**Attachment E. Phone Script for Follow Up Instrument**

XDR TB Contact Investigation: A Cost Assessment

Form Approved

OMB No. 0920-0879

Expiration Date 03/31/2018

Thank you again for your work in assembling and reporting the data

1. Do you have any data to add or update?
	1. Have you reclassified any contacts?
	2. Have any contacts developed TB disease?
	3. Have you had, or do you foresee any changes in protocol?
	4. Have you had, or do your foresee any changes in personnel?
2. Going through the data we compiled last time, I have the following questions.
	1. Discuss any inconsistencies or inaccuracies based on the spreadsheet
3. How accurate are the data? How would you describe its level of quality?

Thank you again for your time