



14542

**INDEX CASE: Clinical/Demographic Form**

*This questionnaire must be completed for each Index Case as the baseline visit. The purpose of this questionnaire is to evaluate the clinical characteristics and infectiousness of the Index TB case.*

**Index Case ID Number:**

1	0	2	-	0					-	A
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**PHC ID** (Refer to code sheet):

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**Date of evaluation:**

		/			/				
Day			Month			Year			

We would like to ask you some questions about your health, including information on living conditions and health facilities. This survey will take about 15 minutes. The information you provide will be used to better understand how tuberculosis affects people. Your answers will remain anonymous. Your name will not be written on the questionnaire. At any time, if there is a question that you'd rather not answer, please let me know and we can skip that question. Some of the questions may be sensitive, but please do your best to answer honestly. At this time do you want to ask me anything about the survey? (Answer any questions and address respondent's concerns.)

May I start the interview now? (Proceed if participant agrees.)

We will begin with a few questions about your background. (If the participant is a child or otherwise unable to respond and the guardian is not present, say, "You may want your parent/guardian to come help you answer questions.")

**DEMOGRAPHIC INFORMATION****1. Are you married?**

- Never married
- Married/Living together
- Separate/divorced
- Widowed
- Not applicable (child)

**2. What is your religion?**

- Christian       Zoroastrian (Parsi)
- Hindu             Not religious
- Muslim           Other, specify: \_\_\_\_\_
- Sikh               Refused to answer
- Jain                Don't know
- Buddhist

**3. What is the caste or tribe of the head of the household?**

- Scheduled caste
- Scheduled tribe
- Other backward caste
- None of them
- No caste or tribe
- Don't know

**4. What is your mother tongue?**

- |                                   |                                    |  |
|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Assamese | <input type="checkbox"/> Konkani   | <input type="checkbox"/> Sindhi          |
| <input type="checkbox"/> Bengali  | <input type="checkbox"/> Malayalam | <input type="checkbox"/> Tamil           |
| <input type="checkbox"/> English  | <input type="checkbox"/> Manipuri  | <input type="checkbox"/> Telgu           |
| <input type="checkbox"/> Gujrathi | <input type="checkbox"/> Marathi   | <input type="checkbox"/> Urdu            |
| <input type="checkbox"/> Hindi    | <input type="checkbox"/> Nepali    | <input type="checkbox"/> Other, specify: |
| <input type="checkbox"/> Kannada  | <input type="checkbox"/> Oria      | _____                                    |
| <input type="checkbox"/> Kashmiri | <input type="checkbox"/> Punjabi   |  |



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5. For how many years did your mother go to school?

[ ] [ ] years (Enter 00 if mother did not go to school.)

Refused to answer

Don't know

6. For how many years did you go to school?

(Must be formal education with classes and grades)

[ ] [ ] years (Enter 00 if subject did not go to school.)

Refused to answer

Don't know

7. Before you became ill, were you working, unemployed, a housewife or a student?

Employed

Student

Housewife

Unemployed

Other, specify: \_\_\_\_\_

8. Have you ever worked in mining, road or building construction, stone cutting, or glass manufacturing?

Yes (Go to 8a)  No

8a. If YES, for how many years did you do this work?

[ ] [ ] years

9. Before you were sick, what was your entire household income in a month?

If participant is unclear, help them add together the incomes of all household members.

< Rs 3000

Rs 3000-5000

Rs 5001-10000

> Rs 10000

Refused to answer

Don't know

10. How many wage earners are there in this house?

[ ] [ ] wage earners

11. What color is your ration card?

Red

Yellow

Green

Other

**TUBERCULOSIS SOURCE EVALUATION**

I am going to ask you questions about your household. By household, I mean others who eat from the same pot.

12. How long have you been living in your current home?

[ ] [ ] years OR [ ] [ ] months

13. Over the last 3 months, how many hours per day do you spend at your home on average?

If this can't be recalled, go through the day with them.

Less than 6 hours per day

Between 6-12 hours per day

Between 13-18 hours per day

Over 18 hours per day

Don't know

14. Has anyone that you've lived with in the past 2 years been diagnosed with tuberculosis?

Yes (Go to 14a)

No

Don't Know

14a. If YES, was this person told he/she had tuberculosis before you or after you were diagnosed with tuberculosis?

Before

After

Don't Know



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**TUBERCULOSIS KNOWLEDGE**

The next questions ask about your knowledge and opinions on tuberculosis disease

**15. How does tuberculosis spread from one person to another?**

*(Multiple Responses Possible. Read options aloud)*

- Through the air when coughing or sneezing
- Through sharing utensils
- Through sharing clothes/bed sheets/towels
- Through smoking bidis/cigarettes/tobacco
- Through touching a person with tuberculosis
- Through food
- Through sexual contact
- Through mosquito bites
- Don't know
- Other

**16. Can tuberculosis be cured?**

- Yes
- No
- Don't know

**RISK BEHAVIOURS**

Now I am going to ask you some questions about your use of alcoholic beverages during this past year.

