

Participant code: _____

1 General Information	
1.1 Interviewer Name	<input type="checkbox"/> Chamroen <input type="checkbox"/> Fanita <input type="checkbox"/> Faramy
1.2 Date (dd.mm.yy)	
1.3 Village	
1.4 Health centre	
1.5 Operational District	

2 Patient Information (to be filled in by interviewer with the help of TB&Lab register)	
2.1 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	2.2 Age of Patient
2.3 Type of TB	<input type="checkbox"/> Bacteriological positive <input type="checkbox"/> Bacteriological negative
2.4 Total duration of treatment	<input type="checkbox"/> 6 months <input type="checkbox"/> 8 months <input type="checkbox"/> Other(specify): _____
2.5 Treatment Regimen	<input type="checkbox"/> New Pulmonary <input type="checkbox"/> Retreatment
2.6 Interviewee	<input type="checkbox"/> Patient <input type="checkbox"/> Guardian If Guardian... <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Extended Family <input type="checkbox"/> Other(specify): _____
2.7 HIV status (only if indicated)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not tested <input type="checkbox"/> Unknown <input type="checkbox"/> Declined
2.8 Participant Category	
a1 <input type="checkbox"/> ACF (<input type="checkbox"/> select Household or <input type="checkbox"/> Neighborhood)	b1 <input type="checkbox"/> PCF
a2 HC registration number:	b2 HC registration number:
a3 OD registration number:	b3 OD registration number:
	(dd.mm.yy)
a4 Date of receiving ACF information	b4 Date of smear examination
a5 Date of ACF Session	b5 Date of Xray result
a6 Date of registration at HC	b6 Date of registration at HC
a7 Date treatment started	b7 Date treatment started
a8 Date of treatment completion	b8 Date of treatment completion
2.9 Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced/separated <input type="checkbox"/> Widowed	
2.10 Residence	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Homeless/displaced
2.11 Phone number of patient	

3 Health Seeking	
3.1 Did you have any TB symptoms before diagnosis? (If no go to question 3.3)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.2 How long did you experience these symptoms before TB treatment initiation?	When did it start?(dd.mm.yy)
Cough <input type="checkbox"/> Yes <input type="checkbox"/> No _____ days	Date of onset: _____
Coughing up blood (Haemoptysis) <input type="checkbox"/> Yes <input type="checkbox"/> No _____ days	Date of onset: _____
Sputum <input type="checkbox"/> Yes <input type="checkbox"/> No _____ days	Date of onset: _____
Night sweats <input type="checkbox"/> Yes <input type="checkbox"/> No _____ days	Date of onset: _____
Weight loss <input type="checkbox"/> Yes <input type="checkbox"/> No _____ days	Date of onset: _____

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Chest pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ days	Date of onset: _____
Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ days	Date of onset: _____
Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ days	Date of onset: _____
Other (specify): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ days	Date of onset: _____

3.3 Did you seek treatment or advice for these symptoms at any of the following?
(check all that apply)
Where did you first go? (circle first place of treatment)

Government Hospital	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Health Center	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Private hospital/clinic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pharmacy, drug & grocery store	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Traditional healer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other(specify): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.4 How far is the nearest government facility for

a TB diagnosis and treatment _____ minutes walking _____ minutes with transport _____ Distance (Km)

b TB treatment only _____ minutes walking _____ minutes with transport _____ Distance (Km)

Section 4: Please fill out separate sheet and provide detail information on Pre diagnosis & diagnosis costs

5 Treatment Costs	
Costs related to DOT	
5.1 Where did you take your TB drugs? <input type="checkbox"/> Health facility/hospital <input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> Workplace <input type="checkbox"/> Dispensary	
5.2 a. How many times per week did you have to go there to take your drugs? _____ times per week	
b. How long did you have to go there to take your drugs? Duration: _____ weeks	
5.3 How long did it take you to get there (one way)? _____ minutes walking _____ minutes with transport Other(specify): _____	
5.4 How long did one of these visits take on average, including time on the road and waiting time? _____ minutes	
5.5 From your home to the DOT place (selected in 5.1), how much did it cost if you took transport? (both ways) _____ Riel	
5.6 How much did you spend on food? On the road, while waiting, for lunch? _____ Riel	
Costs related to <input type="checkbox"/> picking up TB drugs or <input type="checkbox"/> drug delivery	
5.7 a. How often did you travel to the health facility/ hospital to pick up your TB drugs? _____ Times / month	
b. How long did you travel there to pick up your TB drugs? Duration: _____ months	
5.8 How long did it take you to get there (one way)?	

