COUNTRY 1 | INSTITUTION 1 | FACILITY 1 - TB SCREENING # 00001

12112180

CRF 01: SYMPTOMS AND RISK FACTORS

Visit Date 15 / 01 / 2019 (DD / MM / YYYY)

Enrolment No. 0001

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

CLINIC OPD ☒ CTC ☐ DIABETIC ☐ RCH ☐

PMTCT 1 ☐ PMTCT 2 ☐ LABOUR WARD ☐ MCH ☐ FP ☐

CLIENT IDENTIFICATION

Age 030

Gender Male ☒ Female ☐

Marital Status Single ☒ Married ☐ Divorced ☐ Separated ☐ Cohabited ☐ Widow/Widower ☐ Other ☐

Occupation *If Other, please specify* .....

- ☐ None
- ☐ Private Employed
- ☐ Peasant
- ☐ Business/Vendor/Petty trader
- ☒ Public Servant
- ☐ Housewife
- ☐ Student

Education level

- ☐ Primary school
- ☐ Secondary education
- ☒ Tertiary education
- ☐ Religious education

Place of Residence Ward SEKEI Village/Street SANAWARI

Location Urban ☐ Rural ☒

Name of ten cell leader KAMUBANGA

Phone No. 0712000001 Phone No. of Ten cell leader/Closer person 0767000001

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 ☒ No ☐	If Yes, 0010
	On ART?	Yes ☒ No ☐ NA ☐	If Yes, 0010
2.	Has the client had known contact with an infectious TB case in the past 5 years?	Yes ☒ No ☐ Not sure ☐	
3.	Does the client have a chronic illness?	Yes ☒ No ☐	If Yes, specify TB
4.	Does the client have a history of following		
	Alcohol	Yes ☒ No ☐ NA ☐	Current? Yes ☒ No ☐
	Tobacco	Yes ☐ No ☒ NA ☐	Current? Yes ☐ No ☒
	Drug	Yes ☐ No ☒ NA ☐	Current? Yes ☐ No ☒
5.	Has the client ever been treated for TB?	Yes ☐ No ☒	If Yes, ☐☐☐☐