

## DATA COLLECTION FORM AT BASELINE

1	Date of interview	_ _ / _ _ / _ _  Day/Month/Year
2	Interviewer initials	_ _
3	Start time of interview	_ _ : _ _
<b>DEMOGRAPHIC DETAILS</b>		
4	Participant number	<b>PARTICIPANT STICKER</b>
5	Date of birth	_ _ / _ _ / _ _  Day/Month/Year
6	Age	_ _  Years
7	Gender	_  1 = Male, 0 = Female
8	Student type	_  1 = Medical, 2 = Nursing
9	Month and year of entry into internship program	_ _ / _ _  Month/Year
10	Where do you stay	_  1 = Family housing, 2 = Student housing
11	Ethnicity	_  1 = Sundanese, 2 = Javanese, 3 = Batak, 4 = Betawi, 5 = Madurese, 6 = Minangkabau, 7 = Acehnese, 8 = Balinese, 9 = Chinese, 10 = Other (please state) _____
<b>MEDICAL HISTORY</b>		
12	BCG vaccination	_  1 = Vaccinated, 0 = Not vaccinated,
13	Do you have a BCG scar? (can I please see it?)	_  1 = Yes, 0 = No
14	Have you ever been diagnosed with HIV?	_  1 = Yes, 0 = No
15	Do you have any other immunocompromised condition? (read the options to the participant)	_  1 = Diabetes, 2 = Systemic Lupus Erythematosus, 3 = Renal failure, 4 = Transplant anti-rejection therapy, 5 = TNF $\alpha$ inhibitor therapy, 6 = Other immune-suppressive condition or therapy (steroid), 7 = None
16	Do you smoke cigarettes? (read the options to the participant)	_  1 = Yes current , 2 = Ex-Smoker, 3 = Never
17	If current or ex-smoker	Age started:  _  years

INTERACT STUDY

		Packs/day:  __
18	If ex-smoker	Age stopped:  __  years
19	Do you consume alcohol?	__  1 = Yes, 0 = No
<b>TB EXPOSURE</b>		
20	Have you ever been involved in other training/project in hospital/clinic prior to study enrolment?	__  1 = Yes, 0 = No
21	If yes, any direct contact with TB patient or participation in sputum collection or examination?	__  1 = Yes, 0 = No
22	If yes, state the location	__  1 = DOTS clinic, 2 = Isolation ward, 3 = Laboratory, 4 = Pulmonary ward, 5 = Other (please state) _____
23	When?	__ _ __  Months ago  __ _ __  Years ago
24	Have you ever had direct contact with family or friends who have been diagnosed with TB?	__  1 = Yes, 0 = No
25	If yes, how many years/months ago?	__ _ __  Months ago  __ _ __  Years ago
<b>ACTIVE TB SCREENING</b>		
26	Dry cough	__  1 = Yes, 0 = No Duration:  __ _ __  days or  __ _ __  weeks
27	Productive cough	__  1 = Yes, 0 = No Duration:  __ _ __  days or  __ _ __  weeks
28	Cough at night	__  1 = Yes, 0 = No Duration:  __ _ __  days or  __ _ __  weeks
29	Pain in the chest	__  1 = Yes, 0 = No Duration:  __ _ __  days or  __ _ __  weeks
30	Coughing up blood or sputum	__  1 = Yes, 0 = No Duration:  __ _ __  days or  __ _ __  weeks
31	Night sweats	__  1 = Yes, 0 = No Duration:  __ _ __  days or  __ _ __  weeks
32	Weakness or fatigue	__  1 = Yes, 0 = No Duration:  __ _ __  days or  __ _ __  weeks
33	Weight loss	__  1 = Yes, 0 = No Duration:  __ _ __  days or  __ _ __  weeks
34	No appetite	__  1 = Yes, 0 = No Duration:  __ _ __  days or  __ _ __  weeks
35	Fever	__  1 = Yes, 0 = No Duration:  __ _ __  days or  __ _ __  weeks
36	Visible Mass in Neck	__  1 = Yes, 0 = No

INTERACT STUDY

		Duration:  _ _  days or  _ _  weeks
37	End time of interview	_ _ : _ _
<b>BODY MASS INDEX</b>		
38	Height	_ _ _  cm
39	Weight	_ _ _ .  _ _  kg
<b>IGRA TEST</b>		
40	Date of blood drawing for IGRA	_ _ / _ _ / _ _  Day/Month/Year
41	IGRA test result qualitative	_  1 = Positive, 0 = Negative, 2 = Intermediate
<b>TUBERCULIN SKIN TEST</b>		
42	Date of TST administered	_ _ / _ _ / _ _  Day/Month/Year
43	Date of TST read	_ _ / _ _ / _ _  Day/Month/Year
44	TST Result (diameter)	_ _  mm
45	TST Result	_  1 = Positive, 0 = Negative