Auto generated from the Household list			
ID (Cluster-HH-Individual)		(7 digits)	
Name		Sex	☐ M ☐ F ☐ Not specified
DOB	Date	If do not know, completed age:	
*Occupation	Code	**Education level (Choose the highest one)	Code
***Residential status	☐ Resident ☐ Visitor		
Duration of staying	☐ < 14 days ☐ >= 14 days		
Consent form collected	☐ Yes		
QR CODE and QR CODE PIN			(5 digits)

*Occupational Code: 1 – Self-employed, 2 – Government employee (not health sector), 3 – Health care worker, 4 – Non-government employee, 5 – Student, 6 – Housekeeper/homemaker , 7 – Farmers, 8 – Unemployed, 9 – Retired, 10 - Others
**Education Code: 1 – No formal education, 2 – Primary school, 3 – Secondary school, 4 – High school, 5- University Graduate, 6 – Post-graduate (Master/PhD), 7 – Others
***Living Status: 1: R: Resident (if a person has been living in the same household or if they have no other place of residence); 2: V: Visitor (if a person has other place of residence and comes to visit the household for a certain period of time)

Form 2: Individual Survey Form
Date of Interview: __/___/___

1. Measurement (by local HW on paper and electronic data entry by the interviewer)			
B-1. Body Weight	kg	B-2. Height	cm
B-3a. BMI	[Auto Fill]	B-3b. BMI Category	[Auto Fill]
B-4a. BP systolic	mmHg	B-4b. BP diastolic	mmHg

2. Interview (to be filled by the interview team)			
In the last 30 days, do you have any of the following symptoms?			
Do you have cough?			
C-1a. Cough	☐Yes ☐No (if no, skip to C-4)		
How long have you been coughing?			
C-1b. Cough duration	☐ less than 14 days ☐ 14 days or longer ☐ Chronic (8 weeks or more)		
Is it a productive cough? Or do you feel like you have to clear your throat?			
C-2. Sputum	☐ Yes ☐ No		
Are you coughing up with blood?		Do you suffer from chest pain?	
C-3. Blood in Sputum	☐Yes ☐No	C-4. Chest Pain	☐Yes ☐No
Have you noticed significant weight loss recently?		Are you feeling tired?	
C-5. Unintentional weight loss	☐Yes ☐No ☐ Unknown	C-6. Fatigue	☐Yes ☐No
Do you have fever especially in the evening?		Do you suffer from unusual sweating at night?	
C-7. Fever	☐Yes ☐No	C-8. Night Sweat	☐Yes ☐No
Do you have any other symptoms?			
C-9. Other symptoms	☐Yes ☐No		

C-10. Symptoms Screening Result	☐Eligible ☐ No	Eligibility – cough lasting 14 days or longer (If Xray exempted, TB suggestive symptoms regardless of duration)

3. Risk Factors/Comorbidity (to be filled by the interview team)	
Do you smoke or use any (other) type of tobacco related products? If yes, how much daily, and what type of smoking/products?	
D-1a. Smoking	☐Never ☐ Everyday smoker ☐Someday smoker ☐Former smoker
D-1b. Type of smoking/tobacco related products (Check all that apply)	☐ Cigarettes ☐ Pipe/Cigars ☐ Chewing tobacco ☐ Snuff/Snus ☐ Others (specify……)
Do you drink any type of alcohol containing beverages? If yes, how much daily and what type?	
D-2a. Drinking*	☐Never ☐Social ☐Moderate ☐Heavy
D-2b. Type of alcohol (Check all that apply)	☐ Beer ☐ Wine ☐ Spirits ☐ Others (specify ……)
Do you have any **close contact** with TB patients among households, family, and colleagues within 3 years?	
D-3. TB Close contact	☐ Yes ☐ No ☐ Don't know
Have you ever been told by doctor or health care worker that you have high blood sugar or diabetes mellitus? If yes, are you taking medicines?	
D-4. Diabetes Mellitus	☐No DM ☐On treatment ☐Diagnosed ☐Suspected ☐Don't know
Have you ever been told by doctor or health care worker that you have some illness currently or last 2 years? If yes, what kind of illness?	
D-5. Other disease	☐Yes, specify (.....) ☐ No

