

CRF 3 - EVALUATION FORM

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

A2. Center __ __

D0. Research staff completing the form _____

DEMOGRAPHICS

D1. Height: C .C C m

D2. Weight: C C C .C kg

D3. In which Country were you born?

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D16. Does the study participant have any imminent suppressive treatment for TB? C Yes C No C Unknown

HISTORY OF TB

D36. Has the participant had BCG vaccination? C Yes C No C Unknown

D37. Was the participant treated before for active TB? C Yes C No C Unknown

D38. If Yes, year of diagnosis C C C C

D39. If Yes, number of months treated C C

D40. Was the participant treated for latent TB in the past? C Yes C No C Unknown

D41. If Yes, year of diagnosis C C C C

D42. If yes, number of months treated C C

D43. Comments _____

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MEDICATIONS

M1. Is participant sexually active and of child bearing potential? Yes No (go to M12)

M2.1. If Yes to M1, is participant taking birth control pills or hormonal contraceptives? Yes No

M2.2. If yes to M1, is she willing to use methods of contraception alternative to hormonal contraception? Yes No
(If NO, STOP HERE)

M3-M10. If yes, what method does she plan to use? (choose any that applies)

Diaphragm Intra Uterine Device (IUD) Condoms Sponge/suppository Cervical cap

Chemical method (spermicidal foam/jelly) Abstinence Other, M11. Specify_____

M12. Is the study participant taking any other medications prescribed by a doctor (except antiretrovirals, which are already reported in D12)? Yes No

M13. If yes, list the names of all the medications being taken:

1)_____ 2)_____ 3)_____

4)_____ 5)_____ 6)_____

7)_____ 8)_____ 9)_____

M14. Do any of the medications taken by participant (as antiretrovirals, or other medications) have potentially clinically important drug interactions with Rifampin? (see drug interaction list,

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LABORATORY

L19. Date test was performed C C C C C C C C C C
D D M M M Y Y Y Y

L20. Alanine transaminase (ALT) C C C C . C UL L20.1 Upper normal limit (ALT) C C C . C UL

L21. Aspartate aminotransferase (AST) C C C . C UL L21.1. Upper normal limit (AST) C C C . C UL

L22. Total bilirubin C C C . C umol/L; L22.1. Upper normal limit (total bilirubin) C C C . C umol/L

L23. Hemoglobin C C C . C