



51673

**CASES AND CONTROLS FOLLOW-UP FORM**

*This questionnaire must be completed for each Index Case with treatment failure and each matched control. It should also be completed for each incident Household Contact and matched controls.*

Participant ID Number: **SUBJID**

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Family ID: **FID**

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Date of evaluation: **CC\_VISTDAT**

		/			/				
Day		Month		Year					

Visit Type: **CC\_VIST**

- ☐ Index Case treatment failure
- ☐ Index Case Control
- ☐ Household Contact TB activation
- ☐ Household Contact control

Was contact and evaluation of participant possible? **CC\_CNCT**

- ☐ Yes
- ☐ No, specify reason then skip to end of form and sign.

**CC\_CNCTNDSP**

We would like to ask you some questions about your health, including information on living conditions and health facilities. This survey will take about 15 minutes. The information you provide will be used to better understand how tuberculosis affects people. Your answers will not be released to anyone and will remain anonymous. Your name will not be written on the questionnaire. Do you want to ask me anything about the survey? *(Answer any questions and address respondent's concerns.)*

May I start the interview now? *(Proceed if subject agrees.)*

*If the participant is an index case (cohort A) start with question one. If not (cohort B) skip to question 3.*

We will begin with a few questions about getting to your DOTS treatment center where you receive your tuberculosis medicine.

**1. On most days how do you get to the place where you get your tuberculosis medication?**

- ☐ Bicycle ☐ Taxi **CC\_TRVTBTX**
- ☐ Bus ☐ Walk
- ☐ Car ☐ Motorcycle/scooter/moped
- ☐ Rickshaw ☐ Other

**2. On most days how long does it take you to travel from your home to the place where you receive your tuberculosis medications?**

		:		
H	H		M	M

**CC\_TRVTIM**  
*Enter 99:99 if unknown.*

I'm going to ask you about the water used for different purposes in and around your home. *(If the participant is a child or otherwise unable to respond, the parent, guardian or other household member may respond).*

**3. What is the main source of water for your household?**

- ☐ Piped water piped into dwelling **CC\_WTRSRC**
- ☐ Piped to yard/plot
- ☐ Public tap/standpipe
- ☐ Tube well or borehole
- ☐ Protected dug well
- ☐ Unprotected dug well
- ☐ Rainwater
- ☐ Tanker truck
- ☐ Surface water (river/dam/lake/pond/stream/canal/irrigation channel)
- ☐ Bottled water
- ☐ Other **CC\_WTRSRCSP**

**4. Is the water source located in your home or on your property?**

- ☐ Yes **CC\_WTRLOC**
- ☐ No



51673

Participant ID Number: SUBJID2

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5. How long does it take you to go from the kitchen, get the water, and come back? CC\_WTRDUR

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minutes If unknown, enter 999.

6. Do you usually treat your water in any way to make it safer to drink? CC\_WTRTX

- ☐ Yes
- ☐ No (Go to question 8)

7. What do you usually do to the water to make it safer to drink? (Do not read options aloud. Check all that apply.) CC\_WTRPUR

- ☐ Boil
- ☐ Use alum
- ☐ Add bleach/chlorine tablets
- ☐ Strain through a cloth
- ☐ Use water filter (ceramic/sand/composite/etc)
- ☐ Use electric purifier
- ☐ Let it stand and settle
- ☐ Nothing
- ☐ Other, (specify): CC\_WTRPURSP

8. What kind of toilet do members of your household usually use? CC\_TOILET

- ☐ Flush or pour flush toilet to piped water system
- ☐ Flush to septic tank
- ☐ Flush, don't know where
- ☐ Pit latrine with slab
- ☐ Pit latrine without slab/open pit
- ☐ Composting toilet
- ☐ No facility/bush/field

Some people wash their hands frequently, and others choose not to.

