

# TUBERCULOSIS EPIDEMIOLOGICAL WORKSHEET

(Used in conjunction with Contact Investigation Form)

## REASON FOR INVESTIGATION

- Active or Suspected Active Case
- Unexplained Converter

Name of Case \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last, First M.I. mo/da/yr

## SOURCE OF INFECTION

I. Did the case have known exposure to another person with active TB?  Yes, answer A & B below  No - go to II

A. Name of potential source case \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to patient \_\_\_\_\_

B. Has the potential source case been reported to the local health department?  Yes  No  Unk

II Are any members of the case's family, friends, or co-workers exhibiting symptoms of TB (chronic cough, unexplained weight loss)?

Yes  No If yes, specify below:

III Are any members of family, friends, or co-workers known recent skin test converters?  Yes  No  Unk

## ASSESSMENT OF CASE'S INFECTIOUSNESS

Check ( x ) each of the following that applies to this case:

Characteristics of Case	Risk of Transmission	Action Needed
<input type="checkbox"/> Laryngeal <input type="checkbox"/> Pulmonary smear positive <input type="checkbox"/> Pulmonary cavitory disease	Highly Infectious	Complete the remainder of the form to determine contacts to be skin tested
<input type="checkbox"/> Pulmonary smear negative with no cavities <input type="checkbox"/> Extrapulmonary with draining skin lesions	Potentially Infectious	
<input type="checkbox"/> Extrapulmonary with no draining skin lesions or pulmonary involvement	Not Infectious	Skin test close contacts only

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**IDENTIFICATION OF POTENTIAL CONTACTS**

In evaluating contacts consider air flow/ventilation, time spent with and proximity to case and type of activity spent with case. Persons identified as high risk, especially children, should be skin tested first.

*Determine the appropriate skin test strategy for each of the groups listed below*

**I. CLOSE CONTACTS**

*Persons identified in this section should be included in the first circle of skin testing.*

A. Where did case reside during infectious period (check all that apply)

Specify name of facility, address,  
dates of occupancy

- Single family dwelling
- Apartment
- Nursing home
- Jail
- Shelter
- Other (specify) \_\_\_\_\_

B. Were any of the above heated/cooled with a forced air system?     Yes     No    If yes, comment below

C. Are there case contacts in the following categories?

- 1. Persons who share the same living space     Yes     No
- 2. Regular overnight visitors (adults and children)     Yes     No
- 3. Other persons sharing same forced air heating/cooling system     Yes     No

***List all contacts on  
Contact Investigation  
Form***

Comments:

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### II EMPLOYMENT

*Employment contacts should be considered for the first round of testing if the case is highly infectious or the amount of contact is comparable to a close contact. Otherwise, they should be included in the second round of skin tests if close contacts are skin test positive.*

#### A. General description of work activities:

#### B. Location of work

- Outdoor       Indoor: Works in one area       Indoor: Works in more than one area
- Describe indoor work setting:

#### C. Risk categories of employment contacts

	Contacts scheduled for:			Comments <i>(List all contacts on the Contact Investigation Form)</i>
	<u>No Such Contacts</u>	<u>1<sup>st</sup> round Skin Testing</u>	<u>Potential Subsequent Skin Testing</u>	
1. Persons who share room on a regular basis in which case works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Persons who share lunch, break, or other work time with case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Person who share transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Persons who share the same forced air ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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### III OTHER

A. Was the case transported by an EMT?     Yes     No

If yes: Date \_\_\_\_\_ Specify \_\_\_\_\_

EMT notified    Date: \_\_\_\_\_

B. Is the case enrolled in a SCHOOL?     Yes     No    If yes, name of school \_\_\_\_\_

How much time does the case spend in school per week? \_\_\_\_\_

C. Does the case attend CHURCH on a regular basis?     Yes     No    Name of church \_\_\_\_\_

If yes, does the case participate in special church activities in small, closed space?     Yes     No

D. Does the case participate in GROUP SPORT activities?     Yes     No

If yes, specify \_\_\_\_\_

E. Does the case participate in any other CLUBS or ORGANIZATIONS?     Yes     No

If yes, specify \_\_\_\_\_

Name of groups \_\_\_\_\_

F. Does the case spend time with RELATIVES/FRIENDS outside the home?     Yes     No    If yes, number of hours per week \_\_\_\_\_

G. Where does the case spend significant amounts of LEISURE TIME? \_\_\_\_\_

\_\_\_\_\_

H. If the person drinks alcohol, where are his/her favorite DRINKING PLACES? \_\_\_\_\_

\_\_\_\_\_

***ALL SHOULD BE RECORDED ON THE CONTACT INVESTIGATION RECORD***