
Appendix SUR II RVCT Forms with Field Names

The RVCT Forms with Field Names Appendix matches the individual data points on the standard Report of Verified Case of Tuberculosis (RVCT) forms to their field name in the TIMS database.

This appendix also provides information about calculated and additional variables, unknown and partial dates, and identifies which TIMS surveillance fields are generated.

Report of Verified Case of Tuberculosis - Page 1

Patient's Name: _____ (Last) _____ (First) _____ (M.I.)		REPORT OF VERIFIED CASE OF TUBERCULOSIS	
Street Address: _____ (Number, Street, City, State)		Zip Code: _____	
		REPORT OF VERIFIED CASE OF TUBERCULOSIS <small>U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES PUBLIC HEALTH SERVICE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ATLANTA, GEORGIA 30333 FORM APPROVED OMB NO. 0920-0026 Exp. Date 08/98</small>	
1. State Reporting: Specify: STATE Alpha State Code: <input type="text"/> <input type="text"/>		2. State Case Number: STCASENO City/County Case Num: LOCASENO	
3. Date Submitted: Mo. Day Yr. DATESUBM1 By: WORKERID		4. Address for Case Counting: City: CITY Within City Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No CITYLIMITS County: COUNTY Zip Code: ZIPCODE ZIPSUFFIX	
5. Month-Year Reported: Mo. Yr. REPORTDATE		6. Month-Year Counted: Mo. Yr. COUNTDATE	
7. Date of Birth: Mo. Day Yr. BIRTHDATE1		8. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female SEX	
9. Race: RACE <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander: Specify (Optional) ASIANRACE		10. Ethnic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic ETHNIC	
11. Country of Birth: USCITIZEN If U.S., check here <input type="checkbox"/> Country: NATION		12. Month-Year Arrived in U.S.: Mo. Yr. DATEENTEREDUS	
13. Status at Diagnosis of TB: DIAGSTATUS <input type="checkbox"/> Dead			
14. Previous Diagnosis of Tuberculosis: <input type="checkbox"/> Yes <input type="checkbox"/> No PREVTB If yes, list year of PREVYEAR1 If more than one previous PREVAGAIN		15. Major Site of Disease: 00 <input type="checkbox"/> Pulmonary 23 <input type="checkbox"/> Lymphatic: Other 50 <input type="checkbox"/> Miliary 10 <input type="checkbox"/> Pleural MAJORSITE Lymphatic: Unknown 60 <input type="checkbox"/> Meningeal 21 <input type="checkbox"/> Lymphatic: Cervical 30 <input type="checkbox"/> Bone and/or Joint 70 <input type="checkbox"/> Peritoneal 22 <input type="checkbox"/> Lymphatic: Intrathoracic 40 <input type="checkbox"/> Genitourinary 80 <input type="checkbox"/> Other* 90 <input type="checkbox"/> Site Not Stated MAJOROTHER	
16. Additional Site of Disease: 00 <input type="checkbox"/> Pulmonary 23 <input type="checkbox"/> Lymphatic: Other 50 <input type="checkbox"/> Miliary 10 <input type="checkbox"/> Pleural ADDLSITE Lymphatic: Unknown 60 <input type="checkbox"/> Meningeal 21 <input type="checkbox"/> Lymphatic: Cervical 30 <input type="checkbox"/> Bone and/or Joint 70 <input type="checkbox"/> Peritoneal 22 <input type="checkbox"/> Lymphatic: Intrathoracic 40 <input type="checkbox"/> Genitourinary 80 <input type="checkbox"/> Other* If more than one ADDLMORE		17. Sputum Smear: SPSMEAR 1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative 9 <input type="checkbox"/> Unknown	
18. Sputum Culture: SPCULTURE 1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative 9 <input type="checkbox"/> Unknown		19. Microscopic Exam of Tissue and Other Body Fluid: MICROEXAM 1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative 9 <input type="checkbox"/> Unknown If positive, enter anatomic code(s): MICROANAT1 MICROANAT2	
20. Culture of Tissue and Other Body Fluid: CULTANAT1 1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative 9 <input type="checkbox"/> Unknown If positive, enter anatomic code(s): CULTANAT2		21. Chest X-Ray: 1 <input type="checkbox"/> Normal 2 <input type="checkbox"/> XRAY 3 <input type="checkbox"/> Not Done 9 <input type="checkbox"/> Unknown If Abnormal (check one): <input type="checkbox"/> Noncavitary <input type="checkbox"/> Cavitary ABNORMALITY If Abnormal (check one): <input type="checkbox"/> Stable <input type="checkbox"/> Improving 2 <input type="checkbox"/> Worsening XRAYSTATUS	
22. Tuberculin (Mantoux) Skin Test at Diagnosis: 1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Negative 9 <input type="checkbox"/> Unknown If Negative, was patient anergic? <input type="checkbox"/> Yes <input type="checkbox"/> No ANERGY INDURATION			

