

THE EAST AFRICAN PUBLIC HEALTH LABORATORY NETWORKING (EAPHLN) PROJECT
Operations Research Component
EVALUATION OF IMPACT OF NEW TUBERCULOSIS DIAGNOSTICS SCALE-UP ON
TUBERCULOSIS DIAGNOSIS AND OUTCOMES

Study Identification Number

Hospital Registration Number

Patient Initials

SOCIO-DEMOGRAPHIC			
1. Study Site <i>(circle one)</i> 1. Mbale 2. Arua 3. Mbarara 4. Gulu 5. Mulago	2. Which department is the client coming from <i>(circle one)</i> 1. OPD 2. Self-referral 3. Inpatient 4. Special clinic e.g. HIV Clinic, Diabetes clinic 5. Other	3. Marital Status <i>(circle one)</i> 1. Single 2. Married 3. Separated 4. Divorced 5. Widowed 6. Other	4. DATE: ___/___/___ (dd/mm/yyyy) 5. Age: _____ 6. Sex: 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>
7. Residence <i>(circle one)</i> 1. Urban 2. Rural 8. Is this your home or you are visiting because of treatment? <i>(circle one)</i> 1. Home 2. Visiting for treatment 9. Village _____ 10. Parish: _____ 11. Sub county _____ 12. District _____ 13. Phone Contact: _____ 14. Approximate distance from home to this health facility in Kms _____			
15. Is this your nearest health facility? 1. Yes 2. No 16. If No, why did you decide to come to this health facility 1. Referred by a health worker <input type="checkbox"/> 2. No TB diagnosis at the nearest health facility <input type="checkbox"/> 3. Other _____		17. Were you referred to this health facility? 1. Yes 2. No 18. If yes, which facility referred you? 1. Government hospital <input type="checkbox"/> 2. Private clinic <input type="checkbox"/> 3. Drug store/Pharmacy <input type="checkbox"/> 4. Health Centre <input type="checkbox"/> 5. Other _____	

RISK FACTORS

19. Are you exposed to biomass smoke (charcoal, wood, industrial etc)? 1. Yes 2. No 20. Yes, state hours of exposure per day _____ 21. Occupation <i>(circle one)</i> 1. Unemployed 2. Housewife 3. Peasant farmer 4. Market vendor 5. Builder 6. Health Worker 7. Business 8. Civil servant 9. Farmer 10. Other. Specify _____	22. Highest level of Education <i>(circle one)</i> 1. None 2. Incomplete primary 3. Complete primary 4. Incomplete secondary 5. Complete secondary 6. Tertiary 23. Average daily income _____ 24. Do you have a family member who has or has ever had TB? 1. Yes 2. No 25. Do you know anyone who has TB? 1. Yes 2. No 26. If Yes, how many _____ 27. Do you share a bedroom with someone who is not your spouse? 1. Yes 2. No
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PAST MEDICAL HISTORY

<p>28. In the past 12 months, is there any member of your household who was diagnosed with TB? <i>(Circle one)</i></p> <p>1. Yes 2. No</p> <p>29. Do you smoke tobacco? <i>(Circle one)</i></p> <p>1. Yes 2. No 3. Unknown</p> <p>30. If Yes, how often</p> <p>1. Daily 2. Less than daily (not every day)</p> <p>3. Unknown</p> <p>31. Duration of smoking (current and past in years)</p> <p>_____</p> <p>32. Number of tobacco pieces/sticks smoked per day _____</p> <p>33. Do you drink alcohol? 1. Yes 2. No <i>(if yes answer questions 34-37)</i></p> <p>34. If Yes, how often?</p> <p>1. Daily</p> <p>2. Less than daily (not every day)</p> <p>3. Unknown</p> <p>35. Duration of alcohol consumption (current and past in years) _____</p> <p>36. How many drinks per day _____</p> <p>37. How many drinks per week _____</p>	<p>38. History of Diabetes <i>(Circle one)</i> 1. Yes 2. No</p> <p>39. RBS (mmol/l) _____</p> <p>40. History of Cancer 1. Yes 2. No</p> <p>41. Have you been previously treated for TB? [Probe for long respiratory illness, TB symptoms, long courses of treatments including injections of more than a month and chest x-rays to help patient remember] <i>(Circle one)</i></p> <p>1. Yes 2. No</p> <p>42. If Yes</p> <p>a) When were you treated? _____ (state the year of treatment)</p> <p>b) How many times have you been treated? _____ (times)</p> <p>c) Outcome of the last treatment according to the patient <i>(circle one that applies)</i></p> <p>1. Cured</p> <p>2. Failed</p> <p>3. Defaulted</p> <p>4. Treatment completed</p> <p>5. Unknown</p>
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KNOWLEDGE ON TB

