

Collection date for tuberculosis history:

(DD-MM-YYYY)

## TUBERCULOSIS HISTORY

Has the participant ever been vaccinated for TB?

- ☐ Yes  
☐ No

Has the participant ever been in contact with someone who was currently diagnosed with TB?

- ☐ Yes  
☐ No

(If Yes) Indicate the type of contact:

- ☐ Household  
☐ Family/ Partner/ Friend outside the household  
☐ Place of work/ study/ prayer/ recreation

When did the contact occur?

- ☐ Current  
☐ Within the last 6 months  
☐ Within the last 6-24 months  
☐ Beyond the last 24 months

Has the participant previously been diagnosed with TB?

- ☐ Yes  
☐ No

(If Yes) Number of previous TB episodes:

(If Yes) Site/s of previous TB episodes:

- ☐ Pulmonary  
☐ Extrapulmonary TB  
☐ Pulmonary and extrapulmonary TB

(If Extrapulmonary) Specify extrapulmonary sites involved:

- ☐ Abdominal  
☐ Bone/joint  
☐ CNS Tuberculoma/s  
☐ Disseminated  
☐ Meningitis  
☐ Miliary TB  
☐ Pericardial effusion  
☐ Peripheral nodes  
☐ Pleural effusion  
☐ Spinal  
☐ Other

(If Other) Specify extrapulmonary sites:

Were any of these previous episodes rifampicin-resistant TB?

- ☐ Yes  
☐ No

Were any of these previous episodes multidrug resistant TB (MDR TB)?

- ☐ Yes  
☐ No

Were any of these previous episodes extensively drug resistant TB (XDR TB)?

- ☐ Yes  
☐ No

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Has the participant ever previously taken preventive medication for TB?

☐ Yes  
☐ No

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Duration of preventive medication (In months):

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(Provide number of months.)

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Has the participant ever taken medication for a previous latent TB infection (LTBI)?

☐ Yes  
☐ No

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Has the participant ever taken medication for a previous active TB infection?

☐ Yes  
☐ No

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#### LAST TB EPISODE MEDICATION

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Last TB (latent or active) episode medication:

- ☐ Ethambutol (EMB)  
☐ Isoniazid (INH)  
☐ Pyrazinamide (PZA)  
☐ Rifampin (RIF)  
☐ Fluoroquinolone (FQ)  
☐ Amikacin (AMK)  
☐ Kanamycin (KAN)  
☐ Capreomycin (CM)  
☐ Fixed combination of INH  
☐ Fixed combination of INH, RIF and PZA  
☐ Other

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(If Other) Specify other medication for last TB episode:

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Did the participant complete TB medication for the last TB episode?

☐ Yes  
☐ No

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(If Yes) Date TB medication was completed for last TB episode:

\_\_\_\_\_  
(DD-MM-YYYY)

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Outcome of last TB episode:

- ☐ Defaulted  
☐ Medication failed  
☐ Recovered

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Tuberculosis History - Instrument Version 2.0 Released September 2022  
H3ABioNet & H3Africa Phenotype Standards