

### COST QUESTIONNAIRE

Name: \_\_\_\_\_ Medical Record: \_\_\_\_\_

Interview Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Interview Location: : \_\_\_\_\_

#### PART I - GENERAL INFORMATION

1. Sex: 1. Male 2. Female

2. Age: \_\_\_\_\_

3. Outcome: TB

4. Kind of TB:

MDR TB

5. Total duration of planned treatment:

1. (6 months) 2. (8 months) 3. Others \_\_\_\_\_ months

6. Treatment regimen:

1. Category I (Pulmonary / new)                      2. Category II (retreatment)  
3. Category III (New or Extra-pulmonary)      4. Category V (chronic, MDR)

7. Currently at what stage of TB treatment?

1. Intensive                      2. Continued

8. Who is being interviewed?

1. Patient                      2. Responsible                      3. Others \_\_\_\_\_

9. TB treatment start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

10. HIV serology: 1. Positive 2. Negative 3. Not tested 4. Ignored

11. Investigation start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### PART II - PREVIOUS TB TREATMENT

12. Have you received treatment for TB before? *(If not go to part III)*

1. Yes (month/year) \_\_\_\_ / \_\_\_\_ 2. No

13. If yes: You have completed previous TB treatment?

1. Yes                      2. No

14. If not, why not?

1. Lack of money for treatment costs    2. Drug side effects    3. Change    4. Distance from service  
5. Others (to specify): \_\_\_\_\_

#### PART III - DELAY, PRE-DIAGNOSIS AND DIAGNOSIS COSTS

15. What symptoms did you experience that led you to seek treatment for your current illness? How long did you experience these symptoms before seeking treatment??

1. Cough                      yes  no  \_\_\_\_\_ months                      2. night sweats    yes  no  \_\_\_\_\_ months

3. Coughing up blood    yes  no  \_\_\_\_\_ months                      4. Weight loss    yes  no  \_\_\_\_\_ months

5. Others / to specify    yes  no  \_\_\_\_\_ months / \_\_\_\_\_

16. Did you seek treatment or counseling for these symptoms in any of the follow-ups? Check everything that applies. Where did you go first? Circle the first place of treatment.

1. Local hospital                      yes  no

5. Pharmacy or drug store                      yes  no

2. TB control program                      yes  no

6. Phytotherapy                      yes  no

3. Health Unit                      yes  no

7. Private hospital/clinic                      yes  no

4. Mission hospital / campaign/regional    yes  no

8. Other / to specify                      yes  no  / \_\_\_\_\_

17. Have you ever visited a traditional healer?

1. Yes    2. No

*If another option other than public service was chosen in question 16.*

**18. Why didn't you go to a public health facility, such as a health facility or hospital, when you realized you were sick? Circle the most applicable.**

- |                               |  |
|-------------------------------|--|
| 1. Distance from service      | 5. Lack of confidence in public services offered |
| 2. Too expensive              | 6. Personal beliefs                              |
| 3. Long waiting time          | 7. No drugs available                            |
| 4. Lack of available services | 8. Others (to specify): _____                    |

**19. How far is the nearest health facility to:**

- a) Diagnosis and Treatment: \_\_\_\_\_ hours walking \_\_\_\_\_ hours transport Others: \_\_\_\_\_
- b) Treatment Only: \_\_\_\_\_ hours walking \_\_\_\_\_ hours transport Others: \_\_\_\_\_

**20. How much did you spend for each of these visits before you were diagnosed, including the visit when you actually received your TB diagnosis? On the next page, for all that do not apply, mark N/A; Fill in one line per visit.**

	<b>Provider</b> (where the patient sought treatment or advice).	<b>Total time spent per visit</b> (in hours, including travel time).	<b>Administrative costs</b>	<b>Testing Costs</b> (for bacilloscopy or others except x-ray).	<b>x-ray costs</b> (includes sending an x-ray to the radiologist, travel and fees).	<b>Medication costs</b>	<b>Travel costs</b> (all returns)	<b>Food costs</b> (total)	<b>Accommodation Costs</b> (total)	<b>Sub-Total costs per visit</b>	<b>Refund insurance. Subsistence allowance</b>  (If yes: quantity, if not N/A)
<b>Visit 1</b>											
<b>Visit 2</b>											
<b>Visit 3</b>											
<b>Visit 4</b>											
<b>Visit 5</b>											
<b>Visit 6</b>											
<b>Visit 7</b>											
<b>Visit 8</b>											
<b>Visit 9</b>											
<b>Visit 10</b>											
<b>Total</b>											
<b>Total Direct Costs of Pre-diagnosis and Diagnosis (sum of sub-totals) less insurance =</b>									<b>Currency name:</b>		

