

**APPENDIX: Study Questionnaire****QUESTIONNAIRE**

COMPLETED BY INVESTIGATOR: \_\_\_\_\_ Participant ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

STUDY ID: \_\_\_\_\_

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

**Section 1. Socio-demographic information**

1.1 Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1.2 Sex:  Male  Female

1.3 Patient location (by region)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Tbilisi 01      | <input type="checkbox"/> Mtskheta-Mtianeti 02 | <input type="checkbox"/> Kakheti 03           |
| <input type="checkbox"/> Shida Kartli 04 | <input type="checkbox"/> Kvemo Kartli 05      | <input type="checkbox"/> Imereti 06           |
| <input type="checkbox"/> Guria 07        | <input type="checkbox"/> Samegrelo 08         | <input type="checkbox"/> Samcxje-Javakheti 09 |
| <input type="checkbox"/> Achara 10       | <input type="checkbox"/> Racha-Lechkhumi 11   | <input type="checkbox"/> Svaneti 12           |

1.4 Current marital status:

- 
- Married
- 
- Single/never married
- 
- Divorced/separated
- 
- Widowed

1.5 Education level:

- 
- No education
- 
- 
- Less than secondary
- 
- 
- Secondary
- 
- 
- College
- 
- 
- University

1.6 Employment status:

- 
- Employed as HCW
- 
- Yes
- 
- No
- 
- 
- Unemployed
- 
- 
- Military
- 
- 
- Student
- 
- 
- Housewife
- 
- 
- Retired

1.7 Estimated monthly household income \_\_\_\_\_ (GEL)

1.8 Are you an internally displaced person?  Yes  No1.9 Have you ever been imprisoned?  Yes (release year: \_\_\_\_ )  No1.10 Residence location:  Urban  Suburban  Rural  Homeless

1.11 Number of household members: \_\_\_\_ Number of rooms in house: \_\_\_\_

1.12 Tobacco use

- 
- Never
- 
- 
- Past history of smoking
- 
- 
- <1 pack daily
- 
- 
- 1 pack daily
 } (packs per day \_\_\_\_; years smoking \_\_\_\_)

1.13 Alcohol intake

- 
- Never
- 
- 
- Past history of alcohol intake
- 
- 
- Moderate (1–4 drinks daily)
- 
- 
- Excessive (≥5 drinks daily)

1.14 Other injection drug use?  Yes  No

1.15 Patient comorbidities:

- |  |   |
|--|---|
| <input type="checkbox"/> Diabetes                                | <input type="checkbox"/> Cardiovascular disease (HTN, CHF, history of MI) |
| <input type="checkbox"/> Asthma                                  | <input type="checkbox"/> Gastroesophageal reflux disease                  |
| <input type="checkbox"/> Hepatitis C                             | <input type="checkbox"/> HIV  |
| <input type="checkbox"/> Pregnancy                               | <input type="checkbox"/> Malignancy _____ (type)                          |
| <input type="checkbox"/> Seasonal allergies                      | <input type="checkbox"/> Gastric or duodenal ulcers                       |
| <input type="checkbox"/> Immunosuppressive condition/medications |   |
| <input type="checkbox"/> COPD/emphysema/bronchitis               |   |

1.16 Does patient have chronic cough (>6 months)?  Yes  No1.17 Has patient left resident city for vacation/work (> 1 week) in the last 3 months?  Yes (go to 1.17.1)  No

1.17.1 How long was patient gone from resident city (in days)? \_\_\_\_\_

**Section 2. TB knowledge and attitudes**

- 2.1 Have you heard about tuberculosis before?  Yes  No (go to 2.3)
- 2.2 Main source of TB information:  
 Media  
 Education  
 Friends/family  
 TB disease in family/friends  
 Other \_\_\_\_\_
- 2.3 Is TB contagious?  Yes  No (go to 2.5)
- 2.4 TB is most commonly transmitted from person to person in which of the following ways? (One answer)  
 Blood/bodily fluids  
 Aerosol  
 Food  
 Shared objects
- 2.5 Common symptoms of pulmonary TB include (mark all that apply):  
 Cough  Fever  
 Diarrhea  Nausea/vomiting  
 Night sweats  Weight loss
- 2.6 Is TB curable?  Yes  No

	Strongly agree (1)	Agree (2)	No opinion (3)	Disagree (4)	Strongly disagree (5)
2.7 Do you feel ashamed/embarrassed about having TB?	1	2	3	4	5
2.8 Do you have to hide your TB diagnosis from other people?	1	2	3	4	5
2.9 Does TB affect your relations with others?	1	2	3	4	5
2.10 Are you concerned about the financial consequences of TB disease?	1	2	3	4	5
2.11 Do you feel worried TB disease will affect your employment status?	1	2	3	4	5
2.12 Do you feel you can talk to others about your TB?	1	2	3	4	5
2.13 Does TB affect your relationship with significant others (including family)?	1	2	3	4	5
2.14 Do you prefer to live isolated since you have been diagnosed with TB?	1	2	3	4	5
2.15 Do you feel it is your fault you got TB?	1	2	3	4	5
2.16 Do you think there is less chance of marriage because you have TB? (If unmarried/single)	1	2	3	4	5

