**Patient Pathway to Tuberculosis Care in Mumbai/Patna.**

**In-depth Interview-Quantitative data sheet**

**THE FOUNDATION FOR MEDICAL RESEARCH**

In collaboration with Sambodhi Research & Communications Pvt. Ltd. and Bill and Melinda Gates Foundation.

**2thJune 2014**

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| **Identification no:**  **Respondent code:** | | | |
| State name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State no : | | | |
| Ward name:­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ward no : | | | |
| Cluster no:  Household no: | | | |
| Name of the 1st interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of the 2nd interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Type of case: A6\_3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ | | | |
| **No. of visits** | **Interview status** | | **Interview Time** |
| * First visit   DD MM YY | * Incomplete | * Complete | S.T \_\_\_\_\_\_:\_\_\_\_\_\_  E.T\_\_\_\_\_\_:\_\_\_\_\_ |
| * Second visit   DD MM YY | * Incomplete | * Complete | S.T\_\_\_\_\_\_:\_\_\_\_\_\_  E.T\_\_\_\_\_\_:\_\_\_ |
| * Third visit   DD MM YY | * Incomplete | * Complete | S.T \_\_\_\_\_\_:\_\_\_\_\_\_  E.T\_\_\_\_\_\_:\_\_\_\_\_\_ |
| Location of the interview:   |  | | --- | |  |   Same as home address | | | |

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| **Section1**  **Patient profile** | | | | | | |
| **Q.no** | **Question** | **Response with Codes** | | | **Code box** | |
| B1\_A | Age of the patient |  | | | | |
| B1\_A1 | Age of the respondents  (If patient is not the respondent – in case of minor/aged patients) |  | | | | |
| B1\_B | Gender of the patient | Male=1 | Female=2 | |  | |
| Transgender=3 | | |
| B1\_B1 | Gender of the respondent  (If patient is not the respondent – minor/aged) | Male=1 | | Female=2 |  | |
| Transgender=3 | | |
| B2 | Education |  | | |  | |
| B3\_1 | Nature of work (what kind of wok he/she does) |  | | |  | |
| B3\_2 | No. of days in a month that the casual worker works |  | | | | |
| B4\_1 | Marital status | Single=1 | Married=2 | |  | |
| Separated=3 | Divorced=4 | |
| Widowed=5 | | |
| B4\_2A | No. ofmales in the household (age 15 and above) |  | | |  | |
| B4\_2B | No. of females in the household(age 15 and above) |  | | |  | |
| B4\_2C | No. children under 15 years in the household |  | | |  | |
| B4\_2D | No. children under 6 years in the household |  | | |  | |
| B4\_2E | No. of earning members in the household |  | | |  | |
| B5 | Religion | Hindu=1 | Muslim=2 | |  | |
| Christian=3 | Buddhist=4 | |
|  | | |
| B6\_1 | Mother tongue |  | | |  | |
| B6\_2A | Can he/she speak Hindi | Yes=1 | No=0 | |  | |
| B6\_2B | Can he/she read Hindi | Yes=1 | No=0 | |  | |
| B6\_2C | Can he/she write in Hindi | Yes=1 | No=0 | |  | |
| B6\_3A | Can he/she speak Marathi | Yes=1 | No=0 | |  | |
| B6\_3B | Can he/she read Marathi | Yes=1 | No=0 | |  | |
| B6\_3C | Can he/she write in Marathi | Yes=1 | No=0 | |  | |
| B6\_4 | Which other language are you comfortable with? |  | | |  | |
| B7\_1 | Native place |  | | |  | |
| B7\_2A | Current address |  | | | | |
| B7\_2B | How long resident in Mumbai/Patna |  | | |  | |
| B8\_1 | Does he/she (patient) consume any addictive substance(If No, skip to B9\_1) | Yes=1 | No=0 | |  | |
| B8\_2 | If yes, which? |  | | |  | |
| B9\_1 | (Patient) Suffering from any chronic condition(If No, skip to B10\_1) | Yes=1 | No=0 | |  | |
| B9\_2 | If yes, which? | HIV=1 | Diabetes=2 | |  | |
| Hypertension=3 |  | |
| B10\_1 | Electricity supply in the household |  | | |  | |
| B10\_2 | Type of toilet facility |  | | |  | |
| B10\_3 | Source of drinking water in the household |  | | |  | |
| B10\_4 | Cooking fuel used in the household |  | | |  | |
| B10\_5 | Number of household members per sleeping room |  | | | | |
| B11\_1 | Type of windows |  | | | |  |
| B11\_2 | Type of flooring |  | | | |  |
| B11\_3 | Material of exterior walls |  | | | |  |
| B11\_4 | Type of roofing |  | | | |  |
| B12\_1 | Household ownership | Yes=1 | No=0 | | |  |
| B12\_2 | Ownership of a bank or post-office account | Yes=1 | No=0 | | |  |
| B12\_3 | Ownership of a mattress | Yes=1 | No=0 | | |  |
| B12\_4 | Pressure cooker | Yes=1 | No=0 | | |  |
| B12\_5 | Chair | Yes=1 | No=0 | | |  |
| B12\_6 | Cot/bed | Yes=1 | No=0 | | |  |
| B12\_7 | Table | Yes=1 | No=0 | | |  |
| B12\_8 | Electric fan | Yes=1 | No=0 | | |  |
| B12\_9 | Radio/transistor | Yes=1 | No=0 | | |  |
| B12\_10 | Black and white television | Yes=1 | No=0 | | |  |
| B12\_11 | Colour television | Yes=1 | No=0 | | |  |
| B12\_12 | Sewing machine | Yes=1 | No=0 | | |  |
| B12\_13 | Washing machine | Yes=1 | No=0 | | |  |
| B12\_14 | Mobile telephone | Yes=1 | No=0 | | |  |
| B12\_15 | Any other telephone | Yes=1 | No=0 | | |  |
| B12\_16 | Computer | Yes=1 | No=0 | | |  |
| B12\_17 | Refrigerator | Yes=1 | No=0 | | |  |
| B12\_18 | Watch or clock | Yes=1 | No=0 | | |  |
| B12\_19 | Motorcycle or scooter | Yes=1 | No=0 | | |  |
| B12\_20 | Car | Yes=1 | No=0 | | |  |
| B12\_21A | Do the children go to school (If No, skip to section 2) | Yes=1 | No=0 | | |  |
| B-12\_21B | Children go to private school | Yes=1 | No=0 | | |  |
| B12\_21C | Children go to public school | Yes=1 | No=0 | | |  |
| B12\_21D | Mode of transport to school­­­­­­­­­­­­­­­ |  | | | |  |