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHHS Reports Clearance Officer, Paperwork Reduction Project (0920-0026), Rm 5314, H. H. Humphrey Bldg., 200 Independence Ave., SW, Washington, DC 20503.

Information contained on this form which would permit identification of any individual has been collected with a guarantee that it will be held in strict confidence, will be used only for surveillance purposes, and will not be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

CDC 72.9A REV 11/96 1st Copy - State REPORT OF VERIFIED CASE OF TUBERCULOSIS Page 1 of 2

- 1 Indicates that the entire date can be Unknown (see page SUR II-II-7).
- 2 Indicates that all or part of the date can be Unknown (see page SUR II-II-7).
- ▶ Indicates that the data within the question can be imported from the Patient Management module using the Generate command. See page SUR II-II-8.

Report of Verified Case of Tuberculosis - Page 2

REPORT OF VERIFIED CASE
OF TUBERCULOSIS

REPORT OF VERIFIED CASE OF TUBERCULOSIS

23. HIV Status: 0 Negative 3 Refused 9 Unknown
 Positive 4 Not Offered
 Indeterminate 5 Test Done, Results Unknown

HIVSTATUS

HIVBASIS 1 Medical Documentation 2 Patient History 9 Unknown

If Positive, List: CDC AIDS Patient Number HIVDCNBR (If AIDS Reported before 1993)
 State HIV/AIDS Patient Number HIVSTANBR (If AIDS Reported 1993 or Later)
 City/County HIV/AIDS Patient Number HIVLOCNBR (If AIDS Reported 1993 or Later)

24. Homeless Within Past Year:
 0 No
 HOMELESS
 9 Unknown

25. Resident of Correctional Facility 4 CORRECTION No 1 Yes 9 Unknown
 If Yes: 1 Federal Prison 2 State Prison 3 Correctional Facility 4 CORFACILITY 5 Other Correctional Facility 9 Unknown

26. Resident of Long-Term Care Facility 4 LONGTERM No 1 Yes 9 Unknown
 If Yes: 1 Nursing Home 2 Hospital-Based Residential Facility 3 Residential Facility 4 Mental Health Residential Facility 5 Other Long-Term Care Facility 9 Unknown

27. Initial Drug Regimen:

NO YES UNK.		NO YES UNK.		NO YES UNK.
Isoniazid 0 <input type="checkbox"/> INITINH	Ethionamide 0 <input type="checkbox"/> INITETH	Amikacin 0 <input type="checkbox"/> INITAM		
Rifampin 0 <input type="checkbox"/> INITRIF	Kanamycin 0 <input type="checkbox"/> INITKAN	Rifabutine 0 <input type="checkbox"/> INITRIB		
Pyrazinamide 0 <input type="checkbox"/> INITPZA	Cycloserine 0 <input type="checkbox"/> INITCYC	Ciprofloxacin 0 <input type="checkbox"/> INITCIP		
Ethambutol 0 <input type="checkbox"/> INITEMB	Capreomycin 0 <input type="checkbox"/> INITCAP	Ofloxacin 0 <input type="checkbox"/> INITOFL		
Streptomycin 0 <input type="checkbox"/> INITSM	Para-Amino Salicylic Acid 0 <input type="checkbox"/> INITPAS	Other 0 <input type="checkbox"/> INITOTH		

