

## Supplementary Material 1: Appendix 1

### Tuberculosis medication adherence questionnaire (TBMAQ)

S/n	TBMAQ Items	Never	Sometimes	Most of the time	All the time
1.	Do you take medication for your TB as prescribed by the doctor?				
2.	Do you have problems remembering to take your medication?				
3.	I take all my TB doses as instructed by the doctor/nurse				
4.	I skip my medications due to some reasons such as during Ramadan, taste of drugs (toxic/harmful), too many pills, and side effects				
5.	I use the medication because it makes me feel better (i.e., medication alleviates the pains and discomfort)				
6.	Do you receive social support from family and friends to take your medications?				
7.	I miss clinic visit when scheduled				
8.	Have you ever felt uncomfortable about adhering to your medication plan?				