



39634

HOUSEHOLD CONTACT: Clinical/Demographic Form

One form per contact must be completed for each member of the household at least 6 years of age. The purpose of this questionnaire is to describe personal characteristics in each household member and level of contact with the Index TB Case.

Household contact ID number: **SUBJID**

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Family ID: **FID**Date of evaluation: **HC_VISDAT** / /
Day Month Year

When reading the questions, refer to the index case by their relation to the household contact (e.g. "your mother").

We would like to ask you some questions about the time you spend with [the Index Case] and your health. This survey should take about 15 minutes. The information you provide will be used to better understand how tuberculosis affects people. Your answers will remain anonymous. Your name will not be written on the questionnaire. At any time, if there is a question that you'd rather not answer, please let me know and we can skip that question. Some of the questions may be sensitive, but please do your best to answer honestly. At this time do want to ask me anything about the survey? (Answer any questions and address respondent's concerns.)

May I begin the interview now? Proceed if subject agrees.

We will begin with a few questions about yourself.

DEMOGRAPHICS **HC_RELATN****1. What is your relationship to [the Index Case]? You are their:**

- | | |
|---|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Father | <input type="checkbox"/> Aunt/Uncle by birth |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Niece/Nephew |
| <input type="checkbox"/> Son/Daughter | <input type="checkbox"/> Aunt/Uncle by marriage |
| <input type="checkbox"/> Brother/Sister | <input type="checkbox"/> Cousin |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Half-sibling |
| <input type="checkbox"/> Roommate | <input type="checkbox"/> Adopted son/daughter |
| <input type="checkbox"/> Your servant | <input type="checkbox"/> They are your border |
| <input type="checkbox"/> You are their servant | <input type="checkbox"/> You are their border |
| <input type="checkbox"/> Step-family member | |
| <input type="checkbox"/> Other, specify: HC_RELATNSP | |

2. What is your marital status? **HC_MARISTAT**

- | | |
|--|---|
| <input type="checkbox"/> Never Married | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Married/Living Together | <input type="checkbox"/> Not applicable (child less than 10) |
| <input type="checkbox"/> Separated/Divorced | |

3. For how many years did you go to school? **HC_SCHOOLDU** years (Enter 00 if subject did not go to school.)☐ **HC_SCHOOLDK**
Refused to answer☐ Don't know**EXPOSURE TO INDEX CASE**

Now I will ask you a few more questions about your relationship with [the Index Case].

4. Over the past 3 months, did you spend time in the presence of [the Index Case] every day? **HC_EXPDAY**☐ Yes☐ No → If NO, on average how many days per week do you spend some time in the presence of [the Index Case]? **HC_EXP**
HC_EXPWK**5. How long have you lived with [the Index Case]? (Enter months OR years)** months **HC_LIVEDY** OR years **HC_LIVDM**



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Household contact ID number: SUBJID2

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6. Over the past 3 months, on the days that you had contact with [the Index Case], on average how many hours per day did you spend in the same house with [the Index Case]? HC_EXPH

- ☐ <1 hour per day
- ☐ Between 1-6 hours per day
- ☐ More than 6 but less than 12 hours per day
- ☐ 12 or more but less than 18 hours per day
- ☐ 18 hours or more per day
- ☐ Don't know

7. How many meals per day did you share with [the Index Case] on average in the past 3 months? HC_MEAL

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3 or more

8. Before [the Index Case] was diagnosed with tuberculosis, how close did you sleep to [the Index Case] most nights? (Read options aloud) (check one answer)

- ☐ Same room, same bed HC_SLEEPHX
- ☐ Same room, different bed
- ☐ Same building, different room
- ☐ Different building that is part of the same household
- ☐ Other (specify) HC_SLEEPHXSP

9. Now, since [the Index Case] was diagnosed with tuberculosis, how close do you sleep to [the Index Case] most nights? (Read options aloud) (check one answer) HC_SLEPPRES

