**endTB SCHEDULE OF FORMS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FORM:** | **ASSESSMENT:** | | | | | |
| Baseline | Week 2 | Monthly  (Month 1 to end of treatment) | Other | End of treatment | Post-treatment month 6 |
| Treatment Consent | X |  |  |  |  |  |
| Observational Study Consent | X |  |  |  |  |  |
| [Baseline Assessment](https://drive.google.com/open?id=18e_QVtZzZsCc7UJGzSQ0rA6Zm2YuUnJENMtCI_GFieI) | X |  |  |  |  |  |
| Treatment Initiation | X |  |  |  |  |  |
| [Active Medication Log](https://drive.google.com/open?id=1yeEVwTgwyY8bZ0hRk7MgzLkYP0-Y-lWOXriZfuOi47U) | X | X | X |  | X |  |
| [Follow-up Assessment](https://drive.google.com/open?id=1gyF9oDH_zltK5PvECDY6GO-pF-_p28srEb7bb4_95Kk) |  | X | X | X | X | X |
| [Bacteriology](https://drive.google.com/open?id=11zfiqI_xtbgQ0JBbVd0eL6Cbgbc87SuVqRYLh4PM9Es) | X |  | X | *As needed* | X | X |
| [Laboratory Results](https://drive.google.com/open?id=1XDISX_BVK68tqzmVfO7DC0UY4sh3gVb-0MY1AcLk5Tc) | X | X | X | *As needed* | X |  |
| [Audiogram](https://drive.google.com/open?id=1G5YysR23zFQo4VBa2tiGNh8nipQOxC0nAmkXVdHADqs) | X |  | *Months 1-6, then monthly while receiving injectable* | *As needed* | X |  |
| [Electrocardiogram](https://docs.google.com/document/d/1XHYKuzXwkQpCQoW0vl17WeNwb_EyfzGCuh4qIsUc83U/edit) | X | X | *Months 1-6, then monthly while receiving Bdq/Dlm* | *As needed* | X | X |
| [Performance Status](https://docs.google.com/document/d/1bFhporzp0EQIt5iqrkVZ1nkpkMoweIHgFJayYuzPjqI/edit) | X |  | *Month 2* |  | X | X |
| [Chest X-ray](https://docs.google.com/document/d/1LambDBVS1HkF406RhgOH30JqgY-swcyzP1lBGwd7X2s/edit) | X |  | *Every 6 months* | *As needed* | X |  |
| Monthly Treatment Completness |  |  | *X* |  |  |  |
| [Outcome](https://docs.google.com/document/d/1zFx6URmmCiMmH6A_KvgUxPRgUABZ6Drbcb6_e8UbDqc/edit) |  | *As needed* | | | |  |
| [Post-treatment Outcome](https://drive.google.com/open?id=12z4YJqaKCq_Fw5T8NP4HYvDXZvXQ_exODv0-Pd18unM) |  |  | | | | X |
| [Adverse Event F](https://docs.google.com/document/d/1tmqH5fDRKxnOvyH5PAtycU_nVoPCIJ_w_q79lyizpNU/edit)orm |  | *As needed* | | | |  |
| [Adverse Events Tracking Log](https://docs.google.com/document/d/18cpq5CrRDrqhsgt54MGg2sqCGNMBot0BfcujQLRETYs/edit) |  | *As needed* | | | |  |
| [SAE Form](https://drive.google.com/open?id=0B8Hq8i5EtND_MlRMRmxNNnNIN0E) (PV unit) |  | *As needed* | | | | X |
| Pregnancy Form (PV unit) |  | *As needed* | | | | X |
| [Hospital Admission](https://docs.google.com/document/d/1H_bk4SAVuvPgfcaG5ZZEXIIJ65x6GnCgNQfAoiXFcWQ/edit) |  | *As needed* | | | |  |
| [Hospital Discharge](https://docs.google.com/document/d/104jBZ3jLdGWPR7PfY1uKJPfrbaXiZnWK26xYDNTWr3g/edit) |  | *As needed* | | | |  |