



CRF 03: CLIENT FOLLOW UP FORM

COUNTRY

INSTITUTION

FACILITY

ENROLMENT #

CLIENT IDENTIFICATION

TB enrolment No:

TB Registration No.

CTC No. (For HIV+ client in Care)

FOLLOW UP DETAILS

Date started TB treatment:

Date of follow up at the end of treatment (at 7th month):

SMEAR MICROSCOPIC RESULTS (Facility follow up)

| Follow up type | Category of smear result | | | | |
|---|--------------------------------|--|-----------------------|----------------------|----------------------|
| | No AFB seen (0 AFB/100 HPF) | Scanty (1-9 AFB/HPF, record the exact count) | 1+ (10-99 AFB/HPF) | 2+ (1-10 AFB/HPF) | 3+ (>10 AFB/HPF) |
| 1 st follow up (at 2 nd month) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 nd follow up (at 5 th month) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Date started ART (for HIV+ clients):

TREATMENT OUTCOME (Record at the end of treatment)

(Tick appropriate responses)

| S/N | Treatment Outcomes | Response(s) |
|-----|---------------------|----------------------|
| 1. | Cured | <input type="text"/> |
| 2. | Treatment failed | <input type="text"/> |
| 3. | Treatment completed | <input type="text"/> |
| 4. | Died | <input type="text"/> |
| 5. | Lost to follow up | <input type="text"/> |
| 6. | Transfer out | <input type="text"/> |
| 7. | Not assessed | <input type="text"/> |

General comments:

Compiled by:

Signature

Date