

# Flourish Caregiver

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## Change Caregiver TB Referral Outcomes CRF


HISTORY

VIEW ON SITE >

### INSTRUCTIONS:

Please complete the form below. Required questions are in bold. When all required questions are complete click SAVE or, if available, SAVE NEXT. Based on your responses, additional questions may be required or some answers may need to be corrected.

### 1. Maternal visit:

C142-040990870-3 3001M.0   

### 2. Report Date:

Date: 2024-11-29  Today |  Now | 

Time: 12:29:54

If reporting today, use today's date/time, otherwise use the date/time this information was reported.

### 3. Did participant go to clinic for TB evaluation?

- Yes
- No

### 4. Clinic name for referral:

- None
- Bontleng
- Julia Molefe
- Phase2
- BH2
- Nkoyaphiri
- Mogoditshane
- Lesirane
- Old Naledi
- BH3
- GWest
- BH1
- Sebele

Other

5. If Other, specify ...

6. Was the caregiver evaluated at the clinic?

None

Yes

No

7. Reasons that caregiver was not evaluated at the clinic:

None

Referral to another clinic

Referral to a hospital

No service providers

No diagnostic tests

Other, please specify

8. If Other, specify ...

9. What diagnostic tests were performed for TB:

Available What diagnostic tests were performed for TB

- Skin test (TST/Mantoux)
- Urine test (LAM)
- Stool sample
- Sputum sample
- Blood test (quantiferon)

Choose all



Chosen What diagnostic tests were performed for TB

Remove all

Hold down "Control", or "Command" on a Mac, to select more than one.

10. Any additional comments:

11. If "Other", specify:

12. Chest Xray Results:

- None
- positive
- negative
- pending
- not\_received

13. Sputum sample Results:

- None
- positive
- negative
- pending
- not\_received

14. Urine Test Results:

- None
- positive
- negative
- pending
- not\_received

15. Skin Test Results:

- None
- positive
- negative
- pending

not\_received

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16. Blood Test Results:

- None
- positive
- negative
- pending
- not\_received
- 

17. Other Test Result:

- None
- positive
- negative
- pending
- not\_received
- 

18. Were you diagnosed with TB?

- None
- Yes
- No
- 

19. Were you started on TB treatment?

- None
- Yes
- No
- awaiting\_results
- Other, specify
- 

20. If Other, specify ...

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21. Were you started on TB preventative therapy? treatment (consists of four or more drugs taken over several months):

- None
- Yes
- No
- Other, specify
-

22. If Other, specify ...

23. Were you started on TB preventative therapy (such as isoniazid or rifapentine/isoniazid for several months)? :

- None
- Yes
- No
- Other, specify

24. If Other, specify ...

25. Reasons not able to go to TB clinic for evaluation:

- None
- Temporarily out of study area
- Participant does not have transport fares
- Unable to attend due to school, exams or tests
- Participant/caregiver has work/home emergency issues
- Participant/caregiver cannot be released from work
- Participant is in isolation due to COVID-19 or another infection
- Participant/caregiver is not well
- Other

26. If Other, specify ...

Audit (Show)

SAVE

Cancel

Save and next