UDOH TB Cohort Review Form

PATIENT INFORMATION				
Case Initials:	Age:	Female Male	Country of Birth:	Year arrived to US:
PHN:	Weight:	Occupation & Industry: ☐ Healthcare ☐ Corrections ☐ Migrant/Seasonal ☐ Unemployed ☐ Other:		

SITE(S) OF DISEASE		
☐ Pulmonary	☐ Extrapulmonary	Site of disease: (ruled out pulmonary disease? ☐ Y ☐ N)

SIGNS & SYMPTOMS ☐ None reported				
Approximate Start Date:				
☐ Night sweats	☐ Productive cough	☐ Non-productive cough	☐ Joint pain	☐ Unknown
☐ Chest pain	☐ SOB	☐ Hemoptysis	☐ Lymph node swelling	☐ Fatigue
☐ Eye or vision issues	☐ Fever	☐ Unintentional weight loss	☐ Other:	

RISK FACTORS ☐ None reported	
☐ History of: ☐ LTBI ☐ TB Treated? ☐ Y ☐ N	☐ Diagnosed respiratory illness (e.g. COPD, asthma, silicosis)
☐ Contact to a TB case	☐ Smoking ☐ Current ☐ Former
☐ Traveled to or lived outside U.S. >2 months	☐ Diabetes Mellitus A1C:
☐ Homelessness ☐ In past 12 months ☐ Ever	☐ HIV-infected CD4:
☐ Resident of long-term care facility at diagnosis What type of long-term care facility?	☐ Other Immunosuppression ☐ Post-organ transplantation ☐ TNF-α antagonist therapy ☐ Prednisone ☐ Steroids
☐ Resident of correctional facility ☐ At diagnosis ☐ Ever What type of correctional facility?	☐ Pregnancy
☐ Substance use in the past 12 months ☐ IV drug ☐ Non-IV drug ☐ Alcohol	☐ End-stage renal disease
☐ BMI <20	☐ Viral Hepatitis ☐ B ☐ C
☐ Other:	

LAB RESULTS		☐ Clinical diagnosis/Provider diagnosis
Test	**Result**	**Notes**
IGRA/TST	+ - not done	
Sputum smear	+ - not done	
Sputum culture	+ - not done	Converted w/in 2 months of tx start date: Y N If no, why?
Other specimen smear	+ - not done	Specimen source:
Other specimen culture	+ - not done	Specimen source:
PCR (e.g. GeneXpert)	+ - not done	Specimen source:
CXR	☐ Normal ☐ Abnormal cavitary ☐ Abnormal milliary ☐ Abnormal other:	
CT	☐ Normal ☐ Abnormal cavitary ☐ Abnormal milliary ☐ Abnormal other:	
DST	Pan-sens Resistant	Resistant to:

TREATMENT ☐ DOT ☐ SAT ☐ eDOT (Platform:)

Medication	Dose	Frequency	Start Date	Stop Date	Start Date	Stop Date	Comments/Adverse Drug Events (e.g. arthralgias, fatigue, malaise, neuropathy, itchiness, rash, fever, jaundice, dark urine, vision changes, N/V, anorexia, abdominal pain)
INITIAL PHASE Date Started:							
INH							
RIF							
EMB							
PZA							
CONTINUATION PHASE Date Started:							
INH							
RIF							

LAB & TREATMENT NOTES

BARRIERS			☐ None reported
Barrier	**Intervention attempted**		**Notes**
☐ Co-morbidities	Y	N	
☐ High-risk contacts in home	Y	N	
☐ Medication management	Y	N	
☐ Symptoms worsening or unresolved	Y	N	
☐ Specimen collection	Y	N	
☐ DOT	Y	N	
☐ Medication supply	Y	N	
☐ Smoking, substance, or alcohol use	Y	N	
☐ Mental illness	Y	N	
☐ Patient cooperation	Y	N	
☐ Family challenges	Y	N	
☐ Religion, culture	Y	N	
☐ Language, literacy	Y	N	
☐ Food insecurity	Y	N	
☐ Homelessness	Y	N	
☐ Transportation	Y	N	
☐ Employment insecurity	Y	N	
☐ Uninsured, underinsured	Y	N	
☐ Other:	Y	N	

INCENTIVES & ENABLERS		☐ None used
☐ Rent, hotel paid	☐ Medical bills paid	☐ Utilities paid
☐ Clothing, hygiene items	☐ Food, grocery gift cards	☐ Gas card, bus pass, taxi
☐ Ryan White HIV Program assistance	☐ Refugee Health program assistance	☐ Other:

BARRIERS NOTES

CONTACT INVESTIGATION			☐ CI not done
Contact investigation type: Sputum smear + Sputum smear -/sputum culture + Other			
Date contact investigation initiated:			
Infectious period start date: Infectious period end date:			
Number of contacts:	Number of non-contacts:		
Children <5:	Other high-risk contacts:		
# worksite contacts:	# school contacts:		
Number Evaluated:			
Active TB Disease:			
New LTBI:			

LTBI TREATMENT OF CONTACTS								
	Newly diagnosed LTBI				Previously diagnosed LTBI			
	3HP	4R	6H/9H	Other	3HP	4R	6H/9H	Other
New LTBI started treatment								
Completed LTBI Treatment								
Not completed – Death								
Not completed – Contact Moved (follow-up unknown)								
Not completed – ATBD Developed								
Not completed – Adverse Effect of Medicine								
Not completed – Contact Chose to Stop								
Not completed – Contact Lost to Follow-up								
Not completed – Provider Decision								

CI NOTES (e.g. CI barriers, incentive & enablers used, etc.)