

Quality of Tuberculosis Services Assessment

in Uganda

Tools

May 2020



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ABBREVIATIONS

AFB	acid-fast bacilli
ART	antiretroviral therapy
CHEW	community health extension worker
CPT	co-trimoxazole preventive therapy
DAT	digital adherence technology
DOT	directly observed treatment
DR-TB	drug-resistant tuberculosis
DS-TB	drug-susceptible tuberculosis
DST	drug susceptibility testing
DTLS	district TB and leprosy supervisor
ENT	ear, nose and throat
ECG	electrocardiogram
FDC	fixed-dose combination
FM	fluorescence microscope
HC	health center
ICF	intensified case finding
INH	isoniazid
IRIS	immune reconstitution inflammatory syndrome
JSI	John Snow, Inc.
LAM	lipoarabinomannan
LED	light-emitting diode
LPA	line probe assay
LTFU	lost to follow-up
MCH	maternal and child health
MDR-TB	multidrug-resistant tuberculosis
MGIT	mycobacterial growth indicator tube
MTB	mycobacterium tuberculosis
NGO	nongovernmental organization
NTLP	National Tuberculosis and Leprosy Programme
OPD	outpatient department

PBC	primary biliary cirrhosis
PLHIV	people living with HIV
QA	quality assurance
QC	quality control
QTSA	Quality of TB Services Assessment
RIF	rifampicin
SOP	standard operating procedure
TB	tuberculosis
TPT	tuberculosis preventive therapy
TST	tuberculin skin test
USAID	United States Agency for International Development
VHT	village health teams

INTRODUCTION

The Quality of Tuberculosis Services Assessment (QTSA) is conducted with the support of four tools: the Facility Audit, the Provider Interview, the Patient Interview, and the Register Review. MEASURE Evaluation—a project funded by the United States Agency for International Development (USAID)—developed these four tools with the assistance of colleagues at USAID.

The tools exist in a generic format that is adaptable to any country wishing to conduct a QTSA. For instance, some countries may have different names for their health administrative units (e.g., district, province, ward, or woreda) or the name of their TB registers (e.g., TB patient logbook or TB confirmed cases register). They are customized to fit the country priorities and context in which they will be used.

The generic QTSA tools are available at the following link:

<https://www.measureevaluation.org/resources/publications/tl-19-41/>

For Uganda, we added to the Provider Interview three custom modules on stigma and discrimination, pediatric TB, and contact investigation, and to the Patient Interview we added two custom modules on stigma and discrimination and contact investigation. Furthermore, we also developed a qualitative tool called the Focus Group Discussion Guide to supplement the quantitative data collection on the topic of TB stigma and discrimination.

This document presents only the QTSA tools adapted for use in Uganda. It provides detailed information about the structure and content of the tools. More information on the QTSA purpose, methods, or results can be found in the individual QTSA reports. Uganda's QTSA report is available at the following link: <https://www.measureevaluation.org/resources/publications/tr-20-398>. The report on qualitative findings is available at the following link: <https://www.measureevaluation.org/resources/publications/tr-20-417/>

QTSA documents for other countries are available here:

<https://www.measureevaluation.org/ourwork/tuberculosis/quality-of-tb-services-assessments>

UGANDA QUALITY OF TB SERVICES ASSESSMENT: FACILITY AUDIT

Before the site visit to the facility, ensure that the staff members that are best able to answer the questions are available. Some of the staff that may be required include manager or in charge for clinical services, TB designated staff, pharmacist, laboratory scientist, etc.

Start of Facility Visit					
		(a) Visit Date [dd/mm/yyyy]	(b) Interview Start Time [Use the 24-hour clock system, e.g., 14:30]	(c) Interviewer ID	(d) Interviewer Name
001	Visit 1	__/__/____	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>Hours Minutes</div>	<div> <div></div> <div></div> </div>	_____
002	Visit 2 (if needed)	__/__/____	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>Hours Minutes</div>	<div> <div></div> <div></div> </div>	_____

Facility Identification			
010	Region	Central 1 Central 2 East Central Mid Eastern Mid Northern Mid Western South Western West Nile	01 02 03 04 05 06 07 08
011	District	_____	<div> <div></div> <div></div> </div>
012	County	_____	
013	Subcounty	_____	
014	Parish	_____	
015	Village	_____	
016	Facility	_____	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
017	Location	_____	

Facility Structure				
	[OBSERVE THE FACILITY OR WHERE TB SERVICES ARE DELIVERED AND INDICATE WHETHER THERE ARE SIGNS (E.G., TB CLINIC, TB WARD, TB CARE SIGNAGE ANYWHERE IN THE FACILITY, CHEST CLINIC, ISOLATION WARD, OUTPATIENT DEPARTMENT, ETC.) ANNOUNCING AVAILABILITY OF TB SERVICES AT EACH OF THE FOLLOWING LOCATIONS. IF THE FACILITY-IN-CHARGE OFFERS, ACCEPT TO DO A TOUR OF THE FACILITY AND ASK TO BE INTRODUCED TO THE KEY RESPONDENTS FOR THE ASSESSMENT. NOTICE SIGNS AND SERVICE PROVISION LABELS AROUND THE FACILITY.]	Yes	No	DK
020	Outside the building	1	0	88
021	Inside the building	1	0	88
022	On the door of the TB unit or TB service area (including outdoor tent)	1	0	88

The staff member who is best able to answer the questions in the following section is the in-charge for clinical services.

1. Facility Characteristics			
1.0	Role/responsibility of the respondent(s) for this section. [DO NOT ENTER A PERSON'S NAME]		
1.1	Facility Classification		
1.1.1	What type of facility is this?	Regional referral hospital 1 General hospital 2 HCIV 3 HCIII 4 HCII 5 Other (specify) 96	
1.1.2	Who is the managing authority of this facility?	Government/Public 1 Military/Paramilitary 2 NGO/Not-for-profit 3 Private-for-profit 4 Mission/Faith-based 5 Other (specify) 96	
1.1.3	Is this location considered urban, peri-urban, or rural?	Urban 1 Rural 3	
1.1.4	Does this facility provide outpatient or inpatient services, or both? [INCLUDE THE MATERNITY WARD AS AN INPATIENT SERVICE.]	Outpatient only 1 Inpatient only 2 Both inpatient and outpatient 3	
1.2	Facility Capacity		
	[DETERMINE THE BEST SOURCE FOR OBTAINING THE INFORMATION BELOW. FOR EXAMPLE, THE TB REGISTER COULD BE USED TO OBTAIN NUMBER OF TB PATIENTS OR YOU COULD ASK TO TALK TO THE DATA PERSON. FOR STAFF, THE HMIS COULD BE QUERIED FOR THE PREVIOUS YEAR/QUARTER AND THEN CALCULATE AN AVERAGE.]		
1.2.1	On average, how many patients are seen at this facility during a typical month? [ENTER 1-5000]	All patients <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know	8888

1.2.2	Out of these patients, how many are TB patients? [PROBE: How many patients are evaluated or treated for TB during a typical month?] [ENTER 1-250 – MUST BE LESS THAN 1.2.1]	TB patients <input type="text"/> <input type="text"/> <input type="text"/> Don't know	888
1.2.3	How many staff are working in this facility (full or part-time) since July 2019? [ENTER 1-300]	All staff <input type="text"/> <input type="text"/> <input type="text"/> Don't know	888
1.2.4	Out of these staff, how many usually work full-time in the TB unit or interact with TB patients? [ENTER 1-15 – MUST BE LESS THAN 1.2.3]	Full-time TB staff <input type="text"/> <input type="text"/> Don't know	88
1.2.5	How many usually work part-time in the TB unit or interact with TB patients? [ENTER 1-10 – MUST BE LESS THAN 1.2.3]	Part-time TB staff <input type="text"/> <input type="text"/> Don't know	88

The staff member who is best able to answer the questions in the following sections is the TB focal person or the in-charge for clinical services.

2. Availability of TB Services			
2.0	Role/responsibility of the respondent(s) for this section. [DO NOT ENTER A PERSON'S NAME] _____		
	I would like to ask about TB services that are currently available at this facility.		
2.1	Does this facility provide any form of screening for TB?	Yes No	1 0
2.1.1	[ASK ONLY IF 2.1=YES] Does this facility provide screening for TB by clinical symptoms and signs?	Yes No	1 0
2.1.2	[ASK ONLY IF 2.1=YES] Does this facility provide screening for TB by X-ray?	Yes No	1 0
2.1.2.1	[ASK ONLY IF 2.1.2=YES] Are patients charged a fee for screening X-rays?	Yes No	1 0
2.2	Does this facility provide TB diagnosis services (either clinical or laboratory)?	Yes No	1 0
	[ASK THE NEXT 3 QUESTIONS ONLY IF 2.2=YES]		
2.2.1	Does this facility provide diagnosis services for children?	Yes No	1 0
2.2.2	Is TB diagnosis at this facility (unit or clinic) done by an onsite laboratory, offsite laboratory, or both?	Onsite lab only Offsite lab only Both onsite and offsite labs	1 2 3
2.2.3	Does this facility request a sputum sample from new presumptive TB clients?	Yes No	1 0
2.3	Does this facility provide any HIV-related services, such as counseling, testing, care, or treatment?	Yes No	1 0
2.4	Do providers in this facility prescribe treatment for TB or manage patients who are on TB treatment?	Yes No	1 0
	[ASK THE NEXT 3 QUESTIONS ONLY IF 2.4=YES]		
2.4.1	Are patients charged a fee for TB medicines?	Yes No	1 0

2. Availability of TB Services			
2.4.2	Does this facility provide TB treatment services to children?	Yes No	1 0
2.4.3	Does this facility initiate treatment for drug-resistant TB (DR-TB)?	Yes No	1 0
2.4.3.1	[ASK ONLY IF 2.4.3=NO] (a) Has this facility referred patients elsewhere for second-line treatment for DR-TB in the past 12 months?	Yes No Don't know	1 0 88
	[ASK ONLY IF 2.4.3.1 (a)=YES] (b) Is there a record or register of the patient referrals for second-line treatment for DR-TB?	No Yes, paper only Yes, electronic only Both paper and electronic Don't know	0 1 2 3 88
	[ASK ONLY IF 2.4.3.1 (b)=YES (1 or 2)] (c) Are the results recorded? [OBSERVE]	Yes, results recorded No, results not recorded .. Register not observed Don't know	2 1 0 88
2.5	Some health facilities use village health teams (VHTs) or community linkage facilitators to provide additional support to TB patients. Does this facility work with VHTs, community linkage facilitators, or volunteers who support TB patients?	Yes No	1 0
2.6	(a) Has this facility referred TB patients to another facility for management of other medical conditions (e.g., diabetes) in the past 12 months?	Yes No Don't know	1 0 88
	[ASK ONLY IF 2.6 (a)=YES] (b) Is there a record or register of the patient referrals for the management of other medical conditions?	No Yes, paper only Yes, electronic only Both paper and electronic Don't know	0 1 2 3 88
	[ASK ONLY IF 2.6 (b)=YES (1 or 2)] (c) Are the results recorded? [OBSERVE]	Yes, results recorded No, results not recorded .. Register not observed Don't know	2 1 0 88
2.7	Does this facility provide transport assistance to patients?	Yes, for all patients Yes, for some patients No	2 1 0
2.8	Typically, how many days per week are TB-related services offered? [ENTER 1-5 FOR PUBLIC HOSPITALS; ENTER 1-7 FOR ALL OTHER FACILITIES]	Days <input type="text"/> Don't know	88
2.9	Approximately, how many years have TB-related services been available at this facility?	Less than 1 year 1-5 years More than 5 years Don't know	1 2 3 88

