APPENDIX 4
Investigative Tuberculosis Questionnaire

MADO file no.:

Last name: First name:

Sex: ☐ F ☐ M Age: DOB: *(yyyy) (mm) ddj)*

Address:

No (Street type) Street Direction Apt.

Municipality: Postal code:

Home telephone: Work:

Cell: Other:

Occupation: ☐ Not applicable ☐ Not employed

First and last names, and respondent's relationship if not subject:

Specifics/Comments:

CLSC and pharmacy

CLSC: Tel.: Fax:

Nurse responsible:

Pharmacy: Tel.: Fax:

Current secondary residence (cottage, spouse's or relative's residence)

Definition: Location where patient spends at least one night per week
To be filled for: Pulmonary cases (during infectious period)
Extrapulmonary cases (at time of diagnosis)

Address:

No Type of street Street Direction Apt. Municipality Postal code

Reason for providing secondary address:
☐ Cottage ☐ Friend's residence ☐ Spouse's residence ☐ Relative's residence ☐ Other

N.B.: The sections in light grey concern information necessary to the central MADO *file and the PHAC's forms.*
The sections in lighter grey concern information necessary to the PHAC's forms

A. Medical History

1. CASE SITUATION

First episode of tuberculosis		
☐ Yes	☐ No →	Year of previous diagnosis ☐ Canada ☐ Other country:
	Previous treatment	☐ Yes ☐ No ☐ Unknown Previous medication ☐ INH ☐ EMB ☐ RMP ☐ PZA ☐ SM ☐ Other (specify): ☐ Unknown
		Previous treatment completed or recovery ☐ Yes ☐ No ☐ Unknown If yes, last day of previous treatment: *(yyyy)* *(mm)* *(dd)*

2. LABORATORY ANALYSIS

Smear						**Culture**				
	Pos.	Neg.	Not done	Unknown	Date of specimen (*YYYY- MM-DD*)	Pos.	Neg.	Not done	Unknown	Date of report (YYYY- *MM-DD*)
☐ Expectorations	☐	☐	☐	☐		☐	☐	☐	☐	
☐ Expectorations	☐	☐	☐	☐		☐	☐	☐	☐	
☐ Expectorations	☐	☐	☐	☐		☐	☐	☐	☐	
☐ Expectorations	☐	☐	☐	☐		☐	☐	☐	☐	
☐ Bronchial lavage	☐	☐	☐	☐		☐	☐	☐	☐	
☐ Gastric lavage	☐	☐	☐	☐		☐	☐	☐	☐	
☐ Urine	☐	☐	☐	☐		☐	☐	☐	☐	
☐ Biopsy	☐	☐	☐	☐		☐	☐	☐	☐	
☐ Other	☐	☐	☐	☐		☐	☐	☐	☐	

PCR			
☐ Positive	☐ Negative	Date: (YYYY- *MM-DD*)	
☐ Not done	☐ Unknown		Specimen

Genotyping													
☐ Yes ☐ No ☐ Unknown	No.s MIRU												
☐ RFLP ☐ Yes ☐ No													

3. CLINICAL PRESENTATION

Clinical diagnosis	
☐ Pulmonary	☐ Pulmonary, linked to silicosis
☐ Miliary	☐ Pleurisy
☐ Central nervous system	☐ Abdominal
☐ Bones and joints	☐ Genitourinary
☐ Primary	☐ Lymph nodes
☐ Other non-respiratory	☐ Other respiratory

Date of diagnosis (YYYY- MM-DD)	

Case status					
Case validated	☐ Yes ⟶	☐ confirmed	(YYYY- MM-DD)	☐ probable	(YYYY- MM-DD)
	☐ No				

Symptoms	Yes	Start date*	No	Unknown
None	☐		☐	☐
Fever	☐	(YYYY- MM-DD)	☐	☐
Weight loss	☐	(YYYY- MM-DD)	☐	☐
Impaired general condition	☐	(YYYY- MM-DD)	☐	☐
Cough	☐	(YYYY- MM-DD)	☐	☐
Expectorations	☐	(YYYY- MM-DD)	☐	☐
Night sweats	☐	(YYYY- MM-DD)	☐	☐
Hemoptysis	☐	(YYYY- MM-DD)	☐	☐
Other	☐	(YYYY- MM-DD)	☐	☐

