

**ADEPTT Study Screening Step 1**  
**Initial Eligibility Screening – self-report**

DATE: \_\_\_/\_\_\_/\_\_\_\_\_  
 (DAY/MONTH/YEAR)

ADEPTT SCREENING ID: SCT \_\_\_\_\_

Completed by phone or in-person?	<input type="checkbox"/> Phone	<input type="checkbox"/> In-person
Is this a Uganda ARCH prior participant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If prior participant, enter study ID: ADEPT Study ID: MBD _____ BREATH Study ID: MBB _____		
What is the patient's sex?	<input type="checkbox"/> Male	<input type="checkbox"/> Female

**Initial eligibility assessment.**

1. How old are you? ___ years → is patient 18 years or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you fluent in either Runyakole or English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been on ART for 6 or more months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Don't know
3a. If yes: Are you currently on or prescribed Nevirapine (NVP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3b. If not currently on NVP: Have you taken NVP in the past 2 weeks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you live within 2 hours travel time of the ISS Clinic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have plans to move more than 2 hours from the ISS Clinic, within the next 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever had active TB before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Don't know
7. Have you ever taken TB medications before, to treat or prevent TB?	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Don't know
8. Are you currently taking anti-convulsion medications, or do you have any plans to take them in the future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you had any alcohol to drink in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9a. If yes: Have you had any alcohol to drink in the past 3 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Eligible:** YES to questions 1, 2, 3 & 4; **NO/DON'T KNOW** to questions 5, 6, 7 & 8. (ticks in the unshaded boxes)

**Ineligible:** Currently on NVP (YES to 3a) or taken NVP in the past 2 weeks (YES to question 3b), or Prior year drinker who is not a prior 3 month drinker, but who drank 4-12 months ago (ie. YES to question 9 *plus* NO to question 9a) (ticks in a shaded box)

**If eligible:** ask participant if they are interested in continuing with further screening.

**Reason for declining further screening:**

**Eligibility status:**

- Ineligible.
- Eligible, declines further screening.  
**(specify reason to the right)**
- Eligible.  
**(Refer to RA for consent for further screening)**

- 1 = Time barred
- 2 = Stigma/disclosure issues
- 3 = Needs additional approval from family member
- 4 = Too weak
- 5 = Not interested
- 6 = Declines blood draw
- 7 = Declines to answer
- 8 = Other (specify) \_\_\_\_\_

**Notes:**

**Screener initials:** \_\_\_\_\_

	Initials	Date
QC check		
Entry 1		
Entry 2		