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| Site name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Site ID: |\_\_\_\_|\_\_\_\_| |
| Name of the investigator completing the form and signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date the form is completed: |\_\_\_\_|\_\_\_\_|/|\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| (DD/MM/20YY) |
| SCREENING FORM |

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| Participant information |
| Date of screening  | |\_\_\_\_|\_\_\_\_|/|\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| (DD/MM/20YY) |
| Clinic record number | [format to adapt to each site] |
| Sex | [ ]  Female[ ]  Male |
| Date of birth | |\_\_\_\_|\_\_\_\_|/|\_\_\_\_|\_\_\_\_|/20|\_\_\_\_|\_\_\_\_| (DD/MM/20YY) |

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| Eligibility criteria |
| A. Inclusion criteria |
| 1. Is the child younger than 10 years old at the date of the screening?  | [ ]  Yes [ ]  No |
| 2. Does the child have any of the following symptoms or signs which have lasted more than 2 weeks? |
| * Cough
 | [ ]  Yes [ ]  No |
| * Fever
 | [ ]  Yes [ ]  No |
| * Lethargy
 | [ ]  Yes [ ]  No |
| * Weight loss

*More than 5% reduction in weight compared with the highest weight in the previous 3 months OR failure to thrive OR MUAC ≤125mm in children between 6 months and 5 years old* | [ ]  Yes [ ]  No |
| B. Exclusion criteria |
| 1. Has the child recently been diagnosed with TB disease? | [ ]  Yes [ ]  No |
| 2. Has the parent or guardian signed the Informed Consent Form? | [ ]  Yes [ ]  No |
| 3. When applicable, does the child agree to participate in the study? | [ ]  Yes [ ]  No[ ]  Not Applicable |

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| Is the child presenting immediate danger signs and needs to be transferred out? |
| [ ]  Yes [ ]  No |

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| Participant Identification (PID) |
| Was the participant already included? | [ ]  Yes [ ]  No |
| *If Yes, please keep the same PID and increment the previous Episode ID by one.**If No, please allocate a PID and Episode ID is 01.* |
| PID | [format to adapt to each site, like: | Site Nb | Clinic record number | ] |
| Episode ID | |\_\_\_\_|\_\_\_\_| |
| Any comment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |