***Part I. Patient information to be obtained from TB treatment card before interview***

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| **Question** | | | **Answer categories** *(circle appropriate number or fill answer on the answer line)* | | ***Action for interviewer***  *The questions in part 1 are not part of the interview and should be pre-filled before the interview* | ***Variable name***  ***(This column does not require translation nor adaptation)*** |
| 1. Date of Interview | | | (Day/month/year)……/……/……… | |  | *Date\_interv* |
| 1. Name of Province | | | …………………………….. | | *Provin\_interv* |
| 1. Name of District | | | …………………………….. | | *Distr\_interv* |
| 1. Place of interview (facility name) | | | …………………………….. | | *Facilt\_interv* |
| 1. Interviewer Name | | | ……………………………. | | *Facil\_name\_interv* |
| 1. Category of treating facility | | | 1. Public primary health care facility  2. Public hospital  3. NGO/charitable health center or hospital  4. Private clinic or hospital  5. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | *The "treating facility" is the place where the patient's treatment card is kept* | *Facility* |
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| 1. Name of the patient | | |  |  | *Patient* |
| 1. Sex | | | 1. Male 2. Female | *Circle appropriate number or fill answer on the answer line* | *Sex* |
| 1. Age of patient: | | | \_\_\_\_years |  | *Age* |
| 1. Date of first bacteriological TB test | | | (Day/month/year) ……/……/………  not done or unknown |  | *Date\_test* |
| 1. Bacteriological TB test used | | | 1. Smear microscopy: not done, done-positive, done negative  2. Culture: not done, done-positive, done negative  3. Molecular test (such as Xpert MTB/RIF): not done, done-positive, done negative |  | *Bc\_ss*  *Bc\_c*  *Bc\_xpert* |
| 1. Date of diagnosis | | | (Day/month/year) ……/……/……… |  | *Date\_diagn* |
| 1. Place of diagnosis | | | 1. Public primary health care facility  2. Public hospital  3. NGO/charitable health center or hospital  4. Private clinic or hospital  5. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | *Place\_diagn* |
| 1. Type of TB | | | 1. Pulmonary, bacteriologically confirmed  2. Pulmonary, bacteriologically unconfirmed  3. Extra-pulmonary |  | *tb-type* |
| 1. Drug susceptibility test done (with result)? | | | 1. Yes  2. No/unknown | *The answer "yes" means the patient has submitted a sample for either a rapid test such as GeneXpert, LPA or for culture/DST, or both. If no, skip to question 18* | *dst* |
| 1. If yes, with what test | | | 1. Gene Xpert MTB/Rif: yes/no/unknown  2. LPA: yes/no/unknown  2. Culture with DST: yes/no/unknown  4. Other: yes/no/unknown | *Circle the result, several answers are possible.* | *dst\_xpert*  *dst\_lpa*  *dst\_cu*  *dst\_oth* |
| 1. If yes, drug susceptible results | | | 1. Rif-resistant  2. MDR-TB  3. Non Rif-resistant/MDR, DR-TB  4. Non Rif-resistant/MDR, DS-TB  5. Unknown | *Provide the answers for each test. Possible options are shown here.* | *dst\_rr*  *dst\_mdr*  *dst\_nrr\_dr*  *dst\_nrr\_ds*  *dst\_unk* |
| 1. On MDR-TB treatment | | | 1. Yes  2. No |  | *mdr* |
| 1. Treatment regimen prescribed | | | 1. 2HRZE/4HR  2. Other first line regimen:\_\_\_\_\_\_\_\_\_\_\_  3. Second line standardised regimen:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Second line individualized regimen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | *regimen*  *regimen\_other*  *regimen\_sld*  *regimen\_sld\_ind* |
| 1. Total duration of planned treatment from start | | | \_\_\_\_\_\_\_\_\_\_\_\_months |  | *Duration\_tt* |
| 1. Treatment registration group | | | Not MDR  1. 1st line, new  2. 1st line, relapse  3. 1st line, re-treatment after loss to follow-up  4. 1st line, re-treatment after failure  MDR  5. MDR, new (initial MDR)  6. MDR, relapse  7. MDR, re-treatment after loss to follow-up  8. MDR, re-treatment after failure of first treatment with 1st-line drugs  9. MDR, re-treatment after failure of retreatment regimen with 1st-line drugs  10. Other, specify: ……………………… | *If “Other” (answer 10), exclude from the study* | *register* |
| 1. Start date of current TB treatment | | | (Day/month/year) ……/……/……… |  | *Start\_dstb* |
| 1. The patient is currently in intensive or continuation treatment phase? | | | 1. Intensive phase, \_\_\_weeks of phase completed  2. Continuation phase, \_\_\_weeks of phase completed | *If patient has completed less than 2 weeks of the current treatment phase, exclude, or postpone interview. Interview takes place after a minimum 2 weeks have been completed.*  *Intensive phase for MDR-TB regimens is the initial treatment period which includes an injectable drug (usually 4 to 8 months).* | *Phase* |
| 1. Type of treatment support/supervision; DOT or self-administered treatment? | | | 1. DOT in both the intensive and the continuation phase  2. DOT in intensive phase and self-administered treatment in the continuation phase  3. Self-administered treatment in both the intensive and the continuation phase  4.Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. Not known | * *As indicated in the treatment card, or as per the policy in the treating facility if not written on treatment card. The patient will be asked about DOT or self-administered treatment later in the interview.* * *If self-administered treatment in both the intensive and the continuation phase, skip to question 26* | *Drug\_admin* |
| 1. If DOT, who is the current DOT provider/supporter? | | | 1. Health facility  2. Community health worker/volunteer  3. Workplace  4. Family member  5. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *As indicated in the treatment card. The patient will be asked about DOT supported later in the interview.* | *Drug\_admin\_type* |
| 1. HIV status   (as indicated on treatment card) | | | 1. positive  2. negative  3. not tested  4. unknown | *As indicated in the treatment card.* | *Hivstatus* |
| 1. If hospitalized at the time of interview, when is the planned date for discharge? | | (Day/month/year) ……/……/………  Not known | | *If ambulatory treatment has not yet started, questions in Part V referring to ambulatory care costs cannot be answered. For such a person, the cost of ambulatory treatment will be extrapolated from other patients’ data.* | *Discharged* |
| 1. Currency used in interview: | | ……….. | | *report type of currency, e.g. USD* | *Currency* |

***Part II. Informed consent***

Introduction to the patient:

My name is (name). The organization I am working for, (name of organization), is interested in the costs that people face when they are treated for TB as well as the costs faced while seeking health care before the diagnosis of TB.