28. Date Therapy Started: Mo. Day Yr.
 RXDATE²

29. Injecting Drug Use Within Past Year:
 INJECT No 1 Yes 9 Unknown

30. Non-Injecting Drug Use Within Past Year:
 NONINJECT No 1 Yes 9 Unknown

31. Excess Alcohol Use Within Past Year:
 ALCOHOL 0 1 Yes 9 Unknown

32. Occupation (Check all that apply within the past 24 months):
 1 Health Care OCCHCW 3 Migrant Worker OCCMIG 5 Not Employed OCCNOT 6 Months
 2 Correction OCCCORR 4 Other OCCOTHER 9 Unknown OCCUNK

Comments:
 COMMENTS

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 ☆ U.S.GPO:1996-533-186

- 1 Indicates that the entire date can be Unknown (see page SUR II-II-7).
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Initial Drug Susceptibility Report (Follow Up Report-1)

Patient's Name: _____ <small>(Last) (First) (M.I.)</small>		REPORT OF VERIFIED CASE OF TUBERCULOSIS			
Street Address: _____ <small>(Number, Street, City, State)</small>		Zip Code: _____			
		REPORT OF VERIFIED CASE OF TUBERCULOSIS			
		<small>U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES PUBLIC HEALTH SERVICE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ATLANTA, GEORGIA 30333 FORM APPROVED OMB NO. 0920-0026 Exp. Date 11/95</small>			
Initial Drug Susceptibility Report		(Follow Up Report - 1)			
SOUNDEX <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		State Reporting: Specify: _____ Alpha State Code: <input type="text"/> <input type="text"/>	Year Counted: <input type="text"/> <input type="text"/> State Case Number: <input type="text"/> <input type="text"/> City/County Case Number: <input type="text"/>		
Submit this report for all culture-positive cases.					
33. Initial Drug Susceptibility Results:					
Was Drug Susceptibility Testing Done: 0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> Unknown If answer is No or Unknown, do not complete rest of report.					
ISUSCTEST <input type="text"/>					
If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility Was Done?					
Mo. Day Yr. ISUSDATE1 <input type="text"/>					
34. Susceptibility Results:					
		Resistant	Susceptible	Not Done	Unknown
<input type="checkbox"/> ISUSCINH	Isoniazid	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
<input type="checkbox"/> ISUSCRIF	Rifampin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
<input type="checkbox"/> ISUSCPZA	Pyrazinamide	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
<input type="checkbox"/> ISUSCEMB	Ethambutol	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
<input type="checkbox"/> ISUSCSM	Streptomycin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
<input type="checkbox"/> ISUSCETH	Ethionamide	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
<input type="checkbox"/> ISUSCKAN	Kanamycin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
<input type="checkbox"/> ISUSCCYC	Cycloserine	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
<input type="checkbox"/> ISUSCCAP	Capreomycin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
<input type="checkbox"/> ISUSCPAS	Para-Amino Salicylic Acid	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
<input type="checkbox"/> ISUSCAM	Amikacin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
<input type="checkbox"/> ISUSCRIB	Rifabutin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
<input type="checkbox"/> ISUSCCIP	Ciprofloxacin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
<input type="checkbox"/> ISUSCOFL	Ofloxacin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
<input type="checkbox"/> ISUSCOTH	Other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
Comments:					
FOLLOWREP1 <input type="text"/>					
<small>Information contained on this form which would permit identification of any individual has been collected with a guarantee that it will be held in strict confidence, will be used only for surveillance purposes, and will not be disclosed or released without the consent of the individual in accordance with Section 308(c) of the Public Health Service Act (42 U.S.C. 242m).</small>					
<small>CDC 72.9B REV. 05/93</small>		<small>1st Copy - State</small>		<small>REPORT OF VERIFIED CASE OF TUBERCULOSIS Follow Up Report -1</small>	

- ¹ Indicates that the entire date can be Unknown (see page SUR II-II-7).
- ² Indicates that all or part of the date can be Unknown (see page SUR II-II-7).
- ▶ Indicates that the data within the question can be imported from the Patient Management module using the Generate command. See page SUR II-II-8.

