Annex S1: Household contact screening register used in the community-based MDR-TB Care Project in 33 townships

Reg. No.	Reg. Date *dd/mm/yy*	Name		Address & Phone No:				Symptom	Case found at	Index case Reg No.	Risk Factor	HIV Date	Sputum Date	Antibiotic trial
Township	Referral type	Age	Sex	Refer from				*Select more than one*		Relationship	*Select more than one*	Result	Result	
								☐ Cough ☐ Fever ☐ Weight Loss ☐ Blood Stained Sputum ☐ Night Sweat ☐ Lymph Node Enlargement ☐ Other : ______________________	☐ HE ☐ TB CT ☐ MDRTB CT ☐ Community		☐ HIV ☐ DM ☐ Past History of TB ☐ Under 5 ☐ TB contact ☐ MDRTB contact	☐ Not Done ☐ Done Date ……/……/……	☐ Not Done ☐ Done Date …../……/…..	☐ YES
	☐ Self ☐ Sputum		☐ M ☐ F	☐ Vol	☐ GP	☐ Phar	☐ Self			☐ Household member ☐ Non-household member		☐ Negative ☐ Positive Code……………	☐ Negative ☐ Positive	☐ NO
								☐ Cough ☐ Fever ☐ Weight Loss ☐ Blood Stained Sputum ☐ Night Sweat ☐ Lymph Node Enlargement ☐ Other : ______________________	☐ HE ☐ TB CT ☐ MDRTB CT ☐ Community		☐ HIV ☐ DM ☐ Past History of TB ☐ Under 5 ☐ TB contact ☐ MDRTB contact	☐ Not Done ☐ Done Date ……/……/……	☐ Not Done ☐ Done Date …../……/…..	☐ YES
	☐ Self ☐ Sputum		☐ M ☐ F	☐ Vol	☐ GP	☐ Phar	☐ Self			☐ Household member ☐ Non-household member		☐ Negative ☐ Positive Code……………	☐ Negative ☐ Positive	☐ NO
								☐ Cough ☐ Fever ☐ Weight Loss ☐ Blood Stained Sputum ☐ Night Sweat ☐ Lymph Node Enlargement ☐ Other : ______________________	☐ HE ☐ TB CT ☐ MDRTB CT ☐ Community		☐ HIV ☐ DM ☐ Past History of TB ☐ Under 5 ☐ TB contact ☐ MDRTB contact	☐ Not Done ☐ Done Date ……/……/……	☐ Not Done ☐ Done Date …../……/…..	☐ YES
	☐ Self ☐ Sputum		☐ M ☐ F	☐ Vol	☐ GP	☐ Phar	☐ Self			☐ Household member ☐ Non-household member		☐ Negative ☐ Positive Code……………	☐ Negative ☐ Positive	☐ NO
								☐ Cough ☐ Fever ☐ Weight Loss ☐ Blood Stained Sputum ☐ Night Sweat ☐ Lymph Node Enlargement ☐ Other : ______________________	☐ HE ☐ TB CT ☐ MDRTB CT ☐ Community		☐ HIV ☐ DM ☐ Past History of TB ☐ Under 5 ☐ TB contact ☐ MDRTB contact	☐ Not Done ☐ Done Date ……/……/……	☐ Not Done ☐ Done Date …../……/…..	☐ YES
	☐ Self ☐ Sputum		☐ M ☐ F	☐ Vol	☐ GP	☐ Phar	☐ Self			☐ Household member ☐ Non-household member		☐ Negative ☐ Positive Code……………	☐ Negative ☐ Positive	☐ NO
								☐ Cough ☐ Fever ☐ Weight Loss ☐ Blood Stained Sputum ☐ Night Sweat ☐ Lymph Node Enlargement ☐ Other : ______________________	☐ HE ☐ TB CT ☐ MDRTB CT ☐ Community		☐ HIV ☐ DM ☐ Past History of TB ☐ Under 5 ☐ TB contact ☐ MDRTB contact	☐ Not Done ☐ Done Date ……/……/……	☐ Not Done ☐ Done Date …../……/…..	☐ YES
	☐ Self ☐ Sputum		☐ M ☐ F	☐ Vol	☐ GP	☐ Phar	☐ Self			☐ Household member ☐ Non-household member		☐ Negative ☐ Positive Code……………	☐ Negative ☐ Positive	☐ NO