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| **Section 2**   1. **Questions on general health Seeking behaviour and knowledge of TB** | | | | | |
| **Q.no** | **Question** | **Response with Codes** | | | **Code box** |
| C1 | First point of health care? |  | | |  |
| C1\_A | If public, why |  | | |  |
| C1\_B | If private, why |  | | |  |
| C2 | He/she aware of any signs and symptoms of TB | Yes=1 | | No=0 |  |
| C3 | Can TB be cured | Yes=1 | | No=0 |  |
| 1. **Questions on onset of symptoms for the current TB episode** | | | | | |
| C4 | Date of 1st onset of symptoms | \_\_\_\_ \_\_\_/\_\_\_ \_\_\_/ \_\_\_ \_\_\_ | | | |
| C5\_A | What symptoms did he/she have prior to being diagnosed with TB? |  | | |  |
| C5\_B | What did he/she think these symptoms were due to? |  | | |  |
| C6\_A | Was he/she worried about his/her symptoms? | Yes=1 | | No=0 |  |
| C6\_B | Did he/she share his/her fear/seek advice about the symptoms from anyone? (If No, skip to C8\_A) | Yes=1 | | No=0 |  |
| C6\_C | If yes, whom? |  | | |  |
| C7 | After the symptoms and before approaching the above person did he/she think of seeking medical advice | Yes=1 | No=0 | |  |
| C8\_A | Did he/she prolong going to the doctor for some reason(If No, skip to section3) | Yes=1 | No=0 | |  |
| C8\_B | Reason for prolonging |  | | |  |