9. On a given day, when do you wash your hands? By that I mean, do you wash your hands before or after certain activities? (Do not read options aloud. Check all that apply.) CC\_HNDWSH

- ☐ Before a meal ☐ Before preparing a meal
- ☐ After a meal ☐ Before feeding a child
- ☐ After defecation ☐ After feeding a child
- ☐ When they look dirty

10. Would you please show me where members of your household most often wash their hands. CC-WSH

- ☐ Observed (Go to 11a-b)
- ☐ Not observed in dwelling/yard/plot
- ☐ Not observed, no permission to see
- ☐ Not observed, other reason

Skip to question 12

11a. OBSERVATION ONLY: Observe presence of water at the place for handwashing. CC\_OBSWTR

- ☐ Water is available
- ☐ Water is not available

11b. OBSERVATION ONLY: Observe presence of soap, detergent, or other cleansing agent. CC\_OBSSOAP

- ☐ Soap or detergent (bar, liquid, powder, paste)
- ☐ Ash, mud, straw
- ☐ None

12. When you go outside, how often do you wear shoes?

- ☐ All the time CC\_SHOES
- ☐ Most of the time
- ☐ Occasionally
- ☐ Rarely
- ☐ Never

13. Does your household have any mosquito nets that can be used while sleeping? CC\_MNET

- ☐ Yes (Go to 13a-b)
- ☐ No

13a. How many mosquito nets do you have?

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CC\_MNETNUM

13b. How many people in your household slept under mosquito nets last night?

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CC\_MNETUSE



51673

Participant ID Number: SUBJID3

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**RISK BEHAVIOURS**

Now I am going to ask you some questions about your use of alcoholic beverages during this past year.  
Use the alcoholic beverages show card to show different types and quantities of drinks.

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

- ☐ Never (Skip to Qs 21i-j) CC\_ALCFRQ
- ☐ Monthly or less
- ☐ 2 to 4 times a month
- ☐ 2 to 3 times a week
- ☐ 4 or more times a week

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

- ☐ 1 or 2 ALCDOSTX
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7, 8 or 9
- ☐ 10 or more

**14c. How often do you have six or more drinks on one occasion?** CC\_ALCUSE

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

If the answer to 14b is "1 or 2" and the answer to 14c is "Never," then skip to Questions 15i and j.

**14d. How often during the last year have you found that you were not able to stop drinking once you started?** CC\_ALCNOSTOP

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

**14e. How often during the last year have you failed to do what was normally expected from you because of drinking?**

- ☐ Never CC\_ALCEXPEC
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

**14f. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?** CC\_ALCMORN

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

**14g. How often during the last year have you had a feeling of guilt or remorse after drinking?**

- ☐ Never CC\_ALCREMOR
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

**14h. How often during the last year have you been unable to remember what happened the night before because you had been drinking?** CC\_ALCFRGT

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

**14i. Have you or someone else been injured as a result of your drinking?** CC\_ALCINJ

- ☐ No
- ☐ Yes, but not in the last year
- ☐ Yes, during the last year

**14j. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?** CC\_ALCCONCERN

- ☐ No
- ☐ Yes, but not in the last year
- ☐ Yes, during the last year



51673

Participant ID Number: SUBJID4

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**15. When did you have your last drink?** CC\_LSTDRNK

- ☐ Never (skip to question 21)
- ☐ More than one month ago
- ☐ Within the last 30 days
- ☐ Within the last 7 days
- ☐ Today

*If choice other than "Never," answer questions 16-20:***16. How often do you visit arrack shops?** CC\_ARRACK

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

**17. How old were you when you had your first drink?** CC\_FRSTDRNK  years**18. How old were you when you started drinking regularly?** CC\_DRNKFRQ  years**19. What is the most number of drinks you can have before getting sick or passing out?** CC\_DRNKMAY  drinks**20. Was there a time in your life when you drank more heavily than you do now?** CC\_DRNKMORE

- ☐ Yes
- ☐ No

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

**21. Have you changed your smoking habits in the past 6 months?** CC\_SMOKE

- ☐ Yes (Go to 21a-b)
- ☐ No (Skip to 22)

**21a. Which of the following do you currently smoke:** CC\_SMKTYP**21b. If checked, how many per day?**

- ☐ Beedis or other hand-rolled cigarettes →   BIDICURR
- ☐ Manufactured cigarettes →   CIGCURR
- ☐ Cigars, cheeroots, or cigarillos →   CGRCURR
- ☐ Hookah →   HOOCUR
- ☐ Other →   SMKOTHCUR
- ☐ None, do not smoke anymore