The information that you choose to share will be used for research purposes. It will be shared with other researchers for further analysis and published, but all your personal information will first be deleted in order to ensure full confidentiality.

It is important for you to understand that your participation in this study is completely voluntary. We would be really grateful if you would agree to participate in this study, but do feel free to decline. If you decline, there will be no consequence for you and you will receive all the care and treatment you need at the health facility as usual. If you decline to participate you will not lose any benefit that you are entitled to such as receiving care and support that is provided at the clinic.

If you decide to participate, I would like to stress that you will not receive any reimbursements for the expenses that you report on in this interview.

If you choose to participate in this study, you may still withdraw from the study at any stage without giving any explanation for your withdrawal. Your answers will be kept confidential. At some point I will ask you about your personal income (revenue) and the income of your household. We will NOT provide this information to any tax or welfare authorities, even after the study has been completed.

In charge of this study is the Principal Investigator: (name, address, email). The outcome of this study will be disseminated in an open source journal and you may request a copy from the principal investigator.

**This survey will take approximately 60-90 minutes.**

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| **Question** | **Answer categories** *(circle appropriate number or fill answer on the answer line)* | | | ***Action for interviewer*** | ***Variable name*** |
| **Do you have any questions?** |  | |  | *Answer patient’s questions* | Add\_qu |
| 1. **Do you want to participate?** | Yes  No, because: | 1. Language not good enough  2. Time constraint  3. Not comfortable  4. Other, specify: ………………………… | | *Yes 🡪 Thank you! Go to interview*  ***No 🡪 End the interview here having filled part I from patient card***  ***This form should be signed by the child under 18 and guardian.*** | quest  nquest |

**Patient signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(A duplicate of this signed questionnaire should be offered to the patient)**

**Inclusion or exclusion**

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| **Question** | **Answer categories** *(circle appropriate number or fill answer on the answer line)* | ***Action for interviewer*** | ***Variable name and data entry boxes*** |
| 1. Decision about inclusion or exclusion | 1. Included  2. Excluded | *If included, skip to question 32* | *Incl* |
| 1. If excluded, reason for exclusion | 1. No informed consent  2. Treatment registration group is “other” (answer 10 in question 20) | *After completing this question, the survey is completed for this patient excluded from the survey.* | *Incl\_y* |
| 1. Interviewee identity | 1. Patient  2. Guardian  3. Other (please name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | *Interviewee* |

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| **Checklist for which parts of the questionnaire to fill for different treatment categories** | | | | | |  |
| **Answer to question 20** | **Answer to question 22** | **Treatment category and treatment phase at time of interview** | **Questionnaire part III**  **(tick when filled)** | **Questionnaire part IV**  **(tick when filled)** | **Questionnaire part V**  **(tick when filled)** | **Super-visor check** |
|  |  | **Not MDR** | | | |  |
| 1 | 1 | First line, new case, interviewed in the intensive treatment phase | *Do not fill* | *Filled □* | *Filled □* |  |
| 1 | 2 | First line, new case, interviewed in the continuation treatment phase | *Do not fill* | *Do not fill* | *Filled □* |  |
| 2-4 | 1 or 2 | First line, relapse or retreatment | *Filled □* | *Do not fill* | *Filled □* |  |
|  | | | | | |  |
|  |  | **MDR** | | | |  |
| 5 | 1 | MDR, new case, , interviewed in the intensive treatment phase | *Do not fill* | *Filled □* | *Filled □* |  |
| 5 | 2 | MDR, new case, interviewed in the continuation treatment phase | *Do not fill* | *Do not fill* | *Filled □* |  |
| 6-9 | 1 or 2 | MDR, relapse or re-treatment | *Filled □* | *Do not fill* | *Filled □* |  |

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| ***Part III. Overview of TB treatments before current treatment (for re-treatment cases only)***  ***This part is to be filled if patient is on first line re-treatment and MDR re-treatment cases only! If new case (MDR or non-MDR treatment): skip to section IV.*** | | | |
| 1. How many times have you been treated for TB before the current treatment, including completed as well as non-completed treatments? | \_\_\_\_\_times | *For each treatment, fill details below.* | Pretrt |
| ***First treatment*** |  |  |  |
| 1. Which year were you treated for ***the first time*** for TB? | \_\_\_\_ |  | Pretrt\_1 |
| 1. Where were you treated? | 1. Public primary health care facility  2. Public hospital  3. NGO/charitable health center or hospital  4. Private clinic or hospital  5. Other | *Let’s say that someone had TB when they were 22 years old, then were cured, then got TB again when they were 40 years old. Here we are asking about treatments around the age of 40, not the treatment when s/he was 22 years old.* | Pretrt\_1\_facil |
| 1. Was it first line or MDR-TB treatment? | 1. First line TB treatment  2. MDR-TB treatment  3. Unknown | Explain to patient that “First line means standard treatment for non-MDR TB in your country” | Pretrt\_1\_type |
| 1. How many months of treatment did you complete: | \_\_ months |  | Pretrt\_1\_nmths |
| 1. Were you hospitalized during this treatment? If yes, for how long in total? | 1. Yes, for \_\_days  2. No |  | Pretrt\_1\_hosp |
| ***Second treatment*** |  |  |  |
| 1. Which year were you treated for ***the second time*** for TB? | \_\_\_\_ |  | Pretrt\_2 |
| 1. Where were you treated? | 1. Public facility  2. Private facility |  | Pretrt\_2\_facil |
| 1. Was it first line or MDR-TB treatment? | 1. First line TB treatment  2. MDR-TB treatment  3. Unknown | Explain to patient that “First line means standard treatment for non-MDR TB in your country” | Pretrt\_2\_type |
| 1. How many months of treatment did you complete: | \_\_ months |  | Pretrt\_2\_nmths |
| 1. Were you hospitalized during this treatment? If yes, for how long in total? | 1. Yes, for \_\_days 2. No |  | Pretrt\_2\_hosp |
| ***Third treatment*** |  |  |  |
| 1. Which year were you treated for ***the third time*** for TB? | \_\_\_\_ |  | Pretrt\_3 |
| 1. Where were you treated? | 1. Public facility  2. Private facility |  | Pretrt\_3\_facil |
| 1. Was it first line or MDR-TB treatment? | 1. First line TB treatment  2. MDR-TB treatment  3. Unknown | Explain to patient that “First line means standard treatment for non-MDR TB in your country” | Pretrt\_3\_type |
| 1. How many months of treatment did you complete: | \_\_ months |  | Pretrt\_3\_nmths |
| 1. Were you hospitalized during this treatment? If yes, for how long in total? | 1. Yes, for \_\_days 2. No |  | Pretrt\_3\_hosp |

