

TB Cluster Investigation Form for Record Abstraction and Patient Interview

Name of data collector:
Proxy Used? <input type="checkbox"/> Yes <input type="checkbox"/> No
County/Jurisdiction:
Name of proxy:
Date (mm/yyyy):
Relationship to case:
Reason for proxy:

I. Locating Information

1. Patient's state case number: _____

2. Patient's full name: _____

Other name(s) such as nicknames, alias or maiden name: _____

3. Address: _____

City/State/Zip: _____

4. Telephone: _____

Home: _____

Work: _____

Other: _____

5. Alternate person to contact?

Name: _____

Relationship: _____

Phone: _____

II. Relationships

6. Spouse, companion, or sex partner(s)?

Yes No Unknown

Name(s): _____

7. Other contacts?

Yes No Unknown

III. Disease History

8. Prior TB disease?

Yes No Unknown

Address and date of diagnosis (mm/yyyy): _____

If yes, number of weeks of cough before starting treatment? _____

State case number (if available): _____

Estimated date of symptom onset (mm/yyyy): _____

9. TB skin test history?

Yes No Unknown

Date (mm/yyyy): _____

Facility: _____

Result: _____

10. Prior treatment for LTBI?

Yes No Unknown

Facility: _____

Regimen (if known): _____

Dates (mm/yyyy - mm/yyyy): _____

11. Known exposure to infectious TB case(s)?

Yes No Unknown

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II. Locations

In this section, we want to see if we can find the place and time this patient was exposed to someone with TB or could have exposed someone who later had TB.

12. Where has the patient lived during the 5 years before TB diagnosis and how long at each place?

City/Town: _____

State/Country: _____

Dates (mm/yyyy - mm/yyyy): _____

City/Town: _____

State/Country: _____

Dates (mm/yyyy - mm/yyyy): _____

City/Town: _____

State/Country: _____

Dates (mm/yyyy - mm/yyyy): _____

13. Travel in the past 5 years for at least on month or places frequently visited?

City/Town: _____

State/Country: _____

Dates (mm/yyyy - mm/yyyy): _____

City/Town: _____

State/Country: _____

Dates (mm/yyyy - mm/yyyy): _____

14. Did patient stay in a refugee camp?

Yes No Unknown

15. If patient attended school in the last 5 years, list name(s) of school(s) and dates.

Name: _____

City/Town: _____

Dates (mm/yyyy - mm/yyyy): _____

Name: _____

City/Town: _____

Dates (mm/yyyy - mm/yyyy): _____

16. If patient worked during the last 5 years, list name(s) of workplace(s) and dates.

Name: _____

City/Town: _____

Dates (mm/yyyy - mm/yyyy): _____

Name: _____

City/Town: _____

Dates (mm/yyyy - mm/yyyy): _____

17. Patient's past occupation:

Occupations: _____

Company: _____

City/Town: _____

Dates (mm/yyyy - mm/yyyy): _____

18. Worked in a hospital, clinic, nursing home, drug treatment center, shelter, prison, jail, or transitional housing facility in the last 5 years?

Yes No Unknown

Facility: _____

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City/Town: _____

State: _____

Dates (mm/yyyy - mm/yyyy): _____

19. Place of worship (church, temple, mosque, or synagogue):

Facility: _____

Frequency: _____

City/Town: _____

State: _____

Dates (mm/yyyy - mm/yyyy): _____

Facility: _____

Frequency: _____

City/Town: _____

State: _____

Dates (mm/yyyy - mm/yyyy): _____

20. Other religious activity:

Activity: _____

Facility: _____

Frequency: _____

City/Town: _____

State: _____

Dates (mm/yyyy - mm/yyyy): _____

21. Social/leisure history (regular basis in the last 5 years):

Name of place/facility: _____

Type of establishment: _____

City/Town: _____

With whom? _____

Name of place/facility: _____

Type of establishment: _____

City/Town: _____

With whom? _____

22. Patient's other friends/relatives/buddies/church members/etc. with whom they've spent a lot of time in the last 5 years:

Name: _____

23. Local transport in the last 5 years (bus, train, cab, car, etc.): _____

24. Non-military dormitory residence or residence in a military barracks in the last 5 years?

Yes No Unknown

Name of facility: _____

City/Town: _____

State: _____

Dates (mm/yyyy - mm/yyyy): _____

Name of facility: _____

City/Town: _____

State: _____

Dates (mm/yyyy - mm/yyyy): _____

25. Residence in shelter, rescue mission, boarding home, hotel, or other transitional housing?

Yes No Unknown

Name of facility: _____

City/Town : _____

State: _____

Dates (mm/yyyy - mm/yyyy): _____

Name of facility: _____

City/Town: _____

State: _____

Dates (mm/yyyy - mm/yyyy): _____

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26. Activity groups or day care groups (e.g., alcoholics anonymous):
 Yes No Unknown

Group/facility: _____
 City/Town: _____
 State: _____
 Dates (mm/yyyy - mm/yyyy): _____

27. Hospital admission(s) in the last 5 years:
 Yes No Unknown

Facility: _____
 City/Town: _____
 State: _____
 Dates (mm/yyyy - mm/yyyy): _____

Facility: _____
 City/Town: _____
 State: _____
 Dates (mm/yyyy - mm/yyyy): _____

28. Out-patient clinic visits in the last 5 years:
 Yes No Unknown

Facility: _____
 City/Town: _____
 State: _____
 Dates (mm/yyyy - mm/yyyy): _____

Facility: _____
 City/Town: _____
 State: _____
 Dates (mm/yyyy - mm/yyyy): _____

29. Drug treatment or detox in the last 5 years:
 Yes No Unknown

Facility: _____
 City/Town: _____
 State: _____
 Dates (mm/yyyy - mm/yyyy): _____

30. Prison, jail, or other incarceration:
 Yes No Unknown

Facility: _____
 City/Town: _____
 State: _____
 Dates (mm/yyyy - mm/yyyy): _____

Facility: _____
 City/Town: _____
 State: _____
 Dates (mm/yyyy - mm/yyyy): _____

31. Local jail check result:
 Ever incarcerated?
 Yes No Unknown

32. Military service:
 Yes No Unknown

Facility: _____
 City/Town: _____
 State: _____
 Dates (mm/yyyy - mm/yyyy): _____

Facility: _____
 City/Town: _____
 State: _____
 Dates (mm/yyyy - mm/yyyy): _____

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33. Employed in migrant farm work:

- Yes No Unknown

Facility: _____

City/Town: _____

State: _____

Dates (mm/yyyy - mm/yyyy): _____

Facility: _____

City/Town: _____

State: _____

Dates (mm/yyyy - mm/yyyy): _____

