

# CRF 12- ACTIVE TB – FINAL EVALUATION FORM

A1. Participant's ID number **C C C - C C C C**

A2. Center \_\_\_\_\_

TF0. Research staff completing the form \_\_\_\_\_

## TO BE COMPLETED AT END OF TB TREATMENT

### ACTIVE TB FINAL EVALUATION

TF1. Date **C C C C C C C C C C**  
D D M M M Y Y Y Y Y

**TF1.1** Was study participant diagnosed with (or died of) active TB?  No (**go to question TF30**)  Yes

**TF2.** If yes to TF2: Is the study participant being treated (here or elsewhere) for active TB?  No  Yes

**TF3.** If yes to TF2: Was study participant diagnosed with active TB and died?  No  Yes

### INITIAL INVESTIGATIONS

**TF4.** Chest x-ray at the time of diagnosis?  No  Yes **TF5.** If yes, date **C C C C C C C C C C**  
D D M M M Y Y Y Y Y

(Send copy of film to the coordinating center by 2R2 website)

**TF6.** Other radiological tests?  No  Yes **TF7.** If yes, date **C C C C C C C C C C**  
D D M M M Y Y Y Y Y

**TF8.** If yes, name of the test \_\_\_\_\_

(Send copy of film to the coordinating center by 2R2 website)

**TF9.** Microbiology specimen sent?  No  Yes

**TF10.** If yes, date 1<sup>st</sup> specimen was sent **C C C C C C C C C C**  
D D M M M Y Y Y Y Y

**TF11.** If yes, number of spontaneous sputum samples sent **C**

**TF12.** If yes, number of induced sputum samples sent **C**

**TF13.** AFB smear done?  No  Yes **TF14.** If yes, number done: **C**

**TF15.** If yes, results:  All contaminated  All Negative  At least one positive

**TF16.** PCR or GeneXpert?  No  Yes

**TF17.** If yes, results:  All contaminated  Negative (DNA not detected)  Positive (DNA detected)  
 Unknown

**TF18.** Cultures done?  No  Yes **TF19.** If yes, number done: **C**

**TF20.** If yes, results:  All contaminated  All Negative  At least one positive

**\*Note: If positive culture, specimen must be sent for identification of MTB and drug susceptibility test.**

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A2. Center \_\_\_\_\_

TF21. MTB identified?  No  Yes

TF22. If MTB identified, specimen is:  Sensitive to all drugs  Resistant

TF23. If resistant, to which drugs? \_\_\_\_\_

TF24. Biopsy or Needle aspiration done?  No  Yes

TF25. If yes, date 

D	D	M	M	M	Y	Y	Y	Y	Y

TF26. If yes, provide results (check all that apply):

Normal  Non-necrotizing granulomas  Necrotizing granuloma  AFB seen  Other

TF27. HIV test done (strongly recommended)?  Yes  No  Not necessary (**already known HIV+**)

TF28. If yes, date HIV test was performed 

D	D	M	M	M	Y	Y	Y	Y	Y

TF29. If yes, results:  Positive  Negative  Unknown

## DESCRIPTION

TF30. Describe the symptoms, the history of the illness and any unusual findings in as much detail as possible.  
(note: if participant was NOT diagnosed with active TB, provide alternative diagnosis that was made)

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## DIAGNOSIS & TREATMENT

TF31. Site of TB  Pulmonary  Other TF32. If other, specify \_\_\_\_\_

TF33-36. Method of diagnosis (**choose all that apply**)  Radiological  Microbiological  
 Clinical  Pathology

TF37. Is the date treatment started confirmed to be the one reported in CRF11?  Yes  No  Date was not known

TF38. If No, provide new start date: 

C	C	C	C	C	C	C	C	C	C
D	D	M	M	M	Y	Y	Y	Y	Y

TF39. Did the treatment change since what reported in CRF11?  Yes  No  Treatment was not known

TF40. If Yes, provide new treatment \_\_\_\_\_

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A2. Center \_\_\_\_\_

## RESPONSE TO TREATMENT

TF41. Symptoms resolved?  No  Yes

TF42. Tolerability of the therapy \_\_\_\_\_

TF43. Estimated Adherence \_\_\_\_\_

TF44. Completed therapy  No  Yes

TF45. If yes, date completed **C C C C C C C C C**  
D D M M M Y Y Y Y

TF46. Treatment outcome:  Died  Failed  Drop-out  Completed  Cured  Other

TF47. If other, specify \_\_\_\_\_

TF48. Sputum for AFB and culture during treatment?  None  Yes

TF49. AFB smear done?  No  Yes

TF50. If yes, number done **C**

TF51. If yes, results:  All negative  At least one positive  All contaminated

TF52. Cultures done?  No  Yes

TF53. If yes, number done **C**

TF54. If yes, results:  All negative  At least one positive  All contaminated

TF55. If positive, date of the last positive **C C C C C C C C C**  
D D M M M Y Y Y Y

TF56. Chest x-ray or other imaging at the end of treatment for active TB (within 1 month of the end of treatment)

No  Yes **TF57.** If yes, date done **C C C C C C C C C**  
D D M M M Y Y Y Y

(Send film to the coordinating center by 2R2 website)

TF58. Comments

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