



Epidemiological Investigation Report of TB case (sputum positive, sputum negative & Extra-pulmonary)

Institution:		Date of Notification:		
Date of Investigation:		Index No.:		
Demographic Details:				
Name & Tribe:		Civil ID No.:		
Age:	Sex: M / F	Occupation:		
Marital Status: ↑				
Type of Family: ↑ Nuclear ↑ Joint		Tel. No.		
Village:		Wilayat:		
Location/Landmark:		Region:		
Shaikh's Name:				
Socio-economic Factors:				
Education:	↑ None	↑ Primary	↑ Intermediate	
	↑ Secondary	↑ Higher secondary	↑ University	
Residence:	↑ Villa	↑ Flat	↑ Arab type house	
Number of people living in the house (including patient):		No of rooms:		
Number of people sleeping in the same room (including patient):		Total family income:		
Note: Total family income includes the amount of all working family members ie. Father, mother, son (s), daughter(s) and amount received from Social Affairs etc				
Symptoms, Onset & Duration:				
Date of onset of signs/symptoms:				
Date of first reporting to the health facility:				
Did you visit any other health facility after the onset of symptoms? Yes / No				
If yes (specify)	<input type="checkbox"/> Hospital	No of visits:	<input type="checkbox"/> EHC / HC	No. of visits:
	<input type="checkbox"/> Private clinic	Name of clinic:		No of visits:
Date of Diagnosis:				

Signs and Symptoms	Yes / No	Duration	
Persistent cough of 2 weeks or more with / without expectoration			
Fever, night sweats, etc			
Hemoptysis			
Chest pain			
Loss of weight / Loss of Appetite			
Enlarged Lymph glands			
Others (specify)			
Patient's Past History:			
Past History of TB:	↑ Yes	↑ No	
Treatment taken:	↑ Yes	↑ No	
Disease classification :	↑ Pulmonary	↑ Extra-pulmonary	
Direct Microscopy :	↑ Positive	↑ Negative	↑ Unknown
Year & Duration of treatment:	Index No.		
Family History:			
Family History of TB:	↑ Yes	↑ No	
If yes,	Husband/Wife Brother/Sister Father/Mother	Uncle / Aunty Grandfather / mother Others	
Note: Tick if applicable & the Index Number should be given in the box			
History of Contact:			
History of contact with a known TB case:	Yes / No		
If yes, minimum:	↑ 0-12 months	↑ 1-5 yrs	↑ > 5 yrs
If yes,	Where _____	When _____	Whom _____
Nationality:	Index Number:		

History of TB in House:

(Non-nationals e.g. Housemaid, Cook, helper, gardener, driver etc.)

History of TB in house:		Yes / No , If yes	
<input type="checkbox"/> Housemaid <input type="checkbox"/> Cook <input type="checkbox"/> Helper <input type="checkbox"/> Gardener <input type="checkbox"/> Driver <input type="checkbox"/> Other			
If yes, Name:		Age:	Sex: M / F
Nationality:	Duration of employment:	Diagnosis:	
History of stay abroad prior to onset of symptoms:			
In high prevalence countries and in an endemic area e.g. India, Pakistan, Bangladesh, Philippines, Yemen, etc.			
Countries:		Year of stay:	
Duration of stay: <input type="checkbox"/> 15 days <input type="checkbox"/> 1-3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> > 6 months			
History of long term treatment:			
History of long term treatment with steroids/Immunosuppressive drugs:		Yes / No	
If yes (specify for which disease)			
Treatment:			
Risk Factors: (Smoking):			
<input type="checkbox"/> Non-smoker			
<input type="checkbox"/> Ex-smoker Was smoking _____ cigarettes / day, for _____ years, but stopped since _____			
<input type="checkbox"/> Current smoker Smokes _____ cigarettes / day, for _____ years			
<input type="checkbox"/> "Shisha" Yes / No If yes, smoking _____ times/week, for _____ years			
Alcohol consumption:			
<input type="checkbox"/> None <input type="checkbox"/> Occasionally <input type="checkbox"/> Chronic alcoholic If chronic drinking for _____ years			
Drug Addiction:			
Drug Addiction: Yes / No		For how many years	
<input type="checkbox"/> Heroin	<input type="checkbox"/> Hypnotics / Sedatives (specify) :		
	<input type="checkbox"/> Perfumes (specify):		
<input type="checkbox"/> Hashish (Marijuana)	<input type="checkbox"/> Cough syrups (specify):		
	<input type="checkbox"/> Others (specify):		

Concomitant Diseases:

<input type="checkbox"/> AIDS / HIV (positive/ Negative)	If positive, which year _____ <input type="checkbox"/> DM (Yes / No)		
<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Renal Disease	<input type="checkbox"/> Hypertension	If yes, Type 1 or Type 2, RBS _____ <input type="checkbox"/> Carcinoma
Others (specify): _____			
Post operative & Convalescence period: (Minimum 6 months before present illness)			
Admission: Yes / No If yes (Specify) _____			
Parity: † Primi-gravida † Multi-gravida † Less than 5 † 5 and above			
Anemia: † Hb: _____ mgm% † Mild/Moderate (7-11 gms) † Severe (<7 gms)			
Current Diagnosis: † Sputum positive † Sputum Negative † Extra-pulmonary			
Extra-pulmonary, site:			
Site		Investigations which were done	
<input type="checkbox"/> Lymph Glands	<input type="checkbox"/> Biopsy	<input type="checkbox"/> Pleural Effusion	<input type="checkbox"/> Culture
<input type="checkbox"/> Spine	<input type="checkbox"/> Histopathology	<input type="checkbox"/> Bones & Joints	<input type="checkbox"/> MRI
<input type="checkbox"/> Kidney	<input type="checkbox"/> CT Scan	<input type="checkbox"/> Meningitis	<input type="checkbox"/> X – ray
<input type="checkbox"/> Abdomen & Peritoneum	<input type="checkbox"/> ATT Trial (attach medical report if started ATT)	<input type="checkbox"/> Others _____	<input type="checkbox"/> Sign & Symptoms
<input type="checkbox"/> Others _____	<input type="checkbox"/> Others _____		
BCG Scar:	Mantoux test:	Chest X-ray:	
<input type="checkbox"/> Present	<input type="checkbox"/> Positive ____ mm	<input type="checkbox"/> Radio logically suggestive	
<input type="checkbox"/> Absent	<input type="checkbox"/> Negative	<input type="checkbox"/> Normal	
<input type="checkbox"/> Dubious	<input type="checkbox"/> Not read, why _____		
Date of sending request for AAFB culture and sensitivity _____			
Date of commencing ATT _____			

Contact – Tracing / Screening:

Close house-hold contacts:

Total number of contacts	No. of contacts under 5 years
Number of contacts screened	Any TB cases detected
Contacts, kept under observation	No. of contact, not screened

Reason:

School contacts:

Total class room contacts	Total symptomatic school contacts
Number of Contacts screened	Any TB cases amongst contacts

Casual contacts:

Total casual contacts	Number of contacts screened
Any TB cases amongst contacts	

Work contacts:

Total casual contacts	Number contacts screened
Any TB cases amongst contacts	

Social contacts:

Total casual contacts	Number contacts screened
Any TB cases amongst contacts	

Latent TB infection Treatment:

Total number of contacts on IPT
Number of children under 5 years on IPT

Brief Summary of the patient & probable source of infection:

Name of Recorder:	Date:
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Note:- All the columns of the report should be filled-in with all the details, handwriting should be legible, and sent along with the case notification of TB case (it should not be faxed).

