**TB Screening in Caregivers in the FLOURISH Study**

**I. TB Screening CRF**

Note to DMC: to be asked at Quarterly Call Visits for caregivers

***Note to Clinic staff****:*

*A) Ask about recent symptoms. If symptoms resolved, unlikely to be TB.*

1. Does do you currently have any cough? □Yes □No
   1. If Yes to Q1, proceed to Q2
   2. If “No” to Q1, skip to Q3
2. How long has this cough lasted? □< 2 weeks □ 2 weeks
3. Does do you currently have a fever? □Yes □No
   1. If Yes to Q3, proceed to Q4
   2. If “No” to Q3, skip to Q5
4. How long has this fever lasted? □< 2 weeks □ 2 weeks
5. Are you currently experiencing night sweats? (Night sweats is defined as waking up with your bed clothing soaked – enough to require the bed clothing to be changed) □Yes □No
   1. If Yes to Q5, proceed to Q6
   2. If “No” to Q5, skip to Q7
6. How long have the night sweats lasted? □< 2 weeks □ 2 weeks
7. Since we last spoke with you, have you had any weight loss? □Yes □No
   1. If Yes to Q7, proceed to Q8
   2. If “No” to Q7, skip to Q9
8. How long has the weight loss lasted? □< 2 weeks □ 2 weeks
9. Since the last time you spoke with FLOURISH staff, has someone in your household been diagnosed with TB? □Yes □No
   1. If “Yes” to Q9, proceed to Q10
   2. If “No” to Q9, end of CRF.
10. Since the last time you spoke with FLOURISH staff, have you been evaluated in a clinic for TB? □Yes □No
    1. If “Yes” to Q10, proceed to Q11
    2. If no to Q10, end of CRF.
11. What was the date of the clinic visit? (DD/MM/YYYY)
12. What diagnostic tests were performed for TB? (allow multiple responses) □=Chest Xray □= Sputum sample □= Stool sample □= Urine test (LAM) □= Skin test (TST/Mantoux) □Blood test (quantiferon) □= none □= other
13. If “Other”, specify test and result (free text)

**Note to DMC:** If a diagnostic test (any other than “none”) is checked on Q12, then require a response corresponding test type result (example: If “Chest Xray” was selected above, then Q14 “Chest Xray Result” is required. If the response to Q12 is “none,” proceed to **Q22**

**Note to DMC: allow multiple answers to Q12**

1. Chest Xray Results : □ positive □ negative □ pending □ not received
2. Sputum sample Results: □ normal □ abnormal □ pending □ not received
3. Stool Sample Results: □ positive □ negative □ pending □ not received
4. Urine Test Results: □ positive □ negative □ pending □ not received
5. Skin Test Results: □ positive □ negative □ pending □ not received
6. Blood Test Results: □ positive □ negative □ pending □ not received
7. Other Result: □ positive □ negative □ pending □ not received

**Note to DMC:** If results in Q14-20 are pending, make this CRF available to provide results in the next quarterly call

1. Were you diagnosed with TB? □Yes □No □Awaiting results □Other (please specify:\_\_\_\_\_\_\_(free text))

a. If “Yes” to Q21, proceed to Q22

b. If “No” to Q21, proceed to Q23

c. If “Awaiting results” or “Other,” CRF complete

1. Were you started on TB treatment (consists of four or more drugs taken over several months)? □Yes □No □Other (please specify:\_\_\_\_\_\_\_(free text))
   1. End of CRF
2. Were you started on TB preventative therapy (such as isoniazid or rifapentine/isoniazid for several months)? □Yes □No □Other (please specify:\_\_\_\_\_\_\_(free text))

a. End of CRF