

HKID/ Passport/ Birth certificate no.: _____ Clinic/ Hospital no.: _____

Name: _____ DOS: __/__/____

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) Basic information

TB notified: N / Y : Date: __/__/____ Sex: M / F Age: __ years Date of birth : __/__/____

Marital status: ₁single/ ₂married/ ₃separated/ ₄divorce/ ₅widowed Smoking status: ₁never/ ₂ex-smoker/ ₃current smokers

Institution-related: N / Y : ₁Client / ₂Staff Type: ₁Old age home/ ₂School/ ₃Hospital/ ₄Handicapped/ ₅Prison/ ₆Others

Name of institution: _____

Living situation: ₁street-sleeper/ ₂cubicle bed space/ ₃institution/ ₄work quarter/ ₅alone (but not 1. to 4.)/ ₆with friends/ ₇with family

Resident status: ₁PermanentResident/ ₂ChineseNewImmigrant(inHK<7yr)/ ₃ImportedWorker/ ₄Tourist-2wayPermitChinese/ ₅OtherTourist/
₆Vietnamese/ ₇IllegalImmigrants

Place of birth: ₁Hong Kong / ₂Mainland/ ₃Others _____

Ethnicity: ₁Chinese/ ₂Other Asian/ ₃Caucasian/ ₄Other _____

Previous BCG history: N / Y / Unknown BCG scar: N / Y

Employment status (including self-employment) at DOS: ₁Full-time/ ₂Part-time/ ₃Retired/ ₄Unemployed/ ₅Housewife/ ₆Student

Occupation (current or last): ₁Blue collar/ ₂White collar/ ₃Medical/ ₄Nursing/ ₅Paramedical/ ₆Supporting health staff/ ₇Not applicable

Job title: _____

Part (B) Information on this episode of TB:

First presentation to: ₁Private doctor / ₂Private Hospital / ₃GOPC / ₄Chest Clinic / ₅Other DH Clinic / ₆HA Clinic / ₇HA Hospital /
₈Mainland / ₉Overseas

Symptomatic on presentation: N / Y : ₁Chest symptoms / ₂Systemic Symptoms / ₃Other site-specific symptoms

Reason for presentation: ₁Symptom / ₂Contact Screening / ₃Pre-employment / ₄Pre-emigration/ ₅Other body check /
₆Incidental to other illness / ₇Others: _____

Contact with TB patients: N / Y : ₁Household / ₂Work / ₃Casual
₁within 2 year / ₂over 2 year

Previous chemoprophylaxis: N / Y : reason: ₁Contact / ₂Silicosis / ₃HIV / ₄Old scar on CXR / ₅Others _____

Drugs & duration: _____

Part (C) Case category (choose 1 item only):

1. New case (_{<1m} previous Rx)
 2. Relapse case.
 3. Treatment after default.
 4. Failure of previous treatment.
 5. Others, specify: _____
- Date of last treatment (mm/yyyy): __/__/____ Duration of last treatment: __ months

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

Completed by: _____ (name) Tel: _____ Fax: _____

Institution: ₁Chest Clinic/ ₂Chest Hospital/ ₃General Hospital/ ₄Private Practice. ; Name (and ward) of institution: _____
(After completion, this form should be sent to Consultant Chest Physician i/c, Wanchai Chest Clinic, 99 Kennedy Road, Hong Kong. Fax: (852) 28346627)
(If patient is transferred, a copy of this completed form should also be sent to the new source of care for information.)

HKID/ Passport/ Birth certificate no.: _____	Clinic/ Hospital no.: _____
Name: _____	DOS: __/__/____

PFB1 – To be completed at 6 month from DOS (for TB patients)

Part (E) Mode of TB diagnosis: ₁ Bacteriological/ 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	2 months	3 months
Smear	P / N / U	P / N / U	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	P / N / U / NTM	P / N / U / NTM

- Histological result from (site) _____: ₁ Typical (with caseation) / ₂ Granulomatous inflammation / ₃ other

Ziehl-Neelsen staining: 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	_____

Part (F) Risk factors for TB: N / Y (If Y, please circle whichever applicable)

