**Baseline Assessment**

**REGISTRATION AND DEMOGRAPHICS**

|  |  |
| --- | --- |
| Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| EMR ID#:  \_\_ \_\_ \_\_ — \_\_ \_\_ \_\_ — \_\_ \_\_ \_\_ \_\_ \_\_ | |
| Registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date of birth: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (e.g. DD/MMM/YYYY) | |
| Age: \_\_ \_\_ years | Gender: ☐ Male   ☐ Female |

**Contact details**

|  |
| --- |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Permanent residence district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Permanent residence country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SOCIAL HISTORY**

|  |
| --- |
| Date of baseline assessment: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (e.g. DD/MMM/YYYY) |

|  |  |
| --- | --- |
| Marital status (mark one): | ☐ Married  ☐ Living together  ☐ Single  ☐ Divorced  ☐ Widowed  ☐ Separated  ☐ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Homeless within past year? | ☐ Yes   ☐ No   ☐ Unknown |
| Current employment status (mark one): | ☐ Employed  ☐ Unable to work  ☐ Student  ☐ Unemployed  ☐ Housework  ☐ Pensioner  ☐ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is the patient a refugee, displaced or migrant? | ☐ Yes   ☐ No   ☐ Unknown |
| Has the patient ever been in prison? | ☐ Yes   ☐ No   ☐ Unknown |
| If YES: When was the patient in prison? | ☐ Currently   ☐ In the past |
| Has the patient ever been a health worker? | ☐ Never   ☐ In the past  ☐ Currently   ☐ Unknown |

|  |  |
| --- | --- |
| Does the patient drink alcohol? | ☐ Yes   ☐ No  ☐ Unknown |
| If YES: How many standard alcoholic drinks does the patient drink per week? \_\_\_\_\_\_\_ | |
| Does the patient smoke at least 1 cigarette per day? | ☐ Yes   ☐ No  ☐ Unknown |
| Has the patient used intravenous drugs in the past year? | ☐ Yes   ☐ No  ☐ Unknown |
| Has the patient used non-prescribed, non-injectable drugs in the past year? (e.g. cannabis, cocaine, prescription stimulants without a prescription, methamphetamine, inhalants, sedatives, hallucinogens, street opioids) | ☐ Yes   ☐ No  ☐ Unknown |

**Food Security**

|  |  |
| --- | --- |
| In the past 30 days, was there ever no food to eat of any kind in your house because of lack of resources to get food? | ☐ Never  ☐ Rarely (1-2 times)  ☐ Sometimes (3-10 times)  ☐ Often (more than 10 times) |
| In the past 30 days, did you or any household member go to sleep at night hungry because there was not enough food? | ☐ Never  ☐ Rarely (1-2 times)  ☐ Sometimes (3-10 times)  ☐ Often (more than 10 times) |
| In the past 30 days, did you or any household member go a whole day and night without eating anything at all because there was not enough food? | ☐ Never  ☐ Rarely (1-2 times)  ☐ Sometimes (3-10 times)  ☐ Often (more than 10 times) |

