1. **Start time.**
2. **Date.**

**BLOCK 1: Interviewers/Interviewee details**

1. **Hospital, Clinic:**

* BJGMC & SGH
* DY-PMC

1. **Initials of Interviewer**

**BLOCK 2: Health Seeking Behavior and Related Costs**

1. **Over the last few weeks, did you seek care elsewhere for your symptoms before your TB diagnosis at this clinic? Symptoms of TB include cough for 2 weeks or more, night sweats, fever, and some weight loss?**

* Yes
* No

1. **Where did you seek care?**

* Public primary health care facility
* Public hospital
* NGO/charitable health center or hospital
* Private clinic or hospital
* Pharmacy / Medical shop
* Traditional healers
* Don’t know.
* No response
* Other, Specify

1. **For the “Question 6 (1-10)” where did you spend money?**

**Definition:** For the selected care(s) in Q6, the type of expense the participant had during the visit.

* Drugs
* Consulting fee
* Test
* Transportation
* Food
* Other, Specify

1. **Sector-wise Information**

**Definition:**  The information is collected on following questions for **all the type of care** the participant responded in Question 6.

* How much did you spend on Drugs?
* How much did you spend on Consulting fee?
* How much did you spend on Tests?
* How much did you spend on Transportation?
* How much did you spend on Food?
* How much did you spend on other needs?

1. **Why have you chosen this Convenient location/distance from home or work clinic?**

* Convenient location/distance from home or work
* Convenient hours for health facility (does not
* overlap with work)
* Affordable
* Trust the medical workers
* Like the attitude of the medical workers
* Other, Specify

1. **How many times have you visited this clinic since you were tested for TB? Include the visit when you first got tested and today's visit?**
2. **What was your primary way of travelling to the clinic today? (The mode of transport which covered the maximum distance)?**

* Walking
* Cycle rickshaw
* Auto rickshaw
* Bus
* Taxi
* Motorbike Car
* Bicycle

1. **How much time did it take you to travel to the clinic today, from the time you left your home (or other location of departure) to the time you arrived at the clinic entrance?**
2. **How much total time do you expect to spend at the clinic today, from the time you arrived at the clinic entrance to the time you expect to leave?**
3. **How much do you expect to spend on transportation today?**

(Include total costs to and from the clinic. Enter 0 if no costs incurred. Include costs for yourself and anyone accompanying you))

1. **How much extra money do you expect to spend on food today?**

(This is the additional money they would not have spent if they were not at the clinic today. Enter 0 if no costs incurred. Include costs for yourself and anyone accompanying you?)

1. **Did you incur any other expenses?**

* Yes
* No

1. **If Q16 is “Yes”, What expenses did you have?**

* Test related to TB.
* X-ray or other screening
* Medicines
* Nutritional supplement
* Day care related costs
* Other, Specify

1. **How much did you pay for Test related to TB?**
2. **How much did you pay for Xray or other screening?**
3. **How much did you pay for Medicines?**
4. **How much did you pay for Nutritional Supplement?**
5. **How much did you pay for Day care related costs?**
6. **How much did you pay for Other?**
7. **If you would not have come to the clinic, would you have been working for pay, or to produce goods (for example crops) for sale?**

* Yes
* No

1. **If yes, how much money would you estimate you would have made had you been working?**

**BLOCK 3: Costs Related to substance use.**

1. **Over the past month, how much have you spent on alcohol? (Include costs related to patient's personal consumption only) (In Rupees)**
2. **Over the past month, how much money did you spend on cigarettes/beedi, paan masala, chewy tobacco, and other intoxicants? (In Rupees)**
3. **Comments**
4. **End time of data entry**