*Use the alcohol Beverage Card to show the different types and sizes of drinks.*

**17a. How often do you have a drink containing alcohol?**

- Never (skip to question 18)
- Monthly or less
- 2 to 4 times a month
- 2 to 3 times a week
- 4 or more times a week

**17b. How many drinks containing alcohol do you have on a typical day when you are drinking?**

*(Use the Beverage Card to show the different types and sizes of drinks)*

- 1 or 2
- 3 or 4
- 5 or 6
- 7, 8 or 9
- 10 or more

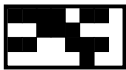
**17c. How often do you have six or more drinks on one occasion?**

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

Now I will ask you a few questions about your smoking habits.

**18. Have you ever smoked or used tobacco?**

- Yes, current smoker / user (Go to 19)
- Yes, former smoker / user (quit at least 1 month ago) (Go to 19)
- No (Skip to 20)



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19 a. Which of the following have you ever smoked regularly:

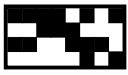
Beedis, hand-rolled cigarettes, or manufactured unfiltered cigarettes. If checked ask the following questions: How long have you smoked these? years OR months. Over the time that you've smoked, around how many did you smoke per day? On average, how many do you currently smoke per day? Enter 00 if not a current smoker. If you are not currently smoking these days, how long has it been since you quit? years OR months.

Manufactured filtered cigarettes. If checked ask the following questions: How long have you smoked these? years OR months. Over the time that you've smoked, around how many did you smoke per day? On average, how many do you currently smoke per day? Enter 00 if not a current smoker. If you are not currently smoking these days, how long has it been since you quit? years OR months.

Cigars, cheeroots, or cigarillos. If checked ask the following questions: How long have you smoked these? years OR months. Over the time that you've smoked, around how many did you smoke per day? On average, how many do you currently smoke per day? Enter 00 if not a current smoker. If you are not currently smoking these days, how long has it been since you quit? years OR months.

Hookah. If checked ask the following questions: How long have you smoked these? years OR months. When you smoked these, around how long did you smoke per day? hours OR minutes. On average, how much time do you currently spend smoking per day? Enter 00 if not a current smoker. If you are not currently smoking these days, how long has it been since you quit? years OR months.

Other, specify: . If checked ask the following questions: How long have you smoked these? years OR months. Over the time that you've smoked, around how many did you smoke per day? On average, how many do you currently smoke per day? Enter 00 if not a current smoker. If you are not currently smoking these days, how long has it been since you quit? years OR months.



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19 b. Which of the following tobacco products do you use regularly:

Chewing Tobacco



If checked ask the following questions:

How long have you used this?

years

OR

months

Over the time that , around how many did you use this per day?

On average, how many do you currently use per day? Enter 00 if not a current smoker

If you are not currently using this these days, how long has it been since you quit?

years

OR

months

Snuff



If checked ask the following questions:

How long have you used this?

years

OR

months

Over the time that , around how many did you use this per day?

On average, how many do you currently use per day? Enter 00 if not a current smoker

If you are not currently using this these days, how long has it been since you quit?

years

OR

months

CLINICAL EVALUATION

I will now ask you some questions about your past health and how you are feeling. (If the participant is a child, the parent or guardian may respond.)

20. Have you ever had any health problems other than TB?

Yes (Go to 20a) No (Skip to 21)

20a. Have you ever been diagnosed with or been told you have the following:

Cancer

(Read aloud)

Partial or complete removal of your stomach

Hepatitis (infection of the liver) or yellowing of the eyes or skin

Chronic kidney failure requiring hemodialysis

Shortness of breath, wheezing or coughing at least three months of the year for two years in a row

ASTHMA

21. Asthma is a chronic disease with repeated attacks of breathlessness or wheezing.

Have you been diagnosed with asthma by a doctor?

Yes (Go to 21a)



21a. Are you currently using any inhalers? Inhalers are medications that you breathe in to help with asthma.

21b. How many inhaler medications do you use in a normal day?

21c. Do you use inhalers daily or only when you have trouble breathing?

No

Yes (Go to 21b and c)



1

3

Daily

Don't know

No

2

>3

With symptoms



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**HIV**

**22. Have you been tested for HIV in the past 6 months?**

- Yes (Go to 22a)
- No     Don't know

22a. Where were you last tested?

