

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

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

Name of institution: \_\_\_\_\_

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

Resident status: 1.Permanent Resident/ 2.Chinese New Immigrant (in HK < 7yr)/ 3.Imported Worker/ 4.Tourist-2way Permit Chinese/ 5.Other Tourist/ 6.Vietnamese/ 7.Illegal Immigrants

Place of birth: 1.Hong Kong / 2.Mainland/ 3.Others \_\_\_\_\_

Ethnicity: 1.Chinese/ 2.Other Asian/ 3.Caucasian/ 4.Other \_\_\_\_\_

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

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

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

Job title: \_\_\_\_\_

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

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

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

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

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

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.  
Date of last treatment (mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration of last treatment: \_\_\_\_ months
5. Others, specify: \_\_\_\_\_

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

1. Pulmonary tuberculosis  
Extent of disease: 1.minimal (total area < RUL)/ 2.moderate (> RUL)/ 3.advanced (> 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: 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.)

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

**Part (E) Mode of TB diagnosis:** <sub>1</sub>. Bacteriological/ <sub>2</sub> Histological/ <sub>3</sub> Clinical-radiological/ <sub>4</sub> 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: <sub>1</sub> gastric aspirate/ <sub>2</sub> pleural fluid/ <sub>3</sub> bronchial washing/ <sub>4</sub> urine/ <sub>5</sub> 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) \_\_\_\_\_: <sub>1</sub> Typical (with caseation) / <sub>2</sub> Granulomatous inflammation / <sub>3</sub> 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)

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

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

- |   |   |
|---|---|
| 1. Hepatitis-B carrier                            | 8. Known drug resistance                |
| 2. Chronic active hepatitis                       | 9. Gout                                 |
| 3. Impaired renal function                        | 10. Idiopathic thrombocytopenic purpura |
| 4. Chronic renal failure (require dialysis, etc.) | 11. Other(1), specify _____             |
| 5. Impaired vision                                | 12. Other(2), specify _____             |
| 6. Impaired hearing                               | 13. Other(3), specify _____             |
| 7. Known drug reaction                            |   |

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

**Part (I) Treatment regimen:**

6-month short course treatment: N / Y: <sub>1</sub>. [2HRZE+4HR] / <sub>2</sub>. [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): <sub>1</sub> Isoniazid (H) / <sub>2</sub> Rifampicin (R) / <sub>3</sub> Ethambutol (E) / <sub>4</sub> Streptomycin (S) / <sub>5</sub> Pyrazinamide (Z) / <sub>6</sub> Ofloxacin / <sub>7</sub> Levofloxacin / <sub>8</sub> Ethionamide / <sub>9</sub> Prothionamide / <sub>10</sub> Kanamycin / <sub>11</sub> Cycloserine / <sub>12</sub> PAS /

<sub>12</sub> Other(1) \_\_\_\_\_ / <sub>13</sub> Other(2) \_\_\_\_\_ / <sub>14</sub> Other(3) \_\_\_\_\_

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Institution: <sub>1</sub> Chest Clinic/ <sub>2</sub> Chest Hospital/ <sub>3</sub> General Hospital/ <sub>4</sub> Private Practice. ; Name (and ward) of institution: \_\_\_\_\_

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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)

1.GI upset/ 2.skin rash/ 3.visual/ 4.transient rise of liver enzyme/ 5.hepatitis/ 6.vestibular/ 7.arthropathy/ 8.fever-chill/ 9.dizziness/ 10.thrombocytopenia/  
11.leucopenia/ 12.flush face/ 13.other(1) \_\_\_\_\_ / 14.other(2) \_\_\_\_\_ / 15.other(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: 1.retreatment/ 2.extrapulm./ 3.extensive/ 4.interrupted treatment/ 5.drug resistance/ 6.poor response/  
7.others, specify: \_\_\_\_\_

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

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

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

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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 ☐ 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)
- (2) 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.others, specify: \_\_\_\_\_
  - Died ☐ Cause: 1.TB-related/ 2.Not TB-related/ 3.Unknown Date of death (mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_
- (3) Transferred ☐ to: 1.GP/ 2.Chest Clinic/ 3.Hospital/ 4.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): \_\_\_\_/\_\_\_\_/\_\_\_\_
- (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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**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 ☐ 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)
- (2) 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.others, specify: \_\_\_\_\_  
 • Died ☐ Cause: 1.TB-related/ 2.Not TB-related/ 3.Unknown Date of death (mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_
- (3) Transferred ☐ to: 1.GP/ 2.Chest Clinic/ 3.Hospital/ 4.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): \_\_\_\_/\_\_\_\_/\_\_\_\_
- (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: 1.Chest Clinic/ 2.Chest Hospital/ 3.General Hospital/ 4.Private Practice; Name (and ward) of institution: \_\_\_\_\_  
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