Case Completion Report (Follow Up Report-2)

Patient's Name: _____ (Last) _____ (First) _____ (M.I.)

Street Address: _____ (Number, Street, City, State) _____ Zip Code: _____

CDC U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
ATLANTA, GEORGIA 30333

REPORT OF VERIFIED CASE OF TUBERCULOSIS

FORM APPROVED OMB NO. 0920-0028 Exp. Date 11/95

Case Completion Report (Follow Up Report - 2)

SOUNDEX
[][][][]

State Reporting: Specify: _____ Alpha State Code [][]

Year Counted: [][]

State Case Number: [][][][][][][][][][]

City/County Case Number: [][][][][][][][][][]

35. Sputum Culture Conversion Documented: CONVERT
0 NO 1 YES 9 Unknown

If Yes, Date Specimen Collected on Initial Positive Sputum Culture: Mo. Day Yr. CPOSDATE¹

If Yes, Date Specimen Collected on First Consistently Negative Culture: Mo. Day Yr. CNEGDATE¹

36. Date Therapy Stopped: STOPHTER² Mo. Day Yr.

37. Reason Therapy Stopped: STOPREAS
1 Completed Therapy 3 Lost 5 Not TB 7 Other
2 Moved 4 Uncooperative or Refused 6 Died 9 Unknown

38. Type of Health Care Provider: 1 Health Department 2 Private/Other 3 Both Health Department and Private/Other
PROVTYPE

39. Directly Observed Therapy: 0 No, Totally Self-Administered 1 Yes, Totally Directly Observed DIRTHER 2 Yes, Both Directly Observed and Self-Administered 9 Unknown

If Yes, Give Site(s) of Directly Observed Therapy:
1 In Clinic or Other Facility 2 In the Field DIRSITE 3 Both in Facility and in the Field 9 Unknown

Number of Weeks of Directly Observed Therapy: DIRWEEKS Weeks

40. Final Drug Susceptibility Results: FSUSTEST
Was Follow-up Drug Susceptibility Testing Done? 0 No 1 Yes 9 Unk.
If answer is No or Unknown, do not complete rest of report.

If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility Was Done: Mo. Day Yr. FSUSCDATE¹

41. Final Susceptibility Results:

	Resistant	Susceptible	Not Done	Unknown		Resistant	Susceptible	Not Done	Unknown
Isoniazid	1 <input type="checkbox"/> FSUSCINH	3 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	Capreomycin	1 <input type="checkbox"/> FSUSCCAP	3 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Rifampin	1 <input type="checkbox"/> FSUSCRIF	3 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	Para-Amino Salicylic Acid	1 <input type="checkbox"/> FSUSCPAS	3 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Pyrazinamide	1 <input type="checkbox"/> FSUSCPZA	3 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	Amikacin	1 <input type="checkbox"/> FSUSCAM	3 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Ethambutol	1 <input type="checkbox"/> FSUSCEMB	3 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	Rifabutin	1 <input type="checkbox"/> FSUSCRIB	3 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Streptomycin	1 <input type="checkbox"/> FSUSCSM	3 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	Ciprofloxacin	1 <input type="checkbox"/> FSUSCCIP	3 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Ethionamide	1 <input type="checkbox"/> FSUSCETH	3 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	Ofloxacin	1 <input type="checkbox"/> FSUSCOFL	3 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Kanamycin	1 <input type="checkbox"/> FSUSCKAN	3 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	Other	1 <input type="checkbox"/> FSUSCOTH	3 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Cycloserine	1 <input type="checkbox"/> FSUSCCYC	3 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>					

Comments:

FOLLOW2

Information contained on this form which would permit identification of any individual has been collected with a guarantee that it will be held in strict confidence, will be used only for surveillance purposes, and will not be disclosed or released without the consent of the individual in accordance with Section 306(c) of the Public Health Service Act (42 U.S.C. 242m).