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_____ minutes walking _____ minutes with transport	Other(specify): _____
5.9 How long did one of these visits take on average, including time on the road and waiting time?	_____ minutes
5.10 From your home to the facility, how much did it cost if you took transport? (both ways)	_____ Riel
5.11 If you went to a facility to pick up your TB drugs, how much did you spend on food? On the road, while waiting, for lunch?	_____ Riel
5.12 Did you have to pay administration fees or delivery when picking up your TB drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a If yes, how much?	_____ Riel
5.13 Did you have any accommodation costs when picking up your TB drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a If yes, how much?	_____ Riel
5.14 Did you pay for TB drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a If yes, how much?	_____ Riel
Costs related to follow up tests	
5.15 Did you ever have to go to the health facility in addition to your regular visits for follow up tests since the beginning of your treatment? (If no go to question 6.1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
a If yes how many times?	_____ times
5.16 If yes, did you have to pay any additional costs at any time of these visits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a If so, what kind of costs and how much per visit?	
Fees: _____ Sputum Test: _____ X-ray: _____	
Other: _____ Total: _____	
5.17 How long did one of these follow-up visits take on average, including time on the road, waiting time and tests? (total turnaround time)	_____ minutes
5.18 How much did you spend on transport, food and accommodation for each visit on average?	
Transport: _____ Food: _____ Accommodation: _____	

6	Guardian Costs
6.1 If any family/friend/DOT supporter accompany you on any visit during TB treatment / follow-up visit/picking up TB drugs / and coming to your place for DOT, did they pay additional cost for their visits? (If no go to question 7.1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
a If yes, on how many visits did your family/friend/DOT supporter accompany you or go in your place?	
Treatment/follow-up visit: _____ times	
Costs during treatment per visit: Transport: _____ Food: _____ Accommodation: _____	
Total treatment _____ Riel	
6.2 How much does your family/friend/DOT supporter earn per day?	_____ Riel <input type="checkbox"/> Doesn't earn
6.3 Why did someone accompany you? (check all that apply)	

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- Distance Security Administrative barriers Too ill to travel alone
 Was required for treatment Patient was a minor Other (specify) _____

7 Hospitalization Costs

7.1 Were you hospitalized during your TB treatment? (If no go to question 8.1) Yes No

a If yes, how many days in total did you stay in hospital? _____ Days

7.2 How much did you pay in the hospital per day?

Bed price: _____

Food (not provided by hospital): _____ Transport (return): _____

Drugs* _____ Tests** _____ Other (specify): _____

* Do not repeat TB drug cost described in 5.14

** Do not repeat test costs described in 5.16 TOTAL: _____ Riel + administration fees: _____ Riel

7.3 Did any family/friend STAY with you while in hospital? Yes No

a If yes, How many days did he/she stay with you (sleep there)? _____ Days

7.4 Were there any extra costs for your family/friend for staying at the hospital? Yes No

Accommodation (hospital or other): _____ Food: _____

Transport: _____ Other (specify): _____ TOTAL: _____

7.5 How much does your family/friend earn per day?

_____ Riel Doesn't earn

7.6 Did any OTHER family/friend visit you in hospital? (If no go to question 8.1) Yes No

a If yes, how many times of visit? _____ Times

b How much did they pay for each visit?

