

PID: - - **A**

Visit Date: - -

SSTBACTIVE

5. Does the participant have any of the following signs or symptoms of active TB?

- 5a. Cough: ☐ Yes ☐ No (*Go to Q5b*) **COUGH**
- 5ai. Duration of cough: Weeks **COUGHDUR**
- 5aai. Coughing up blood: ☐ Yes ☐ No **COUGHBLD**
- 5b. Fever: ☐ Yes ☐ No ☐ Unknown **FEVER**
- 5c. Unintended weight loss: ☐ Yes ☐ No ☐ Unknown **WTLOSS**
- 5d. Failure to thrive (child): ☐ Yes ☐ No ☐ Unknown ☐ Not applicable **FAILTHRV**
- 5e. Fatigue or lethargy: ☐ Yes ☐ No ☐ Unknown **FATIGUE**
- 5f. Night sweats: ☐ Yes ☐ No ☐ Unknown **NIGHTSWT**
- 5g. Pleuritic chest pain: ☐ Yes ☐ No ☐ Unknown **CHSTPAIN**
- 5h. Other, specify: **SIGNSOTSP**

6. Does the participant have clinically or microbiologically confirmed extrapulmonary TB?

- ☐ Yes ☐ No (*Go to Q8*) ☐ Unknown (*Go to Q8*) **EXTRPULM**

7. Indicate the extrapulmonary site and verification source (*check all that apply*):

- | | | | |
|--|---|--------------------------------------|-------------------|
| <input type="checkbox"/> Pleural EXTRPLEU | <input type="checkbox"/> Medical Report | <input type="checkbox"/> Self-Report | EXTRPLEUVS |
| <input type="checkbox"/> Lymph node EXTRLYMP | <input type="checkbox"/> Medical Report | <input type="checkbox"/> Self-Report | EXTRLYMPVS |
| <input type="checkbox"/> Abdominal EXTRPERI | <input type="checkbox"/> Medical Report | <input type="checkbox"/> Self-Report | EXTRPERIVS |
| <input type="checkbox"/> Bone EXTRBONE | <input type="checkbox"/> Medical Report | <input type="checkbox"/> Self-Report | EXTRBONEVS |
| <input type="checkbox"/> Joint EXTRJNT | <input type="checkbox"/> Medical Report | <input type="checkbox"/> Self-Report | EXTRJNTVS |
| <input type="checkbox"/> Central nervous system EXTRCNS | <input type="checkbox"/> Medical Report | <input type="checkbox"/> Self-Report | EXTRCNSVS |
| <input type="checkbox"/> Other, Specify EXTROTSP | <input type="checkbox"/> Medical Report | <input type="checkbox"/> Self-Report | EXTROTVS |
- EXTROT**

8. Is this participant a new case of TB or a previously treated (relapsed) case?

- ☐ New **TBNEW** ☐ Previously treated (relapsed)

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SOCIOECON

9. Participant's current dwelling location:

- ☐ Large city (Over 10 lakh) **DWELLOC**
- ☐ Small city (50000 – 10 lakh)
- ☐ Town (Other urban area)
- ☐ Rural (Countryside)

10. Participant's marital status: **MARISTAT**

- ☐ Never married ☐ Separated/Divorced ☐ Not applicable (child)
- ☐ Married/Living together ☐ Widowed

11. Participant's religion: **RELIGION**

- ☐ Christianity ☐ Zoroastrianism (Parsi)
- ☐ Hinduism ☐ Not religious
- ☐ Islam ☐ Other, specify: **RELIGIONSP**
- ☐ Sikh ☐ Refused to answer
- ☐ Jainism ☐ Don't know
- ☐ Buddhism

12. Participant's mother tongue: **LANGUAGE**

- ☐ Assamese ☐ Konkani ☐ Sindhi
- ☐ Bengali ☐ Malayalam ☐ Tamil
- ☐ English ☐ Manipuri ☐ Telugu
- ☐ Gujarati ☐ Marathi ☐ Urdu
- ☐ Hindi ☐ Nepali ☐ Other, specify: **LANGUAGESP**
- ☐ Kannada ☐ Oria
- ☐ Kashmiri ☐ Punjabi

13. Has the participant ever attended school (*i.e., has the participant received any formal education*)?

- ☐ Yes, number of years of education: Years **SCHOOLDU**
- ☐ No **SCHOOL**

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14. What is the approximate total monthly household income (*The sum of all income sources for the household. If a wage earner in the household has TB, use that individual's monthly income prior to illness when calculating the household monthly income*)? **HHINCOME**

- ☐ < 3000 rupees ☐ Refused to answer
☐ 3000 – 5000 rupees ☐ Don't know
☐ 5001 – 10000 rupees
☐ > 10000 rupees

15. How many wage earners are there in the household? **HHEARNER** Wage earner(s)

16. How many members are there in the household? **HHMEMNUM** Member(s)

TOBACCO

17. Has the participant ever smoked tobacco?

- ☐ Yes, current smoker **SMOKHX**
☐ Yes, former smoker
☐ No, never (**Go to Q19**)

18. Which of the following has the participant ever smoked regularly?

18a. Manufactured cigarettes: ☐ Yes ☐ No (**Go to Q18b**) **CIGYN**

18ai. Total duration of use: Years **or** Months, if less than 1 year **CIGDURY**

CIGDURM

18aii. Over the participant's history of smoking (**Q18ai**), how many manufactured cigarettes were typically smoked per day?

