

Supplementary file 1: Proposed variables list for the study

Facility name: _____

Date of visit: DD/MM/YY

Baseline: Sociodemographic

1. Assigned unique id
2. Age
3. Sex
4. Weight
5. Height
6. Educational status
7. Marital status
8. Occupation
9. Region
10. Smoking
11. Alcohol
12. Family history of DM

Baseline: Clinical

13. HIV status
14. Year HIV Diagnosis
15. Past TB Treatment
16. Date TB diagnosis
17. Type of TB (Drug Sensitive, Rifampicin Resistant, Drug-Resistant, Extra-Drug Resistant)
18. TB Drugs Regimen
19. HIV Drugs Regimen
20. Last Viral Load result
21. DM on admission
22. DM Treatment

Baseline and follow-up variables

23. Visit Date (DD/MM/YY)
24. Fasting Blood Sugar (FBS) (mmol/l)
25. Systolic Blood Pressure (SBP) (mmHg)
26. Diastolic Blood Pressure (DBP) (mmHg)
27. Sputum Acid-Fast Bacilli (AFB)
28. Sputum Culture
29. Adverse Event
30. Adverse Event Type
31. DM Diagnosis
32. Treatment Outcome