



Draft

**MAKERERE UNIVERSITY-UNIVERSITY OF GEORGIA RESEARCH COLLABORATION
COMMUNITY HEALTH AND SOCIAL NETWORKS OF TUBERCULOSIS
DIAGNOSTIC PATHWAY II FORM_ENGLISH**

Date of Interview / / 2 0
Day Month Year

1. In which division do you live? [Prompt]

01=Rubaga 04=Kawempe
02=Nakawa 05=Makindye
03=Central 88=Other

2. How old are you? [Yrs]

3. Sex ☐ Male ☐ Female

3a. What is the highest level of education you attained?

- ☐ None
☐ Primary Level
☐ Secondary Level
☐ Post secondary specialization
☐ University degree

4. What is your marital status?

01 = Single/Never married
02 = Married/Cohabiting
03 = Separated/divorced
04 = Widowed

Specify
5. Are you employed? ☐ Yes ☐ No

6. What is your main occupation? Whether you earn or don't earn an income from it

7. On average, how much money do you earn in a month from all you jobs?

Shs

8. What is the combined income of all household members including yours?

Shs

9. Is this your first TB episode? ☐ Yes ☐ No

10. When did you receive your current TB diagnosis?

Please check the TB card

/ / 2 0

Day Month Year

11. Where was your current TB diagnosed?

01 = Private clinic
02= Private Hospital
03 = KCCA /Govt clinic
04= Gov't Hospital
88= Other,specify

12. What method was used to diagnose your TB

- ☐ Sputum smear ☐ Chest X-ray
☐ GeneXpert ☐ Sputum culture

13. If smear was done, what was the result?

- ☐ Smear negative ☐ smear +++
☐ Smear + ☐ Smear scanty
☐ Smear ++
☐ N/A

14. When you first noticed your cough, did you contact anyone for advise? ☐ Yes ☐ No ☐ N/A

15. Who did you contact first for advise when you noticed that you had cough?

- ☐ Parent/sibling/relative ☐ Health provider at clinic
☐ Friend ☐ N/A
☐ Work mate ☐ Other,Specify
☐ Freind (health worker)

16. After noticing cough or other symptoms what prompted you to take the first step to seek help?

- ☐ No relief from meds ☐ Uncertain
☐ Frequent coughing ☐ Other,Specify
☐ chest pain associated with cough ☐ N/A
☐ Coughed up blood

17. For how long did you have your cough, before you received this TB diagnosis? diagnosis someone for advise or

Days Weeks Months

18. For how long did you have these symptoms before you first sought advice from any person who is not a health provider about what to do?

Days Weeks Months

Int Initials:
Rev Initials:
DMO Initials:
CD Initials:

Comp Date: / / 2 0
Rev Date: / / 2 0
DMO Date: / / 2 0
CD Date: / / 2 0
Day Month Year



19. For how long did you have your cough or other symptoms before first sought treatment from a health provider or facility?

Days Weeks Months

20. Did you receive any medicines for treatment of your cough?

☐ Yes ☐ No

21. If YES, how many times did you receive the medicines for your cough?

22. List the sources of the medicines you received for your cough

☐ Drug store/pharmacy

☐ Traditional healer

☐ Mobile van/Vendor

☐ Private clinic

☐ Hospital

☐ Other (Specify)

23. What prompted you to get health advice at the specific place where you received your TB diagnosis?

☐ No relief from medicine

☐ Persistent/worsening symptoms

☐ Other, Specify

☐ heard TB message on TV/radio

☐ Coughed up blood

☐ Referred by health provider at clinic

☐ referred by non health provider

Assessment of severity of cough

24. How would you rate the overall severity of your cough in the first two weeks after the onset?

☐ Mild cough

☐ Moderate cough

☐ Severe cough

25. How would you rate the overall severity of your cough before the TB diagnosis?

☐ Mild cough

☐ Moderate cough

☐ Severe cough

26. How would you rate the overall severity of your cough in the seven days preceding your TB diagnosis?

☐ Mild cough

☐ Moderate cough

☐ Severe cough

28. Would you say your cough disrupted your daytime activities?

☐ Yes

☐ No

28. Would you say your cough disrupted your night time sleep?

☐ Yes

☐ No

29. Would you say your cough bothered you most at night or during day?

☐ Day

☐ Night

30. On the days when you coughed, how often did you cough?

☐ Rarely, Once a day

☐ Often (Many times but not every hour)

☐ Not so often (coughs occasionally)

☐ Almost all the time

31. How often did you cough in a week?

☐ Less than one day ☐ I dont recall

☐ 1-3 days/week

☐ 4-6 days/week

☐ Every day

32. Prior to the diagnosis of your TB, when you coughed did you cough up sputum?

☐ Yes

☐ No

33. Prior to the diagnosis of your TB, when you coughed did you see blood in your sputum?

☐ Yes

☐ No

☐ N/A

34. Prior to diagnosis of your TB, did your cough make you feel short of breath?

☐ Yes

☐ No

35. Prior to diagnosis of your TB, was your cough associated with chest pain?

☐ Yes

☐ No

Knowledge Assessment

36. Please, tell me some of the symptoms of TB that you knew about before receiving your diagnosis? **[Do not prompt respondents]** Mark all that apply

