

Q 0.1	Date of inclusion: __ __ __ / __ __ __ / __ __ __ __ __ __	
Q 0.2	Building: <input type="checkbox"/> Building C ¹ <input type="checkbox"/> Women's building ² <input type="checkbox"/> CAT ³ <input type="checkbox"/> Infirmary ⁴ <input type="checkbox"/> Other building ⁵	__
Q 0.3	Floor:	__
Q 0.4	Cell:	__ __
Q 0.5	Number of inmates per cell: __ __ __ <input type="checkbox"/> Does not know ⁹⁹	
1- SOCIO-DEMOGRAPHIC CHARACTERISTICS		
Q 1.1	Gender: <input type="checkbox"/> Male ¹ <input type="checkbox"/> Female ²	__
Q 1.2	Date of birth: __ __ __ / __ __ __ / __ __ __ __ __ __ Or Age: __ __ __ years <input type="checkbox"/> Does not know ⁹⁹	
Q 1.3	Area of residence before entering MACA: <input type="checkbox"/> Abobo ¹ <input type="checkbox"/> Adjamé / Williamsville ² <input type="checkbox"/> Attécoubé/Lokodjoro ³ <input type="checkbox"/> Cocody/Deux Plateau ⁴ <input type="checkbox"/> Koumassi ⁵ <input type="checkbox"/> Marcory ⁶ <input type="checkbox"/> Plateau ⁷ <input type="checkbox"/> Port-Bouët/Vridi ⁸ <input type="checkbox"/> Treichville ⁹ <input type="checkbox"/> Yopougon ¹⁰ <input type="checkbox"/> Bingerville ¹¹ <input type="checkbox"/> Anyama ¹² <input type="checkbox"/> Grand Bassam ¹³ <input type="checkbox"/> Autre ¹⁴ <i>If other, specify:</i> _____	__ __
Q 1.4	Nationality: <input type="checkbox"/> Ivorian ¹ <input type="checkbox"/> Other ² <i>If other, specify:</i> _____	__
Q 1.5	Education level: <input type="checkbox"/> Unschooling ¹ <input type="checkbox"/> Primary ² <input type="checkbox"/> Secondary ³ <input type="checkbox"/> Higher ⁴	__
Q 1.6	Current marital status: <input type="checkbox"/> Single ¹ <input type="checkbox"/> Monogamous marriage ² <input type="checkbox"/> Polygamous marriage ³ <input type="checkbox"/> Cohabiting ⁴ <input type="checkbox"/> Divorced ⁵ <input type="checkbox"/> Widow(er) ⁶	__
Q 1.7	HIV status upon entering prison: <input type="checkbox"/> Positive ¹ <input type="checkbox"/> Negative ² <input type="checkbox"/> Indeterminate ³ <input type="checkbox"/> Not done ⁴	__
Q 1.8	If HIV status known, date of HIV test : __ __ __ / __ __ __ / __ __ __ __ __ __ <input type="checkbox"/> Does not know ⁹⁹	
Q 1.9	How many meals do you regularly eat per day? <input type="checkbox"/> No meal ¹ <input type="checkbox"/> Only one meal ² <input type="checkbox"/> Two meals ³ <input type="checkbox"/> Three meals ⁴ <input type="checkbox"/> More than three meals ⁵	__
Q 1.10	Where do the meals you eat in your cell mostly come from? <i>(Many answers possible)</i> <input type="checkbox"/> Only the prison food <input type="checkbox"/> I cook my own food <input type="checkbox"/> Group meals among fellow inmates <input type="checkbox"/> Other <i>If other, specify:</i> _____	
Q 1.11	Where does the water you drink in your cell mostly come from? <input type="checkbox"/> Tap water ¹ <input type="checkbox"/> Mineral water ² <input type="checkbox"/> Packaged water of unknown origin ³ <input type="checkbox"/> Other ⁴ <i>If other, specify:</i> _____	__
2 - PAST MEDICAL HISTORY		
Q 2.1	In the past, did you have a disease requiring a treatment for many months? <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ⁰	__
Q 2.1 A	If yes, was it a pulmonary infection? <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ⁰	__
Q 2.1 B	Is yes, which one? _____	
Q 2.2	Since you are in prison, have you heard that another inmate in your cell has Tuberculosis? <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ⁰	__
Q 2.3	Have you ever had tuberculosis? <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ⁰	__
Q 2.3 A	If yes, TB treatment start date: __ __ __ / __ __ __ / __ __ __ __ __ __ <input type="checkbox"/> Does not know ⁹⁹	