- ☐ Same room, same bed
- ☐ Same room, different bed
- ☐ Same building, different room
- ☐ Different building that is part of the same household
- ☐ Other (specify) HC_SLEPPRESSP

10. Since [the Index Case] became ill, have you helped care for him/her by bringing him/her food or drinks, helping him/her dress, or otherwise attending to his/her needs? HC_CARE

- ☐ Yes (Go to 10a)
- ☐ No

10a. If yes, how often on average? HC_CAREH

- ☐ <1 hour per day
- ☐ Between 1-6 hours per day
- ☐ More than 6 but less than 12 hours per day
- ☐ 12 or more but less than 18 hours per day
- ☐ 18 hours or more per day
- ☐ Don't know



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TB HISTORY

Now I will ask you a few questions about any history that you have with TB disease.

11. As far as you know, have you ever been diagnosed with any form of tuberculosis? HC_TBDX

☐ Yes (go to 11a)

☐ No

11a. Were you told that your TB disease just involves your lungs? HC_TBLNG

☐ Yes

☐ No

☐ Don't Know

12. Have you ever been told that you have a positive skin test for tuberculosis?

☐ Yes (go to 12a) HC_TBTST

☐ No

☐ Don't Know

12a. Have you ever taken a medicine called Isoniazid to treat this? HC_INH1

☐ Yes (go to 12b)

☐ No

☐ Don't Know

12b. Are you currently taking Isoniazid? HC_INH2

☐ Yes

☐ No

13. Have you ever known anyone with TB other than [the Index Case]? HC_CONTOTH

☐ Yes

☐ No

☐ Don't Know

RISK BEHAVIOURS

Now I am going to ask you some questions about your use of alcoholic beverages during this past year.

Use the alcohol Beverage Card to show the different types and sizes of drinks.

14a. How often do you have a drink containing alcohol? HC_ALCFRQ

☐ Never (skip to question 15) 0

☐ Monthly or less 1

☐ 2 to 4 times a month 2

☐ 2 to 3 times a week 3

☐ 4 or more times a week 4

14b. How many drinks containing alcohol do you have on a typical day when you are drinking? HC_ALCDOSTX

☐ 1 or 2 0

☐ 3 or 4 1

☐ 5 or 6 2

☐ 7, 8 or 9 3

☐ 10 or more 4

14c. How often do you have six or more drinks on one occasion? HC_ALCUSE

☐ Never 0

☐ Less than monthly 1

☐ Monthly 2

☐ Weekly 3

☐ Daily or almost daily 4

Now I will ask you a few questions about your smoking habits.

15. Have you ever smoked tobacco? HC_SMOKHX

☐ Yes, current smoker (Go to 16)

☐ Yes, former smoker (Go to 16)

☐ No (Skip to 16)



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18. Which of the following have you ever smoked regularly: HC_SMKTYP

