



38496

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

Form 12B

HOUSEHOLD CONTACT FOLLOW-UP VISIT FORM

Household contact ID: SUBJID

1 0 2 - 0 - B

Date of evaluation: FUB_VISDAT

Day / Month / Year

☐ FUB_CNTC☐ Could not contact or evaluate, specify reason:

FUB_CNTCNDSP

This visit was conducted: FUB_CNTCHOW

☐ 1 In person☐ 2 By phone☐ 4 Other, specify:

FUB_CNTCHOWSP

1. Visit type: FUB_VISIT

☐ Month 1☐ Month 2☐ Month 6☐ Month 12☐ Month 24☐ TB Activation

TB SYMPTOMS

2. Have you had any of the following signs/symptoms since the last study visit?

FUB_COUGH

Cough

☐ Yes☐ No

Duration: weeks

FUB_COUGHDUR

*If "Yes," collect sputum sample
after completing the questionnaire.
This person may have TB.Coughing up blood? ☐ Yes☐ No

FUB_COUGHBLD

Fever FUB_FEVER

☐ Yes☐ No☐ Unknown

Excessive night sweats

FUB_NIGHTSWT

☐ Yes☐ No☐ Unknown

Unexpected weight loss

FUB_WTLOSS

☐ Yes☐ No☐ UnknownLoss of appetite if adult or
failure to gain weight if a child

FUB_FAILTHRV

☐ Yes☐ No☐ UnknownChest pain especially with coughing
or taking a deep breath

FUB_CHSTPAIN

☐ Yes☐ No☐ Unknown

Fatigue

FUB_FATIGUE

☐ Yes☐ No☐ Unknown

TB EVALUATIONS

3. Did the you receive INH prophylaxis over the study
period? This medicine is for tuberculosis infection.

FUB_INH

☐ Yes (Go to 3a)☐ No (Go to 4)☐ Unknown (Go to 4)

FUB_INHDUR

3a. INH prophylaxis was taken for:

☐ Less than 3 months☐ 3 months to less than 6 months☐ 6 months or more

4. Were any laboratory or clinical evaluations done since the last study visit?

FUB_LABSYN

☐ Yes, complete the following:Sputum AFB smear ☐ Yes☐ No

FUB_AFBYN

☐ No (Go to 5)Sputum culture for TB ☐ Yes☐ No

FUB_CULTUREYN

Chest X-ray ☐ Yes☐ No

FUB_CXRY

☐ Unknown (Go to 5)Other ☐ Yes☐ No

FUB_OTHEVALYN

specify:

FUB_OTHEVALSP



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Household contact ID:

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 SUBJID2

5. Have you been diagnosed with active TB? FUB_TBDIAG

☐ Yes 1☐ No 2

6. Did you start a multi-drug TB regimen? FUB_TBTRTYN

☐ Yes 1

6a. If yes, report multi-drug anti-TB treatment start date:

☐ No (Go to 7) 2

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 Day

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 Month

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 Year

FUB_TBTRTSP

☐ Unknown (Go to 7) 4**PREGNANCY** ONLY assess pregnancy status for women ages 18-50.

7. Are you pregnant? FUB_PREGNANT

☐ Yes (Go to 7a)

7a. Approximately how many weeks have you been pregnant?

☐ No (Go to 8)

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 weeks

FUB_GESTAGE

☐ 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? FUB_PREGOUT

☐ Live birth (full term)☐ Still birth (intrauterine fetal demise >20 weeks)☐ Miscarriage (=<20 weeks)☐ Early termination

8a. Date of outcome:

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 Day

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 Month

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 Year

FUB_PREGOUTDAT

☐ No, has not been pregnant (Go to 9)☐ Participant declines to answer (Go to 9)

Signature of Data Collector: FUB_SIGN

Initials of Data Collector:

FUB_COMPDAT

Date Completed:

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 Day

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 Month

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 Year

FUB_INIT