Specify :

(If day of start date is unknown, enter 07 for start of month, 14 for middle of month and 21 for end of month.)*

4. LUNG X-RAY

Initial report of lung X-ray		
Date (YYYY- MM-DD)	☐ Date unknown	
☐ Normal	☐ Abnormal cavitary	☐ Abnormal non-cavitary
☐ Not done	☐ Unknown	
Specify:		

5. HOSPITAL AND PHYSICIAN

Hospital file no. *(for hospitalization or not)*

Hospitalization ☐ Yes From: (YY- MM-DD) to: (YYYY- MM-DD) ☐ No

Hospital no 1: Tel.: Room no.: _____

Hospital no 2: Tel.: Room no.: _____

Attending physician: Tel.:

Attending physician: Tel.:

6. DETECTION

Method of detection

☐ Symptoms compatible with site of infection
☐ Accidental observation
☐ Post-mortem
☐ Contact investigation
☐ Medical monitoring for immigration
☐ Initial medical examination for immigration done
☐ Initial medical examination for immigration done in Canada
☐ Workplace testing
☐ Other type of testing
☐ Other (specify):
☐ Unknown

Comments:

7. TREATMENT

Medication

Start of treatment : (YYYY- MM-DD)
End of treatment: (YYYY- MM-DD)

First line	Resistance ☐ No ☐ Unknown	Dosage	For each medication: Start of treatment	End of treatment
☐ Isoniazid (INH)	☐ Yes		(YYYY- MM-DD)	(YYYY- MM-DD)
☐ Rifampicin (RMP)	☐ Yes		(YYYY- MM-DD)	(YYYY- MM-DD)
☐ Ethambutol (EMB)	☐ Yes		(YYYY- MM-DD)	(YYYY- MM-DD)
☐ Pyrazinamide (PZA)	☐ Yes		(YYYY- MM-DD)	(YYYY- MM-DD)
Second line			(YYYY- MM-DD)	(YYYY- MM-DD)
☐ Streptomycin (SM)	☐ Yes		(YYYY- MM-DD)	(YYYY- MM-DD)
☐ Kanamycin (KAN)	☐ Yes		(YYYY- MM-DD)	(YYYY- MM-DD)
☐ Capreomycin (CAP)	☐ Yes		(YYYY- MM-DD)	(YYYY- MM-DD)
☐ Ofloxacin	☐ Yes		(YYYY- MM-DD)	(YYYY- MM-DD)
☐ Ethionamide (ETHI)	☐ Yes		(YYYY- MM-DD)	(YYYY- MM-DD)
☐ Para-amino salicylic acid (PAS)	☐ Yes		(YYYY- MM-DD)	(YYYY- MM-DD)
☐ Levofloxacin	☐ Yes		(YYYY- MM-DD)	(YYYY- MM-DD)
☐ Rifabutin	☐ Yes		(YYYY- MM-DD)	(YYYY- MM-DD)
☐ Other antibiotic	☐ Yes		(YYYY- MM-DD)	(YYYY- MM-DD)

Appearance of resistance during treatment				
☐ Yes ↓	☐ No	☐ Not examined		
First line	☐ Isoniazid (INH)	☐ Ethambutol (EMB)	☐ Rifampicin (RMP)	☐ Pyrazinamide (PZA)
Second line	☐ Streptomycin (SM)	☐ Ofloxacin	☐ Rifabutin	
	☐ Kanamycin (KAN)	☐ Ethionamide (ETHI)	☐ Levofloxacin	
	☐ Capreomycin (CAP)	☐ Para-amino salicylic acid (PAS)	☐ Other	

Treatment result

☐ Recovery: negative culture at end of treatment

☐ Treatment terminated: without culture at end of treatment (probable TB)

☐ Death before or during treatment

Date of death: (*YYYY- MM-DD*) ⟶

☐ TB was cause of death

☐ TB contributed to death but was not primary cause

☐ TB did not contribute to death

☐ Transfer to another country: treatment result unknown

☐ Failed treatment: positive culture continues or recurrent after four months or more of treatment