<p>43. Did you ever think that the cough you have could be TB? <i>(Circle one)</i> 1. Yes 2.No</p> <p>44. If Yes; how did you know?<i>(Circle one)</i></p> <p>1. Relative</p> <p>2. Health worker</p> <p>3. Friend</p> <p>4. Media (Radio, TV, Newspaper etc)</p> <p>45. Before today, did you know there is a laboratory test available for diagnosis of TB?<i>(Circle one)</i></p> <p>1. Yes 2. No</p>	<p>46. If yes, which of these did you hear about?<i>(Circle one)</i></p> <p>1. Microscopy</p> <p>2. Culture</p> <p>3. GeneXpert</p> <p>47. Do you know how TB is spread?<i>(Circle one)</i></p> <p>1.Yes 2.No 3.Don't know</p> <p>48. If Yes, how?<i>(Circle one)</i></p> <p>1. Cough</p> <p>2. Contact</p> <p>3. Sharing utensils</p> <p>4. Other _____</p> <p>49. Do you think TB is curable?<i>(Circle one)</i></p> <p>1.Yes 2.No 3.Don't know</p>
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CLINICAL DATA

50. Weight _____ (kgs)	51. Height _____ (cm)	52. BCG Scar	1. Present	2. Absent
SYMPTOMS				
Symptom	Duration in days			
53. Chronic cough	1. Yes <input type="checkbox"/>			2. No
54. Fever	1. Yes <input type="checkbox"/>			2. No
55. Weight loss	1. Yes <input type="checkbox"/>			2. No
56. Excessive Night sweats	1. Yes <input type="checkbox"/>			2. No
57. Dyspnea	1. Yes <input type="checkbox"/>			2. No
58. Chest Pain	1. Yes <input type="checkbox"/>			2. No
59. Blood stained sputum	1. Yes <input type="checkbox"/>			2. No
60. Other Specify _____	<input type="checkbox"/>			

HIV STATUS

61. Do you know your HIV status?	1. Yes	2. No	<i>(if no, go to question 5)</i>
62. If yes, what is your HIV status?	1. HIV positive	2. HIV Negative	
63. If no send for HIV test and record results	1. HIV positive	2. HIV Negative	
64. If HIV positive are you on antiretroviral drugs?	1. Yes	2. No	
65. If yes, duration in months _____			

BEHAVIOUR REGARDING COUGH

66. Did you seek medical care for your chronic cough? <i>(Circle one)</i> 1. Yes 2. No	
67. If Yes (a) Where did you first seek care? <i>(Circle)</i>	(b) What service did you receive? <i>(Circle all that apply)</i>
1. Public health facility	1. Given medicine
2. NGO facility	2. Chest Xray
3. Private health facility	3. Asked to provide sputum
4. Drug store/Pharmacy	4. Referred elsewhere for care
5. Herbalist	5. Physical exam/Consultation
6. Other _____	6. Other _____
68. If no, what is the main reason for not seeking care? <i>(Circle)</i>	7. My church/mosque leader stopped me
1. Self-treatment	8. I was using herbs
2. Didn't think it was a serious illness	9. I was undergoing spiritual treatment by a traditional healer
3. Ignore	10. I feared that my friends/relative would know I have TB (stigma)
4. Cost	11. Other _____
5. Distance	
6. Long waiting time	

DELAYS

69. Indicate period in days taken for each of the following;

70. Time taken before client presented to any health care facility after the onset of symptoms

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71. Time between presentation to this diagnostic health facility (study site) and sputum specimen submission.

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72. Time taken from sputum submission to issuing of results

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73. Time taken before initiation of treatment after the results were issued

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ACTIONS

74. Sputum sample collected (*Circle*) 1. Yes 2. No

75. If no reason _____

76. Sputum shipped to central Lab (*Circle*) 1. Yes 2. No

77. If no reason _____

78. Sample sent to central lab 1. Spot 2. Early morning

79. Sample on which microscopy and GeneXpert were done

Microscopy (*Circle*)

GeneXpert (*Circle*)

1. Spot 2. Early morning

1. Spot 2. Early morning

LABORATORY RESULTS (FROM SITE)

80. FM microscopy (*Circle*)

- 1. No AFBs seen
- 2. Positive 1+
- 3. Positive 2+
- 4. Positive 3+
- 5. Positive 4 AFBs/100 fields

81. GeneXpert (*Circle*)

- 1. MTB not detected
- 2. MTB detected very low
- 3. MTB detected low
- 4. MTB detected medium
- 5. MTB detected high
- 6. MTB detected Rif Resistance

Responsible Officer:

Date:.....

Sign:.....