Accommodation (hospital or other): _____ Food: _____

Transport: _____ Other (specify): _____ TOTAL: _____ Riel

c How long were the visits including travel time? _____ minutes

8 Other Costs Food Supplements

8.1 Did you buy any supplements for your diet because of TB illness, for example, vitamins, meat, energy drinks, soft drinks, fruit or medicines? (If no go to question 9.1) Yes No

a If yes, What kind of items? (specify) (check all that apply)

Fruits Drinks Vitamins/Herbs Meat Other (specify): _____

8.2 How much did you spend on these items per month on average? _____ Riel

9 Other Illnesses

9.1 Do you have any chronic illness for which you are receiving treatment? (If no go to question 9.3)

Only before TB Only after TB Before & after TB No

a If yes, Which? a _____ b _____ c _____

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9.2 Were there any additional costs for you because of this other illness BESIDES the costs that you have already mentioned? Yes No

a If yes, how much were these additional costs on average per month?
Tests: _____ Drugs: _____ Food: _____ Transport: _____ Other: _____ TOTAL: _____

9.3 How much did you spend on healthcare on average per month BEFORE the TB illness? _____ Riel

9.4 How much do you spend on healthcare on average per month NOW? _____ Riel

10 Reimbursement/ Equity Card

10.1 Do you have any kind of private or governmental health/medical insurance scheme? (If no go to question 10.2)
 Yes No

a If yes, what type?
 Reimbursement scheme Monthly medical allowance Equity card ("poor card")
 Family/community fund Western scheme (contract) Donor
 Other(specify): _____

10.2 Do you know about the equity card system in Cambodia? Yes No

10.3 Have you received reimbursement for any costs related to TB treatment?*(
(If reimbursement for pre-diagnosis/diagnosis, use Section 4) Yes No

a How much have you received in reimbursement? _____ Riel

11 Coping Costs

11.1 Did you borrow any money to cover costs due to TB illness? (If no go to question 11.2) Yes No

a If yes, how much did you borrow? _____ Riel

b From whom did you borrow? Family Neighbors/friends Private bank
(check all that apply) Cooperative Other (specify) _____

c What is the interest rate on the loan? (%)
_____ % I do not pay interest I'm not expected to pay back the money

11.2 Have you sold any of your property to finance the cost of TB illness? Yes No

If yes, what did you sell? (check all that apply)

a Land Livestock Transport/vehicle Household item Farm produce
 Other (specify)

b What is the estimated market value of the property you sold? _____ Riel

c How much did you earn from the sale of your property? _____ Riel

12 Socioeconomic Information Individual Situation and Income

12.1 Who is the primary income earner in the household?
 Patient Wife/mother Husband/father Extended family Son/daughter
 Other (specify): _____

Participant code: _____

<p>12.2 What is the highest level of education of...?</p> <p>a The patient <input type="checkbox"/> Illiterate <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Graduate/certificate <input type="checkbox"/> Other(specify): _____</p> <p>b The primary income earner? <input type="checkbox"/> Illiterate <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Graduate/certificate <input type="checkbox"/> Other(specify): _____</p> <p>c Head of household? <input type="checkbox"/> Illiterate <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Graduate/certificate <input type="checkbox"/> Other(specify): _____</p>
<p>12.3 Were you formally employed before diagnosis?</p> <p><input type="checkbox"/> Yes, formal work <input type="checkbox"/> On sick leave <input type="checkbox"/> Schooling <input type="checkbox"/> Housework</p> <p><input type="checkbox"/> No, informal work <input type="checkbox"/> Retired <input type="checkbox"/> Other(specify): _____</p>
<p>12.4 Were you formally employed during treatment?</p> <p><input type="checkbox"/> Yes, formal work <input type="checkbox"/> On sick leave <input type="checkbox"/> Schooling <input type="checkbox"/> Housework</p> <p><input type="checkbox"/> No, informal work <input type="checkbox"/> Retired <input type="checkbox"/> Other(specify): _____</p> <p>a Is the reason for not working related to TB illness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b If yes, when was the last time you were working? Date (mm/yy) _____</p>
<p>12.5 Are you currently formally employed?</p> <p><input type="checkbox"/> Yes, formal work <input type="checkbox"/> On sick leave <input type="checkbox"/> Schooling <input type="checkbox"/> Housework</p> <p><input type="checkbox"/> No, informal work <input type="checkbox"/> Retired <input type="checkbox"/> Other(specify): _____</p> <p>a Is the reason for not working related to TB illness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b If yes, when was the last time you were working? Date (mm/yy) _____</p>
<p>12.6 How are you usually paid?</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> In kind <input type="checkbox"/> Cash and in kind <input type="checkbox"/> Not paid</p> <p><input type="checkbox"/> Bank transferred salary <input type="checkbox"/> Other(specify): _____</p>
<p>12.7 What was your personal take home earning per week on average BEFORE TB illness? (or other social support)</p> <p>_____ Riel per week <input type="checkbox"/> Didn't earn</p>
<p>12.8 What was your personal take home earning per week on average DURING TB illness? (includes welfare, disability, or other social support)</p> <p>_____ Riel per week <input type="checkbox"/> Didn't earn</p> <p>a If the answer differs from 12.7, Is the change related to TB illness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12.9 What is your personal take home earning per week on average NOW? (includes, welfare, disability, or other social support)</p> <p>_____ Riel per week <input type="checkbox"/> Didn't earn</p> <p>a If the answer differs from 12.7, Is the change related to TB illness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12.10 Have you ever stopped working/going to school/doing housework due to TB? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a If yes, for how long? _____ Months</p>
<p>12.11 Did someone stay home SPECIFICALLY to take care of you due to TB? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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a If yes, for how long? _____ Weeks

