

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

INDEX CASE: Clinical/Demographic Form

This questionnaire must be completed for each Index Case as the baseline visit. The purpose of this questionnaire is to evaluate the clinical characteristics and infectiousness of the Index TB case.

Ind	dex Case ID Number: SUBJID				D	F				Fam	Family ID Number:			PHC ID (Refer to code sheet):								
1	0	2	-	0					-	A										PHCID		
Dat	e of e	valu	atio	n: IC	C_VI	SDA ⁻	Т		•				FID									
Day		/	Mon	th	/	Yea	r															
This s affect there may l	survey ts peop is a quoe sen	will ple. uest sitiv	take You ion e, b	e abor r ans that ut plo	out 1 wers you'd ease	5 mi will d rat do y	nute: rem: her r our l	s. The ain a not a best t	e inf nony nswe to ar	orma /mou er, pl nswe	ition yo is. Your ease let	u pro name me k :ly. A	vide e will know t this	will be not b and v	e used e writ ve can	to bett ten on t skip th	er ur he q at qu	nders uest iestic	stand ionna on. So	how tube aire. At an	y time, if e questions	
May	May I start the interview now? (Proceed if participant agre										es.)											
	Ve will begin with a few questions about your background. he guardian is not present, say, "You may want your paren											-	-							espond and	d	
DEM	OGRA	APH	IIC II	NFO.	RMA	ATIO	N						3. W	hat is	the ca	ste or	tribe	of tl	ne he	ad of the	household	IS CAST
1. \	Vhat i	s yo	ur m	narita	al sta	itus?	IC_	MAR	ISTA	AT			☐ s	chedu	ıled ca	ste						
	Never	ma	rried	ł									☐ s	chedu	ıled tri	be						
	Marri	ed/l	_ivin	g tog	ethe	r								ther l	oackw	ard cas	te					
	Separa	ate/	'divo	rced									None of them									
	Widov	wed										☐ No caste or tribe										
	Not a	pplic	cable	e (chi	ld)								☐ Don't know									
2. \	Vhat is	s yo	ur re	eligio	n? ^{lC}	RE_	LIGI	ON					4. WI	hat is	your r	ative la	angu	age?	IC_	LANGUA	GE	
	Christ	ian		☐ Z	'oroa	astria	an (Pa	arsi)					ДА	ssame	ese	□ к	onkai	ni		Sindhi		
	Hindu			<u> </u>	Not r	eligio	ous						В	engali		M	alyal	am	[Tamil		
	Muslii	m			Othe	r, spe	ecify:		C_R	ELIG	IONSP		Eı	nglish		Шм	anip	uri		Telgu		
	Sikh Refused to answer									G	ujrath	ni	ШΜ	aratl	hi	[Urdu					
	Jain				Oon't	: kno	W						□н	indi		□ N	epali		[Other,	specify:	
	Buddh	nist											☐ K	annac	la	□ o	ria			IC_LA	NGUAGES	SP
													<u></u> Ка	ashmi	ri	ПР	unjab	i				



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5. For how many years did your mother go to school? IC_MASCHOOLDU years (Enter 00 if mother did not go to school.) IC_MASCHOOLDK Refused to answer Don't know 6. For how many years did you go to school? IC_SCHOOLDU years (Enter 00 if subject did not go to school.) IC_SCHOOLDK Refused to answer	TUBERCULOSIS SOURCE EVALUATION I am going to ask you questions about your household. By household, I mean others who eat from the same pot. 10. How long have you been living in your current household? IC_HOMETIME years 11. How many people live in this household? IC_HHMEMNUM members
 ☐ Don't know If the participant went to school, ask: 6a. Was this non-formal education? IC_SCHOOLINF ☐ Yes ☐ No 	12. Over the last 3 months, how many hours per day do you spend at your household on average? IC_HOMEHOUR If this can't be recalled, go through the day with them. Less than 6 hours per day Between 6-12 hours per day Between 13-18 hours per day
7. Before you became ill, were you working, unemployed, a housewife or a student? IC_JOB Employed	Over 18 hours per day Don't know
☐ Student ☐ Housewife ☐ Unemployed	13. Has anyone else in your household been diagnosed with tuberculosis? IC_HHTBDX Yes (Go to 13a)
Other, specify: 8. On average, before you were sick, what was the combined monthly income for all people in your household? IC_HHINCOME	☐ No ☐ Don't Know 13a. If YES, was this person told he/she had tuberculosis before or after you were diagnosed with tuberculosis? ☐ Before ☐ Before
☐ Rs 3000-5000 ☐ Rs 5001-10000 ☐ > Rs 10000 ☐ Refused to answer	☐ After ☐ Don't Know
