Form 3: Study Enrollment Form

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| 1. **Study Entry Enrollment** |

Study site:

Participant Initials:  DR-TB Registration Number:

Participant ID: -

Date participant signed informed consent: --

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| 1. **Participant Demographics** |

1. Date of birth: --
2. Age of participant on the date of Informed Consent  years
3. Sex:  Male  Female
4. Place of birth:  The Country (study country)  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Employment status:  Unemployed  Employed  Retired

Other, specify:  Unknown

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| 1. **Tuberculosis (TB) History and Treatment** |

1. Was the participant ever treated for active TB prior to this episode? Yes No Unknown

*(If “No” or “Unknown”, proceed to next section)*

1. If “yes”, what were the most recent month and year of treatment? -
2. What was the outcome of the most recent TB treatment?

Cured/Treatment Completed

Treatment Failed

Lost to follow up

Not evaluated

1. Has the participant ever received treatment with first-line Yes No Unknown

anti-tuberculosis drugs for ≥1 month prior to this episode?

1. Has the participant ever received treatment with second-line Yes No Unknown

anti-tuberculosis drugs for ≥1 month prior to this episode?

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| 1. **Participant History** |

1. Risk factors for treatment non-compliance and failure:
   1. Homeless within the past year: Yes No  Unknown
   2. Injecting drug use within the past year: Yes No  Unknown
   3. History of being resident of correctional facility: Yes No  Unknown
   4. Alcohol use led to problems in relationships, health, employment/ Yes No  Unknown

work performance or finances within the past year:

* 1. Not employed within the past year: Yes No  Unknown
  2. History or current cigarette smoking: Yes No  Unknown

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| 1. **Concomitant Diagnosis at the Time of TB Diagnosis** |

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| **Diagnosis** |  |
| * + 1. Liver disease: | Yes No  Unknown  *(If “No” or “Unknown”, proceed to no. 2)* |
| * 1. If “yes”, specify type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |
| * + 1. Diabetes: | Yes No  Unknown  *(If “No” or “Unknown”, proceed to no. 3)* |
| * 1. If “yes”, specify type: Type I TypeII Unknown | |
| * + 1. Peripheral neuropathy: | Yes No Unknown |
| * + 1. Renal insufficiency: | Yes No Unknown |
| * + 1. Cancer: | Yes No Unknown  *(If “No” or “Unknown”, proceed to no. 6)* |
| 1. If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| * + 1. HIV: | Yes No Unknown  *(If “No” or “Unknown”, proceed to no. 7)* |
| 7. Other concomitant diagnoses: *If “No” or “Unknown”, proceed to next section)*  If “Yes”, specify:   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes No  Unknown |

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| 1. **HIV Test** Not done *(proceed to the next section)* |

1. Date of HIV test: --
   1. HIV test result:  Positive  Negative/Non-reactive
2. Date of CD4 count: --
3. CD4 result:  cells/mm3 OR  .  %

Result is pending

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| 1. **Extrapulmonary TB** |

1. Does participant currently have extrapulmonary TB? Yes No Unknown

*(If “No” or “Unknown”, proceed to next section)*

If “Yes”, specify the system organ class for each extrapulmonary site:

Pleural

Lymphatic, intrathoracic

Lymphatic, extrathoracic

Genito-urinary

Osteo-articular

Disseminated

Peritoneal & Digestive

Central nervous system

Other

Specify other type of extrapulmonary TB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. **Form Completion** |

PRINT name of person completing form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Study Enrollment Form completed: --