

TREATMENT INITIATION

Interview Date / /

PATIENT DETAILS

Patient initials	Date of birth / / (dd/mm/yy)	Age	Sex at birth male <input type="checkbox"/> female <input type="checkbox"/>
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TREATMENT PROVIDER

Health Unit	
Clinician	Patient File number
Interview site Hospital <input type="checkbox"/> Out-patient center <input type="checkbox"/> Phone interview <input type="checkbox"/> Home visit <input type="checkbox"/> Other <input type="checkbox"/>	

MEDICAL DETAILS

Weight (kg)	Height (cm)			
Indication for anti-TB therapy Pulmonary TB <input type="checkbox"/> Extra-pulmonary TB <input type="checkbox"/> MDR-TB <input type="checkbox"/> XDR-TB <input type="checkbox"/>				
Prior exposure to anti-TB therapy No <input type="checkbox"/> First-line anti-TB drugs <input type="checkbox"/> Second-line anti-TB drugs <input type="checkbox"/> Unknown <input type="checkbox"/>				
CURRENT AND PAST MEDICAL CONDITIONS	Date onset	Date resolved	Continues	Onset in past 4 weeks
Pulmonary TB infection (localization)			<input type="checkbox"/>	<input type="checkbox"/>
MDR/XDR-TB			<input type="checkbox"/>	<input type="checkbox"/>
Phase: destruction <input type="checkbox"/>				
no destruction <input type="checkbox"/>				
Cardiovascular disease, including cardiac rhythm disorders (specify diagnosis) <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Chronic obstructive pulmonary disease <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal disorder (specify diagnosis) <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Renal disorder (specify diagnosis) <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C (or B) <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Diabetes <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Anemia <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
HIV infection (stage) <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Hypersensitivity reaction(s) (specify drugs) <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Peripheral neuropathy <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Optic neuropathy <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Central nervous system disorders (specify diagnosis) <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric disorders (specify diagnosis) <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Sensoryneural hearing loss <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Alcohol abuse <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Smoker (tobacco) <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drug user (type of abuse) <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Malnutrition <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
NEW EVENTS developed in past 4 weeks	Date onset	Date resolved	Outcome*	Severity[†]
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

CODE PANEL

OUTCOME* OF ADR (AE)

R1 Recovered/ resolved

R2 Recovering/ resolving

S Recovered with sequelae

N Not recovered/ not resolved

D Died

U Unknown

SEVERITY†

1 Mild

2 Moderate

3 Severe

4 Life threatening