*Heavy – regular drinker (> 4 drinks on any day or more than 14 drinks per week for men, >3 drinks on any day or more than 7 drinks per week for women)
Moderate – regular drinker (δ 2 drinks per day for men, δ 1 drink per day for women)
Social – occasional drinker (1-14 drinks per week, but not more than 4 drinks on any day for men aged 21-65, 1-7 drinks per week, but not more than 3 drinks on any day and for women and people over 65)
1 standard drink = one can or bottle of beer, one glass of wine, one shot of spirits

4. TB and TPT History (to be filled by the interview team)		
Are you currently taking TB treatment? If no, skip to E-6.		
E-1. Current TB treatment	☐Yes ☐No	
If yes, where did you get the diagnosis?		
E-2. Diagnosed place	☐ Public hospital ☐ Health Centre	

	☐ Private Sector (hospitals/clinics/cabinets/others) ☐ Pharmacy ☐ Traditional healer ☐ Community health worker/volunteers	
And where did you take the treatment?		
E-3. Treatment place	☐ Public hospital ☐ Health Centre ☐ Private Sector (hospitals/clinics/cabinets/others) ☐ Pharmacy ☐ Traditional healer ☐ Community health worker/volunteers	
Since when, you have been taking TB medications?		
E-4. From when	Month/Year	
Could you show me your TB treatment card or tell me your TB registration number?		
E-5. TB registration number		Registration card or from HW "0" for NA or don't know
Have you ever been treated for TB in the past?		
E-6. Past TB treatment	☐ Yes ☐ No	**If no, skip to E-10.**
If yes, when is the most recent treatment?		
E-7. When (most recent Rx)	Year	
Where did you get your treatment at that time?		
E-8. Treatment place	☐ Public hospital ☐ Health Centre ☐ Private Sector (hospitals/clinics/cabinets/others) ☐ Pharmacy ☐ Traditional healer ☐ Community health worker/volunteers	
Could you tell me your TB registration number?		
E-9. TB registration number		"0" for NA or don't know
Do you take TB Preventive Therapy (TPT)?		
E-10. TB Preventive Therapy (TPT)	☐Yes ☐No	If Yes, ☐Completed ☐Ongoing

5. Health Seeking Behavior (Only When C-10 Screening Result is "Eligible", to be filled by the interview team)	
Did you seek medical care for your symptoms? If no, skip to F-13.	
F-1. Action taken or not	☐Yes ☐No (If no, skip to Q.F-13)
Where did you first seek care?	
F-2. First consultation	☐ Public hospital ☐ Health Centre ☐ Private Sector (hospitals/clinics/cabinets/others) ☐ Pharmacy ☐ Traditional healer ☐ Community health worker/volunteers
Why did you choose that source of care as your first choice?	
F-3. Reasons for choosing the service (Check all that apply)	☐ Was cheaper ☐ Was closer ☐ More convenient schedule

	☐ Better care received ☐ Better attitude form health workers ☐ Trusted more ☐ Others
Are there any follow up visits afterwards (either to the same place or different place)?	
F-4. Any consecutive visit(s)	☐Yes ☐No (If no, skip to Q.6 (CXR screening))
If yes, could you tell me where did you go for follow up visits?	
Check all that apply (F-5 to F-12)	
F-5. Public Hospital	☐
F-6. Health Centre/Health Post	☐
F-7. Private Sector (hospitals/clinics/cabinets/others)	☐
F-8. Pharmacy	☐
F-9. Traditional Medicines	☐
F-10. Community Health Worker/Volunteer	☐
F-11. Family members	☐
F-12. Others	☐
Could you tell me your reasons for not seeking care for your symptom?	
F-13. If no action, reasons? (Check all that apply)	☐ Not serious ☐ Ignore ☐ Busy ☐ Cost ☐ Distance ☐ Stigma ☐ Fear (fear of diagnosis) ☐ Fear (fear of Covid-19) ☐ No idea where to go