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| ***Part IV - Costs before the current TB treatment (filled for new cases in intensive phase only)***   * ***New cases in intensive phase, non-MDR TB treatment, as well as those on MDR-TB treatment.*** * ***For retreatment case or new case interviewed in the continuation phase: skip to Part V*** |

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| **O*ut-of-pocket expenditure, reimbursements and time loss before and during TB diagnosis (before start of TB treatment)*** | | | |
| **Question** | **Answer categories** *(check all that apply or fill answer on the answer line)* | ***Instructions and actions for interviewer*** | ***Variable names/codes*** |
| 1. For this episode of TB, when did you first experience symptoms of TB of this TB episode? | Weeks before treatment started:\_\_\_\_\_\_\_\_ | *First construct a timeline of events, either starting with the first TB symptom, or start with time of TB diagnosis and work backwards. Use the locally adapted calendar with main seasonal events that the patient can relate to and use as a reference point for timing. To help the patient remember when the illness started, you can ask which TB symptom was first experienced, after having probed for cough, weight loss, chest pain, night sweats. If there is a problem defining the difference between TB symptoms and other health problems, ask which symptom led the patient to seek care, then ask when that symptom first occurred or became worse and started to worry the patient.* | *sympt* |
| 1. Before your TB treatment started at this facility, from which of the following types of facilities did you seek care or advice for symptoms of the current illness (including hospitalizations; several facility types can be mentioned)? How many weeks before starting TB treatment in the current facility did you visit each of these providers? | 1st visit, provider type □ Weeks before treatment started:\_\_\_  2nd visit, provider type □ Weeks before treatment started:\_\_\_  3rd visit, provider type □ Weeks before treatment started:\_\_\_  4th visit, provider type □ Weeks before treatment started:\_\_\_  5th visit, provider type □ Weeks before treatment started:\_\_\_  6th visit, provider type □ Weeks before treatment started:\_\_\_  7th visit, provider type □ Weeks before treatment started:\_\_\_  8th visit, provider type □ Weeks before treatment started:\_\_\_  9th visit, provider type □ Weeks before treatment started:\_\_\_ | *Enter in chronological order, using one of these provider categories for each visit, and entering how many weeks before TB treatment start each visit was. Also report on table below.*  1. Dispensary  2. Health centre  3. Public hospital  4. Pharmacy / Drugstore  5. Herbalist / traditional practitioners  6. Private clinic  7. Private hospital  7. Community Health Worker  8. Other facility:…………….……….. | *Firstvisit*  *Secondvisit*  *Etc…*  *Firstvisweeks*  *Secvisweek*  *Etc* |
| 1. How much money and time did you spend for each of these visits before you were diagnosed with TB, including the visit when you actually received your diagnosis? | * See table below, and ask for each item * Fill one line per visit * For all that don’t apply, mark/select NA * If there were payments for an item, but the patient cannot remember the amount, mark NR * Add more rows if more visits were made before diagnosis of TB!   Explanation of table headings:  Visits: Includes outpatient visits as well as hospitalizations. Should be filled in chronological order, 1st visit=visit 1.  Type of provider: fill in provider type according to categories in question 50 where patient sought treatment or advice.  Travel time: Hours or days spent to travel to and from facility  Time spent for visit: Fill in hours for outpatient visits and days for hospitalizations  Day charge: Fees for hospital days. Only for hospitalizations, and only to be filled if not covered by the cost items below (consultation fee, radiography etc.)  Consultation fee: Other charges, not covered under day charge, including direct payment to health care staff  Radiography and other imaging: out-of-pocket payments for imaging investigation (x-rays, CT-scan, ultrasound), TB-specific and other  Lab test fees: out-of-pocket payments for all tests, TB specific and others  Other procedures: out-of-pocket payments for biopsy, bronchial lavage etc. but not surgery unrelated to TB  Medicine fees: Any medicine (TB or other) prescribed before TB was diagnosed under NTP  Other, including nutritional supplements: any other treatments, such as nutritional supplements medically indicated  Travel: out-of-pocket payments for travel to the facility (does not include income loss), for both patient and any household member.  Food: out-of-pocket payments for additional food bought in relation to travelling the health care visit, and during visit or hospitalization, for both patient and any household member  Other, including accommodation: includes out-of-pocket payments related to renting a room/bed during health care visits, and any other non-medical payments related to health care visit, for both patient and any household member  **Health insurance reimbursement**:amount reimbursed to patient through medical insurance (private or social security) so far, does not include expected future reimbursement  **Out-of-pocket payments (gross):** Direct payment made to health-care providers by individuals at the time of service use, i.e. excluding prepayment for health services – for example in the form of taxes or specific insurance premiums or contributions. It is calculated as the sum of direct medical (A) and direct non-medical (B) costs. If patient cannot remember the details of costs above, ask for the total out-of-pocket payments of the visit, hospitalization.  Out-of-pocket payment (net): medical and non-medical out-of-pocket payments minus reimbursements. These net payments: should be calculated by supervisor after the interview. Not to be calculated during the interview. | | |