**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.)*

**22. Since you enrolled in the study, have you been diagnosed with or been told you have the following:** CC\_MEDHX

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



51673

Participant ID Number: SUBJID5

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**HIV**

23. Since you enrolled in the study, have you been tested for HIV? CC\_HIV

☐ Yes (Go to 23a)

☐ No

☐ Don't know

23a. Where were you last tested? CC\_HIVLOC

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**DIABETES MELLITUS**

24. Since you enrolled in the study, have you been diagnosed with diabetes? CC\_DMDX

☐ Yes (Go to 24a)

☐ No (Skip to 25)

☐ Don't know (Skip to 25)

24a. How have you treated your diabetes in the past month? CC\_DMTx

☐ Insulin injections

☐ Oral medication

☐ Other injectable medications

☐ Dietary changes only

☐ Unknown

☐ Other, (specify): CC\_DMTXSP

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**HELMINTH INFECTION**

25. Were you diagnosed with a helminth or worm infection in the past year? CC\_HELMDX

☐ Yes (Go to 25a-b)

☐ No

☐ Don't know

25a. Did you receive treatment?

☐ Yes CC\_HELMTX

☐ No

☐ Don't know

25b. When were you last treated?

☐ This past month CC\_HELMLASTTx

☐ Past 1-6 months

☐ 7-12 months

**DEPRESSION ASSESSMENT**

Now I am going to ask you questions about how you felt in the PAST WEEK. Please choose from the following options (*Read options aloud.*):

	Rarely or none of the time (<1 day)	Some or a little of the time (1-2 days)	Occasionally or moderate amount of time (3-4 days)	All of the time (5-7 days)	
26a. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC_DEP1
26b. I was bothered by things that usually dont bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC_DEP2
26c. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC_DEP3
26d. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC_DEP4
26e. I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC_DEP5
26f. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC_DEP6
26g. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC_DEP7
26h. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC_DEP8
26i. I could not "get going".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC_DEP9



51673

Participant ID Number: SUBJID6

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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.)

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

Wheezing

☐ Yes☐ No☐ Unknown

CC\_WHZNG

Excessive thirst

☐ Yes☐ No☐ Unknown

CC\_THIRST

Abdominal pain/discomfort

☐ Yes☐ No☐ Unknown

CC\_ABDISC

Nausea or vomiting

☐ Yes☐ No☐ Unknown

CC\_NAUSVOM

Diarrhea (more than 3 episodes of loose stool per day)

☐ Yes☐ No☐ Unknown

CC\_DRRH

Worms visible in stool

☐ Yes☐ No☐ Unknown

CC\_WORMS

Urinating more frequently than usual

☐ Yes☐ No☐ Unknown

CC\_URINE

Swelling of scrotum (if male)

☐ Yes☐ No☐ Unknown

CC\_SWLSCR

Episodes of pain, swelling, and redness of arm or leg usually accompanied by fever, headache and feeling ill

☐ Yes☐ No☐ Unknown

CC\_ARMLEG

Lumps/bumps under the skin

☐ Yes☐ No☐ Unknown

CC\_LUMPS

Rash

CC\_RASH

☐ Yes☐ No☐ Unknown

Red curvy lines under the skin? CC\_CURVYRSH

☐ Yes ☐ No ☐ Unknown**28. Have you had swelling of an arm or leg that lasted for more than 1 month?** CC\_LMBSWL☐ Yes☐ No☐ Unknown

Now I am going to ask you a few questions about other medical tests or medicines you might have received.

**29. Do you have any prescriptions from the doctor or pill bottles you are currently taking medication from?** CC\_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 below:

☐ Wysolone☐ Hisone☐ Omnocortil☐ Dexona☐ Solumendrol☐ Decdak☐ Betnesol☐ Decmax☐ Betnelam☐ Fluricot



51673

Participant ID Number: SUBJID7

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**PREGNANCY/MENSTRUAL HISTORY**

If the participant is female and between 18-50 years, please ask the following questions. Otherwise, skip to question 37.