**TB HISTORY**

|  |  |
| --- | --- |
| Has the patient ever been treated for TB in the  past? | ☐ Yes   ☐ No  ☐ Unknown |
| If YES, What was the year of the start of patient's first TB treatment? | \_\_ \_\_ \_\_ \_\_  (e.g. 2015) or  ☐ Unknown |
| Has the patient ever had more than 1 month of treatment for **drug-susceptible** TB in the past? | ☐ Yes   ☐ No  ☐ Unknown |
| If YES,  How many times did the patient start **drug-susceptible** TB treatment?  ☐ 1   ☐ 2  ☐ 3   ☐ 4    ☐ 5 or more  What is the registration number of the most recent **drug-susceptible** TB treatment episode?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or   ☐ Unknown  What is the outcome of the most recent **drug-susceptible** TB treatment?  ☐ Cured  ☐ Completed  ☐ Failed  ☐ Lost to follow-up  ☐ Not evaluated (unknown or transferred out)  ☐ Treatment adapted (moved to DR-TB register)  In which registration facility was the patient registered for the most recent **drug-susceptible** TB treatment? \_\_\_\_\_\_\_\_\_\_\_\_ | |
| Has the patient ever had more than 1 month of treatment for **drug-resistant** TB in the past? | ☐ Yes   ☐ No  ☐ Unknown |
| If YES,  How many times did the patient start **drug-resistant** TB treatment?  ☐ 1   ☐ 2   ☐ 3   ☐ 4   ☐ 5 or more  What is the registration number of the most recent **drug-resistant** TB treatment episode?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or   ☐ Unknown  What is the outcome of the most recent **drug-resistant** TB treatment?  ☐ Cured  ☐ Completed  ☐ Failed  ☐ Lost to follow-up  ☐ Not evaluated (unknown or transferred out or transferred back to DS TB)  ☐ Treatment adapted (empirical treatment that was ended due to DST results showing resistance to second line drugs and therefore rendering the current treatment sub-optimal or ineffective)  In which registration facility was the patient registered for the most recent **drug-resistant** TB treatment? \_\_\_\_\_\_\_\_\_\_\_\_ | |

**Drugs taken for greater than one month (circle all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group 1** | isoniazid | **Group 4** | cycloserine |
| rifampicin | ethionamide |
| rifabutin | para-aminosalicylic acid |
| rifapentine | para-aminosalicylate sodium |
| ethambutol | prothionamide |
| pyrazinamide | terizidone |
| **Group 2** | amikacin | **Group 5** | amoxicillin/clavulanate |
| capreomycin | bedaquiline |
| kanamycin | clarithromycin |
| streptomycin | clofazimine |
| **Group 3** | ciprofloxacin | delamanid |
| gatifloxacin | imipenem/cilastatin |
| levofloxacin | linezolid |
| moxifloxacin | meropenem |
| ofloxacin | thioacetazone |
| Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**PAST MEDICAL HISTORY (CO-MORBIDITIES)**

|  |  |
| --- | --- |
| Any known drug allergies | ☐ Yes   ☐ No   ☐ Unknown  If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Confirmed HIV serostatus (For HIV diagnosis, CD4 count, ARV initiation; if date is not known exactly then use the first day of the month, if month unknown then use July) | ☐ Positive   ☐ Negative   ☐ Unknown  If POSITIVE:  Diagnosis date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  Last CD4 count: \_\_\_\_\_\_\_\_\_ cells/mm3  ☐ Unknown  Date of CD4: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  Last RNA viral load: \_\_\_\_\_\_\_copies/ml  ☐ Unknown  Date of viral load: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  Date of ARV initiation: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_  Currently taking ARV treatment:  ☐ Yes  ☐ No ☐ Unknown  Current ARV regimen:  \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_ / \_\_\_\_\_\_ |
| Diabetes (type I or II) | ☐ Yes   ☐ No   ☐ Unknown  If YES, last HbA1c: \_\_\_\_\_\_ |
| Chronic renal insufficiency | ☐ Yes   ☐ No   ☐ Unknown |
| Cirrhosis | ☐ Yes   ☐ No   ☐ Unknown |
| Chronic obstructive pulmonary disease | ☐ Yes   ☐ No   ☐ Unknown |
| Cancer | ☐ Yes   ☐ No   ☐ Unknown  If YES, type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Heart disease or atherosclerotic disease (e.g. heart failure, heart attack, stroke) | ☐ Yes   ☐ No   ☐ Unknown  If YES, type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Confirmed Hepatitis B | ☐ Yes   ☐ No   ☐ Unknown |
| Confirmed Hepatitis C | ☐ Yes   ☐ No   ☐ Unknown |
| Depression | ☐ Yes   ☐ No   ☐ Unknown |
| Other psychiatric illness | ☐ Yes   ☐ No   ☐ Unknown  If YES, type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Seizure disorder (chronic) | ☐ Yes   ☐ No   ☐ Unknown |
| Other pre-existing diseases | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CLINICAL EXAMINATION**

