
<td>16a. First Gastric</td>
<td><em><strong>/</strong></em>/_______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b. Second Gastric</td>
<td><em><strong>/</strong></em>/_______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16c. Third Gastric</td>
<td><em><strong>/</strong></em>/_______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16d. BAL</td>
<td><em><strong>/</strong></em>/_______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16e. Sputum</td>
<td><em><strong>/</strong></em>/_______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16f. Other source</td>
<td><em><strong>/</strong></em>/_______</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Values: Specimen collected: 0 = No
1 = Yes
9 = Unknown

Smear and culture results: 0 = Negative
1 = Positive
8 = Not performed
9 = Unknown

17. Was a specimen from the child culture positive for M. bovis?
   - No 0
   - Yes 1
   - Not Applicable 8
   - Unknown 9

18. Did the child start treatment for TB disease?
   - No 0
   - Yes 1
   - Unknown 9

**IF NO OR UNKNOWN, SKIP TO Q24**

18a. Date the child started treatment for TB disease
     ___/___/_______

18b. If initial regimen was changed, date the child started a new regimen
     ___/___/_______

19. Date the child completed or stopped treatment for TB disease
    ___/___/_______

39
19a. What was the reason for the end of treatment?

Completed 0
Moved 1
Lost 2
Refused 3
No TB diagnosed 4
Died 5
Treatment ongoing, has not ended 6
Other (specify):__________________ 7
Not applicable 8
Unknown 9

19b. Did the child complete at least 80% of prescribed doses?

No 0
Yes 1
Unknown 9

19c. During TB treatment, how many clinic appointments did the child miss?*

___ ___ (99 = Unknown)

20. Which drugs composed the initial drug regimen?

<table>
<thead>
<tr>
<th>Drug</th>
<th>0 = Not prescribed</th>
<th>1 = Prescribed</th>
<th>9 = Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>20a. Isoniazid (INH)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20b. Rifampin (RIF)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20c. Pyrazinamide (PZA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20d. Ethambutol (EMB)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20e. Streptomycin (SM)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20f. Fluoroquinolones (FQ)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20g. Other (specify):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21. Was DOT used?

No 0
Yes 1
Unknown 9

IF NO OR UNKNOWN, SKIP TO Q22

21a. What was the site of DOT?

Clinic 1
Field 2
Both clinic and field 3
Unknown 9

21b. Date DOT was started ___/___/_______

21c. Date DOT was stopped ___/___/_______
22. If culture was positive, was drug susceptibility testing performed?
   No 0
   Yes 1
   Not Applicable (Culture Not Positive) 8
   Unknown 9

IF NO, UNKNOWN, OR NOT APPLICABLE,
SKIP TO SECTION IV, SOURCE CASE INVESTIGATION

23. Was there any resistance detected to the following drugs?

<table>
<thead>
<tr>
<th>Drug</th>
<th>0 = No</th>
<th>1 = Yes</th>
<th>9 = Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>23a. Isoniazid (INH)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23b. Rifampin (RIF)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23c. Pyrazinamide (PZA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23d. Ethambutol (EMB)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

SKIP TO SECTION IV, SOURCE CASE INVESTIGATION

24. What was the reason for the lack of initiation of treatment?
   Moved 1
   Lost 2
   Refused 3
   Other (specify): _____________________________ 4
   Unknown 9
IV. Source Case Investigation

1. Was a source case investigation done?
   - No 0
   - Yes 1
   - Unknown 9

2. Was a source case identified?*
   - No 0
   - Yes 1
   - Unknown 9

3. Was the child identified prior to the source case being reported?
   - No 0
   - Yes 1
   - Not Applicable 8
   - Unknown 9

4. Please list any obstacles or issues which hindered the process of the source case investigation:
   a. __________________________________________________________
   b. __________________________________________________________
   c. __________________________________________________________
V. Comments

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
VI. Source Case Investigation Log (Complete this section for TB disease and LTBI cases)

