

For information on how this tool was used and findings from this study, please click [here](#) to refer to the study's publication.

TBESC site: _____

Child case number: _____

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 (<i>specify</i>): _____	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

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

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

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

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

	<u>Country Visited</u>	<u>Length of stay (days)</u>	<u>Where stayed</u>
15a.			
15b.			
15c.			

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 (<i>specify</i>): _____ | 3 |
| Not applicable, no positive TST | 8 |
| Unknown | 9 |

17. What was the child's final TB classification?

LTBI

1

TB disease

2

**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 1
- Contact investigation 2
- Source case investigation 3
- Screening 4
- Other (*specify*):_____ 5
- Unknown 9

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 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

3. TST

	<u>TST</u>	<u>Type</u>	<u>Date placed</u>	<u>Mm</u>
3a.	Last negative TST/unknown TST*		___/___/_____	
3b.	First positive TST*		___/___/_____	
3c.	Subsequent positive TST*		___/___/_____	

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 0
- Yes 1
- Not Applicable 8
- Unknown 9

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 (<i>specify</i>)_____ | 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 (<i>specify</i>)_____ | 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 (<i>specify</i>) _____ | 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 (<i>specify</i>): _____ | 3 |
| Unknown | 9 |

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 (<i>specify</i>): _____ | 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 (<i>specify</i>): _____ | 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

	<u>TST</u>	<u>Type</u>	<u>Date placed</u>	<u>Mm</u>
7a.	Last negative TST/unknown TST*		___/___/_____	
7b.	First prior positive TST*		___/___/_____	
7c.	Subsequent positive TST*		___/___/_____	

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?

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

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?

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

IF ABNORMAL, CONSISTENT WITH TB, SKIP TO Q10

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

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

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?

- No 0
- Yes 1
- Unknown 9

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 0
- Yes 1
- Unknown 9

IF NO OR UNKNOWN, SKIP TO Q14

12. What symptoms did the child present with?

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

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

— —

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

- Pulmonary 1
- Intrathoracic lymphadenopathy 2
- Meningeal 3
- Miliary 4
- Cervical lymphadenopathy 5
- Other (*specify*): _____ 8
- Unknown 9

14a. Additional disease site 1 _____

14b. Additional disease site 2 _____

15. Was bacteriology done?

- No 0
- Yes 1
- Unknown 9

IF NO OR UNKNOWN, SKIP TO Q18

16. Date and results of first specimens collected

		<u>Specimen collected?</u>	<u>Date collected</u>	<u>Smear result</u>	<u>Culture result</u>
16a.	First Gastric		___/___/_____		
16b.	Second Gastric		___/___/_____		
16c.	Third Gastric		___/___/_____		
16d.	BAL		___/___/_____		
16e.	Sputum		___/___/_____		
16f.	Other source <i>specify:</i> _____		___/___/_____		

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

___/___/_____

- 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 (<i>specify</i>): _____ | 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?

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

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?

	Drug	0 = No	1 = Yes	9 = Unknown
23a.	Isoniazid (INH)			
23b.	Rifampin (RIF)			
23c.	Pyrazinamide (PZA)			
23d.	Ethambutol (EMB)			

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)

	Household	Out of House	Unknown	Total
Adults (>14 years of 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				
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				

Child case number: ____ _

TBESC site: _____

Source case number: ____ _

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 (<i>specify</i>): _____	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	0
	Yes	1
	Unknown	9

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.?

A	1
B1	2
B2	3
None	4
Unknown	9

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.?

Negative	0
Positive	1
Not Performed	8
Unknown	9

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

Mother	1
Father	2
Sibling	3
Other relative (<i>specify</i>): _____	4
Family friend	5
Child care/preschool provider	6
Other non-relative (<i>specify</i>): _____	7
Unknown	9

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

No	0
Yes	1
Unknown	9

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

No	0
Yes	1
Unknown	9

15. What type of health care provider did the source case use for diagnosis of TB disease?

(<i>Circle all that apply</i>)	
Health Department (HD)	1
Private*	2
Other (<i>specify</i>): _____	3
Unknown	9

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 (<i>specify</i>): _____ | 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 |

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?

	Symptom	0 = No	1 = Yes	9 = Unknown
6a.	Cough			
6b.	Fever			
6c.	Night Sweats			
6d.	Weight loss			
6e.	Fatigue			
6f.	Hemoptysis			
6g.	Other (<i>specify</i>): _____			

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

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?

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

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?

	Drug	0 = No	1 = Yes	9 = Unknown
14a.	Isoniazid (INH)			
14b.	Rifampin (RIF)			
14c.	Pyrazinamide (PZA)			
14d.	Ethambutol (EMB)			

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

- No 0
- Yes 1
- Unknown 9

IF NO OR UNKNOWN, SKIP TO Q16

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 (<i>specify</i>): _____	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 (<i>specify</i>): _____
	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 (<i>specify</i>): _____	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 (<i>specify</i>): _____	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)

	Household	Out of House	Unknown	Total
Adults (>14 years of 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				
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				