b Did they quit or reduce their income-earning job to stay home and care for you? Yes No

c If yes, how much did he/she lose income per weeks on average? _____ Riels

12.12 How regularly did you work before you became ill with TB

Throughout the year Seasonal/part of year Day labour Other(specify) _____

12.13 Did you have to change jobs when you became ill with TB? Yes No or N/A

12.14 What is your main occupation?

Sales/service Farmer Household Production/construction worker

Student Jobless Public servant Other(specify) _____

12.15 How many hours did you work on average per day...?

a BEFORE you became ill with TB? _____ Hours

b DURING treatment? _____ Hours

c AFTER treatment? _____ Hours

12.16 If answers different, was the change related to TB illness? Yes No

a If answer differs, Is someone doing the work that you used to do? (check all that apply)

Daughter Son Spouse Friend Nobody Other family

12.17 Do you have children of or below school age? (If no go to question 12.19) Yes No

12.18 Did all of your children of school age attend school regularly during your treatment? Yes No

a If no, why not? Tick most appropriate

Needs to help around the house No money for school fees Also sick

Has to work to earn income Other (specify) _____

b Did any of your children of or below school age work to finance costs due to TB illness? Yes No

12.19 If you employed someone to do the housework for your household, how much would it cost?

a While you were sick? _____ Riel per day

b While you are healthy? _____ Riel per day

12.20 Are you financially independent? Yes No

12.21 Has TB illness affected your social or private life in any way? (check all that apply)

No Divorce Loss of job Dropped out of school Sick child

Separated from spouse/partner Disruption of sexual life Other (specify) _____

12.22 Has TB illness resulted in a financial burden? Yes No

13 Household Income and Spending

13.1 How much do you estimate was the average income of your household per month BEFORE TB illness?
(for all persons in the house, including patient, welfare, government or social assistance)

Income patient: _____ Income rest of household: _____ Welfare payments: _____

Government assistance: _____ Other(specify): _____ TOTAL: _____ Riel

Participant code: _____

13.2 How much do you estimate was the average income of your household per month DURING treatment? Income patient: _____ Income rest of household: _____ Welfare payments: _____ Government assistance: _____ Other(specify): _____ TOTAL: _____ Riel
13.3 How much do you estimate was the average income of your household per month AFTER TB illness? Income patient: _____ Income rest of household: _____ Welfare payments: _____ Government assistance: _____ Other(specify): _____ TOTAL: _____ Riel
13.4 How many people regularly sleep in your house? (including patient) _____ Persons
13.5 How many of the household members are paid for working? (include patient, and payment in kind or farm produce) _____ Persons
13.6 Besides yourself, did anyone else of your household receive treatment for TB? <input type="checkbox"/> Yes <input type="checkbox"/> No a If yes, how many? _____ Persons
13.7 How much food did your household consume every month on average BEFORE, DURING and AFTER TB illness? (If home production) If the food that you consumed per month before/during/after TB illness was sold on the market: How much would it be worth? (plus how much you spent on average on food not produced at home?) a BEFORE: _____ Riel b DURING: _____ Riel b2. if answer differs from a, the change is due to TB? <input type="checkbox"/> Yes <input type="checkbox"/> No c AFTER: _____ Riel c2. if answer differs from a, the change is due to TB? <input type="checkbox"/> Yes <input type="checkbox"/> No

