

EMBOSSER ICI LA CARTE DU CSI OU CSTU,
SI NON DISPONIBLE, INSCRIRE LES NOM, PRÉNOM,
DATE DE NAISSANCE ET NUMÉRO DOSSIER
EMBOSS HERE THE CARD OF IHC OR UTHC,
IF NOT AVAILABLE, WRITE THE NAME, SURNAME,
DATE OF BIRTH AND FILE NUMBER

IDENTIFICATION OF CONTACTS OF AN ACTIVE TB CASE

CLINICAL INFORMATION		
Onset of coughing (date): ____/____/____ yyyy/mm/dd	Date of diagnosis: ____/____/____ yyyy/mm/dd	Date treatment started: ____/____/____ yyyy/mm/dd
GeneXpert-CRP: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Smear: <input type="checkbox"/> Positive → (1+) (2+) (3+) (4+) <input type="checkbox"/> Questionable <input type="checkbox"/> Negative	Culture: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
Pulmonary x-ray: <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal, but no evidence of active TB <input type="checkbox"/> Abnormal, consistent with active TB <input type="checkbox"/> Abnormal, cavitary lesions, likely active TB	
User of cannabis or another inhalable drug: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Infectious period: Start date¹: ____/____/____ End date²: ____/____/____ yyyy/mm/dd yyyy/mm/dd		
NOTE: Consider the infectious period covered by these dates when searching for contacts.		
¹ Date established and transmitted by the Department of Public Health (based on the date of onset of symptoms AND pulmonary x-ray results (cavitary or not) and the bacteriological analyses (smears) of active TB cases. ² Date of first negative smear of a series of 3 negative smears (if positive smear at the outset), otherwise day 14 of the treatment.		
Signature of the nurse responsible for the interview: _____ Date: ____/____/____ yyyy/mm/dd		



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Inuulitsivik Health & Social Services Centre
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ACTIVITIES OF DAILY LIVING

Before beginning to identify contacts, it is recommended to learn more about the activities of daily living of the user. Enter the user's regular schedule in the table below (e.g., the times when he is at home, at school, at work, or elsewhere).

Time of day	Weekday (Monday to Friday)	Weekend (Saturday and Sunday)
Morning		
Afternoon		
Evening		
Night		



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HOUSEHOLD: RESIDENTS

Make a copy of this sheet if more space is needed.

Primary residence: # _____
 List of the primary residents of the home during the infectious period:

Name	File no.	Date of birth	Age	Sex (M/F)	Relationship with user ¹	Room ² (Y/N)	THC ³ (Y/N)	Symptoms ⁴ (Y/N)
1.		yyyy/mm/dd						
2.		yyyy/mm/dd						
3.		yyyy/mm/dd						
4.		yyyy/mm/dd						
5.		yyyy/mm/dd						
6.		yyyy/mm/dd						
7.		yyyy/mm/dd						
8.		yyyy/mm/dd						
9.		yyyy/mm/dd						
10.		yyyy/mm/dd						
11.		yyyy/mm/dd						

- Legend:**
1. Examples of relationships: father, mother, brother, sister, uncle, aunt, cousin, friend, grandparents, etc.
 2. Does the occupant sleep in the same room as the user?
 3. THC = cannabis. Was cannabis or another inhalable drug shared with the user?
 4. Did the contact exhibit any symptoms consistent with active TB (e.g., persistent cough, significant weight loss, fatigue, etc.)?

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HOUSEHOLD: VISITORS

List of the persons who visited the household during the infectious period:

Name	File no.	Date of birth	Age	Sex (M/F)	Relationship with user ¹	Frequency and duration ²	Date of last contact	Slept over ³ (Y/N)	THC ⁴ (Y/N)	Symptoms ⁵ (Y/N)
12.		yyyy/mm/dd					yyyy/mm/dd			
13.		yyyy/mm/dd					yyyy/mm/dd			
14.		yyyy/mm/dd					yyyy/mm/dd			
15.		yyyy/mm/dd					yyyy/mm/dd			
16.		yyyy/mm/dd					yyyy/mm/dd			
17.		yyyy/mm/dd					yyyy/mm/dd			
18.		yyyy/mm/dd					yyyy/mm/dd			
19.		yyyy/mm/dd					yyyy/mm/dd			
20.		yyyy/mm/dd					yyyy/mm/dd			
21.		yyyy/mm/dd					yyyy/mm/dd			

- Legend:
1. Examples of relationships: father, mother, brother, sister, cousin, friend, aunt, brother-in-law, friend of the children or of the parents, etc.
 2. **Importance of properly completing this section:** Enter the number of visits per week and the number of hours these visits usually last.
 3. Have there been instances where a visitor slept in the same room as the user? If yes, indicate the frequency.
 4. THC = cannabis. Was cannabis or another inhalable drug shared with the user?
 5. Did the contact exhibit any symptoms consistent with active TB (e.g., persistent cough, significant weight loss, fatigue, etc.)?

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IDENTIFICATION OF CONTACTS OF AN ACTIVE TB CASE

HOUSEHOLDS VISITED

During the infectious period, did the user visit any other households? Yes No

List of the homes visited by the user during the infectious period and the persons who were present:

Name	File no.	Date of birth	Age	Sex (M/F)	House no.	Relations hip with user ¹	Frequency and duration ²	Date of last contact	Slept over ³ (Y/N)	THC ⁴ (Y/N)	Symptoms ⁵ (Y/N)
32.		yyyy/mm/dd						yyyy/mm/dd			
33.		yyyy/mm/dd						yyyy/mm/dd			
34.		yyyy/mm/dd						yyyy/mm/dd			
35.		yyyy/mm/dd						yyyy/mm/dd			
36.		yyyy/mm/dd						yyyy/mm/dd			
37.		yyyy/mm/dd						yyyy/mm/dd			
38.		yyyy/mm/dd						yyyy/mm/dd			
39.		yyyy/mm/dd						yyyy/mm/dd			
40.		yyyy/mm/dd						yyyy/mm/dd			

Legend:

1. Examples of relationships: father, mother, brother, sister, cousin, aunt, friend, children, friend of the children or of the parents, etc.
2. **Importance of properly completing this section:** Enter the number of visits per week and the number of hours these visits usually last.
3. Have there been instances where a contact slept in the same room as the user? If yes, how frequently?
4. THC = cannabis. Was cannabis or another inhalable drug shared with the user?
5. Did the contact exhibit any symptoms consistent with active TB (e.g., persistent cough, significant weight loss, fatigue, etc.)?

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HOUSEHOLDS VISITED *Make a copy of this sheet if more space is needed.*

During the infectious period, did the user visit any other households? Yes No

List of the homes visited by the user during the infectious period and the persons who were present:

Name	File no.	Date of birth	Age	Sex (M/F)	House no.	Relationship with	Frequency and duration ²	Date of last contact	Slept over ³ (Y/N)	THC ⁴ (Y/N)	Symptoms ⁵ (Y/N)
41.		yyyy/mm/dd						yyyy/mm/dd			
42.		yyyy/mm/dd						yyyy/mm/dd			
43.		yyyy/mm/dd						yyyy/mm/dd			
44.		yyyy/mm/dd						yyyy/mm/dd			
45.		yyyy/mm/dd						yyyy/mm/dd			
46.		yyyy/mm/dd						yyyy/mm/dd			
47.		yyyy/mm/dd						yyyy/mm/dd			
48.		yyyy/mm/dd						yyyy/mm/dd			
49.		yyyy/mm/dd						yyyy/mm/dd			

Legend:

- Examples of relationships: father, mother, brother, sister, cousin, aunt, friend, children, friend of the children or of the parents, etc.
- Importance of properly completing this section:** Enter the number of visits per week and the number of hours these visits usually last.
- Have there been instances where a contact slept in the same room as the user? If yes, how frequently?
- THC = cannabis. Was cannabis or another inhalable drug shared with the user?
- Did the contact exhibit any symptoms consistent with active TB (e.g., persistent cough, significant weight loss, fatigue, etc.)?



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SCHOOL

Not applicable. *NOTE: Should more space be needed, you can make a copy of this sheet.*

- Child → group: _____
- Worker who is in contact with children → role: _____
- Worker who is not in contact with children → role: _____

School name and contact details: _____ Date last present: ____/____/____ (yyyy/mm/dd)

List of persons the user spent the most time with at school during the infectious period:

Name	File no.	Date of birth	Age	Sex (M/F)	Relationship with user ¹	Frequency and duration ²	Date of last contact	THC ³ (Y/N)	Symptoms ⁴ (Y/N)
59.		yyyy/mm/dd					yyyy/mm/dd		
60.		yyyy/mm/dd					yyyy/mm/dd		
61.		yyyy/mm/dd					yyyy/mm/dd		
62.		yyyy/mm/dd					yyyy/mm/dd		
63.		yyyy/mm/dd					yyyy/mm/dd		
64.		yyyy/mm/dd					yyyy/mm/dd		
65.		yyyy/mm/dd					yyyy/mm/dd		
66.		yyyy/mm/dd					yyyy/mm/dd		
67.		yyyy/mm/dd					yyyy/mm/dd		

- Legend:
1. Examples of relationships: friend, team member, professor, teacher, etc.
 2. **Importance of properly completing this section:** Enter the number of times present per week and the number of hours during each of these times.
 3. THC = cannabis. Was cannabis or another inhalable drug shared with the user?
 4. Did the contact exhibit any symptoms consistent with active TB (e.g., persistent cough, significant weight loss, fatigue, etc.)?



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WORK Not applicable. *NOTE: Should more space be needed, you can make a copy of this sheet.*

Employer: _____ Role: _____

Date last present: ____/____/____ (yyyy/mm/dd)

Description of working environment (e. g., closed office, ventilated room, outdoors, truck, etc.).

Specify: _____

List of persons the user is in contact with at work:

Name	File no.	Date of birth	Age	Sex (M/F)	Relationship with user ¹	Frequency and duration ²	Date of last contact	THC ³ (Y/N)	Symptoms ⁴ (Y/N)
68.		yyyy/mm/dd					yyyy/mm/dd		
69.		yyyy/mm/dd					yyyy/mm/dd		
70.		yyyy/mm/dd					yyyy/mm/dd		
71.		yyyy/mm/dd					yyyy/mm/dd		
72.		yyyy/mm/dd					yyyy/mm/dd		
73.		yyyy/mm/dd					yyyy/mm/dd		
74.		yyyy/mm/dd					yyyy/mm/dd		
75.		yyyy/mm/dd					yyyy/mm/dd		

Legend:

- Examples of relationships: director, colleague, etc.
- Importance of properly completing this section:** Enter the number of times present per week and the number of hours during each of these times.
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- Did the contact exhibit any symptoms consistent with active TB (e.g., persistent cough, significant weight loss, fatigue, etc.)?



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TRAVELLING

Not applicable

Did the person travel to another community in Nunavik, to Nunavut or outside of the region during the infectious period?

Departure date	Return date	Destination	Site where the person stayed (Hotel/Private home)	Contact details of the persons visited
yyyy/mm/dd	yyyy/mm/dd			
yyyy/mm/dd	yyyy/mm/dd			
aaaa/mm/jj	yyyy/mm/dd			
yyyy/mm/dd	yyyy/mm/dd j			
yyyy/mm/dd	yyyy/mm/dd			
yyyy/mm/dd	yyyy/mm/dd			
yyyy/mm/dd	yyyy/mm/dd			
yyyy/mm/dd	yyyy/mm/dd			
yyyy/mm/dd	yyyy/mm/dd			



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OTHER SITES AND ADDITIONAL CONTACTS

Site frequented ¹	Contact name	File no.	Date of birth	Age	Sex (M/F)	Frequency and duration ²	Date of last contact	THC ³ (Y/N)	Symptoms ⁴ (Y/ N)
76.			yyyy/mm/dd				yyyy/mm/dd		
77.			yyyy/mm/dd				yyyy/mm/dd		
78.			yyyy/mm/dd				yyyy/mm/dd		
79.			yyyy/mm/dd				yyyy/mm/dd		
80.			yyyy/mm/dd				yyyy/mm/dd		
81.			yyyy/mm/dd				yyyy/mm/dd		
82.			yyyy/mm/dd				yyyy/mm/dd		
83.			yyyy/mm/dd				yyyy/mm/dd		
84.			yyyy/mm/dd				yyyy/mm/dd		
85.			yyyy/mm/dd				yyyy/mm/dd		

- Legend:
- Clearly identify, either by site name, house number, company name, name of the head of the household, etc.
 - Importance of properly completing this section:** Enter the number of visits per week and the number of hours these visits typically last.
 - THC = cannabis. Was cannabis or another inhalable drug shared with the user?
 - Did the contact exhibit any symptoms consistent with active TB (e.g., persistent cough, significant weight loss, fatigue, etc.)?



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OTHER SITES AND ADDITIONAL CONTACTS

Site frequented ¹	Contact name	File no.	Date of birth	Age	Sex (M/F)	Frequency and duration ²	Date of last contact	THC ³ (Y/N)	Symptoms ⁴ (Y/N)
86.			yyyy/mm/dd				yyyy/mm/dd		
87.			yyyy/mm/dd				yyyy/mm/dd		
88.			yyyy/mm/dd				yyyy/mm/dd		
89.			yyyy/mm/dd				yyyy/mm/dd		
90.			yyyy/mm/dd				yyyy/mm/dd		
91.			yyyy/mm/dd				yyyy/mm/dd		
92.			yyyy/mm/dd				yyyy/mm/dd		
93.			yyyy/mm/dd				yyyy/mm/dd		
94.			yyyy/mm/dd				yyyy/mm/dd		
95.			yyyy/mm/dd				yyyy/mm/dd		

- Legend:
1. Clearly identify, either by site name, house number, company name, name of the head of the household, etc.
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