Don't know 9. How many wage earners are there in this house? IC_HHEARNER wage earners	



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The next questions ask about your knowledge and opinions on tuberculosis disease 14. How does tuberculosis pread from one person to another? IC TESPREAD (Multiple Responses Possible) (Read options aloud) Through the air when coughing or sneezing Cough Through sharing clothes/sed sheets/towels Clothes Through sharing clothes/sed sheets/towels Clothes Through sharing clothes/sed sheets/towels Clothes Through thouching a person with tuberculosis Touch Through mosquito bites Mosquito	TUBERCULOSIS KNOWLEDGE	RISK BEHAVIOURS
to another? C_TESPREAD (Multiple Responses Possible) (Read options aloud) Through the air when coughing or sneezing Cough Through sharing utensils Utensils Through sharing clothes/bed sheets/towels Clothes Through sharing clothes/bed sheets/towels Clothes Through sharing clothes/bed sheets/towels Clothes Through sharing distriction of the coughing of sneezing Cough Through sharing distriction of the coughing of sneezing Cough Through sharing clothes/bed sheets/towels Clothes Through sharing distriction of the coughing of sheets/towels Clothes Through sharing distriction of the coughing of sheets/towels Clothes Through sharing distriction of the coughing of sheets/towels Clothes Through sharing distriction of the coughing of sheets/towels Clothes Through sharing distriction of the coughing of sheets/towels Clothes Through sharing distriction of the coughing of sheets of drinks. Never Good of the coughing of sneezing Cough Now the coughing of sneezing Cough Now the coughing alcohol? IC_ALCFRO A or more times a week 3 4 or more times a week 4 16b. How many drinks containing alcohol do you have on a typical day when you are drinking? IC_ALCDOSTX 1 or 2 0 3 or 4 1 5 or 6 2 7, 8 or 9 3 10 or more 4 16c. How often do you have six or more drinks on one occasion? IC_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. 17. Have you ever smoked tobacco? IC_SMOKHX Yes, current smoker (Go to 18)	•	
Through sharing utensils Utensils Newer (skip to question 17) O	to another? IC_TBSPREAD	
☐ Through sharing clothes/bed sheets/towles Clothes ☐ Monthly or less 1 ☐ Through smoking bidis/cigarettes/tobacco Cigarettes ☐ 2 to 4 times a month 2 ☐ Through food Food ☐ 4 or more times a week 3 ☐ Through mosquito bites Mosquito ☐ 1 or 2 0 ☐ Don't know TBKNOWCHER ☐ 3 or 4 1 ☐ St. Can tuberculosis be cured? IC_TBCURE ☐ 7, 8 or 9 3 ☐ No ☐ 10 or more 4 ☐ Don't know Inc. How often do you have six or more drinks on one occasion? IC_ALCUSE ☐ Never 0 ☐ Less than monthly 1 ☐ Less than monthly 1 ☐ Monthly 2 ☐ Daily or almost daily 4 Now I will ask you a few questions about your smoking habits. 17. Have you ever smoked tobacco? IC_SMOKHX ☐ Yes, former smoker (Go to 18) ☐ Yes, former smoker (Go to 18) ☐ Yes, former smoker (Go to 18)	☐ Through the air when coughing or sneezing Cough	16a. How often do you have a drink containing alcohol? IC_ALCFRQ
☐ Through smoking bidis/cigarettes/tobacco Cigarettes ☐ Through food Food ☐ 2 to 3 times a week 3 ☐ Through sexual contact SexContact ☐ 4 or more times a week 4 ☐ Through mosquito bites Mosquito ☐ 16b. How many drinks containing alcohol do you have on a typical day when you are drinking? IC_ALCDOSTX ☐ Don't know TBKNOWLINK ☐ 3 or 4 1 ☐ Yes ☐ 10 or more 4 ☐ No ☐ 10 or more 4 ☐ Best How often do you have six or more drinks on one occasion? IC_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. 17. Have you ever smoked tobacco? IC_SMOKHX ☐ Yes, current smoker (Go to 18)	☐ Through sharing utensils Utensils	Never (skip to question 17) 0