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|  |  |  | | Medical out-of-pocket payments,  (Total per visit)  (A) | | | | | | | | Non-medical out-of-pocket payments,  (Total per visit)  (B) | | | | Out-of-pocket payments (A+B)  (Gross) | (C) | Out-of-pocket payments per stay  (A+B-C)  (Net) |
| Visit | Type of provider (see list) | Travel time Days: Hours: | Time spent for visit  Days: Hours: | Day charges (for hospitali-zations only)  A1 | Consul-tation fee  A2 | Radio-graphy and other imaging  A3 | Lab tests  A4 | Other proce-dure  A5 | Medi-cines  A6 | Other, incl nutria-tional supple-ments  A7 | Medical payments, total  ΣA1-7 | Travel  B1 | Food during health care visit or hospital stay  B2 | Other, including accommo-dation  B3 | Non-medical out-of-pocket payments (Total)  ΣB1-3 | Total out-of-pocket payments  (ΣA1-7) + (ΣB1-3) | Health insurance reimbursement |  |
| 1st |  | D: H: | D: H: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2nd |  | D: H: | D: H: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3rd |  | D: H: | D: H: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4th |  | D: H: | D: H: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5th |  | D: H: | D: H: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6th |  | D: H: | D: H: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7th |  | D: H: | D: H: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8th |  | D: H: | D: H: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9th |  | D: H: | D: H: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10th |  | D: H: | D: H: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Total time spent | ΣD: ΣH: | ΣD: ΣH: |
| Medical out-of-pocket payment, total | | | | ΣA |
| Non-medical out-of-pocket payment, total | | | | | | ΣB |
| Gross out-of-pocket payment, total | | | | | | | ΣA+B |
| Reimbursements, total | | | | | | | | ΣC |
| Net out-of-pocket payment (A)+(B)-(C), total | | | | | | | | |  |

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| ***Part V. Cost during current TB/MDR-TB treatment (to be filled for all patients)***  ***For patients in continuation phase ask for hospitalization and visits in the continuation phase only.*** | | | |
| **Question** | **Answer categories** *(check all that apply or fill answer on the answer line)* | ***Instructions and actions for interviewer*** | ***Variable name/code*** |
| 1. Are you currently hospitalized? | 1. Yes 2. No |  | Hosp |
| 1. Have you been previously hospitalized during your current TB treatment phase and because of TB?If yes, how many times? | 1. Yes\_\_\_\_\_Times 2. No | 1. *Concerns only hospitalization during the current treatment phase: For patients in continuation phase, ask only for hospitalization in this phase.* 2. *Does not include hospitalization before the current TB treatment started:*     * *For new cases, hospitalizations prior to TB treatment started should be filled in part IV.*    * *For retreatment cases, hospitalization during previous treatments should be filled in part III.* | Hosp\_prev |
| 1. About how much money and time did you spend for each of these hospitalizations? | * See table below, and ask for each item. Fill one line per visit. * For all that don’t apply, mark/select NA * If there were payments for an item, but the patient cannot remember the amount, mark NR   Explanation of table headings:  Type of hospital: fill in provider type according to categories in question 6  Number of days hospitalized: includes outpatient visits as well as hospitalizations. Should be filled in chronological order  Day charges: total fees for hospital days for whole hospitalization in total. Only to be filled if not covered by the cost items below)  Consultation fee: other charges, not covered under day charge, including direct payment to health care staff  Radiography and other imaging: any imaging investigation (x-rays, CT-scan, ultrasound), TB-specific and other  Lab test fees: includes all tests, TB specific and others, including cost of transporting samples, if paid by patient  Other procedures: includes biopsy, bronchial lavage, etc. but not surgery unrelated to TB  Medicine to treat TB: fees for TB medicines only, bought inside or outside hospital  Other medicines, including nutritional supplements: any other medicine, including nutritional supplements  Out-of-pocket payments (gross): It is the sum of out-of-pocket medical and non-medical. If patient cannot remember the details of payments above, or has a hospital bill for all costs combined, ask for the total out-of-pocket payment for the hospitalization.  Out-of-pocket payment (net): sum of medical and non-medical out-of-pocket payments minus reimbursements. These net payments: should be calculated by supervisor after the interview. Not to be calculated during the interview.  Travel: out-of-pocket payment for travel to the facility (does not include income loss), for both patient and any household member.  Food: out-of-pocket payment for food bought in relation to travelling to and during the hospitalization, patient and household member.  Other, including accommodation: payments related to renting a room/bed during health care visits, and any other non-medical expenses for patient and household member.  **Health insurance reimbursement:**amount reimbursed to patient so far, does not include expected future reimbursement | | |

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|  |  |  | | Medical out-of-pocket payments,  (Total per stay)  (A) | | | | | | | | Non-medical out-of-pocket payments,  (Total per stay)  (B) | | | | Out-of-pocket payments per stay (A+B)  (Gross) | (C) | Out-of-pocket payments per stay (A+B-C)  (Net) |
| Hospitalization | Type of hospital (see list) | Number of days hospitalised | Travel time | Day charges  (total for stay)  A1 | Consultation fee (total for stay)  A2 | Radiography and other imaging (total for stay)  A3 | Lab tests including cost of transporting samples (total for stay)  A4 | Other procedures, including surgery, biopsy, etc  A5 | Medicines to treat TB  (total for stay)  A6 | Other medicines, including nutritional supplements (total for stay)  A7 | Medical payment(Total)  ΣA1-7 | Travel  (total for stay)  B1 | Food  (total for stay)  B2 | Other (payment for linen, soap, other services & administrative)  (total for stay)  B3 | Non-medical out-of-pocket payments (Total)  ΣB1-3 | Total out-of-pocket payments | Health insurance Reimbursement |  |
| 1st |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2nd |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3rd |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4th |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5th |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6th |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Total hospital days  (for income loss) | Σ |
| Medical out-of-pocket payments, total | | | Σ A |
| Non-medical out-of-pocket payment, total | | | | | ΣB |  |
| Gross out-of-pocket payment | | | | | | Σ(A+B) |
| Reimbursement, total | | | | | | | ΣC |
| Net out-of-pocket payment (ΣA)+( ΣB)-( ΣC), toptal | | | | | | | | Σ(A+B-C) |