CDC 72.9C REV. 05/93 1st Copy - State REPORT OF VERIFIED CASE OF TUBERCULOSIS Follow Up Report-2

- ¹ Indicates that the entire date can be Unknown (see page SUR II-II-7).
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Calculated and Additional Variables

Field Name	Description
VERCOUNT	Do you want to count this patient at CDC as a verified case of TB?
VERCRIT	Calculated Case Verification Model
AGEATREPT	Age at report date. Calculated from: Question 5: Month-Year Reported Question 7: Date of Birth
RACEETHNIC	Calculated from: Question 9: Race Question 10: Ethnic Origin
INITDRC	Calculated from: Question 27: Initial Drug Regimen
AGEGROUP	Five (5) year age groups. Calculated from: Question 5: Month-Year Reported Question 7: Date of Birth
MMWRDATE	<i>MMWR</i> Reporting Date (NETSS Data Item)
MMWRWEEK	Calculated from: MMWRDATE (NETSS Data Item)
MMWRYEAR	Calculated from: MMWRDATE (NETSS Data Item)
SITEOFDISEASE	Calculated from: Question 15: Major Site of Disease Question 16: Additional Site of Disease
COMPLETE	Calculated from the RVCT, FU - 1, and FU - 2 based on the Record Completeness Algorithm. See Appendix SUR XVII.

Unknown Dates

Several dates can be marked either entirely unknown (no part of the date can be determined) or partially unknown (some part of the date is missing). Unknown dates may be represented on the RVCT form as a series of 9s (99/9999). To enter an unknown date in TIMS, click on the date field with the right mouse button and select **Unknown**. The surveillance questions that allow unknown or partial dates are:

Window	Q.	Description	Field Name	Partial Date	'Unknown' Control Flag
RVCT	3	Date Submitted	DATESUBM	N	DATESUBMUNK
RVCT	6	Month-Year Counted	COUNTDATE	N	COUNTDATEUNK
RVCT	7	Date of Birth	BIRTHDATE	N	BIRTHDATEUNK
RVCT	12	Month-Year Arrived in US	DATEENTEREDUS	Y	DATEENTEREDUSUNK
RVCT	14b	Year of Previous Diagnosis	PREVYEAR	N	PREVYEARUNK
RVCT	28	Date Therapy Started	RXDATE	Y	RXDATEUNK
FU-1	33b	Initial Drug Susceptibility: Date First Isolate Collected	ISUSDATE	N	ISUSDATEUNK
FU-2	35b	Initial Positive Sputum Culture Collection Date	CPOSDATE	N	CPOSDATEUNK
FU-2	35c	First Consistently Negative Culture Collection Date	CNEGDATE	N	CNEGDATEUNK
FU-2	36	Date Therapy Stopped	STOPTHER	Y	STOPTHERUNK
FU-2	40b	Final Drug Susceptibility: Date Final Isolate Collected	FSUSCDATE	N	FSUSCDATEUNK

The Unknown Control Flag is an internal database value that specifically identifies the date as Unknown or partially Unknown and causes the application to display a question mark over the unknown date field. The user cannot directly modify the Unknown Control Flag.

Generated Data

Many of the values in the TIMS Surveillance Module are imported (generated) from other areas of the TIMS application. Use the following table to determine which surveillance fields can be generated from client information collected elsewhere in the TIMS application.

Generated from the Client Module

Surveillance information generated from the Client module appears automatically; the user does not need to take any additional steps to populate surveillance windows with data from the Client module.