☐ Through touching a person with tuberculosis Touch ☐ 2 to 3 times a week 3 ☐ Through sexual contact ☐ 4 or more times a week 4 ☐ Through mosquito bites Mosquito ☐ Don't know TBKNOWLINK ☐ 1 or 2 0 ☐ 3 or 4 1 ☐ 5 or 6 2 ☐ 7,8 or 9 3 ☐ 10 or more 4 ☐ No ☐ 16. How often do you have six or more drinks on one occasion? IC_ALCUSE ☐ Never 0 ☐ Less than monthly 1 ☐ Monthly 2 ☐ Weekly 3 ☐ Daily or almost daily4 Now I will ask you a few questions about your smoking habits. 17. Have you ever smoked tobacco? IC_SMOKHX ☐ Yes, current smoker (Go to 18)	☐ Through sharing clothes/bed sheets/towels Clothes	Monthly or less 1
□ Through food Food □ 4 or more times a week 4 □ Through sexual contact SexContact □ Through mosquito bites Mosquito □ Don't know TBKNOWLINK □ 1 or 2 0 □ Yes □ 5 or 6 2 □ No □ 10 or more 4 □ Don't know 16c. How often do you have six or more drinks on one occasion? IC_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. 17. Have you ever smoked tobacco? IC_SMOKHX □ Yes, former smoker (Go to 18)	☐ Through smoking bidis/cigarettes/tobacco Cigarettes	2 to 4 times a month 2
Through sexual contact SexContact Through mosquito bites Mosquito	☐ Through touching a person with tuberculosis Touch	2 to 3 times a week ³
☐ Through mosquito bites Mosquito ☐ Don't know TBKNOWLINK ☐ 1 or 2 0 ☐ 3 or 4 1 ☐ 5 or 6 2 15. Can tuberculosis be cured? IC_TBCURE ☐ 7,8 or 9 3 ☐ Yes ☐ 10 or more 4 ☐ Don't know 16c. How often do you have six or more drinks on one occasion? IC_ALCUSE ☐ Never 0 ☐ Less than monthly 1 ☐ Monthly 2 ☐ Weekly 3 ☐ Daily or almost daily4 Now I will ask you a few questions about your smoking habits. 17. Have you ever smoked tobacco? IC_SMOKHX ☐ Yes, current smoker (Go to 18) ☐ Yes, former smoker (Go to 18)	☐ Through food Food	4 or more times a week ⁴
Through mosquito bites Mosquito 1 or 2 0 3 or 4 1 5 or 6 2 7, 8 or 9 3 10 or more 4 16c. How often do you have six or more drinks on one occasion? IC_ALCUSE Never 0 Less than monthly 1 Monthly 2 Weekly 3 Daily or almost daily4 Now I will ask you a few questions about your smoking habits. 17. Have you ever smoked tobacco? IC_SMOKHX Yes, current smoker (Go to 18) Yes, former smoker (Go to 18)	☐ Through sexual contact SexContact	
Don't know TBKNOWLINK ☐ Other TBKNOWOTHER ☐ 5 or 6 2 ☐ 7, 8 or 9 3 ☐ 10 or more 4 ☐ No ☐ Don't know 16c. How often do you have six or more drinks on one occasion? IC_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. 17. Have you ever smoked tobacco? IC_SMOKHX ☐ Yes, current smoker (Go to 18) ☐ Yes, former smoker (Go to 18)	☐ Through mosquito bites Mosquito	
Other TBKNOWOTHER	☐ Don't know TBKNOWLINK	
15. Can tuberculosis be cured? IC_TBCURE Yes	Other TBKNOWOTHER	
Yes 10 or more 4 16c. How often do you have six or more drinks on one occasion? IC_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. 17. Have you ever smoked tobacco? IC_SMOKHX Yes, current smoker (Go to 18) Yes, former smoker (Go to 18) Yes, former smoker (Go to 18)	15. Can tuberculosis be cured? IC TBCURE	
No □ Don't know 16c. How often do you have six or more drinks on one occasion? IC_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. 17. Have you ever smoked tobacco? IC_SMOKHX □ Yes, current smoker (Go to 18) □ Yes, former smoker (Go to 18)	_	7, 8 or 9 ³
Don't know 16c. How often do you have six or more drinks on one occasion? IC_ALCUSE Never 0 Less than monthly 1 Monthly 2 Weekly 3 Daily or almost daily4 Now I will ask you a few questions about your smoking habits. 17. Have you ever smoked tobacco? IC_SMOKHX Yes, current smoker (Go to 18) Yes, former smoker (Go to 18)	 □ No	10 or more 4
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. 17. Have you ever smoked tobacco? IC_SMOKHX Yes, current smoker (Go to 18) Yes, former smoker (Go to 18)	☐ Don't know	16c. How often do you have six or more drinks on one occasion? IC_ALCUSE
Monthly 2 Weekly 3 Daily or almost daily4 Now I will ask you a few questions about your smoking habits. 17. Have you ever smoked tobacco? IC_SMOKHX Yes, current smoker (Go to 18) Yes, former smoker (Go to 18)		□ Never ⁰