| | | | |
|--|---|----------------------------------|---|
| <input type="checkbox"/> Beedis, hand-rolled cigarettes, BIDIYN or manufactured unfiltered cigarettes | → If checked ask the following questions: | HC_BIDIDURY | HC_BIDIDURM |
| | How long have you smoked these? | <input type="text"/> years | OR <input type="text"/> months |
| Over the time that you've smoked, around how many did you smoke per day? | | <input type="text"/> HC_BIDIPAST | |
| On average, how many do you currently smoke per day? Enter 00 if not a current smoker | | <input type="text"/> HC_BIDICURR | |
| If you are not currently smoking these days, how long has it been since you quit? | | <input type="text"/> years | OR <input type="text"/> months HC_BIDIQUITY HC_BIDIQUITM |
| <input type="checkbox"/> Manufactured filtered cigarettes CIGYN | → If checked ask the following questions: | HC_CIGDURY | HC_CIGDURM |
| | How long have you smoked these? | <input type="text"/> years | OR <input type="text"/> months |
| Over the time that you've smoked, around how many did you smoke per day? | | <input type="text"/> HC_CIGPAST | |
| On average, how many do you currently smoke per day? Enter 00 if not a current smoker | | <input type="text"/> HC_CIGCURR | |
| If you are not currently smoking these days, how long has it been since you quit? | | <input type="text"/> years | OR <input type="text"/> months HC_CIGQUITY HC_CIGQUITM |
| <input type="checkbox"/> Cigars, cheeroots, or cigarillos CGRYN | → If checked ask the following questions: | HC_CGRDURY | HC_CGRDURM |
| | How long have you smoked these? | <input type="text"/> years | OR <input type="text"/> months |
| Over the time that you've smoked, around how many did you smoke per day? | | <input type="text"/> HC_CGRPAST | |
| On average, how many do you currently smoke per day? Enter 00 if not a current smoker | | <input type="text"/> HC_CGRCURR | |
| If you are not currently smoking these days, how long has it been since you quit? | | <input type="text"/> years | OR <input type="text"/> months HC_CGRQUITY HC_CGRQUITM |
| <input type="checkbox"/> Hookah HOOYN | → If checked ask the following questions: | HC_HOODURY | HC_HOODURM |
| | How long have you smoked these? | <input type="text"/> years | OR <input type="text"/> months |
| When you smoked these, around how long did you smoke per day? | | <input type="text"/> hours | OR <input type="text"/> minutes HC_HOOPASTH HC_HOOPASTM |
| On average, how much time do you currently spend smoking per day? Enter 00 if not a current smoker | | <input type="text"/> hours | OR <input type="text"/> Minutes HC_HOOCURRH HC_HOOCURR |
| If you are not currently smoking these days, how long has it been since you quit? | | <input type="text"/> years | OR <input type="text"/> months HC_HOOQUITY HC_HOOQUITM |
| <input type="checkbox"/> Other, specify: _____ SMOYN | → If checked ask the following questions: | HC_SMODURY | HC_SMODURM |
| | How long have you smoked these? | <input type="text"/> years | OR <input type="text"/> months |
| Over the time that you've smoked, around how many did you smoke per day? | | <input type="text"/> HC_SMOPAST | |
| On average, how many do you currently smoke per day? Enter 00 if not a current smoker | | <input type="text"/> HC_SMOCURR | |
| If you are not currently smoking these days, how long has it been since you quit? | | <input type="text"/> years | OR <input type="text"/> months HC_SMOQUITY HC_SMOQUITM |



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Household contact ID number: SUBJID5

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CLINICAL QUESTIONS

I will now ask you some questions about your past health and how you are feeling. (If the participant is a child, the parent or guardian may respond.)

17. Have you ever been diagnosed with or been told you have the following: HC_MEDHx

- ☐ Chronic obstructive pulmonary disease (COPD) COPD ☐ Hepatitis (infection of the liver) Hepatitis
- ☐ Cancer CANCER ☐ Chronic kidney failure requiring hemodialysis Kidneyfail
- ☐ Partial or complete removal of your stomach Removstom ☐ Silicosis Silicosis

HIV

18. Have you been tested for HIV in the past 6 months? HC_HIV

- ☐ Yes (Go to 18a) → 18a. Where were you last tested? HC_HIVLOC
- ☐ No
- ☐ Don't know

DIABETES MELLITUS

19. Have you ever been diagnosed with Diabetes Mellitus? HC_DMDX

- ☐ Yes (Go to 18a-b) → 19a. In what year were you diagnosed? HC_DMDXY
- ☐ No
- ☐ Don't know
- 19b. How have you managed your diabetes this past month? HC_DMTX
- ☐ Insulin injections
- ☐ Oral medication
- ☐ Other injectable medications
- ☐ Dietary changes only
- ☐ Unknown
- ☐ Other (specify): HC_DMTXSP

20. Have you had any of the following signs/symptoms within the past 4 weeks?

- Cough** HC_COUGH ☐ Yes ☐ No
- *If "Yes," collect sputum sample after completing the questionnaire. This person may have TB.
- Duration: weeks HC_COUGHDUR
- Or if duration unknown, ask: Has your cough lasted: HC_COUGHCAT
- ☐ 0-14 days 1
- ☐ 15-28 days 2
- ☐ > 28 days 3
- Coughing up blood? ☐ Yes ☐ No HC_COUGHBLD

