



Questionnaire
For
The epidemiology of tuberculous and non-tuberculous mycobacteria in
Mubende district, Uganda

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Sero status.....

Case number.....

Date.....

Do you consent to participating in this study

Yes.....
NO.....

BIODATA		
Sex.....	Age.....	Weight.....
Height.....	Tribe.....	Occupation.....
Sub county.....	Ward.....	
Family size.....		
Risk Factors		
Previous respiratory infection Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/>	Previous T.B infection Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/>	Previous lymphadenitis Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/>
Do you smoke Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/>	Drink alcohol Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/>	Eat pork Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/>
Roasted meat Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/>	Raw milk Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/>	Use pig manure Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/>
Do you rear pigs Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/>	If yes, Subsistence..... <input type="checkbox"/> commercial..... <input type="checkbox"/>	What is your water source
Do you boil your drinking water Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/>	Have you ever taken unboiled water Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/>	If no Is there any other mode of water treatment used?
Do you grow your own food or buy it from market Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/>	How often do you buy food stuffs from the Market	Do you keep livestock Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/> If yes which Cattle..... <input type="checkbox"/> Pigs..... <input type="checkbox"/> Shoats..... <input type="checkbox"/> Poultry..... <input type="checkbox"/>
Therapeutics (Medical record)		
What TB medication previously used	Currently used	For how long



last deworming within last three months.... <input type="checkbox"/> within last one year..... <input type="checkbox"/> Never <input type="checkbox"/>		
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Social Networks/contacts		
Marital status Single..... <input type="checkbox"/> Married..... <input type="checkbox"/> Widowed..... <input type="checkbox"/>	How often do you come to Hospital in a year	Do you go to places of worship Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/>
IF yes which one and how often?	Have you been to school/s (parents day, visiting day etc) in the last 8 months. Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/>	Have you been to any social gathering in the last 8 months (wedding, last funeral rights, soccer game, bar.) etc Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/>
Have you travelled away from your sub-county in the last 8 months? Yes..... <input type="checkbox"/> NO..... <input type="checkbox"/>	If yes which places Mubende TC..... <input type="checkbox"/> Mityana..... <input type="checkbox"/> Myanzi..... <input type="checkbox"/> Kagadi..... <input type="checkbox"/> Kampala..... <input type="checkbox"/> Others.....	

Economic Aspects		
How much on average do you earn per months.....	What do you spend on most. Education..... <input type="checkbox"/> Domestic expenses..... <input type="checkbox"/> Health related..... <input type="checkbox"/> Leisure related..... <input type="checkbox"/> Others..... <input type="checkbox"/>	If health. What do u spend on most? Drugs..... <input type="checkbox"/> Transport..... <input type="checkbox"/> Consultancy..... <input type="checkbox"/> Nutrition..... <input type="checkbox"/>
If leisure, what do u spend on most Alcohol..... <input type="checkbox"/> Disco..... <input type="checkbox"/> Travel..... <input type="checkbox"/> Gambling..... <input type="checkbox"/>	What do u spend on least Education..... <input type="checkbox"/> Domestic..... <input type="checkbox"/> Health related..... <input type="checkbox"/> Leisure..... <input type="checkbox"/> Others <input type="checkbox"/>	