**PFA - To be completed at around DOS (for TB patients)** *[DOS = date of starting treatment (or, if patient defaulted>2 months before starting anti-TB treatment, put down the date of diagnosis)]*

**Part (A) Information on this episode of TB:**

Reason for presentation: 1. Symptom / 2.Contact Screening / 3. Pre-employment / 4.Pre-emigration/ 5.Other body check /

6. Incidental to other illness / 7. Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact with TB patients: N / Y: 1.Household / 2.Work / 3.Casual

1. within 2 year / 2. over 2 year

**Part (B) Case category** (choose 1 item only):

1. New case (< 1m previous Rx) 2. Relapse case.

(<1m previous Rx) 3. Treatment after default.

4. Failure of previous treatment.

Date of last treatment (mm/yyyy): \_ \_ / \_ \_ \_ \_ Duration of last treatment: \_ \_ months

**Part (C) Disease classification**: (please circle ≥1 item)

1. Pulmonary tuberculosis

Extent of disease: 1minimal (total area< RUL)/ 2moderate (> RUL)/ 3advanced (> 1 lung) Cavity: N / Y

Extra-pulmonary tuberculosis:

1. Pleura 7. Bone and joint (other than spine) 12. Pericardium
2. Lymph node 8. Spine 13. Skin
3. Meninges 9. Genito-urinary tract 14. Other site(1), specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Miliary 10. Naso/oro-pharynx 15. Other site(2), specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Abdomen 11. Larynx 16. Other site(3), specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part (D) Risk Factors/co-morbidities N/Y** (If Y, please circle whichever applicable)

|  |  |
| --- | --- |
| 1. Diabetes mellitus 2. Lung cancer 3. Other malignancies 4. On cytotoxic drugs 5. On steroid 6. Chronic renal failure 7. **HIV: - ve / + ve / unknown/ pending** 8. Silicosis | 9. Alcoholism  10. Drug abuser  11. Gastrectomy  12. General debilitation (e.g., due to old age, immobility, stroke, etc.)  13. On biologics  14. Other(1), specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  15. Other(2), specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Part (E) Starting regimen** (choose 1 item only): *[Starting regimen = the regimen that the attending physician uses at initiation of anti-TB treatment]*

1. Standard regimen, defined as HRZ ±E or S (irrespective of dosing frequency)

2. Non-standard regimen, defined as regimens other than HRZ ±E or S

Reason for using non-standard regimen: 1.Known or suspected drug resistance/ 2. Known drug intolerance/ 3. Potential drug-drug interaction/ 4.Known medical conditions affecting choice of regimen (e.g. liver disease, poor vision, etc), specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / 5. Others, specify (e.g. old age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Body weight \_\_\_\_ kg; body height / arm span \_\_\_\_ cm

|  |  |  |  |
| --- | --- | --- | --- |
| Drug | Dosage and route | Dose interval  (e.g. 3/7, 6/7) | Remark: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# PFB – To be completed at 6 month from DOS (for TB patients)

**Part (H) Mode of TB diagnosis**: 1a. Bacteriological (based on positive smear and/or culture) 1b Bacteriological (based on molecular test result)/ 2.Histological/ 3.Clinical-radiological/ 4.Clinical only (choose 1 item, priority from left to right)

**Bacteriological examination for MTB:** P (positive), N (negative) , U (not done), NTM (Non-tuberculous Mycobacteria)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Sputum | | | Other type of specimen: 1.gastric aspirate/ 2.pleural fluid/ 3.bronchial washing/ 4.urine/ 5.biopsy or others, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Pre-treatment | 2 months | 3 months | Pre-treatment |
| Smear | P / N / U | P / N / U | P / N / U | P / N / U |
| Culture | P / N / U / NTM | P / N / U / NTM | P / N / U / NTM | P / N / U / NTM |
| PCR | P / N / U |  |  | P/N/U |
| rpoB mutation  (if PCR positive) | P / N / U |  |  | P/N/U |

* **If pre-treatment culture is positive for MTB, is the ST favourable? (i.e., sensitive to HRES)**: N / Y / U (ST not done)

**If unfavourable ST, please mark S (sensitive ) or R (resistant ) for all ST done:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Isoniazid (H) | : .S / R | Pyrazinamide | : .S / R | Cycloserine | | :.S / R |
| Rifampicin (R) | : .S / R | Ofloxacin | : .S / R | Other (1) |  | :.S / R |
| Ethambutol (E) | : .S / R | Ethionamide | : .S / R | Other (2) |  | : S / R |
| Streptomycin (S) | : .S / R | Kanamycin | : .S / R |  |  |  |

**The ST result is based on phenotypic/genotypic test.**

**PFC – To be completed at 12 month from DOS (for TB patients)**

# Part (I) Outcome at 12 months (please √, circle and/ or fill in the spaces provided as appropriate)

1. Cured/ treatment completed Date treatment completed (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_

(a) Status at completion:

* Bacteriological conversion
* Radiological improvement
* Other clinical improvement
* No available evidence of response

(b) After treatment completed:

No relapse

Loss to follow-up Last visit date (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Died Cause: 1.TB-related/ 2.Not TB-related/ 3.Unknown Date of death (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Relapse Date relapse (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

* 1.Bacteriological / 2.Histological / 3.Clinical-radiological (choose 1 item, priority from left to right)

1. Treatment incomplete (including death while on treatment)

* Still on treatment, reason: 1.retreatment/ 2.extrapulm./ 3.extensive/ 4.interrupted treatment/ 5.drug resistance/ 6.poor response/

7.non-standard regimen/ 8.DM or on immunosuppressives etc./ 9.others, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Died Cause: 1.TB-related/ 2.Not TB-related/ 3.Unknown Date of death (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

1. Transferred to: 1.GP/ 2..Chest Clinic/ 3.Hospital/ 4.Outside HK Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last treatment date (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_

1. Defaulted (defaulted treatment for a continuous period > 2m)

* Never found Last visit date (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_
* Retreated after default Date treatment re-started (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_
* Treatment stopped by doctor Last treatment date (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

1. Failure (persistent positive bacteriology and treatment stopped)
2. Wrong/ revised diagnosis Last treatment date (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

* New diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PFD – To be completed at 24 month from DOS (for TB patients)

# Part (J) Outcome at 24 months (please √, circle and/ or fill in the spaces provided as appropriate)

1. Cured/ treatment completed Date treatment completed (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_

(a) Status at completion:

* Bacteriological conversion
* Radiological improvement
* Other clinical improvement
* No available evidence of response

(b) After treatment completed:

No relapse

Loss to follow-up Last visit date (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Died Cause: 1.TB-related/ 2.Not TB-related/ 3.Unknown Date of death (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Relapse Date relapse (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

* 1.Bacteriological / 2.Histological / 3.Clinical-radiological / 4.Clinical only (choose 1 item, priority from left to right)

1. Treatment incomplete (including death while on treatment)

* Still on treatment, reason: 1.retreatment/ 2.extrapulm./ 3.extensive/ 4.interrupted treatment/ 5.drug resistance/ 6.poor response/

7.non-standard regimen/ 8.DM or on immunosuppressives etc./ 9.others, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Died Cause: 1.TB-related/ 2.Not TB-related/ 3.Unknown Date of death (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

1. Transferred to: 1.GP/ 2.Chest Clinic/ 3.Hospital/ 4.Outside HK Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last treatment date (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_

1. Defaulted (defaulted treatment for a continuous period > 2m)

* Never found Last visit date (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_
* Retreated after default Date treatment re-started (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_
* Treatment stopped by doctor Last treatment date (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

1. Failure (persistent positive bacteriology and treatment stopped)
2. Wrong/ revised diagnosis Last treatment date (mm/yyyy): \_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

* New diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_