Fever HC_FEVER

- ☐ Yes ☐ No ☐ Unknown
- Duration: weeks HC_FEVERDUR
- ☐ Unknown HC_FEVERUNK 4

Excessive night sweats HC_NIGHTSWT

- ☐ Yes ☐ No ☐ Unknown
- Duration: weeks HC_NIGHTSWTDUR
- ☐ Unknown HC_NIGHTSWTUNK 4

Unexpected weight loss HC_WTLOSS

- ☐ Yes ☐ No ☐ Unknown
- Duration: weeks HC_WTLOSSDUR
- ☐ Unknown HC_WTLOSSUNK 4

Loss of appetite if adult or failure to gain weight if child

- ☐ Yes ☐ No ☐ Unknown HC_FAILTHR

Chest pain especially with coughing or taking a deep breath

- ☐ Yes ☐ No ☐ Unknown HC_CHSTPAIN

Fatigue

- ☐ Yes ☐ No ☐ Unknown HC_FATIGUE



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21. Do you have any prescriptions from the doctor or pill bottles you are currently taking medication from? **HC_STEROIDS**

Ask to see the participant's perscriptions and/or pill bottles if they have any. Check the names of any medications you see on the list to the right:

- | | |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Wysolone | <input type="checkbox"/> Hisone |
| <input type="checkbox"/> Omnocortil | <input type="checkbox"/> Dexona |
| <input type="checkbox"/> Solumendrol | <input type="checkbox"/> Decdak |
| <input type="checkbox"/> Betnesol | <input type="checkbox"/> Decmax |
| <input type="checkbox"/> Betnelam | <input type="checkbox"/> Fluricot |

22. Who provided the answers to these questions? **HC_RESPNDT**

- ☐ The subject (household contact)
- ☐ Another person on behalf of the contact (specify relationship) **HC_RESPDNTSP**

CLINICAL ASSESSMENT

We have finished the questionnaire portion of this form. The nurse will now take a few measurements, including your height and weight.

23. Is a BCG scar present? (Examine the individual) **HC_BCGSCAR**

- ☐ Yes
- ☐ No (Go to 23a)
- ☐ Don't know (Go to 23a)

23a. Were you vaccinated against TB with the BCG vaccine? **HC_BCGVACC**

- ☐ Yes (Go to 23b)
- ☐ No
- ☐ Don't know

HC_BCGRTPT 23b. Aproximately when was the most recent BCG vaccination provided?

- | | |
|---|--|
| <input type="checkbox"/> < 1 year ago | <input type="checkbox"/> >= 10 years ago |
| <input type="checkbox"/> 1- <5 years ago | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 5 - 10 years ago | |

24. If participant is TST+ and has a cough, was sputum collected for testing?

- ☐ Yes Specify reason: **HC_NOSPUTCOL**
- ☐ No ☐ Unable to produce sputum **HC_SPUTCOL**
- ☐ Inadequate time
- ☐ Other, specify: **HC_NOSPUTCOLSP**

25. Arm circumference (nearest cm) **HC_ARM**

cm

26. Weight (nearest 1/10 kg) **HC_WEIGHT**

. kg

Estimate weight if unable to stand

27. Height (nearest cm) OR knee height if subject can't stand

cm

HC_HEIGHT

cm

HC_KNEEHT

Pregnancy tests should ONLY be performed on female participants who are between the ages of 18-50 years.

28. Is the participant pregnant? **HC_PREGNANT**

- ☐ Yes (Go to 28a) ☐ No ☐ Unknown ☐ Not assessed ☐ Not applicable, participant is male ☐ Participant declines to answer
- 28a. Approximately how many weeks have you been pregnant? **HC_GESTAGE** weeks
- weeks

Signature of Data Collector: **HC_SIGN**

Initials of Data Collector:

HC_INIT

Date Completed: **HC_COMPDAT**

/ /

Day

Month

Year