

CRF 12- ACTIVE TB – FINAL EVALUATION FORM

A1. Participant's ID number **C C C - C C C C**

A2. Center _____

TF0. Research staff completing the form _____

TO BE COMPLETED AT END OF TB TREATMENT ACTIVE TB FINAL EVALUATION

TF1. Date **C C C C C C C C**
D D M M M Y Y Y Y

TF1.1 Was study participant diagnosed with (or died of) active TB? No (**go to question TF30**) Yes

TF2 If yes to TF2: Is the study participant being treated (here or elsewhere) for active TB? No ~~Yes~~ **s**