TST	CXR Date	GeneXpert Date	FNAC Date	Culture Date	DST Date	Conclusion/Treatment received	Other/comment
Result	Result	Result	Result	Result	Result		Result
□ Not Done □ Done Date …../……/……	□ Not Done □ Done Date ……/……/……	□ Not Done □ Done Date ……/……/……	□ Not Done □ Done Date ……/……/…..	□ Not Done □ Done Date ……/……/……	□ Not Done □ Done Date ……/……/……	□ TB Code_______________ □ MDRTB Code_______________ □ IPT Code_______________ □ No TB □ No IPT	
Size mm …………	□ Normal □ Abnormal	□ MTB Not Detected □ MTB Detected □ Rif Resistance	□ Negative □ Positive	□ Negative □ Positive	□ Resistant H □ Resistant R □ Resistant Z □ Resistant E □ Resistant S		
□ Not Done □ Done Date …../……/……	□ Not Done □ Done Date ……/……/……	□ Not Done □ Done Date ……/……/……	□ Not Done □ Done Date ……/……/…..	□ Not Done □ Done Date ……/……/……	□ Not Done □ Done Date ……/……/……	□ TB Code_______________ □ MDRTB Code_______________ □ IPT Code_______________ □ No TB □ No IPT	
Size mm …………	□ Normal □ Abnormal	□ MTB Not Detected □ MTB Detected □ Rif Resistance	□ Negative □ Positive	□ Negative □ Positive	□ Resistant H □ Resistant R □ Resistant Z □ Resistant E □ Resistant S		
□ Not Done □ Done Date …../……/……	□ Not Done □ Done Date ……/……/……	□ Not Done □ Done Date ……/……/……	□ Not Done □ Done Date ……/……/…..	□ Not Done □ Done Date ……/……/……	□ Not Done □ Done Date ……/……/……	□ TB Code_______________ □ MDRTB Code_______________ □ IPT Code_______________ □ No TB □ No IPT	
Size mm …………	□ Normal □ Abnormal	□ MTB Not Detected □ MTB Detected □ Rif Resistance	□ Negative □ Positive	□ Negative □ Positive	□ Resistant H □ Resistant R □ Resistant Z □ Resistant E □ Resistant S		
□ Not Done □ Done Date …../……/……	□ Not Done □ Done Date ……/……/……	□ Not Done □ Done Date ……/……/……	□ Not Done □ Done Date ……/……/…..	□ Not Done □ Done Date ……/……/……	□ Not Done □ Done Date ……/……/……	□ TB Code_______________ □ MDRTB Code_______________ □ IPT Code_______________ □ No TB □ No IPT	
Size mm …………	□ Normal □ Abnormal	□ MTB Not Detected □ MTB Detected □ Rif Resistance	□ Negative □ Positive	□ Negative □ Positive	□ Resistant H □ Resistant R □ Resistant Z □ Resistant E □ Resistant S		
□ Not Done □ Done Date …../……/……	□ Not Done □ Done Date ……/……/……	□ Not Done □ Done Date ……/……/……	□ Not Done □ Done Date ……/……/…..	□ Not Done □ Done Date ……/……/……	□ Not Done □ Done Date ……/……/……	□ TB Code_______________ □ MDRTB Code_______________ □ IPT Code_______________ □ No TB □ No IPT	
Size mm …………	□ Normal □ Abnormal	□ MTB Not Detected □ MTB Detected □ Rif Resistance	□ Negative □ Positive	□ Negative □ Positive	□ Resistant H □ Resistant R □ Resistant Z □ Resistant E □ Resistant S		