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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 | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 \_¦ |