## PART IV - TB TREATMENT COSTS

21. Where do you currently take your TB drugs?

1. Health Unit/Hospital 2. Residence 3. Community 4. Workplace 5. Dispensary/Pharmacy

22. How many times a week do you go to the location to take your medications?  3 times  5 times  6 times  Others

23. How long does it take you to get there? (one way) \_\_\_\_\_ hours walking \_\_\_\_\_ hours with transport Others: \_\_\_\_\_

24. How long does one of these visits last on average, including time on the road and waiting? (total travel time). \_\_\_\_\_ hours

25. From your home to the TDO location, how much does it cost if you take transport? (both ways). US\$ \_\_\_\_\_

26. How much do you spend on food (on the road, while waiting and for lunch)? US\$ \_\_\_\_\_

## PART V - COSTS RELATED TO DISTRIBUTION OF TB MEDICINES, WHERE DRUGS ARE CURRENTLY DISTRIBUTED.

27. How often do you travel to the health center/hospital to pick up your TB drugs? \_\_\_\_\_ times/month

28. How long does it take you to get there (one way) \_\_\_\_\_ hours walking \_\_\_\_\_ hours with transport \_\_\_\_\_ Others

29. How long does one of these visits take on average, including time on the road and waiting time? (total travel time) \_\_\_\_\_ hours

30. From your home to the service, how much does it cost if you take transport? (both directions) US\$ \_\_\_\_\_

31. If you go to a service to pick up your medication, how much do you spend on food that day? (about the route, while waiting, lunch etc) US\$ \_\_\_\_\_

32. a) Do you have to pay administrative fees when you pick up your TB drugs? (If no, go to 33. b) If YES, how much? 1. Yes 2.No US\$ \_\_\_\_\_

33. a) Do you have any accommodation costs when you pick up your TB drugs? (If not, go to 42). b) If YES, how much? 1. Yes 2.No US\$ \_\_\_\_\_

## PART VI – COST OF MEDICAL CONSULTATIONS

34- How often do you travel to the health center/hospital for medical appointments? \_\_\_\_\_ times/month

35. How long does it take you to get there (one way) \_\_\_\_\_ hours walking \_\_\_\_\_ hours with transport \_\_\_\_\_ Others

36. How long does one of these visits take on average, including time on the road and waiting time? (total travel time) \_\_\_\_\_ hours

37. From your home to the service, how much does it cost if you take transport? (both directions) US\$ \_\_\_\_\_

38. If you go to a service to have a consultation, how much do you spend on food that day? (about the route, while waiting, lunch etc) US\$ \_\_\_\_\_

39. a) Do you have to pay administrative fees when carrying out consultations? (If not, go to 33). b) If YES, how much? US\$ \_\_\_\_\_

40. a) Do you have any accommodation costs when you go to the appointments? (If not, go to 42). 1. Yes 2. No

b) If YES, how much?

41. Number of consultations carried out so far? \_\_\_\_\_ consultations

**PART VII - COSTS RELATED TO FOLLOW-UP OF TESTS TB TREATMENT**

42. Have you ever had to go to the health services, in addition to your regular visits to follow up on control tests since starting treatment? (If not, go to 47)	1. Yes 2. No
43. If yes, how many times?	_____ Times
4. If yes, have you ever had to pay any additional costs during the treatment period?	1. Yes 2. No
45. If so, what kind of cost and how much? Fees _____ Sputum exam _____ X-ray _____ TB drugs _____ Drugs _____ Others _____	Total: _____
46. How long does one of these routine visits take on average, including time on the road, waiting time, and testing? (total for the entire route)	_____ hours

**PART VIII - CUSTODY COSTS/ FOLLOW-UP**

47. Does any family member/friend/professional support accompany or accompany you on some visits or to your place of treatment to pick up your TB drugs? (If not, go to 51).	1. Yes 2. No
48. If YES, on how many visits did your family member/friend/professional support accompany you or go to your place of treatment? Report pre-diagnosis/diagnosis visits, and treatment separately. <u>Complete with data record:</u> Costs per visit Pre-diagnosis / diagnosis: Transport _____ Food _____ Accommodation _____ Costs during treatment per visit: Transport _____ Food _____ Accommodation _____	_____ Pre-diagnosis/diagnosis visits _____ Treatment visits  Diagnosis total: _____ Total treatment: _____

49. Do you pay your family member/friend/professional support per day for follow-up?	1. Yes, US\$ _____ day 2. No
50. Why did someone accompany you?	1. Distance      2. Security      3. Administrative Barriers      4. Too Sick to Travel Alone 5. Was requested for treatment      6. Others (to specify) _____

