

Childhood TB Notification

Section C: Clinic Record Review for Patient Contacts (GW 20/12)

Facility number:

Date: / 2004

1. How many of the last 10 admissions had contact section completed? (Number out of 10).

2. If contacts of any cases were not screened, ask for reasons:

3. Who does the contact tracing? **Mark all that are applicable.**

- 1 Nobody
- 2 PHC nurse
- 3 Other categories of nurses
- 4 Health promotion practitioners
- 5 Volunteers
- 6 Traditional Healers
- 1 Other (Please specify):

4. What kind of prophylactic treatment is provided to child contacts?

- 1 Rimactized
- 2 ANH
- 3 Other (Specify):

5. Do they have a DOT system in place for children on prophylactic treatment?

- 1 Yes
- 1 No
- 1 Unsure

6. How long do they give prophylactic treatment ?

- 7 One month
- 8 Three months
- 9 Six months
- 10 Other (Specify):

7. Is a TB trial of treatment ever initiated in children?

- 2 Yes
- 2 No
- 2 Unsure

8. How often does the responsible nurse follow up the child who is on prophylactic treatment?

- 11 Daily
- 12 Weekly
- 13 Monthly
- 14 Never
- 15 Other (Specify):

For office use only

C1

C3

C4

C5

C6

C7

C8

C9

C10

C11

C12

C13

C14

9. What kind of record keeping do they have for children on prophylactic treatment? (Extra TB register, book, form etc)

10. Review of the records of the last 10 patients admitted on the Electronic Register For contacts (Tick and Total)

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C15

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