



13642

OFF STUDY FORM FOR COHORT B

This questionnaire should be completed for all enrolled Household Contacts. The purpose is to determine their final status.

Household contact ID: SUBJID

Date of evaluation: FB_VISDAT

Family ID: FID

1 0 2 - 0 - B

/ /

Day

Month

Year

FB_VISIT

Visit type: ☐ Month 12 ☐ Month 24 ☐ TB Activation ☐ Unscheduled

1. Did the participant complete follow up through the month 24 visit? FB_FUCOMPB

☐ Yes → (End of form)☐ No

2. Reason for NOT completing follow up through the month 24 visit? (check ONE reason only:) FB_FUCOMPBDC

☐ Participant developed active TB → (Go to Q3)☐ Death → (Go to Q4)☐ Physician decision (Investigator determines that further participation would be detrimental to the health or well-being of the subject)☐ Inadvertent enrollment☐ Withdrawal by participant☐ Withdrawal by parent/guardian☐ Lost to follow up☐ Moved out of area☐ Study terminated by sponsor☐ Other, specify: FB_FUCOMPBDCSP→ Skip to the end of the form.
Sign, date and initial.

3. If the participant developed active TB, has the participant been enrolled into Cohort A? FB_ENRCOHA

☐ Yes☐ No → 3a. Specify reason: ☐ EPTB ☐ Extrapulmonary TB (no pulmonary disease) ☐ MDR-TB ☐ XDR-TB

FB_ENRCOHA SP

☐ Other, specify: FB_ENRCOHA SP

Only respond to Q4 if the participant died while on study.

4a. Primary cause of death:

FB_DTHCAUSSP

4b. Date of death: FB_DTHDAT

/ /

Day

Month

Year

4c. Death information obtained from (Multiple responses possible):

FB_DTHSRC

☐ Medical record☐ Death certificate☐ Autopsy report☐ Contact with participant's family or friends☐ Contact with physician/social worker☐ Other, specify: FB_DTHSRCSP

Signature of Data Collector: FB_SIGN

FB_INIT
Initials of Data Collector:

Date Completed: / / FB_COMPDAT

Day

Month

Year