Window	Q.	Description	Field Name
RVCT	1	State Reporting	STATE
RVCT	2a	State Case Number	STCASENO
RVCT	2b	City/County Case Number	LOCASENO
RVCT	4a	Address for Case Counting	CITY
RVCT	4b	Within City Limits	CITYLIMITS
RVCT	4c	County	COUNTY
RVCT	4d	Zip Code	ZIPCODE
RVCT	4e	4 digit Zip Code Suffix	ZIPSUFFIX
RVCT	7	Date of Birth	BIRTHDATE
RVCT	8	Sex	SEX
RVCT	9a	Race	RACE
RVCT	9b	Asian Race	ASIANRACE
RVCT	10	Ethnic Origin	ETHNIC
RVCT	11a	County of Origin = US	USCITIZEN
RVCT	11b	County of Origin	NATION
RVCT	12	Month-Year Arrived in U. S.	DATEENTEREDUS

Additionally, the SOUNDEX value is calculated based on the client's last name. SOUNDEX cannot be directly modified by the user.

Generated from the Patient Management Module

Surveillance information can be generated (imported) from the Patient Management module by using the Generate and Generate All commands. Any information that was entered directly into a surveillance window will be replaced by the information generated from the Patient Management module. Entire questions generate as a whole, thus the Generated Data Flag variable name will be the same for all parts of a question.

Window	Q.	Description	Field Name	Generated Data Flag
RVCT	14a	Previous Diagnosis of TB	PREVTB	PREVTBIMPTD
RVCT	14b	Year of previous diagnosis	PREVYEAR	PREVTBIMPTD
RVCT	14c	More than one previous episode	PREVAGAIN	PREVTBIMPTD
RVCT	15a	Major Site of Disease	MAJORSITE	MAJORSITEIMPTD
RVCT	15b	Major Site: anatomic code for 'Other'	MAJOROTHER	MAJORSITEIMPTD
RVCT	16a	Additional Site of Disease	ADDLSITE	ADDLSITEIMPTD
RVCT	16b	Add'l Site: anatomic code for 'Other'	ADDLOTHER	ADDLSITEIMPTD
RVCT	16c	More than one additional site	ADDLMORE	ADDLSITEIMPTD
RVCT	17	Sputum Smear	SPSMEAR	SPSMEARIMPTD
RVCT	18	Sputum Culture	SPCULTURE	SPCULTUREIMPTD
RVCT	19a	Microscopic Exam of Tissue and Other Body Fluids	MICROEXAM	MICROEXAMIMPTD
RVCT	19b	Anatomic code from microscopic exam - 1	MICROANAT1	MICROEXAMIMPTD
RVCT	19c	Anatomic code from microscopic exam - 2	MICROANAT2	MICROEXAMIMPTD
RVCT	20a	Culture of Tissue and Other Body Fluids	CULTOTHER	CULTOTHERIMPTD
RVCT	20b	Anatomic code from culture of tissue and other body fluids - 1	CULTANAT1	CULTOTHERIMPTD
RVCT	20c	Anatomic code from culture of tissue and other body fluids - 2	CULTANAT2	CULTOTHERIMPTD
RVCT	21a	Chest X-Ray	XRAY	XRAYIMPTD
RVCT	21b	X-ray abnormality	ABNORMALITY	XRAYIMPTD
RVCT	21c	X-ray abnormality status	XRAYSTATUS	XRAYIMPTD
RVCT	22a	Tuberculin Skin Test at Diagnosis	TBTEST	TBTESTIMPTD
RVCT	22b	Millimeters of Induration	INDURATION	TBTESTIMPTD
RVCT	22c	If Negative, was patient anergic?	ANERGY	TBTESTIMPTD
RVCT	23a	HIV Status	HIVSTATUS	HIVSTATUSIMPTD
RVCT	23b	If Positive, Based on	HIVBASIS	HIVSTATUSIMPTD
RVCT	23c	CDC AIDS Patient Number	HIVCDCNBR	HIVSTATUSIMPTD
RVCT	23d	State HIV/AIDS Patient Number	HIVSTANBR	HIVSTATUSIMPTD
RVCT	23e	City/County HIV/AIDS Patient Number	HIVLOCNBR	HIVSTATUSIMPTD
RVCT	24	Homeless Within Past Year	HOMELESS	HOMELESSIMPTD
RVCT	25a	Resident of Correctional Facility at Time of Diagnosis	CORRECTION	CORRECTIONIMPTD
RVCT	25b	Type of correctional facility	CORFACILITY	CORRECTIONIMPTD

