Thank you for filling in the questionnaire. Please	e tick the	e boxes which	ch reflect your	practice in scree	ning new e	ntrants. Some que	stions need a typed a	answer.	
Which hospital and PCT do you work in? (please	e type):]
1. Does this PCT have a policy for screening new	v entrant	ts for tuberc	ulosis?	Yes 🗌	No	□ Don'	t know 🗌		
2. Which new entrants do YOU screen/investiga			New entrants New entrants New entrants New entrants	issued with a Por issued with a Por issued with a Por identified throug	t 102 form t 101 form h GP registr	(the CXR cannot ex (normal CXR) from rations		f entry	
3. If you do screen new entrants with a Port 103	3 form w	-	individuals (a	ge groups and co			en further? TICK ALL 1		.
	Yes	<16 years No	Don't know	Yes	16-35 yea No	rs Don't know	Yes	> 35 years No	Don't know
From all countries									
From countries with TB incidence >500/100000									
From Sub-Saharan Africa									
From countries with TB incidence >40/100000									
Other: Please specify (type in the box)									3
4. If you do screen new entrants with a Port 102	2 form w	hich specific	individuals (a	ge groups and co	untries of o	origin) do you scree	en further? TICK ALL 1	THAT APPLY	.
	Yes	<16 years No	Don't know	Yes	16-35 yea No	rs Don't know	Yes	> 35 years No	Don't know
From all countries									
From countries with TB incidence >500/100000									
From Sub-Saharan Africa									
From countries with TB incidence >40/100000									
Other: Please specify (type in the box)]

5. If you do screen new entrants with a Port 101 form which specific individuals (age groups and countries of origin) do you screen further? TICK ALL THAT APPLY. <16 years 16-35 years >35 years Don't know No No Don't know No Don't know Yes Yes Yes From all countries From countries with TB incidence >500/100000 From Sub-Saharan Africa From countries with TB incidence >40/100000 Other: Please specify (type in the box) 6. If you screen new entrants identified through GP registrations which specific individuals (age groups and countries of origin) do you screen further? TICK ALL THAT APPLY. 16-35 years <16 years >35 years Νo Don't know No Don't know Νo Don't know Yes Yes Yes \Box П П From all countries From countries with TB incidence >500/100000 From Sub-Sal From countri Other: Please 7. Approxima 8. Approxima

From Sub-Saharan Africa								
From countries with TB incidence >40/100000								
Other: Please specify (type in the box)								
7. Approximately how many new entrants were8. Approximately how many new entrants (as a9. Approximately how many new entrants (as a	2006 2006 2006		2007 2007 2007	2008 2008 2008				
10. Which tools do you use in screening for act a. Symptom questionne b. Sputum if chronic co	aire	LL THAT APPL	Yes Yes	-	No D	Don't know Don't know		
c. Chest X-ray (CXR)			Yes 📙		No 📙	Don't know		

11. Do you perform a Mantoux/tuberculin skin test (TST)?				Yes 🗌		No 🗌	Don't know			
12a. IF YES TO QUESTION 11. When do you perform the Mantoux/TST in ADULTS? 12b. IF YES TO QUESTION 11. When do you perform the Mantoux/TST in CHILDREN (<1				Before CXR C	-	fter abnormal CXR fter abnormal CXR	After normal CX			
13. If you do perform a Mantoux/TST - which specific groups of individuals (ages and countries of origin) do you perform the Mantoux/TST in? TICK ALL BOXES THAT APPLY										
	<16 years Yes No Don't know		16 - Yes	- 35 ye a No	ars Don't know	Yes	> 35 years No	Don't know		
From all countries										
From countries with TB incidence >500/100000										
From Sub-Saharan Africa										
From countries with TB incidence >40/100000										
Other: Please specify (type in the box)]	
14. If you use the Mantoux/TST - What are your criteria for a positive Mantoux in new entrants?										
a. If BCG vaccinated?			≥6 mm 🔲	≥10 mm		≥15 mm				
b. If not BCG vaccinated?			≥6 mm 🔲	≥10 mm		≥15 mm				
15. Do you use Interferon-gamma release assays (IGRAs)?			Yes 🗌	No 🗌		Don't know				
15a. If YES to 15: How are IGRAs used?										
a. Standalone			Yes	No 🗌		Don't know				
b. To confirm a positive Mantoux/TST			Yes	No 🗌		Don't know				
15b. Which IGRA do you use?			QuantiFERON	T-SPOT		Don't know				

The next few questions deal with preventive therapy/chemoprophylaxis for Latent TB infection (LTBI).

16. Which groups of new entrants do you select for preventive therapy/chemoprophylaxis for LTBI if they have a normal CXR? PLEASE TICK ALL BOXES THAT APPLY

Yes	<16 years No	Don't know	1 Yes	6-35 yea No	rs Don't know	Yes	>35 years No	Don't know
a.lf Mantoux positive and IGRA negative/not don								
b.If IGRA positive and Mantoux negative/not don								
c.If Mantoux positive AND IGRA positive								
17. Do you know which drug regimens are used for che	moprophyla	kis?	Yes 🗌		No 🗌			
18. IF YES to question 17: Which drug regimes are used	? PLEASE TIC	CALL THAT APPLY	b. 9 months o c.12 months o	f isoniazi of isoniazi	d 🔲			
19. Approximately how many new entrants did you tre20. What percentage of these completed therapy? (ple		-	ecember 31st 20	008? (ple	ase type)	l 1	Don't know	_

Thank you for filling out this questionnaire. I appreciate it very much.