\*\*\* NOTE: This is a draft questionnaire. After experts’ review and pilot testing, the final bilingual (Tamil and English) questionnaire will be submitted to the Institutional Ethics Committee (IEC) for approval and be used for data collection.

\*\*\*(If the participant is under 18 years or individuals with cognitive impairments /psychiatric illness/ terminally ill , then the primary caregiver will answer on the participant's behalf, after obtaining informed consent)

**Section A : Socio-Demographic details**

1. NAME / INITIALS :
2. AGE :
3. GENDER :
4. ADDRESS:
5. OCCUPATION :

* Unemployed
* Salaried
* Self employed
* Daily wage / Casual
* Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. EDUCATION :

* Illiterate
* Primary
* Secondary
* Senior secondary
* Graduate and above
* Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. MONTHLY HOUSEHOLD INCOME :

* Above poverty line
* Below poverty line

1. MARITAL STATUS :

* Single
* Married
* Divorced
* Widowed

1. TYPE OF RESIDENCE :

* Urban
* Rural
* Semi-Urban
* Slum

1. COMORBIDITIES:

* Yes\*
* No

\*If YES, please specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. TB TYPE :

* Pulmonary
* Extra pulmonary
* DR - TB
* Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. USE OF ADDICTIVE SUBSTANCES :

* YES\*
* NO

\*If YES, then please specify :

* Alcohol
* Tobacco
* Cigarette/Beedi
* Recreational drugs
* Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B : Delay assessment (*If there's suspected bias in patient details, kindly verify with their medical records* )**

(**TO ASSESS PATIENT DELAY**)

1. When did you first notice your symptoms ?

Date :

(*OR*)

* Less than 1 week
* 1-2 weeks
* 3-4 weeks
* > 1 month

1. What were the nature of your symptoms ? (Tick all applicable)

* Fever
* Cough ( > 2 weeks / Blood / Sputum / None )
* Chills
* Night sweats
* Weight loss
* Weakness / Fatigue
* Loss of Appetite
* Chest pain
* Breathlessness
* Other :

1. When did you first visit any healthcare provider for these symptoms ?

Date :

(*OR*)

* Within 1 week
* 1-2 weeks
* 3-4 weeks
* > 1 month

1. Where did you first seek care ?

* Government hospital
* Private hospital
* Private clinic
* Primary health centre / Community health centre
* Pharmacy
* Home remedies / Self medication
* Homeopathy clinic
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What was the reason for the delay in seeking care (if applicable) ?\*\*

* Did not recognize symptoms as serious
* Financial constraints
* Lack of awareness about TB
* Fear of stigma related to TB
* Unavailability of healthcare services
* Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Number of healthcare visits before TB diagnosis: \_\_\_\_\_\_\_\_\_

(**TO ASSESS PROVIDER DELAY**)

1. When was your TB diagnosis confirmed ?

* Date :

1. What tests were done for your diagnosis ?

* Sputum smear
* GeneXpert
* CB NAAT
* Chest X-ray
* Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you experience any delay after diagnosis before starting treatment?

* YES\*
* NO

If YES, then state reasons,

* Waiting for reports
* financial reasons
* Lack of awareness
* No medicines
* Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was the healthcare provider aware of the severity of your symptoms at the time of diagnosis ?

* YES
* NO

1. How would you rate the healthcare provider's explanation of your condition and treatment plan ?

* Very clear
* Somewhat clear
* Not clear

1. Did you face any difficulties in accessing treatment due to healthcare provider-related reasons?

* YES\*
* NO

If YES, what were the specific challenges?

* Unavailability of healthcare provider
* Delay in diagnostic tests
* Inadequate information provided
* Lack of empathy and support
* Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**TO ASSESS TREATMENT DELAY**)

1. When did you start Anti-TB treatment?

Date :

(*OR*)

How long after diagnosis did you start Anti-TB treatment ?

* Immediately after diagnosis
* Within 1-2 days
* 1-2 weeks
* More than 2 weeks

1. What caused any delay in starting treatment? (If applicable)\*\*

* Delay in test results
* Delay in availability of medicines
* Financial reasons
* Lack of awareness of treatment urgency
* Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**GENERAL QUESTIONS**)

1. Are you satisfied with the overall treatment and care you have received for TB ?

* YES
* NO

1. Do you feel any stigma or discrimination regarding your TB diagnosis?

* YES
* NO

1. Any family history of TB ?

* YES\*
* NO

If YES, then year : \_\_\_\_\_\_\_\_\_\_\_\_\_

1. What additional support or information would have helped you seek care earlier ?

* Awareness campaigns on TB
* Financial assistance
* Emotional or psychological support
* Better healthcare access
* Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_