3. TB Diagnosis [ASK ONLY IF 2.2=YES (diagnostic facility)]	
3.0	Role/responsibility of the respondent(s) for this section. [DO NOT ENTER A PERSON'S NAME]

3. TB Diagnosis [ASK ONLY IF 2.2=YES (diagnostic facility)]				
3.1	TB Diagnosis Methods			
	Now, I will ask if this facility provides specific TB diagnosis services. For each service, I would like to know whether this facility offered the TB service onsite at any time in the past 12 months.	Offered last 12 months?		
		Yes	No	DK
3.1.1	Diagnosis of TB by clinical symptoms and signs	1	0	88
3.1.2	Perform X-ray for TB diagnosis	1	0	88
	[ASK THE NEXT 4 QUESTIONS ONLY IF 3.1.2=YES]			
3.1.2.1	Diagnosis of TB by conventional X-ray	1	0	88
3.1.2.2	Diagnosis of TB by digital X-ray	1	0	88
3.1.2.3	Diagnosis of TB by computer-assisted digital X-ray (CAD4TB)	1	0	88
3.1.2.4	Are patients charged a fee for diagnostic X-rays?	1	0	88
3.1.3	Diagnosis of TB by smear microscopy (such as ZN, FM)	1	0	88
3.1.4	Diagnosis of TB by culture	1	0	88
3.1.5	Diagnosis of TB by GeneXpert	1	0	88
3.1.6	Diagnosis of TB by LAM (urine test)	1	0	88
3.1.7	Diagnosis of TB by another laboratory method (specify) _____	1	0	88
3.1.8	[ASK ONLY IF 3.1.3=NO/DK OR 3.1.5=NO/DK] (a) Has this facility referred patients elsewhere for TB diagnosis, either via smear microscopy or GeneXpert, in the past 12 months?	Yes	1	
		No	0	
		Don't know	88	
	[ASK ONLY IF 3.1.8 (a)=YES] (b) Is there a record or register of the patient referrals for TB diagnosis?	No	0	
		Yes, paper only	1	
		Yes, electronic only	2	
		Both paper and electronic	3	
		Don't know	88	
	[ASK ONLY IF 3.1.8 (b)=YES (1 or 2)] (c) Are the results recorded? [OBSERVE]	Yes, results recorded	2	
		No, results not recorded	1	
		Register not observed ...	0	
		Don't know	88	
3.2	Drug Susceptibility Testing (DST)			
		Yes	No	DK
3.2.1	Has this facility provided testing to presumptive or confirmed TB patients to see if they are resistant to first-line TB drugs in the past 12 months (i.e., drug susceptibility testing [DST])?	1	0	88
3.2.2	(a) Has this facility referred patients elsewhere for DR-TB diagnosis (DST) in the past 12 months?	1	0	88
	[ASK ONLY IF 3.2.2 (a)=YES] (b) Is there a record or register of the patient referrals for DR-TB diagnosis?	No	0	
		Yes, paper only	1	
		Yes, electronic only	2	
		Both paper and electronic	3	
		Don't know	88	
	[ASK ONLY IF 3.2.2 (b)=YES (1 or 2)] (c) Are the results recorded? [OBSERVE]	Yes, results recorded	2	
		No, results not recorded	1	
		Register not observed ...	0	
		Don't know	88	

3. TB Diagnosis [ASK ONLY IF 2.2=YES (diagnostic facility)]				
3.3	TB Case Notification			
		Yes	No	DK
3.3.1	Does this facility report TB patients to the National Tuberculosis and Leprosy Programme (NTLP)?	1	0	88
3.3.2	[ASK ONLY IF 3.3.1=NO OR DK] Does this facility keep a record of TB case notifications (such as a TB Unit Register)?	1	0	88
3.3.2.1	[ASK ONLY IF 3.3.2=YES] How are TB case notifications recorded? _____			

4. Contact Investigation and Management				
4.0	Role/responsibility of the respondent(s) for this section. [DO NOT ENTER A PERSON'S NAME]			

	The next couple of questions are about contact tracing and management. I would like to know whether this facility offered the following services at any time in the past 12 months.	Yes	No	DK
4.1	Contact tracing and management according to TB program guidelines (i.e., within one week of TB diagnosis)	1	0	88
	[ASK THE NEXT 2 QUESTIONS ONLY IF 4.1=YES]			
4.1.1	For adult contacts	1	0	88
4.1.2	For child contacts	1	0	88

5. TB/HIV Services [ASK ONLY IF 2.3=YES (facility provides TB/HIV services)]				
5.0	Role/responsibility of the respondent(s) for this section. [DO NOT ENTER A PERSON'S NAME]			

	Now, I will ask if the facility provides specific TB/HIV services. For each service, I would like to know whether this facility offered the service at any time in the past 12 months.	Offered last 12 months?		
		Yes	No	DK
5.1	HIV testing and counseling for presumptive TB patients	1	0	88
5.2	HIV testing and counseling for confirmed TB patients	1	0	88
5.3	Has this facility provided a one-stop shop for TB/HIV services within the last 12 months? By that I mean that TB/HIV patients received services under the same roof by the same physician during the same consultation – including screening, adherence, side effects, drug refills – all in a single appointment system.	1	0	88
5.4	[ASK ONLY IF 5.1=NO/DK OR 5.2=NO/DK] (a) Has this facility referred patients elsewhere for HIV testing and counseling in the past 12 months?	Yes No Don't know		1 0 88
	[ASK ONLY IF 5.4 (a)=YES] (b) Is there a record or register of the patient referrals for HIV testing and counseling?	No Yes, paper only Yes, electronic only Both paper and electronic Don't know		0 1 2 3 88

5. TB/HIV Services [ASK ONLY IF 2.3=YES (facility provides TB/HIV services)]								
	[ASK ONLY IF 5.4 (b)=YES (1 or 2)] (c) Are the results recorded? [OBSERVE]	Yes, results recorded			2			
		No, results not recorded .			1			
		Register not observed			0			
		Don't know			88			
			Yes	No	DK			
5.5	Was TB preventive therapy (TPT) offered in the past 12 months?	1	0	88				
	[ASK THE NEXT 5 QUESTIONS ONLY IF 5.5=YES] What type of TPT (previously called IPT) is available at this site?							
5.5.1	INH 100 mg (6, 9, 12 months or continuous)	1	0	88				
5.5.2	INH 300 mg (6, 9, 12 months or continuous)	1	0	88				
5.5.3	3HP (a combination of rifapentine and INH)	1	0	88				
5.5.4	Q-TIB (a combination of cotrimoxazole, isoniazid, and vitamin B6)	1	0	88				
5.5.5	Is TPT provided by someone other than a health worker (community support group, VHTs, community linkage facilitators, etc.)?	1	0	88				
5.5.6	[ASK ONLY IF 5.5=NO or DK] (a) Has this facility referred patients elsewhere for TPT in the past 12 months?	Yes			1			
		No			0			
		Don't know			88			
	[ASK ONLY IF 5.5.6 (a)=YES] (b) Is there a record or register of the patient referrals for TPT?	No			0			
		Yes, paper only			1			
		Yes, electronic only			2			
		Both paper and electronic.....			3			
		Don't know			88			
	[ASK ONLY IF 5.5.6 (b)=YES (1 or 2)] (c) Are the results recorded? [OBSERVE]	Yes, results recorded			2			
	No, results not recorded			1				
	Register not observed ...			0				
		Don't know			88			
	Has this facility offered the following services at any time in the past 12 months?	Yes	No	DK				
5.6	HIV care and treatment services to TB/HIV coinfecting patients	1	0	88				
	[ASK THE NEXT 3 QUESTIONS ONLY IF 5.6=YES]							
5.6.1	Cotrimoxazole preventive therapy (CPT) for TB/HIV coinfecting patients	1	0	88				
5.6.2	Viral load testing for TB/HIV coinfecting patients	1	0	88				
5.6.3	ART (antiretroviral therapy) for TB/HIV coinfecting patients	1	0	88				
5.6.3.1	[ASK ONLY IF 5.6.3=YES] Screening for symptoms of TB drug and ART drug interactions	1	0	88				
	[ASK THE NEXT 2 QUESTIONS ONLY IF 5.6.3.1=YES]							
	Do staff members provide the following information to TB/HIV coinfecting patients on ART and if so, is the information provided verbally and/or by written patient literacy materials?	(a) Provide information?			[ASK ONLY IF (a)=YES] (b) How is information provided?			
		Yes	No	DK	Verbally	Written	Both	DK
5.6.3.1.1	What to do if patients experience TB drug and ART drug interactions	1	0	88	1	2	3	88
5.6.3.1.2	What to do if signs and symptoms of immune reconstitution inflammatory syndrome (IRIS) become evident	1	0	88	1	2	3	88

6. TB Treatment Services [ASK ONLY IF 2.4=YES (treatment facility)]				
6.0	Role/responsibility of the respondent(s) for this section. [DO NOT ENTER A PERSON'S NAME]			
6.1	Available Services			
	Now, I will ask if the facility provides specific TB treatment services. For each service, I would like to know whether this facility offered the service at any time in the past 12 months.	Offered last 12 months?		
		Yes	No	DK
6.1.1	Prescription of drugs for TB treatment	1	0	88
6.1.2	TB treatment and follow-up during the intensive phase	1	0	88
6.1.3	TB treatment and follow-up during the continuation phase	1	0	88
6.1.4	Facility-based directly observed treatment (DOT) for DS-TB, exclude if only the first dose is provided at this facility	1	0	88
6.1.5	Community-based DOT	1	0	88
6.1.6	Video DOT	1	0	88
6.1.7	Digital adherence technology (DAT) - calling numbers hidden under the pill using a phone	1	0	88
6.1.9	Reminder phone calls or text messages to support patients' adherence to treatment	1	0	88
6.1.10	Nutritional support or food baskets (e.g., Plumpy'nut, "Rutafa")	1	0	88
6.1.11	Rehabilitative services	1	0	88
6.1.12	Support group for TB patients (church groups, associations, etc.)	1	0	88
6.1.13	Family support from a family member	1	0	88
6.1.14	Psychosocial or other adherence support (including mental health)	1	0	88
	[ASK THE NEXT 2 QUESTIONS ONLY IF 6.1.14=YES]			
6.1.14.1	One-on-one counseling (face to face) by medical staff (doctor or nurse)	1	0	88
6.1.14.2	One-on-one peer counseling (face to face) by lay counselor, VHT, community linkage facilitator, former TB patient/expert client, etc.	1	0	88
6.1.15	Patient tracking of those who miss an appointment	1	0	88
	[ASK THE NEXT 2 QUESTIONS ONLY IF 6.1.15=YES]			
6.1.15.1	Follow-up phone calls or text messages to TB patients if they miss an appointment	1	0	88
6.1.15.2	Home visits to TB patients if they miss an appointment	1	0	88
6.2	Treatment Practices			
	Now, I will ask you about TB treatment practices at this facility.	Yes	No	DK
6.2.1	Does this facility review the progress of each DS-TB patient registered for treatment at the facility at least once a month during the treatment period? In other words, does this facility conduct monthly follow-up on DS-TB patients?	1	0	88
6.2.2	Do you ask patients about symptoms of drug side effects when they visit the facility for treatment?	Yes No Don't know		1 0 88
	[ASK THE NEXT 2 QUESTIONS ONLY IF 6.2.2=YES]			
6.2.2.1	How often are patients screened for side effects?	At every visit to the facility Whenever they report/complain Only during the initiation phase Don't know Other (specify)		1 2 3 88 96

