

Online Proforma

Microsoft Forms

forms.office.com/Pages/DesignPage.aspx#FormId=

Back

TB Research Project JKNK-USM

Prevalence and Associated Factors of Positive Chest X-ray During TB Screening Among High Risk Groups in Kedah 2016

* Required

1. Facility *

- ☐ Hospital Sultanah Bahiyah
- ☐ Klinik Kesihatan Bandar Alor Setar
- ☐ Klinik Kesihatan Jalan Putra
- ☐ Hospital Sultan Abdul Halim
- ☐ Klinik Kesihatan Bandar Sungai Petani
- ☐ Klinik Kesihatan Bakar Arang
- ☐ Hospital Jitra
- ☒ Klinik Kesihatan Tunjang
- ☐ Klinik Kesihatan Changlun
- ☐ Hospital Langkawi
- ☐ Klinik Kesihatan Kuah
- ☐ Klinik Kesihatan Padang Matsirat
- ☐ Hospital Kulim
- ☐ Klinik Kesihatan Bandar Kulim
- ☐ Klinik Kesihatan Taman Selasih
- ☐ Klinik Kesihatan Simpang Kuala
- ☐ Klinik Kesihatan Pendang
- ☐ Klinik Kesihatan Kubur Panjang
- ☐ Klinik Kesihatan Simpang Empat
- ☐ Klinik Kesihatan Simpang Kuala
- ☐ Depot Tahanan Imigresen Belantik
- ☐ Other

2. Date of X-Ray Taken *

d/M/yyyy

3. Chest X-Ray Result *

- ☐ Positive
- ☐ Negative

Online Proforma

Microsoft Forms

forms.office.com/Pages/DesignPage.aspx#FormId=

Back

3. Chest X-Ray Result *

☐ Positive

☐ Negative

4. If Result of Chest X-Ray Positive, what is the finding

☐ Consolidation

☐ Reticulonodular Opacity

☐ Cavities

☐ Atelectasis

☐ Parenchymal Nodules

☐ Calcified Nodules

☐ Millitary Nodules

☐ Bullae

☐ Fibrosis and/or Bronchiectasis

☐ Cardiomegaly

☐ Mediastinal Adenopathy

☐ Mediastinal Mass

☐ Hilar Adenopathy

☐ Pleural Effusion

☐ Pleural Thickening/pleural calcification

☐ Pneumothorax

☐ No Abnormality

☐ Other

5. If Result of Chest X-Ray Positive, What is the Impression

☐ To Rule Out Active Pulmonary Tuberculosis

☐ To Rule Out Pulmonary TB Reactivation

☐ Old PTB

☐ Other

6. Age *

Mengikut Tahun Semasa

Enter your answer

7. Gender *

☐ Male

☐ Female

Online Proforma

Microsoft Forms

forms.office.com/Pages/DesignPage.aspx#FormId=

Back

☐ Male

☐ Female

8. Nationality *

☐ Malaysian

☐ Non-Malaysian

9. Ethnicity *

☐ Malay

☐ Chinese

☐ Indian

☐ Siamese

☐ Nepal

☐ Myanmar

☐ Bangladesh

☐ Rohingya

☐ Other

10. Symptoms *

☐ Symptomatic

☐ Asymptomatic

11. If Symptomatic, what are the symptoms

☐ Cough less than 2 weeks

☐ Cough more than 2 weeks

☐ Loss of Appetite

☐ Weight loss

☐ Hemoptysis

☐ Prolonged Fever (More than 2 weeks)

☐ Fever (Any Duration)

☐ Night Sweat

12. High Risk Group *

☐ Close Contact

☐ HIV

☐ End Stage Renal Failure on Dialysis

☐ Prisoner/Immigration Detention Centre

☐ CCRC (Cure and Care)

☐ Nursing Home (Rumah orang tua)

Online Proforma

Microsoft Forms

forms.office.com/Pages/DesignPage.aspx#FormId=

Back

Hemoptysis

Prolonged Fever (More then 2 weeks)

Fever (Any Duration)

Night Sweat

12. High Risk Group *

Close Contact

HIV

End Stage Renal Failure on Dialysis

Prisoner/Imigration Detention Centre

CCRC (Cure and Care)

Nursing Home (Rumah orang tua)

Diabetes

COPD on Treatment

Smoker

Methadone patient/other substance abuse

No Risk Factor

13. If Diabetes, state HbA1C Level

Enter your answer

14. Final Diagnosis

Tuberculosis

COAD

Normal

Pneumonia

Other

15. If not TB Please Specify

Enter your answer

Submit

This content is created by the owner of the Form. The data you submit will be sent to the Form owner. Never give out your password.

[Privacy and Cookies](#)

Powered by Microsoft Forms