 Weekly 3 Daily or almost daily⁴ Now I will ask you a few questions about your smoking habits. 17. Have you ever smoked tobacco? IC_SMOKHX Yes, current smoker (Go to 18) Yes, former smoker (Go to 18) 		Less than monthly 1
Daily or almost daily ⁴ Now I will ask you a few questions about your smoking habits. 17. Have you ever smoked tobacco? IC_SMOKHX Yes, current smoker (Go to 18) Yes, former smoker (Go to 18)		☐ Monthly ²
Now I will ask you a few questions about your smoking habits. 17. Have you ever smoked tobacco? IC_SMOKHX Yes, current smoker (Go to 18) Yes, former smoker (Go to 18)		☐ Weekly ³
habits. 17. Have you ever smoked tobacco? IC_SMOKHX Yes, current smoker (Go to 18) Yes, former smoker (Go to 18)		Daily or almost daily 4
Yes, current smoker (Go to 18) Yes, former smoker (Go to 18)		habits.
Yes, former smoker (Go to 18)		
No (Skip to 19)		Yes, former smoker (Go to 18)
		No (Skip to 19)



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18. Which of the following have you ever smoked regularly: IC_SMKTYP	
Beedis, hand-rolled cigarettes, ————————————————————————————————————	M
BIDIYN How long have you smoked these? IC_BIDIDURY years OR months	
Over the time that you've smoked, around how many did you smoke per day?	
On average, how many do you currently smoke per day? Enter 00 if not a current smoker IC_BIDICURIR	
If you are not currently smoking these days, how long has it been since you quit? IC_BIDIQUITY years OR months IC_BIDIQUITY	ГМ
Manufactured filtered cigarettes ——————————————————————————————————	
How long have you smoked these? IC_CIGDURY years OR months IC_CIGDURY	RМ
Over the time that you've smoked, around how many did you smoke per day? IC_CIGPAST	
On average, how many do you currently smoke per day? Enter 00 if not a current smoker	
If you are not currently smoking these days, how long has it been since you quit? IC_CIGQUITY years OR months IC_CIGQUITY	ITM
Cigars, cheeroots, or cigarillos ———————————————————————————————————	
How long have you smoked these? years OR months IC_CGRDURY	RM
Over the time that you've smoked, around how many did you smoke per day? IC_CGRPAST	
On average, how many do you currently smoke per day? Enter 00 if not a current smoker IC_CGRCURR	
If you are not currently smoking these days, how long has it been since you quit? IC_CGRQUITY years OR months IC_CGRQUITY	JITN
Hookah — If checked ask the following questions:	
HOOYN How long have you smoked these? IC_HOODURY years OR IC_HOODURY	RM
When you smoked these, around how long did you smoke per day? IC_HOOPASTH hours OR minutes IC_HOOPASTH	3TM
On average, how much time do you currently spend smoking per day? Enter 00 if not a current smoker IC_HOOCURRH hours OR minutes IC_HOOCURRH	≀RM
If you are not currently smoking these days, how long has it been since you quit? IC_HOOQUITY years OR months IC_HOOQUITY	IITM
Other, specify: IC_SMOSP ————————————————————————————————————	
OSMOYN How long have you smoked these? IC_SMODURY years OR months IC_SMODURY	IDA (
Over the time that you've smoked, around how many did you smoke per day? IC_SMODURY IC_SMODURY IC_SMODURY	ıΚIV
On average, how many do you currently smoke per day? Enter 00 if not a current smoker IC_SMOCURR	
If you are not currently smoking these days, how long has it been since you quit? IC_SMOQUITY years OR months IC_SMOQUITY	ITM



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CLINICAL EVALUATION	
I will now ask you some questions about your past health parent or guardian may respond.)	and how you are feeling. (If the participant is a child, the
19. Have you ever been diagnosed with or been told yo Chronic obstructive pulmonary disease (COPD)	u have the following: (Read aloud) IC_MEDHX
Cancer	
Partial or complete removal of your stomach	
Hepatitis (infection of the liver) or yellowing of the ey	es or skin
Chronic kidney failure requiring hemodialysis	
Silicosis	
HIV	
20. Have you been tested for HIV in the past 6 months? IC_HIVTEST	
Yes (Go to 20a)	20a. Where were you last tested?
