



35077

INDEX CASE: Clinical/Demographic Form

This questionnaire must be completed for each Index Case as the baseline visit. The purpose of this questionnaire is to evaluate the clinical characteristics and infectiousness of the Index TB case.

Index Case ID Number: **SUBJID**

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Family ID Number:

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FID

PHC ID (Refer to code sheet):

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PHCIDDate of evaluation: **IC_VISDAT**

		/			/				
Day			Month			Year			

We would like to ask you some questions about your health, including information on living conditions and health facilities. This survey will take about 15 minutes. The information you provide will be used to better understand how tuberculosis affects people. Your answers will remain anonymous. Your name will not be written on the questionnaire. At any time, if there is a question that you'd rather not answer, please let me know and we can skip that question. Some of the questions may be sensitive, but please do your best to answer honestly. At this time do you want to ask me anything about the survey? (Answer any questions and address respondent's concerns.)

May I start the interview now? (Proceed if participant agrees.)

We will begin with a few questions about your background. (If the participant is a child or otherwise unable to respond and the guardian is not present, say, "You may want your parent/guardian to come help you answer questions.").

DEMOGRAPHIC INFORMATION1. What is your marital status? **IC_MARISTAT**

- ☐ Never married
- ☐ Married/Living together
- ☐ Separate/divorced
- ☐ Widowed
- ☐ Not applicable (child)

2. What is your religion? **IC_RELIGION**

- ☐ Christian ☐ Zoroastrian (Parsi)
- ☐ Hindu ☐ Not religious
- ☐ Muslim ☐ Other, specify: **IC_RELIGIONSP**
- ☐ Sikh ☐ Refused to answer
- ☐ Jain ☐ Don't know
- ☐ Buddhist

3. What is the caste or tribe of the head of the household? **IC_CASTE**

- ☐ Scheduled caste
- ☐ Scheduled tribe
- ☐ Other backward caste
- ☐ None of them
- ☐ No caste or tribe
- ☐ Don't know

4. What is your native language? **IC_LANGUAGE**

- | | | |
|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Assamese | <input type="checkbox"/> Konkani | <input type="checkbox"/> Sindhi |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Malayalam | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> English | <input type="checkbox"/> Manipuri | <input type="checkbox"/> Telugu |
| <input type="checkbox"/> Gujrathi | <input type="checkbox"/> Marathi | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Hindi | <input type="checkbox"/> Nepali | <input type="checkbox"/> Other, specify: |
| <input type="checkbox"/> Kannada | <input type="checkbox"/> Oria | IC_LANGUAGESP |
| <input type="checkbox"/> Kashmiri | <input type="checkbox"/> Punjabi | |



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5. For how many years did your mother go to school?

 IC_MASCHOOLDU
 years (Enter 00 if mother did not go to school.)

☐ IC_MASCHOOLDK

☐ Refused to answer

☐ Don't know

6. For how many years did you go to school?

 IC_SCHOOLDU
 years (Enter 00 if subject did not go to school.)

☐ IC_SCHOOLDK

☐ Refused to answer

☐ Don't know

If the participant went to school, ask:

6a. Was this non-formal education? IC_SCHOOLINF

☐ Yes

☐ No

7. Before you became ill, were you working, unemployed, a housewife or a student? IC_JOB

☐ Employed

☐ Student

☐ Housewife

☐ Unemployed

☐ Other, specify: IC_JOBSP

8. On average, before you were sick, what was the combined monthly income for all people in your household? IC_HHINCOME

☐ < Rs 3000

☐ Rs 3000-5000

☐ Rs 5001-10000

☐ > Rs 10000

☐ Refused to answer

☐ Don't know

9. How many wage earners are there in this house? IC_HHEARNER

 wage earners
TUBERCULOSIS SOURCE EVALUATION

I am going to ask you questions about your household.
 By household, I mean others who eat from the same pot.

10. How long have you been living in your current household? IC_HOMETIME

 years

11. How many people live in this household? IC_HHMEMNUM

 members

12. Over the last 3 months, how many hours per day do you spend at your household on average? IC_HOMEHOUR

If this can't be recalled, go through the day with them.

☐ Less than 6 hours per day

☐ Between 6-12 hours per day

☐ Between 13-18 hours per day

☐ Over 18 hours per day

☐ Don't know

13. Has anyone else in your household been diagnosed with tuberculosis? IC_HHTBDX

☐ Yes (Go to 13a)

☐ No

☐ Don't Know

13a. If YES, was this person told he/she had tuberculosis before or after you were diagnosed with tuberculosis?