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Diabetes mellitus 2. Lung cancer 3. Other malignancies 4. On cytotoxic drugs 5. On steroid 6. Chronic renal failure 7. HIV 8. Silicosis | <ol style="list-style-type: none"> 9. Alcoholism 10. Drug abuser 11. Gastrectomy 12. General debilitation (e.g., due to old age, immobility, stroke, etc.) 13. Other(1), specify _____ 14. Other(2), specify _____ 15. Other(3), specify _____ |
|---|---|

Part (G) Factors affecting treatment choices: N / Y (If Y, please circle whichever applicable)

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Hepatitis-B carrier 2. Chronic active hepatitis 3. Impaired renal function 4. Chronic renal failure (require dialysis, etc.) 5. Impaired vision 6. Impaired hearing 7. Known drug reaction | <ol style="list-style-type: none"> 8. Known drug resistance 9. Gout 10. Idiopathic thrombocytopenic purpura 11. Other(1), specify _____ 12. Other(2), specify _____ 13. Other(3), specify _____ |
|---|---|

Part (H) Other co-morbidities: N / Y : 1. _____ 2. _____ 3. _____

Part (I) Treatment regimen:

6-month short course treatment: N / Y : ₁ [2HRZE+4HR] / ₂ [2HRZS+4HR]

If neither of the above 2 regimens, please complete the following two questions:

Other standard regimens based on HRZES (at least HRZ in initial and HR in continuation phase): N / Y

Drugs that have been used (for at least over 1 month): ₁ Isoniazid (H) / ₂ Rifampicin (R) / ₃ Ethambutol (E) / ₄ Streptomycin (S) / ₅ Pyrazinamide (Z) / ₆ Ofloxacin / ₇ Levofloxacin / ₈ Ethionamide / ₉ Prothionamide / ₁₀ Kanamycin / ₁₁ Cycloserine / ₁₂ PAS /

₁₂ Other(1) _____ / ₁₃ Other(2) _____ / ₁₄ Other (3) _____

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PFB2 – To be completed at 6 month from DOS (for TB patients)

Part (J) Treatment side effects: N / Y (If Y, please circle)

₁GI upset/ ₂skin rash/ ₃visual/ ₄transient rise of liver enzyme/ ₅hepatitis/ ₆vestibular/ ₇arthropathy/ ₈fever-chill/ ₉dizziness/ ₁₀thrombocytopenia/
₁₁leucopenia/ ₁₂flush face/ ₁₃other(1) _____ / ₁₄other(2) _____ / ₁₅other(3) _____

Treatment temporarily withheld for side effects: N / Y

Desensitisation or drug trial required: N / Y

Change in dosage or frequency required: N / Y

Change of drugs required: N / Y

Part (K) Treatment Supervision:

Proportion of doses:	Initial 2 month	Subsequent 4 months (up to 6 month from DOS)
Under DOT at chest clinic, hospital, CNS or other health staff	>90% >75% >50% >25% ≤25%	>90% >75% >50% >25% ≤25%
Under supervision by relatives	>90% >75% >50% >25% ≤25%	>90% >75% >50% >25% ≤25%
Supplied for unsupervised treatment	<5% <10% <15% < 25% <50% ≥50%	<5% <10% <15% < 25% <50% ≥50%
Defaulted	<5% <10% <15% < 25% <50% ≥50%	<5% <10% <15% < 25% <50% ≥50%

Part (L) Outcome at 6 months (please ✓, circle and/ or fill in the spaces provided as appropriate)

(1) Cured/ treatment completed ☐

Date treatment stopped (mm/yyyy): ____/____/____

Status at completion:

- Bacteriological conversion ☐
- Radiological improvement ☐
- Other clinical improvement ☐
- No available evidence of response ☐

(2) Treatment incomplete ☐

- Still on treatment, reason: ₁retreatment/ ₂extrapulm./ ₃extensive/ ₄interrupted treatment/ ₅drug resistance/ ₆poor response/
₇others, specify: _____