14 Socioeconomic Indicators	
14.1 What is your main source of drinking water? <input type="checkbox"/> Rainwater <input type="checkbox"/> Lake/pond/river <input type="checkbox"/> Private well/bore hole <input type="checkbox"/> Piped water <input type="checkbox"/> Bottled water <input type="checkbox"/> Public water supply	
14.2 What type of toilet facility is available? <input type="checkbox"/> No facility/bush/field <input type="checkbox"/> Shared pit toilet <input type="checkbox"/> Own latrine <input type="checkbox"/> Flush toilet	
14.3 How many rooms are there in your house? <input type="checkbox"/> 1 room <input type="checkbox"/> 2 rooms <input type="checkbox"/> 3 rooms <input type="checkbox"/> 4 or more rooms a Do you own the house or residence you live in? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14.4 Do you own? Tick all that apply <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Mobile phone <input type="checkbox"/> Non-mobile phone <input type="checkbox"/> Fridge <input type="checkbox"/> Wardrobe <input type="checkbox"/> Sewing machine <input type="checkbox"/> CD/DVD player <input type="checkbox"/> Generator	
14.5 If the government could provide you with some service to ease the burden of TB on you and your household, what would you prefer to have? Choose only one <input type="checkbox"/> Transport voucher <input type="checkbox"/> Food voucher <input type="checkbox"/> More efficient service <input type="checkbox"/> Other (specify): _____	
14.6 How much would you be willing to pay for not becoming ill with TB in the first place?	

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Less than \$20

\$20-50

\$51-100

More than \$100

Comments of interviewer

Signature

About how much did you spend for each of these visits before you were diagnosed with TB, including the visit when you actually received your diagnosis?*

For all that don't apply, mark N/A. Fill one line per visit. Fill in chronological order.

Visit	A	B	C	D	E	F	G	H	I	J	K	L	M
	Type of provider*	Date of visit***	Distance (Km)	Total Time Spent per visit (in hours, includes travel time)	Admin Cost/ Consultative registration	Test Cost (for sputum or other except x-ray)	X-ray Costs (includes sending x-rays to radiologist, travel & fees)	Drug Costs (all kinds total)	Travel Costs (round trip)	Food Costs (total)	Accommodation/ hospitalization Costs (total)	Sub-Total Costs per visit	insurance Reimbursement
1				T:					Pt:	Pt:	Pt:	Pt:	
				O:					G	G	G	G	
2				T:					Pt:	Pt:	Pt:	Pt:	
				O:					G	G	G	G	
3				T:					Pt:	Pt:	Pt:	Pt:	
				O:					G	G	G	G	
4				T:					Pt:	Pt:	Pt:	Pt:	
				O:					G	G	G	G	
5				T:					Pt:	Pt:	Pt:	Pt:	
				O:					G	G	G	G	
6				T:					Pt:	Pt:	Pt:	Pt:	
				O:					G	G	G	G	
7				T:					Pt:	Pt:	Pt:	Pt:	
				O:					G	G	G	G	

8				T:					Pt:	Pt:	Pt:	Pt:	
				O:					G	G	G	G	
9				T:					Pt:	Pt:	Pt:	Pt:	
				O:					G	G	G	G	
Total Direct Prediagnosis and Diagnostic costs (sum sub-totals) minus insurance =											Riel		

* This includes travel to ACF camp as well (If ACF patient, select "6" for "Type of provider")

** 1, Government hospital 2, Health center 3, Private hospital/clinic 4, Pharmacy, drug & grocery store

5, Traditional healer 6, Community-based TB screening (ACF) 7, Others (specify in the box)

*** This is very important for this reserach.