

ID code |__|__|__|__|__|__|__|

(Formed by:

- recruitment site: letter A (RMA), H (RMH), C (Caritas)
- enrollment number(4 digits), independent for each recruitment site
- access number (2 digits) (confirmed by identity check)

Year of birth |__|__|__|__|

Sex |_1_| M |_2_| F

Contry of birth _____

Nationality _____

Education (years of schooling, not applicable if younger than 6 years of age) |__|__|

Date first arrival in Italy (mm/yyyy) |__|__|/|__|__|__|__|

Residence permit (main reason for issuing)

|_1_| Regular employment |_2_| Family reasons |_3_| Study |_4_| Humanitarian grounds
|_5_| International protection |_6_| Refugee |_7_| Medical reasons |_8_| Religious
worker |_9_| Tourist visa (valid) |_10_| Other |_11_| Awaiting renewal |_12_| Expired
|_13_| never had a residence permit

Main present occupation (not applicable if younger than 15 years of age)

|_1_| Street seller |_2_| Self-employed (sales person, craftsman) |_3_| Employee |_4_|
Caretaker, Baby-sitter |_5_| Housekeeper |_6_| Health care worker |_7_| Student |_8_|
Restaurant staff |_9_| Farmer |_10_| Construction worker |_11_| Industry worker |_12_|
Housewife |_13_| Other |_14_| Unemployed

Knowledge of italian language

(evaluated by the interviewer)

none/little/fair

Presently lives (there can be more than one answer)

|_1_| Privately owned apartment |_2_| Rented apartment |_3_| Apartment owned by
company/boss |_4_| Place of work |_5_| Daycare center, homeless shelter |_6_|
Abandoned building (squatter) |_7_| hut/caravan/tent |_8_| Homeless |_9_| Other

B) CLINICAL PATHWAYS

Registration with the Italian National Health Service YES |_1_| NO |_2_|

If NOT, why?

1 In progress _2_ Financial or bureaucratic difficulties _3_ Not having the right to register
4 Cultural and language difficulties
5 Lack of information _6_ Other

STP Code |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Previous contact with health services after arrival in Italy? **YES** |__|_1_|
NO |__|_2_|

If YES, indicate the date of the first contact (mm/ yyyy) |__|__|/|__|__|__|__|

C) HEALTH INFORMATION

Medical record number |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Interview/physical examination date (dd/mm/yyyy)

|__|__|/|__|__|/|__|__|__|__|

Diagnosis or clinical suspicion

(description of the diagnosis or if lacking, of the main reason for seeking care)

TB SYMPTOMS SCREENING

Have you ever been vaccinated with BCG (TB vaccine)?

1 **YES** _2_ **NO** _3_ Does not remember

If YES indicate the date of vaccination: (dd/mm/yyyy) |__|__|/|__|__|/|__|__|__|__|

Have you ever had tuberculosis (TB)?

1 **YES** _2_ **NO** _3_ Does not remember

If YES indicate the date of diagnosis: (dd/mm/yyyy) |__|__|/|__|__|/|__|__|__|__|

If YES it was |__| pulmonary TB |__| extrapulmonary TB

Have you ever had contact with someone with active tuberculosis?

1 **YES** _2_ **NO** _3_ Does not remember

If YES indicate the date of the last contact:

(dd/mm/yyyy) |__|__|/|__|__|/|__|__|__|__|

If YES it was a |__| household contact |__| close contact

Have you been coughing for more than 2 weeks?

1 **YES** **If YES since when?: (dd/mm/yyyy)** |__|__|/|__|__|/|__|__|__|__|

2 **NO**

Have you had a fever for more than 7 days? (reported every day for the past 7 days)

YES **If YES since when?:** (dd/mm/yyyy) |__|__|/|__|__|/|__|__|__|__|

NO

Have you recently experienced night sweats?

YES **If YES since when?:** (dd/mm/yyyy) |__|__|/|__|__|/|__|__|__|__|

NO

Have you been losing weight (> 10%) recently?

YES **If YES since when?:** (dd/mm/yyyy) |__|__|/|__|__|/|__|__|__|__|

NO

Have you recently been coughing up blood?

YES **If YES since when?:** (dd/mm/yyyy) |__|__|/|__|__|/|__|__|__|__|

NO

If reporting at least one of the previously listed symptoms/signs, individuals should be referred to the tuberculosis clinic at the National Institute for Infectious Diseases L. Spallanzani (INMI) in Rome, for diagnostic workup.

In case of a clinical suspicion of TB or if immunodepressed subjects, referral to the tuberculosis clinic at INMI is recommended.

PATIENT REFERRED TO DIAGNOSTIC WORKUP AT INMI:

YES NO