

CLINICAL INFORMATION FORM

District:

Hospital:

A. IDENTIFICATION OF THE PATIENT

Name:

TB district number: Date registered (DD/MM/YY): / /

Sex: Male / Female Age: years

Date of sputum collection: A: / / B: / /

B. HISTORY GIVEN BY THE PATIENT

B1. Previously treated for TB? **Ans.:** No Yes

If the answer is **No**, continue B2, if **Yes**, go to B3.

B2. Standardized history

- For how long have you been sick? **Ans.:** Days / Weeks / Months / Years
- Did you have the same symptoms prior to this episode? **Ans.:** Yes / No
- Did you have other symptoms of lung disease prior to this episode (haemoptysis, chest pain, cough)? **Ans.:** Yes / No
- Did you have X-ray examinations prior to this episode? **Ans.:** Yes / No
- Did you have sputum examinations prior to this episode? **Ans.:** Yes / No
- Did you ever take tuberculosis drugs for more than one month? **Ans.:** Yes / No

If Yes, what was the name? **Ans.:**

• Did you ever have injections for more than one month? **Ans.:** Yes / No

Did the patient remember previous treatment for TB after these questions?

Ans.: No Yes , if the answer is **Yes**, continue with **B3**

• Have you ever been incarcerated? **Ans.:** Yes / No

• Did you ever test yourself for HIV? **Ans.:** Yes / No

If yes, what was the test result? **Ans.:** Negative Positive

B3. Information about previous treatment

- Where was the patient treated? **Ans.:**
- When was the patient treated? **Ans.:** / / [DD / MM / YY]
- How many times was the patient treated? **Ans.:**
- Which drugs were used for treatment? **Ans.:**
- By whom was the patient treated? **Ans.:**
- Outcome of the last treatment according to the patient: **Ans.:** Cured Not cured Unknown
- Have you ever been incarcerated? **Ans.:** Yes / No
- Did you ever test yourself for HIV? **Ans.:** Yes / No
- If yes, what was the test result? **Ans.:** Negative Positive

C. MEDICAL RECORDS

After extensive checking through the medical files and other documents available in the health centre, have you discovered

that the patient has been registered for tuberculosis treatment before? **Ans.:** No Yes

If the answer is yes, what was the outcome of the last course of chemotherapy:

Ans.: Cured Treatment Completed Defaulted Failed Transferred out Unknown

Did you find out that the patient has had HIV testing according to the record? **Ans.:** No Yes

If yes, when was the test done according to the record: **Ans.:** [DD / MM / YY]. ____ / ____ / ____; and what was the outcome according to the record? **Ans.:** Negative Positive

D. FINAL DECISION

D1. Patient has been previously treated for TB for more than a month:

- **Yes** |____| [answer to question **B1** or **B2** and/or **C** was “Yes”]
- **No** |____| [answer to **B1** and **B2** and/or **C** was “No”]
- **Doubtful** |____|

D2. If Yes, what was the outcome of previous treatment?

Cured |____|

Treatment completed |____|

Failed |____|

Defaulted |____|

Chronic |____|

Relapse/defaulter not distinguishable |____|

Unknown |____|

Responsible Medical Officer: