



Tuberculosis Contact Investigation Worksheet

Case Name: _____	Interviewer Name: _____
CT Case Number: _____	Interviewer Phone: _____
Date of Birth: _____	Date of Interview: _____
Site of Disease: _____	Round 1 Testing Results submitted: ____/____/____
Symptom Onset Date: _____	Round 2 Testing Results submitted: ____/____/____

CONTACT 1: Name _____

Gender _____ Race _____ Ethnicity _____ Date of Birth _____

Country of Birth _____ Date last exposed _____ Place of Exposure _____

Address _____ Phone _____

Step 1 – Screening with TST or IGRA:

Risk Factors: < 5 years old Immunocompromised Symptomatic Other risk factor

If any risk factor is identified, evaluation should include screening, chest x-ray and assessment for window prophylaxis.

*****Test 2 should occur 8-10 weeks after the date last exposed.*****

Test 1: TST read date: _____ (48-72 hours after plant) MM: _____ (≥5mm is positive for contacts, refer for CXR)	Test 1: IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date Drawn: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive (refer for CXR)
Test 2: TST read date: _____ (48-72 hours after plant) MM: _____ (≥5mm is positive for contacts, refer for CXR)	Test 2: IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date Drawn: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive (refer for CXR)

Step 2 – Imaging: CXR/CT date: _____ Results: Normal Abnormal (collect 3 sputum)

Step 3 – Treatment:

LTBI (if specimen collected, wait for final culture to treat) Window Prophylaxis Active TB Disease

Date started: _____ Date completed: _____

Regimen: INH _____ mg RIF _____ mg RFP + INH _____ mg Other _____

Provider name & address: _____ Phone: _____

NOTES:



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Case Name _____	CT Case Number _____
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CONTACT 2: Name _____

Gender _____ Race _____ Ethnicity _____ Date of Birth _____

Country of Birth _____ Date last exposed _____ Place of Exposure _____

Address _____ Phone _____

Step 1 – Screening with TST or IGRA:

Risk Factors: < 5 years old Immunocompromised Symptomatic Other risk factor

If any risk factor is identified, evaluation should include screening, chest x-ray and assessment for window prophylaxis.

*****Test 2 should occur 8-10 weeks after the date last exposed.*****

Test 1: TST read date: _____ (48-72 hours after plant) MM: _____ <i>(≥5mm is positive for contacts, refer for CXR)</i>	Test 1: IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date Drawn: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive <i>(refer for CXR)</i>
Test 2: TST read date: _____ (48-72 hours after plant) MM: _____ <i>(≥5mm is positive for contacts, refer for CXR)</i>	Test 2: IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date Drawn: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive <i>(refer for CXR)</i>

Step 2 – Imaging: CXR/CT date: _____ Results: Normal Abnormal *(collect 3 sputum)*

Step 3 – Treatment:

LTBI *(if specimen collected, wait for final culture to treat)* Window Prophylaxis Active TB Disease

Date started: _____ Date completed: _____

Regimen: INH _____ mg RIF _____ mg RFP + INH _____ mg Other _____

Provider name & address: _____ Phone: _____

NOTES:



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Case Name _____	CT Case Number _____
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CONTACT 3: Name _____

Gender _____ Race _____ Ethnicity _____ Date of Birth _____

Country of Birth _____ Date last exposed _____ Place of Exposure _____

Address _____ Phone _____

Step 1 – Screening with TST or IGRA:

Risk Factors: < 5 years old Immunocompromised Symptomatic Other risk factor

If any risk factor is identified, evaluation should include screening, chest x-ray and assessment for window prophylaxis.

*****Test 2 should occur 8-10 weeks after the date last exposed.*****

Test 1: TST read date: _____ (48-72 hours after plant) MM: _____ <i>(≥5mm is positive for contacts, refer for CXR)</i>	Test 1: IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date Drawn: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive <i>(refer for CXR)</i>
Test 2: TST read date: _____ (48-72 hours after plant) MM: _____ <i>(≥5mm is positive for contacts, refer for CXR)</i>	Test 2: IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date Drawn: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive <i>(refer for CXR)</i>

Step 2 – Imaging: CXR/CT date: _____ Results: Normal Abnormal *(collect 3 sputum)*

Step 3 – Treatment:

LTBI *(if specimen collected, wait for final culture to treat)* Window Prophylaxis Active TB Disease

Date started: _____ Date completed: _____

Regimen: INH _____ mg RIF _____ mg RFP + INH _____ mg Other _____

Provider name & address: _____ Phone: _____

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Case Name _____	CT Case Number _____
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CONTACT 4: Name _____

Gender _____ Race _____ Ethnicity _____ Date of Birth _____

Country of Birth _____ Date last exposed _____ Place of Exposure _____

Address _____ Phone _____

Step 1 – Screening with TST or IGRA:

Risk Factors: < 5 years old Immunocompromised Symptomatic Other risk factor

If any risk factor is identified, evaluation should include screening, chest x-ray and assessment for window prophylaxis.

*****Test 2 should occur 8-10 weeks after the date last exposed.*****

Test 1: TST read date: _____ (48-72 hours after plant) MM: _____ <i>(≥5mm is positive for contacts, refer for CXR)</i>	Test 1: IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date Drawn: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive <i>(refer for CXR)</i>
Test 2: TST read date: _____ (48-72 hours after plant) MM: _____ <i>(≥5mm is positive for contacts, refer for CXR)</i>	Test 2: IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date Drawn: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive <i>(refer for CXR)</i>

Step 2 – Imaging: CXR/CT date: _____ Results: Normal Abnormal *(collect 3 sputum)*

Step 3 – Treatment:

LTBI *(if specimen collected, wait to treat final culture to treat)* Window Prophylaxis Active TB Disease

Date started: _____ Date completed: _____

Regimen: INH _____ mg RIF _____ mg RFP + INH _____ mg Other _____

Provider name & address: _____ Phone: _____

NOTES:



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CONTACT 5: Name _____

Gender _____ Race _____ Ethnicity _____ Date of Birth _____

Country of Birth _____ Date last exposed _____ Place of Exposure _____

Address _____ Phone _____

Step 1 – Screening with TST or IGRA:

Risk Factors: < 5 years old Immunocompromised Symptomatic Other risk factor

If any risk factor is identified, evaluation should include screening, chest x-ray and assessment for window prophylaxis.

*****Test 2 should occur 8-10 weeks after the date last exposed.*****

Test 1: TST read date: _____ (48-72 hours after plant) MM: _____ <i>(≥5mm is positive for contacts, refer for CXR)</i>	Test 1: IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date Drawn: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive <i>(refer for CXR)</i>
Test 2: TST read date: _____ (48-72 hours after plant) MM: _____ <i>(≥5mm is positive for contacts, refer for CXR)</i>	Test 2: IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date Drawn: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive <i>(refer for CXR)</i>

Step 2 – Imaging: CXR/CT date: _____ Results: Normal Abnormal *(collect 3 sputum)*

Step 3 – Treatment:

LTBI *(if specimen collected, wait for final culture to treat)* Window Prophylaxis Active TB Disease

Date started: _____ Date completed: _____

Regimen: INH _____ mg RIF _____ mg RFP + INH _____ mg Other _____

Provider name & address: _____ Phone: _____

NOTES:



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Case Name _____	CT Case Number _____
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CONTACT 6: Name _____

Gender _____ Race _____ Ethnicity _____ Date of Birth _____

Country of Birth _____ Date last exposed _____ Place of Exposure _____

Address _____ Phone _____

Step 1 – Screening with TST or IGRA:

Risk Factors: < 5 years old Immunocompromised Symptomatic Other risk factor

If any risk factor is identified, evaluation should include screening, chest x-ray and assessment for window prophylaxis.

*****Test 2 should occur 8-10 weeks after the date last exposed.*****

Test 1: TST read date: _____ (48-72 hours after plant): _____ mm (<i>≥5mm is positive for contacts, refer for CXR</i>)	Test 1: IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date Drawn: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive (<i>refer for CXR</i>)
Test 2: TST read date: _____ (48-72 hours after plant): _____ mm (<i>≥5mm is positive for contacts, refer for CXR</i>)	Test 2: IGRA test: <input type="checkbox"/> QuantiFERON (QFT) <input type="checkbox"/> T-Spot Date Drawn: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminant <input type="checkbox"/> Positive (<i>refer for CXR</i>)

Step 2 – Imaging: CXR/CT date: _____ Results: Normal Abnormal (*collect 3 sputum*)

Step 3 – Treatment:

LTBI (*if specimen collected, wait for final culture to treat*) Window Prophylaxis Active TB Disease

Date started: _____ Date completed: _____

Regimen: INH _____ mg RIF _____ mg RFP + INH _____ mg Other _____

Provider name & address: _____ Phone: _____

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