

REPORT OF VERIFIED CASE OF TUBERCULOSIS

23. HIV Status: 0 Negative 3 Refused 9 Unknown 1 Positive 4 Not Offered 2 Indeterminate 5 Test Done, Results Unknown		24. Homeless Within Past Year: 0 No 1 Yes 9 Unknown
If Positive, Based on: 1 Medical Documentation 2 Patient History 9 Unknown		

If Positive, List: CDC AIDS Patient Number (If AIDS Reported before 1993)

State HIV/AIDS Patient Number (If AIDS Reported 1993 or Later)

City/County HIV/AIDS Patient Number (If AIDS Reported 1993 or Later)

25. Resident of Correctional Facility at Time of Diagnosis: 0 No 1 Yes 9 Unknown

If Yes, 1 Federal Prison 3 Local Jail 5 Other Correctional Facility
 2 State Prison 4 Juvenile Correctional Facility 9 Unknown

26. Resident of Long-Term Care Facility at Time of Diagnosis: 0 No 1 Yes 9 Unknown

If Yes, 1 Nursing Home 4 Mental Health Residential Facility 6 Other Long-Term Care Facility
 2 Hospital-Based Facility 5 Alcohol or Drug Treatment Facility 9 Unknown
 3 Residential Facility

27. Initial Drug Regimen:

	NO	YES	UNK.		NO	YES	UNK.		NO	YES	UNK.
Isoniazid	0	1	9	Ethionamide	0	1	9	Amikacin	0	1	9
Rifampin	0	1	9	Kanamycin	0	1	9	Rifabutine	0	1	9
Pyrazinamide	0	1	9	Cycloserine	0	1	9	Ciprofloxacin	0	1	9
Ethambutol	0	1	9	Capreomycin	0	1	9	Ofloxacin	0	1	9
Streptomycin	0	1	9	Para-Amino Salicylic Acid	0	1	9	Other	0	1	9

28. Date Therapy Started: Mo. Day Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	29. Injecting Drug Use Within Past Year: 0 No 1 Yes 9 Unknown
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30. Non-Injecting Drug Use Within Past Year: 0 No 1 Yes 9 Unknown	31. Excess Alcohol Use Within Past Year: 0 No 1 Yes 9 Unknown
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32. Occupation (Check all that apply within the past 24 months):

1 Health Care Worker 3 Migratory Agricultural Worker 5 Not Employed within Past 24 Months
 2 Correctional Employee 4 Other Occupation 9 Unknown

Comments:

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