





**APPENDIXES: STUDY TOOLS**

**I: OPD register**

1. Questionnaire No \_\_\_\_\_
2. Name of the facility \_\_\_\_\_
3. Date of the Interview \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
4. Name of the patients \_\_\_\_\_
5. Patient study ID number \_\_\_\_\_
6. Sex of the patient:
  - a) M.....1
  - b) F.....2
7. Age of respondent \_\_\_\_\_ yrs
8. Marital status:
  - a) Married.....1
  - b) Single.....2
  - c) Widowed.....3
  - d) Separated/Divorced.....4
  - e) Cohabiting.....5
9. Level of education;
  - a. No formal education.....1
  - b. Not completed primary school.....2
  - c. Completed primary school.....3
  - d. Form I-IV.....4
  - e. Form IV-VI.....5
  - f. Above secondary education.....6
  - g. Adult education.....7
  - h. Others.....8 Please mention \_\_\_\_\_
10. Residence
  - a) District \_\_\_\_\_
  - b) Ward \_\_\_\_\_
  - c) Street \_\_\_\_\_

11. Title of respondent:

- a) Head of household.....1
- b) Spouse.....2
- c) Child.....3
- d) Relative.....4

12. What is your main occupation (past twelve months)?

- a) Employed by government
- b) Employed private for profit sector
- c) Employed by NGO
- d) Self-employed (merchant), business with employees
- e) Self-employed (merchant), business no employees
- f) Self-employed (merchant), farmer/ fishing.....
- g) Unemployed
- h) Retired
- i) Pupil/ student
- j) Disabled/ sick
- k) House wife
- l) Other .....

13. Cough duration in days or week

14. Sputum results

- a) 1<sup>st</sup> sputum \_\_\_\_\_
- b) 2<sup>nd</sup> sputum \_\_\_\_\_
- c) 3<sup>rd</sup> sputum \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_

**II. MCH and FP register:**

1. Questionnaire No \_\_\_\_\_
2. Name of the facility \_\_\_\_\_
3. Date of the Interview \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
4. Name of the patients \_\_\_\_\_
5. Patient study ID number \_\_\_\_\_
6. Age of respondent \_\_\_\_\_ yrs
7. Marital status:
  - a) Married.....1
  - b) Single.....2
  - c) Widowed.....3
  - d) Separated/Divorced.....4
  - e) Cohabiting.....5
8. Level of education;
  - a) No formal education.....1
  - b) Not completed primary school.....2
  - c) Completed primary school.....3
  - d) Form I-IV.....4
  - e) Form IV-VI.....5
  - f) Above secondary education.....6
  - g) Adult education.....7
  - h) Others.....8 Please mention \_\_\_\_\_
9. Residence
  - a) District \_\_\_\_\_
  - b) Ward \_\_\_\_\_
  - c) Street \_\_\_\_\_

10. Title of respondent:

- a) Head of household.....1
- b) Spouse.....2
- c) Child.....3
- d) Relative.....4
- e) What is your main occupation (past twelve months)?
- f) Employed by government
- g) Employed private for profit sector
- h) Employed by NGO
- i) Self-employed (merchant), business with employees
- j) Self-employed (merchant), business no employees
- k) Self-employed (merchant), farmer/ fishing.....
- l) Unemployed
- m) Retired
- n) Pupil/ student
- o) Disabled/ sick
- p) House wife
- q) Other .....

