THE STRONG HEART STUDY II

TUBERCULOSIS AND COCCIDIOIDOMYCOSIS
TUBERCULIN SKIN TEST AND COCCI SKIN TEST

ID Number

A. TUBERCULOSIS AND TUBERCULIN SKIN TEST

1. History of Active Tuberculosis and Tuberculin Skin Test
   a. History of TB by medical record review:
      1=Yes
      2=No
      3=Medical record not available or complete
      4=Uncertain

   b. History of TB by personal interview, "Did a medical person ever tell you that you had active tuberculosis?"
      1=Yes
      2=No
      3=Uncertain

   c. If "Yes" in a or b, "what was the year of diagnosis?"
      Fill in year of diagnosis, 99=unknown. Skip to Section 4.

   d. If "No" or "Uncertain" in a or b, ask participant: "Have you ever had a positive TB skin test?"
      1=Yes
      2=No
      3=Uncertain

   Verify PPD results in medical record and fill out Section 2 below.

2. Results of tuberculin test - Recorded from chart review
   a. Date of last test

   b. If available, record induration (in mm). If not recorded, draw one line through the boxes.
      Comments regarding previous PPD testing: ________________________________

   c. Interpretation:
      1=Positive (≥10mm or PPD positive) (Go to section 4)
      2=Negative (<10mm or PPD negative)
      3=Uncertain (PPD not read)
If unable to verify positive results, offer to repeat PPD

If “Positive” in Medical Records, go to B if in AZ, or to next section if in OK or N/SD.

3. Results of Tuberculin Test - OFFER AS PART OF SHS TO PARTICIPANTS WHO HAVE NO HISTORY OF TB AND NEGATIVE PPD TEST OVER 2 YEARS AGO OR POSITIVE OR UNCERTAIN PPD HISTORY WITH NO MEDICAL RECORD VERIFICATION

a. Did participant refuse the TB skin test? 1=YES, 2=NO
   If participant refused TB skin test, GO TO Section B.

1st TB test:

b. Date of administration (left arm preferred)
   Initial site given right arm ______ left arm_____

   mo day yr

   TB9

c. Induration in mm. If unable to read skin test fill in 99.
   If <10mm induration, repeat PPD 7 days after the first test unless participant had negative skin test within the last 2 years.
   mo day yr

   TB10

d. Reading date

   TB11

e. Reader’s initials: __________________

2nd TB test (To be given at least 1 week after the first test):

b. Date of administration (left arm preferred)
   Initial site given right arm _____ left arm_____

   mo day yr

   TB14

c. Induration in mm. If unable to read skin test fill in 99.

   TB15

d. Reading date

   mo day yr

   TB16

e. Reader’s initials: __________________
4. If PPD is positive or history of TB is positive, did participant complete preventive therapy or curative therapy? *(Adequate preventive treatment is at least 6 months of INH. Adequate curative treatment is at least 6 months with 2 or more TB medication)*
1=Yes  2=No (Complete a & b)  9=Uncertain

   a. If no, would participant be willing to take preventive therapy prescribed by a medical professional?
      1=Yes  2=No  9=Uncertain

   b. Referral written for service unit follow-up?
      1=Yes  2=No

If PPD is positive and the patient never completed preventive therapy or was never adequately treated for active TB, refer for evaluation by TB control program if he/she is willing to take preventive therapy. A chest x-ray is indicated before starting a patient on preventive therapy but is not indicated for asymptomatic patients who have completed preventive therapy or therapy for active TB or for those who refuse preventive therapy, unless symptoms of TB develop.

5. Coder

6. Date completed
B. Coccidioidomycosis and Cocci Skin Test (Arizona participants only)

1. Results of cocci test - Recorded from chart review
   a. Date of last test
   b. If available, record induration (in mm). If not recorded, draw one line through the boxes.
   Comments regarding previous cocci testing: ____________________________

   c. Interpretation:
      1=Positive (≥10mm or cocci positive)
      2=Negative (<10mm or cocci negative)
      3=Uncertain (cocci not read)

2. History of coccidioidomycosis by medical record review
   1=Yes  2=No  3=Medical record not available or complete  4=Uncertain

3. Has a medical person ever told you that you had Valley Fever?
   1=YES  2=NO  9=Unknown/Uncertain

Offer cocci skin test to participants who have no history of coccidioidomycosis or Vally Fever and negative cocci skin test over 2 years ago.

4. Is Cocci skin test given? (Right arm preferred)
   1=Yes  2=No  3=Refused
   If "YES," Administration Date

   Initial site given: right arm _______ left arm _______

5. Induration of cocci skin test (in mm).

6. Reading Date

7. Reader's initials: ____________________________

Participants with history of Valley Fever or positive cocci skin tests should be advised to seek medical care if they develop fever, cough or other pulmonary symptoms. No other specific treatment is indicated.

8. Coder

9. Date completed (mo/day/yr)