

**BTS MDR-TB Clinical Advice Service**  
**Sheet A: Patient Demographics**



Items in grey are dependent questions – please only answer if directed to.

This sheet provides details of the patient demographics questions in the BTS MDR-TB Clinical Advice Service (CAS). This form is intended as a summary of those questions only – if you would like to post a case to the MDR-TB CAS please visit <http://mdrtb.brit-thoracic.org.uk>

Has patient consent been obtained, or does the patient lack capacity to consent?																																																			
<input type="checkbox"/> Consent obtained <input type="checkbox"/> Patient lacks capacity - inclusion agreed by healthcare team																																																			
1	Title:	4	NHS number: 0000000000																																																
2	Forename:	5	LTBR number:																																																
3	Surname:	6	ETS number:																																																
7	Age:	9	Patient's post code (first half):																																																
8	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female																																																		
10a	Co-morbidities: <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Unknown</th> </tr> </thead> <tbody> <tr> <td>Chronic liver disease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Chronic renal disease/ESRF</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Diabetes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Hepatitis B</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Hepatitis C</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Immunosuppression (see 10b &amp; 10c)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Pregnancy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Current smoker</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other (see 10d)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>None</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Unknown</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>				Yes	No	Unknown	Chronic liver disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic renal disease/ESRF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunosuppression (see 10b & 10c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current smoker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (see 10d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10b	If immunosuppression: <input type="checkbox"/> Biological therapy (anti TNF- $\alpha$ treatment) <input type="checkbox"/> Transplantation <input type="checkbox"/> Other																																																		
10c	Further details on immunosuppression:																																																		
10d	(If 'Other' co-morbidity) Please provide details:																																																		
11a	Social factors: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Alcohol addiction</td> <td><input type="checkbox"/> Homelessness (see 11c)</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input type="checkbox"/> Drug use (see 11b)</td> <td><input type="checkbox"/> Prison history (see 11d and 11e)</td> <td></td> </tr> </table>			<input type="checkbox"/> Alcohol addiction	<input type="checkbox"/> Homelessness (see 11c)	<input type="checkbox"/> None	<input type="checkbox"/> Drug use (see 11b)	<input type="checkbox"/> Prison history (see 11d and 11e)																																											
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11b	If drug use is a factor (selected in question 11a) please give further details: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Current drug use</td> <td><input type="checkbox"/> Not known</td> </tr> <tr> <td><input type="checkbox"/> Drug use in the last 5 years</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Drug use more than 5 years ago</td> <td></td> </tr> </table>			<input type="checkbox"/> Current drug use	<input type="checkbox"/> Not known	<input type="checkbox"/> Drug use in the last 5 years	<input type="checkbox"/> Other	<input type="checkbox"/> Drug use more than 5 years ago																																											
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11c	If homelessness is a factor please give further details: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Currently homeless</td> <td><input type="checkbox"/> Homeless in the last five years</td> <td><input type="checkbox"/> Homeless more than five years ago</td> </tr> </table>			<input type="checkbox"/> Currently homeless	<input type="checkbox"/> Homeless in the last five years	<input type="checkbox"/> Homeless more than five years ago																																													
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11d	If prison history is a factor please give further details: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Currently in prison or when first seen</td> <td><input type="checkbox"/> In prison more than five years ago</td> </tr> <tr> <td><input type="checkbox"/> In prison in the last five years</td> <td></td> </tr> </table>			<input type="checkbox"/> Currently in prison or when first seen	<input type="checkbox"/> In prison more than five years ago	<input type="checkbox"/> In prison in the last five years																																													
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<input type="checkbox"/> In prison in the last five years																																																			
11e	Was the patient in prison abroad? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																		
11f	Please provide details of social/risk factors to be considered:																																																		
11g	Does the patient have any psychological/psychiatric history? If so please give details.																																																		

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12a	<p>Occupation:</p> <p><input type="checkbox"/> Health care worker <span style="float: right;"><input type="checkbox"/> Education</span></p> <p><input type="checkbox"/> Social services/prison sector workers <span style="float: right;"><input type="checkbox"/> None</span></p> <p><input type="checkbox"/> Laboratory/pathology <span style="float: right;"><input type="checkbox"/> Other</span></p>
12b	Please provide any additional relevant details:
13	<p>Ethnicity:</p> <p><input type="checkbox"/> White <span style="margin-left: 150px;"><input type="checkbox"/> Indian</span> <span style="float: right;"><input type="checkbox"/> Chinese</span></p> <p><input type="checkbox"/> Black – African <span style="margin-left: 150px;"><input type="checkbox"/> Pakistani</span> <span style="float: right;"><input type="checkbox"/> Mixed/Other</span></p> <p><input type="checkbox"/> Black - Other <span style="margin-left: 150px;"><input type="checkbox"/> Bangladeshi</span> <span style="float: right;"><input type="checkbox"/> Unknown</span></p>
14	<p>Country of birth:</p> <p><i>*A dropdown list of countries is available on the BTS MDR-TB CAS site.</i></p>
15	Year of arrival in the UK (if applicable): YYYY
16a	Aside from the country of birth, has the patient ever lived in a country with a high prevalence of TB for more than three months? <input type="checkbox"/> Yes (see question 16a) <input type="checkbox"/> No <input type="checkbox"/> Unknown
16b	<p>Country:</p> <p><i>*A dropdown list of countries is available on the BTS MDR-TB CAS site. Please select all that apply.</i></p>
16c	How many months did the patient live in a high prevalence TB country, if known?
17	Access to public funds? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
18	Has the patient opted out of their anonymised data being used in research? <input type="checkbox"/> Yes <input type="checkbox"/> No