Cigarettes **CIGPAST**

18aiii. Approximate number of manufactured cigarettes the participant currently smokes per day (**Enter 0 if not a current smoker**):

Cigarettes (**Go to Q18b if a current smoker**) **CIGCURR**

18aiv. If not currently smoking manufactured cigarettes, time since the participant quit smoking:

Years **or** Months, if less than 1 year **CIGQUITY**

CIGQUITM

18b. Bidis/Other hand-rolled cigarettes: ☐ Yes ☐ No (**Go to Q18c**) **BIDIYN**

18bi. Total duration of use: Years **or** Months, if less than 1 year **BIDIDURY**

BIDIDURM

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18bii. Over the participant's history of smoking (*Q18bi*), how many bidis/other hand-rolled cigarettes were typically smoked per day?

☐ ☐ Bidis/Other hand-rolled cigarettes BIDIPAST

18biii. Approximate number of bidis/other hand-rolled cigarettes the participant currently smokes per day (**Enter 0 if not a current smoker**):

☐ ☐ Bidis/Other hand-rolled cigarettes (*Go to Q18c if a current smoker*) BIDICURR

18biv. If not currently smoking bidis/other hand-rolled cigarettes, time since the participant quit smoking: BIDIQUITY

Years **or** Months, if less than 1 year BIDIQUITM

18c. Cigars, cheroots, cigarillos: ☐ Yes ☐ No (*Go to Q18d*) **CGRYN**

18ci. Total duration of use: Years **or** Months, if less than 1 year

18cii. Over the participant's history of smoking, how many cigars, cheroots, cigarillos were typically smoked per day?

☐ ☐ Cigars, cheroots, cigarillos ☒ CGRPAST

18ciii. Approximate number of cigars, cheroots, cigarillos the participant currently smokes per day (*Enter 0 if not a current smoker*): CGRCURR

☐ ☐ Cigars, cheroots, cigarillos (**Go to Q18d if a current smoker**)

18civ. If not currently smoking cigars, cheroots, cigarillos, time since the participant quit smoking:

Years or Months, if less than 1 year

18d. Hookah:	HOOYN	Yes	No (<i>Go to Q19</i>)
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18di. Total duration of use Years or Months, if less than 1 year

18dii. Over the participant's history of smoking (*Q18di*), how much time was the hookah typically smoked per day?

HOOPASTH Hours **or** Minutes, if less than 1 hour **HOOPASTMIN**

18diii. Approximate amount of time the participant currently smokes the hookah per day (**Enter 0 if not a current smoker**):

HOOCURRH Hours **or** **HOOCURRMIN** if less than 1 hour (*Go to Q19 if a current smoker*)

18div. If not currently smoking the hookah, time since the participant quit smoking:

HOOQUITY Years or **HOOQUITM** Months, if less than 1 year

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ALCOHOL

19. How often does the participant have a drink containing alcohol?

- ☐ Never (*End of form*)
- ☐ Monthly or less
- ☐ 2 to 4 times a month
- ☐ 2 to 3 times a week
- ☐ 4 or more times a week

ALCFRQ

NOTE: 1 standard drink equals:

- Beer = 285 mL
- Wine = 100 mL
- Liquor/spirit = 30 mL
- Aperitif/cocktail = 60 mL

20. How many drinks containing alcohol does the participant have on a typical day when he/she is drinking?

- ☐ 1 or 2
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7, 8, or 9
- ☐ 10 or more

ALCDOSTX

21. How often does the participant have 6 or more drinks on one occasion?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

ALCUSE

MANTOUX

D. MANTOUX TUBERCULIN SKIN TEST (TST) Results

TSTND

☐ Not done (*Go to Q7*)

Record TST results if done as part of standard of care

1. Date of TST placement:

-

D D M O N Y Y Y Y

TSTDAT

2. Time of TST placement:

(24-hour clock)

TSTTIM

TSTSTREN

TSTSTRESP

TSTSRC

Other, specify_ **TSTSRCSP**

TSTENDAT

TSTENTIM

(mm of induration) **and/or** Blistering Ulceration

TSTINDUR

TSTBLIST

TSTULCER

☐ Yes☐ No

BCGSCAR

Unknown/Uncertain

☐ Yes

BCGVACC

☐ No

(Go to Section E)

☐ Unknown (*Go to Section E*)

☐ < 1 year ago

BCGRTPT

☐ 1- < 5 years ago

5 - 10 years ago

☐ > 10 years ago

IGRA

IGRAND

☐ Not done (*Go to Section F*)

IGRADAT

1. Date of IGRA testing: IGRADA -

2. Type of IGRA: **IGRAMETH**

3. IGRA Result: ☐ Positive ☐ Negative ☐ Indeterminate **IGRA RES**



1. Was the participant previously diagnosed with HIV?

☐ Yes **HIVDIAG** ☐ No **(End of Form)** ☐ Unknown **(End of Form)**

2. Date of HIV diagnosis: HIVDIAGDAT

3. Is the participant currently on antiretroviral therapy (ART)?

☐ Yes ☐ No (*End of Form*) HIVART

4. Start date of current ART regimen: -
D D M O N Y Y Y Y