☐ Chronic cough

☐ Bone/Joint pain

☐ Weight loss

☐ Night sweats

☐ Loss of appetite

☐ Fever

☐ Chest pain

☐ coughing up blood

☐ Malaise

☐ None

37. Which symptoms below did you experience?

☐ Night Sweats

☐ Malaise

☐ Loss of Appetite

☐ Bone/Joint pains

☐ Weight Loss

☐ Coughing blood

☐ Chest Pain

☐ Cough for more than 2 weeks

☐ Fever

☐ N/A



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38. Which symptoms above apart from cough concerned you? Check all that apply.

- | | |
|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Night Sweats | <input type="checkbox"/> Malaise |
| <input type="checkbox"/> Loss of Appetite | <input type="checkbox"/> Bone/Joint pains |
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Coughing blood |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Fever | |

39. Did you seek any healthcare for any of the symptoms above? ☐ Yes ☐ No ☐ N/A

40. If YES which symptoms? Code 01 if present, 02 absent

- | | |
|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Night Sweats | <input type="checkbox"/> Malaise |
| <input type="checkbox"/> Loss of Appetite | <input type="checkbox"/> Bone/Joint pains |
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Coughing blood |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Fever | |

41. Which symptoms prompted you to seek evaluation for TB? Code 01 for Yes and 02 for No

- | | |
|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Night Sweats | <input type="checkbox"/> Malaise |
| <input type="checkbox"/> Loss of Appetite | <input type="checkbox"/> Bone/Joint pains |
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Coughing up blood |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Fever | |

42. Did you think you had TB before you were diagnosed?

- ☐ Yes ☐ No

43. Did someone else, such as a family member or friend, express concern about your illness before your TB diagnosis was made? ☐ Yes ☐ No

HIV Status and Comorbidities

44. What is your HIV status?

- ☐ Positive ☐ Negative ☐ Don't Know

45. Are you currently taking antiretroviral therapy?

- ☐ Yes ☐ No ☐ N/A

46. Have you ever been diagnosed with any of the following medical conditions(s)?

01 = Yes
02 = No
77 = Uncertain
88 = Other

Diabetes:

Cancer

Kidney disease:

Liver disease:

Asthma:

Others(specify):

47. What is your current smoking status?

- ☐ Never smoked
☐ Current smoker
☐ Former smoker

48. For current smokers and past smokers, ask How long have you /did you smoke?

Days Weeks Months

49. Do you drink alcohol? ☐ Yes ☐ No

50. If YES, for how long have you been drinking alcohol?

Days Weeks Months



DIAGNOSTIC PATHWAY FORM_ENGLISH

Part B

Date of Interview / / 20
Day Month YearSTUDY ID#

51. **Preamble to be read by Interviewer:** Now, think back about when you first noticed your symptoms of TB. We are interested in knowing the people you talked to about your symptoms and the places you may have sought care after you started feeling ill. Please tell me about what you did, who you confided in about your illness, or where you went to seek help before you had the final diagnosis of TB. **Remember**, this could be a family member, relative, friend, co-worker or any health provider or facility. I also want to know if you talked to the same person or visited the same place for help more than once. [Interviewer: Be sure to document separately each time a person or place is mentioned by the patient even if they are the same]

Now to begin, please tell me the first person/place you approached when your symptoms began. Remember, this may be a family member or friend. [Collect and Record].....Good, can you tell me the NEXT person or place after that? [Collect & Record] **[Continue]** with this line of questioning, with appropriate prompting and explanation, until patient indicates the place of diagnosis].

Contacts	Contact Person or Place	Contact Code	Lab code	Household member	Time btn contact	Unit for Time
Contact 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> 0
Contact 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>
Contact 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>
Contact 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>
Contact 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>
Contact 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>
Contact 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>
Contact 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>
Contact 9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>
Contact10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>
Contact11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>
Contact 12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>
Contact 13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>
Contact 14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>
Contact15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>
Contact 16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>
Contact 17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	---	<input type="text"/>

USE THE CODES BELOW TO COMPLETE TABLE ABOVE

Code for contact person or places visited QN: *What person or place did you contact or visit for help/ treatment?*01 = Herbal healer 02 = Drug store 03 = Gov't hospital 04 = Private hospital 05= Private clinic 06 = Gov't Heath center
07= Village health worker 08 = Spouse 09 = Parent 10= Brother/sister 11=Other relative 12=Co-worker 13 = Friend 14=Child
15= Neighbor 88=Other 99=Not applicable**Code for Household Member** QN: *Does the person listed live in the same household as the patient?*

01=Yes 02= No 99= Not applicable

Units for Time: QN: *What time elapsed between the contacts..... [Refer to person or place listed above]*

01 = Days 02 = Weeks 03 = Months 77=Uncertain

Code for Lab existence QN: *Does this place have any Laboratory*

01=Yes 02= No 99= Not applicable 77=Uncertain



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52. When you contacted or visited {Name of place/ person} How much money did you spend on Travel, Phone calls, Laboratory tests, medications Food, Care giver.

