

Please fill the questionnaire and tick where applicable.

**Demographic data**

1. What is your age? .....

2. What is your gender?

Female

Male

3. What is your working position in this facility?

Sister in charge

Medical doctor

Nurse

Nursing assistant

Student nurse

Laboratory technician

Ward aides

Other, specify .....

4. Education attainment

Primary

Secondary

High school

Diploma

Post Diploma Certificate

Bachelor's Degree

Master's Degree

PhD

5. Marital status

Married

Single

- Widowed
- Divorced
- On Separation

6. How long have you been working in this TB department?  
Years.....Months.....

**Administrative control questions**

7. Is the infection control plan of TB transmission to health workers from patients available in your department in writing?

- No
- Yes

8. Is there an ongoing training for healthcare workers about TB infection control practices?

- No
- Yes

9. Does your facility provide routine TB screening for the healthcare workers?

- No
- Yes, how often is it done?

- Every 6 months
- Once a year
- Every after two years

**Environmental control questions**

10. Describe the natural ventilation in your department (tick all that apply)

- Open windows on opposite wall, unrestricted flow
- High ceiling (>3meters)
- Vents and windows
- No windows
- Others

11. When do you keep windows open? (Tick all that apply)

- During the day
- At night
- During cold weather
- During hot weather
- Not open anytime
- Not applicable

12. Is there any mechanical ventilation in your department?

- Yes
- No

13. What air cleaning methods are used in the facility? (Tick all that apply)

- Ultra-violet germicidal irradiation
- HEPA (high efficiency particulate air) filtration
- Others (specify) .....
- None

14. Does your facility have a designated area away from other patients and workers where patients can produce sputum specimen?

- Yes
- No

15. Are the N95 masks always available?

- Yes
- No

16. Are the detergents for washing hands always available in your facility?

- Yes
- No

**Personal respiratory control questions**

17. Are you involved in sputum induction/collection procedures?

Yes

No

18. Do you wear any protective gown when you are taking care of patients with TB?

Yes

No

19. Do you always wash your hands in between different patients' care?

Yes

No

20. Do you believe you are at risk of developing active TB infection in your department?

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Thank you for your time in answering the questions