Now I am going to ask you a few questions about your menses.

30. At what age did you start getting your period? CC\_MENSESAGE

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☐ Has not had a menstrual period CC\_NOMENES  
(skip to question 37)

31. Do you still get your menses? CC\_MENSESYN

☐ Yes

☐ No

32. Have you ever been married? CC\_EVRMARRIED

☐ Yes

☐ No (Skip to question 37)

Unfortunately, some pregnancies end before a baby is born.

33. How many times have you been pregnant? CC\_PREGNUM

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34. Do you have any children? CC\_CHDRNYN

☐ Yes

☐ No (skip to question 37)

35. How many children do you have? CC\_CHDRNNUM

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36. In what years were your children born?

Child 1: CC\_CHILDY1

Child 5: CC\_CHILDY5

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Child 2: CC\_CHILDY2

Child 6: CC\_CHILDY6

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Child 3: CC\_CHILDY3

Child 7: CC\_CHILDY7

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Child 4: CC\_CHILDY4

Child 8: CC\_CHILDY8

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**DIETARY QUESTIONS**

Now I will ask you some questions about the food people in your household eat. By household, I mean the people who eat at least five meals here each week. (If the participant is a child or otherwise unable to respond, the parent, guardian or other household member may respond.)

37. In the past four weeks:

a. Did you worry that your household would not have enough food? CC\_DIET1

☐ No ☐ Rarely ☐ Sometimes ☐ Often

b. Were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?

☐ No ☐ Rarely ☐ Sometimes ☐ Often CC\_DIET2

c. Did you or any household member have to eat a limited variety of foods due to a lack of resources? CC\_DIET3

☐ No ☐ Rarely ☐ Sometimes ☐ Often

d. Did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food? CC\_DIET4

☐ No ☐ Rarely ☐ Sometimes ☐ Often

e. Did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food? CC\_DIET5

☐ No ☐ Rarely ☐ Sometimes ☐ Often

f. Did you or any other household member have to eat fewer meals in a day because there was not enough food?

☐ No ☐ Rarely ☐ Sometimes ☐ Often CC\_DIET6

g. Was there ever no food to eat of any kind in your household because of lack of resources to get food? CC\_DIET7

☐ No ☐ Rarely ☐ Sometimes ☐ Often

h. Did you or any household member go to sleep at night hungry because there was not enough food? CC\_DIET8

☐ No ☐ Rarely ☐ Sometimes ☐ Often

i. Did you or any household member go a whole day and night without eating anything because there was not enough food? CC\_DIET9

☐ No ☐ Rarely ☐ Sometimes ☐ Often



51673

Participant ID Number: SUBJID8

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**CLINICAL ASSESSMENT**

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

**38. Weight (nearest 1/10 kg) CC\_WEEGHT**

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kg
**39. Height (nearest cm) OR knee height if subject can't stand**

			CC_HEIGHT			CC_KNEEHT
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cm
**40. Arm circumference (nearest cm) CC\_ARM**

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cm

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

**41. If participant is a female aged 18-50 years, was a pregnancy test done? CC\_PREGTEST**
☐ Yes (Go to 41a) → 41a. Date of Pregnancy Test: 

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 CC\_PREGDAT  
Day Month Year

☐ No (Go to 41b)


41b. If not done, why was test not performed? CC\_NOPRGTEST

☐ Participant known to be pregnant

☐ Other specify, CC\_NOPRGTESTSP \_\_\_\_\_
**42. Is the participant pregnant? CC\_PREGNANT**
☐ Yes (Go to 42a) → 42a. Approximately how many weeks have you been pregnant?

☐ No 

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 weeks CC\_GESTAGE

☐ Unknown

☐ No assessed

☐ Not applicable, participant is male

☐ Participant declines to answer or be tested

Signature: CC\_SIGN \_\_\_\_\_

Initials: 

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 CC\_INIT
Date Completed: 

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 CC\_COMPDAT  
Day Month Year