Appendix S1. Proforma for Clinical information

Name:	Fathers name:	Age: Sex:M/F
Date of admission	C.R.No:	Date of discharge:
Postal address:		
Phone:		
(write "1" in box if the sym	ptom /sign is present, write	"0" if not present and enter the duration in
space provided)		

Those in bold letter are essential entries in all patients

History/symptoms	1 if yes, 0 if No	Duration (days)
Fever		
Headache		
Vomiting		
Seizures		
Focal seizures		
Lethargy / irritability		
Focal deficit		
Sensorial changes		
Poor feeding		
Cough		
Rapid breathing		
Weight loss		
Skin infection		
Head injury/neurosurgery		
Ear discharge		
Rash		
Type of rash		
Rhinitis		
Constipation		
Immunosupression		
Measles in last 3 months		

History/symptoms	1 if yes, 0 if No	Duration (days)		
steroid treatment				
Any other predisposing factor				
Any other symptoms:(provide details):	•			
BCG vaccination		NA		
BCG vaccination		NA		
BCG Scar		NA		
Contact with TB patient		NA		
Relationship with patient:				
Prior antibiotic use (IV or oral)				

Examination findings:

Weight Height: Head circumference:

(write "1" in box if the symptom /sign is present, write "0" if not present)

Those in **bold** letter are essential entries in all patients

Finding	1 if yes, 0 if No		
Lympadenopathy			
Rash			
Type of rash: (encircle) Petechial /Pupuric /maculopapular	/vescicular/other:		
Parotid enlargement			
Skin / mucosal ulcers			
Any abnormality on Eye / Nose / throat			
examination			
Any other finding on general physical			
examination			
Worst GCS:EMV			
Bulging Fontanelle			
Decerebrate/decorticate posturing			
Focal deficits			
Extrapyramidal signs			

Finding	1 if yes, 0 if No
Cranial Nerve involvement:	
Details of cranial nerves involved	
Right 12345	
Left 12	
(encircle)type of deficit: Chorea, Dystonia, Tremor,	Athetosis, Ballismus
Hemiparesis, Monoparesis, Aphasia, Blindness	
Chest: Yes/ No, Pneumonia/Effusion/collapse/other	
Hepatomegaly	
Spleenomegaly	
Ascites	
Any other significant finding	
New Symptoms and signs during hospital stay and folk	ow up
Investigations Gross CSF: Clear/ Opalescent/ turbid/ hemorrhagic /c	cob-web, Pressure- Jet/drops/low
Cell count:	,
Differential: % lyphocytes: % poly	y :
CSF Sugar mg/dL, Concomitant Blood S	
Proteinsmg/dL	
Montoux test: Positive/negative	
PS s/o bacterial ; Y/N	
Blood culture: Positive/negative O	rganism
Bacterial/viral/fungal isolation from other sites: Yes/ N	[o site
Blood counts: TLC: DLC:	
CT /MRI brain	
Hydrocephalous Yes/No	
Infarcts Yes/No	
Gyral enhancement- Y/ N	
Basal exudates Yes/No	
Tuberculomas Yes/No	
Number, Sizemm Xmm, margins: regular	irregular, thick wall -Yes/No, dense interior
Yes/No, Midline shift-Yes/No. other features	
TB Abscess Yes/No, site, number	
Cortical enhancement Y/N	

Bacterial Abscess Yes/No, site	, number		
Extra axial fluid collections Y/N			
Ependymal/meningeal enhancemen	t Yes/Nosu	barchanoid/subdura	1
Areas of altered T2 signal			
CXR abnormalities: Effusion/ Hazy	lucencies/ milliary/ cavity	v/ consolidation/ co	llapse/ mediastinal
LAP/nodular densities/other			
AFB isolation Extraneural: Yes/N	No, Sputum/Gastric aspirat	e/LN biopsy/BAL/l	Pleural
fluid/other			
FNAC/HPE; Y/N, Tissue	., Finding: Inconclusive/	granulomas/ caseati	ing granuloma/
other			
Abdominal X ray/USG/CT abdome	en if done: Ascites/LAP/	obstruction/ other	
Any other investigation done to supp	port the diagnosis with find	dings;	
Provisional Diagnosis: TBM/ Pyoge	nic Meningitis/ Meningoei	ncephalitis/ Seizure	2
disorders/other			
Any other investigation: Specific Tre	eatment given Start	ed on Du	<u>ration</u>
1. ATT- Yes/No			
2. I/V antibiotics			
Response to treatment: Mention fe	eatures suggestive of good	response/poor resp	onse
Signs/symptoms	At discharge	1 st follow up	2 nd follow up
Fever, Vomiting/raised ICP			
Weight gain/general well being			
Any other			
CSF-			
TLC/DLC/biochem/			
		Signature of S Name:	