- GCC     DTC     Cuddalore
- IGMCRI     JIPMER     Villupuram
- Other, specify: \_\_\_\_\_

**DIABETES MELLITUS**

**23. Have you ever been diagnosed with Diabetes Mellitus?**

- Yes (Go to 23a-b)
- No
- Don't know

23a. In what year were you diagnosed?

Year: [ ][ ] [ ][ ] [ ][ ] [ ][ ]

23b. How have you managed your diabetes this past month?

- Insulin injections
- Oral medication
- Other injectable medications
- Dietary changes only
- Unknown
- Other (specify): \_\_\_\_\_

**24. When you first became sick this time, where did you first seek healthcare?**

- Private allopathic clinic     PHC     Medicine shop/pharmacy
- Municipal corporation hospital     Medical college hospital     Other, specify: \_\_\_\_\_
- Non-allopathic clinic     Government hospital

**25. Have you had any of the following signs/symptoms within the past 4 weeks?**

**Cough**  Yes     No

Duration: [ ][ ] weeks     Unknown

Coughing up blood?  Yes     No

*If duration unknown, ask:*  
Has your cough lasted:

- 0-14 days
- 15-28 days
- > 28 days

**Fever**

Yes     No     Unknown

Duration: [ ][ ] weeks     Unknown

**Night sweats**

Yes     No     Unknown

Duration: [ ][ ] weeks     Unknown

**Unexpected weight loss**

Yes     No     Unknown

Duration: [ ][ ] months     Unknown

Weight loss: [ ][ ] kg     Unknown



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Loss of appetite if adult or failure to gain weight if a child  Yes  No  Unknown

Pain when taking a deep breath or coughing that you feel in your chest  Yes  No  Unknown

Fatigue  Yes  No  Unknown

Any other symptoms, if yes, specify: \_\_\_\_\_  No  Unknown

**26. Karnofsky Score:**  
   % Please refer to card for Karnofsky scale.

**27. Do you have any prescriptions from the doctor or pill bottles you are taking medication from?**

Ask to see the participant's perscriptions and/or pill bottles if they have any. Check the names of any medications you see on the list below:

None  Decdak  Fluricot  Solumendrol  
 Betnelam  Decmax  Hisone  Wysolone  
 Betnesol  Dexona  Omnocortil

**DIETARY QUESTIONS**

Now I will ask you some questions about the food people in your household eat. We recognize that sometimes it can be hard to get food, so we want to understand this a little more. (If the participant is a child or otherwise unable to respond, the parent, guardian or other household member may respond.)

**28a. In the past 4 weeks how often was there ever no food to eat of any kind in your household because of lack of resources to get food?** *Rarely = once or twice in the past 4 weeks*

Never  Rarely  Sometimes  Often

**28b. In the past 4 weeks how often did you or any household member go to sleep at night hungry because there was not enough food?** *Sometimes = 3-10 times in the past 4 weeks*

Never  Rarely  Sometimes  Often

**28c. In the past 4 weeks how often did you or any household member go a whole day and night without eating anything because there was not enough food?** *Often = more than 10 times in the past 4 weeks*

Never  Rarely  Sometimes  Often

**28d. In the past 4 weeks, did you worry that your household would not have enough food?**

Never  Rarely  Sometimes  Often

**28e. In the past 4 weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?**

Never  Rarely  Sometimes  Often

**28f. In the past 4 weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources?**

Never  Rarely  Sometimes  Often



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28g. In the past 4 weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?

Never Rarely Sometimes Often

28h. In the past 4 weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?

Never Rarely Sometimes Often

28i. In the past 4 weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food?

Never Rarely Sometimes Often

29. Who provided the answers to these questions?

The subject (index case) Another person on behalf of the contact, specify relationship:

CLINICAL ASSESSMENT

We have finished the questionnaire portion of this form. The nurse will now take a few measurements, including your height and weight.

30. Can I look at your arms to check for a BCG scar? Is a BCG scar present?

1 scar No scars 2 scars Uncertain

31. Arm circumference (nearest cm)

cm

32. Weight (nearest 1/10 kg)

kg Check if estimated weight (only if unable to stand)

33. Height or knee height if can't stand

cm cm

34. Random Blood Sugar

mg/dL Not Done

Pregnancy tests should ONLY be performed on female participants who are between the ages of 18-50 years.

35. Is the participant pregnant?

Yes, tested positive (Go to 35a) Yes, known to be pregnant (Go to 35a) No Unknown Not assessed, hysterectomy Not assessed, female <18 years Not assessed, other reason Not applicable, participant is male Participant declines to answer or be tested

35a. Approximately how many weeks have you been pregnant? weeks

36. If female ask: how many weeks ago was your last menstrual period?

weeks ago Refuses to answer Hysterectomy

Signature:

Initials:

Date Completed: Day / Month / Year