



Indo-US VAP Biomarkers for Risk of Tuberculosis and for Tuberculosis  
Treatment Failure and Relapse  
**HOUSEHOLD CONTACT SCREENING FORM**

Form 1B

*This form should be completed for every household contact being screened for eligibility and study enrollment.*

Household contact ID: **SUBJID** **1** **0** **2** - **0** **0** **0** **0** - **B** Family ID: **FID** **0** **0** **0** **0** Date of Screening: **HHC\_VISDAT** **0** **0** / **0** **0** / **0** **0** **0** **0**  
Day Month Year

<b>1. Gender at birth:</b> <b>SEX</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>2. For at least the past 3 months, the participant has:</b> <b>BINCL01</b> (multiple choices possible) <input type="checkbox"/> Slept under the same roof on average at least 5 days a week <input type="checkbox"/> Shared a meal on average at least 5 days a week <input type="checkbox"/> Watched TV or equivalent on average at least 5 days per week
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**INCLUSION CRITERIA** For a candidate to be eligible, all YES/NO questions in this table must be answered YES.

	Yes	No
<b>3. Did you sign the Household Contact Consent?</b> <b>HHC_ICFDT</b> If YES, date consent signed: <b>0</b> <b>0</b> / <b>0</b> <b>0</b> / <b>0</b> <b>0</b> <b>0</b> <b>0</b> Day Month Year If NO, specify reason: <b>HHC_ICFREAS</b> <b>STOP; do not continue with screening.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Are you 6 years of age or older?</b> <b>HHC_AGEY</b> 4a. What is your date of birth or age in years? <b>HHC_BRTHDAT</b> Date of Birth*: <b>0</b> <b>0</b> / <b>0</b> <b>0</b> / <b>0</b> <b>0</b> <b>0</b> <b>0</b> OR Age: <b>0</b> <b>0</b> years <b>HHC_AGE</b> Day Month Year *If 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>HHC_AGEEST</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Do you intend to reside with the Index Case for the upcoming year?</b> <b>HHC_BEXCL01</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Are you willing to have a Tuberculin Skin Test placed?</b> <b>HHC_BINCL02</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Are you willing and able to participate in the study?</b> <b>HHC_WILLING</b> If NO, specify the reason: <b>HHC_UNWILLING</b>	<input type="checkbox"/>	<input type="checkbox"/>

**EXCLUSION CRITERION** For a candidate to be eligible, this question must be answered NO.

	Yes	No
<b>8. Do you have a previous history of TB?</b> <b>HHC_TBHX</b> After completing form 2B, confirm responses to this question are consistent with reported TB history on form 2B	<input type="checkbox"/>	<input type="checkbox"/>

**FINAL SCREENING RESULT** **HHC\_ELIGIBLE**

	Yes	No
<b>9. Is the candidate eligible? Inclusion questions are answered YES and the exclusion question is answered NO.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. Was the candidate enrolled?</b> <b>HHC_ENROLL</b> If candidate was eligible but not enrolled, specify the reason they were not enrolled: <b>HHC_NOTENROLL</b>	<input type="checkbox"/>	<input type="checkbox"/>



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Household contact ID: SUBJID2

1	0	2	-	0					-	B
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**REPOSITORY CRITERIA**

Complete this section if the candidate consented to participate in the specimen repository and is enrolled in the parent protocol (question 10 answered YES). For a candidate to be eligible, the question 1 below must be answered NO, OR if answered YES, then question 1a must be answered YES.

	Yes	No
<b>1. Do you have a persistent cough (about two weeks or longer), cough up blood, draining lymph node or other evidence of extrapulmonary TB, fever, weight loss or failure to thrive (child), fatigue or lethargy, night sweats, or sharp chest pain that gets worse with deep breath?</b> HHC_CP1  <b>1a. If yes, have you had a chest x-ray and/or sputum culture that has ruled out active TB?</b> HHC_CP1a	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Is the candidate eligible for the specimen repository?</b> HHC_ELIGIBLECP	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Was the candidate enrolled in the specimen repository?</b> HHC-ENROLLCP	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Data Collector: _____ HHC_SIGN	Initials of Data Collector: <table border="1"><tr><td></td><td></td><td></td></tr></table> HHC_INIT								
Date Completed: <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> HHC_COMPDTE <small>Day Month Year</small>									