

Flourish Child

WELCOME, **SAMUEL**. [VIEW SITE](#) / [CHANGE PASSWORD](#) / [LOG OUT](#)[Home](#) › [Flourish Child](#) › [Infant/Child/Adolescent TB Referral Outcomes CRFs](#) › [C142-040990607-9-10 3004.0](#)

Change Infant/Child/Adolescent 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. Child visit:

C142-040990607-9-10 3004.0

**2. Report Date:**

Date: 2024-12-18

Today |

Time: 11:09:33

Now |

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 child evaluated at the clinic?

- None
- Yes
- No

7. Reasons that child 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

- Sputum sample
- None
- Chest Xray
- Skin test (TST/Mantoux)

Choose all



Chosen What diagnostic tests were performed for TB

- Stool sample

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. Stool sample Results:

- None
 - positive
 - negative
 - pending
 - not_received
-

14. Sputum sample Results:

- None
 - positive
 - negative
 - pending
 - not_received
-

15. Urine Test Results:

- None
- positive
- negative
- pending

not_received

16. Skin Test Results:

- None
- positive
- negative
- pending
- not_received
-

17. Blood Test Results:

- None
- positive
- negative
- pending
- not_received
-

18. Other Test Result:

- None
- positive
- negative
- pending
- not_received
-

19. Was your child diagnosed with TB?

- None
- Yes
- No
-

20. Was your child started on TB treatment (consists of four or more drugs taken over several months):

- None
- Yes
- No
- awaiting_results
- Other, specify
-

21. If Other, specify ...

22. Was your child started on TB preventative therapy? such as isoniazid or rifampentine/isoniazid for several months)?

- None
- Yes
- No
- Other, specify

23. If Other, specify ...

24. 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

25. If Other, specify ...

Audit (Show)

SAVE

Cancel

Save and next