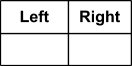
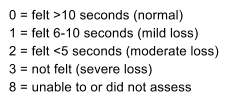
|  |  |
| --- | --- |
| Date of clinical examination | \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (DD/MM/YYYY) |
| Weight (kg): \_\_ \_\_ \_\_.\_\_ | Height (cm): \_\_ \_\_ \_\_ |
| Pulse (beats per minute): \_\_ \_\_ \_\_ | Respiratory rate (per minute): \_\_ \_\_ \_\_ |

**Brief peripheral neuropathy screen**

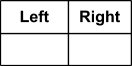
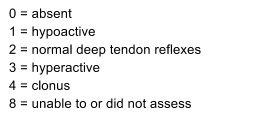
|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Normal | Mild  ----------------------------------------------------------------------------------------------  Severe | | | | | | | | | |
| 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |

|  |  |  |
| --- | --- | --- |
| **1. Subjective symptoms (write score for right and left legs)** | **Left** | **Right** |
| a. Pain, aching, or burning in feet, legs |  |  |
| b. "Pins and needles" in feet, legs |  |  |
| c. Numbness (lack of feeling) in feet, legs |  |  |

**2. Vibration perception (write score for right and left legs)**

**3. Ankle reflexes (write score for right and left legs)**

**Visual acuity**

|  |  |
| --- | --- |
| Left eye | 20 / \_\_ \_\_ \_\_ |
| Right eye | 20 / \_\_ \_\_ \_\_ |

**Colorblindness screen (Ishihara test)**

Write the number of correct plates from 1-11 in the book of 14 plates.

|  |  |
| --- | --- |
|  | Number |
| Left eye |  |
| Right eye |  |

**OR**

**Simplified Colorblindness screen**

|  |  |
| --- | --- |
| Ishihara result: | ☐ Normal       ☐ Abnormal |

**CASE DEFINITION**

|  |  |
| --- | --- |
| WHO registration group | ☐ New  ☐ Relapse  ☐ Treatment after loss to follow-up  ☐ Treatment after failure  ☐ Other previously treated patients |
| History of past anti-TB drug use  (if registration group is not NEW) | ☐ Previously treated only with first line drugs  ☐ Previously treated with second line drugs  ☐ History unclear/unknown |
| Disease site | ☐ Pulmonary  ☐ Extrapulmonary, exact site:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Detection of *M. tuberculosis*? | ☐ Bacteriologically confirmed  ☐ Not confirmed, clinically diagnosed |
| If diagnosis was "bacteriologically confirmed", what was the method of confirmation (mark all that apply)? | ☐ Sputum smear positive  ☐ Xpert MTB/RIF positive for *M. tuberculosis*  ☐ Hain test positive for *M. tuberculosis*  ☐ Culture (solid or MGIT) positive for *M. tuberculosis*  ☐ Other test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Drug resistance | ☐ Profile: unconfirmed  ☐ Confirmed drug susceptible  ☐ Confirmed drug resistant TB  ☐ Unknown |
| Subclassification of drug resistance profile (mark only one) | ☐ H (S) resistance  ☐ HE(S) resistance  ☐ R resistance with H susceptibility  ☐ Xpert MTB/RIF rifampicin resistance only  ☐ Confirmed MDR  ☐ Confirmed pre-XDR (FQ)  ☐ Confirmed pre-XDR (Inj)  ☐ Confirmed XDR  ☐ Other |
| MDR-TB or rifampicin resistance diagnosis date  (date of first result indicating MDR or rifampicin resistance; could be micro/molecular test or clinical diagnosis of MDR-TB from endTB or non-endTB site): | \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |

|  |  |
| --- | --- |
| Sputum tests ordered at this assessment: | ☐ Smear  ☐ Culture  ☐ DST |

|  |
| --- |
| Next assessment date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ (DD/MMM/YYYY)  Reason for next assessment (check one):  ☐ 2 week assessment  ☐ Planned monthly assessment visit: Month \_\_\_ \_\_\_  ☐ Other assessment: Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Form filled by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |
| Form entered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date: \_\_ \_\_ /\_\_ \_\_ \_\_ /\_\_ \_\_ \_\_ \_\_ |