

















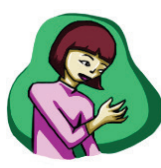


Tuberculosis Side Effects Questionnaire

Please place an **X** on each line to indicate how severe you are experiencing each of the following reactions recently or from the last visit:

	<div>No nosebleed</div> <div>Severe nosebleed</div>	
	<div>Clear Vision</div> <div>Vision Changes</div>	
	<div>No Fever</div> <div>High Fever</div>	
	<div>Not Nauseous</div> <div>Extremely Nauseous</div>	
	<div>Not Fatigued</div> <div>Very Fatigued</div>	
	<div>No Joint Pain</div> <div>Joint Pain</div>	
	<div>No Rash</div> <div>Itchy Rash</div>	
	<div>No Abdominal Pain</div> <div>Severe Abdominal Pain</div>	
	<div>Normal Eyes + Skin</div> <div>Yellowing of Eyes or Skin</div>	
	<div>No Tingling of Fingers or Toes</div> <div>Tingling of Fingers or Toes</div>	