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| ***Costs for DOT and food costs during ambulatory care*** | | | |
| **Question** | **Answer categories** *(check all that apply or fill answer on the answer line)* | ***Action for interviewer*** | ***Variable name*** |
| 1. On a daily basis, do you currently take your medicines yourself without supervision or support (self-administered) or do you have a treatment supervisor or supporter (DOT)? | 1. Self-administered 2. DOT | * *DOT (Directly observed treatment) visit is for the supervision of daily intake of medicines, i.e, what is done every day. These questions are not referring to less frequent trips to pick up drugs (e.g., weekly), which are explored from question 61 onwards.* * *This question concerns the treatment phase the patient is currently in* * *If patient is interviewed in the intensive phase and on DOT skip to question 56* * *If patient is interviewed in the intensive phase and on self-administered treatment skip to question 61* * *Responses to be validated against treatment card* | Saf  Dot |
| 1. If you are now in the continuation phase, did you take your medicines in the intensive phase yourself without supervision or support (self-administered) or did you have a treatment supervisor or supporter (DOT)? | 1. Self-administered  2. DOT  3. Patient is now in the intensive phase | *If patient is interviewed in the continuation phase and has been on self-administered treatment both now and in the intensive treatment, skip to question 61*  *Responses to be validated against treatment card* | Saf\_int  Dot\_int |
| 1. If DOT, who is the DOT provider/supporter? | 1. Health facility  2. Community health worker/volunteer  3. Workplace  4. Family member  5. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Validated against question 25 in the treatment card* | *Drug\_admin\_type\_bis* |
| 1. If DOT, how long did the last DOT visit take, including travel time and waiting time (total turnaround time)? | ….. minutes |  | *Travel\_dur\_dot* |
| 1. What was the cost of transport (return) for the last DOT visit, including parking costs, in total for you and any accompanying household member? |  |  | *C\_travel\_dot* |
| 1. How much did you spend on food and drinks for the last DOT visit (on the road, while waiting, lunch etc.), in total for you and any accompanying household member? |  |  | *C\_food\_dot* |
| ***Costs of picking up drugs and food costs during ambulatory care*** | | | |
| 1. Do you or a household member pick up TB drugs (for self-administered treatment or to bring to your DOT supervisor/supporter)? | 1. Yes. 2. No | *This does not concern DOT visits, which should recorded in questions 57-60, but should filled if patient or other household member picks up drugs for either bringing to DOT provider or for self-administered treatment.*  *If patient is on DOT and patient or household member is* ***not*** *picking up drugs to bring to DOT provider then the answer is no.*  *If no, skip to question 69* | *4drug* |
| 1. If yes, how often do you or a household member pick up TB drugs in the current treatment phase? | Every week  Every 2 weeks  Every month  Other\_\_\_\_\_\_\_\_\_\_\_\_ |  | *4drug\_n* |
| 1. Was there a fee paid to the DOT provider? | 1. Yes  If yes, amount:\_\_\_\_\_\_\_\_\_\_\_\_  2. No |  | *C\_4drug* |
| 1. Where do you or your household member pick up your TB drugs? | 1. Dispensary  2. Health centre  3. Public hospital  4. Pharmacy / Drugstore  5. Herbalist / traditional practitioners  6. Private clinic  7. Private hospital  7. Community Health Worker  8. Other facility A:…………….………..  9. Other facility B:…………….……….. | *If the patient has visited different places, tick the most recent one.* | *Drug\_srce* |
| 1. What accommodation cost did you and any accompanying household member have when you last picked up drugs? |  |  | C\_Lodge\_4drug |
| 1. How long did the last visit to pick up drugs take, including travel time and waiting time (total turnaround time)? | ….. minutes |  | *visit\_dur\_4drug* |
| 1. What was the cost of transport (return) last time you picked up drugs, including parking costs, in total for you and any accompanying household member? |  |  | C\_travel\_4drug |
| 1. How much did you spend on food and drinks last time you picked up drugs (on the road, while waiting, lunch etc.), in total for you and any accompanying household member? |  |  | C\_food\_4drug |

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| ***Cost during outpatient visits for medical follow-up (see the doctor or nurse, have tests)*** | | | |
| **Question** | **Answer categories** *(check all that apply or fill answer on the answer line)* | ***Action for interviewer*** | ***Variable name*** |
| 1. How many TB-related medical follow-up visits have you had so far during this treatment phase (to see the doctor or nurse, have follow- up tests, etc.)? | \_\_\_\_times | *This concerns clinical check-up, follow up, and additional visits due to side effects or other TB related issues. It does not include DOT visits or visits to pick up drugs.*  *For patients in the continuation phase, ask only how many visits since the start of the intensive phase.* | fu |
| 1. How long did the last follow-up medical outpatient visit take, including travel time and waiting time (total turnaround time)? | ….. minutes |  | *Travel\_dur\_fu* |
| 1. What was the cost of transport (return) at the last follow-up medical outpatient visit, including parking, in total for you and any accompanying household member? |  | *Cost related to the latest visit. If the interview takes place at the end of such a visit use the costs for the present visit* | C\_travel\_fu |
| 1. What accommodation cost did you have for the last visit, in total, for you and any accompanying household member? |  | *Cost related to the latest visit. If the interview takes place at the end of such a visit use the costs for the present visit* | C\_lodge\_fu |
| 1. What fees did you pay during your last follow-up medical outpatient visit for registration/consultation? | Registration/consultation fee……… | *Cost related to the latest visit. If the interview takes place at the end of such a visit use the costs for the present visit* | C\_visit\_Reg |
| 1. What fees did you pay during your last follow-up medical outpatient visit for radiography and other imaging? |  | *See table qu. 54 for explanations* | C\_visit\_xray |
| 1. What fees did you pay during your last follow-up medical outpatient visit for tests, TB tests and others? | Fees for tests……… | *Cost related to the latest visit. If the interview takes place at the end of such a visit use the costs for the present visit* | C\_visit\_Test |
| 1. What fees did you pay during your last follow-up medical outpatient visit for other procedures? |  | *Cost related to the latest visit. If the interview takes place at the end of such a visit use the costs for the present visit* | C\_visit\_nTBtest |
| 1. What fees did you pay at your last follow-up medical outpatient visit for TB medicines, including prescriptions for medicines bought outside the facility? | Drug fees ………. | *Cost related to the latest visit. If the interview takes place at the end of such a visit use the costs for the present visit* | C\_visit\_Drug |
| 1. What fees did you pay during your last follow-up medical outpatient visit for other medicines, including nutritional supplements? |  | *Cost related to the latest visit. If the interview takes place at the end of such a visit use the costs for the present visit* | C\_visit\_nTBdrugs |
| 1. What other fees not listed in the previous questions did you pay during your last follow-up medical outpatient visit? | Other fees…………. | *Cost related to the latest visit. If the interview takes place at the end of such a visit use the costs for the present visit and provide local examples* | C\_visit\_Other |