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| **Section 3**  **Questions on Pathway to care for the current episode of illness**  **(Individual provider details to be asked to the patient)** | | | | | | | | |
| **Provider** | | | | | | | | |
| **Q.no** | **Questions** | **Response with Codes** | | | | | **Code box** | |
| D\_A1 | Name |  | | | | | | |
| D\_A2 | Qualification |  | | | | |  | |
| D\_A3 | Location |  | | | | | | |
| D\_A4 | Type of facility | Municipal/Government hospital=1 | | | Municipal Health post=2 | |  | |
| Private Doctor clinic=3 | | | Private hospital or Nursing home=4 | |
| Clinic run by NGOs=5 | | | Local chemist or pharmacy=6 | |
|  | | | | |
| D\_A5 | Date of approaching this provider | \_\_\_ \_\_\_/ \_\_\_ \_\_\_/ \_\_\_ \_\_\_ | | | | | | |
| D\_A6 | Reason for approaching this provider |  | | | | |  | |
| D\_B1 | Did the provider advise any tests?(if No, skip to D\_B12) | Yes=1 | | | No=0 | |  | |
| D\_B2 | Which tests were advised? |  | | | | |  | |
| D\_B3 | How long after the first consultation was the patient advised tests (in days)? |  | | | | |  | |
| D\_B4 | Which tests did the patient actually undergo? (If all tests conducted as adviced skip to D\_B5) |  | | | | | |  |
| D\_B4A | Why did the patient not undergo any/all tests adviced. (If no tests conducted skip to D\_B12) |  | | | | | |  |
| D\_B5 | How many days after the tests were advised did patient actually undergo the tests? |  | | | | | |  |
| D\_B6 | If sputum examination was conducted, how many sputum smear examinations done? |  | | | | | |  |
| D\_B7 | Which laboratory were the tests conducted? |  | | | | | |  |
| D\_B8 | Reason for conducting the tests at the mentioned laboratory |  | | | | |  | |
| D\_B9 | Did the patient collect test result?(If No, skip to D\_B12) | Yes=1 | | | No=0 | |  | |
| D\_B10 | After how many days of conducting the tests, did the patient receive the test results? |  | | | | |  | |
| D\_B11 | After how many days of receiving the test results, did the patient approach the provider? |  | | | | |  | |
| D\_B12 | Did the patient leave the provider any time during this period?(if No, D\_C1) | Yes=1 | | | No=0 | |  | |
| D\_B13 | Reason for leaving the provider |  | | | | |  | |
| D\_B14 | Date of leaving the provider | \_\_\_ \_\_\_/ \_\_\_ \_\_\_/ \_\_\_ \_\_\_ | | | | | | |
| D\_B15 | Total no. of visits made to the provider during this period  **(skip to D\_G7)** |  | | | | |  | |
| D\_C1 | Any symptomatic medication/treatment given by the provider prior to/ without ordering the tests?(If No, skip to D\_C4) | No medication advised = 0 | Before ordering tests = 1 | Simultaneously = 2 | | After ordering tests = 3 |  | |
| D\_C2 | How long was this treatment/medication continued for (days) |  | | | | |  | |
| D\_C3 | What medications were you prescribed? (To be confirmed with the help of photographed prescription/blister packs/chemist bills) |  | | | | |  | |
| D\_C4 | Did the patient leave the provider any time during this period?(If No, skip to D\_E1) | Yes=1 | | | No=0 | |  | |
| D\_C5 | Reason for leaving the provider |  | | | | |  | |
| D\_C6 | Date of leaving the provider | \_\_\_ \_\_\_/ \_\_\_ \_\_\_/ \_\_\_ \_\_\_ | | | | |  | |
| D\_C7 | Total no. of visits made to the provider during this period **(skip to D\_G7)** |  | | | | |  | |
| D\_E1 | Did the provider make any diagnosis?(If No, skip to D\_E6) | Yes=1 | | | No=0 | |  | |
| D\_E2 | If yes, what was the diagnosis? |  | | | | |  | |
| D\_E3 | Who did the provider tell about the illness | Patient=1 | | | Family member=2 | |  | |
| Friend=3 | | | Both=4 | |
|  | | | | |
| D\_E4 | How many days after the initial examination was the diagnosis made? |  | | | | |  | |
| D\_E5 | How long (days) did it take to start the treatment after the diagnosis? |  | | | | |  | |
| D\_E6 | Did the patient leave the provider any during this period?(If No, skip to D\_F1) | Yes=1 | | | No=0 | |  | |
| D\_E7 | Reason for leaving the provider |  | | | | | |  |
| D\_E8 | Date of leaving the provider | \_\_\_ \_\_\_/ \_\_\_ \_\_\_/ \_\_\_ \_\_\_ | | | | | | |
| D\_E9 | Total no. of visits made to the provider during this period  **(skip to D\_G7)** |  | | | | |  | |
| D\_F1 | Was the treatment started after diagnosis? (If No, skip to D\_F13) | Yes=1 | | | No=0 | |  | |
| D\_F2 | How long was/is the entire treatment course as advised by the provider?(days) |  | | | | |  | |
| D\_F3 | Was MDR-TB treatment given (if applicable)? | Yes=1 | | | No=0 | |  | |
| D\_F4 | What drugs were given (No. of drugs and injections taken) | D1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days  D2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days  D3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days  D4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days  D5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days  D6: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days  D7: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days  D8: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days  D9: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days  D10: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days | | | | |  | |
| D\_F5 | For how long were the drugs given/or have been taken so far? |  | | | | |  | |
| D\_F6 | How often did/does the patient have to go to the provider to collect the drugs |  | | | | |  | |
| D\_F7 | Was the patient ever hospitalized during the treatment?(If No, skip to D\_F9) | Yes=1 | | | No=0 | |  | |
| D\_F8 | If yes, for how long?(days) |  | | | | |  | |
| D\_F9 | Was there/is thereany improvement in patients’ health? | Yes=1 | | | No=0 | |  | |
| D\_F10 | Did he/she complete the entire treatment course(If Yes/treatment ongoing, skip to D\_F13) | Yes=1 | | | No=0 | |  | |
| Treatment ongoing=2 | | | | |
| D\_F11 | If treatment not completed, why didn’t he/she complete the treatment? |  | | | | |  | |
| D\_F12 | What did he/she do after discontinuing the treatment? |  | | | | |  | |
| D\_F13 | Did the patient leave the provider any during this period?( If No, skip to D\_G1) | Yes=1 | | | No=0 | |  | |
| D\_F14 | Reason for leaving the provider |  | | | | |  | |
| D\_F15 | Date of leaving the provider | \_\_\_ \_\_\_/ \_\_\_ \_\_\_/ \_\_\_ \_\_\_ | | | | | | |
| D\_F16 | Total no. of visits made to the provider during this period  **(skip to D\_G7)** |  | | | | |  | |
| D\_G1 | Did the provider give any advice/counselling related to TB(If No, skip to D\_G3) | Yes=1 | | | No=0 | |  | |
| D\_G2 | What kind of information was given by the provider? |  | | | | |  | |
| D\_G3 | Did the provider advice the patient to get tested for any other illness?(IF No, skip to D\_G7) | Yes=1 | | | No=0 | |  | |
| D\_G4 | If yes, which? | HIV=1 | | | Diabetes=2 | |  | |
|  | | | | |
| D\_G5 | Did the provider give the respondent any specific advice regarding (if any) children under 6 in your household?(If No skip to D\_G7) | Yes=1 | | | No=0 | |  | |
| D\_G6 | If yes, what advice? |  | | | | |  | |
| D\_G7 | Did the respondent go to another provider after this provider? | Yes=1 | | | No=0 | |  | |

