

Index case ID number: **SUBJID**

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Family ID: **FID**

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Date of Screening: **IS\_VISDAT**

		/			/				
Day			Month			Year			

Was the participant previously enrolled in Cohort B?: **IS\_PENRB**
☐ Yes → Household Contact ID: 

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B
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**IS\_PRIORIBID**
☐ No → How many other people over 6 years lived in this household with you these last 3 months? By "household" I mean others who eat from the same pot. 

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**IS\_CONTACTS**

1. Gender at birth: ☐ Male **IS\_SEX** ☐ Female  
2. Municipality: ☐ Puducherry **IS\_MUNIC** ☐ Villupuram ☐ Cuddalore
**INCLUSION CRITERIA** For a candidate to be eligible, all YES/NO questions in this table must be answered YES.

	Yes	No										
<b>3. Has informed consent been obtained as per applicable regulations?</b> <b>IS_ICFDT</b> If YES, date consent signed: <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td>2</td><td>0</td><td></td><td></td></tr></table> If NO, specify reason: <b>IS_ICFREAS</b> → <b>STOP; do not continue with screening.</b>					2	0			<input type="checkbox"/>	<input type="checkbox"/> <b>IS_ICF</b>		
2	0											
<b>4. Are you 6 years of age or older?</b> <b>4a. What is your date of birth OR age in years?</b> <b>IS_BIRTHDAT</b> Date of Birth*: <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> <b>OR</b> Age: <table border="1"><tr><td></td><td></td></tr></table> years <b>IS_AGE</b> *If the day and/or month are not known, please print 99 in the Day and/or Month fields. <input type="checkbox"/> Tick here if the date or age entered above is an estimate. <b>IS_AGEEST</b>											<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Is there laboratory documentation of at least one AFB smear grade ≥1+?</b> <b>IS_SMEAR</b> <b>5a. We understand you have a positive laboratory test for tuberculosis. Are you aware of this?</b> <b>IS_KNOWSMEAR</b>	<input type="checkbox"/>	<input type="checkbox"/>										
It is estimated that you will need to be treated for 6 months for your current TB diagnosis. <b>6. Do you intend to live in India for the duration of TB treatment?</b> <b>IS_INDIA</b>	<input type="checkbox"/>	<input type="checkbox"/>										
<b>7. Are you willing and able to participate in the study?</b> <b>IS_WILLNG</b> If NO, specify reason: <b>IS_UNWILLING</b>	<input type="checkbox"/>	<input type="checkbox"/>										
HIV Testing is a standard part of the Government's Revised National Tuberculosis Control Program. Everyone diagnosed with Tuberculosis is requested to get HIV testing. This will help with your treatment and overall health. <b>8. Are you willing to be tested for HIV?</b> <b>IS_HIVTEST</b>	<input type="checkbox"/>	<input type="checkbox"/>										



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Index case ID number: SUBJID2

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**EXCLUSION CRITERIA** For a candidate to be eligible, all YES/NO questions in this table must be answered NO.

	Yes	No
9. Apart from this current TB diagnosis, have you ever been partially or completely treated for TB in the past?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you begun treatment for your current TB diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
10a. If yes, when did you begin your current treatment? <div> <div><input type="text"/></div> <div>/</div> <div><input type="text"/></div> <div>/</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div>	<input type="checkbox"/>	<input type="checkbox"/>
11. In the preceding 30 days, have you received >1 week of multi-drug anti TB-therapy (3 intermittent doses OR 5 daily doses within 7 days)?	<input type="checkbox"/>	<input type="checkbox"/>
12. We know that not everyone remembers the names of medications they are taking. Do you know if you have received >1 week of fluoroquinolone (e.g. ofloxacin, ciprofloxacin, levofloxacin, moxifloxacin, nalidixic acid, sparflaxacin and gatifloxacin) therapy or other drugs with anti-TB activity [e.g. clofazamine, aminoglycosides(amikacin, kanamycin), and capreomycin] for any reason within 30 days prior to enrollment?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you been diagnosed with multi-drug resistant or extensively drug resistant tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you spent time with anyone that you know has multi-drug resistant or extensively drug resistant tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you chosen not to start or not to complete Directly Observed Therapy?	<input type="checkbox"/>	<input type="checkbox"/>

For a candidate to be eligible, questions 3-8 must be answered YES and questions 9-15 must be answered NO.

	Yes	No
16. Is the candidate eligible?	<input type="checkbox"/>	<input type="checkbox"/>
17. Was the candidate enrolled? If candidate was eligible but not enrolled, specify the reason they were not enrolled:	<input type="checkbox"/>	<input type="checkbox"/>

**COMMON PROTOCOL CRITERIA** Complete this section only for those who consented to participate in the specimen repository and were enrolled in the parent protocol (question 17 is answered YES). The participant should be enrolled in the parent protocol and not just be eligible. For a candidate to be eligible, question 1 must be answered YES and question 2a must be answered NO.

	Yes	No
1. Do you have a persistent cough (about two weeks or longer), cough up blood, fever, weight loss or failure to thrive (child), fatigue or lethargy, night sweats, or sharp chest pain that gets worse with deep breath?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you received multi-drug anti-TB therapy in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
2a. If you have been treated for TB disease in the past, has it been more than 30 days since your last dose of multi-drug anti-TB therapy?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the candidate eligible for the specimen repository?	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the candidate enrolled in the specimen repository?	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Data Collector: _____	Initials of Data Collector: <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>
Date Completed: <div><input type="text"/></div> <div>/</div> <div><input type="text"/></div> <div>/</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div>	