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| ***Costs for nutritional/food supplements*** | | | | | |
| 1. Do you buy any nutritional supplements outside your regular diet because of the TB illness, for example vitamins, meat, energy drinks, or fruits as recommended by health care staff? | 1. Yes 2. No | | | *If no, skip to question 82* | *Food\_diet* |
| 1. If yes, how much did you spend on nutritional supplements in the past week approximately? |  | | |  | *C\_food\_diet* |
| ***Time loss for guardians***   * ***Not to be filled if the patient is under 15 years – for children, all questions concerning costs, time spent, income, and income loss in sections IV and V concern cost for the guardian.*** * ***Note: out-of-pocket costs of transport, food, accommodation for guardian should be included in questions on Part V (tables).*** | | | | | |
| **Question** | | **Answer categories** | ***Action for interviewer*** | | ***Variable name*** |
| 1. Did somebody in your household accompany you for your last: 2. DOT visit 3. Visit to pick up drugs (or picked up drugs for you) 4. Medical follow up visits 5. Hospitalization | | 1. Yes 2. No  1. Yes 2. No  1. Yes 2. No  1. Yes 2. No | *Several responses possible*  *Time loss to be calculated with previous responses by patient* | | guard |
| 1. If yes, did that person lose an income during that time? | | 1. Yes 2. No | *If several responses in question 82, ask about the latest visit when a household member accompanied* | | Yloss\_guard |

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| ***Health insurance scheme*** | | | |
| **Question** | **Answer categories** *(check all that apply or fill answer on the answer line)* | ***Action for interviewer*** | ***Variable name*** |
| 1. Do you have any of the following health insurance types? | 1. reimbursement scheme  2. medical allowance  3. donor  4. family/community fund  5. Private health insurance  6. Other (specify) | *To be adapted to locally available schemed* | ins1  ins2  ins3  ins4  ins5  ins6 |

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| ***Social position*** | | | |
| **Question** | **Answer categories** *(circle the most appropriate or fill answer on the answer line)* | ***Action for interviewer***  *If patient is under 15 years old, these questions concern the guardian* | **Variable name** |
| 1. What education level did you complete? | 1. Not yet started school  2. Not attended school  3. primary school  4. secondary school  5. University  6. graduate school  7. Other  Or, total years of schooling: \_\_\_\_\_\_\_ | *Convert to the number of \_\_\_\_\_\_\_\_years*  *If patient is under 15 years, this question is for the guardian.* | Edu  Edu\_other |
| 1. What education level did the head of the household/primary income earner in the household complete? | 1. Not yet started school  2. Not attended school  3. primary school  4. secondary school  5. graduate school  6. University  7. Other  Or, total years of schooling: \_\_\_\_\_\_\_ | *Convert to the number of \_\_\_\_\_\_\_\_years*  *If patient is under 15 years, this question is for the guardian.* | Edu\_main  Edu\_main\_oth |
| 1. What is your main occupation? | 1. School student 2. Technician 3. Service 4. Factory worker 5. Farmer 6. Government employee 7. Teacher 8. Retiree 9. Homemaker 10. Unemployed 11. 11. Other (specify) | *If patient is under 15 years, this question is for the guardian.*  *This section will be adapted to the local occupation definitions (ref. Statistical dpt/Household survey categories)* | Empl\_type  Empl\_oth |
| 1. What was your primary employment, or normal work, or normal other main activity before you contracted TB? | 0. Unemployed  1. Formal paid work  2. Informal paid work  4. Retired  5. Student  6. Housework  7. Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_ | *If patient is under 15 years, this question is for the guardian.*  *This refers to the time before TB symptoms developed. Name all options first* | Empl\_form\_prev  Empl\_oth\_prev  Automatic check: Empl\_\*\_oth vs Empl\_\* |
| **Constructing a socio-economic status index with household asset questions.** Questions for this section are used to **estimate an income range for the indirect cost** calculations as well as a measure of **household expenditures and income** for the denominator of the catastrophic cost measure. Reported income (questions 91 to 95) is the least preferred measure in countries with large informal economy so adapting correctly the questions here is key to estimating household income or expenditures.  *The PI should design these questions using validated asset scores from the latest socio-economic or demographic and health survey in the country. The appropriate choice of questions is essential. The scoring per patient will be obtained relative that of other patients. The mapping to the quintiles/centiles that can be assigned to the household is based on the asset scores. Answers from the asset questions will be used to produce a “poverty score” for each respondent through component analysis. This statistical procedure weights these questions by their ability to separate individuals into wealth groups.*  *Below are questions that have proved useful predictors of income distribution in (the latest) Cambodia’s Household Survey 2010. Principal component analysis was used to assign households to a household income quintile. They appear merely as an example here. Please turn to the PI (and statistician) for adaptation of this section.* | | | |
| 1. What is your usual main source of drinking water? | 1. Piped or Bottled 2. Well 3. Other | *Other includes all sources that are not from a piped source, bottle, or well. This includes natural spring, borehole, rainwater, etc.* | *water\_source* |
| 1. What kind of toilet facilities do you have? | 1. Flush toilet 2. Other |  | *flush\_toilet* |
| 1. Does your household have? | Electricity 1. Yes 2. No  Television 1. Yes 2. No  Motorcycle 1. Yes 2. No  Wardrobe 1. Yes 2. No  CD/DVD player 1. Yes 2. No |  | *electricity*  *television*  *motorcycle*  *wardrobe*  *cd\_dvd* |

