Contact ID #

XDR TB Contact Investigation Form

Person completing form: _____ Date: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy)

	Contact Demographics
1	Last name:
2	First name: Middle name:
3	Street address: Apartment #:
4	City: State/Province: Country: Zip/postal code:
5	Home phone #: (_____) _____-_____ Work phone #: (_____) _____-_____ Cell phone #: (_____) _____-_____ If outside US: Country code: _____ City code: _____ Phone #: _____
6	Gender: ☐ Male ☐ Female
7	Date of birth: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy) Age: _____(years)
8	Country of birth: _____
9	Race: ☐ White ☐ Black ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native Ethnicity: ☐ Hispanic ☐ Non-Hispanic
	Exposure/Travel Information
10	Traveler: ☐ Passenger ☐ Flight crew If passenger, cabin: ☐ first class ☐ business class ☐ coach If crew, ***primary*** location during flight: ☐ cockpit ☐ first class ☐ business class ☐ coach ☐ other_____
11	Date of air travel: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy) Departure city:_____ Arrival city:_____ Airline: _____ Flight #:_____ Assigned row #: _____ Assigned seat letter:_____ Did you change seats on this flight? ☐ Y ☐ N If yes, New row #: _____ New seat letter: _____ Or Don't recall ☐
12	Date of air travel: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy) Departure city:_____ Arrival city:_____ Airline: _____ Flight #:_____ Assigned row #: _____ Assigned seat letter:_____ Did you change seats on this flight? ☐ Y ☐ N If yes, New row #: _____ New seat letter: _____ Or Don't recall ☐

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	TB Disease/Latent Tuberculosis Infection (LTBI) History (*prior to this investigation*)
14	Have you ever been in contact with someone who has TB disease? ☐ Yes ☐ No ☐ Unknown If yes, who? _____ Date: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy)
15	Have you ever received the BCG vaccine for tuberculosis? ☐ Yes ☐ No ☐ Unknown If yes, when did you receive the last dose of BCG vaccine? __ __/__ __/__ __ __ __ (mm/dd/yyyy)
16	Have you ever been evaluated for TB disease or infection? ☐ Yes ☐ No ☐ Unknown Reason for evaluation: _____ a. Have you ever received a tuberculin skin test (TST)? ☐ Yes ☐ No ☐ Unknown If yes, date: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy) What facility: _____ TST result millimeter (mm) induration: _____ Interpretation: ☐ Positive ☐ Negative ☐ Unknown b. Have you ever received a blood test or other test (besides TST) for TB infection? ☐ Yes ☐ No ☐ Unknown If yes, type of test: _____ Date: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy) What facility: _____ Test result interpretation: ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown c. Have you ever received a chest x-ray (CXR) for TB? ☐ Yes ☐ No ☐ Unknown If yes, date: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy) What facility: _____ CXR result: _____
17	Have you ever taken medication(s) to treat latent TB infection (to prevent TB disease)? ☐ Yes ☐ No ☐ Unknown If yes, start date: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy) Treatment end date: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy) Medication(s): _____ Facility: _____ Treating physician: _____ Phone #: _____
18	Have you ever been told you have TB disease? ☐ Yes ☐ No ☐ Unknown If yes, were you treated for TB disease? ☐ Yes ☐ No ☐ Unknown If yes, start date: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy) Treatment end date: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy) Medication(s): _____ Facility: _____ Treating physician: _____ Phone #: _____

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	TB/LTBI Risk Factors
19	*If you have TB infection, these conditions may increase your risk for developing TB disease. Which of the following apply to you?(Check all boxes that apply)* ☐ Smoke tobacco If yes, how many packs/day? _____ For how long? _____ ☐ Diabetes mellitus If yes, year diagnosed: _____ ☐ Any type of cancer If yes, type: _____ Year diagnosed: _____ ☐ End stage renal disease (ESRD) If yes, year diagnosed: _____ ☐ HIV infection or AIDS If HIV-infected, year diagnosed: _____ CD4 count: _____ On antiretroviral medications? ☐ Yes ☐ No ☐ Taken immunosuppressive medications (e.g., prednisone 15 mg/day for ≥30 days; rheumatoid arthritis meds) Please specify: _____ ☐ Been homeless For how long? _____ What year(s)? _____ ☐ Used injection drugs If yes, what type: _____ ☐ Used non-injection drugs If yes, what type: _____ ☐ Incarcerated (jail/prison) If yes, dates: __ __ / __ __ / __ __ __ __ to __ __ / __ __ / __ __ __ __ (mm/dd/yyyy)
	TB Evaluation and Testing Round One
20	Have you ever experienced any signs or symptoms of TB? ☐ Yes ☐ No If yes, select as many as apply: ☐ Cough more than 2 weeks ☐ Fever ☐ Night sweats ☐ Fatigue ☐ Unexplained weight loss (# lbs_____ or # kilos_____) ☐ Chest pain ☐ Hemoptysis (coughing up blood) ☐ Other _____ Symptom onset date: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy)
21	Type of test for latent TB infection: ☐ TST ☐ QuantiFERON®TB (QFT-G) ☐ ELISPOT ☐ T-Spot Date of test: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy) If QFT-G, ELISPOT, T-Spot result interpretation: ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown If TST, ____ mm induration (not erythema [redness]) Interpretation: ☐ Positive ☐ Negative *(≥5 mm TST induration is considered a positive TST result in a contact investigation.)* Type of antigen used: ☐ Tubersol ☐ Aplisol Manufacturer: _____ Lot #: _____ Expiration date: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy)
22	Date of CXR : __ __ / __ __ / __ __ __ __ (mm/dd/yyyy) Facility: _____ CXR result: ☐ Normal ☐ Abnormal If Abnormal, check one: ☐ Cavitary ☐ Noncavitary CXR interpretation: _____

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	TB Evaluation and Testing Round Two
23	Since Round One of your TB screening, have you experienced any signs or symptoms of TB? ☐ Yes ☐ No If yes, select as many as apply: ☐ Cough more than 2 weeks ☐ Fever ☐ Night sweats ☐ Fatigue ☐ Unexplained weight loss (# lbs_____ or # kilos_____) ☐ Chest pain ☐ Hemoptysis (coughing up blood) ☐ Other _____ Symptom onset date: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy)
24	Type of test for latent TB infection: ☐ TST ☐ QFT-G ☐ ELISPOT ☐ T-Spot Date of test: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy) If QFT-, ELISPOT, T-Spot result interpretation: ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown If TST, ____ mm induration (not erythema [redness]) Interpretation: ☐ Positive ☐ Negative *(≥5 mm TST induration is considered a positive TST result in a contact investigation.)* Type of antigen used: ☐ Tubersol ☐ Aplisol Manufacturer: _____ Lot #: _____ Expiration date: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy)
25	Date of CXR : __ __ / __ __ / __ __ __ __ (mm/dd/yyyy) Facility: _____ CXR interpretation: _____ ☐ Cavitary ☐ Noncavitary

Thank you for your time!