

S1 File:
TB Drug Resistance Survey in Ghana

SCREENING QUESTIONNAIRE

PLEASE WRITE IN CAPITAL LETTERS
INTERVIEW INFORMATION

NB: Please all responses must be filled. Also please write "X" in all skipped responses.

A

A1. Patient ID:

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A2. DATE OF INTERVIEW (dd/mm/yyyy)	
A3. INTERVIEWER'S NAME	
A4 RESULT CODES:	NB: Fill in reason when ans 2 – 5 is selected 1. Completed 2. Partly Completed 3. Postponed 4. Refused 5. Others
A5. Other (Specify)	
A6. Reason	

A7. Surname	A8. First Name	Date of Birth A9 __ __ DD A10 __ __ MM A11 __ __ __ __ YYYY
A12. Age in completed years	A13. Close contact's Name	A14. Close Contact's active Phone No
A15. Participant's active Phone Number:	A16. House No	A17. Town (Residence)
A18. District (Residence)	A19. Region (Residence)	A20. Traceable Address/or landmark
A21. If already a registered TB patient, registration number	A22. If already a registered TB patient, treatment category	A23. If already a registered TB patient, last smear result

		3. More than 4 weeks	
C7	Do you currently have chest pain? If No → C9	1. Yes 2. No	
C8	If Yes, for how long in weeks?	1. Less than two weeks 2. 2 – 4 weeks 3. More than 4 weeks	
C9	Have you experienced any unintentional or unexpected weight loss in the past month? If No → C11	1. Yes 2. No	
C10	If Yes, for how long in weeks?	1. Less than two weeks 2. 2 – 4 weeks 3. More than 4 weeks	
C11	Do you currently have Fever? If No → C13	1. Yes 2. No	
C12	If Yes, for how long in weeks?	1. Less than two weeks 2. 2 – 4 weeks 3. More than 4 weeks	
C13	Do you have night sweats? If No → C15	1. Yes 2. No	
C14	If Yes, for how long in weeks?	1. Less than two weeks 2. 2 – 4 weeks 3. More than 4 weeks	
C15	Did you have the same/similar symptoms prior to this episode of illness?	1. Yes 2. No	
D - TB status and treatment history			
D1	Have you had a sputum examination before?	1. Yes 2. No 3. Don't remember	
D2	Have you ever been previously diagnosed with TB? (Please go through available medical files and other documents) If No/Don't remember → D4	1. Yes 2. No 3. Don't remember	
D3	If Yes, how long ago have you been diagnosed as having TB?	1. 1 - 6 months 2. 7 - 12 months 3. 1 - 3 years 4. More than 3 years	
D4	Have you ever taken anti-TB drugs for more than a month? If No → D7	1. Yes 2. No 3. Don't know	
D5	How many episodes of treatment have you had?	1. Once 2. Twice 3. Other	
D6	Other (Specify)		
D7	Have you ever previously received injections for more than one month?	1. Yes 2. No 3. Don't Know	

D8	Are you currently taking any anti-TB medication? If No →D24	1. Yes 2. No 3. Don't know	
D8a	If Yes, where did/do you get your medication from?	1. Hospital pharmacy 2. Community pharmacy 3. Licensed Chemical seller 4. Other	
D9	Other (specify)		
D10	Has there been a day that you forgot to take your medication? If No →D12	1. Yes 2. No	
D11	If Yes, for approximately how long?	1. One day 2. 2-3 days 3. More than a week 4. More than a month	
D12	Have you ever run out of your medication?	1. Yes 2. No	
D13	Do you sometimes take your medication late?	1. Yes 2. No	
D14	Has there ever been a reason not to take your medication? If No →D16	1. Yes 2. No	
D15	If Yes, what are some of the reasons?		
D16	Do you think that you have too many pills/tablets to take/swallow?	1. Yes 2. No	
D17	About how many times in the past month have you missed a whole day of treatment?	1. Once 2. Twice 3. Thrice 4. More than three times 5. Never 6. Don't remember	
D18	Is it easy to obtain your TB medications? If No →D20	1. Yes 2. No	
D19	If Yes, do/did you have problem in obtaining the anti-TB medicines?	1. Yes 2. No	
Please tell us some of the problems you face			
D20	Money for transport	1. Yes 2. No	
D21	Money for drugs	1. Yes 2. No	
D22	Lack of TB medicine from stores	1. Yes 2. No	
D23	Others		
D24	Do you take other medications for your TB treatment? If No →E1 If Yes →D25	1. Yes 2. No	
If Yes, what are your other sources of medication apart from hospital and pharmacy?			

