

Flourish Child

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Add Infant/Child/Adolescent TB Referral Outcomes CRF

Please correct the error below.**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:

B142-040990295-3-10 2013.0

**2. Report Date:**

Date: 2025-02-24

Today |

Time: 15:50:58

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 ...

PHUTHADIKOBO CLINIC

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

Filter

None
 Stool sample
 Chest Xray
 Skin test (TST/Mantoux)

Choose all

Chosen What diagnostic tests were performed for TB

Sputum 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

This field is not required.

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 orrifapentine/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