

CARDIA ID Label

Form 9-TB
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**CARDIA V
TUBERCULOSIS OR
A POSITIVE SKIN TEST FOR TUBERCULOSIS**

E09EXDAT
__ / __ / __
exam date

IF THE SUBJECT ANSWERED "YES" TO QUESTION 18 ON FORM 8, COMPLETE THIS FORM.

18a. 1 ☐ No 2 ☐ Yes **E09TBPOS**
Did you have a positive skin test for tuberculosis?

No Yes
1 ☐ 2 ☐
E09TBOTH Other than your positive skin test,
did you have tuberculosis in your
lungs or other part(s) of your body?
If yes, specify where:
E09TBLOC

No Yes
1 ☐ 2 ☐
E09TBOTH Did you have tuberculosis in
your lungs or other part (s)
of your body?
If yes, specify where:
E09TBLOC

E09IVID INTERVIEWER ID

TB