11. Cough duration in days or week

12. Clinic

- a) MCH
- b) FP

13. Sputum results

- 1<sup>st</sup> sputum \_\_\_\_\_
- 2<sup>nd</sup> sputum \_\_\_\_\_
- 3<sup>rd</sup> sputum \_\_\_\_\_

14. Self reported HIV results

- a) HIV positive
- b) HIV negative
- c) Don't agree to disclose HIV status

15. Have you gone any where to seek help for the current cough

- a) Yes
- b) No

16. If yes where?

- a) Government health facility
- b) Private health facility
- c) Pharmacy/duka la dawa

d) Traditional healers  
17. How many time have you visited there for help? \_\_\_\_\_

18. Have you suffered from TB before?

a) Yes

b) No

19. If yes when was the last time did you completed ant TB  
treatment? \_\_\_\_\_

20. Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III: Health seeking behaviour for TB patients who attend dots clinics in Pwani region  
(delay questionnaire)**

1. Questionnaire No \_\_\_\_\_
2. Name of the Interviewer \_\_\_\_\_
3. Name of the facility \_\_\_\_\_
4. NTLP Registration Code \_\_\_\_\_
5. Health facility code: \_\_\_\_\_
6. Date of the Interview \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
7. Type of TB patient
  - a) New case .....1
  - b) Retreatment case..... 2
8. What is the patient current TB classification
  - c) Pulmonary TB, smear +Ve
  - d) Pulmonary TB, smear -Ve
  - e) Extra pulmonary
  - f) Other (specify)
9. District \_\_\_\_\_
10. Ward \_\_\_\_\_
11. Street \_\_\_\_\_
12. Age of respondent \_\_\_\_\_ yrs
13. Sex of respondent:
  - a) M.....1
  - b) F.....2
14. Level of education;
  - a) No formal education.....1
  - b) Not completed primary school.....2
  - c) Completed primary school.....3
  - d) Form I-IV.....4
  - e) Form IV-VI.....5
  - f) Above secondary education.....6
  - g) Adult education.....7
  - h) Others.....8 Please mention \_\_\_\_\_
15. Marital status:
  - a. Married.....1
  - b. Single.....2
  - c. Widowed.....3
  - d. Separated/Divorced.....4
  - e. Cohabiting.....5
16. Title of respondent:
  - a. Head of household.....1
  - b. Spouse.....2
  - c. Child.....3



- d. Relative.....4
17. Religion;
- a) Christian.....1
- b) Moslem.....2
- c) Tradition.....3
- d) Others, .....4 Please mention \_\_\_\_\_
18. How many people lives in your household \_\_\_\_\_
19. Which place did you first seek care for this symptom
- a) Regional Hospital.....1
- b) District hospital.....2
- c) Mission hospital.....3
- d) Health centre.....4
- e) Dispensary.....5
- f) Private Hospital.....6
- g) Traditional healer.....7
- h) Pharmacy/maduka ya dawa.....8
- i) Others (specify)-----9 \_\_\_\_\_
20. What were the major symptoms that fist made you seek care
- a) Prolong Cough.....1
- b) Blood sputum .....2
- c) Breathlessness .....3
- d) Chest pain.....4
- e) Fever.....5
- f) Weight loss.....6
- g) Fatigue\Weakness.....7
- h) Loss of appetite.....8
- i) Others (specify).....9 \_\_\_\_\_
21. Did the health worker asked you to give sputum in the first place you visited?
- a) Yes.....1
- b) No.....2
22. Was the sputum specimen requested in the same health facility you visited or you were referred to another health facility?
- a. The same facility .....1
- b. Referred.....2
- c. Don't remember.....3
23. Were you given some instructions on how to collect sputum?
- a) Yes.....1
- b) No.....2
24. If the answer is Yes, what instructions were you given \_\_\_\_\_

25. How long did it take you to complete the total 3 sputum tests?

- a. 1 days.....1
- b. 2 days.....2
- c. 3 days.....3
- d. Within 7 days.....4
- e. More than 7 days.....5

26. If is more than three days

why\_\_\_\_\_

27. How many times did you visit the health Facility with the same symptoms before

- a. The first visit.....1
- b. Second visit.....2
- c. Third visit.....3
- d. More that 3 visits.....4
- e. Don't remember.....5