D25	Herbal medicines	1. Yes 2. No	
D26	Chinese medicines	1. Yes 2. No	
D27	Homeopathy	1. Yes 2. No	
D28	Acupuncture	1. Yes 2. No	
D29	Traditional medicines	1. Yes 2. No	
D30	Prayer camp	1. Yes 2. No	
D31	Other (specify)		
E - Final decision			
E1	Has the patient been treated for more than one month If No /Unknown→F1	1. Yes 2. No 3. Unknown	
E2	If Yes, what was the outcome of the previous treatment?	1. Cured/treatment completed 2. Failed new patient regimen of first-line drugs only 3. Failed re-treatment regimen of first-line drugs only 4. Failed regimen which included second-line drugs 5. Lost to follow-up 6. Other 7. Unknown	
E3	Other (Specify)		
F - Demographics			
F1	What is your highest level of education	1. None 2. Non formal 3. Primary 4. JHS/Middle School 5. SHS/Technical/Vocational 6. Tertiary	
F2	Religion	1. Christian 2. Islam 3. Traditional 4. None 5. Other	
F3	Other (specify)		
F4	Marital status	1. Single/ Never Married 2. Married 3. Separated 4. Divorced	

		5. Widow/widower 6. Co-habitation	
F5	Have you had an HIV test before? If No →G1	1. Yes 2. No	
F6	What is your HIV status? (Please go through available documents and crosscheck)	1. Positive 2. Negative 3. Indeterminate 4. Unknown	
G - Housing			
G1	What type of housing do you live in?	1. Separate house 2. Semi-detached house 3. Flat/apartment 4. Compound house 5. Huts/buildings, same compound 6. Huts/buildings, separate compounds 7. Tents 8. Improvised home (kiosk, container) 9. Living quarter attached to office/shop 10. Uncompleted building 11. Other	
G2	Other (specify)		
G3	Do you live alone? If Yes →G5	1. Yes 2. No	
G4	If No, how many people do you share accommodation with?	1. With one other person 2. 2 - 5 other persons 3. 6 - 10 other persons 4. More than 10 persons	
G5	Have you ever been imprisoned? If No →H1	1. Yes 2. No	
G6	If Yes, Have you been imprisoned in the last 5 years?	1. Yes 2. No	
H - Family history with TB infection			
H1	Has anyone in your immediate family (your parents, brothers, sisters, or children) ever been diagnosed with TB? If No/ Don't know →H4	1. Yes 2. No 3. Don't know	
H2	If Yes, which family member/s?	1. Father 2. Mother 3. Brother 4. Sister 5. Son 6. Daughter 7. Other	

H3	Other (specify)		
H4	Has anyone in your immediate family (your parents, brothers, sisters, or children) been declared dead from TB disease? If No/Don't know → I1	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 	
H5	If Yes, which family member/s?	<ol style="list-style-type: none"> 1. Father 2. Mother 3. Brother 4. Sister 5. Son 6. Daughter 7. Other 	
H6	Other (specify)		
I - Lifestyle			
I1	Do you smoke?	<ol style="list-style-type: none"> 1. Yes currently → I2 → I4 2. No, I've never smoked → I5 3. No, but I used to smoke → I3 → I5 4. No, but I live with a smoker → I5 	
I2	How long have/did you smoke(d)?	Year..... Month..... Weeks.....	
I3	How long has it been since you quit smoking?	Year..... Month..... Weeks.....	
I4	If Yes, currently, how many sticks do you smoke a day?	-- /day	
I5	Do you take alcohol? If I1 = No, I've never taken alcohol → J1	<ol style="list-style-type: none"> 1. Yes 2. No, I've never taken alcohol 3. No, but I used to take alcohol 	
I6	If Yes, or No, but I used to take alcohol, on average how often do/did you drink alcohol?	<ol style="list-style-type: none"> 1. At least once per day (one drink) 2. At least once per week 3. At least once per month 4. At least once per year 	
J - Comorbidity screening			
	Have you ever been diagnosed with any of the following conditions?		
J1	Hypertension	<ol style="list-style-type: none"> 1. Yes 2. No 	
J2	Diabetes	<ol style="list-style-type: none"> 1. Yes 2. No 	
J3	Asthma	<ol style="list-style-type: none"> 1. Yes 2. No 	

J4	Cancer	1. Yes 2. No	
J5	Cancer (Specify)		
J6	When was the first time you were told that you had this condition?	1. Less than one year 2. Between 1-3 years 3. 4-6 years 4. More than 6 years 5. None	

K - FOR OFFICIAL USE ONLY

Medical records

K1	After going through available medical documents, have you discovered that the patient has been registered for TB treatment before?	1. Yes 2. No 3. Unknown 4. No available records	
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INTERVIEWER: THANK THE RESPONDENT FOR COMPLETING THIS FIRST PART OF THE INTERVIEW.

INTERVIEWER: Check the records to confirm current status of patient.

K2	New smear positive If Yes → K5	1. Yes 2. No	
K3	Previously treated	1. Relapse 2. Treatment after failure 3. Loss to follow-up 4. Others	
K4	Others (undocumented information)		

Specimen taken:

K5	Sputum for TB DR test	1. Yes 2. No	
K6	Blood for genetics test	1. Yes 2. No	
K7	Blood for immunology test	1. Yes 2. No	

L - INTERVIEWER'S REMARKS

L1	Was anyone else present during the interview?	1. No one else was present 2. Respondent's doctor/nurse 3. Other clients/Patients 4. Respondent's relative 5. Other Health professionals	
L2	In general, what was the respondent's attitude during the interview?	1. Friendly, interested 2. Was cooperative, but not particularly interested 3. Impatient, worried 4. Hostile	

L3	Did the respondent understand the questions?	<ol style="list-style-type: none">1. Understood well2. Did not understand very well3. Understood poorly	
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