**Ministry of Health and Social Welfare**
**National Tuberculosis and Leprosy Control Programme**

**Form for preliminary investigation of TB symptoms in the community**

**Jina la Mwenahikundi/Mtakau huduma...** Name of community member/provider ..............

**Jina la Kikundi/Aasa...** Name of group/organization

**Name of the neighbourhood/locality...** Ward/Division...district..........

**Reporting period (mm/yy).../.../..**

<table>
<thead>
<tr>
<th>Name of client</th>
<th>Sex</th>
<th>Age</th>
<th>Phone number of the client</th>
<th>Phone number of a relative</th>
<th>Where the client was identified/interviewed</th>
<th>Result of the interview</th>
<th>Referral to treatment center</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full name of client</td>
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</tbody>
</table>

**Legend:**
KH = cough; D = sputum mixed with blood; H = fever; KU = weight loss; KJ = night sweats

**Description A:**
- School
- Place of worship
- Pharmacist
- Prison
- Public gathering
- Other

**Description B:**
- Sputum positive TB
- Extrapyramidal TB
- Referral not successful

**Comments**