## Appendices

### Appendix 1: PREVALENCE SURVEY OF SMEAR POSITIVE PULMONARY TB

#### A. Household Assessment Checklist

**Note:** please fill-out all the relevant information in the table below for all households surveyed. Information about the household should be obtained from the head of the household or an appropriate next representative.

<table>
<thead>
<tr>
<th>Checklist no.</th>
<th>Interviewer</th>
<th>Name of Kebele</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Name of the Household head</th>
<th>Name of the interviewee</th>
<th>Relation to household head</th>
<th>Number of people in the household</th>
<th>Does anyone in the household have cough for more than 2 weeks or more?</th>
<th>Number of individuals in the household that Gave sputum for AFB</th>
<th>Are positive for AFB</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td></td>
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<tr>
<td>011</td>
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</tr>
</tbody>
</table>
### B. Survey questionnaire

**Note**: This questionnaire is to be filled-out for adult (age >14) members of the household that are symptomatic suspects of pulmonary TB.

1. Name of suspect _________________________  
2. Age _____  
3. Sex _____  
4. Kebele _______________________________  
5. Religion ________  

6. Marital status:  
<table>
<thead>
<tr>
<th>Never married</th>
<th>Married</th>
<th>Divorced</th>
<th>Widowed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

7. Relation to the head of the household:  
<table>
<thead>
<tr>
<th>Head</th>
<th>Wife</th>
<th>Child</th>
<th>Sibling</th>
<th>Parent</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Educational status:  
- No schooling *(Can you read? Yes [ ] No [ ] Can you write? Yes [ ] No [ ])*  
- Primary education, (Grade ___________ )  
- Secondary education (Grade ___________ )  
- Above secondary education (Certificate/diploma/degree ___________ )  
- Other (specify) ________  

9. Occupation of patient:  
<table>
<thead>
<tr>
<th>Peasant</th>
<th>Student</th>
<th>Petty trade</th>
<th>Civil servant</th>
<th>Private business</th>
<th>Unemployed</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Occupation of head of the household:  
<table>
<thead>
<tr>
<th>Peasant</th>
<th>Student</th>
<th>Petty trade</th>
<th>Civil servant</th>
<th>Private business</th>
<th>Unemployed</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

11. Number of people in the household _________  

12. Average monthly income of the family in Eth. Birr ____________
13. How long has it been since your current symptoms start?
   - Days...how many days? ______
   - Weeks... how many weeks? ______
   - Months... how many months? ______

14. Are you currently taking TB medications for your illness?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
</table>

15. Have you ever taken TB medication before?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
</tr>
</thead>
</table>

16. If yes, how long has it been since you took the medication for the last time?
   - ________ months
   - ________ years

*(Thank you for the information)*
Appendix 2: Community-Based Case Finding: Baseline Information on the Study Subjects

*Note:* Please fill-in this questionnaire for each patient diagnosed in this health institution as a case of smear-positive pulmonary TB and coming from Lemmo and Misha Woredas. If patient is referred after diagnosis to another health facility for treatment, please mention the name of the health facility where patient gets treatment.

Questionnaire No. ______________  Date ________________

Name of Health Institution: ____________________________________________


5. Education:

<table>
<thead>
<tr>
<th>Illiterate</th>
<th>Read and write</th>
<th>Primary</th>
<th>Secondary</th>
<th>Post-secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Grade ...</td>
<td>Grade......</td>
<td>Degree/Diploma/Certifi</td>
</tr>
</tbody>
</table>

6. Marital Status:

<table>
<thead>
<tr>
<th>Single</th>
<th>Married</th>
<th>Divorced</th>
<th>Widowed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

7. Occupation:

<table>
<thead>
<tr>
<th>Peasant</th>
<th>Student</th>
<th>Petty trade</th>
<th>Civil servant</th>
<th>Private business</th>
<th>Unemployed</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

8. Family size __________________________

9. Average monthly income of the family in Eth. Birr:

<table>
<thead>
<tr>
<th>0-49</th>
<th>50-99</th>
<th>100-199</th>
<th>200-299</th>
<th>300-499</th>
<th>500 &amp; above</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

