

TRAP TB Contact Screen v1 (English)

Q1. Please enter your (the interviewer's) initials: _____

Q2. Please enter the INDEX CASE Study ID: _____

Q3. To ensure data integrity, please re-enter the Index Case's ID.

9997 Don't Know
9998 Refuse to Answer
9999 Not Applicable

Q4. Please enter the HOUSEHOLD CONTACT's Study ID (1-20: based on the household contact enumeration form: for example, the first contact enumerated has an ID of 1; and the tenth contact enumerated has an ID of 10)

97 Don't Know

Q5. For the sake of data integrity, please re-enter the Household Contact's ID number.

97 Don't Know

Q6. Please enter the name of the Household Contact [Response to Q4]:

Section 1. TB Symptom Screening.

Q7. Do you currently have a **cough**?

1	Yes
0	No
7	Don't Know
8	Refuse to Answer

If Q7 is equal to 0, then skip to Q10.

Q8. For how much time have you had a cough? (Choose one)

1	<2 weeks
2	2-4 weeks
3	1-3 months
4	3-6 months
5	>6 months
7	Don't Know
8	Refuse to Answer

Q9. Is their blood in your sputum (mucous) when you cough?

1	Yes
0	No
7	Don't Know
8	Refuse to Answer
9	Not Applicable

Q10. Have you had a **fever** in the past week?

1	Yes
0	No
7	Don't Know
8	Refuse to Answer

Q11. Have you **lost weight** over the past month?

1	Yes
0	No
7	Don't Know
8	Refuse to Answer

Q12. Are you having any sweats at night?

1	Yes
0	No

- 7 Don't Know
- 8 Refuse to Answer

Section 2. Household Contact Medical History

- Q13. Have you ever been diagnosed with tuberculosis (TB)?
- 1 Yes
 - 0 No
 - 7 Don't Know
 - 8 Refuse to Answer

If Q13 is not equal to 1, then skip to Q15.

- Q14. When were you diagnosed with tuberculosis (TB)?
- ___ / ___
- mm / yyyy
- 2097 Don't Know (Year)
 - 2098 Refuse to Answer (Year)
 - 2099 Not Applicable (Year)

- Q15. Have you ever been treated for tuberculosis (TB)?
- 1 Yes
 - 0 No
 - 7 Don't Know
 - 8 Refuse to Answer

- Q16. Have you ever smoked tobacco regularly?
- 1 Yes
 - 0 No
 - 7 Don't Know
 - 8 Refuse to Answer

If Q16 is not equal to 1, then skip to Q18.

- Q17. Do you currently smoke tobacco?
- 1 Yes
 - 0 No
 - 7 Don't Know
 - 8 Refuse to Answer

- Q18. Have you ever been tested for HIV?
- 1 Yes
 - 0 No
 - 7 Don't Know
 - 8 Refuse to Answer

If Q18 is equal to 0, then skip to end of questionnaire.

- Q19. What were the results of your most recent HIV test? (Choose one)
- 0 HIV Negative
 - 1 HIV Positive
 - 77 Don't Know
 - 88 Refuse to Answer

If Q19 is equal to 0, then skip to end of questionnaire.

- Q20. Are you currently in care at an HIV clinic?
- 1 Yes
 - 0 No
 - 7 Don't Know
 - 8 Refuse to Answer

If Q20 is equal to 0, then skip to instruction before Q22.

- Q21. At which clinic do you receive HIV care? (Choose one)
- 1 Tororo District Hospital (TDH) HIV Clinic
 - 2 TASO Tororo
 - 3 Other

- 7 Don't Know
- 8 Refuse to Answer

If Q21 is not equal to 3, then skip to Q23.

Q22. Enter other clinic where participant receives HIV care:

Q23. Are you taking any HIV medications, other than cotrimoxazole (Septrin)?

- 1 Yes
- 0 No
- 7 Don't Know
- 8 Refuse to Answer

If Q23 is equal to 0, then skip to end of questionnaire.

Q24. Which of the following HIV medications are you taking? (Check all that apply)

- Tri-immune
- Combivir (AZT/3TC)
- Truvada (TDF/FTC)
- Stavudine (D4T)
- Lamivudine (3TC)
- Nevirapine (NVP)
- Efavirenz (EFV)
- Kaletra (Lopinavir/ritonavir)
- Don't Know
- Refuse to Answer
- Not Applicable

If Q7 is equal to 1 or Q10 is equal to 1 or Q11 is equal to 1 or Q12 is equal to 1, then based on the information provided by the household contact, [Response to Q6] should be referred to a medical clinic for further TB evaluation (including sputum microscopy).

The Household Contact interview for [Response to Q6] is now complete. Reopen a new Household Contact questionnaire to perform TB symptom screening on the next household contact of Index Case [Response to Q2]. Thank you.