28. Date of first experiencing the current symptoms; Date \_\_\_\_\_ Month \_\_\_\_\_  
Year \_\_\_\_\_

29. Date of first consultation for current symptoms; Date \_\_\_\_\_ Month \_\_\_\_\_  
Year \_\_\_\_\_

30. Date of first sputum collection; Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

31. Date of second sputum collection; Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

32. Date of third sputum collection; Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

33. Date of laboratory diagnosis; Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

34. Date of result communicated to the patient; Date \_\_\_\_\_ Month \_\_\_\_\_  
Year \_\_\_\_\_

35. Date of start treatment; Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

36. What are the symptoms of a TB disease?

- a) Chronic cough.....1
- b) Hemoptysis.....2
- c) Shortness of breath.....3
- d) Chest pain.....4
- e) Evening Fever.....5
- f) Weight loss.....6
- g) Tiredness.....7
- h) Loss of appetite.....8

i) Others Please specify.....9 \_\_\_\_\_ **(Do not probe but ask for more symptoms)**

37. Can TB be spread form person to person  
a) Yes..... 1  
b) No..... 2  
c) Don't know..... 3
38. Can TB be spread from person to person by  
a) coughing / sneezing (Yes..... 1, No ..... 2, Don't know ..... 3)  
b) Sharing cups / bowls (Yes..... 1, No ..... 2, Don't know ..... 3)  
c) Shaking hands (Yes..... 1, No ..... 2, Don't know ..... 3)  
d) Mosquitos / flies (Yes..... 1, No ..... 2, Don't know ..... 3)  
e) Mother to child in pregnancy (Yes..... 1, No ..... 2, Don't know ..... 3)
39. Can TB be cured with medicines  
a) Yes.....1  
b) No ..... 2  
c) Don't know ..... 3
40. How many places did you go to seek help for the current symptoms before you were diagnosed? \_\_\_\_\_
41. How long doe it take you to go to the nearest health facility?  
a) Less than 30 minutes.....1  
b) Between 30 minutes and one hour.....2  
c) More than one hour.....3
42. Does your family know that you have TB?  
a) Yes.....1  
b) No.....2  
c) Uncertain.....3
43. If yes, has this caused any changes in your relationship with your family?  
a) Yes.....1  
b) No.....2  
c) Uncertain.....3
44. Do you fear that you might pass the disease to other member in your family?  
a) Yes.....1  
b) No.....2  
c) Uncertain.....3
45. If possible, would you prefer to keep people from knowing about your problem?  
a) Yes.....1

- b) No.....2
- c) Uncertain.....3

46. Do your neighbours, colleagues or others in your community have less respect for You because of this problems?

- a) Yes.....1
- b) No.....2
- c) Uncertain.....3

47. Do you feel others have avoided you because of this problem?

- a) Yes.....1
- b) No.....2
- c) Uncertain.....3

48. Have you been asked to stay away from Work or family\social gatherings because of this problem?

- a) Yes.....1
- b) No.....2
- c) Uncertain.....3

49. If not, have you decided on your own to stay away from work or family\social gatherings?

- a) Yes.....1
- b) No.....2
- c) Uncertain.....3

50. Has this problem made you think less of your self because of this problem?

- a) Yes.....1
- b) No.....2
- c) Uncertain.....3

51. Do you think that some family members worry that they might get it from you?

- a) Yes .....1
- b) No.....2
- c) Uncertain.....3

52. Since you have had this problem, have you family provided adequate support?

- a) Yes.....1
- b) No.....2
- c) Uncertain.....3

53. Do you think that your family needs to do more to help you?

- a) Yes.....1
- b) No..... 2
- c) Uncertain.....3

54. Are you experiencing any problem in following up your treatment?

- a) Yes.....1
- b) No.....2

55. If yes, what problems are you experiencing? \_\_\_\_\_

56. What is the attitude of people in you community about TB?

57. How far is the health facility to your home (in kms)?

- a) <5kms.....1
- b) 5-10kms.....2
- c) >10kms.....3
- d) Other (specify).....4

58. How long (on average) does it take you to a health facility, waiting for your medication and finally returning home\workplace? \_\_\_\_\_Hours

59. How did you get to this health facility?

- a) Walked.....1
- b) Bicycle.....2
- c) Private car.....3
- d) Public transport.....4

60. If you have to take a bus how much (on average) does it cost you to come for your medication each day? \_\_\_\_\_Tshs.