☐ Before IC_HHTBTIME

☐ After

☐ Don't Know



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TUBERCULOSIS KNOWLEDGE

The next questions ask about your knowledge and opinions on tuberculosis disease

14. How does tuberculosis spread from one person to another? IC_TBSPREAD

(Multiple Responses Possible) (Read options aloud)

- ☐ Through the air when coughing or sneezing Cough
- ☐ Through sharing utensils Utensils
- ☐ Through sharing clothes/bed sheets/towels Clothes
- ☐ Through smoking bidis/cigarettes/tobacco Cigarettes
- ☐ Through touching a person with tuberculosis Touch
- ☐ Through food Food
- ☐ Through sexual contact SexContact
- ☐ Through mosquito bites Mosquito
- ☐ Don't know TBKNOWLINK
- ☐ Other TBKNOWOTHER

15. Can tuberculosis be cured? IC_TBCURE

- ☐ Yes
- ☐ No
- ☐ Don't know

RISK BEHAVIOURS

Now I am going to ask you some questions about your use of alcoholic beverages during this past year.

Use the alcohol Beverage Card to show the different types and sizes of drinks.

16a. How often do you have a drink containing alcohol? IC_ALCFRQ

- ☐ Never (skip to question 17) 0
- ☐ Monthly or less 1
- ☐ 2 to 4 times a month 2
- ☐ 2 to 3 times a week 3
- ☐ 4 or more times a week 4

16b. How many drinks containing alcohol do you have on a typical day when you are drinking? IC_ALCDOSTX

- ☐ 1 or 2 0
- ☐ 3 or 4 1
- ☐ 5 or 6 2
- ☐ 7, 8 or 9 3
- ☐ 10 or more 4

16c. How often do you have six or more drinks on one occasion? IC_ALCUSE

- ☐ Never 0
- ☐ Less than monthly 1
- ☐ Monthly 2
- ☐ Weekly 3
- ☐ Daily or almost daily 4

Now I will ask you a few questions about your smoking habits.

17. Have you ever smoked tobacco? IC_SMOKHX

- ☐ Yes, current smoker (Go to 18)
- ☐ Yes, former smoker (Go to 18)
- ☐ No (Skip to 19)



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18. Which of the following have you ever smoked regularly: IC_SMKTYP

<input type="checkbox"/> Beedis, hand-rolled cigarettes, or manufactured unfiltered cigarettes BIDIYN	→ If checked ask the following questions:	How long have you smoked these? IC_BIDIDURY	<input type="text"/> <input type="text"/> years	OR	<input type="text"/> <input type="text"/> months IC_BIDIDURM
	Over the time that you've smoked, around how many did you smoke per day? IC_BIDIPAST	<input type="text"/> <input type="text"/>			
	On average, how many do you currently smoke per day? Enter 00 if not a current smoker IC_BIDICURR	<input type="text"/> <input type="text"/>			
	If you are not currently smoking these days, how long has it been since you quit? IC_BIDIQUITY	<input type="text"/> <input type="text"/> years	OR	<input type="text"/> <input type="text"/> months IC_BIDIQUITM	
<input type="checkbox"/> Manufactured filtered cigarettes CIGYN	→ If checked ask the following questions:	How long have you smoked these? IC_CIGDURY	<input type="text"/> <input type="text"/> years	OR	<input type="text"/> <input type="text"/> months IC_CIGDURM
	Over the time that you've smoked, around how many did you smoke per day? IC_CIGPAST	<input type="text"/> <input type="text"/>			
	On average, how many do you currently smoke per day? Enter 00 if not a current smoker IC_CIGCURR	<input type="text"/> <input type="text"/>			
	If you are not currently smoking these days, how long has it been since you quit? IC_CIGQUITY	<input type="text"/> <input type="text"/> years	OR	<input type="text"/> <input type="text"/> months IC_CIGQUITM	
<input type="checkbox"/> Cigars, cheeroots, or cigarillos CGRYN	→ If checked ask the following questions:	How long have you smoked these? IC_CGRDURY	<input type="text"/> <input type="text"/> years	OR	<input type="text"/> <input type="text"/> months IC_CGRDURM
	Over the time that you've smoked, around how many did you smoke per day? IC_CGRPAST	<input type="text"/> <input type="text"/>			
	On average, how many do you currently smoke per day? Enter 00 if not a current smoker IC_CGRCURR	<input type="text"/> <input type="text"/>			
	If you are not currently smoking these days, how long has it been since you quit? IC_CGRQUITY	<input type="text"/> <input type="text"/> years	OR	<input type="text"/> <input type="text"/> months IC_CGRQUITM	
<input type="checkbox"/> Hookah HOOYN	→ If checked ask the following questions:	How long have you smoked these? IC_HOODURY	<input type="text"/> <input type="text"/> years	OR	<input type="text"/> <input type="text"/> months IC_HOODURM
	When you smoked these, around how long did you smoke per day? IC_HOOPASTH	<input type="text"/> <input type="text"/> hours	OR	<input type="text"/> <input type="text"/> minutes IC_HOOPASTM	
	On average, how much time do you currently spend smoking per day? Enter 00 if not a current smoker IC_HOOCURRH	<input type="text"/> <input type="text"/> hours	OR	<input type="text"/> <input type="text"/> minutes IC_HOOCURRM	
	If you are not currently smoking these days, how long has it been since you quit? IC_HOOQUITY	<input type="text"/> <input type="text"/> years	OR	<input type="text"/> <input type="text"/> months IC_HOOQUITM	
<input type="checkbox"/> Other, specify: IC_SMOSP OSMOYN	→ If checked ask the following questions:	How long have you smoked these? IC_SMODURY	<input type="text"/> <input type="text"/> years	OR	<input type="text"/> <input type="text"/> months IC_SMODURM
	Over the time that you've smoked, around how many did you smoke per day? IC_SMOPAST	<input type="text"/> <input type="text"/>			
	On average, how many do you currently smoke per day? Enter 00 if not a current smoker IC_SMOCURR	<input type="text"/> <input type="text"/>			
	If you are not currently smoking these days, how long has it been since you quit? IC_SMOQUITY	<input type="text"/> <input type="text"/> years	OR	<input type="text"/> <input type="text"/> months IC_SMOQUITM	



