

Change Karabo Tuberculosis History

HISTORY VIEW ON SITE

1. Infant visit: 085-40990071-0-10 2010.0

2. Report Date:
 Date: 2019-06-17 Today
 Time: 15:42:44 Now
Note: You are 7 hours behind server time.
 If reporting today, use today's date/time, otherwise use the date/time this information was reported.

3. Since the last scheduled visit, or if this is the enrollment visit, since birth, has any member of the household where your infant stayed been coughing for two weeks or more?
 Yes
 No
 Do not know

4. If yes to question 3, please indicate the relationship of this individual or individuals to your infant.

Available If yes to question 3, please indicate the relationship of this individual or individuals to your infant.

Q Filter

- Aunt
- Grandfather
- Grandmother
- Me
- Not applicable
- Other
- Sibling
- Uncle

Choose all

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

Chosen If yes to question 3, please indicate the relationship of this individual or individuals to your infant.

Father

Remove all

5. If Other, specify ...

Indicate Relationship

6. Since the last scheduled visit, or if this is the enrollment visit, since birth, has any member of the household where your infant stayed had an unexplained fever concerning for tuberculosis?
 Yes
 No
 Do not know

7. If yes to question 6, please indicate the relationship of the person or persons to the infant:

Available If yes to question 6, please indicate the relationship of the person or persons to the infant.

Q Filter

- Aunt
- Father
- Grandfather
- Grandmother
- Me
- Not applicable
- Sibling
- Uncle

Choose all

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

Chosen If yes to question 6, please indicate the relationship of the person or persons to the infant.

Other

Remove all

8. If Other, specify ...

Indicate Relationship

9. Since the last attended scheduled visit, or if this is the enrollment visit, since birth, has any member of the household where your infant stayed had any unexplained weight loss?
 Yes
 No
 Do not know

10. If yes to question 9, please indicate the relationship of the person or persons to the infant:

Available If yes to question 9, please indicate the relationship of the person or persons to the infant.

Q Filter

- Aunt
- Father
- Grandfather
- Grandmother
- Me
- Not applicable
- Sibling
- Uncle

Choose all

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

Chosen If yes to question 9, please indicate the relationship of the person or persons to the infant.

Other

Remove all

11. If Other, specify ...

Indicate Relationship

12. Since the last attended scheduled visit, or if this is the enrollment visit, since birth, has any member of the household where your infant stayed had night sweats? An adult or child would be considered to have night sweats if they have had more than two nights of waking up with their night clothing drenched due to sweating with a need to change the night clothing.
 Yes
 No
 Do not know

13. If yes to question 12, please indicate the relationship of the person or persons to the infant:

Available If yes to question 12, please indicate the relationship of the person or persons to the infant.

Q Filter

- Aunt
- Father
- Grandfather
- Grandmother
- Me
- Not applicable
- Sibling
- Uncle

Choose all

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

Chosen If yes to question 12, please indicate the relationship of the person or persons to the infant.

Other

Remove all

14. If Other, specify ...

Indicate Relationship

15. Since the last scheduled visit, or if this is the enrollment visit, since birth, has any member of the household where your infant has stayed been diagnosed with tuberculosis?
 Yes
 No
 Do not know

16. If yes to question 15, please indicate the relationship of the person or persons to the infant:

Available If yes to question 15, please indicate the relationship of the person or persons to the infant.

Q Filter

- Aunt
- Me
- Not applicable
- Sibling
- Uncle

Choose all

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

Chosen If yes to question 15, please indicate the relationship of the person or persons to the infant.

Father
Grandfather
Grandmother
Other

Remove all

17. If Other, specify ...

Indicate Relationship

18. Since the last attended scheduled visit, or if this is the enrollment visit, since birth, do you have any reason to suspect your infant was exposed to tuberculosis outside of the household.
 Yes
 No
 Do not know
e.g: public transport, health facility visit, church or community gathering.

19. If yes to question 18, please comment on the nature of the exposure:

please comment on the nature of the exposure

20. Is the participant going offstudy?
 Yes
 No
Select YES only if the participant is going off study.

Audit (Show)