61. Have you ever failed to turn out for your TB treatment?

- a) Yes.....1
- b) No.....2

62. If yes, what was the reason?

\_\_\_\_\_

63. Do you usually have to make some special arrangements at home before coming to the clinic?

- a) Yes.....1
- b) No.....2
- c) Uncertain.....3

64. If yes what arrangements?

\_\_\_\_\_

65. Have you lost any wages or income on account on coming to the clinic for medication?

- a) Yes.....1
- b) No.....2

c) Uncertain.....3

66. If yes How much \_\_\_\_\_

67. Have you ever missed three treatments in total ?

- a) Yes.....1
- b) No.....2

68. Have you ever gone to the health facility and failed to get your medication?

- a) Yes.....1
- b) No.....2
- c) I do not remember.....3

69. If yes, how many times have you experienced such a problems since you started this medication schedule?

- a) Once.....1
- b) Two times.....2
- c) More than 2 times.....3

70. What was the reason? \_\_\_\_\_

71. Do you feel that you have been getting adequate answers and explanations from health workers on all questions and issues related to your TB treatment?

- a) Most of the time.....1
- b) Some of the time.....2
- c) Occasionally.....3
- d) Never.....4

72. As TB patient, how would you rate the way the health workers have been handling you during your routine visit for TB treatment at the health facility?

- a) Friendly.....1
- b) Unfriendly\Indifferent.....2
- c) Worried about catching the disease from us.....3

73. What personal question do you have in relation to your TB treatment which you need clarification? \_\_\_\_\_

74. Do people in your community associate TB with AIDS?

- a) Yes.....1
- b) No.....2
- c) Do`nt know.....3

75. If yes, why do they associate it with AIDS?

\_\_\_\_\_

76. Is there anything that would make it easier for people with TB to get treatment, not just in this clinic but in other health facilities?

- a) Yes.....1
- b) No.....2

77. If yes, what needs to be done?

78. Have you ever tested for HIV?

- a) Yes.....1
- b) No.....2

79. What was the result?

- a) Positive.....1
- b) Negative.....2
- c) Don't know.....3

**Theme2. In-depth Interview with TB patients.**

***Attitudes of Patients towards TB (probe for Stigma related issues)***

1. Do you feel that people relate you differently because you have TB?

\_\_\_\_\_

2. Do you sometimes find yourselves uncomfortable in participating in social functions? If so why?

\_\_\_\_\_  
\_\_\_\_\_

3. Do you feel that members of the community think less of you because you have TB?

\_\_\_\_\_

4. When you first realized that you had TB did you try to keep you family from knowing about it? If

Yes,why? \_\_\_\_\_

**Theme 3: Health seeking Behaviour (probe for factors influencing HSB)**

1. Let us now reflect on the process of the health seeking behaviour for medical care and treatment. Do you think women take longer time than men decide whether to seek or not to seek medical care when the experience signs and symptoms of any disease?

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2. Does this behaviour differ when it comes to TB? If so why and how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Did you have any problems in making decisions to seek care to health facility the moment you realized that you may have contracted TB? If so, what types of problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Did you consult the traditional healer before finally seeking care at a modern health facility? What were the reasons? Which led you to first use the traditional healers? \_\_\_\_\_  
\_\_\_\_\_

**Thank you for participation.**



***IV: Questionnaire for patients and households costs associated with TB health seeking behaviour.***

1. Questionnaire number \_\_\_\_\_ Interviewer name \_\_\_\_\_
2. Patient TB number \_\_\_\_\_ (If available)
3. Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
4. Name of health facility \_\_\_\_\_
5. Date started TB Inv: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
6. Date completed TB Investigation: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