**Section 3. Tuberculosis history and current presentation**

- 3.1 Was there known exposure to TB?  Yes (go to 2.1.1)  No
- 3.1.1 Relation of known TB contact:  Family  Friend  Co-worker  Occupational  Other
- 3.1.2 Does patient live with contact?  Yes  No

3.2 Symptoms	Present	Date first noticed	
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____	Beginning = 1st Middle = 15th Late = 30th
Coughing blood	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____	
Weight loss	<input type="checkbox"/> Yes (____ kg) <input type="checkbox"/> No	____/____/____	
Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____	
Chest pain	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____	
Loss of appetite	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____	
Difficulty breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____	
Night sweats	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____	
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____	

3.3 First health seeking action with onset of symptoms before TB diagnosis: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- Pharmacy/self-medicated
- Private clinic/home call
- Primary health center/polyclinic
- TB facility
- Traditional remedy
- Ambulance service
- Other \_\_\_\_\_

3.4 Treatment before TB diagnosis:

Modality	Performed	Date	Category of medication(s)	Estimated total cost (GEL)
Self-medicated	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____	<input type="checkbox"/> Anti-tussive <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-inflammatory <input type="checkbox"/> Antibiotic <input type="checkbox"/> Nutritional supplement <input type="checkbox"/> Unknown <input type="checkbox"/> Other	_____
Prescribed medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____	<input type="checkbox"/> Anti-tussive <input type="checkbox"/> Anti-pyretic <input type="checkbox"/> Anti-inflammatory <input type="checkbox"/> Antibiotic <input type="checkbox"/> Steroid <input type="checkbox"/> Inhaler <input type="checkbox"/> Unknown <input type="checkbox"/> Other	_____
Traditional remedy	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____		

3.5 Did patient buy any anti-tuberculosis medications over the counter?  Yes  No

3.6 Did non-TB physician prescribe any anti-tuberculosis medications?  Yes  No

3.7 Visits to health care facility PRIOR to TB diagnosis:

Order	Health facility	# of visits	Date 1st visit or length of stay	Estimated total cost (GEL)
1			____/____/____	
2			____/____/____	
3			____/____/____	
4			____/____/____	
5			____/____/____	

3.8 Presumed diagnoses given before TB diagnosis?

- Pneumonia
- Bronchitis
- Upper respiratory illness
- Sarcoidosis
- Rheumatologic illness
- Cancer
- Unknown
- TB always suspected
- Other \_\_\_\_\_

3.9 Was chest imaging (chest X-ray/computed tomography) performed prior to TB diagnosis?  Yes  No

3.10 Date of referral to a TB facility \_\_\_\_/\_\_\_\_/\_\_\_\_  N/A  Self-referral

3.11 Reason for first visit to a health care facility (listed as order 1 above):

- Accessible
- Confidence in getting cured
- Services available any time
- Patient's primary HCP
- Free services
- Advised by someone
- Other \_\_\_\_\_

3.12 Health facility at which TB diagnosis was first suspected (use code above): \_\_\_\_\_

3.13 Perceived causes of delay in health care seeking behavior:

- No delay
- Fear of what would be found
- Economic constraints (health care too costly)
- Lack of time
- Lack of transport
- Fear of social isolation
- Poor quality of health care services
- Fear of loss of job
- Hoped/thought symptoms would go away
- Lack of knowledge about TB
- Other \_\_\_\_\_

3.14 Time to reach nearest health care facility (from home):

- <½ hour
- ½–1 hour
- 1–2 hours
- 2–4 hours
- ≥4 hours

3.15 Time to reach nearest health care facility providing TB treatment:

- <½ hour
- ½–1 hour
- 1–2 hours
- 2–4 hours
- ≥4 hours

**Section 4. Tuberculosis diagnostic information**

4.1 Date of diagnosis \_\_\_\_/\_\_\_\_/\_\_\_\_

4.2 Date of start of treatment \_\_\_\_/\_\_\_\_/\_\_\_\_

4.3 Sputum microscopy?       AFB+ (go to 4.3.1)       AFB-

4.3.1 Level of sputum positivity:     1+     2+     3+     4+

ID = identification; HCW = health care worker; HTN = hypertension; CHF = congestive heart failure; MI = myocardial infarction; HIV = human immunodeficiency virus; COPD = chronic obstructive pulmonary disease; TB = tuberculosis; N/A = not applicable; HCP = health care provider; AFB = acid-fast bacilli.