**PART IX – HOSPITALIZATION**

51. Have you ever been hospitalized before or during your TB treatment? (If No, go to 63).	1. Yes 2. No
52. If YES, how many days in total were you in the hospital?	_____ Days
53. How much did you pay at the hospital during your stay? Hospital administration fees: _____ Sheets/linens: _____ Medicines: _____ Food (not provided by the hospital): _____ Transport (return): _____ Tests: _____ Others: _____	Total: US\$ _____
54. Was any family member/friend with you at the hospital? (If not, go to question 58).	1. Yes 2. No
55. If YES, how many days did he/she stay with you? (slept there)?	_____ Days
56. Were there any extra costs for your family/friend for the hospital stay?	1. Yes 2. No

Accommodation (hospital or Others): _____ Food: _____ Transportation: _____ Other: _____		Total costs: _____
57. How much do your friends/family usually earn per day?		1. Win US\$ _____ 2. don't win
58. Did any other family members/friends visit you while you were in the hospital? (If not, go to 63).		1. Yes 2. No
59. If yes, how many people visited you?		_____ people at a time
60. How many times did they visit you?		Total number of visits: _____
61. Spending per person: Accommodation: _____ Meals: _____ Transport: _____ Others: _____		Total costs per person: US\$ _____
62. How long did the visits last including travel time?		_____ hours
<b>PART X - OTHER COSTS: FOOD SUPPLEMENTS</b>		
63. Do you buy any supplements to your diet because of your TB illness, for example vitamins, meats, energy drinks, juices, fruits or medicine? (If not, go to 66).		1. Yes 2. No
64. If YES: What type of items?	1. Fruits 2. Beverages 3. Vitamins/Herbs 4. Meat 5. Others (to specify): _____	
65. How much did you spend on these items in the last month or so?		US\$ _____
<b>PART XI - OTHER DISEASES</b>		
66. Do you have any chronic illnesses for which you receive treatment? (If not, go to 72).		1. Yes 2. No
67. If yes, which ones?	_____	
68. Are there any additional costs for you because of this illness in addition to the costs you have already mentioned? (If not, go to 72).		1. Yes 2. No
69. If YES, how many are these additional costs on average per month?		Total: _____
Tests: _____ Medicines: _____ Transportation: _____ Food: _____ Others: _____		
70. How much did you spend on health care, on average, per month, before you became ill with TB?		US\$ _____
71. How much do you spend on health care on average per month now?		US\$ _____
<b>PART XII – SAFE</b>		
72. Do you have any kind of private or government health insurance/medical insurance? (If not, turn to 76).		1. Yes 2. No
73. If YES, what type?	1. Monthly health subsidy 2. Donation 3. Family or community funds 4. Health insurance/Supplementary 5. Others (to specify)	
74. Have you received reimbursement for all costs related to your illness? Cross check with question 20 (table on pre-diagnosis and diagnostic costs)-(If No, go to 76).		1. Yes 2. No
75. How much did you receive as a refund?		US\$ _____
<b>PART XIII - FINANCED COSTS</b>		
76. Did you borrow any money to cover the costs of being ill? (If not, go to question 80).		1. Yes 2. No
77. If YES: How much did you borrow?		US\$ _____
78. Who did you borrow from?	1. Family 2. Neighbors 3. Private Bank 4. Cooperative 5. Others (to specify): _____	
79. What is the loan interest rate?	1. less than 5%. 2. 5% to 10% 3. More than 10% 4. I don't pay any interest 5. I won't have to pay the money	