***A BACKGROUND INFORMATION ON PATIENT***

7. Patient Age \_\_\_\_\_
8. Sex:
- a) Male
  - b) Female
9. Marital status:
- a) Married =1
  - b) Single=2
  - c) Widow/ widower=3
  - d) Separated=4
  - e) Divorced=5
  - f) Cohabiting,
  - g) Others (specify) \_\_\_\_\_
10. Title of respondent:
- a) Head of household
  - b) Spouse
  - c) Child
  - d) Relative

11. Religion;

- a) Christian
- b) Moslem
- c) Tradition
- d) Others
- e) Please mention \_\_\_\_\_

12. Level of education;

- a) No formal education
- b) Not completed primary school
- c) Completed primary school
- d) Form I-IV
- e) Form IV-VI
- f) Above secondary education
- g) Adult education
- h) Others (Please mention) \_\_\_\_\_

13. What is your main occupation (past twelve months)?

- m) Employed by government
- n) Employed private for profit sector
- o) Employed by NGO
- p) Self-employed (merchant), business with employees
- q) Self-employed (merchant), business no employees
- r) Self-employed (merchant), farmer/ fishing.....
- s) Unemployed
- t) Retired
- u) Pupil/ student
- v) Disabled/ sick
- w) House maker
- x) Other .....

14. Where do you live?

Region \_\_\_\_\_  
District \_\_\_\_\_  
Ward/Village \_\_\_\_\_

15. How many people live in your household: \_\_\_\_\_ (number of people)

16. What is the main income of your house hold?

- a) Crop production
- b) Livestock

- c) Fishing
- d) Hunting/ bee-keeping
- e) Poultry
- f) Farm wage
- g) Other agricultural activity
- h) Wages (government)
- i) Wages (private)
- j) Monetary savings (interest)
- k) Pensions (government)
- l) Pensions (private sector)
- m) Property (rentals)
- n) Self-employed payments (merchant)
- o) Other Specify \_\_\_\_\_

***I will now ask you questions about what you have/own or what your household own/use. Please keep in mind that this survey is confidential.***

17. What is the main source of drinking water for members of your household?
- a) Piped water 1= Piped into dwelling 2=Piped into yard/plot 3=Public tap 4=Neighbour's tap
  - b) Water from open well
  - c) Water from covered well or borehole
  - d) Surface water 1=Spring; 2=river/stream; 3=pond/Lake; 4=Dam
  - e) Rain water
  - f) Tanker truck
  - g) Water vendor
  - h) Boiled water
  - i) Others Specify \_\_\_\_\_
18. What kind of toilet facilities does your household have?
- a) Flush toilet
  - b) Pit toilet/latrine 1=traditional pit latrine 2=ventilated pit latrine (VIP) 3=No facility/bush/field
  - c) Others specify \_\_\_\_\_
19. Do you share these facilities with other households?
- a) Yes
  - b) No

20. Do your household have

- a) An electricity
- b) A paraffin lamp
- c) A radio
- d) A television
- e) A telephone/mobile
- f) An iron(either charcoal or electricity)
- g) A refrigerator 2
- h) An iron (either charcoal or electricity)
- i) A refrigerator

21. What is the main source of energy for lighting in the household?

- a) Main electricity
- b) Solar
- c) Gas
- d) Paraffin-hurricane lamp
- e) Paraffin-Wick lamp
- f) Firewood
- g) Candles
- h) Others Specify \_\_\_\_\_

22. Do you own a house?

- a) Yes
- b) No

23. What is the main materials for the wall of your house or house you are living?

- a) Grass
- b) Poles and mud
- c) Sundries bricks
- d) Backed bricks
- e) Timber
- f) Cement bricks
- g) Stones
- h) Others Specify \_\_\_\_\_