<table>
<thead>
<tr>
<th>Adults (&gt;14 years of age)</th>
<th>Household</th>
<th>Out of House</th>
<th>Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number identified</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number with prior positive TST</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number placed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>number TST positive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>number TST negative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>number TST unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number started on treatment for LTBI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number completed treatment for LTBI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of new TB cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children 5 - 14 years</th>
<th>Household</th>
<th>Out of House</th>
<th>Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number identified</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number with prior positive TST</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number placed</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>number TST positive</td>
<td></td>
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<tr>
<td>number TST negative</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>number TST unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number started on treatment for LTBI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number completed treatment for LTBI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of new TB cases</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children age &lt;5 years</th>
<th>Household</th>
<th>Out of House</th>
<th>Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number identified</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number with prior positive TST</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number placed</td>
<td></td>
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</tr>
<tr>
<td>Number started on window prophylaxis</td>
<td></td>
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<td>Number started on treatment for LTBI</td>
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<td></td>
</tr>
<tr>
<td>Number completed treatment for LTBI</td>
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</tr>
<tr>
<td>Number of new TB cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contacts of unknown age</th>
<th>Household</th>
<th>Out of House</th>
<th>Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number identified</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number with prior positive TST</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number placed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>number TST positive</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of new TB cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SOURCE CASE DATA ABSTRACTION FORM

I. Source Case Background

6. Date of birth
   ___/___/_______

7. Sex
   Male 1
   Female 2
   Unknown 9

8. Race
   White 1
   Black or African American 2
   Asian 3
   Native Hawaiian or other Pacific Islander 4
   American Indian/Alaskan Native 5
   Other 6
   Unknown 9

9. Ethnicity
   Hispanic or Latino 1
   Not Hispanic or Latino 2
   Unknown 9

10. Country of origin*
    United States (including Puerto Rico) 1
    Other U.S. territory 2
    Mexico 3
    Other (specify): _____________________ 4
    Unknown 9

IF COUNTRY OF BIRTH IS THE UNITED STATES OR A U.S. TERRITORY, SKIP TO Q8

5a. Date of arrival in the United States
    ___/___/_______
5b. Was the source case screened for TB prior to entry into the U.S.?

- No
- Yes
- Unknown

IF NO OR UNKNOWN, SKIP TO Q8

11. What TB classification was the source case given resultant of their medical examination prior to coming to the U.S.?

<table>
<thead>
<tr>
<th>Classification</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1</td>
</tr>
<tr>
<td>B1</td>
<td>2</td>
</tr>
<tr>
<td>B2</td>
<td>3</td>
</tr>
<tr>
<td>None</td>
<td>4</td>
</tr>
<tr>
<td>Unknown</td>
<td>9</td>
</tr>
</tbody>
</table>

12. What were the results of the source case's AFB smear collected as part of their medical examination prior to coming to the U.S.?

<table>
<thead>
<tr>
<th>Result</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>0</td>
</tr>
<tr>
<td>Positive</td>
<td>1</td>
</tr>
<tr>
<td>Not Performed</td>
<td>8</td>
</tr>
<tr>
<td>Unknown</td>
<td>9</td>
</tr>
</tbody>
</table>

13. What is the source case's relationship to the child case?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>1</td>
</tr>
<tr>
<td>Father</td>
<td>2</td>
</tr>
<tr>
<td>Sibling</td>
<td>3</td>
</tr>
<tr>
<td>Other relative (specify): __________________________</td>
<td>4</td>
</tr>
<tr>
<td>Family friend</td>
<td>5</td>
</tr>
<tr>
<td>Child care/preschool provider</td>
<td>6</td>
</tr>
<tr>
<td>Other non-relative (specify): __________________________</td>
<td>7</td>
</tr>
<tr>
<td>Unknown</td>
<td>9</td>
</tr>
</tbody>
</table>

8a. Has the source case been a caregiver for the child?*

- No
- Yes
- Unknown

14. Did the source case ever live in the child's home?

- No
- Yes
- Unknown

15. What type of health care provider did the source case use for diagnosis of TB disease? (Circle all that apply)

<table>
<thead>
<tr>
<th>Provider</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Department (HD)</td>
<td>1</td>
</tr>
<tr>
<td>Private*</td>
<td>2</td>
</tr>
<tr>
<td>Other (specify): __________________________</td>
<td>3</td>
</tr>
<tr>
<td>Unknown</td>
<td>9</td>
</tr>
</tbody>
</table>
16. What type of health care provider did the source case use for care of TB disease? (Circle all that apply)
   Health Department (HD) 1
   Private* 2
   Other (specify): ____________________________ 3
   Unknown 9

17. Date the source case was first reported to the health department*
   ____/____/_______

18. Was the source case reported to a different health department than the pediatric case?
   No 0
   Yes 1
   Unknown 9

   IF NO OR UNKNOWN, SKIP TO SECTION II,
   SOURCE CASE’S TB EVALUATION AND TREATMENT

19. Were results communicated to the child’s county?
   No 0
   Yes 1
   Unknown 9
II. Source Case’s TB Evaluation and Treatment

1. Date source case first came to medical attention for TB*  
   ___/___ /_______

2. Why did the source case come to medical attention?  
   Symptoms related to TB  1  
   Contact investigation  2  
   Source case investigation  3  
   Screening  4  
   Other (specify): ___________________________  5  
   Unknown  9

IF CASE WAS NOT FOUND THROUGH SCREENING, SKIP TO Q3

2a. If the case was found through screening, why was the case screened?  
   Immigrant or refugee  1  
   Work  2  
   School  3  
   Incarceration  4  
   Routine health care visit  5  
   Immunosupressed  6  
   Other (specify): ___________________________  7  
   Unknown  9

3. TST

<table>
<thead>
<tr>
<th>TST</th>
<th>Completion</th>
<th>Date placed</th>
<th>mm</th>
<th>Reason for testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a. Last negative TST*</td>
<td></td>
<td><em><strong>/</strong></em> /_______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b. First prior positive TST*</td>
<td></td>
<td><em><strong>/</strong></em> /_______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3c. Subsequent positive TST*</td>
<td></td>
<td><em><strong>/</strong></em> /_______</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Values:  
Completion:  
0 = Not done  
1 = Done  
9 = Unknown

mm:  
Skin test result recorded in millimeters (99 = Unknown)

Reason for testing:  
1 = Symptoms  
2 = Contact investigation  
3 = Source case investigation  
4 = Screening  
5 = Other  
8 = Not applicable  
9 = Unknown
4. Did the case have abnormal CXR results, consistent with TB?
   - No 0
   - Yes 1
   - Not Applicable (CXR Not Done) 8
   - Unknown 9

   **IF NO, NOT APPLICABLE, OR UNKNOWN, SKIP TO Q5**

4a. Date of first CXR with abnormal results, consistent with TB
   ___/___/_______

5. Did the case present with symptoms at diagnosis?
   - No 0
   - Yes 1
   - Unknown 9

   **IF NO, SKIP TO Q8**

6. What symptoms did the source case present with?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>0 = No</th>
<th>1 = Yes</th>
<th>9 = Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a. Cough</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b. Fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c. Night Sweats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d. Weight loss</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6e. Fatigue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6f. Hemoptysis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6g. Other (specify):</td>
<td><em><strong>/</strong></em>/________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. How many weeks of symptoms preceded the initial medical visit?
   ___ ___

8. How many sputum specimens were obtained at the time of initial evaluation?
   - None 0
   - One 1
   - Two 2
   - Three 3
   - Four or more 4
   - Not applicable 8
   - Unknown 9

8a. If less than three initial sputum specimens were obtained, why?
   - Unable to produce sputum 1
   - Missed appointments 2
   - Refused 3
   - Other (specify): __________________________ 4
   - Not applicable 8
   - Unknown 9

   **IF NO SPUTUM SPECIMENS WERE OBTAINED, SKIP TO Q10**

49
9. Date initial sputum specimen was collected
   ___/___/________

   9a. Initial smear result
       Negative 0
       Positive 1
       Not Performed 8
       Unknown 9

   9b. Date first smear positive obtained*
       ___/___/________

   9c. Initial culture result
       Negative 0
       Positive 1
       Not Performed 8
       Unknown 9

   9d. Date first culture positive obtained*
       ___/___/________

   9e. Date sputum converted to persistently negative*
       ___/___/________

10. Did source case start treatment for TB disease?
    No 0
    Yes 1
    Unknown 9

    **IF NO, NOT APPLICABLE, OR UNKNOWN, SKIP TO Q17**

10a. Date source case started treatment for TB disease
    ___/___/________

10b. If initial regimen was changed, date the case started a new regimen
    ___/___/________

