**Follow-up Assessment**

**VISIT INFORMATION**

* Visit date: Write the date of the follow-up assessment.
* Type of visit:
  + When indicating a planned monthly assessment, write the number of months that the patient has been in treatment. For example, if the patient started treatment four weeks ago, then write "01", indicating that the patient has received 1 month of treatment.
  + The suggested window for the two week visit and month 1 visit is +/- 7 days. For all other monthly scheduled visits, the suggested window is +/- 14 days before or after from the target date.
  + “Other assessment” includes all visits that are not considered pre-planned assessments.
* Two weeks visit: no need to fill a follow-up form for this visit.

**CLINICAL EXAMINATION**

*A trained clinician (doctor or nurse) is needed to collect this information.*

* Is the patient (if female) or the patient's (if male) partner currently pregnant? If the patient is a woman and is pregnant, then mark YES. If the patient is not a woman is not of childbearing age, then mark NO. If the patient is a man, and his partner has conceived and is pregnant, then mark YES. If the patient is man, and his partner is not pregnant, then mark NO.

See the SOPs for detailed instructions on how to measure:

* Vital signs
* Brief peripheral neuropathy screen
* Visual acuity (Snellen test)
* Colorblindness screen (Ishihara test)

**ADVERSE EVENTS ASSESSMENT AND TB REGIMEN CHANGES**

*A trained doctor is needed to collect this information.*

* **Are you reporting a new AE?** Mark YES if there is a new adverse event (AE) that needs to be captured.
  + **If YES, AE ID #:** If YES is marked, then the AE form needs to be filled out by the doctor. A new AE should also be captured on the AE Log.The AE ID# assigned to this AE on the AE Form and AE log should be recorded here.
* **If reporting a new AE, is it an SAE?** If the AE fulfils the criteria of being an SAE, then mark YES and fill out an SAE form.
  + **If YES, SAE ID#:** Write the SAE Case ID # provided by the PV unit in response to the submitted SAE form. This ID must be recorded retrospectively, after the PV Unit has responded.
* **Does the patient have an ongoing adverse event that does not have a final outcome? [check AE log]** Mark ‘YES’ if there is an ongoing AE that has not had any outcome and check the AE Form and AE log
* **Has there been a change in the TB regimen or concomitant medications, including dosage adjustment, stopping a medication, or adding a new medication?** Mark ‘YES’ if there has been a change in the TB Regimen or concomitant medication for any reason since the last follow-up visit, including dosage adjustment, stopping a medication, or adding a new medication.
* **Does the patient drink alcohol?** Mark YES if patient reports consuming alcohol currently. Mark NO if the patient does not consume alcohol currently. Mark UNKNOWN if the alcohol consumption status is unclear.
  + **If YES: How many standard alcoholic drinks does the patient drink per week?** One alcoholic drink is defined as (NIAAA):



* + If the patient reports consuming alcohol, ask the patient how many standard alcohol drinks he/she consumes per week (can be an estimate) and write the number here.