6. TB Treatment Services [ASK ONLY IF 2.4=YES (treatment facility)]								
6.2.2.2	Do you record all patient's reported side effects?	Yes 1 No 0 Don't know 88						
6.2.2.2.1	[ASK ONLY IF 6.2.2.2=YES] Where are the patient side effects recorded? [SELECT ALL THAT APPLY]	TB Unit Register 1 Patient charts or cards (yellow) 2 Coinfected patient files (blue) 3 Pharmacovigilance form 4 Don't know 88 Other (specify) 96						
6.2.3	Do you have medications to manage side effects?	Yes 1 No 0 Don't know 88						
6.3	Patient Counseling and Education on TB Treatment							
	Do staff members provide the following information to TB patients and if so, is the information provided verbally and/or by written patient literacy materials (such as pamphlets, leaflets, brochures, or other take-home materials or medical records/prescriptions)?	(a) Provide information?			[ASK ONLY IF (a)=YES] (b) How is information provided?			
		Yes	No	DK	Verbally	Written	Both	DK
6.3.1	What test results mean	1	0	88	1	2	3	88
6.3.2	How TB is spread to others	1	0	88	1	2	3	88
6.3.3	How to limit the spread of TB to others	1	0	88	1	2	3	88
6.3.4	The need for a treatment supporter	1	0	88	1	2	3	88
6.3.5	How TB medication should be taken (dosage, frequency, etc.)	1	0	88	1	2	3	88
6.3.6	The importance of treatment adherence	1	0	88	1	2	3	88
6.3.7	Options available for treatment support (e.g., DOT)	1	0	88	1	2	3	88
6.3.8	What to do when experiencing side effects	1	0	88	1	2	3	88
6.3.9	What to do if they run out of medicines	1	0	88	1	2	3	88
6.3.10	What to do if they need to leave for more than a month to an area beyond the facility catchment area	1	0	88	1	2	3	88
6.3.11	What self-care means to patients	1	0	88	1	2	3	88
6.3.12	What it means to get patients' close contacts to be screened for TB	1	0	88	1	2	3	88
6.3.13	Is there a private room or area available for individual counseling where no one can hear or see what is going on?	Yes 1 No 0 Don't know 88						
6.4	Patients Taking Treatment without Facility Supervision							
	Next, I want to ask about TB patients taking treatment without the supervision of a health professional from the facility (for example, someone who is taking treatment supervised by their family).							

6. TB Treatment Services [ASK ONLY IF 2.4=YES (treatment facility)]				
6.4.1	Does this facility have TB patients on treatment without facility-based supervision?	Yes	1	
		No	0	
		Don't know	88	
[ASK THE NEXT 2 QUESTIONS ONLY IF 6.4.1= YES]				
6.4.1.1	How often do these TB patients taking treatment outside the facility typically collect their medications?	(a) In the intensive phase	(b) In the continuation phase	
	Weekly	1	1	
	Twice a month (every 2 weeks)	2	2	
	Monthly	3	3	
	Don't know	88	88	
	Other (specify)	96	96	
6.4.1.2	Does the facility monitor the intervals at which the patient should collect treatment?	Yes	1	
		No	0	
		Don't know	88	
6.4.1.2.1	[ASK ONLY IF 6.4.3=YES] How does the facility monitor the intervals at which the patient should collect treatment? [SELECT ALL THAT APPLY]	Check empty blisters	1	
		Phone call	2	
		Text messages.....	3	
		Appointment register/book	4	
		Patient treatment card	5	
		TB unit register	6	
		Treatment tracking book	7	
		Don't know	88	
		Other (specify)	96	
6.5 Sputum Tests – Treatment				
Now I would like to ask you about sputum tests ordered during treatment.				
6.5.1	At this facility, at what months into the treatment do you request sputum for DS-TB treatment monitoring? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT]	Don't do it	0	
		Month 2	1	
		Month 3	2	
		Month 5	3	
		Month 6	4	
		Don't know	88	
		Other (specify)	96	
	Does this facility request any of the following?	Yes	No	DK
6.5.2	Drug susceptibility testing for patients who were previously treated for TB (including GeneXpert)	1	0	88
6.5.3	Drug susceptibility testing for patients who fail to convert on treatment (including GeneXpert)	1	0	88
6.5.4	Any type of drug susceptibility testing for suspected DR-TB (including GeneXpert)	1	0	88

7. DR-TB Treatment Services [ASK ONLY IF 2.4.3=YES (facility provides DR-TB treatment)]	
7.0	Role/responsibility of the respondent(s) for this section. [DO NOT ENTER A PERSON'S NAME]
	The next set of questions asks about the DR-TB treatment services at this facility.

7. DR-TB Treatment Services [ASK ONLY IF 2.4.3=YES (facility provides DR-TB treatment)]				
	Which DR-TB treatment regimens are available at this facility?	Yes	No	DK
7.1.1	Standard WHO long regimen (i.e., the old regimen, with injections for 6 months and pills for 20 months)	1	0	88
7.1.2	Standard shorter regimen with injectables	1	0	88
7.1.3	Other most common individualized regimen (specify)	1	0	88
7.2	What is the DR-TB treatment regimen used most often at this facility?	Standard WHO long regimen 1 Standard shorter regimen with injectables 2 Other individualized regimen 3 Don't know 88		
7.3	Standard WHO Long Regimen [ASK QUESTIONS IN THIS SECTION ONLY IF 7.1.1=YES]			
	Which medications are used in the standard WHO regimen?	Yes	No	DK
7.3.1	Kanamycin (Km)	1	0	88
7.3.2	Levofloxacin (Lfx)	1	0	88
7.3.3	Ethionamide (Eta)	1	0	88
7.3.4	Cycloserine (Cs)	1	0	88
7.3.5	Pyrazinamide (Z)	1	0	88
7.3.6	Other (specify) _____	1	0	88
	Which patients are eligible for this regimen?	Yes	No	DK
7.3.7	Those with confirmed resistance or suspected ineffectiveness to a medicine in the shorter multi-drug resistant TB (MDR-TB) regimen (except isoniazid resistance)	1	0	88
7.3.8	Those with exposure to any of the second-line medicines in the shorter MDR-TB regimen for >1 month	1	0	88
7.3.9	Those with an intolerance or risk of toxicity (e.g., drug-drug interactions) to any of the medicines in the shorter MDR-TB regimen	1	0	88
7.3.10	Pregnant women	1	0	88
7.3.11	Those with extrapulmonary disease	1	0	88
7.3.12	Other (specify) _____	1	0	88
7.3.13	What is the usual duration of this regimen? [ENTER 6-30]	Months <input type="text"/> <input type="text"/> Don't know		88
7.4	Shorter Standard Regimen [ASK QUESTIONS IN THIS SECTION ONLY IF 7.1.2=YES]			
	Which medications are used in the shorter standard regimen?	Yes	No	DK
7.4.1	Kanamycin (Km)	1	0	88
7.4.2	Moxifloxacin (Mfx)	1	0	88
7.4.3	Clofazimine (Cfz)	1	0	88
7.4.4	Pyrazinamide (Z)	1	0	88
7.4.5	Ethambutol (E)	1	0	88
7.4.6	Isoniazid (H)	1	0	88
7.4.7	Ethionamide (Eta)	1	0	88
7.4.8	Other (specify) _____	1	0	88
	Which patients are eligible for this regimen?	Yes	No	DK
7.4.9	Those with no resistance or suspected ineffectiveness to a medicine in the shorter MDR-TB regimen (except isoniazid resistance)	1	0	88

7. DR-TB Treatment Services [ASK ONLY IF 2.4.3=YES (facility provides DR-TB treatment)]				
		Yes	No	DK
7.4.10	Those with no exposure to any of the second-line medicines in the shorter MDR-TB regimen for >1 month	1	0	88
7.4.11	Those with no intolerance to any medicine in the shorter MDR-TB regimen or risk of toxicity from a medicine in the shorter regimen (e.g., drug-drug interactions)	1	0	88
7.4.12	Women who are not pregnant	1	0	88
7.4.13	Those with no extrapulmonary disease	1	0	88
7.4.14	Other (specify) _____	1	0	88
7.4.15	What is the usual duration of this regimen? [ENTER 6-20]	Months <input type="text"/> <input type="text"/> Don't know		88
7.5	Other Individualized Regimen [ASK QUESTIONS IN THIS SECTION ONLY IF 7.1.3=YES]			
	Which medications are used in the individualized regimen?	Yes	No	DK
7.5.1	Clofazimine (Cfz)	1	0	88
7.5.2	Cycloserine (Cs)	1	0	88
7.5.3	Ethambutol (E)	1	0	88
7.5.4	Ethionamide (Eta)	1	0	88
7.5.5	Isoniazid (H)	1	0	88
7.5.6	Kanamycin (Km)	1	0	88
7.5.7	Levofloxacin (Lfx)	1	0	88
7.5.8	Moxifloxacin (Mfx)	1	0	88
7.5.9	Pyrazinamide (Z)	1	0	88
7.5.10	Other (specify) _____	1	0	88
7.5.11	Which patients are eligible for this regimen? Please specify all criteria: _____ _____ _____			
7.5.12	What is the usual duration of this regimen? [ENTER 6-30]	Months <input type="text"/> <input type="text"/> Don't know		88
7.6	Ancillary Drugs			
		Yes	No	DK
7.6.1	Does this facility have drugs for the management of side effects?	1	0	88
[ASK THE NEXT 11 QUESTIONS ONLY IF 7.6.1=YES]				
	Which drugs are available for the management of side effects?	Yes	No	DK
7.6.1.1	Pyridoxine	1	0	88
7.6.1.2	Levothyroxine	1	0	88
7.6.1.3	Analgesics like paracetamol or ibuprofen	1	0	88
7.6.1.4	Anti-acids like omeprazole, ranitidine, cimetidine, etc.	1	0	88
7.6.1.5	Antiemetics like metoclopramide, promethazine, prochlorperazine etc.	1	0	88
7.6.1.6	Diarrhea drugs like loperamide	1	0	88
7.6.1.7	Anxiety drugs like diazepam or lorazepam	1	0	88
7.6.1.8	Antipsychotic drugs like haloperidol	1	0	88

7. DR-TB Treatment Services [ASK ONLY IF 2.4.3=YES (facility provides DR-TB treatment)]				
		Yes	No	DK
7.6.1.9	Antiseizure drugs like phenytoin, carbamazepine, or phenobarbital	1	0	88
7.6.1.10	Cutaneous reactions drugs like hydrocortisone cream or calamine lotion	1	0	88
7.6.1.11	Other (specify) _____	1	0	88
7.6.2	Does this facility participate in active pharmacovigilance, e.g., aDSM (active TB drug-safety monitoring and management)?	1	0	88
7.7	DR-TB Treatment Equipment			
7.7.1	[ASK ONLY IF 1.1.1<3 (hospital)] Does this facility have at least one electrocardiogram (ECG) machine available for MDR-TB patients? [OBSERVE]	Yes, observed Yes, not observed No Don't know		2 1 0 88
7.7.1.1	[ASK ONLY IF 7.7.1=YES, OBSERVED (2)] Is the machine working?	Yes No Don't know		1 0 88
7.7.1.2	[ASK ONLY IF 7.7.1=YES (1 or 2)] How many ECGs are performed per week, on average? [ENTER 0-200]	ECGs ... <input type="text"/> <input type="text"/> <input type="text"/> Don't know		888
7.7.2	Does this facility have audiometry equipment? [OBSERVE – MAY NEED TO ASK ENT TECHNICIAN]	Yes, observed Yes, not observed No Don't know		2 1 0 88
7.7.2.1	[ASK ONLY IF 7.7.2=YES (1 or 2)] What type of equipment?	Shoebox Standard machine Don't know Other (specify) _____		1 2 88 96
7.7.2.2	[ASK ONLY IF 7.7.2=YES (1 or 2)] How many audiometry tests are performed per week, on average? [ENTER 0-100]	Tests ... <input type="text"/> <input type="text"/> <input type="text"/> Don't know		888
7.8	DR-TB Treatment Practices			
		Yes	No	DK
7.8.1	Has this facility offered facility-based DOT for DR-TB in the past 12 months? Exclude if only the first dose is provided at this facility.	1	0	88
7.8.2	Does this facility review the progress of each DR-TB patient registered for treatment at the facility at least once a month during the treatment period? In other words, does this facility conduct monthly follow-up on DR-TB patients?	1	0	88
7.8.3	Does this facility request monthly smears and cultures throughout treatment for DR-TB?	1	0	88
7.9	Pediatric DR-TB Treatment			
7.9.1	Does this facility provide DR-TB treatment for children under age 15?	1	0	88
7.9.1.1	[ASK ONLY IF 7.9.1=YES] Does this facility have any pediatric formulations for second-line drugs available?	1	0	88

