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| Participant Information |
| Site ID | ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ |
| Participant ID | ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ |
| Episode ID | ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ |

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| Visit Information |
| Follow-up date | ¦\_Y\_¦ ¦\_ Y \_¦ ¦\_ M \_¦ ¦\_ M \_¦ ¦\_ D \_¦ ¦\_ D \_¦ |
| Consultation method | In-Person at clinic  | [ ]  | Home visit  | [ ]  |
|  | Telephone | [ ]  | No consultation occurred | [ ]  |
| Assessing Healthcare worker | Paediatrician | [ ]  | Other doctor | [ ]  |
| Clinical Officer | [ ]  | Nurse | [ ]  |
| Other | [ ]  |  |  |
| If Other, Describe |  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

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| Mortality information |
| Did the child die before follow-up? | Yes  | [ ]  | No | [ ]  |
|  | Don’t know | [ ]  |  |  |
| Could the death have been caused by TB? | Yes  | [ ]  | No | [ ]  |
|  | Don’t know | [ ]  | Not applicable | [ ]  |
| Date of Death | ¦\_Y\_¦ ¦\_ Y \_¦ ¦\_ M \_¦ ¦\_ M \_¦ ¦\_ D \_¦ ¦\_ D \_¦ |
| Describe the cause of death |  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

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| TB treatment |
| Receiving TB treatment | Yes  | [ ]  | No  | [ ]  |
| If Yes, Initiation date | ¦\_Y\_¦ ¦\_ Y \_¦ ¦\_ M \_¦ ¦\_ M \_¦ ¦\_ D \_¦ ¦\_ D \_¦ |
| Has the child improved after receiving TB treatment?  | Yes | [ ]  | No | [ ]  |
|  | Don’t Know | [ ]  | Not Receiving TB treatment | [ ]  |
| Is the child receiving preventive treatment | Yes  | [ ]  |  |  |
|  | No | [ ]  | not eligible | [ ]  |
|  |  |  | eligible but refused | [ ]  |
|  |  |  | Preventive treatment unavailable | [ ]  |
|  |  |  | Other | [ ]  |
| If Other, describe |  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

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| Form completion |
| Person completing form | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| Study Staff ID | ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ ¦\_ \_¦ |
| Form completion date | ¦\_Y\_¦ ¦\_ Y \_¦ ¦\_ M \_¦ ¦\_ M \_¦ ¦\_ D \_¦ ¦\_ D \_¦ |