

Additional file 1

File format: pdf

Title of data: Survey questions at baseline and follow up

Description of data: List of questions presented to participants and caregivers during study related to socioeconomic status and burden at the baseline and follow-up visits.

# SURVEY – INITIAL EVALUATION

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## Socioeconomic Questions

Highest level of education mother achieved:

- None
- Primary
- Secondary
- Vocational
- University
- Don't know

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Highest level of education father achieved:

- None
- Primary
- Secondary
- Vocational
- University
- Don't know

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Highest level of education caregiver achieved:

- None
- Primary
- Secondary
- Vocational
- University
- Don't know

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How many people live in your household?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
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- 42
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- 44
- 45
- 46
- 47
- 48
- 49
- 50
- Don't Know

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Who is the head of household?

- Mother
- Father
- Grandmother
- Grandfather
- Aunt
- Uncle
- Older sibling
- Cousin
- Other

If other, who is the head of household? \_\_\_\_\_

Who is the primary wage earner in the household?

- Mother
- Father
- Grandmother
- Grandfather
- Aunt
- Uncle
- Older sibling
- Cousin

Other

If other, who is the primary wage earner in the household? \_\_\_\_\_

How much total income does the household earn each month?

\_\_\_\_\_  
(In Uganda Shillings (UGX))

Does the child's primary caregiver earn income for the household?

- Yes
- No

How much income does the primary caregiver earn for the household each month?

\_\_\_\_\_  
(In Uganda Shillings (UGX))

**In your household, do you have:**

	Yes	No	Not Applicable	Don't know
Electricity Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor cycle or scooter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wardrobe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CD/DVD Player	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In general, do you feel that the household's finances have been negatively affected because of the child's

- Yes
- No illness?

**In particular, has the household been affected in any of the following ways because of the child's illness?**

	Yes	No	Not Applicable	Don't know
The household lost income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The child had to miss school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other children in the household had to miss school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The household had to sell livestock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The household had to take out a loan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The household had to sell other household assets like furniture, equipment, transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The child is falling behind in development (learning to speak, move, understand or interact with others, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A member of the household had to miss work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The household had to pay more for childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Do any other family or household members have TB?  Yes  No

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Does the impact you describe include the cost of caring for another family member with TB (or child only)?  Child only  Everyone with TB  Not applicable

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How much household income was lost because of the child's illness? \_\_\_\_\_

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How many days of school has the child missed due to this illness? \_\_\_\_\_

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How many days of school have other children in the household missed due to this illness? \_\_\_\_\_

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How much money was taken out as a loan due to the child's illness? \_\_\_\_\_

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How many days of work have household members had to miss because of the child's illness? \_\_\_\_\_

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Approximately how much have you spent on childcare (beyond usual costs) due to the child's illness? \_\_\_\_\_

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How many clinic visits did the child have for this illness BEFORE today? \_\_\_\_\_

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Was the child tested for TB at previous visits?  Yes  No

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Did you have to pay for TB tests at previous visits? Yes No

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How much did you pay for the child's TB tests? \_\_\_\_\_

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Did the child receive tests for NON-TB illnesses at previous visits?

- Yes  
 No

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Did you have to pay for any NON-TB tests at previous visits?

- Yes  
 No

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How much did you pay for the child's NON-TB tests?

\_\_\_\_\_

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# SURVEY – 2 MONTH EVALUATION

## Socioeconomic Questions

Who is the head of household?

- Mother
- Father
- Grandmother
- Grandfather
- Aunt
- Uncle
- Older sibling
- Cousin
- Other

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If other, who is the head of household?

\_\_\_\_\_

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Who is the primary wage earner in the household?

- Mother
- Father
- Grandmother
- Grandfather
- Aunt
- Uncle
- Older sibling
- Cousin

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If other, who is the primary wage earner in the household?

\_\_\_\_\_

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How much total income does the household earn each month?

\_\_\_\_\_ (In Uganda Shillings (UGX))

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Who is the primary caregiver for the child?

- Mother
- Father
- Grandmother
- Grandfather
- Aunt
- Uncle
- Older sibling
- Cousin

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If other, who is the primary caregiver for the child?

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Does the child's primary caregiver earn income for the household?

- Yes
- No

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How much income does the primary caregiver earn for the household each month?

\_\_\_\_\_ (In Uganda Shillings (UGX))

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**In your household, do you have:**

	Yes	No	Don't know
Electricity Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor cycle or scooter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wardrobe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CD/DVD Player	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Since your initial visit with us, has the household been affected in any of the following ways because of the child's illness or its treatment?**

	Yes	No	Don't Know
The household's finances have been affected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The household lost income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The child had to miss school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other children in the household had to miss school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The household had to sell livestock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The household had to take out a loan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The household had to sell other household assets like furniture, equipment, transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The child is falling behind developmentally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A member of the household had to miss work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The household had to pay more for childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much household income was lost because of the child's illness? \_\_\_\_\_

How many days of school has the child missed due to this illness? \_\_\_\_\_

How many days of school have other children in the household missed due to this illness? \_\_\_\_\_

How much money was taken out as a loan due to the child's illness? \_\_\_\_\_

How many days of work have household members had to miss because of the child's illness? \_\_\_\_\_

Approximately how much have you spent on childcare (beyond usual costs) due to the child's illness? \_\_\_\_\_