10c. Did the source complete at least 80% of prescribed doses?
    No 0
    Yes 1
    Unknown 9

10d. During TB treatment, how many clinic appointments did the source miss?*
    ___  (99 = Unknown)

11. Did the source case complete or stop treatment for TB disease?
    No 0
    Yes 1
    Unknown 9

    **IF NO OR UNKNOWN, SKIP TO Q12**
11a. Date the source case completed or stopped treatment for TB disease
   ___/___ /_______

11b. What was the reason for the end of treatment?
   
   Completed  1
   Moved  2
   Lost  3
   Refused  4
   Treatment ongoing, has not ended  5
   Other (specify): _____________________  6
   Died  7
   Unknown  9

12. Which drugs composed the initial drug regimen?

<table>
<thead>
<tr>
<th>Drug</th>
<th>0 = Not prescribed</th>
<th>1 = Prescribed</th>
<th>9 = Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a. Isoniazid (INH)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b. Rifampin (RIF)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12c. Pyrazinamide (PZA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12d. Ethambutol (EMB)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12e. Streptomycin (SM)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12f. Fluoroquinolones (FQ)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12g. Other (specify):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. Was drug susceptibility testing done?
   
   No  0
   Yes  1
   Unknown  9

   **IF NO OR UNKNOWN, SKIP TO Q15**

13a. Date first drug susceptibility testing reported
   ___/___ /_______

14. Was there any resistance detected to the following drugs?

<table>
<thead>
<tr>
<th>Drug</th>
<th>0 = No</th>
<th>1 = Yes</th>
<th>9 = Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>14a. Isoniazid (INH)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14b. Rifampin (RIF)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14c. Pyrazinamide (PZA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14d. Ethambutol (EMB)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Was there any notation in the medical record of the source case documenting non-adherence to treatment?*

<table>
<thead>
<tr>
<th>Drug</th>
<th>0 = No</th>
<th>1 = Yes</th>
<th>9 = Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>14a. Isoniazid (INH)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14b. Rifampin (RIF)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14c. Pyrazinamide (PZA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14d. Ethambutol (EMB)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **IF NO OR UNKNOWN, SKIP TO Q16**

   *No  0
   Yes  1
   Unknown  9
15a. If non-adherence was evident, how was it evident?*

- Missed appointments 1
- Medication not taken 2
- Missed appointments and medication not taken 3
- Other (specify): ____________________________ 4
- Not applicable 8
- Unknown 9

16. Was patient placed on DOT?

- No 0
- Yes 1
- Unknown 9

IF NO OR UNKNOWN, SKIP TO SECTION III, SOURCE CASE RISK FACTORS

16a. If yes, what was the site of DOT?

- Clinic 1
- Field 2
- Both clinic and field 3
- Unknown 9

16b. Date DOT started

___/___/_______

16c. Date DOT stopped

___/___/_______

SKIP TO SECTION III, SOURCE CASE RISK FACTORS

17. What was the reason for the lack of initiation of treatment?

- Moved
- Lost
- Refused
- Other (specify): ____________________________
- Died
- Unknown
III. Source Case Risk Factors

1. At the time of diagnosis, was the source case immunocompromised?
   - No 0
   - Yes 1
   - Unknown 9

   1a. Was the source case diagnosed with HIV?
       - No 0
       - Yes 1
       - Refused Testing 8
       - Unknown 9

2. During treatment for TB disease, was the source case incarcerated?
   - No 0
   - Yes 1
   - Unknown 9

   IF NO OR UNKNOWN, SKIP TO Q3

   2a. If yes, was treatment interrupted for more than 2 weeks after release into the community?
       - No 0
       - Yes 1
       - Not Applicable 8
       - Unknown 9

3. Within the twelve months before source case diagnosis, was the source case:

   3a. homeless?*
       - No 0
       - Yes 1
       - Unknown 9

   3b. incarcerated?
       - No 0
       - Yes 1
       - Unknown 9

   3c. an excess alcohol user?
       - No 0
       - Yes 1
       - Unknown 9

   3d. an illicit drug user?*
       - No 0
       - Yes 1
       - Unknown 9
4. Was the source case given any treatment for LTBI prior to being diagnosed with active TB?
   - No 0
   - Yes 1
   - Unknown 9

