



35910

Indo-US VAP Biomarkers for Risk of Tuberculosis and for Tuberculosis
Treatment Failure and Relapse

Form 12A

INDEX CASE FOLLOW-UP VISIT FORM

Index case ID: SUBJID

1 0 2 - 0 - A

Date of evaluation: FUA_VISDAT

Day / Month / Year

FUA_CNTC

☐ Could not contact or evaluate, specify reason: FUA_CNTCNDSP

FUA_CNTCHOW

This visit was conducted: ☐ In person ☐ By phone ☐ Other, specify: FUA_CNTCHOWSP

1. Visit type:

☐ Month 1 ☐ Month 2 ☐ Month 6 ☐ Month 7 ☐ 6-mo post-tx (M12) ☐ TB Failure/Relapse/Withdrawal

TB SYMPTOMS

2. Overall, how are you feeling compared to when I saw you last? FUA_SSCHG

☐ Improved, but signs/symptoms still present☐ Improved, no signs/symptoms present☐ Worsened☐ No change

3. Have you had any of the following since the last study visit? (Read options aloud)

FUA_COUGH

Cough ☐ Yes ☐ No

Duration:

 FUA_COUGHDUR
weeks**If "Yes," collect sputum sample
after completing the questionnaire.
This person may have TB.*

Coughing up blood?

☐ Yes☐ No

FUA_COUGHBLD

Fever FUA_FEVER

☐ Yes☐ No☐ Unknown

Excessive night sweats FUA_NIGHTSWT

☐ Yes☐ No☐ Unknown

Unexpected weight loss FUA_WTLOSS

☐ Yes☐ No☐ UnknownLoss of appetite if adult or
failure to gain weight if a child FUA_FAILTHRV☐ Yes☐ No☐ UnknownChest pain especially with coughing
or taking a deep breath FUA_CHSTPAIN☐ Yes☐ No☐ Unknown

Fatigue FUA_FATIGUE

☐ Yes☐ No☐ Unknown

TB TREATMENT COMPLIANCE

4. When was the last time you missed taking any of your TB medications? FUA_TXCOMP

☐ Within the past week ☐ 1-3 months ago☐ 1-2 weeks ago ☐ More than 3 months ago☐ 2-3 weeks ago ☐ Never skips medications

5. Just to confirm, how many doses of TB medication have you missed in the past 30 days?

FUA_DOSES30

6. How many doses of TB medication have you missed in the past 7 days?

FUA_DOSES7



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Index case ID number:

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SUBJID2

PREGNANCY ONLY assess pregnancy status for women ages 18-50.**7. Are you pregnant?** FUA_PREGNANT

- ☐ Yes (Go to 7a) → 7a. Approximately how many weeks have you been pregnant?
- ☐ No (Go to 8)

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 FUA_GESTAGE weeks
- ☐ Unknown (Go to 8)
- ☐ Not assessed (Go to 9)
- ☐ Not applicable, participant is male (Go to 9)
- ☐ Participant declines to answer (Go to 9)

8. Since the last visit, have you had any of the following pregnancy outcomes? FUA_PREGOUT

- ☐ Live birth (full term)
- ☐ Still birth (intrauterine fetal demise >20 weeks)
- ☐ Miscarriage (≤20 weeks)
- ☐ Early termination
- ☐ No, has not been pregnant (Go to 9)
- ☐ Participant declines to answer (Go to 9)

8a. Date of outcome: FUA_PREGOUTDAT

		/			/				
Day			Month			Year			

HIV TESTING**9. Did you have an HIV test at one of the first study visits?** FUA_SELFHIV

- ☐ Yes
- ☐ No (Complete Off Study Form 99A)
- ☐ Not applicable

(Do not read out loud)

10. Did the participant have an HIV test within the protocol-specified time period? FUA_HIVTSTA

- ☐ Yes
- ☐ No (Complete Off Study Form 99A)
- ☐ Not applicable

Signature of Data Collector: FUA_SIGN

FUA_INIT
Initials of Data Collector:

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 Date Completed:

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 FUA_COMPDAT
 Day Month Year