

COUNTRY INSTITUTION FACILITY TB SCREENING #

CRF 01: SYMPTOMS AND RISK FACTORS

Visit Date 30/01/2019

Enrolment No. 0001 Enrolment No. of Index Case (For Contacts) 0001

CLINIC OPD HIV Clinic DIABETIC RCH

PMTCT 1 PMCT 2 LABOUR WARD MCH FP

CLIENT IDENTIFICATION

Age 029

Gender Male Female

Marital Status Single Married Divorced Separated Cohabited Widow/Widower Other

Occupation If Other, please specify
☐ Un employed
☒ Private Employed
☐ Peasant
☐ Business/Vendor/Petty trader
☐ Public Servant
☐ Housewife
☐ Student

Education level
☐ Never attended school
☐ Primary school
☐ Secondary education
☐ Tertiary education
☐ Religious education

Place of Residence District KAMPALA Village/Street KAWAMPE

Location Urban Rural

Name of LCI leader KAWAMPE 1

PAST MEDICAL HISTORY AND TB RISK FACTORS ASSESSMENT

S/N	Past medical History/ Risk factor(s)	Responses(s)	Remarks (specify duration: Year)
1.	Has the client ever tested positive for HIV?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, <input type="text"/>
	On ART?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	If Yes, <input type="text"/>
2.	Has the client had known contact with an infectious TB case in the past 5 years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not sure <input type="checkbox"/>	
3.	Does the client have a chronic illness?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes, specify <input type="text"/>
4.	Does the client have a history of the following Alcohol	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>	Current? Yes <input type="checkbox"/> No <input type="checkbox"/>