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| * 1. **About how much did you spend during your interaction with each provider approached before you were diagnosed with TB till the time of receiving the TB treatment?/ About how much did you spend during your interaction with each provider that you approached since the onset of your chest symptoms?**   ( For all that don’t apply, mark N/A; Fill one line per visit) | | | | | | | | | | | | | | |
| **Type of Provider**  (provider code)  E1\_A | **No. of visits**  E1\_B | **Total Time spent per visit**  (in hours, includes travel time)  E1\_C | **Administrative Costs**  (consultative, registration)  E1\_D | **Test costs**  (for sputum or other except x ray)  E1\_E | **X ray or other imaging test (e.g. CT scan) costs**  **(**includes sending x rays to radiologist, travel & fees) E1\_F | **Drug costs**  (all kinds total – TB plus other drugs such as cough syrups, vitamins)  E1\_G | **Travel Costs**  [Patient(P)/Guardian (G)]  (return total) | | **Food costs**  [Patient(P)/Guardian (G)]  (total) | | **Accommodation Costs (if applicable)**  [Patient(P)/Guardian (G)]  (total) | | **Sub-Total costs per provider**  E1\_K | **Insurance**  **Reimbursement**  (If yes: amount,  if no n/a)  E1\_L |
| **P** E1\_H1 | **G** E1\_H2 | **P** E1\_I1 | **G**  E1\_I2 | **P** E1\_J1 | **G**  E1\_J2 |
| Provider 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Provider 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Provider 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Provider 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Direct Pre-diagnostic& Diagnostic costs (sum sub-totals) minus insurance [**E1\_M**] =** | | | | | | | | | | | | | | |

