

English version Questionnaire

<u>Identification</u>	
Sub city name : _____	Health facility name: : _____
ID number: _____	
Date of interview _____ Time started _____ Time finished _____	
Data collector's Name _____ signature _____ Date _____	
Supervisor's Name _____ signature _____ Date _____	

Section 1: Socio-Demographic characteristics Information

S.No.	QEUSTION	Response	Code
101	Your sex	1= Male 2=Female	__
102	Your age (in years)		__
103	Your marital status	1=Married - 2=Living together 3= Divorced/separated 4=Widowed 5=Never Married and Living Together	__
104	Your educational status	1= No formal Education 2=1-8 Grade 3=9-10 Grade 4=11-12 Grade 5= Above 12 Grade	__
105	Your occupation	1=Governmental employee 2= Daily laborer 3= Merchant 4=House wife 5=Student Other (specify-----)	__

Section 2: Clinical characteristics information

S.NO	Question	Response	Code
201	AFB sputum smear positivity	1=Smear positive pulmonary TB 2=Smear Negative pulmonary TB 3=Extra Pulmonary TB	__
202	TB HIV Co-infection	1=Yes 2=No	__
203	Other Non-communicable diseases	1=Diabetes 2=Cancer 3=Hypertension 4=Other specify	__
204	History of Tuberculosis	1=New case 2= Relapsed case 3= Treatment failure	__
205	Initial date of treatment (DD-MM-YYYY)	_ _ _ _ _ _	_

Section 3: Nutritional status assessment

S.N	Nutritional measurement	At the start of treatment	At two months of treatment	At end of six months of treatment
301	Bodyweight in kilogram (Kg)			
302	Height in centimeter(cm)			
303	BMI (kg/h ²)			

Section 4: Nutritional Counseling and Support

S.N	Question	Response	Code
401	Have you got nutritional counseling from a health care provider in this facility?	1. Yes 2. No	__
402	Have you got food support from any source?	1. Yes 2. No	__

Section 5: TB treatment outcomes at end of 6 months

<u>S.N</u>	Status of the Treatment	Response	Code
501	Treatment Completed	1=Yes 2=No	__
502	Treatment cured	1=Yes 2=No	__
503	Treatment success	1=Yes 2=No	__
504	Default	1=Yes 2=No	__
505	Death	1=Yes 2=No	__
506	Date of Outcome DD/MM/YYYY	__ __ __ __ __ __ __	__

Section 6: Smear sputum test result only for pulmonary TB Patient only

<u>S.N</u>	Smear sputum test	Response	Code
601	At end of two months of treatment	1=Positive 2=Negative	__
602	At end of the fifth month of treatment	1=Positive 2=Negative	__
603	At end of six months of treatment	1=Positive 2=Negative	__