<b>80. Have you ever sold any part of your property to finance the cost of your illness? (If not, go to 84)</b>		1. Yes 2. No
<b>81. If YES, what did you sell? Circle the most appropriate:</b>	1. Rural property 2. Livestock 3. Transport / vehicle 4. Household item 5. Rural products 6. Others (to specify): _____	
<b>82. What is the estimated market value of the property or other assets you sold?</b>	US\$ _____	
<b>83. How much did you earn from the sale of your property or other assets that you sold?</b>	US\$ _____	
<b>PART XIV - SOCIECONOMIC INFORMATION, INDIVIDUAL SITUATION AND INCOME</b>		
<b>84. Who is the family's main income earner?</b>	1. Patient 2. Wife/mother 3. Husband/father 4. Relatives 5. Son/daughter 6. Others (to specify) _____	
<b>85. What is the patient's highest level of education?</b>	1. Illiterate 2. Elementary (1° a 9° year) 3. Average (1° ao 3° year) 4. Graduation / Postgraduate	
<b>86. What is the highest level of education main income provider?</b>	1. Illiterate 2. Elementary (1° a 9° year) 3. Average (1° ao 3° year) 4. Graduation / Postgraduate	
<b>87. What is the highest level of education of the head of household?</b>	1. Illiterate 2. Elementary (1° a 9° year) 3. Average (1° ao 3° year) 4. Graduation / Postgraduate	
<b>88. What is the highest level of education of the head of household's spouse? If more than one spouse, choose highest level of education.</b>	1. Illiterate 2. Elementary (1° a 9° year) 3. Average (1° ao 3° year) 4. Graduation / Postgraduate	
<b>89. Are you currently formally employed?</b>		
1. Yes, formal job (go to 92) 4. Retired (go to 90) 7. Others (to specify) _____ 2. No, informal work/ Unemployed (go to 90) 5. School, university (go to 98) 3. On sick leave (turn to 90) 6. Housework (turn to 92)		
<b>90. Is the reason for not working related to the TB illness? (if not, go to 92)</b>		1. Yes 2. No
<b>91. If YES, when was the last time you were working? (month/year)</b>		_____/_____
<b>92. How you are/were usually paid?</b>	1. In cash 2. In goods 3. In cash and goods 4. Unpaid 5. Salary by transfer/deposit 6. Others	
<b>93. What was your estimated personal income per month for the family BEFORE before your TB illness? (includes welfare, disability, or other social support):</b>		
1. Up to 1 (one) salary per month 3. Between 2 (two) and 3 (three) salaries per month 5. Does not earn 2. Between 1 (one) and 2 (two) salaries per month 4. More than 3 (three) salaries per month		
<b>94. What is your estimated personal income per month for the family NOW? (includes welfare, disability, or other social support)</b>		
1. Up to 1 (one) salary per month 3. Between 2 (two) and 3 (three) salaries per month 5. Does not earn 2. Between 1 (one) and 2 (two) salaries per month 4. More than 3 (three) salaries per month		
<b>95. If answer 93 differs from 94. Is the change related to the TB illness?</b>		1. Yes 2. No
<b>96. Have you ever stopped working / going to school / doing housework because of TB? (If not, turn to 98).</b>		1. Yes 2. No
<b>97. If YES, for how long?</b>	1. Less than 1 month 2. 1 month 3. 2-3 months 4. 4-5 months 5. More than 6 months	
<b>98. Has anyone ever stayed home specifically to take care of you?</b>	1. Yes 2. No	
<b>99. If so: for how long?</b>	_____ weeks	
<b>100. Has anyone ever quit their income-generating job to stay home and take care of you?</b>		1. Yes 2. No

101. What was the regularity of your work before you fell ill?		1. Throughout the year 2. Season/part of the year 3. Working day 4. Other_____	
102. You had to change jobs when you got sick?		1. Yes 2. No	
103. What is your main occupation? Tick all that apply as per question 89.			
1. Sales/Service		3. Households	
2. Agriculture		4. Production/construction	
5. Combination (to specify)_____		6. Others (to specify)_____	
7. Health		8. Education	
104. How many hours did you work on average per day before becoming ill with tuberculosis?		_____ hours	
105. How many hours do you work, on average, per day now?		_____ hours	
(If the answer to 104 differs from the answer to 105): 106. Is the change related to the TB disease?		1. Yes 2. No	
(If answer 104 differs from answer 105):		1. daughter 2. son 3. spouse 4. friend 5. nobody 6. other family	
107.a) Is anyone doing the work you used to do?			
108. Do you have children under school age? (If NO, go to 112).		1. Yes 2. No	
109. Do all your school-age children attend school regularly? (If YES, go to 111)		1. Yes 2. No	
110. If NO: Why NOT? Circle the most suitable			
1. Need to help around the house		2. No money for school fees	
3. Also sick		4. You have to work to earn income	
5. Others (to specify): _____			
111. Do any of your children under school age work to finance the costs of becoming ill with TB?		1. Yes 2. No	
112. Do you pay/did you pay someone to do housework at your home? (if not, go to 115)		1. Yes 2. No	
113. How much do/did you pay while you are/were sick?		US\$ _____	
114. When did you pay BEFORE the illness?		US\$ _____	
115. Are you financially independent?		1. Yes 2. No	
116. Has having TB disease affected your social or private life in any way? (If NO, go to 118).			
1. No		3. Job loss	
2. Divorce		4. Dropped out of school	
5. Separated from spouse/partner		6. Disturbed sex life	
7. Sick child		8. Others (to specify): _____	
117. If yes, did having this result in a financial burden?		1. Yes 2. No	
118. What color is your skin?		1. White 2. Black 3. Yellow 4. Brown 5. Indigenous	
118. a. What is your religion?		_____	
<b>PART XV - FAMILY INCOME AND EXPENSES</b>			
119. Are you part of any Government Social Program? Or someone in your family? (if NO, go to 122)		1. Yes 2. No	
120. If YES, which one/which ones? (circle more than one if applicable)		1. Family scholarship	