**Provider Code: 1-Municipal/Government hospital 2- Municipal health posts 3- Private Doctor Clinic 4-Private hospital or Nursing home**

**5- Clinic run by NGOs - Local chemist or pharmacy**

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| **4.2** | **Treatment Costs (Report costs for the most recent anti-TB treatment)**  ***\*\*Not Applicable for chest symptomatics*** | | | | | | | | |
| **Q.no** | **Questions** | | **Response with Codes** | | | | | | **Code box** |
|  | **Costs related to DOT** | | | | | | | | |
| E2\_A | Where does he/she/ did he/she currently take their TB drugs? (If home, go to E2\_B1) | | Health facility/Hospital=1 | Home=2 | | | | |  |
| Community=3 | Workplace=4 | | | | |
| Dispensary=5 |  | | | | |
|  | | | | | |
| E2\_A2 | How many times per week did he/she /does he/she go there place to take your drugs? | |  | | | | | | |
| E2\_A3 | How long did/does it take you to get there  (one way) | | minutes walking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | minutes with transport\_\_\_\_\_\_\_\_\_\_\_ | |
| Other | | | | | | |
| E2\_A4 | How long did/does one of these visits take on average, including time on the road and waiting time (total turnaround time)? | | mins | | | | | | |
| E2\_A5 | From your home to the DOT place, how much did/ does it cost if you take transport? (both ways) | |  | | | | | | |
| E2\_A6 | How much did / do you spend on food on the road, while waiting, for lunch? | |  | | | | | | |
| **Costs related to picking up the TB drugs – where drugs were/ are currently picked up** | | | | | | | | | |
| E2\_B1 | How often did/ do you travel to the health facility / hospital for picking up your TB drugs? | | times / month | | | | | | |
| E2\_B2 | How long did/does it take you to get there (one way) | | minutes walking\_\_\_\_\_\_\_ | | | | minutes with transport\_\_\_\_\_\_ | | |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| E2\_B3 | How long did/ does one of these visits take on average, including time on the road and waiting time (total turnaround time)? | | Hours | | | | | | |
| E2\_B4 | From your home to the facility, how much did/ does it cost if you take transport? (both ways) | |  | | | | | | |
| E2\_B5 | If you go to a facility to pick up your drugs, how much did/ do you spend on food on that day? (On the road, while waiting, lunch etc.) | |  | | | | | | |
| E2\_B6 | Did/Do you have to pay administration fees when picking up your TB drugs?  If No, go to E2\_B8. | | Yes=1 | No=0 | | | | |  |
| E2\_B7 | If Yes, how much? | |  | | | | | | |
| E2\_B8 | Did/Do you have any accommodation costs when picking up your TB drugs?  If No, go to E2\_C1 | | Yes=1 | No=0 | | | | |  |
| E2\_B9 | If Yes, how much per month? | |  | | | | | | |
| **Costs related to follow up tests** | | | | | | | | | |
| E2\_C1 | Did you ever have to go to the health facility in addition to your regular visits for follow up tests since the beginning of treatment? (If No, go to E2\_D1) | | Yes=1 | | No=0 | | | |  |
| E2\_C2 | If yes, how many times? | | \_\_\_\_\_\_\_\_\_Times | | | | | | |
| E2\_C3 | If yes, did you have to pay any additional costs any time during the entire period? | | Yes=1 | | | No=0 | | |  |
| E2\_C4 | If so, what kind of costs and how much? | |  | | | | | | |
| E2\_C4A | Fees=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E2\_C4B | Sputum test \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| E2\_C4C | X-ray \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E2\_C4D | TB Drugs \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| E2\_C4E | Other Drugs \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E2\_C4F | Other \_\_\_\_\_\_\_\_\_\_ | | | | | | |
| E2\_C4G | Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| E2\_C5 | How long did/ does one of these follow-up visits take on average, including time on the road, waiting time and tests (total turnaround time)? | | \_\_\_\_\_\_\_Hours | | | | | | |
| **Costs related to Drug side effects and their management** | | | | | | | | | |
| E2\_D1 | Did you ever have to go to the health facility in addition to your regular visits for any drug related side effects/reactions since the beginning of treatment? (If No, go to 4.3) | | Yes=1 | No=0 | | | | |  |
| E2\_D2 | If yes, how many times | |  | | | | | | |
| E2\_D3 | If yes, did you have to pay any additional costs any time during the entire period? | | Yes=1 | No=0 | | | | |  |
| E2\_D4 | If so, what kind of costs and how much? | |  | | | | | | |
| E2\_D4A | Fees\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E2\_D4B | Sputum test \_\_\_\_\_\_\_\_\_\_ | | | | | | |
| E2\_D4C | X-ray\_\_\_\_\_\_\_\_\_\_\_\_\_ | E2\_D4D | TB Drugs\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| E2\_D4E | Other Drugs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­­­­­­ | E2\_D4F | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| E2\_D4G | Total\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| E2\_D5 | How long did/ does one of these follow-up visits take on average, including time on the road, waiting time and tests (total turnaround time)? | | \_\_\_\_\_\_\_Hours | | | | | | |