24. What is the roofing materials of your house or house you are living?

- 1. Grass/leaves/mud
- 2. Iron sheets

- 3. Tiles
- 4. Concrete
- 5. Asbestos
- 6. Others Specify \_\_\_\_\_

25. Does any member of your household own

- a) A bicycle
- b) A motorcycle or motor scooter
- c) A car
- d) A bank account

26. How many acres of land for farming/grazing are owned by the household?

1= Arable land \_\_\_\_\_ 2= Land for grazing \_\_\_\_\_

27. How many meals does your household usually have per day?

Meals \_\_\_\_\_

***B. ACCESS FACTORY***

28. How far is the hospital to your home (in Kilometres) \_\_\_\_\_

29. How did you get to this health facility (predomination way of transportation)

- a) Walked
- b) Bicycle
- c) Motorcycle
- d) Private car
- e) Dala- dala
- f) Other(specify)

30. How many times have you visited any health facility for this current illness \_\_\_\_\_

31. What were the major symptoms that first made you seek care

- a) Prolong Cough.....1
- b) Blood sputum .....2
- c) Breathlessness .....3
- d) Chest pain.....4
- e) Fever.....5
- f) Weight loss.....6
- g) Fatigue\Weakness.....7
- h) Loss of appetite.....8
- i) Others (specify).....9 \_\_\_\_\_

32. When was the first time did you started any of the above symptoms?

Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

33. Did the health worker asked you to give sputum in the first place you visited?

c) Yes.....1

d) No.....2

34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
I will read for you places that you might have attended for care during this current symptoms. Please tell me if you have been in any of these places.	How many times were you escorted	How many times were you escorted	In average how long (time) did you take to go to this place (Only one way trip) (in min)	How long does it take for your escorter to take you to any of this place? (Only one trip) (in min)	In average how long (time) did you take to wait for care? (in min)	In average how much did you use as transport cost (only one way trip) In Tsh	How much did your escorter use as transport cost (only one way trip) In Tsh	Did you pay for drugs?	How much (Tsh)	Did you pay for consultation/admission	How much (Tsh)	Did you pay for x-ray or any laboratory investigation?	How much (Tsh)	Have you bought anything on your way to this health facility	How much do you nor mall y use for food while going to this health facility (Tsh)	How much is your escorter use for food? (Tsh)	Did you pay for anything more like bribe etc apart from what you have just mention?	How much (Tsh)
Pharmacy/drug shop																		
Govt dispensary																		
Govt health centre																		
Govt hospital																		
Private dispensary /hospital																		
Religious leader																		
Traditional healer																		
Charitable /NGO's																		
Any other places																		

*Any remark* \_\_\_\_\_

( **NOTE:** if the patient or the principle respondent cannot recall costs they spent, mention in the comments section above what the total cost of previous health providers was (if possible sub-divided in the total costs for admission\consultation fees, drugs, laboratory test and transportation).

53. Who referred you here?

- a) My self
- b) Traditional healers
- c) Religious leaders
- d) Pharmacy/drug shop
- e) Village health worker
- f) Government dispensary
- g) Government health centre
- h) Government hospital
- i) Private dispensary/hospital
- j) Charitable/NGO
- k) Member of the family
- l) Others \_\_\_\_\_

54. Are you/or any member of your household stop working because of your illness?

- a) Yes
- b) No

55. If yes for how long? \_\_\_\_\_ days

### ***E. PATIENT AND HOUSEHOLD INCOME***

#### **PERIOD 1- PRIOR TO ILLNESS**

56. In the past 12 months, in what types of activities were you and any members of your household engaged? (Only income-generating activities)?

How much did (NAME) earn (money) for the activities stated on average in the past 12 months? This should include not only salary or cash income: but also the value of goods produced or traded for other goods and services.

Avoid double-counting (e.g If 2 or more members of the household are engaged in farming activities, and crops are sold, only mention value of crop sales for one household member)!

Estimate of example farming. Ask the pt what do you cultivate let say if is maize .Ask after how long you harvest? He says 6\12 then ask what he got in the last harvest .You can also ask for market price. When you do income estimation calculate immediately do not rely on your memory.