	2. My Home My Life
	3. Continuous Payment Benefit (BPC – 01 monthly minimum wage for the Elderly and/or physically, mentally or intellectually disabled)
	4. Bolsa Verde (family in extreme poverty living in a preservation area)
	5. Child Labor Eradication Program (PETI – from 25 to 40 reais per child under 16)
<b>121. What is the total value of these benefits?</b>	US\$ _____
<b>122. Do you or anyone in your family receive any other social support?</b>	1. Basic Basket    2. Social Voucher    3. Other (to specify: _____)
<b>123. Which place helps you with this social support?</b>	_____
<b>124. How much do you estimate your average household income per month BEFORE you got sick with TB? (All people in the household, including patient, government assistance or other social support).</b>	
1. Patient income _____	3. Pension payments _____
2. Income of household residents _____	4. Government assistance _____
	5. Other: _____
	<b>TOTAL:</b> _____
<b>125. How much do you estimate the average income for your household per month RIGHT NOW?</b>	
1. Patient income _____	3. Pension payments _____
2. Income of household residents _____	4. Government assistance _____
	5. Other: _____
	<b>TOTAL:</b> _____
<b>126. How many people regularly sleep in your house? (including the patient) (If the patient lives alone, go to question 130 and replace the word "house" with "you").</b> _____	
<b>127. How many people in your household work? (including patient)</b>	_____
<b>128. Besides yourself, does anyone in your family receive treatment for tuberculosis? (If not, turn to 130).</b>	1. Yes    2.No
<b>129. If YES, how many?</b>	_____
<b>130. How much food did your household consume per month, on average, BEFORE the TB disease (value in money)?</b>	Calculate the value: _____
<b>131. If home production BEFORE (cash value):</b>	Calculate the value: _____
<b>132. How much food does your household consume NOW each month on average (for the same number of people)?</b>	Calculate the value: _____
<b>133. If home production NOW (cash value):</b>	Calculate the value: _____
<b>134. If the answer to 133 differs from 131: Has the amount of food consumed per month changed due to TB disease?</b>	1. Yes    2. No
<b>PART XVI - INDICADORES SOCIOECONÔMICOS</b>	
<b>135. What is your energy supply?</b>	1. Own connection    2. Shared connection    3. None
<b>136. What is your source of drinking water?</b>	
1. Rainwater    2. Lakes/Lagoa/River    3. Public Supply    4. Private Supply/Cistern    5. Piped Water    6. Mineral Water	

<b>137. What type of toilet facility is available?</b>	1. Not available/bushes/fields    2. Shared toilet    3. Own toilet    4. Septic tank
<b>138. How many rooms are there in your house?</b>	1. (1 room)    2. (2 rooms)    3. (3 rooms)    4. (4 or more rooms)
<b>139. Current place of residence?</b>	1. Urban    2. Clustered (community/favela)    3. Rural    4. Other (to specify)
<b>140. Do you own the house or residence where you live?</b>	1. Yes    2. No
<b>141. You have... Includes standard goods adapted for the country's Health and Demographic Survey.</b>	
1. Cell phone	4. Bicycle
2. Washing machine	5. Property (quantity)_____
3. Motorcycle	6. Car
7. Refrigerator	8. Television
9. Microwave	10. Stove
11. Radio (including integrated into another type of device)	12. Computer with internet access
<b>142. If the government could provide you with any service to ease the burden of TB on you and your family, what would you prefer to receive? Choose one of the following options:</b>	1. Transport voucher    3. More efficient service 2. Meal allowance    4. Other (to specify):_____

We would like to know the cost of becoming ill with TB on your family's well-being; that is, we would like to place the value of illness caused by TB, including pain and suffering.

So we would like to know how much it would be worth it to you if you could prevent TB in the first place. Note that we don't ask what you can currently afford, but what you would be willing to pay if you had an unlimited amount of money.

<b>143. How much would you be willing to pay to not get sick with TB in the first place?</b>
1. Up to 1(one) salary per month    2. Between 1(one) and 2(two) salaries per month    3. More than 3(three) salaries per month    4. Other (to specify)_____

Thanks for your cooperation! Would you like to ask or say something?

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Interviewer comments:

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Date, Interviewer's signature: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_