No	IC_HIVLOC
☐ Don't know	
Don't know DIABETES MELLITUS	
DIABETES MELLITUS 21. Have you ever been diagnosed with Diabetes 21a. In what year were you diagnosed?	21b. How have you managed your diabetes this past month? IC_DMTX
DIABETES MELLITUS 21. Have you ever been diagnosed with Diabetes you diagnosed? Mellitus? IC_DMDX Yes (Go to 21a-b)	Insulin injections
DIABETES MELLITUS 21. Have you ever been diagnosed with Diabetes you diagnosed? Mellitus? IC_DMDX	☐ Insulin injections ☐ Oral medication
DIABETES MELLITUS 21. Have you ever been diagnosed with Diabetes you diagnosed? Mellitus? IC_DMDX Yes (Go to 21a-b) IC_DMDXY	☐ Insulin injections ☐ Oral medication ☐ Other injectable medications
DIABETES MELLITUS 21. Have you ever been diagnosed with Diabetes Mellitus? IC_DMDX Yes (Go to 21a-b) No	☐ Insulin injections ☐ Oral medication ☐ Other injectable medications ☐ Dietary changes only
DIABETES MELLITUS 21. Have you ever been diagnosed with Diabetes Mellitus? IC_DMDX Yes (Go to 21a-b) No	☐ Insulin injections ☐ Oral medication ☐ Other injectable medications ☐ Dietary changes only ☐ Unknown ☐ C. DMTXSP
DIABETES MELLITUS 21. Have you ever been diagnosed with Diabetes Mellitus? IC_DMDX Yes (Go to 21a-b) No	☐ Insulin injections ☐ Oral medication ☐ Other injectable medications ☐ Dietary changes only ☐ Unknown
DIABETES MELLITUS 21. Have you ever been diagnosed with Diabetes Mellitus? IC_DMDX Yes (Go to 21a-b) No	☐ Insulin injections ☐ Oral medication ☐ Other injectable medications ☐ Dietary changes only ☐ Unknown ☐ Other (specify): ☐ IC_DMTXSP
21. Have you ever been diagnosed with Diabetes Mellitus? IC_DMDX Yes (Go to 21a-b) Don't know	☐ Insulin injections ☐ Oral medication ☐ Other injectable medications ☐ Dietary changes only ☐ Unknown ☐ Other (specify): ☐ IC_DMTXSP seek healthcare? IC_CLINIC
DIABETES MELLITUS 21. Have you ever been diagnosed with Diabetes Mellitus? IC_DMDX Yes (Go to 21a-b) Don't know 21a. In what year were you diagnosed? IC_DMDXY IC_DMDXY IC_DMDXY	☐ Insulin injections ☐ Oral medication ☐ Other injectable medications ☐ Dietary changes only ☐ Unknown ☐ Other (specify): ☐ Seek healthcare? IC_CLINIC ge hospital
21. Have you ever been diagnosed with Diabetes Mellitus? IC_DMDX Yes (Go to 21a-b) Don't know 21a. In what year were you diagnosed? IC_DMDXY IC_DMDXY Mo Private allopathic clinic Medical college	☐ Insulin injections ☐ Oral medication ☐ Other injectable medications ☐ Dietary changes only ☐ Unknown ☐ Other (specify): ☐ Seek healthcare? IC_CLINIC ge hospital
DIABETES MELLITUS 21. Have you ever been diagnosed with Diabetes Mellitus? IC_DMDX Yes (Go to 21a-b) Don't know 21a. In what year were you diagnosed? IC_DMDXY IC_DMDXY Don't know 22. When you first became sick this time, where did you Medical college Municipal corporation hospital Municipal corporation hospital Government in the composition of the composition of the composition in the composition i	☐ Insulin injections ☐ Oral medication ☐ Other injectable medications ☐ Dietary changes only ☐ Unknown ☐ Other (specify): ☐ Seek healthcare? IC_CLINIC ge hospital



Index Case ID Number: SUBJID6												
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23. Have you had any of the fol	lowing signs/syn	nptoms with	in the past 4 we	eks?			