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| ***Income (reported) before contracting TB***  *In countries with large informal economies, answers to these questions should be examined critically and compared to the* ***estimated income*** *based on asset scores (precedent questions)* | | | | | | |
| 1. Were you the person who earned the highest income in your household before you contracted TB? | 1. Yes 2. No | | *If patient is under 15 years, this question is for the guardian.* | | Empl\_main | |
| 1. How were you usually paid before you contracted TB? | 1. bank transferred salary  2. cash  3. in kind  4. cash and in kind  5. not paid | | *If patient is under 15 years, this question is for the guardian.* | | Paid\_type | |
| 1. How many hours a week were you working before you contracted TB? | \_\_\_\_\_\_\_\_\_\_hours | | *If patient is under 15 years, this question is for the guardian.*  *This refers to the time before TB symptoms developed.* | | Empl\_dur\_prev | |
| 1. If you were in paid work, how much do you estimate your average net wage or average net revenue from labour related activities (labour income), per month was before you contracted TB? | 1. (net wage)  2. (net labour income) | | *If patient is under 15 years, this question is for the guardian.*  *In setting with an important informal sector you may not want to explicitly refer to taxes to make sure people are giving the right answer.*  *May be presented in income brackets if difficult for patient to specify.*  *Another alternative approach (not tested yet) –would be to ask the patient how many days he/she would need to work to be able to earn the equivalent of the national poverty line. (benchmark the 1.25$ a day per capita). The actual income will be calculated based on hours worked per week.* | | W\_pat\_pre  Inc\_pat\_pre | |
| 1. How much do you estimate the average revenue from labour (income), after tax, of your household is per month, before you contracted TB? |  | | *Refers to all persons in the household*  *In setting with an important informal sector you may not want to explicitly refer to taxes to make sure people are giving the right answer. May be presented in income brackets if difficult for patient to specify.* | | Inc\_hous\_pre  Welfare\_hous\_pre  Gov\_hous\_pre  Other\_hous\_pre | |
| ***Income changes and social consequences*** | | | | | | |
| **Question** | | **Answer categories** *(circle the most appropriate or fill answer on the answer line)* | | ***Action for interviewer***  *If patient is under 15 years old, these questions concern the guardian* | | **Variable name** |
| 1. What is your current primary employment, or normal work, or normal other main activity? | | 1. Managers 2. Professionals 3. Technicians and associate professionals 4. Clerical support workers 5. Service and sales workers 6. Skilled agricultural, forestry and fishery workers 7. Craft and related trades workers 8. Plant and machine operators, and assemblers 9. Elementary occupations 10. Armed forces | | *If patient is under 15 years, this question is for the guardian.*  *(Default classification is ISCO-08)* | | Empl  Empl\_oth |
| 1. If you are now in continuation treatment phase, what was your primary employment, or normal work, or normal other main activity in the intensive treatment phase? | | 1. Managers 2. Professionals 3. Technicians and associate professionals 4. Clerical support workers 5. Service and sales workers 6. Skilled agricultural, forestry and fishery workers 7. Craft and related trades workers 8. Plant and machine operators, and assemblers 9. Elementary occupations 10. Armed forces | | *If patient is under 15 years, this question is for the guardian.*  *This refers to the time from TB treatment started to end of intensive phase.*  *(Default classification is ISCO-08)* | | Empl\_intens |
| 1. If you were in paid work, how much do you estimate your average net wage or average net revenue from labour related activities (net labour income), per month is now? | | 1. (net wage)  2. (net labour income) | | *If patient is under 15 years, this question is for the guardian.*  *In setting with an important informal sector you may not want to explicitly refer to taxes to make sure people are giving the right answer.*  *May be presented in income brackets if difficult for patient to specify.*  *Another alternative approach (not tested yet) –would be to ask the patient how many days he/she would need to work to be able to earn the equivalent of the national poverty line. (benchmark the 1.25$ a day per capita). The actual income will be calculated based on hours worked per week.* | | W\_pat\_tb  Inc\_pat\_tb |
| 1. How much do you estimate the average revenue from labour (net labour income), after tax, of your household is per month now? | | (net labour income) | | *Refers to all persons in the household*  *May be presented in income brackets if difficult for patient to specify.* | | Inc\_hous\_tb |
| 1. How many hours per week are you working now? | | \_\_\_\_hours | | *If patient is under 15 years, this question is for the guardian.* | | Empl\_dur\_tb |
| 1. If you are now in the continuation phase, how many hours per week were you working in the intensive phase? | | \_\_\_\_hours | | *If patient is under 15 years, this question is for the guardian.*  *This refers to the time from TB treatment started to end of intensive phase.* | | Empl\_dur\_intens |
| 1. Approximately how many working days of income have you lost due to your TB illness overall? | | … working days before diagnosis of TB (but due to TB disease)  AND  … working days after TB diagnosis | | *Working days of income: e.g., if a patient was not able to work for 5 half days and lost income for these, the number of days lost is 0.5\*5=2.5. Report for total TB episode, incl. all days before and after job loss.* | | lost\_tb\_pre  lost\_tb\_now  lost\_tb\_tot |
| 1. Did you or your household receive any social welfare payment after you were diagnosed with TB? If yes, what type and amount (after tax) during the last month? | | 0. No  1. Option 1\_\_\_\_per month  2. Option 2\_\_\_\_per month  3. Option 3\_\_\_\_per month  4. Option 4\_\_\_\_per month | | *If patient is under 15 years, this question is for the guardian.*  *Categories according to the following categories*  *1. Paid sick leave*  *2. Disability grant*  *3. Cash transfer for poor families*  *4. Other cash transfer*  *In setting with an important informal sector you may not want to explicitly refer to taxes to make sure people are giving the right answer.* | | Welfare\_type\_TB |
| 1. Do you currently receive vouchers or goods in kind to cope with TB illness? If yes, what | | 1. Yes  a. Travel voucher  b. Food support  c. Other, enablers etc\_\_\_\_\_\_\_\_\_\_\_\_  2. No | | *If patient is under 15 years, this question is for the guardian.*  More than one category allowed.  *If no, skip to question 107.* | | *Cop\_kind* |
| 1. From whom do you receive the voucher/ goods | | 1. Government  2. NGO  3. Employer  4. Private donation  5. Other, specify | | *If patient is under 15 years, this question is for the guardian.*  *More than one answer allowed* | | *Cop\_kind\_srce* |
| 1. How many adult and children regularly sleep in your house? (including patient, if variable, at time of diagnosis) | | Adult #  Children # | | *This question can be excluded if it is already included in the “Household asset” set of questions adapted from the Socio-economic or Household survey of the country.* | | Hous\_membr |
| 1. How many rooms are there in the house excluding the bathroom? | | # | |  | | Hous\_room |
| 1. Besides yourself, does anyone else of your household receive treatment for TB? If Yes: How many? | | 1. Yes: \_\_\_\_\_ person(s) 2. No | | *If No, go to end question.* | | Hous\_tb |
| 1. Has the TB illness affected your social or private life in any way? | | 1. No  2. Food insecurity  3. Divorce or Separated from spouse/partner  4. Loss of Job  5. Interrupted schooling  6. Social exclusion  7. Other | | More than one category allowed. | | Social  Social\_oth |