10. Walking distance from patient residence to the health facility:

<table>
<thead>
<tr>
<th>1 hour or less</th>
<th>1-2 hours</th>
<th>3-4 hours</th>
<th>5-6 hours</th>
<th>More than 6 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
11. When did your current illness start? (Approximate day and month) ________________
Duration of illness _____________ days / __________ weeks / __________ months

12. Do you have cough?    Yes ……….  No …………..
13. Do you have sputum?    Yes ……….  No …………..
14. Do you have blood in sputum?    Yes ……….  No …………..
15. Do you have fever?    Yes ……….  No …………..
16. Do you have chest pain?    Yes ……….  No …………..
17. Do you have shortness of breathing?  Yes …….  No …………..
18. Do you have night sweats?    Yes ……….  No …………..
19. Do you have tiredness?    Yes ……….  No …………..

20. How did you come to this hospital/health centre?
   Referred by the community outreach workers ___________
   Came by my own (Self-referred) _________________

21. Have you ever heard about TB?    Yes ____  No ____  I can’t remember ____

22. From where did you hear about TB the first time?

<table>
<thead>
<tr>
<th>Health workers</th>
<th>Former TB patients</th>
<th>Media</th>
<th>Family/relatives</th>
<th>Posters/leaflets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Others (specify) ………………….

23. Do you know the symptoms of TB?    Yes ____  No ____
24. If yes, can you mention some?

____________________________________________________________________
____________________________________________________________________

25. Can TB be transmitted from one person to another?    Yes ____  No ____  I don’t know ____

26. Do you think TB is curable?    Yes ____  No ____  I don’t know ____

27. Does anyone among your family or close contacts have cough or difficulty of breathing or chest pain?    Yes ____  No ____

28. Was there anyone among your family members or close contacts on TB treatment?    Yes ____  No ____  I can’t remember ____

29. Patient condition:
   Can support himself/herself ____  Supported by others ____  Severely ill ____
30. Bacterial load: 1+........  2+........  3+.........  4+ or more........

31. Follow-up:
   - Patient started treatment in this health institution
   - Patient was referred to ______________________________
Appendix 3: Predictors of treatment non-completion: patient interview questionnaire.

<table>
<thead>
<tr>
<th>Questionnaire no.</th>
<th>Date</th>
<th>TB Reg. No.</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**A. Personal and background information:**

1. Patient’s Name ___________________________
2. Card No ___________________________
3. Age in years __________  
4. Sex _______  
5. Religion _____________________  
6. Address: Zone __________  woreda __________  Kebele

7. Educational Status:

<table>
<thead>
<tr>
<th>No schooling</th>
<th>Primary education</th>
<th>Secondary</th>
<th>Post-secondary</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade:_________</td>
<td>Grade:____</td>
<td>Level:_________</td>
<td></td>
</tr>
</tbody>
</table>

8. Marital status:

<table>
<thead>
<tr>
<th>Never married</th>
<th>Married</th>
<th>Divorced</th>
<th>Widowed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

9. Relation to the head of household

<table>
<thead>
<tr>
<th>Head</th>
<th>Wife</th>
<th>Child</th>
<th>Sibling</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Family size (number of people in the household) _______________

11. Occupation of patient:

<table>
<thead>
<tr>
<th>Peasant</th>
<th>Student</th>
<th>Petty trader</th>
<th>Private business</th>
<th>Civil servant</th>
<th>Private sector employee</th>
<th>Not employed</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

12. Occupation of the head of the family:

<table>
<thead>
<tr>
<th>Peasant</th>
<th>Student</th>
<th>Petty trader</th>
<th>Private business</th>
<th>Civil servant</th>
<th>Private sector employee</th>
<th>Not employed</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

13. Average monthly income of the family in Eth. Birr _______________

14. Type of house you are living in:

- Made of wood, mud and thatch
- Made of wood, mud and corrugate metal sheet
- Made of stone/blocks and corrugate metal sheet
- Other (specify) _______________

15. Type of fuel used at home for light and cooking (more than one response possible):
Estifanos Biru Shargie

<table>
<thead>
<tr>
<th>Firewood</th>
<th>Kerosene/gas</th>
<th>Electricity</th>
<th>Other (specify)</th>
</tr>
</thead>
</table>