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| **4.3** | **Guardian/Accompanying person costs** | | | | | | |
| E3\_A | Does/did any family/friend/DOT supporter accompany you on any visitsor go in your place to collect your TB drugs/medicines?(if No go to 4.4) | | Yes=1 | No=0 | |  | |
| E3\_B | If Yes, on how many visits has your family/friend/DOT supporter accompanied you or gone in your place during your treatment period? | |  | | | | |
| E3\_C | Costs during treatment per visit: | |  | | | | |
| E3\_C1 | Transport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E3\_C2 | Food\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| E3\_C3 | Accommodation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E3\_C4 | Other(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| E3\_C5 | Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| E3\_D | How much does the friend/family earn per day? | | 1.­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_ | | 3.Doesn’t earn | |  |
| 2.Doesn’t earn | | 4.Don’t know | |
| E3\_E | Why did someone accompany him/her? | | Distance=1 | | Security=2 | |
| Administrative barriers=3 | | Language barriers=4 | |
| Too ill to travel alone=5 | | | |
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| **4.4** | **Hospitalization** | | | | | | | |
| E4\_A | Have you ever been admitted to a hospital as an inpatient- for any of your TB symptoms prior to final TB diagnosis?/ For your chest symptoms?(if No go to 4.5) | | Yes=1 | No=0 | | |  | |
| E4\_B | How many times have you been admitted to hospital for TB symptoms/chest symptoms? | |  | | | | | |
| E4\_C | If Yes, how many days in total did you stay at the hospital? | |  | | | | | |
| E4\_D1 | Hospital administration fees\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E4\_D2 | Sheets/Linen:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| E4\_D3 | Food (not provided by hospital)\_\_\_\_\_\_\_\_\_\_ | E4\_D4 | Transport (return):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| E4\_D5 | Drugs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E4\_D6 | Tests:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| E4\_D7 | Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E4\_D8 | Total Costs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| E4\_E | Did any family/friend stay with you while in hospital? | | Yes=1 | | No=0 | | |  |
| E4\_F | If Yes, how many days did he/she stay with you (sleep there)? | |  | | | | | |
| E4\_G | Were there any extra costs for the relative/friend for staying at the hospital? | | Yes=1 | | | No=0 | |  |
| E4\_G1 | Accommodation (hospital or other)\_\_\_\_\_\_\_\_\_ | E4\_G2 | Food\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| E4\_G3 | Transport\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E4\_G4 | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| E4\_G5 | Total Costs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| E4\_H | How much does the friend/family normally earn per day? | |  | | | | | |

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| **4.5** | **Other Costs Food Supplements** | | | |
| E5\_A | Do you buy any food supplements for your diet because of the TB illness/ chest symptoms, for example  Vitamins, meat, energy drinks, juices, eggs or fruits? (if No, go to 4.6) | Yes=1 | No=0 |  |
| E5\_B | What kind of items? | Fruits=1 | Drinks=2 |  |
| Vitamins/Herbs=3 | Meat=4 |
| Eggs=5 | |
|  | |
| E5\_C | How much did you spend on these items in a month approximately? | ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ | | |
| E5\_D | Has there been/was there any change in the share of total house expenditure on food due to your TB illness/chest symptoms?(if no, go to 4.6) | Yes=1 | No=0 |  |
| E5\_E | What was the share of total house expenditure on food before your TB illness/ chest symptoms began? |  | | |
| E5\_F | What was/is the share of total house expenditure on food during TB illness/ chest symptoms began? |  | | |

