

DEMOGRAPHICS

- 1) Patient Study Code:
- 2) Patient Hospital Medical Record Number:
- 3) Patient Name: _____
- 4) Date of birth
 / /
- 5) Gender: Male
 Female
- 6) Ethnicity: Kinh
 Other (specify) _____
- 7) Nationality: Vietnam
 Other (specify) _____
- 8) Patient Address:
Number/Street _____
Commune _____
District _____
City _____
- 9) Referred from
 Home/Family
 District Hospital
 City Hospital
a) Date of admission to local hospital (if applicable)
 / /
- 10) Date of admission to National Hospital
 / /
- 11) Date of discharge from National Hospital
 / /
- 12) Discharged to
 Deceased
 Home/Family
 District Hospital → see q.12a
 City Hospital → see q.12a
a) **If transferred to other hospital**, list hospital address:
Number/Street _____
Commune _____
District _____

CLINICAL CHARACTERISTIC

Patient code

- 16) Prematurity:
Y N
- 17) Birth Weight:
 . kg
- 18) Significant prior medical problems
Y N
 If yes, specify _____
- 19) History of TB contact
Y N
- 20) Admission Height:
 cm
- 21) Admission Weight:
 . Kg
- 22) Has the patient had previous history of TB prior to admission to National Hospital?
Y N
- a) **If yes**, what were sites of disease?
- Pulmonary
 - Pleural
 - Lymphatic - Extrathoracic
 - Meningeal
 - Osteoarticular
 - Specify: Skeletal
 - Long bone
 - Joint
 - Other
 - Abdominal
 - Specify: Peritoneal
 - Intestinal
 - Other
 - Miliary/ Disseminated
 - Other (specify) _____
 - Unknown
- b) **If yes**, was patient treated? Y N Unknown
1. **If yes**, list regimen:
- a) Intensive phase
 - 2SHRZ
 - 2SHRZE/1HRZE
 - 2SHRZE
 - 2HRZ
 - Other (specify) _____
 - b) Continuation phase
 - 6HE
 - 4HR
 - 5R3H3E3 or 5HRE

- Other (specify) _____
2. **If yes**, what is patient's treatment status prior to admission to National Hospital?
- Completed (treatment completion)
- Cured (treatment completion and sputum microscopy negative for AFB at the end of treatment and one previous occasion)
- In progress
If in progress, how many days of therapy has patient received? ____ days
- Defaulted (treatment interrupted for 2 or more months)
- Unknown
- Other (specify) _____
- 23) Tuberculin Skin Test (Mantoux) result:
 mm
- 24) BCG Vaccination
 Y No/Unknown
- 25) HIV Status
 Positive Negative Unknown

Diagnosics

- 26) Chest Radiograph Results
 Normal Abnormal
- a) **If abnormal**, what is pattern of abnormality? (mark all applicable)
- Lobar consolidation
- Cavitory lesion
- Micronodular lesions
- Intrathoracic adenopathy
- Miliary
- Pleural effusion
- Other abnormalities
- 27) Biopsy result: (if not performed, leave blank)
- a) Location:
- Bone
- Lymph node
- Skin
- Liver
- Bone marrow
- Other (specify) _____
- b) Result:
- Typical tuberculosis (caseating epithelioid granuloma)
- Atypical features but suggests tuberculosis (noncaseating granuloma)
- Other
- 28) Culture and microscopy results:
- Date Specimen Obtained: / /
- Source:
- AFB Smear:
- M.tb Culture:

 /

 /

<input type="checkbox"/> +	<input type="checkbox"/> -	<input type="checkbox"/> +	<input type="checkbox"/> -
<input type="checkbox"/> +	<input type="checkbox"/> -	<input type="checkbox"/> +	<input type="checkbox"/> -
<input type="checkbox"/> +	<input type="checkbox"/> -	<input type="checkbox"/> +	<input type="checkbox"/> -
<input type="checkbox"/> +	<input type="checkbox"/> -	<input type="checkbox"/> +	<input type="checkbox"/> -
<input type="checkbox"/> +	<input type="checkbox"/> -	<input type="checkbox"/> +	<input type="checkbox"/> -

Source code:

- | | | |
|-------------------------|------------------|--------------------------------|
| 01 sputum | 04 Pleural fluid | 07 Urine |
| 02 gastric lavage | 05 CSF | 08 Other biopsy (specify)_____ |
| 03 bronchoscopy washing | 06 LN biopsy | 09 Other fluid (specify)_____ |

a) If culture is positive, indicate resistance pattern:

	Sensitive	Resistant
Rifampin	<input type="checkbox"/>	<input type="checkbox"/>
INH	<input type="checkbox"/>	<input type="checkbox"/>
PZA	<input type="checkbox"/>	<input type="checkbox"/>
EMB	<input type="checkbox"/>	<input type="checkbox"/>
Strep	<input type="checkbox"/>	<input type="checkbox"/>

Treatment Regimen

29) Prescribed Regimen

a) Planned regimen:

- 1) Intensive phase
 - 2RHZS
 - 2RHZES/1RHZE
 - 2RHZES
 - 2RHZ
 - Other (specify)_____
- 2) Continuation phase
 - 6HE
 - 4RH
 - 5RHE
 - Other (specify)_____

b) Documented duration at National Hospital ____ days

30) Was treatment interrupted during this hospitalization?

Y N

a) If yes, what was reason for interruption? _____

31) Were there adverse events to therapy requiring discontinuation?

Y N → skip to q.33

a) If yes, after how many days? ____ days

b) If yes, what was adverse reaction?

- hepatotoxicity
- rash
- nausea/vomiting
- arthritis
- optic neuritis

Patient code

--	--	--

- other (specify) _____
- c) **If yes**, to what drug?
 - INH
 - Rifampin
 - PZA
 - Other (specify) _____
- d) **If yes**, what is alternate regimen used? _____
- e) **If yes**, documented duration of alternative regimen at National Hospital ____ days

32) Were there adverse events to alternative regimen requiring discontinuation?

- Y N → skip to q.33
- f) **If yes**, after how many days? _____ days
- g) **If yes**, what was adverse reaction?
 - hepatotoxicity
 - rash
 - nausea/vomiting
 - arthritis
 - optic neuritis
 - other (specify) _____
- h) **If yes**, to what drug?
 - INH
 - Rifampin
 - PZA
 - Other (specify) _____
- i) **If yes**, what is alternate regimen used? _____
- j) **If yes**, documented duration at National Hospital ____ days

33) Were steroids used?

- Y N → skip to q.34
- a) **If yes**, which drug
 - Prednisone
 - Methylprednisolone
 - Other
- b) **If yes**, list dose _____ mg
- c) **If yes**, planned duration _____ days
- d) **If yes**, documented duration at National Hospital _____ days

34) Were any **THERAPEUTIC** surgical intervention performed?

- Y N
- If yes**, please specify procedure:
- _____
- _____

Date:
 / /

OUTCOME

If deceased, disregard this section.

35) Discharge Weight:
 . kg

36) Discharge Height:
 cm

37) Documented status at time of discharge

Resolved Improved No change Worse Unavailable → see q.37a

a) **If documented status is unavailable**, what is status of systemic signs and focal symptoms (q.14 and q.15) at time of discharge based on progress notes at time of discharge:

Improved No change Worse Unable to assess