Case Report Form

A  1. Site ID#_______
2. Sample Number:_____________  3. Sample Date: [____/____/_______](dd/mm/yyyy)

______________________________________________________________________________

B  Patient Information
1. Patient ID#______________  2. Sex: □ Male □ Female  3. Age: ______ [Years]
4. □ High volume sputum producer □ Routine volume sputum producer

______________________________________________________________________________

C  Clinical History
Ca  1. General Appearance: □ Not ill □ Mildly ill □ Moderately ill □ Gravely ill

2. Infection Site: □ Pulmonary □ Pulmonary and ______________________ (please specify)

Cb  Signs and Symptoms
Yes No Yes No
1. Persistent cough
2. Fever
3. Malaise
4. Recent weight loss
5. Night sweats
6. Contact w/ active case
7. Hemoptysis
8. Chest pain
9. Loss of appetite

Duration of symptoms: _____ weeks

Cb  Other Information
1. Previous history of TB: □ Yes ______years ago □ No
2. BCG (Scar or History): □ Yes ______years ago □ No BCG □ Scar present □ Unknown

3a. HIV test: □ Positive (complete 3b) □ Negative

3b. HIV confirmatory test: □ Positive □ Negative □ Not applicable

4. Current steroid use: □ Yes □ No □ Unknown

5. Pregnant: □ Yes □ No □ Unknown/not relevant

6. Co-existing illnesses: □ Cancer □ AIDS □ Malaria in the past year
□ Diabetes □ Other _______________

7. Chronic Alcoholism: □ Yes □ No □ Not Known

8. Smoking: □ Yes □ No □ Not Known

______________________________________________________________________________

D  Laboratory (at enrolment)
1. AFB (score, 0-3+)
□ 0 □ 1+ □ 2+ □ 3+

2. Solid AFB Culture
□ neg □ pos (# col<20 □ 1+ □ 2+ □ 3+ □ 4+) □ contam/lost

3. Liquid AFB Culture
□ neg □ pos Days till positive _______(pure) □ contam/lost

4. Final culture result
□ neg □ MTBcomplex □ NTM □ contaminated

5. CD4 Count □ <200 □ 200-500 □ >500 □ Not Done

6. PPD □ prior pos □ current_____mm □ Not Done

7. Chest X-ray □ Normal □ Upper zone DZ □ Lower zone DZ □ Cavities
E  **Follow-up:**
1. Received TB treatment? □ Yes □ No
2. Symptoms: □ Imp □ Worse □ Same □ No F/U
3. CXR: □ Imp □ Worse □ Same □ ND
4. AFB (score, 0-3+) □ 0 □ 1+ □ 2+ □ 3+ □ no sputum □ not applicable
5. Solid AFB Culture □ neg □ pos (# col<20 □ 1+ □ 2+ □ 3+ □ 4+) □ contam/lost □ Not applicable
6. Liquid AFB Culture □ neg □ pos Days till positive ____ (pure) □ contam/lost □ Not applicable
7. Final culture result: □ neg □ MTBcomplex □ NTM □ contaminated □ Not applicable

F  **Final Diagnosis:** _______ (Category #1-4, 9 from Table 1 ) comment:____________________

**Principal Investigator’s Signature**___________________________________________Date: [___/___/___]