6. CXR Screening (to be filled by the Xray reader)		
Do you agree to take chest Xray?		
G-0. CXR consent	☐Yes ☐ No ☐No show (If no or not show, skip to Q7)	
G-1. CXR Registration	☐Yes ☐Exempted	
G-2. Reasons for exemption	☐ Pregnancy ☐ Physical ☐ Recent Xray ☐ Refuse ☐ Others	If G-1 exempted
G-3. Screening Reading	☐ Normal ☐ Abnormal eligible for sputum submission ☐ Abnormal non-eligible for sputum submission ☐ Not interpretable (poor quality)	
G-4. Active TB suggestive	☐ Yes ☐ No	If G-3. Abnormal eligible
G-5. CAD Score		00-100

G-6. Eligible from CAD score	☐ Yes ☐ No	
G-7. CXR screening positive	☐ Yes ☐ No	From G3 and G6
7. Final eligibility for Xpert Ultra (by Team Leader and Data Manager)		
H-1. No CXR with any TB suggestive symptoms regardless of duration	☐Yes ☐No	
H-2. Final eligibility for Xpert Ultra	☐Yes ☐No	

8. Sputum Collection for Xpert Ultra (filled by field laboratory assistant)		
I-1a. 1st specimen (spot)	☐ Yes (Time: ……../Date: - - /- -/- -/) ☐No	
I-1b. Quality of sputum	☐ Salivary ☐ Bloody ☐ Mucopurulent	
I-2a. 2nd specimen (morning)	☐ Yes (Time: ……../Date: - - /- -/- -/) ☐ No	
I-2b. Quality of sputum	☐ Salivary ☐ Bloody ☐ Mucopurulent	
9. Sputum Examination (filled by Xpert laboratory Technician)		
I-1c. Xpert Ultra Result (1)	☐ N ☐ T ☐ RR ☐ TI	☐ TT ☐ I
I-1d. Xpert Ultra Grade (1)	☐ High ☐ Medium ☐ Low	☐ VL ☐ TC
I-2c. Xpert Ultra Result (2)	☐ N ☐ T ☐ RR ☐ TI	☐ TT ☐ I
I-2d. Xpert Ultra Grade (2)	☐ High ☐ Medium ☐ Low	☐ VL ☐ TC

10. Team Leader Station		
J-1a. Combined Xpert Ultra Result	☐ N ☐ T ☐ RR ☐ TI	☐ TT ☐ I
*For Xpert results with one T and one RR, took – RR as combined result.		
J-1b. Combined Xpert Ultra Grade	☐ High ☐ Medium ☐ Low	☐ VL ☐ TC
J-1c. Any MTB detected	☐ Yes ☐ No ☐ NA (not valid)	
J-2. Eligibility for culture by Xpert Ultra	☐ Yes ☐ No	
J-3. Eligibility for culture by CXR	☐ Yes ☐ No	If G-4. CXR – Active TB suggestive
J-4. Final eligibility for culture	☐ Yes ☐ No	If either J-2 or J-3 is eligible

11. Sputum Collection for Culture (filled by field laboratory assistant)

K-1a. 3rd specimen (spot)	☐ Yes (Time: ……/Date: - - /- -/- -/) ☐No
K-1b. Quality of sputum	☐ Salivary ☐ Bloody ☐ Purulent/Mucopurulent
K-2a. 4th specimen (morning)	☐ Yes (Time: ……/Date: - - /- -/- -/) ☐No
K-2b. Quality of sputum	☐ Salivary ☐ Bloody ☐ Purulent/Mucopurulent

12. Management and Care (filled by Team Leader)		
L-1a. Referral action	☐ Yes ☐ No (If no, skip to Q. 13, CXR (central)).	If yes, date:
L-1b. Referral reason	☐ Active TB ☐ TB presumptive ☐ Other disease	
L-1c. Place to refer	☐ Public Hospital ☐ Health Centre ☐ Private Hospital ☐ Other	
L-1d. Place to refer	Name:	

13. CXR (Central)		
M-1. Central Reading	☐ Normal ☐ Abnormal, eligible for sputum submission ☐ Abnormal, not eligible for sputum submission	If Normal, skip to Q.14 Central laboratory
M-2. Abnormal CXR (TB)	☐ Active TB with cavity ☐ Active TB without cavity ☐ TB suspect ☐ Inactive/healed TB ☐ No TB	
M-3a. Abnormal CXR (Lungs)	☐ Yes ☐ No	
M-3b. Lungs disease		
M-4a. Abnormal CXR (other than lungs)	☐ Cardiovascular disease suspect ☐ No cardiovasuclar disesase ☐ Other	
M-4b. Abnormal CXR (extra lung)	☐ Yes, specify ( ) ☐ No	