   **IF NO OR UNKNOWN, SKIP TO Q5**

4a. Did the source case complete treatment for LTBI?
   - No 0
   - Yes 1
   - Unknown 9

4b. Was treatment for LTBI directly observed?
   - No 0
   - Yes 1
   - Unknown 9

4c. Was there any evidence of non-adherence?*
   - No 0
   - Yes 1
   - Unknown 9

   **SKIP TO SECTION IV, CONTACT INVESTIGATION OF SOURCE CASE**

5. Why did the source case not complete any treatment for LTBI?
   - Not offered 1
   - Moved 2
   - Lost 3
   - Refused 4
   - Other (specify): ________________________ 8
   - Unknown 9

5a. If LTBI treatment was not offered, was it because the case was greater than 35 years of age?
   - No 0
   - Yes 1
   - Unknown 9
IV. Contact Investigation of Source Case

1. Was a contact investigation done surrounding this source case?
   - No 0
   - Yes 1
   - Unknown 9

   **IF NO OR UNKNOWN, SKIP TO SECTION V, COMMENTS**

2. Date the source case was first interviewed
   ___/___ /_______

3. Was a translator needed, but not used, to interview the source case?
   - No 0
   - Yes 1
   - Unknown 9

4. Was a home visit done after the source case was reported to the local health department?
   - No 0
   - Yes 1
   - Not Applicable 8
   - Unknown 9

   4a. If yes, what was the date of the first home visit?
       ___/___ /_______

5. What obstacles or issues hindered the process of the contact investigation?
   (Circle all that apply)
   - Unwilling/refuse to name contacts 1
   - Language barrier 2
   - Missed appointments 3
   - Unable to get in touch with named contacts 4
   - Other (specify): __________________________ 5
   - None known 8
   - Unknown 9

6. Was the child case named as a contact?
   - No 0
   - Yes 1
   - Unknown 9

   **IF NO OR UNKNOWN, SKIP TO SECTION V, COMMENTS**

6a. Was the child identified as a close contact during the contact investigation?*
   - No 0
   - Yes 1
   - Unknown 9
V. Comments

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
VI. Contact Investigation Log (Complete this section for source cases of pediatric disease only)

<table>
<thead>
<tr>
<th>Adults (&gt;14 years of age)</th>
<th>Household</th>
<th>Out of House</th>
<th>Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number identified</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number with prior positive TST</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number placed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>number TST positive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>number TST negative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>number TST unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number started on treatment for LTBI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number completed treatment for LTBI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of new TB cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Children 5 - 14 years     |           |              |         |       |
| Number identified         |           |              |         |       |
| Number with prior positive TST |       |              |         |       |
| Number placed             |           |              |         |       |
| number TST positive       |           |              |         |       |
| number TST negative       |           |              |         |       |
| number TST unknown        |           |              |         |       |
| Number started on treatment for LTBI |       |              |         |       |
| Number completed treatment for LTBI |       |              |         |       |
| Number of new TB cases    |           |              |         |       |

| Children age <5 years     |           |              |         |       |
| Number identified         |           |              |         |       |
| Number with prior positive TST |       |              |         |       |
| Number placed             |           |              |         |       |
| number TST positive       |           |              |         |       |
| number TST negative       |           |              |         |       |
| number TST unknown        |           |              |         |       |
| Number started on window prophylaxis | |              |         |       |
| Number started on treatment for LTBI | |              |         |       |
| Number completed treatment for LTBI | |              |         |       |
| Number of new TB cases    |           |              |         |       |

| Contacts of unknown age   |           |              |         |       |
| Number identified         |           |              |         |       |
| Number with prior positive TST |       |              |         |       |
| Number placed             |           |              |         |       |
| number TST positive       |           |              |         |       |
| number TST negative       |           |              |         |       |
| number TST unknown        |           |              |         |       |
| Number started on treatment for LTBI |       |              |         |       |
| Number completed treatment for LTBI |       |              |         |       |
| Number of new TB cases    |           |              |         |       |