If it is animals ask for those which were sold last year then calculate the cost for those which were sold. Don't include cost for all animals which the patients have.

Kazi	56. HM1	How much	56. HM2	How much	56. HM3	How much	56. HM4	How much	56. HM5	How much	56. HM6	How much	56. HM7	How much
Farming activities in your own farm.														
Fishing														
Animal keeping														
Salary from government employment														
Salary from the private employment														
Self employment														
Petty trading														
Profit from the money kept in the bank														
Pensions after retirement														
Student														
House keeping (house girl)														
Support														
Other														

Comments:

.....  
 .....

**PERIOD 2- DURING ILLNESS BUT JUST AFTER TB DIAGNOSIS.**

57. Were there any changes in your income or the income of your household because of your illness?

- a) Yes
- b) No ( If No go to 59)

58. Compared to your answer in question 56, how did your income and\ or the income of your household change due to your illness?

How much did (NAME) earn (money) for the activities stated on average in the past 12 months?



This should include not only salary or cash income: but also the value of goods produced or traded for other goods and services. Avoid double-counting (e.g If 2 or more members of the household are engaged in farming activities, and crops are sold, only mention value of crop sales for one household member)!

List activities of a person whose income has change

Kazi	58. HM1	How much	58. HM2	How much	58. HM3	How much	58. HM4	How much	58. HM5	How much	58. HM6	How much	58. HM7	How much
Farming activities in your own farm.														
Fishing														
Animal keeping														
Salary from government employment														
Salary from the private employment														
Self employment														
Petty trading														
Profit from the money kept in the bank														
Pensions after retirement														
Student														
House keeping (house girl)														
Support														
Other														

59. How long have you been an outpatient?

60. How many outpatient visits have you had in that time?

61. Did you have to pay anything apart from what you have just tell me?

a) Yes

b) No

c) Other (specify).....

62. How much? \_\_\_\_\_ Tshs.

F. **COST RECOVERY**-deal with how did the pt pays for the health expenditure.

63. Were –or will- any of your costs paid for by an employer or by Health insurance?

- a) Yes
- b) No
- c) Other (specify)

64. How much was or will be paid for by your employer or health Insurance?.....Tshs.

65. Other than an employer or insurance did you receive any assistance from Outside your household to help pay for treatment of this illness?

- a) Yes
- b) No
- c) Other (specify)

**This deals with all money you get**

66	67	68
From whom or from what institution did you receive assistance?	How much did you receive from that person or institution?	How much do you need to repay? (If nothing has to be repaid, mention 0. If respondent only knows interest rate then mention the interest rate and also mention if it is a monthly or yearly interest rate)
Family member...1		
Friend...2		
Neighbour....3		
Village member.....4		
Money lender.....5		
Sale and lease back.....6		
Other (specify).....7		

69. For expenses for this illness not paid by someone outside the household, how did you get the money to make the payments?

- a) Available ash
- b) Sold livestock or poultry (Specify)
- c) Sold some other valuable asset
- d) Did not pay

**THANK YOU FOR PARTICIPATING IN THIS SURVEY.**

**SURVEY NOTES**

Result code (to be filled in by interviewer)	Quality codes (To be filled in by supervisor)
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Complete....1	Complete....1
Problems as noted....2	Problems as noted....2
Unusable.....3	Unusable.....3

Remarks: .....

