Tuberculosis Signs and Symptoms

1)	Collection date of tuberculosis signs and symptoms:		
		(DD-MM-YYYY)	
	TUBERCULOSIS SIGNS AND SYMPTOMS		
2)	Chest pain or pressure:	Yes (ongoing)Yes (previously)NoDon't know	
3)	Chills:	Yes (ongoing)Yes (previously)NoDon't know	
4)	Cough:	Yes (ongoing)Yes (previously)NoDon't know	
5)	(If Cough) Type of cough:	Dry CoughWet Cough (cough with mucous)	
6)	Fatigue:	Yes (ongoing)Yes (previously)NoDon't know	
7)	Fever:	Yes (ongoing)Yes (previously)NoDon't know	
8)	Loss of appetite:	Yes (ongoing)Yes (previously)NoDon't know	
9)	Night sweats:	Yes (ongoing)Yes (previously)NoDon't know	
10)	Unintentional weight loss:	Yes (ongoing)Yes (previously)NoDon't know	
11)	Other symptom/s:	YesNoDon't know	

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12)	(If Other) Specify symptom/s:	

TB Signs and Symptoms - Instrument Version 2.0 Released September 2022 H3ABioNet & H3Africa Phenotype Standards



05-09-2022 13:03