

# REDS SKIN TEST REPORT FORM

SUBJECT ID: \_\_\_\_\_  
 SPECIAL REPOSITORY # \_\_\_\_\_  
 SUBJECT DATE OF BIRTH: \_\_\_\_\_ MO \_\_\_\_\_ DA \_\_\_\_\_ YR \_\_\_\_\_  
 SUBJECT GENDER: MALE.....1  
 FEMALE.....2

## A. SCREENING

ASK OF ALL SUBJECTS (except SP): Before giving you the skin test I would like to know if, to the best of your knowledge, you have ever had a severe reaction to either of the following: (A SEVERE REACTION WOULD BE LARGE, PAINFUL, RED SWELLING AT AN INJECTION OR APPLICATION SITE, OR AN ANAPHYLACTIC-LIKE REACTION. PAIN AND/OR SORENESS AT A SITE ALONE IS NOT CONSIDERED SEVERE.)

- A-1. Any skin test? YES ..... 1  
NO ..... 2
- A-2. A tetanus or DPT (diphtheria, pertussis, tetanus) inoculation? YES ..... 1  
NO ..... 2
- A-3. Have you ever had a positive TB (tuberculosis) skin test? YES ..... 1  
NO ..... 2
- A-4. (IF FEMALE) Is there a chance you might be pregnant? YES ..... 1  
NO ..... 2

IF SUBJECT ANSWERS "YES" TO ANY QUESTION A-1 TO A-4, SKIN TEST SHOULD NOT BE APPLIED. COMPLETE B-1 AND B-2 ACCORDINGLY.

## B. APPLICATION

- B-1. Was skin test applied? YES ..... 1 (AP) NO ..... 2
- B-2. If application was not attempted, circle main reason why not.  
 Subject refused (specify reason) ..... 01 (RF)  
 History of severe reaction ..... 02 (RE)  
 Other reason application was not attempted (specify) ..... 03 (OT)

Interviewer's Initials \_\_\_\_\_

## C. APPLICATION RECORD

- C-1. Lot number (on foil covering) \_\_\_\_\_
- C-2. Application Site on Body Forearm..... 01 L/R (circle side)  
Back ..... 02 L/R (circle side)  
Other (specify location and side) \_\_\_\_\_
- C-3. Application Date: \_\_\_\_\_ MO \_\_\_\_\_ DA \_\_\_\_\_ YR \_\_\_\_\_
- C-4. Application Time: \_\_\_\_\_: \_\_\_\_\_: \_\_\_\_\_ AM/PM (circle one)
- C-5. Were there any problems with the application? YES ..... 01  
NO ..... 02
- C-7. Please describe problems, or make comments on application in the space below. If application was unsuccessful for certain test heads, circle appropriate code(s) on the "Scoring Chart" on reverse side.

D-1. Subject did not return in prescribed interval ..... 01

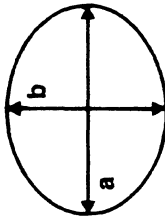
D-2. Reader's Initials: |\_|\_|\_|\_|

D-3. Reading Date: |\_|\_| MO |\_|\_| DA |\_|\_| YR

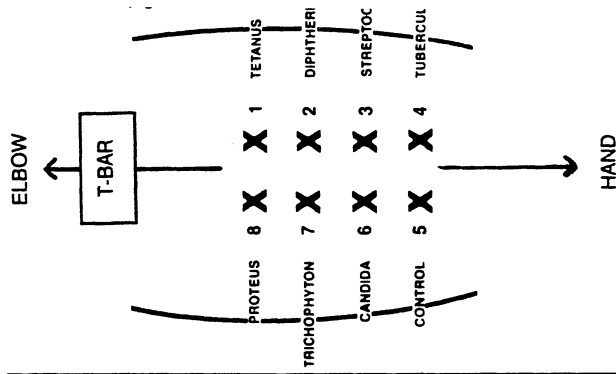
D-4. Reading Time: |\_|:|\_|:|\_| AM/PM (circle one)

**E. SCORING CHART**

For each test head, indicate any unsuccessful application. Circle appropriate code if there is no reaction, or if there is erythema AND/OR induration present. Using the Multitest CMI caliper, measure the largest diameter in mm (a) and the second diameter perpendicular to the first, and measured at its greatest length in mm (b) (see diagram). **DO NOT MEASURE ERYTHEMA, ONLY INDURATIONS.**



TEST HEADS	Application Unsuccessful	Negative	Erythema	Induration	If induration enter measurements		Westat use only
					a	b	
E-8. Proteus	01	02	03	04	_ _	_ _	_ _ _
E-7. Trichophyton	01	02	03	04	_ _	_ _	_ _ _
E-6. Candida	01	02	03	04	_ _	_ _	_ _ _
E-5. Control (glycerin)	01	02	03	04	_ _	_ _	_ _ _
E-1. Tetanus	01	02	03	04	_ _	_ _	_ _ _
E-2. Diphtheria	01	02	03	04	_ _	_ _	_ _ _
E-3. Streptococcus	01	02	03	04	_ _	_ _	_ _ _
E-4. Tuberculin	01	02	03	04	_ _	_ _	_ _ _



E-9. COMMENTS ON READING AND/OR MEASURING:

**WESTAT USE ONLY**

1. Number of positive antigens  
 2. Sum of averages

3. Composite Score  
 4. Scorer's Initial's

|\_|/|\_|/|\_|