☐ Abandoned (contact with case lost before administration of 80% of doses)

☐ Treatment under way ☐ Treatment discontinued due to unfavourable incident

☐ Other (*specify*): ☐ Result unknown

Principal treatment method	**Estimated rate of compliance**
☐ DOT (directly observed therapy: treatment during which patient is observed to make sure he[1] swallows each dose of medication.) ⟶ ☐ Standard DOT (DOT for entire initial phase and following phase) ☐ Modified DOT (DOT for only part of treatment period, usually during initial phase, which is followed by self-administered treatment during following phase) ☐ Improved DOT (DOT for both phases, but also includes measures for encouragement and facilitation) ☐ Daily, self-administered treatment ☐ Other (*specify*): ☐ Method unknown	☐ 80% or higher ☐ 50-79% ☐ < 50% ☐ Rate unknown

[1] In the interest of simplicity, the masculine or feminine form is used in this text to denote either sex.

8. INFECTIOUS PERIOD

Period for Contact Tracing

***** Refer to Public Health team to confirm the period for contact Tracing *****

Start of infectious period : (YYYY- *MM-DD*)
Negative smears and non-cavitary, with or without symptoms
Consider 4 weeks before onset of symptoms (respiratory or compatible with TB) or before first positive result compatible with TB (date of abnormal lung X-ray or date of first positive bacteriologic specimen), whichever is longer.
Positive smear and/or cavitary lesion, with or without symptoms
Consider 3 months before onset of symptoms (respiratory or compatible with TB) or before first positive result compatible with TB (date of abnormal lung X-ray or date of first positive bacteriologic specimen), whichever is longer.

End of infectious period : (YYYY- *MM-DD*)
Negative smears and non-cavitary, with or without symptoms
14 days after start of treatment
Positive smear and/or cavitary lesion, with or without symptoms
After three consecutive negative smears

B. Medical History

1. IMMIGRATION/ORIGIN/VISITOR

Country of birth	
☐ **CANADA**	☐ **OTHER COUNTRY**
Indigenous	
☐ No →	If under 15 years Mother's country of birth: Father's country of birth:
☐ Yes →	☐ Inuit ☐ Metis
	☐ Registered Indian → Lives on reserve most of the timeYes ☐ No ☐
	☐ Situation unknown ☐ Other Indigenous *Specify*:
	Name of country: Date of arrival in Canada: **(*YY- MM-DD*)** *(Enter year only if date incomplete)* **Current situation (concerning immigration)**
	☐ Landed immigrant/Canadian citizen ☐ Refugee ☐ Refugee in meaning of agreement ☐ Applicant for refugee status
	☐ Visa ☐ work ☐ student ☐ visitor
	☐ Other (*specify*): ☐ Unknown

2. HIV TESTING

HIV Testing
☐ Done ☐ Date: **(YYYY- *MM-DD*)** Result: ☐ Positive ☐ Negative ☐ Unknown
☐ Not done
→ ☐ Known positive ☐ Test not offered or not requested by physician ☐ Test refused by patient
☐ Unknown

3. OTHER RISK FACTORS

Risk Factor	Yes	No	Unknown	Specify PRN
☐ Diabetes	☐	☐	☐	
☐ Cancer	☐	☐	☐	
☐ Silicosis	☐	☐	☐	
☐ Previous abnormal lung-X-ray (fibronodular disease or granuloma)	☐	☐	☐	
☐ Prolonged use (≥ three months) of corticosteroids (prednisone ≥ 15 mg/day or equivalent)	☐	☐	☐	
☐ Immunosuppression linked to transplant	☐	☐	☐	
☐ Alcohol abuse in past two years	☐	☐	☐	
☐ Drug use in past wo years	☐	☐	☐	
☐ Homelessness in past two years	☐	☐	☐	
☐ History of detention in past two years	☐	☐	☐	
☐ Detention in correctional institution at time of diagnosis	☐	☐	☐	
☐ Known contact with tuberculosis cases	☐	☐	☐	
If yes, Name:			File:	
Travel to area with high TB incidence in past two years	☐	☐	☐	
If yes Country: Year:			Duration of stay:	
Country: Year:			Duration of stay:	
Comments :				