8. Pediatric Services [ASK ONLY IF 2.2.1=YES OR 2.4.2=YES (facility sees children)]					
8.0	Role/responsibility of the respondent(s) for this section. [DO NOT ENTER A PERSON'S NAME]				
8.1	Pediatric TB Diagnosis [ASK QUESTIONS IN THIS SECTION ONLY IF 2.2.1=YES (diagnostic facility sees children)]				
	I would now like to ask you some questions about the pediatric services offered at this facility.	Yes	No	DK	
8.1.1	Do you screen children with presumptive TB at this facility?	1	0	88	
[ASK THE NEXT 10 QUESTIONS ONLY IF 8.1.1=YES]					
	What processes or methods do you use to diagnose children with presumptive TB? [LET THE RESPONDENT PROVIDE THEIR ANSWERS UNPROMPTED BEFORE PROMPTING THEM FOR THE REST OF THE ANSWERS]	Yes, unprompted	Yes, prompted	No	DK
8.1.2.1	Clinical algorithm to determine if a child has TB (physical exam)	2	1	0	88
8.1.2.2	X-ray	2	1	0	88
8.1.2.3	Sputum induction to get samples from children for testing	2	1	0	88
8.1.2.4	Gastric aspiration to get samples from children for testing	2	1	0	88
8.1.2.5	Test samples from nasopharyngeal aspirates	2	1	0	88
8.1.2.6	Test sputum with smear microscopy	2	1	0	88
8.1.2.7	Test sputum with culture	2	1	0	88
8.1.2.8	Test sputum with GeneXpert	2	1	0	88
8.1.2.9	LAM test (urine test)	2	1	0	88
8.1.2.10	Other (specify) _____	2	1	0	88
	From your experience, what are the risk factors that may lead a child to contract TB or that would cause you to suspect that a child may have TB? [LET THE RESPONDENT PROVIDE THEIR ANSWERS UNPROMPTED BEFORE PROMPTING THEM FOR THE REST OF THE ANSWERS]	Yes, unprompted	Yes, prompted	No	DK
8.1.3.1	Child contact of confirmed TB patient	2	1	0	88
8.1.3.2	Referred with presumption of TB (from MCH, child health clinic, nutrition clinic, etc.)	2	1	0	88
8.1.3.3	Child living with HIV/AIDS	2	1	0	88
8.1.3.4	Child exposed to HIV/AIDS	2	1	0	88
8.1.3.5	Child living in overcrowded home	2	1	0	88
8.1.3.6	Malnourished child	2	1	0	88
8.1.3.7	Child with frequent pneumonia	2	1	0	88
8.1.3.8	Other (specify) _____	2	1	0	88
8.2	Pediatric TB Treatment [ASK QUESTIONS IN THIS SECTION ONLY IF 2.4.2=YES (treatment facility sees children)]				
	The next set of questions focus on medications that are used to treat children with TB.	Yes	No	DK	
8.2.1	Does this facility use fixed dose combinations (FDCs), i.e., does the facility have a single combined pill so that the patient does not need to take more than one pill each day? This does not include taking Ethambutol separately during the intensive phase.	1	0	88	

8. Pediatric Services [ASK ONLY IF 2.2.1=YES OR 2.4.2=YES (facility sees children)]					
		Yes	No	DK	
8.2.1.1	[ASK ONLY IF 8.2.1=YES] Are any of the FDCs available in liquid form (i.e., syrup)? Note that the FDCs in dissolvable form are considered to be a "solid".		1	0	88
8.2.2	Does this facility use loose drug formulations for treating TB disease (not TPT regimen)? This is the opposite of an FDC – instead of a single combined pill, the loose drug formulation requires the client to take several different pills each day.		1	0	88
[ASK THE NEXT 2 QUESTIONS ONLY IF 8.2.2=YES]					
8.2.2.1	Which loose drugs are used? _____				
8.2.2.2	Does this facility use loose pills cut up or mixed with food?		1	0	88
8.2.3	Does this facility use the same medications used for adults but cut up for children?		1	0	88
8.2.4	How is the dosage determined for children?	Fixed in the kit 1 Weight 2 Don't know 88 Other (specify) 96			

9. Village Health Teams (VHTs) and Community Linkage Facilitators [ASK ONLY IF 2.5=YES (facility uses VHTs)]				
9.0	Role/responsibility of the respondent(s) for this section. [DO NOT ENTER A PERSON'S NAME] _____			
In this section, we would like to learn about the links your facility has with village health teams (VHTs) or community linkage facilitators that provide support to TB patients.				
9.1	Services Provided by VHTs or Community Linkage Facilitators			
	What types of services do the VHTs or community linkage facilitators provide?	Yes	No	DK
9.1.1	Education about TB at the facility	1	0	88
9.1.2	Education about TB in the community	1	0	88
9.1.3	Screening for TB symptoms at the facility and in the community	1	0	88
9.1.4	Referral of symptomatic persons for TB diagnosis	1	0	88
9.1.5	[ASK ONLY IF 2.2.2=2 OR 2.2.2=3 (facility uses an offsite lab)] Collection and transportation of specimens to a diagnostic laboratory	1	0	88
9.1.6	Linkage of TB patients back to the community	1	0	88
9.1.7	[ASK ONLY IF 6.1.5=YES (community-based DOT facility)] DOT	1	0	88
9.1.8	Checking patient cards for adherence	1	0	88
9.1.9	Adherence counseling (e.g., keeping appointments)	1	0	88
9.1.10	Trace or locate clients who miss follow-up visits	1	0	88
9.1.11	Bring patients back to care	1	0	88
9.1.12	Contact tracing for confirmed TB patients	1	0	88
9.1.13	Psychosocial support (including mental health)	1	0	88
9.1.14	HIV testing and counseling	1	0	88
9.1.15	Triage	1	0	88
9.1.16	Home visits (including how to limit infection spreading in the home)	1	0	88
9.1.17	Nutrition	1	0	88
9.1.18	Drug side effects	1	0	88
9.1.19	Other (specify) _____	1	0	88

9. Village Health Teams (VHTs) and Community Linkage Facilitators [ASK ONLY IF 2.5=YES (facility uses VHTs)]				
9.2 Management of VHTs and Community Linkage Facilitators				
		Yes	No	DK
9.2.1	Do VHTs or community linkage facilitators associated with this facility receive training in TB, such as screening, diagnosis, or treatment?	1	0	88
9.2.2	[ASK ONLY IF 9.1.7=YES] Does the facility have an up-to-date list of VHTs or community linkage facilitators who provide DOT?	1	0	88
9.2.3	Does the facility keep a record of the performance of the VHTs or community linkage facilitators?	1	0	88
9.2.4	Does the facility TB focal person meet regularly with VHTs or community linkage facilitators?	1	0	88
9.2.4.1	[ASK ONLY IF 9.2.4=YES] How often does the facility TB focal person meet with the VHTs or community linkage facilitators?	Weekly (or more often) .. Every two weeks Monthly Quarterly Less often than quarterly . Don't know		1 2 3 4 5 88
9.2.5	Do staff members from this facility conduct visits to the community with VHTs or community linkage facilitators for the purposes of providing supportive supervisions or guidance?	Yes No Don't know		1 0 88
9.2.5.1	[ASK ONLY IF 9.2.5=YES] How many supervision visits to the community level in the past 3 months were carried out by TB staff from this health facility? [ENTER 0-20]	Visits <input type="text"/> <input type="text"/> Don't know		88
THE NEXT COUPLE OF QUESTIONS ARE SPECIFIC TO EITHER VHTS OR COMMUNITY LINKAGE FACILITATORS, AS APPLICABLE.				
9.3 Financial Support for VHTs				
		Yes	No	DK
9.3.1	(a) Does this facility use VHTs?	1	0	88
	[ASK ONLY IF 9.3.1 (a)=YES] (b) Do the VHTs receive payment for their services?	1	0	88
	[ASK THE NEXT 6 QUESTIONS ONLY IF 9.3.1 (b)=YES] Who financially supports the VHTs?	Yes	No	DK
9.3.1.1	Nongovernmental organization(s)	1	0	88
9.3.1.2	Faith-based organization(s)	1	0	88
9.3.1.3	Government	1	0	88
9.3.1.4	Individual donor(s)	1	0	88
9.3.1.5	Foreign implementing partners, projects, or agencies (e.g., USAID)	1	0	88
9.3.1.6	Other (specify) _____	1	0	88
9.4 Financial Support for Community Linkage Facilitators				
9.4.1	(a) Does this facility use community linkage facilitators?	1	0	88
	[ASK ONLY IF 9.4.1 (a)=YES] (b) Do the community linkage facilitators receive payment for their services?	1	0	88

9. Village Health Teams (VHTs) and Community Linkage Facilitators [ASK ONLY IF 2.5=YES (facility uses VHTs)]				
	[ASK THE NEXT 6 QUESTIONS ONLY IF 9.4.1 (b)=YES] Who financially supports the community linkage facilitators?	Yes	No	DK
9.4.1.1	Nongovernmental organization(s)	1	0	88
9.4.1.2	Faith-based organization(s)	1	0	88
9.4.1.3	Government	1	0	88
9.4.1.4	Individual donor(s)	1	0	88
9.4.1.5	Foreign implementing partners, projects, or agencies (e.g., USAID)	1	0	88
9.4.1.6	Other (specify) _____	1	0	88

10. Policies, Protocols, and Guidelines					
10.0	Role/responsibility of the respondent(s) for this section. [DO NOT ENTER A PERSON'S NAME] _____				
	Next, I'd like to assess the availability of copies of approved and required protocols, policies, and messages on TB services available at the facility.				
10.1	General				
	Do you have the following documents, and if so, may I see them?	Yes		No	DK
		Observed	Not observed		
10.1.0	Uganda NTLP Manual for Management and Control of Tuberculosis and Leprosy	2	1	0	88
10.1.1	Flowcharts or algorithms on TB screening, such as the Intensified case finding form (ICF) or the Uganda TB diagnosis and screening algorithm	2	1	0	88
10.1.2	Guidelines for diagnosis and treatment of TB among children	2	1	0	88
10.1.3	Guidelines for diagnosis and treatment of TB among adults (TB manual)	2	1	0	88
10.1.4	Guidelines for TB infection control	2	1	0	88
10.1.5	[ASK ONLY IF 2.3=YES (facility provides TB/HIV services)] TB/HIV guidelines, i.e., management of HIV and TB coinfection	2	1	0	88
10.1.6	TB posters on walls, leaflets, brochures, and/or pamphlets for distribution, i.e., educational materials about TB	2	1	0	88
	[ASK THE NEXT 2 QUESTIONS ONLY IF 10.1.6=YES, OBSERVED]				
10.1.6.1	TB posters on walls, leaflets, brochures, and/or pamphlets in local languages	2	1	0	88
10.1.6.2	[DETERMINE THE AMOUNT OF TB EDUCATIONAL MATERIALS AVAILABLE TO PATIENTS – DO NOT ASK, INSTEAD USE YOUR BEST JUDGMENT]	Sufficient educational materials available in multiple forms (i.e., posters, brochures or patient pamphlets) Limited educational materials available (i.e., a single poster or few pamphlets, inadequate supply for all patients)			1 0
10.2	Diagnostic Facilities [ASK ONLY IF 2.2=YES]				
10.2.1	Flowcharts or algorithms on TB diagnosis	2	1	0	88
10.2.2	Guidelines on the use of chest X-ray for TB screening and diagnosis	2	1	0	88

10. Policies, Protocols, and Guidelines					
10.3	Treatment Facilities [ASK ONLY IF 2.4=YES]				
	Do you have the following documents, and if so, may I see them?	Yes		No	DK
		Observed	Not observed		
10.3.1	[ASK ONLY IF 6.1.4=YES or 6.1.5=YES (DOT facility)] A training manual, training tools, or job aids for DOT providers or volunteers	2	1	0	88
[ASK THE NEXT 2 QUESTIONS ONLY IF 2.4.3=YES (facility provides DR-TB treatment)]					
10.3.2	MDR-TB Treatment Manual	2	1	0	88
10.3.3	NTP memo on use of short regimens for DR-TB treatment	2	1	0	88

11. Staff Capacity to Deliver TB Services				
11.0	Role/responsibility of the respondent(s) for this section. [DO NOT ENTER A PERSON'S NAME]			
	Did any providers of TB services at this facility receive new or refresher training in the following topics in the last 24 months?	Yes	No	DK
11.1	Screening algorithm for TB	1	0	88
11.2	Screening or diagnosis of TB based on X-rays	1	0	88
11.3	Diagnosis of TB based on clinical symptoms or examination for adults	1	0	88
11.4	Diagnosis of TB based on sputum tests using smear microscopy	1	0	88
11.5	Diagnosis of TB based on sputum tests using culture	1	0	88
11.6	Diagnosis of TB using GeneXpert	1	0	88
11.7	Prescription of drugs for TB treatment	1	0	88
11.8	Management of DS-TB treatment	1	0	88
11.9	Identification of presumptive DR-TB	1	0	88
11.10	Management of DR-TB treatment	1	0	88
11.11	Management of TB/HIV coinfection	1	0	88
11.12	TB infection control	1	0	88

12. Supervision and Feedback Practices			
12.0	Role/responsibility of the respondent(s) for this section. [DO NOT ENTER A PERSON'S NAME]		
Next, I would like to ask about supervision and feedback from upper levels.			
12.1	Has a supervisor from any upper-level office come here on a supervisory visit within the past 3 months? [CHECK THE SUPERVISION BOOK TO VERIFY THAT A SUPERVISORY VISIT HAS OCCURRED]	Yes, observed in the facility supervision book Yes, but not logged in the facility supervision book..... No Don't know	2 1 0 88
[ASK THE REST OF THE QUESTIONS IN THIS SECTION ONLY IF 12.1=YES (1 or 2)]			

12.1.1	During the past 3 months, how many supervisory visits has this facility received from an upper-level office? [ENTER 1-12]	Visits <input type="text"/> <input type="text"/>	Don't know	88
	The last time that a supervisor from outside the facility visited, did he or she do any of the following?	Yes	No	DK
12.1.2	Assess the pharmacy (drug stockout, expiry, records, etc.)	1	0	88
12.1.3	Assess the TB data (completeness, quality, and/or timely reporting of registers, treatment cards, quarterly or monthly reports, etc.)	1	0	88
12.1.4	Discuss the performance of the facility based on TB service data	1	0	88
12.1.5	Complete the supervisory checklist	1	0	88
12.1.6	Provide a record of written comments or suggestions from their visit (e.g., the documentation manual)	1	0	88
12.1.6.1	[ASK ONLY IF 12.1.6=YES] May I see the written comments or suggestions?	1	0	

The staff member who is best able to answer the questions in the following section is a TB provider or the in-charge for clinical services.

13. Availability of Basic Equipment								
13.0	Role/responsibility of the respondent(s) for this section. [DO NOT ENTER A PERSON'S NAME]							
	[ASK TO OBSERVE IF THE FOLLOWING BASIC EQUIPMENT USED IN THE PROVISION OF CLIENT SERVICES ARE AVAILABLE AND FUNCTIONAL IN THE FACILITY TODAY. EQUIPMENT CAN BE SHARED BY THE TB UNIT WITH ANOTHER UNIT AT THE FACILITY.]							
	Equipment	(a) Have equipment?				[ASK ONLY IF (a)=OBSERVED] (b) Functioning?		
		Yes		No	DK	Yes	No	DK
		Observed	Not observed					
13.1	Adult weighing scale	2	1	0	88	1	0	88
13.2	Child weighing scale – 250-gram gradation	2	1	0	88	1	0	88
13.3	Infant weighing scale – 100-gram gradation	2	1	0	88	1	0	88
13.4	Measuring tape-height board or stadiometer	2	1	0	88	1	0	88
13.5	Thermometer	2	1	0	88	1	0	88
13.6	Stethoscope	2	1	0	88	1	0	88
13.7	Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)	2	1	0	88	1	0	88
13.8	Light source (flashlight or torch acceptable)	2	1	0	88	1	0	88
13.9	Intravenous infusion sets or kits	2	1	0	88	1	0	88
13.10	Oxygen concentrators	2	1	0	88	1	0	88
13.11	Oxygen cylinders	2	1	0	88	1	0	88
13.12	Central oxygen supply	2	1	0	88	1	0	88
13.13	Cylinder head or flowmeter for oxygen therapy (with humidification)	2	1	0	88	1	0	88
13.14	Oxygen delivery apparatus (key connecting tubes and mask or nasal prongs)	2	1	0	88	1	0	88

The staff member who is best able to answer the questions in the following section is the lab technician.

14. TB Laboratory Procedures [ASK ONLY IF 2.2.2=1 OR 2.2.2=3 (facility has an onsite lab)]									
14.0	Role/responsibility of the respondent(s) for this section. [DO NOT ENTER A PERSON'S NAME]								
Diagnostic Tests and Equipment									
	[ASK TO OBSERVE IF THE FOLLOWING TB TESTS/EQUIPMENT/REAGENTS ARE USED IN THIS FACILITY AND ARE AVAILABLE AND FUNCTIONAL IN THE FACILITY TODAY]	(a) Used in facility?			[ASK ONLY IF (a)=YES] (b) Observed?		[ASK ONLY IF (b)=YES] (c) Functioning?		
		Y	N	DK	Y	N	Y	N	DK
14.1	Ziehl-Neelsen test for AFB	1	0	88					
[ASK THE NEXT 3 QUESTIONS ONLY IF 14.1a=YES]									
14.1.1	Carbol fuchsin stain	1	0	88	1	0			
14.1.2	Sulfuric acid (20 - 25% concentration) or acid alcohol	1	0	88	1	0			
14.1.3	Methylene blue stain	1	0	88	1	0			
14.2	Fluorescence microscope (FM) LED	1	0	88	1	0	1	0	88
[ASK THE NEXT 2 QUESTIONS ONLY IF 14.2a=YES]									
14.2.1	Auramine stain for fluorescence microscope	1	0	88	1	0			
14.2.2	Potassium permanganate counter stain	1	0	88	1	0			
14.3	[ASK ONLY IF 14.1=YES or 14.2a=YES] Acid alcohol decolorizer	1	0	88	1	0			
[ASK THE NEXT 3 QUESTIONS ONLY IF 3.1.5=YES (facility has GeneXpert)]									
14.4	GeneXpert module [AT LEAST ONE SHOULD BE FUNCTIONAL]				1	0	1	0	88
14.4.1	At least 1 valid Xpert MTB/RIF cartridge (Assay G4) [FUNCTIONAL MEANS A CARTRIDGE IS NOT EXPIRED]				1	0	1	0	88
14.4.2	Xpert MTB/RIF Ultra cartridge [FUNCTIONAL MEANS A CARTRIDGE IS NOT EXPIRED]	1	0	88	1	0	1	0	88
14.5	Biosafety hood or cabinet	1	0	88	1	0	1	0	88
14.5.1	[ASK ONLY IF 14.5 (b)=YES] Is the biosafety hood or cabinet certified?	Yes				No			1
		Don't know							0
									88
					Y	N	DK		
14.6	(a) Does the facility have an NTLP Lab Manual?	1	0	88					
	[ASK ONLY IF 14.6=YES] (b) Was it observed?	1	0						
Quality Control/Quality Assurance									
	I would like to ask you about quality control and quality assurance procedures for TB diagnosis services provided in the laboratory at this facility.								

14. TB Laboratory Procedures [ASK ONLY IF 2.2.2=1 OR 2.2.2=3 (facility has an onsite lab)]			
14.7	For smear microscopy tests, what type of quality control and quality assurance do you use in this facility? [ASK THE RESPONDENT TO WAIT UNTIL ALL ANSWER OPTIONS ARE READ BEFORE ANSWERING.]	None Internal QC/QA only External QC/QA only Both internal and external QC/QA Don't know	0 1 2 3 88
[ASK THE NEXT 3 QUESTIONS ONLY IF 14.7=1, 2, 3]			
14.7.1	Do you maintain records of the results from the quality control procedures?	Yes No Don't know	1 0 88
14.7.2	Do you have SOPs (standard operating procedures) for quality control (either internal or external) for the specimens assessed in this facility?	Yes No Don't know	1 0 88
14.7.2.1	[ASK ONLY IF 14.7.2=YES] May I see the quality control SOPs? [OBSERVE]	Yes No	1 0

The staff member who is best able to answer the questions in the following section is either a lab technician, a nurse, or a sputum collector.