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| ***Coping*** | | | |
| **Question** | **Answer categories** *(circle the most appropriate or fill answer on the answer line)* | ***Action for interviewer***  *If patient is under 15 years, these questions are for the guardian.* | **Variable name** |
| 1. Did you or your household use any savings (cash or bank deposits) to cover costs due to the TB illness? | 1. Yes 2.No | *If no, skip to question 113* | *S* |
| 1. If yes, how much did you use: 2. before TB treatment started? 3. In the intensive treatment phase? 4. In the continuation treatment phase? 5. In total | \_\_\_\_\_before TB treatment started  \_\_\_\_\_In the intensive phase  \_\_\_\_\_In the continuation phase  \_\_\_\_\_ | *In case the detail by treatment phase is not available, request the total.* | *S\_pre*  *S\_int*  *S\_cont*  *S\_tot* |
| 1. Did you borrow any money to cover costs due to the TB illness? | 1. Yes 2.No | *If No, go to question 119* | *loan* |
| 1. If yes, how much did you borrow: 2. before TB treatment started? 3. In the intensive treatment phase? 4. In the continuation treatment phase? | \_\_\_\_\_before TB treatment started  \_\_\_\_\_In the intensive phase  \_\_\_\_\_In the continuation phase  \_\_\_\_\_In total |  | Rcvd\_loan |
| 1. From whom did you borrow? | 1. Family  2. Neighbors/friends  3. Private bank  4. Cooperative  5. Employer  6. “Unofficial lender” (Black market)  7. Other, specify | *Multiple responses allowed. Circle all that are mentioned* | *Rcvd\_loan\_srce* |
| 1. Are you expected to pay the loan(s) back? | 1. Yes 2.No | *If no, confirm it is a donation, and skip to question 119* | *Rcvd\_donation* |
| 1. Have you started paying back the loan? If yes, when did you start? | 1. Yes, before treatment started 2. Yes, during the Intensive treatment phase 3. Yes, during the continuation 4. Phase 5. No | *If no skip to question 119* | *Loan\_back* |
| 1. What is the monthly repayment on the loan, including interest? | 1. Amount\_\_\_\_\_ per month  2. I have not started repayment or interest payment | *For informal payments, please tease out the average monthly repayment if any.* | *C\_loan* |
| 1. Have you sold any of your property to finance the cost of the TB illness? | 1. Yes 2.No | *If no, skip to question 125* | *cop* |
| 1. If yes, what did you sell? | 1. Land  2. Livestock  3. Transport/vehicle  4. Household item  5. Farm produce  6. Gold/jewelry  7. Other (specify): | *Multiple responses allowed. Circle all that are mentioned* | *Cop\_srce* |
| 1. If yes, when did you sell property? | 1. Before TB treatment started  2. In the intensive phase  3. In the continuation phase | *Multiple responses allowed. Circle all that are mentioned* | *Cop\_t* |
| 1. How much money did you receive from the sale of all items of your property? 2. before TB treatment started? 3. In the intensive treatment phase? 4. In the continuation treatment phase? | \_\_\_\_\_before TB treatment started  \_\_\_\_\_In the intensive phase  \_\_\_\_\_In the continuation phase  \_\_\_\_\_In total |  | *cop\_pre*  *cop\_int*  *cop\_cont*  *cop\_tot* |
| 1. The assets that you sold, were they previously supporting the family income (or expenditure)? If yes indicate monthly income previously generated by the assets. | 1.. Yes (amount):\_\_\_\_\_\_\_\_\_\_  2. No | *In setting with an important informal sector you may not want to explicitly refer to taxes to make sure people are giving the right answer.* | *yield* |
| 1. What is the estimated market value of all the property you sold? | Value:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | *Cop\_value* |
| 1. Did anyone in your household drop out of school or interrupt schooling to assist the household as a consequence of your TB illness? | 1. Yes, \_\_\_\_persons  2. No | *If no skip to question 127* | *dropschol* |
| 1. What were their age and sex and for how long did they drop out? | 1. Age:\_\_ Sex:\_\_ Duration:\_\_ months  2. Age:\_\_ Sex:\_\_ Duration:\_\_ months 3. Age:\_\_ Sex:\_\_ Duration:\_\_ months | *Fill one line per person who dropped out or interrupted school.* | *Dropschol\_age*  *Dropschol\_t*  *Dropschol\_sex* |
| 1. On a scale of 1 to 5, in which 1 is no impact and 5 is very serious impact, to what extent has the TB illness affected the household financially? | 1 = No impact  2 = Little impact  3 = Moderate impact  4 = Serious impact  5 = Very serious impact |  | *Ecoimpct* |

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| ***Other members of the household on treatment?*** | | | |
| **Question** | **Answer categories** *(circle the most appropriate or fill answer on the answer line)* | ***Action for interviewer***  *If patient is under 15 years, these questions are for the guardian.* | **Variable name** |
| 1. Are there any members of your household currently on treatment? | 1. Yes (number) 2.No | *If no, skip to end of questionnaire.* | *Member2* |
| 1. Category of treating facility for household member(s) | 1. Public primary health care facility  2. Public hospital  3. NGO/charitable health center or hospital  4. Private clinic or hospital  5. Other | If more than one additional household member please note separately the answers for each household member. | *Facility\_member2* |

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| **Thank you for your cooperation! Is there anything you would like to ask or say?** | | | |
|  | | | |
| **Comments by Interviewer:** | | | |
|  | | | |
| **Date** *(dd/mm/yyyy)*: | ……/……/……. | **Signature interviewer:** | …………………………………………… |