	Facility/Person	Travel	Phone Calls	Lab Test/ CXR	Medication	Food	Caregiver
Cont. 1							
Cont. 2							
Cont. 3							
Cont. 4							
Cont. 5							
Cont. 6							
Cont. 7							
Cont. 8							
Cont. 9							
Cont. 10							
Cont. 11							
Cont. 12							
Cont. 13							
Cont. 14							
Cont. 15							
Cont. 16							
Cont. 17							

Explain briefly any unusual events in seeking care, costs or travels/movements as reported by the patient. For example if cost was incurred by someone else who is not the patient. This will help to provide additional information for data analysis and interpretation.

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53. Before diagnosis, did you buy any supplements to your diet because of the TB illness, for example vitamins, meat, energy drinks, soft drinks or fruits?

☐ Yes ☐ No

54. If "YES", what kind of item was it?

Fruit			
Drinks			
Vitamins/herbs			
Meat			
Other Specify			

55. How much in total did you spend on these items (s)

Shs

56. On average, how much did you spend on your health when seeking care before your TB diagnosis?

Shs

57. Before you were diagnosed with TB, did you ever miss days of school/work/housework because of TB

☐ Yes ☐ No

58. How many days did you miss work/school/housework due to your TB prior to your diagnosis

Days

59. Did anyone stay home specifically to take care of you because you were sick?

☐ Yes ☐ No

60. How many fewer hours per day did you work?

61. Before you were diagnosed, were you hospitalised for TB illness?

☐ Yes ☐ No

62. How long did you stay in hospital?

Days

63. How much in total did you pay for your hospital stay

Shs

Costs associated with TB illness

64. On average how much did you spend per month on your own healthcare BEFORE the onset of TB symptoms

Shs

65. On average how much did you spend per month on your own healthcare after the onset of cough and other

Shs

66. On average how much do you spend on your own healthcare NOW after your TB diagnosis?.

Shs

67. We know that TB treatment is free, so since you got your TB diagnosis what did you spend your money for?

- ☐ Other medicines e.g Pyridoxine
☐ Transport to the clinic for medication
☐ Buying a drink/eating while at the clinic
☐ Supplementing nutritious foods at home
☐ other [Specify]
☐ N/A

68. Did you quit job or change jobs or quit school because of your TB illness?

- ☐ No ☐ YES-Changed school
☐ YES- Quit school ☐ N/A
☐ YES-Quit job ☐ other [Specify]
☐ YES-Changed job

69. Did you lose any daily income/earnings during this episode of illness?

☐ Yes ☐ No ☐ N/A

70. How much money would you say you lost per day before diagnosis?

Shs

Ask patient to explain how income was lost?

Dissavings associated with TB illness Prior to Diagnosis

71. Did you borrow any money to cover costs due to illness? [This includes costs for travel, phonecalls, medicines food, etc] ☐ Yes ☐ No

72. How much money did you borrow?

Shs

73. From whom did you borrow?

- ☐ Family member
☐ neighbors/friends/workmates
☐ Bank
☐ Private money lender
☐ other [specify]
☐ N/A

74. How much money total are you expected to pay or have you paid back for the amount you borrowed?

Shs

75. When are you supposed to pay back this borrowed money? Code 00 in all boxes if not expected to pay?

Days Weeks Months

76. Did your spouse/relative in your household borrow money to finance costs due to your current TB illness?

☐ Yes ☐ No

77. How much did your spouse/relative in your household borrow to pay for costs due to your current TB illness? Code 000000 in didnot borrow

Shs

78. Have you sold any of your property to finance the costs of TB illness ☐ Yes ☐ No

79. If YES what did you sell?

- ☐ Land
☐ Livestock/Chickens
☐ Farm produce
☐ Household item
☐ Other [Specify]
☐ N/A

80. What is the estimated market value of the property you sold? Code 0000000 if no property sold

Shs

81. List all items sold and the amount earned in Ug shs

ITEM	COST (UgShs)						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

82. Did any of your children below the age of 18 years work to finance costs due to your current TB illness?

☐ Yes ☐ No

83. Did any of your children below the age of 18 years miss school to take care of you or accompany you to seek care during your current TB illness?

☐ Yes ☐ No

84. Olina essimu eyomungalo ? ☐ Yes ☐ No (END HERE)

85. Oba "YE" Kikka kya ssimu ki kyolina?

- ☐ Smart/Touch phone
☐ Non touch phone
☐ Both
☐ N/A

86. Omaze banga ki ne ssimu eyo?

Days Weeks Months Yrs

87. Mbulira enamba zessimu sokozezezza okumala emyezi esatu egiyise nga wagiwandisa mumanya go.

Line one

Line two

88. Did patient consent for Cellphone research?

☐ Yes
☐ No