15. Management of Specimens			
15.0	Role/responsibility of the respondent(s) for this section. [DO NOT ENTER A PERSON'S NAME]		
15.1	Specimen Collection		
	The next few questions are about specimen collection.		
15.1.1	What instructions do you give patients about how to collect sputum at home? [DON'T READ THE ANSWER UNTIL THE RESPONDENT HAS HAD A CHANCE TO ANSWER UNPROMPTED] <i>[Answer: Immediately out of bed in the morning (before eating or drinking anything) after they have brushed their teeth and rinsed their mouth with only water.]</i>	Correct, unprompted Correct, prompted Incorrect Don't know	2 1 0 88
15.1.2	Are there SOPs for specimen collection? [OBSERVE] [THESE MAY BE DEVELOPED BY THE FACILITY, I.E., NOT THE SAME ACROSS FACILITIES.]	Yes, observed Yes, not observed No Don't know	2 1 0 88
15.1.3	Are there approved laboratory request forms? [OBSERVE] [THERE IS AN EXTERNAL SUPPLIER FOR THESE, SO THEY ARE LIKELY TO BE THE SAME ACROSS PUBLIC FACILITIES.]	Yes, observed Yes, not observed No Don't know	2 1 0 88
15.1.4	Were there any stockouts of specimen management supplies (e.g., sealable, leak-proof sputum containers) in the past 6 months?	Yes No Don't know	1 0 88
15.2	Onsite Laboratory [ASK ONLY IF 2.2.2=1 OR 2.2.2=3 (facility has an onsite lab)]		

15. Management of Specimens				
	Now, I would like to ask you about the management of sputum samples and turnaround time for the laboratory.	Yes	No	DK
15.2.1	Do you maintain any sputum containers that are sealable and leak-proof at this service delivery point for collecting sputum?	1	0	88
15.2.1.1	[ASK ONLY IF 15.2.1=YES] May I see a sputum container? [OBSERVE]	1	0	
15.2.2	On average, how much time does it take for specimens to arrive at the laboratory from the point of collection when collection is done at this facility? [DAYS MUST BE 0-21; HOURS MUST BE 0-23]	<div> <div><input type="text"/></div> <div><input type="text"/></div> <div>Days</div> </div> <div> <div><input type="text"/></div> <div><input type="text"/></div> <div>Hours</div> </div> Don't know		88
15.2.3	On average, how much time does it take for specimens to arrive at the laboratory from the point of collection when collection is done outside this facility? [DAYS MUST BE 0-21; HOURS MUST BE 0-23]	<div> <div><input type="text"/></div> <div><input type="text"/></div> <div>Days</div> </div> <div> <div><input type="text"/></div> <div><input type="text"/></div> <div>Hours</div> </div> Don't know		88
15.2.4a	On average, how much time does it take for the laboratory to issue specimen results for smear microscopy at this facility from the moment specimens arrive at the laboratory? [DAYS MUST BE 0-100; HOURS MUST BE 0-23]	<div>Days <input type="text"/></div> <div>Hours <input type="text"/></div> Don't know		88
15.2.4b	On average, how much time does it take for the laboratory to issue specimen results for GeneXpert at this facility from the moment specimens arrive at the laboratory? [DAYS MUST BE 0-100; HOURS MUST BE 0-23]	<div>Days <input type="text"/></div> <div>Hours <input type="text"/></div> Don't know		88
15.3	Offsite Laboratory [ASK ONLY IF 2.2.2=2 OR 2.2.2=3 (facility uses an offsite lab)]			
	Next, I would like to ask you about offsite laboratory procedures.			
	What testing services does the offsite laboratory offer this facility?	Yes	No	DK
15.3.1.1	Smear microscopy	1	0	88
15.3.1.2	GeneXpert	1	0	88
15.3.1.3	First-line drug susceptibility testing (other than GeneXpert)	1	0	88
15.3.1.4	Second-line drug susceptibility testing	1	0	88
15.3.2	Does this facility have the contact details of their offsite laboratory? [OBSERVE]	Yes, observed Yes, not observed No Don't know		2 1 0 88
15.3.3	Is there an up-to-date specimen dispatch list? [OBSERVE]	Yes, observed Yes, not observed No Don't know		2 1 0 88
15.3.4	Does the facility maintain records of results of sputum tests conducted offsite? [OBSERVE]	Yes, observed Yes, not observed No Don't know		2 1 0 88
15.3.5	Does the facility have access to a specimen transport service?	Yes No Don't know		1 0 88
[ASK THE NEXT 2 QUESTIONS ONLY IF 15.3.5=YES]				

15. Management of Specimens					
15.3.5.1	What is the most common type of specimen transport service used?	Lab staff	1		
		Courier services (Posta, HUB rider, CPHL vans)	2		
		Implementing partner	3		
		Don't know	88		
		Other (specify)	96		
15.3.5.2	What type of specimens are picked up?	Only TB	1		
		TB and others	2		
		Don't know	88		
15.3.6	Does the facility use a cooler box reserved for transportation of specimens?	Yes	1		
		No	0		
		Don't know	88		
15.3.7	On average, how often does specimen transportation to the laboratory occur? [ENTER 1 FOR DAILY, 2 FOR EVERY 2 DAYS, ETC.]	Days <input type="text"/> <input type="text"/>			
		Don't know	88		
15.3.8	On average, how many days does it take to receive the results at the facility? [ENTER 1-60]	Days <input type="text"/> <input type="text"/>			
		Don't know	88		
	How are TB test results returned to this facility?	Yes	No	DK	
		Unprompted	Prompted		
15.3.9.1	Hub rider	2	1	0	88
15.3.9.2	Posta	2	1	0	88
15.3.9.3	Text message	2	1	0	88
15.3.9.4	Email	2	1	0	88
15.3.9.5	Other (specify)	2	1	0	88
15.4	Drug Susceptibility Testing (DST) [ASK ONLY IF 3.2.1=YES (diagnostic facility that does DST)]				
	In the past 12 months, what methods have been used to detect resistance to first-line drugs regardless of whether these methods are used onsite or offsite (includes National TB Reference Lab, Makerere University, etc.)?	Yes	No	DK	
15.4.1	GeneXpert to detect resistance to rifampicin (or other molecular method)	1	0	88	
15.4.2	Line probe assays (e.g., MTBDRplus to MTBDRsl)	1	0	88	
15.4.3	Solid culture	1	0	88	
15.4.4	Liquid culture	1	0	88	
15.4.5	Any other method used to detect resistance to first-line drugs? (specify)	1	0	88	

[Observe the place where the supplies and commodities are stored and select the most appropriate answer based on your judgment. Be sure to check all available supply/commodity rooms. Do not ask anyone to answer these questions.]

16. Management of Supplies and Commodities	
16.0	Role/responsibility of the respondent(s) for this section. [SHOULD BE "RESEARCH ASSISTANT"]

16. Management of Supplies and Commodities				
	[DO THE STORAGE CONDITIONS FOR SUPPLIES/COMMODITIES COMPLY WITH THE FOLLOWING STANDARDS?]	Yes	No	DK
16.1	Room or store is clean and dust- free.	1	0	88
16.2	Supplies and commodities are stored to prevent water damage.	1	0	88
16.3	Room or store is adequately ventilated.	1	0	88
16.4	Room or store is properly lit.	1	0	88
16.5	Supplies and commodities are stored away from direct sunlight.	1	0	88
16.6	Supplies and commodities are stored without direct contact with walls or floors.	1	0	88
16.7	Room or store has a functional thermometer.	1	0	88
16.7.1	[ASK ONLY IF 16.7=YES] Room or store has proper temperature (27°C or less).	1	0	88

The staff member who is best able to answer the questions in the following section is a pharmacy staff person or the store manager.

17. Drug Stock [ASK ONLY IF 2.4=YES (Treatment Facility)]						
17.0	Role/responsibility of the respondent(s) for this section. [DO NOT ENTER A PERSON'S NAME]					
[ASK TO GO TO THE MAIN SITE IN THE FACILITY WHERE ROUTINE MEDICINES ARE STORED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STORAGE AND MANAGEMENT OF MEDICINES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY, AND ASK THE FOLLOWING QUESTIONS.] I would like to know if the following medicines are available today in this facility. If any of the medicines I mention are stored in another location in the facility, please tell me where it is stored so I can go there to verify.						
	Drugs and medicines available at the facility during the assessment according to NTLP guidelines. [CHECK TO SEE IF AT LEAST ONE IS VALID, I.E., NOT EXPIRED]	Observed		Not observed	Never stocked	DK
		At least one valid	None valid			
17.1.1	Isoniazid 100 mg	3	2	1	0	88
17.1.2	Isoniazid 300 mg	3	2	1	0	88
17.1.3	3HP (combination of rifapentine and INH)	3	2	1	0	88
17.1.4	Q-TIB (combination of cotrimoxazole, isoniazid, and vitamin B6)	3	2	1	0	88
17.1.5	Pyrazinamide	3	2	1	0	88
17.1.6	Ethambutol 100 mg	3	2	1	0	88
17.1.7	Ethambutol 400 mg	3	2	1	0	88
17.1.8	Isoniazid + rifampicin (2FDC) 150/75 mg (adult formulation)	3	2	1	0	88
17.1.9	Isoniazid + rifampicin (2FDC) 75/50 mg	3	2	1	0	88
17.1.10	Isoniazid + rifampicin + pyrazinamide (RHZ) (3FDC) 75/50/150 mg	3	2	1	0	88
17.1.11	Isoniazid + rifampicin + pyrazinamide + ethambutol (4FDC) 150/75/400/275 mg	3	2	1	0	88
17.1.12	Kanamycin 1 g injection	3	2	1	0	88
17.1.13	Capreomycin 1 g injection	3	2	1	0	88

17. Drug Stock [ASK ONLY IF 2.4=YES (Treatment Facility)]						
		Observed		Not observed	Never stocked	DK
		At least one valid	None valid			
17.1.14	Amikacin 500 mg injection	3	2	1	0	88
17.1.15	Levofloxacin 250 mg tablets	3	2	1	0	88
17.1.16	Moxifloxacin 400 mg tablets	3	2	1	0	88
17.1.17	Ethionamide 250 mg tablets	3	2	1	0	88
17.1.18	Cycloserine 250 mg tablets	3	2	1	0	88
17.1.19	Bedaquiline 100 mg tablets	3	2	1	0	88
17.1.20	Linezolid 600 mg tablets	3	2	1	0	88
17.1.21	Clofazimine 100 mg capsules	3	2	1	0	88
17.2	Do you have the essential drug or medicines list? [OBSERVE]			Yes, observed Yes, not observed .. No Don't know		2 1 0 88
				Yes	No	DK
17.3	Does the facility maintain a minimum stock level of TB medication?			1	0	88
17.4	Did any TB medicine stockouts occur in the last six months?			1	0	88
17.4.1	[ASK ONLY IF 17.4=YES] Did any patient go without TB treatment because of stockouts within the last six months?			1	0	88

The staff member who is best able to answer the questions in the following section is either the infection control focal person or the TB focal person.

18. Infection Control				
18.0	Role/responsibility of the respondent(s) for this section. [DO NOT ENTER A PERSON'S NAME]			
	I'm going to ask about infection prevention measures and then I'd like to see the supplies used for infection control.	Yes	No	DK
18.1	General			
18.1.1	Has a staff member been designated as an infection prevention and control focal point with specifically articulated duties?	1	0	88
18.1.2	Are patients routinely asked about cough when entering the facility (at the entrance gate, during check-in/registration/triage, etc.)?	1	0	88
18.1.3	Is cough triage implemented, i.e., patients that are coughing are separated from others and fast-tracked for evaluation?	1	0	88
18.1.4	Is there a separate waiting area in the facility to isolate potentially infectious individuals?	1	0	88
18.1.5	Does a cough monitor or other designated person assist with separation and triage of coughing patients?	1	0	88
18.1.6	Are surgical masks available for presumptive and confirmed TB patients?	1	0	88
18.1.6.1	[ASK ONLY IF 18.1.6=YES] Are surgical masks worn by presumptive and confirmed TB patients?	1	0	88