	Q 2.3 B	Treatment duration: __ _ months 99	<input type="checkbox"/> Does not know	
Q 2.4	Do you have asthma?		<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ⁰	_
Q 2.5	Do you have diabetes?		<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ⁰	_
	Q 2.5 A	If yes, are you currently on anti-diabetic therapy?	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ⁰	_
	Q 2.5 B	If currently on anti-diabetic therapy, specify the type of therapy: _____		
Q 2.6	Have you ever smoked tobacco?		<input type="checkbox"/> No ¹ <input type="checkbox"/> Yes, in the past ² <input type="checkbox"/> Yes, currently ³	_
	Q 2.6 A	If currently smoking, how often did you smoke tobacco in the last 30 days? <input type="checkbox"/> Only 1 to 3 times ¹ <input type="checkbox"/> 1 to 3 times a week ² <input type="checkbox"/> 4 to 6 times a week ³ <input type="checkbox"/> Once a day ⁴ <input type="checkbox"/> 2 to 3 times a day ⁵ <input type="checkbox"/> 4 times a day ⁶		_
	Q 2.6B	How many cigarettes do you smoke per day?	_ _ _ _ cigarettes	_ _ _ _
Q 2.7	Is it your first imprisonment?		<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ⁰	_
	Q 2.7 A	If "no", what was the length of your previous imprisonment? <input type="checkbox"/> Less than 3 months ¹ <input type="checkbox"/> 3 to 6 months ² <input type="checkbox"/> 6 to 12 months ³ <input type="checkbox"/> 1 to 2 years ⁴ <input type="checkbox"/> More than 2 years ⁵		_

SURVEY FORM-TO BE COMPLETED BY- THE PHYSICIAN

3- CLINICAL CHARACTERISTICS

Q 3.1	Weight: _ _ _ kg		_ _ _ _
Q 3.2	Height: _ _ _ cm		_ _ _ _
Q 3.3	Temperature: _ _ _ , _ degree		_ _ _ _
Q 3.4	Symptoms:		
	Q 3.4.1	Cough more than 2 weeks ago or cough in the last month? <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ⁰	_
	Q 3.4.2	Weight loss above 10% of body weight? <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ⁰	_
	Q 3.4.3	Recent loss of appetite: <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ⁰	_
	Q 3.4.4	Chest pain: <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ⁰	_
	Q 3.4.5	Fever more than 2 weeks ago: <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ⁰	_

4- Decision after performing chest X-ray and HIV test

Q 4.1	At least one clinical symptom:	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ⁰	_
Q 4.2	Positive HIV test or past medical history:	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ⁰	_
Q 4.3	Chest X-ray:	<input type="checkbox"/> Abnormal ¹ <input type="checkbox"/> Normal ⁰	_
Q 4.4	Positive D1 sputum	<input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ⁰	_

In case of positive answer to at least one of the previous questions, patient sputum samples should be sent to CeDReS for direct examination and culture

Q 4.5	Have sputum samples been sent to CeDReS? <input type="checkbox"/> Yes ¹ <input type="checkbox"/> No ⁰		_
	Q 4.5 A	If yes, date of submission: _ _ _ / _ _ _ / _ _ _ _ _	
	Q 4.5 B	If no, specify the reasons: _____ _____	

Investigator's name and signature:

Physician's name and signature: