HOUSEHOLD CONTACT REGISTER [Left side – page]

S.No	Name of Index patient	TB.No	Date of start of treatment	Number of household contact	Number of contacts currently on ATT	Number of contacts screened	Contact screening number	Screening date	Name	Age	Gender [M/F]	BMI [Kg/m ²]
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M: Male, F: Female

HOUSEHOLD CONTACT REGISTER [Right side – page]

DM [Y/N]	HIV R [Y/N]	Smoking [Y/N]	Alcohol [Y/N]	Immuno- suppressive Drugs [Y/N]	Past ATT [Y/N]	Currently Pregnant [Y/N/NA]	Baseline screening outcome [TB/No TB/NK]	6 th month screening date	6 th month screening outcome [TB/No TB/NK]	12 th month screening date	12 th month screening outcome [TB/No TB/NK]	Final screening outcome [No TB/TB/ Lost]	Re- marks

Y: Yes, N:No, NA: Not applicable, NK: Not known