Cough Yes No	IC_C	OUGHDUR weeks	Linknow	JGHUNK	If duration un Has your coup 0-14 days	gh lasted: IC_COU	GHCAT
	IC_COUGH Coughing up b	I <mark>BLD</mark> blood?	es 🗌 No		☐ 15-28 day		
Fever IC_FEVER	Yes	☐ No	Unknown	IC	_FEVERDUR		
			$\qquad \qquad $	Duration:	weeks	Unknown IC_FEVERUNK	<
Night sweats IC_NIGHTSWT	Yes	No	Unknown	IC_ Duration:	NIGHTSWTDU weeks	Unknown IC_NIGHTSWT	TUNK
Unexpected weight loss IC_WTLOSS	☐ Yes	□ No		IC_WTLOSED Duration: TLOSSAMT Veight loss:	months	IC_WTLOSSR	RUNK
Loss of appetite if adult or failure to gain weight if a ch	ild Yes	☐ No	Unknown	IC_FAILTH	IRV		
Chest pain, especially with coughing or taking a deep b	reath Yes	No	Unknown	IC_CHSTP/	AIN		
Fatigue	Yes	No 2	Unknown	IC_FATIGU	IE		
24. Karnofsky Score: Please refe	er to card for Kar	nofsky scale.					
25. Do you have any prescriptio currently taking medication from			ttles you are				
Ask to see the participant's personant Check the names of any medicat							
☐ Wysolone ☐ Hisone							
Omnocortil Dexona	ı						
Solumendrol Decdak							
Betnesol Decmar	K						
Betnelam Fluricot	:						



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DIETARY QUESTIONS	
Now I will ask you some questions about the food people in your household eat. We recognize that sometimes it can be hard to get food, so we want to understand this a little more. (If the participant is a child or otherwise unable to respond, the parent, guardian or other household member may respond.)	
26a. In the past 4 weeks how often was there ever no food to eat of any kind in your household because of lack of resources to get food? IC_DIETA	
Never Rarely Sometimes Often	
26b. In the past 4 weeks how often did you or any household member go to sleep at night hungry because there was not enough food? IC_DIETB	
Never Rarely Sometimes Often	
26c. In the past 4 weeks how often did you or any household member go a whole day and night without eating anything because there was not enough food? IC_DIETC	
Never Rarely Sometimes Often	
27. Who provided the answers to these questions? IC_RESPNDT	
The subject (index case)	
Another person on behalf of the contact, specify relationship: IC_RESPDTSP	
CLINICAL ASSESSMENT	Pregnancy tests should ONLY be perfomed on female participants
We have finished the questionnaire portion of this form. The nurse will now take a few measurements,	who are between the ages of 18-50 years. 33. Test result IC PREGTEST
including your height and weight.	Positive Not done
28. Can I look at your arms to check for a BCG scar? Is a BCG scar present? IC_BCGSCAR	☐ Negative
Yes	34. Is the participant pregnant? IC_PREGNANT
□No	Yes, tested positive (Go to 34a) 34a. Approximently how many weeks have
Uncertain	Yes, known to be pregnant (Go to 34a) you been pregnant?
29. Arm circumference (nearest cm)	□ No IC_GESTAG weeks
cm	Unknown
30. Weight (nearest 1/10 kg)	☐ Not assessed
· IC_WEIGHT	Not applicable, participant is male
31. Height IC_HEIG of knee height if can't stand	Participant declines to answer or be tested
cm IC_KNEEHT cm	
32. Random Blood Sugar IC_RBSND	35. If female ask: how many weeks ago was your last menstrual period? IC_MENSES
mg/dL Not Done 1	weeks ago
Signature: IC_SIGN IC_INIT Initials:	
IC_COMPDAT Date Completed: Day Month Year	