### CASE REPORT FORM

**Pt ID#** __________________________  **Week 0: Date:** __________________________

**Clinical history:**
- **General appearance:** [ ] mildly ill [ ] moderately ill [ ] severely ill
- **Infection site:** [ ] pulmonary [ ] pulmonary and/or __________________________

**Signs and Symptoms:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Duration of symptoms since: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.  Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.  Cough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.  Chest pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.  Haemoptysis</td>
<td></td>
<td></td>
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<tr>
<td>5.  Contact w/active case</td>
<td></td>
<td></td>
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<tr>
<td>6.  Loss of appetite</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.  Nausea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.  Anorexia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.  Weight (kg)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Others (Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other information:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Previous H/O TB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. BCG given</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Current steroid use</td>
<td></td>
<td></td>
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</tbody>
</table>

**Laboratory:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. AFB (score, 0-3+)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. L-J culture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sensitivity: Rif</td>
<td>INH</td>
<td>ETH</td>
</tr>
<tr>
<td>4. PPD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Chest X-ray</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Blood: ESR</td>
<td>Hb</td>
<td>TC</td>
</tr>
</tbody>
</table>

**Week 1: Follow up date:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. a) Received anti-TB treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Fever:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Cough:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Weight (kg):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Appetite:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Anorexia:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Joint pain:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Jaundice:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. AFB (score,0-3+)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:** __________________________
**Week 2: Follow up date:**

1. a) Received anti-TB treatment  
   - regular  
   - irregular
2. b) Received supplement  
   - regular  
   - irregular
3. Fever:  
4. Cough:  
5. Appetite:  
6. Anorexia:  
7. Joint pain:  
8. Jaundice:  
9. Weight (kg):  
10. AFB (score,0-3+):  
   - 0  
   - 1+  
   - 2+  
   - 3+  
   - no sputum

Comments:  

**Week 3: Follow up date:**

1. a) Received anti-TB treatment  
   - regular  
   - irregular
2. b) Received supplement  
   - regular  
   - irregular
3. Fever:  
4. Cough:  
5. Appetite:  
6. Anorexia:  
7. Joint pain:  
8. Jaundice:  
9. Weight (kg):  
10. AFB (score,0-3+):  
   - 0  
   - 1+  
   - 2+  
   - 3+  
   - no sputum

Comments:  

**Week 4: Follow up date:**

1. a) Received anti-TB treatment  
   - regular  
   - irregular
2. b) Received supplement  
   - regular  
   - irregular
3. Fever:  
4. Cough:  
5. Appetite:  
6. Anorexia:  
7. Jaundice:  
8. Weight (kg):  
9. AFB (score,0-3+):  
   - 0  
   - 1+  
   - 2+  
   - 3+  
   - no sputum
10. L-J culture:  
    - neg  
    - pos  
    - (colonies  
        - 1+  
        - 2+  
        - 3+  
        - 4+  
        - conta/lost
12. Blood: ESR  
    - Hb  
    - TC  
    - Neutrophils  
    - Lymphocytes  

Comments:  

**Week 6: Follow up date:**

1. a) Received anti-TB treatment  
   - regular  
   - irregular
2. b) Received supplement  
   - regular  
   - irregular
3. Fever:  
4. Cough:  
5. Appetite:  
6. Anorexia:  
7. Jaundice:  
8. Weight (kg):  
9. AFB (score,0-3+):  
   - 0  
   - 1+  
   - 2+  
   - 3+  
   - no sputum
Week 8: Follow up date:

1. Received anti-TB treatment
   - regular
   - irregular
2. Received supplement
   - regular
   - irregular
3. Fever:
4. Cough:
5. Appetite:
6. Anorexia:
7. Jaundice:
8. Weight (kg):
9. AFB (score,0-3+):
   - 0
   - 1+
   - 2+
   - 3+
   - no sputum
10. L-J culture:
    - neg
    - pos
11. Chest X-ray:
    - % involvement
12. Blood:
    - ESR
    - Hb
    - TC
    - Neutrophils
    - Lymphocytes

Comments:

Week 10: Follow up date:

1. Received anti-TB treatment
   - regular
   - irregular
2. Fever:
3. Cough:
4. Weight (kg):
5. Appetite:
6. Anorexia:
7. Jaundice:
8. AFB (score,0-3+):
   - 0
   - 1+
   - 2+
   - 3+
   - no sputum

Comments:

Week 12: Follow up date:

1. Received anti-TB treatment
   - regular
   - irregular
2. Fever:
3. Cough:
4. Weight (kg):
5. Appetite:
6. Anorexia:
7. Jaundice:
8. AFB (score,0-3+):
   - 0
   - 1+
   - 2+
   - 3+
   - no sputum
9. Chest X-ray:
10. % involvement

Comments:

Week 24: Follow up date:

1. Received anti-TB treatment
   - regular
   - irregular
2. Fever:
3. Cough:
4. Weight (kg):
5. Appetite:
6. Anorexia:
7. Jaundice:
8. AFB (score,0-3+):
   - 0
   - 1+
   - 2+
   - 3+
   - no sputum
PT ID#_____________

10. Chest X-ray___________________ % involvement ___________________________________________

Comments: ____________________________________________