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| **4.6** | **Other Illnesses** | | | | |
| E6\_A | Do you have any chronic illness for which you are receiving treatment?(if No, go to 4.7) | Yes=1 | | No=0 |  |
| E6\_B | If yes, which? |  | | | |
| E6\_C | Are there any additional costs because of this other illness besides the costs that you have already mentioned? | Yes=1 | | No=0 |  |
| E6\_D | If Yes, how much are these additional costs on an average per month? |  | | | |
| E6\_D1 | Tests= =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E6\_D4 | Food=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| E6\_D2 | Drugs=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E6\_D5 | Other=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| E6\_D3 | Transport=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E6\_D6 | Total Costs=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| E6\_E | How much did you spend on healthcare on average per month BEFORE the TB illness/ chest symptoms began? |  | | | |
| E6\_F | How much did you spend on healthcare on average per month during the TB illness/ chest symptoms began? |  | | | |

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| **4.7** | **Insurance** | | | |
| E7\_A | Do you have any kind of private or government health/medical insurance scheme? (If No. go to 4.8) | Yes=1 | No=0 |  |
| E7\_B | If yes, what type? | Reimbursement scheme=1 | Monthly medical allowance=2 |  |
| Donor=3 | Family/community fund=4 |
| NGO=5 | |
|  | |
| E7\_C | Have you received reimbursement for any costs related to the TB illness/chest symptoms?  **Cross-check with table.1 on pre diagnostic & diagnostic costs)** | Yes=1 | No=0 |  |
| E7\_D | How much have you received as reimbursement? |  | | |

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| **4.8** | **Coping Costs** | | | |
| E8\_A | Did he/she borrow any money to cover costs due to the TB illness/ current illness?(if No, go to E8\_E) | Yes=1 | No=0 |  |
| E8\_B | If yes, how much did he/she borrow? |  | | |
| E8\_C | From whom did he/she borrow? | Family=1 | Neighbours/friends=2 |  |
| Relatives=3 | Private bank=4 |
| Cooperative=5 | |
|  | |
| E8\_D | What is the interest rate on the loan? (%) | 1.\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| I don’t pay any interest | | |
| I am not expected to pay back the money | | |
| E8\_E | Has he/she sold any of their property to finance the cost of the TB illness/current illness?(if No, go to 4. 9) | Yes=1 | No=0 |  |
| E8\_F | If yes, what did he/she sell? | Land=1 | Transport/vehicle=2 |  |
| Household item=3 | Farm produce=4 |
|  | |
| E8\_G | What is the estimated market value of the property he sold? |  | | |
| E8\_H | How much did he/she earn from the sale of their property? |  | | |
| E8\_I | Did he/she use their personal savings to finance the cost of the TB illness/current illness? | Yes | No |  |
| E8\_J | If yes, how much? |  | | |