16. How do you often travel to this Hospital?

<table>
<thead>
<tr>
<th>Walking</th>
<th>On a horse back</th>
<th>By public transport</th>
<th>Other (specify)</th>
</tr>
</thead>
</table>

17. Walking distance from your home (residence) to the Hospital:

<table>
<thead>
<tr>
<th>One hour or less</th>
<th>One to two hours</th>
<th>Three to four hours</th>
<th>Five to six hours</th>
<th>More than six hours</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Km:……</td>
<td>In Km:……</td>
<td>In Km:……</td>
<td>In Km:……</td>
<td>In Km:……</td>
<td>In Km:……</td>
</tr>
</tbody>
</table>

B. Symptom duration and care seeking pattern:

18. When did your current illness start? Day and month _____________________
Duration in days __________

19. Do you have cough?
- Yes… for how long? ________________
- No

20. Do you have sputum?
- Yes… for how long? ________________
- No

21. Do you have blood in sputum?
- Yes… for how long? ________________
- No

22. Do you have fever?
- Yes… for how long? ________________
- No

23. Do you have chest pain?
- Yes… for how long? ________________
- No

24. Do you have shortness of breathing?
- Yes… for how long? ________________
- No

25. Have you lost weight?
- Yes … how much if you know? __________
- No

26. What other complaint(s) made you come to the health facility?____________________

27. Where did you first go to get help for your current illness?

<table>
<thead>
<tr>
<th>Traditional healer</th>
<th>Village health worker</th>
<th>Private clinic</th>
<th>Health station</th>
<th>Health centre</th>
<th>Current hospital</th>
<th>Other (specify)</th>
</tr>
</thead>
</table>
28. When did you first visit a health centre or a hospital for your current illness?

<table>
<thead>
<tr>
<th>Less than one week from today</th>
<th>One to two weeks from today</th>
<th>Three to four weeks from today</th>
<th>More than four weeks from today</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:..................</td>
<td>Date:..................</td>
<td>Date:..................</td>
<td>Date:..................</td>
<td>Date:...........</td>
</tr>
</tbody>
</table>

*Time interval between onset of symptoms and first visit to a health care facility: ____________ days

*Time interval between first visit to health care facility and treatment initiation: ____________ days

29. When did you first visit this hospital for the current illness?

<table>
<thead>
<tr>
<th>Less than one week from today</th>
<th>One to two weeks from today</th>
<th>Three to four weeks from today</th>
<th>More than four weeks from today</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:..................</td>
<td>Date:..................</td>
<td>Date:..................</td>
<td>Date:..................</td>
<td>Date:...........</td>
</tr>
</tbody>
</table>

*Duration between first visit to the hospital and treatment initiation: ____________ days

30. When was that you were told to have TB confirmed by sputum examination? ____________

*Time interval between diagnosis and treatment initiation: ____________ days.

C. Knowledge and belief about TB:

31. Have you ever heard about TB?
   - Yes
   - No
   - I can’t remember

32. If yes, was it before or after you have been diagnosed to have TB?
   - Before diagnosis
   - After diagnosis

33. From where did you first get the information about TB?

<table>
<thead>
<tr>
<th>Health workers</th>
<th>Former TB patients</th>
<th>Friends</th>
<th>Family/relatives</th>
<th>Mass media</th>
<th>Taught in school</th>
<th>Posters/leaflets</th>
<th>Other (specify)</th>
</tr>
</thead>
</table>

34. Do you know the symptoms/Signs of TB?
   - Yes
   - No

35. If yes, can you mention some? (Mark “X” those mentioned by the patient)

<table>
<thead>
<tr>
<th>Cough</th>
<th>Expectoration (sputum)</th>
<th>Chest pain</th>
<th>Fever</th>
<th>Blood-tinged sputum</th>
<th>Weight loss</th>
<th>Loss of appetite</th>
<th>Fatigue</th>
</tr>
</thead>
</table>
36. Which of the following do you think are causes of TB? (Multiple response possible)

<table>
<thead>
<tr>
<th>Germs (bacilli)</th>
<th>Poverty</th>
<th>Malnutrition</th>
<th>Witchcraft</th>
<th>Sin/curse</th>
<th>Living with untreated TB patient</th>
<th>Other (specify)</th>
</tr>
</thead>
</table>

37. Can TB be transmitted from one person to another?
- Yes … how? ______________________
- No
- I don’t know

38. Do you think TB is curable?
- Yes
- No
- I don’t know

39. If yes to question 38, how?
- By medical treatment
- By traditional medicine
- Other (specify) __________

40. When TB is not treated, can it become life threatening?
- Yes
- No
- I don’t know

41. Do you think people whom you live with may get TB from you?
- Yes
- No
- I don’t know

42. Is there any one among people living with you that has similar symptoms as yours?
- Yes
- No
- I don’t know

43. Do you know how much time on TB medication it takes for your symptoms to disappear?
- Days __________
- Weeks __________
- Months __________
- Other (specify) __________
- I don’t know

44. Do you know how long it takes to complete your medication?
- Yes, I know … how long? ________________ (also check the treatment plan from the card)
- No, I don’t know

45. Do you think it is necessary to continue treatment after your symptoms have disappeared?
- Yes
- No
- I don’t know
46. Do you continue taking anti-TB medicine, when you have…?
- Side effects: yes _____ No _____ I don’t know ______
- Fasting: yes _____ No _____ I don’t know ______
- To stay away from home: Yes ______ No _____ I don’t know ______
- No more suffering from symptoms: Yes _____ No _____ I don’t know ______

47. Did you know before you came here that TB medications were available free of charge?
- Yes
- No

D. Social support system:
48. Is it difficult for you to take anti-TB medication at least for six/eight months?
- Yes, … explain why __________
- No
- I don’t know

49. Is it difficult for you to explain others that you are a TB patient?
- Yes
- No
- I don’t know

50. Is it difficult for you to explain others that you are taking anti-TB medication?
- Yes
- No
- I don’t know

51. Do people avoid your company because you are a TB patient?
- Yes
- No
- I don’t know

52. Who supports you at home to take medication regularly?
- Husband/wife
- Parents
- Children
- Brother/sister(s)
- Others (specify) ___________ Nobody ______

53. What is the attitude of your family about regular intake of anti-TB medication?
- Positive
- Negative
- Don’t know

54. What is it that people in your area fear most about TB?
- Isolation and social stigma
- Spread of the infection to others
- Death and disability
- Others (specify) __________

E. Attitude towards the health-care delivery:
55. Do you have faith in the health workers of the TB service?
- Yes
- No
- Not sure

56. Can you freely say to the doctor/health worker what you have in your mind?
- Yes
- No
- Not sure
57. Are you satisfied with the information you got from the doctor/health worker about your illness and its treatment?
- Very dissatisfied
- Dissatisfied
- Satisfied
- Very satisfied

58. Do you believe the medication given by the doctor can cure you illness, that is TB?
- Yes
- No
- Don’t know

59. Is there something more you want to say or ask? ___________________________________
(Use a separate sheet if you wish to record additional remarks)

60. Patient condition on treatment initiation:
- Can help himself /herself
- Weak, needs close family/friend support
- Severely ill, admitted
- Other (specify) __________

[Thank you for your time and valuable information!]
Appendix 4: patient consent form

**Information to Study participants**
(To be provided before verbal consent is obtained)
We are planning to study the current performance and future directions of tuberculosis control effort in this area.

- We wish to find out ways by which we can identify and treat patients as early as possible and improve treatment outcomes
- Whatever information you would provide will be kept confidential. We will record your name on the questionnaire. However, your name will not be identified in any output of this study.
- As part of the study, on the due course of the treatment, you may be requested to give sputum and blood for examination.
- You have full right to withdraw from this study at any time without a need to mention the reason why you wanted to withdraw.
- We value your input to make this study a successful one.

Thank you,

**Remarks:** Mark an “X” on the appropriate response.

**Request accepted & Consent Given**

**Patient rejected the request**

Patient’s Name ....................................................................................

Name and Signature of the interpreter .............................................

Name and Signature of Witness .......................................................