**Demographic information**

1. **Sex**: Male □ Female □

2. **Date of birth**: MMM yyyy  □  yrs
   OR, if exact date of birth not known, estimated age: □ yrs

3. **Initials (first/middle/last)**: □ □ □ First/Middle/Last

4. **How long have you been living in this house?**: □ □ yrs

5. **About how many hours per day do you spend inside this house?**: a. Weekdays: □ □ hrs  b. Weekends: □ □ hrs

6. **Highest grade of education attended**: □ □ □
   - 00 = No education
   - 01-12 = Highest grade attended
   - 13 = Any post school non degree/diploma
   - 14 = Degree/Diploma

7. **Occupational status**: □ Self-employed  □ Unemployed but able to work
   □ Student □ Unemployed and unable to work
   □ Salaried worker □ Occasional work (piece Jobs)
   □ Other, specify:

8. **Sputum specimen taken from caregiver?**: □ Yes □ No
   a. Did you induce a specimen? □ Yes □ No
   b. Specimen bar code number?: □ □ □ □ □ □
   b. Date specimen taken: □ □ □ □ □ □

**Instructions to interviewer:**

Visit attempt: □ (1, 2, 3)  Was a consent form signed (or assent if child)? □ Yes □ No → If No, STOP and do consent
# Active Case Findings - ACF Kids

Please initial and date the appropriate section below:

| 1st Review: |  ____/____/20____ | Fax by: |  _____/_____/20____ |
| Initials  | Date           | Initials | Date                     |
| 2nd Review: |  ____/____/20____ | Fax by: |  _____/_____/20____ |
| Initials  | Date           | Initials | Date                     |
| 3rd Review: |  ____/____/20____ | Fax by: |  _____/_____/20____ |
| Initials  | Date           | Initials | Date                     |
| 4th Review: |  ____/____/20____ | Fax by: |  _____/_____/20____ |
| Initials  | Date           | Initials | Date                     |
9. Do you currently have TB? 
- Yes [ ] 
- No [ ] 
- Don’t know [ ]

9a. Date of diagnosis: [ ]

9b. Do you have a TB treatment card? 
- Yes [ ] 
- No [ ]

9c. Treatment card visualised? 
- Yes [ ] 
- No [ ]

9d. Treatment status? 
- Currently on treatment [ ]
- Interrupted/Defaulted [ ]

9e. Symptoms present at visit. (Ask about each symptom separately.)

9e1. Cough [ ]

9e2. Coughing sputum [ ]

9e3. Coughing blood [ ]

9e4. Weight loss [ ]

9e5. Fever [ ]

9e6. Soaking night sweats [ ]

9e7. Shortness of breath [ ]

9e8. Loss of appetite [ ]

9f. Date of first onset of these symptoms: [ ]

9g. If any TB symptoms present:

9g1. Date first sought medical help for these TB symptoms: [ ]

OR: Check this box if did not seek medical help: [ ]

9g2. Number of visits made for medical help for these symptoms: [ ]

9g2a. Type of medical help sought: (Tick all that apply)

- Hospital [ ]
- Primary care clinic [ ]
- Pharmacist [ ]
- TB clinic [ ]
- VCT centre [ ]
- Traditional healer [ ]
- Other, specify: [ ]
Active Case Findings - ACF Kids

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1. Did you ever have TB before in your life?................. [Yes] [No]  
   **Go to Q1a**

   **1a.** What was the date of your most recent TB diagnosis?...... [MM] [yyyy]

   **1b.** Did you complete the full TB treatment?......................... [Yes] [No]

   **1c.** How many months did you take TB treatment for?...........

2. Do you currently smoke tobacco?................................. [Yes] [No]  
   **Go to Q2a**

   **2a.** How many cigarettes or pipes per day?.....................

   **2b.** When did you start?.............................................. [MM] [yyyy]

   **2c.** Do you smoke inside your home?............................ [Yes] [No]

**HIV information**

3. Have you previously tested positive for HIV?................. [Yes] [No]  
   **Go to Q3a**

   **3a.** What was the date?................................................ [dd] [MM] [yyyy]

   **3b.** Are you currently taking ARVs?.............................. [Yes] [No]

**Household testing for this person**

4. Consent for VCT?....................................................... [Yes] [No]  
   **Go to Q4a**

   **4a.** Rapid test results:  
   - [ ] 2 Positive Rapids  
   - [ ] Inconclusive  
   - [ ] Negative  
   - [ ] Not done  

   **Blood drawn for CD4 count?** [Yes] [No]

   **Blood drawn for ELISA?** [Yes] [No]

   **4b.** Orasure test taken?........................................... [Yes] [No]

**Follow-up**

5. If <5 years old, referred for assessment?....................... [Yes] [No] [Not applicable]

6. Referral for TB treatment needed?.............................. [Yes] [No]

7. Referral for HIV care needed?.................................. [Yes] [No]

8. Referral for ARVs needed?......................................... [Yes] [No]
## Active Case Findings - ACF Kids

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**TB Investigation**

1. Date sputum specimen collected: .................................... [dd MMM yyyy] 2 0 1

2. Sputum smear (AFB): ....................................................... (if any positive, use the highest count.)
   - Result:  
     - Negative/Not seen
     - Moderate (+++)
     - Scanty (+)
     - Numerous (+++)

3. Culture: .................................................................
   - Done
   - Not done

3a. Result: ZN for AAFB: ...............................................  
   - Positive
   - Negative
   - Contaminated or lab problem

3b. Number of days to positive: ..................

3c. ID of Mycobacterium:  
   - M Tuberculosis
   - M Avium Complex
   - Other
   - Contaminated / Lab problem

3d. Drug sensitivity: .........................................................
   - Done
   - Not done

   If resistant to Isoniazid
   AND Rifampacin

   Isoniazid:  
   - Resistant
   - Sensitive
   - Not done

   Rifampin:  
   - Resistant
   - Sensitive
   - Not done

   Resistant to 2nd line drugs?  
   - Yes
   - No

   (If Yes, specify which drugs below)
   a.
   b.
   c.

4. Other biological specimen: ....................................
   - Collected
   - Not collected

   (e.g. FNA, biopsy, gastric aspirate)

   4a. Specify: ............................................................

   4b. Date obtained: ..................................
      - dd
      - MMM
      - yyyy

   4c. Result: ........................................  
      - TB
      - Not TB
      - Unknown
Active Case Findings - ACF Kids

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6. Did the person receive a final diagnosis of TB?
   - Yes
   - No
   Go to Q7

6a. Date of diagnosis: dd MMM yyyy
   - 2 0 1

6b. Date started treatment: dd MMM yyyy
   - 2 0 1
   (Ask patient or go to clinic)

6c. Basis for decision to start TB treatment:
   - Smear positive
   - CXR
   - Sputum culture positive
   - TB symptoms
   - Unknown
   - Other, specify below:

HIV Testing
7. 1st Rapid HIV or Orasure test result:
   - Positive
   - Negative
   - Inconclusive
   - Not done

8. Confirmatory Rapid Result:
   - Positive
   - Negative
   - Inconclusive
   - Not done

9. Final HIV Diagnosis:
   - Positive
   - Negative
   - Unknown
   Go to Q9a

9a. Date of diagnosis: dd MMM yyyy
   - 2 0 1

9b. Most Recent CD4:
   - 2 0 1

10. Taking ARVs at initial visit?
    - Yes
    - No
    - Unknown

11. Requires ARVs?
    - Yes
    - No
    - Unknown

12. Referral given for ARV initiation?
    - Yes
    - No
    - Unknown
Active Case Findings - ACF Kids

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