- Died ☐ Cause: ₁TB-related/ ₂Not TB-related/ ₃Unknown

Date of death (mm/yyyy): ____/____/____

(3) Transferred ☐ to: ₁GP/ ₂Chest Clinic/ ₃Hospital/ ₄Outside HK

Details: _____

Last treatment date (mm/yyyy): ____/____/____

(4) Defaulted (defaulted treatment for a continuous period > 2m) ☐

- Never found ☐
- Retreated after default ☐
- Treatment stopped by doctor ☐

Last visit date (mm/yyyy): ____/____/____

Date treatment re-started (mm/yyyy): ____/____/____

Last treatment date (mm/yyyy): ____/____/____

(5) Failure (persistent positive bacteriology and treatment stopped) ☐

(6) Wrong/ revised diagnosis ☐

Last treatment date (mm/yyyy): ____/____/____

- New diagnosis: _____

(7) Others ☐, specify: _____

Completed by: _____ (name) Tel: _____ Fax: _____

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

Part (M) 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: _____	
	5-6 months	7-12 months	5-6 months	7-12 months
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

Part (N) 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 ☐
- Died ☐ Cause: ₁TB-related/ ₂Not TB-related/ ₃Unknown
- Relapse ☐
- ₁Bacteriological / ₂Histological / ₃Clinical-radiological (choose 1 item, priority from left to right)
- Last visit date (mm/yyyy): ____/____/____
- Date of death (mm/yyyy): ____/____/____
- Date relapse (mm/yyyy): ____/____/____
- (2) Treatment incomplete (including death while on treatment) ☐
- Still on treatment, reason: ₁retreatment/ ₂extrapulm./ ₃extensive/ ₄interrupted treatment/ ₅drug resistance/ ₆poor response/ ₇others, specify: _____
 - Died ☐ Cause: ₁TB-related/ ₂Not TB-related/ ₃Unknown
- Date of death (mm/yyyy): ____/____/____
- (3) Transferred ☐ to: ₁GP/ ₂Chest Clinic/ ₃Hospital/ ₄Outside HK
- Details: _____
- Last treatment date (mm/yyyy): ____/____/____
- (4) Defaulted (defaulted treatment for a continuous period > 2m) ☐
- Never found ☐
 - Retreated after default ☐
 - Treatment stopped by doctor ☐
- Last visit date (mm/yyyy): ____/____/____
- Date treatment re-started (mm/yyyy): ____/____/____
- Last treatment date (mm/yyyy): ____/____/____
- (5) Failure (persistent positive bacteriology and treatment stopped) ☐
- (6) Wrong/ revised diagnosis ☐
- New diagnosis: _____
- Last treatment date (mm/yyyy): ____/____/____
- (7) Others ☐, specify: _____

Completed by: _____ (name) Tel: _____ Fax: _____

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

Part (O) 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 ☐

Died ☐ Cause: ₁TB-related/ ₂Not TB-related/ ₃Unknown

Relapse ☐

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

Last visit date (mm/yyyy): ____/____/____

Date of death (mm/yyyy): ____/____/____

Date relapse (mm/yyyy): ____/____/____

(2) Treatment incomplete (including death while on treatment) ☐

- Still on treatment, reason: ₁retreatment/ ₂extrapulm./ ₃extensive/ ₄interrupted treatment/ ₅drug resistance/ ₆poor response/ ₇others, specify: _____

- Died ☐ Cause: ₁TB-related/ ₂Not TB-related/ ₃Unknown

Date of death (mm/yyyy): ____/____/____

(3) Transferred ☐ to: ₁GP/ ₂Chest Clinic/ ₃Hospital/ ₄Outside HK

Details: _____

Last treatment date (mm/yyyy): ____/____/____

(4) Defaulted (defaulted treatment for a continuous period > 2m) ☐

- Never found ☐
- Retreated after default ☐
- Treatment stopped by doctor ☐

Last visit date (mm/yyyy): ____/____/____

Date treatment re-started (mm/yyyy): ____/____/____

Last treatment date (mm/yyyy): ____/____/____

(5) Failure (persistent positive bacteriology and treatment stopped) ☐

(6) Wrong/ revised diagnosis ☐

Last treatment date (mm/yyyy): ____/____/____

- New diagnosis: _____

(7) Others ☐, specify: _____

Completed by: _____ (name) Tel: _____ Fax: _____

Institution: ₁Chest Clinic/ ₂Chest Hospital/ ₃General Hospital/ ₄Private Practice; Name (and ward) of institution: _____

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