18. Infection Control					
		Yes	No	DK	
18.1.7	Is a system in place to screen and evaluate staff for TB disease?	1	0	88	
18.1.7.1	[ASK ONLY IF 18.1.7=YES] Have any staff been diagnosed with active TB disease in the last 2 years?	1	0	88	
	[ASK THE NEXT 2 QUESTIONS ONLY IF 18.1.7.1=YES]				
18.1.7.1.1	How many full-time staff had active TB disease in the last 2 years? [ENTER 0 - 1.2.4 (# of full-time staff working in TB)]	Staff <input type="text"/> <input type="text"/> Don't know			88
18.1.7.1.2	How many part-time staff had active TB disease in the last 2 years? [ENTER 0 - 1.2.5 (# of part-time staff working in TB)]	Staff <input type="text"/> <input type="text"/> Don't know			88
18.1.8	Does this facility offer HIV testing to staff when requested, i.e., on demand?	Yes No Don't know			1 0 88
18.1.9	Where would HIV+ staff receive ART?	Within the facility Referred out Don't know Other (specify)			1 2 88 96
18.2	Resources in Service Areas				
	[PLEASE CHECK IF THE FOLLOWING RESOURCES USED FOR INFECTION CONTROL ARE AVAILABLE IN THE FACILITY WHERE TB PATIENTS ARE RECEIVING SERVICES ON THE DAY OF ASSESSMENT – ASK TO SEE THEM]	Yes		No	DK
		Observed	Not observed		
18.2.1	An updated and approved infection prevention and control plan	2	1	0	88
18.2.2	An annual TB infection prevention and control risk assessment	2	1	0	88
18.2.3	Supplies for coughing patients (tissues, surgical masks, etc.)	2	1	0	88
18.2.4	A confidential log for all staff with presumptive or confirmed TB	2	1	0	88
18.2.5	Patient waiting areas are either outdoors or indoors with access to continuous fresh air	2	1	0	88
18.3	Supplies in Examination Areas				
	[PLEASE CHECK IF THE FOLLOWING ITEMS ARE AVAILABLE IN THE CLIENT EXAMINATION AREAS (TB TESTING AREA, SERVICE PROVISION, GENERAL LAB AREAS, ETC.). FOR ITEMS THAT YOU DO NOT SEE, ASK TO HAVE THEM SHOWN TO YOU.]	Yes		No	DK
		Observed	Not observed		
18.3.1	Running water (piped, bucket with tap or pour pitcher)	2	1	0	88
18.3.2	Hand washing soap (may be liquid soap)	2	1	0	88
18.3.3	Alcohol-based hand rub/hand sanitizer	2	1	0	88
18.3.4	Medical waste receptacle (pedal bin) with lid and plastic bin liners	2	1	0	88
18.3.5	Other waste receptacle	2	1	0	88
18.3.6	Sharps container (i.e., safety box)	2	1	0	88

18. Infection Control					
		Yes		No	DK
		Observed	Not observed		
18.3.7	Disposable latex gloves	2	1	0	88
18.3.8	Disinfectant (e.g., chlorine, alcohol)	2	1	0	88
18.3.9	Single use standard disposable syringes with needles or auto-disable syringes with needles	2	1	0	88
18.3.10	Gowns, scrubs, or clinical coats	2	1	0	88
18.3.11	Eye protection/goggles or face protection	2	1	0	88
18.3.12	Injection safety precaution guidelines for standard precautions	2	1	0	88
18.3.13	Needles destroyer or sharp box	2	1	0	88
18.3.14	Methylated spirit	2	1	0	88
18.4	Specimen Collection				
		Yes		No	DK
		Observed	Not observed		
	Are specimens collected in any of the following designated areas?				
18.4.1	Outside the screening and treatment area	2	1	0	88
18.4.2	Away from other patients	2	1	0	88
18.4.3	In a separate room or area	2	1	0	88
18.4.4	In a well-ventilated area (e.g., open air or with open windows)	2	1	0	88
18.5	N-95 and FFP2 Respirators				
18.5.1	Are N-95 and FFP2 respirators (particulate respirators) readily available for staff? [ASK TO SEE THEM]	Yes, observed Yes, not observed No Don't know			2 1 0 88
18.5.1.1	[ASK ONLY IF 18.5.1=YES (1, 2)] Have staff members been trained on the proper fit of the respirators?	Yes No Don't know			1 0 88
18.5.1.2	[ASK ONLY IF 18.5.1=YES (1, 2)] How often do facility staff members use the N-95 and/or FFP2 respirators according to the national IPC guidance?	Never Sometimes Always Don't know			1 2 3 88

End of Facility Visit				
		(a) Visit Result		(b) Interview End Time [Use the 24-hour clock system, e.g., 14:30]
003	Visit 1	Completed	1	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> <div style="text-align: center;">Hours</div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> <div style="text-align: center;">Minutes</div> </div>
		Partially completed	2	
		Records unavailable	3	
		Facility refused	4	
		Postponed	5	
		Other (specify)	96	

004	Visit 2 (if needed)	Completed	1	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="text-align: center;">Hours</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="text-align: center;">Minutes</div> </div>
		Partially completed	2	
		Records unavailable	3	
		Facility refused	4	
		Postponed	5	
		Other (specify) _____	96	

Comments/Observations [RESEARCH ASSISTANT]

099	<p>Please provide detailed comments about any observations you may have from the facility audit that you think are important for the research team to know (further explanation of any of the answers you recorded, clarifications, etc.).</p> <hr/> <hr/> <hr/> <hr/>
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UGANDA QUALITY OF TB SERVICES ASSESSMENT: PROVIDER INTERVIEW

Start of Facility Visit					
		(a) Visit Date [dd/mm/yyyy]	(b) Interview Start Time [Use the 24-hour clock system (e.g., 14:30)]	(c) Interviewer ID	(d) Interviewer Name
001	Visit 1	__/__/____	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>Hours Minutes</div>	<div> <div></div> <div></div> </div>	_____
002	Visit 2 (if needed)	__/__/____	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>Hours Minutes</div>	<div> <div></div> <div></div> </div>	_____

Facility Identification			
010	Region	Central 1 Central 2 East Central Mid Eastern Mid Northern Mid Western South Western West Nile	01 02 03 04 05 06 07 08
011	District	_____	<div> <div></div> <div></div> </div>
012	County	_____	
013	Subcounty	_____	
014	Parish	_____	
015	Village	_____	
016	Facility	_____	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

Facility Characteristics			
[ENSURE THAT THE ANSWERS TO QUESTIONS 020-023 MATCH WHAT IS IN THE FACILITY AUDIT]			
020	Is this a private facility?	Yes No	1 0
021	Do providers in this facility diagnose TB in presumptive clients?	Yes No	1 0
022	Do providers in this facility prescribe treatment for TB or manage patients who are on TB treatment?	Yes No	1 0

023	[ASK ONLY IF 022=YES] Is this facility a directly observed treatment (DOT) site?	Yes No	1 0
024	Do providers in this TB unit provide any HIV-related services, such as counseling, testing, care, or treatment?	Yes No	1 0

Participant Consent			
030	Provider number [ENTER A UNIQUE 2 DIGIT CODE TO IDENTIFY THIS PROVIDER]	<input type="text"/> <input type="text"/>	
Eligibility Screening Questions			
Instructions to the interviewer: [Approach one of the clinic staff, introduce yourself (Hello. My name is) and ask him/her if s/he is willing to answer questions about their experience providing TB care at this facility. If they agree, tell them that you have a couple of preliminary questions. To ensure that the provider meets the criteria for the study, please obtain the following information.]			
031	Do you provide care to TB patients?	Yes No	1 0
032	[ASK ONLY IF 031=YES] Have you been working at this facility for more than 6 months?	Yes No [No response]	1 0 99
[If 032=No/NR: The provider is NOT eligible for this study – thank them and find the next available staff member. Be sure to select ‘Provider not eligible’ in the "End of Facility Visit" section at the end of the survey. If 032=Yes: Since the provider is eligible for the study (i.e., both screening questions are Yes), it is essential that you obtain their informed consent before continuing the interview. Read the service provider consent form to the provider and record their response below.]			
033	[SELECT THE APPROPRIATE RESPONSE BASED ON THE INFORMED CONSENT]	Consented Declined	1 0
[If they declined to give consent, (1) thank the provider, (2) record ‘Provider refused’ in the “End of Facility Visit” section at the end of the survey, and (3) approach another provider. If consented, continue with the interview.]			

1. Education and Experience			
1.1	Sex [OBSERVE AND SELECT THE APPROPRIATE RESPONSE. ASK ONLY IF UNSURE.]	Male Female [No response]	1 2 99
1.2.1	In what year were you born? [YEAR MUST BE 1939-2001]	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know [No response]	 88 99
1.2.2	How old were you on your last birthday? [AGE MUST BE 18-80. COMPARE AND CORRECT 1.2.1 AND 1.2.2 IF THEY ARE INCONSISTENT.]	Years <input type="text"/> <input type="text"/> Don't know [No response]	 88 99

1. Education and Experience			
1.3	What was the highest level of schooling you have reached?	No education 0 Primary 1 Secondary 2 Certificate 3 Diploma 4 Degree 5 Other (specify) 96 [No response] 99	
1.4	How would you best describe your current occupational category at this facility? For example, are you a registered nurse or physician?	Clinical officer 1 Community health worker 2 Lab technician/officer 3 Medical doctor 4 Nurse/midwife 5 Physician's assistant 6 Volunteer 7 Other (specify) 96 [No response] 99	
1.5	Are you a manager or in-charge for any clinical services?	Yes 1 No 0 [No response] 99	
1.6	Are you the TB focal or designated TB staff at this facility?	Yes 1 No 0 [No response] 99	
1.7	How many years and months have you been working in this facility? [ENTER 0-35 YEARS AND 0-11 MONTHS]	Years ... <input type="text"/> <input type="text"/> Months ... <input type="text"/> <input type="text"/> [No response] 99	
1.8	Typically, how many hours a week do you usually work at this facility? [ENTER 1-40]	Hours per week <input type="text"/> <input type="text"/> [No response] 99	
1.9	Approximately, how many patients do you personally see or care for in this facility in a typical week? [ENTER 1-200]	Number of patients <input type="text"/> <input type="text"/> <input type="text"/> [No response] 999	
1.10	How many years and months have you been providing TB related services at this facility? [MUST BE ≤ 1.7]	Years ... <input type="text"/> <input type="text"/> Months ... <input type="text"/> <input type="text"/> [No response] 99	
1.11	How many hours a week do you provide TB related services? [MUST BE ≤ 1.8]	Hours per week <input type="text"/> <input type="text"/> [No response] 99	
1.12	Approximately how many TB patients, or their contacts, do you personally see or care for in this facility in a typical week? [MUST BE ≤ 1.9]	Number of patients <input type="text"/> <input type="text"/> <input type="text"/> [No response] 999	

2. Training					
	Now I will ask about training you received on specific TB-related services. Have you received any training, initial or refresher, on [Service]?	Yes		No	[NR]
		<24 months	>24 months		
2.1	TB/HIV Services				
2.1.1	HIV testing and counseling for TB patients onsite	2	1	0	99
2.1.2	Referral for HIV testing and counseling for TB patients	2	1	0	99
2.1.3	TB preventive treatment (TPT), either on site or via referral	2	1	0	99
2.1.4	HIV care and treatment services to TB/HIV coinfecting patients	2	1	0	99
	[ASK THE NEXT 5 QUESTIONS ONLY IF 2.1.4=YES (1, 2)]				
2.1.4.1	ART (antiretroviral therapy) for TB/HIV coinfecting patients	2	1	0	99
2.1.4.2	Identification of TB/HIV drug interactions	2	1	0	99
2.1.4.3	Identification of immune reconstitution inflammatory syndrome (IRIS)	2	1	0	99
2.1.4.4	Cotrimoxazole preventive therapy (CPT) for TB/HIV coinfecting patients	2	1	0	99
2.1.4.5	Viral load testing for TB/HIV coinfecting patients	2	1	0	99
2.2	TB Diagnostic Services				
	Have you received any training, initial or refresher, on [Service]?	Yes		No	[NR]
		<24 mo	>24 mo		
2.2.1	Diagnosis of TB by clinical symptoms and signs	2	1	0	99
2.2.2	Diagnosis of TB by sputum smear microscopy	2	1	0	99
2.2.3	Diagnosis of TB by X-ray	2	1	0	99
2.2.4	Diagnosis of TB by Xpert MTB/RIF (GeneXpert)	2	1	0	99
2.2.5	Diagnosis of TB by TB LAM (urine test)	2	1	0	99
2.2.6	Diagnosis of drug-resistant TB (DR-TB)	2	1	0	99
	[ASK THE NEXT 2 QUESTIONS ONLY IF 2.2.6=YES (1, 2)]				
2.2.6.1	TB culture or growth medium (e.g., MGIT 960)	2	1	0	99
2.2.6.2	Line probe assays (LPA)	2	1	0	99
2.2.7	Referral for DR-TB diagnosis	2	1	0	99
2.3	TB Treatment Services				
	Have you received any training, initial or refresher, on [Service]?	Yes		No	[NR]
		<24 mo	>24 mo		
2.3.1	Prescription of drugs for TB treatment	2	1	0	99
2.3.2	DOT	2	1	0	99
2.3.3	Video DOT	2	1	0	99
2.3.4	Digital adherence technologies (DAT)	2	1	0	99
2.3.5	TB treatment follow-up services (e.g., phone calls or home visits to TB patients if they miss an appointment, text message reminders to support patients' adherence to medications and treatment, etc.)	2	1	0	99