**V: Sputum request form**

Request for Laboratory examination

Treatment unit: \_\_\_\_\_

Date: \_\_\_\_\_

Name of the patient: \_\_\_\_\_

Age: \_\_\_\_ Sex (M/F) \_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Sputum

Month \_\_\_\_ TB district number \_\_\_\_

Diagnosis

Name of the person requesting \_\_\_\_\_

---

Sputum result (to be completed in the laboratory by study technician)

Laboratory serial number:

**Result (tick one)**

Date	Specimen	Appearance	Neg.	Result (tick one)			
				1-9	+	++	+++
	1						
	2						
	3						

---

\*visual appearance (blood stained, muco-purulent, saliva)

Examined by (Signature): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ /20\_\_\_\_

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*Note: This form should have two copies. The original should remain with the Principal investigator and a copy should be sent to the DTLC for treatment.*

***VI: Informed verbal consent form-English version***

You are being asked to consent to participate in a study which aims at reducing TB diagnostic delays through screening all patients with cough regardless of the duration who attend OPD, FP and MCH clinics. This study will investigate the magnitude of diagnostic delays and cost associated with TB health care seeking. TB a disease which is preventable and curable kills thousands of Tanzanians. It is through early diagnosis and prompt treatment we can combat the disease and serves the lives of innocent people. This study is expected to reduce TB management delay. Moreover it will help to find the burden of TB among women attending MCH and FP clinics an area which was not investigated enough. I am asking you to participate in this study because you are a very important person.

**For patients from OPD, MCH and FP clinics:** You will be investigated for pulmonary Tuberculosis. Your sputum will be checked for presence of Mycobacteria tuberculosis, the bacteria that cause TB. If you will be found to have TB you will be treated early and therefore better prognosis.

**For TB patients from DOTS clinics:** You will be asked questions concerning your health seeking behaviour since the onset of your current TB symptoms to diagnosis.

**For few selected TB patients from DOTS clinics:** You will be asked questions concerning income of all members of your households including yourself. You will be asked questions about cost you spent during this current illness.

**Confidentiality:** I am assuring you that the information which you will provide will be kept confidential and no one can retrieve it except the study coordinators. After collection of your sample, it will be given a number that is not related to your identification number. All forms and results will have this newly assigned number such that there will be no way of linking you to the results of the research. All the results will be confidential.

**Payment for participation:** Your participation in the study is voluntary and free. There is no financial cost to you for participating in the study; neither will you receive any payment for participating in this study. However, you will be requested to give time that will be about 2 hours.

You are allowed to refuse to participate in the study. Even after you have enrolled in the study you have all the right of withdrawing from the study at any point with no cost. Any decision you choose can not interfere you from the type and quality of care you deserve. You are free to ask any question.

Thank you very much.

**Correspondence:**

Esther Ngadaya – Principal investigator  
National Institute for Medical Research  
Muhimbili Medical Research Centre  
Tel 0784 600 118

**Study participant:**

I have understood every information given to me regarding this study and have given my consent to participate.

Signature of the interviewer.....

Date: ...../...../.....



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06<sup>th</sup> June 2007

Dr Esther Ngadaye  
NIMR Muhimbili  
P O Box 3436  
Dar es Salaam

**CLEARANCE CERTIFICATE FOR CONDUCTING  
MEDICAL RESEARCH IN TANZANIA**

This is to certify that the research entitled: The effect and cost of enhanced tuberculosis passive case finding: increasing case detection through OPD, Antenatal PMTCT and MCH Clinics in Dar es Salaam, (Ngadaye E), whose Principal Investigator is Dr Esther Ngadaye, has been granted ethics clearance to be conducted in Tanzania.

The Principal Investigator of the study must ensure that the following conditions are fulfilled:

1. Progress report is made available to the Ministry of Health and the National Institute for Medical Research, Regional and District Medical Officers after every six months.
2. Permission to publish the results is obtained from National Institute for Medical Research.
3. Copies of final publications are made available to the Ministry of Health and the National Institute for Medical Research.
4. Any researcher, who contravenes or fails to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine.

**Name: Dr Andrew Y Kitua**

**Name: Dr Deo M Mtasiwa**

Signature

**CHAIRMAN  
MEDICAL RESEARCH  
COORDINATING COMMITTEE**

Signature

**CHIEF MEDICAL OFFICER  
MINISTRY OF HEALTH, SOCIAL  
WELFARE**

CC: RMO  
DMO