Generated Data (continued)

Window	Q.	Description	Field Name	Generated Data Flag
RVCT	26a	Resident of Long-Term Care Facility at Time of Diagnosis	LONGTERM	LONGTERMIMPTD
RVCT	26b	Type of long-term care facility	LONGTERMFACILITY	LONGTERMIMPTD
RVCT	27a	Initial Regimen: Isoniazid	INITINH	INITIMPTD
RVCT	27b	Initial Regimen: Rifampin	INITRIF	INITIMPTD
RVCT	27c	Initial Regimen: Pyrazinamide	INITPZA	INITIMPTD
RVCT	27d	Initial Regimen: Ethambutol	INITEMB	INITIMPTD
RVCT	27e	Initial Regimen: Streptomycin	INITSM	INITIMPTD
RVCT	27f	Initial Regimen: Ethionamide	INITETH	INITIMPTD
RVCT	27g	Initial Regimen: Kanamycin	INITKAN	INITIMPTD
RVCT	27h	Initial Regimen: Cycloserine	INITCYC	INITIMPTD
RVCT	27i	Initial Regimen: Capreomycin	INITCAP	INITIMPTD
RVCT	27j	Initial Regimen: Para-Amino Salicylic Acid	INITPAS	INITIMPTD
RVCT	27k	Initial Regimen: Amikacin	INITAM	INITIMPTD
RVCT	27l	Initial Regimen: Rifabutine	INITRIB	INITIMPTD
RVCT	27m	Initial Regimen: Ciprofloxacin	INITCIP	INITIMPTD
RVCT	27n	Initial Regimen: Ofloxacin	INITOFL	INITIMPTD
RVCT	27o	Initial Regimen: Other	INITOTH	INITIMPTD
RVCT	28	Date Therapy Started	RXDATE	RXDATEIMPTD
RVCT	29	Injecting Drug Use Within Past Year	INJECT	INJECTIMPTD
RVCT	30	Non-Injecting Drug Use Within Past Year	NONINJECT	NONINJECTIMPTD
RVCT	31	Excess Alcohol Use Within Past Year	ALCOHOL	ALCOHOLIMPTD
RVCT	32a	Occupation: Health Care Worker	OCCHCW	OCCIMPTD
RVCT	32b	Occupation: Correctional Employee	OCCCORR	OCCIMPTD
RVCT	32c	Occupation: Migratory Agricultural Worker	OCCMIG	OCCIMPTD
RVCT	32d	Occupation: Other Occupation	OCCOTHER	OCCIMPTD
RVCT	32e	Occupation: Not Employed Within Past 24 Months	OCCNOT	OCCIMPTD
RVCT	32f	Occupation: Unknown	OCCUNK	OCCIMPTD
FU-1	33a	Initial Drug Susceptibility Results	ISUSCTEST	ISUSTESTIMPTD
FU-1	33b	Date First Isolate Collected	ISUSDATE	ISUSTESTIMPTD
FU-1	34a	Initial Susceptibility: Isoniazid	ISUSCINH	ISUSCIMPTD
FU-1	34b	Initial Susceptibility: Rifampin	ISUSCRIF	ISUSCIMPTD
FU-1	34c	Initial Susceptibility: Pyrazinamide	ISUSCPZA	ISUSCIMPTD
FU-1	34d	Initial Susceptibility: Ethambutol	ISUSCEMB	ISUSCIMPTD
FU-1	34e	Initial Susceptibility: Streptomycin	ISUSCSM	ISUSCIMPTD
FU-1	34f	Initial Susceptibility: Ethionamide	ISUSCETH	ISUSCIMPTD
FU-1	34g	Initial Susceptibility: Kanamycin	ISUSCKAN	ISUSCIMPTD
FU-1	34h	Initial Susceptibility: Cycloserine	ISUSCCYC	ISUSCIMPTD