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CLINICAL EVALUATION

I will now ask you some questions about your past health and how you are feeling. (If the participant is a child, the parent or guardian may respond.)

19. Have you ever been diagnosed with or been told you have the following: (Read aloud) IC_MEDHX

- ☐ Chronic obstructive pulmonary disease (COPD)
- ☐ Cancer
- ☐ Partial or complete removal of your stomach
- ☐ Hepatitis (infection of the liver) or yellowing of the eyes or skin
- ☐ Chronic kidney failure requiring hemodialysis
- ☐ Silicosis

HIV

20. Have you been tested for HIV in the past 6 months? IC_HIVTEST

- ☐ Yes (Go to 20a) → 20a. Where were you last tested?
IC_HIVLOC
- ☐ No
- ☐ Don't know

DIABETES MELLITUS

21. Have you ever been diagnosed with Diabetes Mellitus? IC_DMDX

- ☐ Yes (Go to 21a-b) →
- ☐ No
- ☐ Don't know

21a. In what year were you diagnosed?

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IC_DMDXY

21b. How have you managed your diabetes this past month? IC_DMTX

- ☐ Insulin injections
- ☐ Oral medication
- ☐ Other injectable medications
- ☐ Dietary changes only
- ☐ Unknown
- ☐ Other (specify): IC_DMTXSP

22. When you first became sick this time, where did you seek healthcare? IC_CLINIC

- ☐ Private allopathic clinic ☐ Medical college hospital
- ☐ Municipal corporation hospital ☐ Government hospital
- ☐ Non-allopathic clinic ☐ Medicine shop
- ☐ Other, specify: IC_CLINICSP



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23. Have you had any of the following signs/symptoms within the past 4 weeks?

IC_COUGH Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	IC_COUGHDUR Duration: <input type="text"/> <input type="text"/> weeks	<input type="checkbox"/> Unknown IC_COUGHUNK	<i>If duration unknown, ask: Has your cough lasted: IC_COUGHCAT</i> <input type="checkbox"/> 0-14 days 1 <input type="checkbox"/> 15-28 days 2 <input type="checkbox"/> > 28 days 3
IC_COUGHBLD Coughing up blood?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
IC_FEVER Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	IC_FEVERDUR Duration: <input type="text"/> <input type="text"/> weeks	<input type="checkbox"/> Unknown IC_FEVERUNK	
IC_NIGHTSWT Night sweats	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	IC_NIGHTSWTDUR Duration: <input type="text"/> <input type="text"/> weeks	<input type="checkbox"/> Unknown IC_NIGHTSWTUNK	
IC_WTLOSS Unexpected weight loss	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	IC_WTLOSSDUR Duration: <input type="text"/> <input type="text"/> months	<input type="checkbox"/> Unknown IC_WTLOSSRUNK	
		IC_WTLOSSAMT Weight loss: <input type="text"/> <input type="text"/> kg	<input type="checkbox"/> Unknown IC_WTLOSSAMTUNK	
IC_FAILTHR Loss of appetite if adult or failure to gain weight if a child	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
IC_CHSTPAIN Chest pain, especially with coughing or taking a deep breath	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
IC_FATIGUE Fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

24. Karnofsky Score: Please refer to card for Karnofsky scale.

 % **IC_KARN**25. Do you have any prescriptions from the doctor or pill bottles you are currently taking medication from? **IC_STEROIDS**

Ask to see the participant's perscriptions and/or pill bottles if they have any.
Check the names of any medications you see on the list below:

- | | |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Wysolone | <input type="checkbox"/> Hisone |
| <input type="checkbox"/> Omnocortil | <input type="checkbox"/> Dexona |
| <input type="checkbox"/> Solumendrol | <input type="checkbox"/> Decdak |
| <input type="checkbox"/> Betnesol | <input type="checkbox"/> Decmax |
| <input type="checkbox"/> Betnelam | <input type="checkbox"/> Fluricot |

