

CASE REPORT FORM

Pt ID# _____

Week 0: Date: _____

Clinical history:

General appearance: mildly ill moderately ill severely ill
 Infection site: pulmonary pulmonary and/or _____

Signs and Symptoms: Duration of symptoms since: _____

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
1. Fever	<input type="checkbox"/>	<input type="checkbox"/>	5. Contact w/active case	<input type="checkbox"/>	<input type="checkbox"/>	9. Weight (kg) _____
2. Cough	<input type="checkbox"/>	<input type="checkbox"/>	6. Loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>	10. Others (Specify) _____
3. Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	7. Nausea	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Haemoptysis	<input type="checkbox"/>	<input type="checkbox"/>	8. Anorexia	<input type="checkbox"/>	<input type="checkbox"/>	

Other information:

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
1. Previous H/O TB	<input type="checkbox"/>	<input type="checkbox"/>	2. BCG given	<input type="checkbox"/>	<input type="checkbox"/>	3. Current steroid use	<input type="checkbox"/>	<input type="checkbox"/>

Laboratory:

1. AFB (score, 0-3+) 0 1+ 2+ 3+

2. L-J culture neg pos #colonies 1+ 2+ 3+ 4+ conta/lost

3. Sensitivity: Rif _____ INH _____ ETH _____ PZA _____ STR _____

4. PPD prior positive current _____ mm not done

5. Chest X-ray _____ % involvement _____

6. Blood: ESR _____ Hb _____ TC _____ Neutrophils _____ Lymphocytes _____

Week 1: Follow up date: _____

1. a) Received anti-TB treatment regular irregular _____
 b) Received supplement regular irregular _____

2. Fever: _____ 5. Appetite: _____ 7. Joint pain: _____

3. Cough: _____ 6. Anorexia: _____ 8. Jaundice: _____

4. Weight (kg): _____

9. AFB (score,0-3+) 0 1+ 2+ 3+ no sputum

Comments: _____

Week 2: Follow up date: _____

- 1. a) Received anti-TB treatment regular irregular _____
 - b) Received supplement regular irregular _____
 - 2. Fever: _____ 5. Appetite: _____ 7. Joint pain: _____
 - 3. Cough: _____ 6. Anorexia: _____ 8. Jaundice: _____
 - 4. Weight (kg): _____
 - 9. AFB (score,0-3+): 0 1+ 2+ 3+ no sputum
- Comments: _____

Week 3: Follow up date: _____

- 1. a) Received anti-TB treatment regular irregular _____
 - b) Received supplement regular irregular _____
 - 2. Fever: _____ 5. Appetite: _____ 7. Joint pain: _____
 - 3. Cough: _____ 6. Anorexia: _____ 8. Jaundice: _____
 - 4. Weight (kg): _____
 - 9. AFB (score,0-3+): 0 1+ 2+ 3+ no sputum
- Comments: _____

Week 4: Follow up date: _____

- 1. a) Received anti-TB treatment regular irregular _____
 - b) Received supplement regular irregular _____
 - 2. Fever: _____ 5. Appetite: _____ 7. Joint pain: _____
 - 3. Cough: _____ 6. Anorexia: _____ 8. Jaundice: _____
 - 4. Weight (kg): _____
 - 9. AFB (score,0-3+): 0 1+ 2+ 3+ no sputum
 - 10. L-J culture: neg pos (#colonies 1+ 2+ 3+ 4+ conta/lost
 - 12. Blood: ESR _____ Hb _____ TC _____ Neutrophils _____ Lymphocytes _____
- Comments: _____

Week 6: Follow up date: _____

- 1. a) Received anti-TB treatment regular irregular _____
- b) Received supplement regular irregular _____
- 2. Fever: _____ 5. Appetite: _____ 7. Joint pain: _____
- 3. Cough: _____ 6. Anorexia: _____ 8. Jaundice: _____
- 4. Weight (kg): _____
- 9. AFB (score,0-3+): 0 1+ 2+ 3+ no sputum

Comments: _____

Week 8: Follow up date:

- 1. a) Received anti-TB treatment regular irregular _____
- b) Received supplement regular irregular _____
- 2. Fever: _____ 5. Appetite: _____ 7. Joint pain: _____
- 3. Cough: _____ 6. Anorexia: _____ 8. Jaundice: _____
- 4. Weight (kg): _____
- 9. AFB (score,0-3+): 0 1+ 2+ 3+ no sputum
- 10. L-J culture: neg pos (#colonies 1+ 2+ 3+ 4+ conta/lost
- 11. Chest X-ray _____ % involvement _____
- 12. Blood: ESR _____ Hb _____ TC _____ Neutrophils _____ Lymphocytes _____

Comments: _____

Week 10: Follow up date:

- 1. Received anti-TB treatment regular irregular _____
- 2. Fever: _____ 5. Appetite: _____ 7. Joint pain: _____
- 3. Cough: _____ 6. Anorexia: _____ 8. Jaundice: _____
- 4. Weight (kg): _____
- 9. AFB (score, 0-3+): 0 1+ 2+ 3+ no sputum

Comments: _____

Week 12: Follow up date:

- 1. Received anti-TB treatment regular irregular _____
- 2. Fever: _____ 5. Appetite: _____ 7. Joint pain: _____
- 3. Cough: _____ 6. Anorexia: _____ 8. Jaundice: _____
- 4. Weight (kg): _____
- 9. AFB (score,0-3+): 0 1+ 2+ 3+ no sputum

10. Chest X-ray _____ % involvement _____

Comments: _____

Week 24: Follow up date:

- 1. Received anti-TB treatment regular irregular _____
- 2. Fever: _____ 5. Appetite: _____ 7. Joint pain: _____
- 3. Cough: _____ 6. Anorexia: _____ 8. Jaundice: _____
- 4. Weight (kg): _____
- 9. AFB (score,0-3+): 0 1+ 2+ 3+ no sputum

10. Chest X-ray _____ % involvement _____

Comments: _____