

HKID/ Passport/ Birth certificate no.: \_\_\_\_\_ Clinic/ Hospital no.: \_\_\_\_\_

Name: \_\_\_\_\_ DOS: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of start of 2<sup>nd</sup> line anti-TB treatment: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PF-MDR(X), supplementary record forms for MDR TB patients**

**(Page 1 of 2)**

(X = multiples of 6, ranging from 30 to 60) (That is, this form is to be completed for MDR-TB patients every 6 months from 2½ year to 5 year of DOS)

PF-MDR (\_\_\_\_\_)

[That is, this form has been completed at (\_\_\_\_\_) months from DOS]

**A. Treatment outcome** (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: <sub>1</sub>.TB-related/ <sub>2</sub>.Not TB-related/ <sub>3</sub>.Unknown

Relapse ☐

- <sub>1</sub>.Bacteriological / <sub>2</sub>.Histological / <sub>3</sub>.Clinical-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 (including those whose treatment only temporarily withheld, e.g., due to side effects), reason: <sub>1</sub>.retreatment/ <sub>2</sub>.extrapulm./ <sub>3</sub>.extensive/ <sub>4</sub>.interrupted treatment/ <sub>5</sub>.drug resistance/ <sub>6</sub>.poor response/ <sub>7</sub>.others (specify): \_\_\_\_\_

- Died ☐ Cause: <sub>1</sub>.TB-related/ <sub>2</sub>.Not TB-related/ <sub>3</sub>.Unknown

Date of death (mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Details: \_\_\_\_\_

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

(4) 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): \_\_\_\_/\_\_\_\_/\_\_\_\_

- Reason(s) for defaulting treatment in the last 6 months (if applicable):

<sub>1</sub> No reason/ <sub>2</sub> Denial of disease/ <sub>3</sub> Seeking treatment from others/ <sub>4</sub> Treatment side effect/

<sub>5</sub> Frequent travel outside Hong Kong/ <sub>6</sub> Other reason (1): \_\_\_\_\_ /

<sub>7</sub> Other reason (2): \_\_\_\_\_

(5) Failure- failure (persistent positive bacteriology despite treatment with 2<sup>nd</sup> line drugs and treatment stopped; cases with treatment stopped and planned not to be given again despite disease not yet cured are included in this category) ☐

**B. Bacteriological examination in the past 6 months:** P (positive), N (negative), U (not done), NTM (Non-tuberculous Mycobacteria)

	Sputum		Other type of specimen: <sub>1</sub> .gastric aspirate/ <sub>2</sub> .pleural fluid/ <sub>3</sub> .bronchial washing/ <sub>4</sub> .urine/ <sub>5</sub> .biopsy/ <sub>6</sub> .others: _____	
	First 3 months	Subsequent 3 months	First 3 months	Subsequent 3 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

**C. Was treatment given in the past 6 months:** Yes / No / Unknown If yes:

1. Drugs that have been used (for at least over 1 month): <sub>1</sub> Ethambutol (E) / <sub>2</sub> Pyrazinamide (Z) / <sub>3</sub> Ofloxacin /

<sub>4</sub> Levofloxacin / <sub>5</sub> Ethionamide / <sub>6</sub> Prothionamide / <sub>7</sub> Kanamycin / <sub>8</sub> Cycloserine / <sub>9</sub> PAS /

<sub>10</sub> Other (1) \_\_\_\_\_ / <sub>11</sub> Other (2) \_\_\_\_\_ / <sub>12</sub> Other (3) \_\_\_\_\_

2. Was treatment temporarily withheld for side effects: N / Y

**D. Treatment side effects in the past 6 months:** N / Y (If Y, please circle one or more of the followings:)

<sub>1</sub>.GI upset/ <sub>2</sub>.skin rash/ <sub>3</sub>.visual/ <sub>4</sub>.transient rise of liver enzyme/ <sub>5</sub>.hepatitis/ <sub>6</sub>.vestibular/ <sub>7</sub>.arthropathy/ <sub>8</sub>.fever-chill/

<sub>9</sub>.dizziness/ <sub>10</sub>.thrombocytopenia/ <sub>11</sub>.leucopenia/ <sub>12</sub>.flush face/ <sub>13</sub>.suicidal ideation/ <sub>14</sub>.sleep disturbance/ <sub>15</sub>.depression/

<sub>16</sub>.psychotic reaction/ <sub>17</sub>.renal function impairment/ <sub>18</sub>.other (1) \_\_\_\_\_ / <sub>19</sub>.other (2) \_\_\_\_\_

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**PF-MDR (X), supplementary record forms for MDRTB patients (Page 2 of 2)**

(X = multiples of 6, ranging from 30 to 60) (That is, this form is to be completed for MDR-TB patients every 6 months from 2½ year to 5 year of DOS)

PF-MDR (\_\_\_\_) [That is, this form has been completed at (\_\_\_\_) months from DOS]

**E. Treatment supervision in the past 6 months** (no need to be completed if no treatment given):

Category	Proportion of doses:
Under DOT at chest clinic, hospital, CNS or other health staff	>90% >75% >50% >25% ≤25%
Under supervision by relatives	>90% >75% >50% >25% ≤25%
Supplied for unsupervised treatment	<5% <10% <15% <25% <50% ≥50%
Defaulted	<5% <10% <15% <25% <50% ≥50%

**F. Home and working environment in the past 6 months** (no need to be completed if treatment success):

	Home	Work place
Is the patient living alone?	Yes/ No	Not applicable
Total number of close contacts	examined: not examined:	
Total number of close contacts aged <5	examined: not examined:	
Among the above, number of close contacts with immunocompromised condition and state the condition (s)	Number: Condition:	Number: Condition:
Result of active case finding in the last six months	NA/ ND/ positive/ negative	NA/ ND/ positive/ negative
Does the patient have a single room?	Yes/ No	Yes/ No

(NA= not applicable; ND= Not done; positive=active TB case detected during contact examination; negative=no active case detected)

**G. Hospitalization for management of MDRTB in the past 6 months**

Episode	Period (dd/mm/yy – dd/mm/yy)	Duration (weeks)	Hospital	Indication(s)* (Please refer to key)
1				
2				
3				
4				

\*Key: (more than one option can be chosen)

1. Establishment of 2<sup>nd</sup> line drug regimen
2. Treatment complication: a. hepatitis; b. skin reaction; c. psychiatric symptom; d. others (please state)
3. Disease complication: a. Haemoptysis; b. pneumothorax; c. chronic respiratory failure; d. others (please state)
4. Other comorbidities: a. poor DM control; b. concomitant pneumonia; c. acute exacerbation of COPD; d. others (please state)
5. Modification of 2<sup>nd</sup> line drug regimen
6. Poor compliance
7. Other public health or social reasons

**H. Public financial assistance and special housing needs in the past 6 months** (no need to be completed if treatment success)

1. Is the patient receiving public financial assistance? Yes / No / Unknown
2. Which of the following forms of financial assistance is the patient receiving? (If applicable)  
 CSSA ☐ Diet allowance ☐ Normal disability allowance ☐ High disability allowance ☐  
 Special grant for renting ☐ Special grant for rehousing to a public housing unit for one person ☐  
 Special grant for rehousing to a bigger housing unit with provision of a single room for the patient ☐

Completed by: \_\_\_\_\_ (name) Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Institution: 1.Chest Clinic/ 2.Chest Hospital/ 3.General Hospital/ 4.Private 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.)