14. Central Laboratory (Filled by IPC Central Laboratory)		
N-1. Reception Date	Date	
N-2a. Smear 1	☐ Negative (Skip to N-3a) ☐ Positive	☐ NA (Skip to N-3a)
N-2b. Smear Grade 1	☐ 3+ ☐ 2+ ☐ 1+	☐ Scanty 4-9 ☐ Scanty 1-3
N-3a. Smear 2	☐ Negative (Skip to N-4a) ☐ Positive	☐ NA (Skip to N-4a)
N-3b. Smear Grade 2	☐ 3+	☐ Scanty 4-9

	☐ 2+ ☐ 1+	☐ Scanty 1-3
N-4a. Smear combined	☐ Negative (Skip to N-5a) ☐ Positive	☐ NA (Skip to N-5a)
N-4b. Smear combined Grade	☐ 3+ ☐ 2+ ☐ 1+	☐ Scanty 4-9 ☐ Scanty 1-3
N-5a. Culture 1 inoculation	Date	
N-5b. Culture 2 inoculation	Date	
N-6a. MGIT 1 result	☐ Positive ☐ Negative	☐ NA
N-6b. MGIT 1 date	Date	
N-7a. MGIT 2 result	☐ Positive ☐ Negative	☐ NA
N-7b. MGIT 2 date	Date	
N-8a. MGIT Identification	☐ MTB ☐ NTM	☐ Contaminated
N-8b. Combined MGIT	☐ MTB ☐ NTM ☐ Negative	☐ Contaminated ☐ NA
N-9a. Solid 1 result	☐ Positive ☐ Negative (Skip to N-9c)	☐ Contaminated (Skip to N-9c) ☐ NA (Skip to N-9c)
N-9b. Solid 1 grade	☐ 3+ ☐ 2+ ☐ 1+	☐ 4-9 c ☐ 1-3 c
N-9c. Solid 1 date	Date	
N-10a. Solid 2 result	☐ Positive ☐ Negative (Skip to N-10c)	☐ Contaminated (Skip to N-10c) ☐ NA (Skip to N-10c)
N-10b. Solid 2 grade	☐ 3+ ☐ 2+ ☐ 1+	☐ 4-9 c ☐ 1-3 c
N-10c. Solid 2 date	Date	
N-11a. Solid identification	☐ MTB ☐ NTM	☐ Mixed ☐ NA
N-11b. Combined solid	☐ MTB ☐ NTM ☐ Negative (Skip to N-12)	☐ Contaminated (Skip to N-12) ☐ NA (Skip to N-12)
N-11c. Combined solid TB grade	☐ 3+ ☐ 2+ ☐ 1+	☐ 4-9 c ☐ 1-3 c
N-12. Confirmation of laboratory results	Date	

15. Final Results* (Diagnostic Panel filled by PI/Co-PI/Medical Director)		
O-1. CXR Panel Consensus	☐ Active TB with cavity ☐ Active TB without cavity ☐ TB suspect (Consistent with TB disease) ☐ Inactive/healed TB ☐ Other disease ☐ Normal	
O-2a. Decision against algorithm	☐Yes ☐ No	
O-2b. Remarks if Yes		e.g., cross contamination suspected
O-3. Study TB case	☐Yes ☐ No	
O-4. Xpert Ultra positive TB case	☐Yes ☐ No	
O-5. C (solid) positive TB case	☐Yes ☐ No	
O-6. C positive TB case	☐Yes ☐ No	
O-7. Bact positive TB case	☐Yes ☐ No	
O-8. Smear positive TB case	☐Yes ☐ No	
O-9. S+ C+ (solid) TB case	☐Yes ☐ No	
O-10. RR TB	☐Yes ☐ No	
O-11. Bacteriologically negative TB	☐Yes ☐ No	
O-12. Date of final decision	Date:	

*Only for those eligible for culture examination (Xpert: any MTB Positive or CXR: active TB suggestive)

16. Final (Filled by Central Data Manager)	
P-1. Any remarks	☐ Yes, specify ( ) ☐ No
P-2. Individual data frozen	Date: