

B. Survey questionnaire

Questionnaire no. _____ Name of interviewer _____ Date _____

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:

Never married	Married	Divorced	Widowed

7. Relation to the head of the household:

Head	Wife	Child	Sibling	Parent	Other (specify)

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:

Peasant	Student	Petty trade	Civil servant	Private business	Unemployed	Other (specify)

10. Occupation of head of the household:

Peasant	Student	Petty trade	Civil servant	Private business	Unemployed	Other (specify)

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?

Yes	No	Not sure

15. Have you ever taken TB medication before?

Yes	No	Not sure

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 **Lemma** 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: _____

1. Patient name: _____ 2. Age in years _____ 3. Sex _____ 4.
Address: Woreda _____ Kebele _____

5. Education:

Illiterate	Read and write	Primary	Secondary	Post-secondary
		Grade	Grade.....	Degree/Diploma/Certifi

6. Marital Status:

Single	Married	Divorced	Widowed

7. Occupation:

Peasant	Student	Petty trade	Civil servant	Private business	Unemployed	Other (specify)

8. Family size _____

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

0-49	50-99	100-199	200-299	300-499	500 & above

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

1 hour or less	1-2 hours	3-4 hours	5-6 hours	More than 6 hours

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?

Health workers	Former TB patients	Media	Family/relatives	Posters/leaflets

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.

Questionnaire no. _____ Date _____ TB Reg. No. _____

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:

No schooling	Primary education	Secondary	Post-secondary	Other (specify)
	Grade: _____	Grade: _____	Level: _____	

8. Marital status:

Never married	Married	Divorced	Widowed

9. Relation to the head of household

Head	Wife	Child	Sibling	Other (specify)

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

11. Occupation of patient:

Peasant	Student	Petty trader	Private business	Civil servant	Private sector employee	Not employed	Other (specify)

12. Occupation of the head of the family:

Peasant	Student	Petty trader	Private business	Civil servant	Private sector employee	Not employed	Other (specify)

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):

Firewood	Kerosene/ gas	Electricity	Other (specify)

16. How do you often travel to this Hospital?

Walking	On a horse back	By public transport	Other (specify)

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

One hour or less	One to two hours	Three to four hours	Five to six hours	More than six hours	Other (specify)
In Km:.....	In Km:.....	In Km:.....	In Km:.....	In Km:.....	In Km:...

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?

Traditional healer	Village health worker	Private clinic	Health station	Health centre	Current hospital	Other (specify)

36. Which of the following do you think are causes of TB? (Multiple response possible)

Germ (bacilli)	Poverty	Malnutrition	Witchcraft	Sin/ curse	Living with untreated TB patient	Other (specify)

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

