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

**BLOCK 1: Interviewers/Interviewee details**

1. **Hospital, Clinic:**

* BJGMC & SGH
* DY-PMC

1. **Initials of Interviewer**

**Block 2: Cost related to substance use.**

1. **Over the past month, how much have you spent on alcohol?**
2. **Over the past month, how much money did you spend on cigarettes/beedi, paan masala, chewy tobacco, and other intoxicants?**

**Block 3: Cumulative TB related OOP cost**

1. **Does the patient have HIV coinfection?**

* Yes
* No

1. **Since your diagnosis for TB, how many visits have you made to the clinic? Please include today's visit.**
2. **If you were not diagnosed with TB, how frequently would you visit your clinic for ART related care? (For HIV cohort)**
   * Once a month
   * Once in two months
   * Once in three months
   * Once in four months
   * Once in 6 months
   * Other, Specify
3. **Were any of the visits for seeking care on any side effects such as symptoms like anorexia, nausea, vomiting, abdominal pain, chills, dark-colored urine, rash, shortness of breath yellowing of the skin, or any other?**

* Yes
* No

1. **How many of the visits were specifically to seek care for side effects?**
2. **Did you seek care anywhere else, other than the clinic, to address the side effects?**

* Yes
* No

1. **Where did you seek care for side effects?**

* Public primary health care facility
* Public hospital
* NGO/charitable health center or hospital
* Private clinic or hospital
* Pharmacy / Medical shop
* Traditional healers
* Other, Specify

1. **How much did you spend at “Question 13 (1-7)” to seek care for your side effects?**

**Definition**: For the selected care(s) in Q13, the expense which participant had during the visit.

1. **How much do you typically spend on transport in a day when you seek care for TB at the clinic?**
2. **How much do you typically spend on transport in a day when you seek ART care at the clinic?**
3. **How much do you typically spend on food in a day when you seek care for TB at the clinic?**

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

1. **How much do you typically spend on food in a day when you seek ART care at the clinic?**

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

1. **Did you incur any other expenses related to TB since the time you were diagnosed with TB in the last 2 months?**

* Yes
* No

1. **If yes, where did you incur these expenses?**
   * Test related to TB
   * X-ray or other screening
   * Medicines
   * Nutritional supplement
   * Day care related costs
   * Hospitalization costs
   * Other, Specify
2. **How much did you spend on “Question 20 (1-7)” cumulatively over the last 2 months?**

**Definition**: For the selected expense(s) in Q20, the expense which participant had during the visit over the last 2 months?

1. **If you would not have come to the clinic since your TB diagnosis, would you have been working for pay, or to produce goods (for example crops) for sale (Only for HIV and TB).**
   * + Yes
     + No
2. **If yes, please provide an estimate of how much you would have made if you would be working?**
3. **Thinking of your ART care visits in the last 2 months, if you would not have made the visit, would you have been working for pay, or to produce goods (for example crops) for sale?**

* Yes
* No

1. **If yes, please provide an estimate of how much you would have made if you would be working?**

**BLOCK 4: Cumulative HIV Related OOP Costs**

1. **If you were not diagnosed with TB, how frequently would you visit your clinic for ART related care?** 
   * Once a month
   * Once in two months
   * Once in three months
   * Once in four months
   * Once in 6 months
   * Other, Specify
2. **How much do you typically spend on transport in a day when you seek ART care at the clinic?**
3. **How much do you typically spend on food in a day when you seek ART care at the clinic?**
4. **If other, specify**
5. **Thinking of your ART care visits in the last 2 months, if you would not have made the visit, would you have been working for pay, or to produce goods (for example crops) for sale?**

* Yes
* No

1. **If yes, please provide an estimate of how much you would have made if you would be working?**

**Block 5 : Coping cost and lost of income**

1. **Did you borrow any money to cover costs due to the TB illness in the last 2 months?**

* Yes
* No

1. **If yes, how much?**
2. **From whom did you borrow the money?**

**Type of Question:** Multiple Choice Answers.

* Family
* Neighbours
* friends
* Private bank
* Cooperative
* Others, Specify

1. **What is the per year interest rate on the loan?**

* \_\_ %
* No interest charged.
* I do not have to pay back the money.

1. **Have you sold any of your property to finance the cost of the TB illness?**

* Yes
* No

1. **If yes, what did you sell?**

* Land
* Livestock
* Transport/vehicle
* Household item
* Farm produce
* Others, Specify

1. **What is the estimated market value of the property you sold?**
2. **How much did you earn from the sale of your property?**
3. **If you are working to earn money, did you have to take any breaks or were you forced to leave your job because of your illness?**

* Yes
* No

1. **How many days of wages did you lose because of your illness?**
2. **Did a member of your family, who are working for pay, have to take breaks from their work in order to take care of you during your illness?**

* Yes
* No

1. **What is their monthly income (INR)?**
2. **How many days of wages did they lose as a result?**
3. **Comments, if any**
4. **End time of data entry**