

PART 2 Evaluation of information resource

TB & substance misuse: Guidance for substance misuse – key workers

Please note that this is not a test – just something to help us develop resources for your benefit.

Please answer this questionnaire **after** reading the questionnaire: (*Kindly tick as many boxes as you think is appropriate*)

1. Please indicate whether your answers are based on leaflet for :

Substance misuse & TB: Key worker Other

2. Which form of TB is infectious?

Liver Lung Lymph Node Spine Brain

3. Do you think TB is curable?

Don't know Yes No

4. How long does TB treatment need to be given?

Don't know 6 – 9 days 6 – 9 weeks 6-9 months 6 – 9 years

5. What are the symptoms of TB affecting the lungs?

Itchiness
Persistent high temperature
Unexpected bone fractures
Heavy sweating at night
General & unusual sense of tiredness
Stomach cramping or bloating
Loss of weight
Cough – for a long time (2 -3 weeks or more)
Coughing up blood

6. What would you do if you suspected a client in your care has TB?

- Do nothing
- Refer to their GP or a Specialist healthcare team (if they exist)

7. What would you do if you suspected a client in your care is diagnosed with TB?

- Client / relative will be given tablets, and will be responsible for taking them
- You or member of your staff will be asked to watch the clients take their tablets
- Your client's progress will be monitored more closely
- TB treatment will not interfere with any other medication they may be on
- My colleagues will be at higher risk of getting infected
- The client should not share house hold items such as bed linen, crockery and utensils
- Pay for their medication

12. How can you help the medical services?

- Transfer the client to another hostel
- Provide information about the client's background
- Support DOT
- Contact the Public Health lab

Your professional background / organization:

Thank you for your co-operation, your participation is greatly appreciated and your efforts will help us improve the information resources we develop for you

Consent: I agree to take part in the above study and I understand that any information I provide will not be shared on an identifiable form and my participation is voluntary.