Generated Data (continued)

Window	Q.	Description	Field Name	Generated Data Flag
FU-1	34i	Initial Susceptibility: Capreomycin	ISUSCCAP	ISUSCIMPTD
FU-1	34j	Initial Susceptibility: Para-Amino Salicylic Acid	ISUSCPAS	ISUSCIMPTD
FU-1	34k	Initial Susceptibility: Amikacin	ISUSCAM	ISUSCIMPTD
FU-1	34l	Initial Susceptibility: Rifabutine	ISUSCRIB	ISUSCIMPTD
FU-1	34m	Initial Susceptibility: Ciprofloxacin	ISUSCCIP	ISUSCIMPTD
FU-1	34n	Initial Susceptibility: Ofloxacin	ISUSCOFL	ISUSCIMPTD
FU-1	34o	Initial Susceptibility: Other	ISUSCOTH	ISUSCIMPTD
FU-2	35a	Sputum Culture Conversion Documented	CONVERT	CONVERTIMPTD
FU-2	35b	Date Specimen Collected on Initial Positive Sputum Culture	CPOSDATE	CONVERTIMPTD
FU-2	35c	Date Specimen Collected on First Consistently Negative Culture	CNEGDATE	CONVERTIMPTD
FU-2	36	Date Therapy Stopped	STOPOTHER	STOPOTHERIMPTD
FU-2	37	Reason Therapy Stopped	STOPREAS	STOPREASIMPTD
FU-2	40a	Final Drug Susceptibility Results	FSUSTEST	FSUSTESTIMPTD
FU-2	40b	Date Final Isolate Collected	FSUSCDATE	FSUSTESTIMPTD
FU-2	41a	Final Susceptibility: Isoniazid	FSUSCINH	FSUSCIMPTD
FU-2	41b	Final Susceptibility: Rifampin	FSUSCRIF	FSUSCIMPTD
FU-2	41c	Final Susceptibility: Pyrazinamide	FSUSCPZA	FSUSCIMPTD
FU-2	41d	Final Susceptibility: Ethambutol	FSUSCEMB	FSUSCIMPTD
FU-2	41e	Final Susceptibility: Streptomycin	FSUSCSM	FSUSCIMPTD
FU-2	41f	Final Susceptibility: Ethionamide	FSUSCETH	FSUSCIMPTD
FU-2	41g	Final Susceptibility: Kanamycin	FSUSCKAN	FSUSCIMPTD
FU-2	41h	Final Susceptibility: Cycloserine	FSUSCCYC	FSUSCIMPTD
FU-2	41i	Final Susceptibility: Capreomycin	FSUSCCAP	FSUSCIMPTD
FU-2	41j	Final Susceptibility: Para-Amino Salicylic Acid	FSUSCPAS	FSUSCIMPTD
FU-2	41k	Final Susceptibility: Amikacin	FSUSCAM	FSUSCIMPTD
FU-2	41l	Final Susceptibility: Rifabutine	FSUSCRIB	FSUSCIMPTD
FU-2	41m	Final Susceptibility: Ciprofloxacin	FSUSCCIP	FSUSCIMPTD
FU-2	41n	Final Susceptibility: Ofloxacin	FSUSCOFL	FSUSCIMPTD
FU-2	41o	Final Susceptibility: Other	FSUSCOTH	FSUSCIMPTD

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