

Name of TU:

TU No:

HOUSEHOLD CONTACT CARD**Index TB patient details**

Name of patient	TB No	MDR-TB treatment	Date of start of treatment	Sputum status	Number of household contacts
		Yes / No		Pos/Neg	

Household contact – Baseline TB screening

Contact screening no					
Name of contact					
Age in years / months if < 1 year					
Gender		Male / Female	Male / Female	Male / Female	Male / Female
Mobile/Landline number					
Current TB treatment		Yes / No	Yes / No	Yes / No	Yes / No
Known Diabetic	Duration (yrs)	Yes / No	Yes / No	Yes / No	Yes / No
Known HIV reactive	Duration (yrs)	Yes / No	Yes / No	Yes / No	Yes / No
Smoking	Duration (yrs)	Yes / No	Yes / No	Yes / No	Yes / No
Alcohol intake	Duration (yrs)	Yes / No	Yes / No	Yes / No	Yes / No
On immunosuppressive drugs		Yes / No	Yes / No	Yes / No	Yes / No
TB treatment in the past		Yes / No	Yes / No	Yes / No	Yes / No
Currently pregnant		Yes / No/ NA	Yes / No/ NA	Yes / No/ NA	Yes / No/ NA
Contact screened for TB		Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Reason if 'no'					
Date of screening					
Presumptive TB symptoms		Yes / No	Yes / No	Yes / No	Yes / No
Body weight in Kgs /Height in cm					
BMI					
<i>To be filled-in by Medical Officer</i>					
Chest x-ray		Normal/Abnormal/ND	Normal/Abnormal/ND	Normal/Abnormal/ND	Normal/Abnormal/ND
Sputum /GA - Smear		Positive/Negative/ND	Positive/Negative/ND	Positive/Negative/ND	Positive/Negative/ND
Sputum /GA - Xpert MTB/RIF		Positive/Negative/ND	Positive/Negative/ND	Positive/Negative/ND	Positive/Negative/ND
Others –Investigations (Culture/FNAC/USG/HPE etc)					
Tuberculin Skin Test (TST)		Positive/Negative/ND	Positive/Negative/ND	Positive/Negative/ND	Positive/Negative/ND
Screening outcome		TB / Not suggestive of TB / NK	TB / Not suggestive of TB / NK	TB / Not suggestive of TB / NK	TB / Not suggestive of TB / NK
Reason if 'Not Known'					
Started on ATT		Yes / Eligible not started /Not required	Yes / Eligible not started /Not required	Yes / Eligible not started /Not required	Yes / Eligible not started /Not required
Started on IPT		Yes / Eligible not started /Not required	Yes / Eligible not started /Not required	Yes / Eligible not started /Not required	Yes / Eligible not started /Not required
Remarks					
Signature of Medical Officer & date					

ND: Not done; NA: Not applicable; NK: Not known; GA: Gastric Aspirate

Household contact – Follow-up TB screening [Scheduled visit at 6 months and 12 months]

Contact screening no			
Follow-up screening due date			
Contact screened for TB	Yes / No	Yes / No	Yes / No
Reason if ‘no’			
Follow- up screening done date			
Presumptive TB symptoms	Yes / No	Yes / No	Yes / No
<i>To be filled by Medical Officer</i>			
Chest x-ray	Normal/Abnormal/ND	Normal/Abnormal/ND	Normal/Abnormal/ND
Sputum /GA - Smear	Positive/Negative/ND	Positive/Negative/ND	Positive/Negative/ND
Sputum /GA - Xpert MTB/RIF	Positive/Negative/ND	Positive/Negative/ND	Positive/Negative/ND
Others –Investigations (Culture/FNAC/USG/HPE etc)			
Screening outcome	TB / Not suggestive of TB / NK	TB / Not suggestive of TB / NK	TB / Not suggestive of TB / NK
Reason if ‘Not Known’			
Started on ATT	Yes / Eligible not started /Not required	Yes / Eligible not started /Not required	Yes / Eligible not started /Not required
Signature of Medical Officer & date			
Follow-up screening due date			
Contact screened for TB	Yes / No	Yes / No	Yes / No
Reason if ‘no’			
Follow- up screening done date			
Presumptive TB symptoms	Yes / No	Yes / No	Yes / No
<i>To be filled by Medical Officer</i>			
Chest x-ray	Normal/Abnormal/ND	Normal/Abnormal/ND	Normal/Abnormal/ND
Sputum /GA - Smear	Positive/Negative/ND	Positive/Negative/ND	Positive/Negative/ND
Sputum /GA - Xpert MTB/RIF	Positive/Negative/ND	Positive/Negative/ND	Positive/Negative/ND
Others –Investigations (Culture/FNAC/USG/HPE etc)			
Screening outcome	TB / Not suggestive of TB / NK	TB / Not suggestive of TB / NK	TB / Not suggestive of TB / NK
Reason if ‘Not Known’			
Started on ATT	Yes / Eligible not started /Not required	Yes / Eligible not started /Not required	Yes / Eligible not started /Not required
Final outcome at One year	No TB / TB / Lost	No TB / TB / Lost	No TB / TB / Lost
Reason for ‘Lost’			
Remarks			
Signature of Medical Officer & date			

ND: Not done; NK: Not known; GA: Gastric Aspirate