

PHASE THREE 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. To eggs or egg products? 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. Vial number: PPD _____ Mumps _____ Candida _____ Were there any problems with the application? YES 01
NO 02
- C-2. Application Site on Forearm: PPD 01 L/R (circle side)
Mumps 02 L/R (circle side)
Candida 03 L/R (circle side)
- C-3. Application Date: _____ MO _____ DA _____ YR
Please describe problems, or make comments on application in the space below. If application was unsuccessful for any of the antigens, circle appropriate code(s) on the "Scoring Chart" on reverse side. Note the number of retries as well.
- C-4. Application Time: _____ AM/PM (circle one)
- C-5. Applier's Initials: _____

D. READING RECORD

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

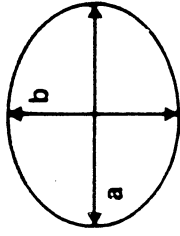
D-3. Reading Date: MO DA YR

D-2. Reader's Initials:

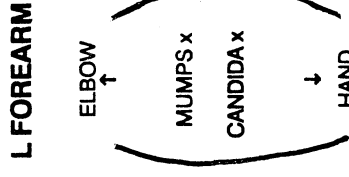
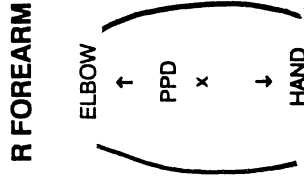
D-4. Reading Time: : : AM/PM (circle one)

E. SCORING CHART

For each test antigen, indicate any unsuccessful applications or retries. Circle appropriate code if there is no reaction, or if there is erythema AND/OR induration present. Using the Mantoux (PPD) ruler, measure the largest diameter in mm (a) and the second largest diameter (perpendicular to the first), in mm (b) (see diagram). **DO NOT MEASURE ERYTHEMA, ONLY INDURATIONS.**



TEST ANTIGENS	Application Unsuccessful	No. of Retries	Negative	Erythema	Induration	If induration enter measurements		Westat use only
						a	b	
E-1. PPD	01		03	04	05	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-2. Mumps	01		03	04	05	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-3. Candida	01		03	04	05	<input type="text"/>	<input type="text"/>	<input type="text"/>



E-4. 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