**APPENDIX 1: Social Demographic and Clinical data**

Serial Number:

1. Sex:
2. Age:
3. Occupation:
4. GeneXpert results: RR negative RR positive
5. HIV serostatus: Positive Negative
6. CD4 count at time of diagnosis if #4 is positive:
7. History of smoking:
8. History of previous PTB treatment: Yes No
9. If #7 is yes, what was the treatment outcome: Defaulted treatment Cured treatment completed Treatment failure
10. Current TB treatment:
11. Clinical evidence of extrapulmonary tuberculosis: Yes No
12. If #10 is yes, what is the site:
13. Any current or past alcohol use:
14. History of diabetes: Yes No

# APPENDIX 2: Chest X-ray Reporting Form

|  |  |
| --- | --- |
| **Right Upper Zone Yes No Size**Bronchopneumonic opacification ConsolidationCavitiesMiliary opacificationBronchiectasisAtelectasisFibrotic bandsBullae | **Left Upper Zone Yes No Size**Bronchopneumonic opacification ConsolidationCavitiesMiliary opacificationBronchiectasisAtelectasisFibrotic bandsBullae |
| **Right Middle Zone Yes No Size**Bronchopneumonic opacification ConsolidationCavitiesMiliary opacificationBronchiectasisAtelectasisFibrotic bandsBullae | **Left Middle Zone Yes No Size**Bronchopneumonic opacification ConsolidationCavitiesMiliary opacificationBronchiectasisAtelectasisFibrotic bandsBullae |
| **Right Lower Zone Yes No Size**Bronchopneumonic opacification ConsolidationCavitiesMiliary opacificationBronchiectasisAtelectasisFibrotic bandsBullae | **Left Lower Zone Yes No Size**Bronchopneumonic opacification ConsolidationCavitiesMiliary opacificationBronchiectasisAtelectasisFibrotic bandsBullae |
| **Right Extra Pulmonary Yes No** LymphadenopathyPleural effusionEmpyemaPleural fibrosis  | **Left Extra Pulmonary Yes No**LymphadenopathyPleural effusionEmpyemaPleural fibrosis |

Serial number:

Other finding: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………