

**WOMEN'S INTERAGENCY HIV STUDY**  
**QUESTION BY QUESTION SPECIFICATIONS**  
**TUBERCULOSIS – VERIFIED CASE REPORT**

This form is to be completed for each WIHS participant who is located as a verified TB case in a TB registry. **This form should NOT be completed for participants who are not considered a verified TB case.**

Enter the participant ID number or affix the appropriate ID label in the space provided.

The form version is pre-printed. Be sure that you are using a current version (12/30/98) and that all unused, outdated versions have been discarded.

Enter the date on which the form is being completed.

Enter the initials of the person completing the form.

1. Write in the reporting state.
2. Write in the reporting city/county.
3. Specify the month and last two digits of the year reported.
4. Circle the participant status at diagnosis of TB (corresponds to question #13 of the CDC report form for a verified case of tuberculosis).
5. Circle whether there was a previous diagnosis of TB (corresponds to question #14 of the CDC report form for a verified case of tuberculosis). If no, skip to #6.
- 5a. List last year of previous TB diagnosis (corresponds to question #14 of the CDC report form for a verified case of tuberculosis).
- 5b. Circle whether there is more than one previous TB diagnosis (corresponds to question #14 of the CDC report form for a verified case of tuberculosis).
6. Circle the ONE major site of disease (corresponds to question #15 of the CDC report form for a verified case of tuberculosis). If other, please specify.
7. Circle the ONE additional site of disease (corresponds to question #16 of the CDC report form for a verified case of tuberculosis). If none, skip to question 8. If other, please specify.
- 7a. Circle whether there is more than one additional site (corresponds to question #16 of the CDC report form for a verified case of tuberculosis).
8. Circle sputum smear result (corresponds to question #17 of the CDC report form for a verified case of tuberculosis).
9. Circle sputum culture result (corresponds to question #18 of the CDC report form for a verified case of tuberculosis).
10. Circle microscopic exam result (corresponds to question #19 of the CDC report form for a verified case of tuberculosis).
11. Circle tissue/fluid culture result (corresponds to question #20 of the CDC report form for a verified case of tuberculosis).
12. Circle chest x-ray result (corresponds to question #21 of the CDC report form for a verified case of tuberculosis). If normal, not done or unknown, skip to #13.
- 12a. If abnormal chest x-ray, circle one result (corresponds to question #21 of the CDC report form for a verified case of tuberculosis).
- 12b. If abnormal chest x-ray, circle one status (corresponds to question #21 of the CDC report form for a verified case of tuberculosis).
13. Circle initial drug regimen (corresponds to question #27 of the CDC report form for a verified case of tuberculosis).
14. Circle initial drug susceptibility (corresponds to CDC **follow-up 1** form).