2 2 2 - 0 0 0 0 0 1
COUNTRY INSTITUTION FACILITY TB SCREENING #

22112180

CRF 02: TB CONTACT SCREENING (CHILDREN)

Visit Date 0 7 / 0 7 / 2 0 1 8
DD MM YYYY

CLIENT IDENTIFICATION

Age 0 2 7

Gender Male ☒ Female ☐

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

If Other, please specify .....

Occupation
- ☐ 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 SEGERA Village/Street MACHIMBO

Location Urban ☒ Rural ☐

Name of ten cell leader ELIAS MBANDO

Phone No. 0678 467890 Phone No. of Ten cell leader/Closer person 0752 112033

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, ☐☐☐☐
	On ART?	Yes ☐ No ☒ NA ☐	If Yes, ☐☐☐☐
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 .....
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, 2 0 1 3

2	2	2	-	0	0	0	0	1

COUNTRY INSTITUTION FACILITY TB SCREENING #

22112181

CRF 02: TB CONTACT SCREENING (CHILDREN)

TUBERCULOSIS SYMPTOM SCREENING

Do you have the following? (Please insert the appropriate response)

S/N	Symptom(s)	Response(s)		Specify duration (days)
1.	Cough of any duration	Yes ☒	No ☐	013
2.	Coughing up blood stained sputum	Yes ☐	No ☒	
3.	Fever	Yes ☒	No ☐	020
4.	Noticeable weight loss or failure to thrive in children	Yes ☐	No ☒	
5.	Excessive sweating at night	Yes ☒	No ☐	017

** If clients report any of the above (1-5) should be referred to study site for TB Score Chart and Stool Xpert.*

5 2 2 - 1 0 0 0 2
COUNTRY INSTITUTION FACILITY TB SCREENING #

22112180

CRF 02: TB CONTACT SCREENING (CHILDREN)

Visit Date 0 2 / 0 1 / 2 0 1 9
DD MM YYYY

CLIENT IDENTIFICATION

Age 0 2 1

Gender Male [X] Female [ ]

Marital Status Single [X] Married [ ] Divorced [ ] Separated [ ] Cohabited [ ] Widow/Widower [ ] Other [ ]

Occupation
If Other, please specify .....
- [ ] None
- [ ] Private Employed
- [ ] Peasant
- [ ] Business/Vendor/Petty trader
- [ ] Public Servant
- [ ] Housewife
- [X] Student

Education level
- [ ] Primary school
- [X] Secondary education
- [ ] Tertiary education
- [ ] Religious education

Place of Residence Ward MAKONGO Juu Village/Street MAKONGO

Location Urban [X] Rural [ ]

Name of ten cell leader MWINYI ZAERA

Phone No. 0718 46 11 23 Phone No. of Ten cell leader/Closer person 0621 10 13 19

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 [X] No [ ]	If Yes, 2 0 1 9
	On ART?	Yes [ ] No [X] NA [ ]	If Yes,
2.	Has the client had known contact with an infectious TB case in the past 5 years?	Yes [ ] No [ ] Not sure [X]	
3.	Does the client have a chronic illness?	Yes [ ] No [X]	If Yes, specify .....
4.	Does the client have a history of following		
	Alcohol	Yes [X] No [ ] NA [ ]	Current? Yes [ ] No [ ]
	Tobacco	Yes [ ] No [X] NA [ ]	Current? Yes [ ] No [ ]
	Drug	Yes [X] No [ ] NA [ ]	Current? Yes [ ] No [ ]
5.	Has the client ever been treated for TB?	Yes [X] No [ ]	If Yes,