

SSTBACTIVE

- 6a. Cough: COUGH ☐ Yes ☐ No (*Go to Q6b*)

6a.ii. Coughing up blood: ☐ Yes ☐ No **COUGHBLD**

6b. Fever: **FEVER** ☐ Yes ☐ No ☐ Unknown

6c. Unintended weight loss: ☐ Yes ☐ No ☐ Unknown **WTLOSS**

6d. Failure to thrive (child): ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

6e. Fatigue or lethargy: ☐ Yes ☐ No ☐ Unknown **FATIGUE**

6f. Night sweats: ☐ Yes ☐ No ☐ Unknown **NIGHTSWT**

6g. Pleuritic chest pain: ☐ Yes ☐ No ☐ Unknown CHSTPAIN

6h. Other, specify: **SIGNSOTSP**

PROMPT

- ☐ Yes ☐ No (*Go to Q9*) ☐ Unknown (*Go to Q9*) **LABSYN**

- 8a. AFB smear ☒ AFBYN ☐ Yes (**Complete Mycobacteriology Form F3**)

CAUTION ☐ No

8b. TB culture ☐ Yes (**Complete Mycobacteriology Form F3**)

☐ No

8c. Chest X-ray ☒ CXRYN ☐ Yes (**Complete Chest X-Ray Form F9**)

☐ No

8d. Other ☐ Yes, Specify: OTHEVALSP

OTHEVALYN

☐ No