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| **4.9** | **Socioeconomic Information Individual Situation and Change in Income or Lost Productivity due to TB** | | | |
| E9\_A | Who is the primary income earner in the household? | Patient=1 | Wife/mother=2 |  |
| Husband/father=3 | Extended family=4 |
| Son/daughter=5 | |
|  | |
| E9\_B | What is his/ her current employment status? | Salaried (go to E9\_E1)=1 | Self-employed (go to E9\_E1)=2 |  |
| Daily wage worker/casual laborer (go to E9\_E1)=3 | On sick leave (go to E9\_C1)=4 |
| Not employed (go to E9\_C1)=5 | Retired (go to E9\_C1)=6 |
| School, college (go to E9\_J1)=7 | Homemaker (go to E9\_J1)=8 |
|  | |
| E9\_C1 | Is the reason for Not Working related to the TB illness/current illness? | Yes=1 | No=0 |  |
| E9\_D | If yes, when was the last time he/she was working? (mm/yy) |  | | |
| E9\_E1 | Has his/her work situation changed as a result of your TB symptoms/chest symptoms or seeking treatment for your TB symptoms/chest symptoms?(If No, skip to E9\_J1) | Yes=1 | No=0 |  |
| E9\_E2 | How did his/her work situation change? | No change in work=1 | Lost work/job(s) or had to quit work/job(s)=2 |  |
| Changed work(had to find a new job)=3 | Took new work in addition to current work/job(s)=4 |
|  | |
| E9\_F | Has his/her monthly income changed because of his/her TB illness/current illness? | Yes- has increased=1 | Yes-has decreased.=2 |  |
| No change in income=3 | |
|  | |
| E9\_G1 | What was his/her estimated personal take home earning per month BEFORE the TB illness/ current illness or before his/her chest symptoms began? |  | | |
| E9\_G2 | What is his/her our estimated personal take home earning per month NOW? |  | | |
| E9\_H1 | How many hours did he/she work on average per day BEFORE you became ill with TB/ or with the current chest symptoms? |  | | |
| E9\_H2 | How many hours does he/she work on average NOW per day? |  | | |
| E9\_I | Is the change related to the TB illness/ current illness? (if answer to E9\_H2 is different from E9\_H1) |  | | |
| E9\_J1 | Has he/she ever stopped working/going to school/doing housework due to TB/ or his/her chest symptoms? (if No go to E9\_K1) | Yes=1 | No=0 |  |
| E9\_J2 | If yes, for how long? | Less than 1 month=1 | one month=2 |  |
| 2-3 months=3 | 4-5 months=4 |
| more than 6 months=5 | |
| E9\_K1 | Did/Does someone stay home specifically to take care of him/her? (If No, go to E9\_M ) | Yes=1 | No=0 |  |
| E9\_K2 | If yes, for how long? |  | | |
| E9\_L | Did they quit their income-earning job to stay home and care for the patient? | Yes=1 | No=0 |  |
| E9\_M | Is someone doing the work that you used to do? | Daughter=1 | Son=2 |  |
| Spouse=3 | Friend=4 |
| Nobody=5 | |
|  | |
| E9\_N1 | Does all of his/her children of school age attend school regularly?(If no, skip to E10\_A­) | Yes=1 | No=0 |  |
| E9\_N2 | If not, then why? | Needs to help around the house=1 | No money for school fees=2 |  |
| Also sick=3 | Has to work to earn income=4 |
|  | |

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| **4.10** | **Household Income and Spending** | | | |
| E10\_A | How much did he/she estimate was the average income of his/her household per month BEFORE the TB illness/ current illness or before the chest symptoms began? | | | |
| E10\_A1 | income patient |  | | |
| E10\_A2 | income rest of household |  | | |
| E10\_A3 | Other |  | | |
| E10\_A4 | Total |  | | |
| E10\_B | How much do you estimate is the average income of your household per month NOW? | | | |
| E10\_B1 | income patient |  | | |
| E10\_B2 | income rest of household |  | | |
| E10\_B3 | Other |  | | |
| E10\_B4 | Total |  | | |
| E10\_C | Has the amount of food consumed per month changed due to the TB illness/ current illness or since chest symptoms began? | Yes- increased | 1 |  |
| Yes- decreased | 2 |
| No change | 0 |

|  |  |
| --- | --- |
| **Section 5**  **Checklist to be filled at the end of the interview**  **(items to be photographed at the end of the interview)** | |
| 1st Provider | 2nd Provider |
| * Any written notes by the provider: \_\_ * Lab results or imaging results from the provider: \_\_ * Prescriptions given by the provider: \_\_ * TB medication blister packs: \_\_\_ * Other(specify):\_\_\_\_\_\_\_\_\_\_\_\_ | * Any written notes by the provider: \_\_ * Lab results or imaging results from the provider: \_\_ * Prescriptions given by the provider: \_\_ * TB medication blister packs: \_\_\_ * Other(specify): \_\_\_\_\_\_\_\_\_\_\_\_ |
| 3rd Provider | 4th Provider |
| * Any written notes by the provider: \_\_ * Lab results or imaging results from the provider: \_\_ * Prescriptions given by the provider: \_\_ * TB medication blister packs: \_\_\_ * Other(specify):\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Any written notes by the provider: \_\_ * Lab results or imaging results from the provider: \_\_ * Prescriptions given by the provider: \_\_ * TB medication blister packs: \_\_\_    Other(specify):\_\_\_\_\_\_\_\_\_\_\_\_\_ |