

CRF 5 - ROUTINE FOLLOW-UP VISIT DURING TREATMENT

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

A2. Center _____

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ecify _____

CURRENT SYMPTOMS & PHYSICAL EXAM

Does the study participant have any of the following symptoms TODAY?

- Y1. Fever/Night sweats? NO YES, (Y2) specify _____
- Y3. Weight loss without dieting? NO YES, (Y4) specify _____
- Y5. Cough? NO YES, (Y6) specify _____
- Y7. Sputum production? NO YES,

