

IN STRICT CONFIDENCE

PHLS Communicable Disease Surveillance Centre

# ***Mycobacterium bovis* Questionnaire**

For completion by CCDC (in liaison with medical microbiologist and/or clinician as appropriate)

Reporter/interviewer: .....

## **SECTION 1: PATIENT DETAILS**

**Surname:**..... **First names:** .....

**Sex:** Male & Female & **Age /date of birth** ..... /..... /.....(dd/mm/yyyy):

**Address:** Street: .....

Town/City: .....

⇒ **Post code:** .....

**HA\*:**..... **LA\*:** .....

### **Ethnicity:**

White & Indian & Pakistani & Bangladeshi &

Black-Caribbean & Black-African & Chinese &

Other race, or group, or of mixed descent & ⇒ Please specify: .....

**Place of birth:**.....(Town & Country)

\*Note: Health and local authorities refer to patient's usual place of residence.

## **SECTION 2: CASE BACKGROUND INFORMATION**

**Case No:** ..... Today's date: ..... /..... /..... (dd/mm/yyyy)

Was this case a hospital in-patient?: Yes & No & Unknown &

If Yes, name of chest clinic/hospital:..... Date of admission: ..... /..... /.....

Hospital Number:..... Date of discharge: ..... /..... /.....

Site of disease:.....

Year of diagnosis: ..... Year of onset of disease: .....

Clinical features mostly suggestive of : Primary disease Yes & No &

Reactivation Yes & No &

Specimen date:..... /..... /.....

Testing Laboratory: ..... Reference Laboratory: .....



**THE FOLLOWING SECTIONS MAY BE COMPLETED BY, OR IN THE PRESENCE OF THE PATIENT :**

**SECTION 3: CONTACTS OF OTHER CASES (DETAILS)**

Have you (the patient) **ever** spent any time in contact with any known (human) cases of tuberculosis?  
Yes & No & Unknown &  
If Yes, please provide details, including dates: .....  
.....

**SECTION 4: RAW MILK / MILK PRODUCT CONSUMPTION**

Have you (the patient) **ever** drunk raw/unpasteurised milk or consumed unpasteurised milk products (e.g. cheese)?  
Yes & No & Don't Know &  
If **Yes**, please indicate how often :  
Just once & Approximate year: .....  
Occasionally & Most recent year of consumption: .....  
Often/regularly & Most recent year of consumption: .....  
From where did you obtain the raw / unpasteurised milk/milk products:  
Your own farm & Local /farm & Unknown & Other & (specify below)  
Please give details:.....  
.....

**SECTION 5: TRAVEL HISTORY**

Have you (the patient) **ever** travelled or lived outside the UK? Yes & No &  
If Yes, please give details (which country(ies), when and for how long):  
.....  
.....  
.....  
Please indicate what you were doing (occupations, travel, etc.) during your time abroad:  
.....  
.....

**IN THE FOLLOWING SECTION, IT WOULD HELP IF WE WERE TO HAVE AS MUCH  
DETAIL AS POSSIBLE ON THE NATURE, EXTENT AND FREQUENCY OF ANY ANIMAL  
CONTACT**

**SECTION 6: OCCUPATIONAL DETAILS / ANIMAL CONTACT**

Have you (the patient) **ever** :

(Please include voluntary work, e.g for animal welfare charities. Give approximate dates if possible)

*(Tick as appropriate) Please give details of your work, and the nature & extent of animal contact*

- Worked in an abattoir & Specify: .....
- Worked as, or with a vet & Specify:.....
- Worked on a farm with livestock & Specify:.....
- Worked with animals in any other Capacity (list animals) & Specify:.....
- Lived or stayed on a farm & Specify:.....

If you ticked any of the above, have you had any contact with farm animals with a positive TB test (TT testing)?

Yes & No & Don't Know &

**If Yes:**

- Were visible lesions present in carcass? Yes & No & Don't Know &
- Were udder lesions present? Yes & No & Don't Know &

Nº. of reactors in herd:..... Nº. open cases (i.e. with visible post mortem/udder lesions):.....

Herd type: ..... Herd size:.....

Location of the herd : .....

**Wild animals**

Have you ever had contact with any wild animals (eg. Badgers, foxes, deer, ferrets, cats)?

Yes No  Don't Know

If **Yes**, please provide details, including dates: .....

Please list **all types** of job, not referred to above that you (the patient) have **ever** held:

.....  
 .....  
 .....

**SECTION 7:**

**Please give any other information you think may be relevant to this illness :**

.....  
 .....  
 .....

**Thank You for your help**