2. Training					
	Have you received any training, initial or refresher, on [Service]?	Yes		No	[NR]
		<24 mo	>24 mo		
2.3.6	Identification of and referral for patients who fail treatment	2	1	0	99
2.3.7	Treatment of DR-TB	2	1	0	99
2.3.8	Referral for DR-TB treatment	2	1	0	99

3. TB Services Provided					
3.1	Screening				
	Now I will ask if you currently provide certain TB-related services. Have you provided [Service] in the last 12 months?	Yes	No	[NR]	
3.1.1	Screening of TB by clinical symptoms and signs	1	0	99	
3.1.2	Screening of TB by X-ray	1	0	99	
3.2	TB Diagnostic Services [ASK ONLY IF 021=YES (diagnostic facility)]				
	Have you provided [Service] in the last 12 months?	Yes	No	[NR]	
3.2.1	Diagnosis of TB by clinical symptoms and signs	1	0	99	
3.2.2	Diagnosis of TB by conventional X-ray	1	0	99	
3.2.3	Diagnosis of TB by digital X-ray	1	0	99	
3.2.4	Diagnosis of TB by computer assisted digital X-ray (CAD4TB)	1	0	99	
3.2.5	Diagnosis of TB by smear microscopy	1	0	99	
3.2.6	Diagnosis of TB by Xpert MTB/RIF (GeneXpert) in this facility	1	0	99	
3.2.7	What is the most common method you use for diagnosing TB in this facility?	Clinical diagnosis X-ray Microscopy GeneXpert Other (specify) [No response]			1 2 3 4 96 99
		Yes	No	[NR]	
3.2.8	Have you provided first-line drug susceptibility testing (DST) in the last 12 months?	1	0	99	
	[ASK THE NEXT 4 QUESTIONS ONLY IF 3.2.8=YES] What methods do you use to detect resistance to first-line drugs?	Yes	No	[NR]	
3.2.8.1	Xpert MTB/RIF (GeneXpert) to detect resistance to rifampicin	1	0	99	
3.2.8.2	Line probe assays (e.g., MTBDRplus to MTBDRsl)	1	0	99	
3.2.8.3	Culture	1	0	99	
3.2.8.5	Do you use any other method to detect resistance to first-line drugs? (specify)_____	1	0	99	
	Have you provided [Service] in the last 12 months?	Yes	No	[NR]	
3.2.9	[ASK ONLY IF 3.2.8=NO or NR] Referral for first-line DST	1	0	99	
3.2.10	Second-line DST	1	0	99	

3. TB Services Provided				
	[ASK THE NEXT 4 QUESTIONS ONLY IF 3.2.10=YES] What methods do you use to detect resistance to second-line drugs?	Yes	No	[NR]
3.2.10.2	Line probe assays (e.g., MTBDRplus to MTBDRsl)	1	0	99
3.2.10.3	Solid culture	1	0	99
3.2.10.4	Liquid culture	1	0	99
3.2.10.5	Do you use any other method to detect resistance to second-line drugs? (specify) _____	1	0	99
3.2.11	[ASK ONLY IF 3.2.10=NO or NR] Have you provided referral for second-line DST in the last 12 months?	1	0	99
3.3	TB Treatment Services [ASK ONLY IF 022=YES (treatment facility)]			
	Have you provided [Service] in the last 12 months?	Yes	No	[NR]
3.3.1	Prescription of drugs for TB treatment	1	0	99
3.3.2	TB treatment and follow-up	1	0	99
3.3.3	[ASK ONLY IF 023=YES (DOT facility)] DOT	1	0	99
3.3.4	Video DOT	1	0	99
3.3.5	Reminder phone calls or text messages to support patients' adherence to treatment	1	0	99
3.3.6	Patient tracking of those who miss an appointment	1	0	99
	[ASK THE NEXT 2 QUESTIONS ONLY IF 3.3.6=YES]			
3.3.6.1	Follow-up phone calls or text messages to TB patients if they miss an appointment	1	0	99
3.3.6.2	Home visits to TB patients if they miss an appointment	1	0	99
3.3.7	Treatment initiation or follow-up of DR-TB	1	0	99
3.3.8	[ASK ONLY IF 3.3.7=NO or NR] Referral for DR-TB treatment initiation or follow-up	1	0	99
3.4	TB/HIV Services [ASK ONLY IF 024=YES (TB unit provides TB/HIV services)]			
	Have you provided [Service] in the last 12 months?	Yes	No	[NR]
3.4.1	HIV testing and counseling for TB patients onsite	1	0	99
3.4.2	Referral for HIV testing and counseling for TB patients	1	0	99
3.4.3	TPT	1	0	99
	[ASK THE NEXT 3 QUESTIONS ONLY IF 3.4.3=YES] What type of TPT do you provide?	Yes	No	[NR]
3.4.3.1	INH (6, 9, 12 months or continuous)	1	0	99
3.4.3.2	3HP (a combination of rifapentine and INH) [NOTE: NOT TO BE CONFUSED WITH RH]	1	0	99
3.4.3.3	Q-TIB (a combination of cotrimoxazole, isoniazid, and vitamin B6)	1	0	99
	Have you provided [Service] in the last 12 months?	Yes	No	[NR]
3.4.4	HIV care and treatment services to TB/HIV co-infected patients	1	0	99
	[ASK THE NEXT 4 QUESTIONS ONLY IF 3.4.4=YES]			
3.4.4.1	CPT for TB/HIV coinfecting patients	1	0	99
3.4.4.2	Viral load testing for TB/HIV co-infected patients	1	0	99

3. TB Services Provided				
		Yes	No	[NR]
3.4.4.3	ART for TB/HIV co-infected patients	1	0	99
3.4.4.3.1	[ASK ONLY IF 3.4.4.3=YES] Screening for symptoms of anti-TB and ART drug interactions	1	0	99

4. TB Contact Tracing			
4.1	Do you conduct contact tracing for TB patients diagnosed and/or treated in this facility?	Yes No [No response]	1 0 99
	[IF 4.1=YES, CONTINUE WITH THE REST OF THIS SECTION; OTHERWISE, SKIP TO THE NEXT SECTION] The next set of questions are about TB contact tracing. Take your time to answer these questions and provide as much detail as you can.		
4.2	Which TB patients are prioritized for tracing their contacts? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT. INSTEAD, ASK "ANYONE ELSE?"] All TB patients should have their contacts traced Bacteriologically confirmed pulmonary TB patients (PBC) Children under five years who are diagnosed with TB TB patients with DR-TB People living with HIV or other illnesses that compromise the immune system Other (specify) [None of the above/no response]		1 2 3 4 5 96 99
4.3	How do you identify contacts of TB patients? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT. INSTEAD, ASK "ANY OTHER MEANS?"] Outreach contact tracing (includes working with the District TB and Leprosy Supervisor [DTLS] and local leaders) TB patients provide a list of their contacts TB patients are asked to bring their contacts to the facility for evaluation Village Health Teams (VHTs) and/or community linkage facilitators We visit the households and communities where the patients live following diagnosis of a TB patient Other (specify) [None of the above/no response]		1 2 3 4 5 96 99

4. TB Contact Tracing					
4.4	Which contacts are included in contact investigation? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT. INSTEAD, ASK "ANYONE ELSE?"]				
	Anyone in contact with the patient in the last 3 months				1
	Close friends who spent time with the index case				2
	Contacts who have HIV				3
	Household contacts (includes adults and children)				4
	Only the children living in the household				5
	Neighbors				6
	Workplace or school contacts				7
	Other (specify)				96
	[None of the above/no response]				99
		Yes	No		[NR]
4.5	Do you provide HIV counseling and testing to contacts?				99
	[ASK THE NEXT 5 QUESTIONS ONLY IF 4.5=YES]				
	How do you manage any contacts who are tested for HIV and found to be HIV-positive?	Yes	No		[NR]
4.5.1	Refer to HIV care and treatment center (onsite or offsite)	1	0		99
4.5.2	Provide counseling onsite	1	0		99
4.5.3	Provide TPT	1	0		99
4.5.4	Collect sputum samples	1	0		99
4.5.5	Do you do anything else? (specify)	1	0		99
4.6	Do you provide TPT for contacts of pulmonary-diagnosed TB patients on first-line treatment?				99
	[ASK THE NEXT 4 QUESTIONS ONLY IF 4.6=YES]				
	Which contacts receive TPT?	Yes	No		[NR]
4.6.1	Children under 5 years old	1	0		99
4.6.2	Pregnant women	1	0		99
4.6.3	People living with HIV/AIDS identified through contact investigation	1	0		99
4.6.4	Anyone else? (specify)	1	0		99
4.7	Do you collect and report routine data on contact investigation?				
		Yes	No		1
					0
					99
	[IF 4.7=YES, CONTINUE WITH THE REST OF THIS SECTION; OTHERWISE, SKIP TO THE NEXT SECTION]				
	Which forms or tools do you use to collect and report data on contact investigation? [OBSERVE]	Use		Not used	[NR]
		Observed	Not observed		
4.7.1.1	Contact investigation form/book	2	1	0	99
4.7.1.2	Contact tracing form/book	2	1	0	99
4.7.1.3	Presumptive TB register	2	1	0	99
4.7.1.4	VHT contact book	2	1	0	99
4.7.1.5	Other (specify)				
	Note: please include any registers, books, or forms that you use that are supplied by implementing partners	2	1	0	99

4. TB Contact Tracing				
	What type of information do you collect and report on contact investigation?	Yes	No	[NR]
4.7.2.1	Proportion of pulmonary bacteriologically-confirmed index patients registered in a particular quarter whose contacts were traced	1	0	99
4.7.2.2	Proportion of contacts of pulmonary bacteriologically-confirmed index patients screened for TB	1	0	99
4.7.2.3	Proportion of contacts with TB signs or symptoms	1	0	99
4.7.2.4	Proportion of contacts with TB signs or symptoms who were evaluated	1	0	99
4.7.2.5	Proportion of diagnosed TB patients found through contact investigation who started treatment	1	0	99
4.7.2.6	Proportion of under 5 years old contacts started on TPT	1	0	99
4.7.2.7	Proportion of newly diagnosed HIV-positive individuals started on TPT	1	0	99
4.7.2.8	Proportion of contacts who were provided with health education/TB awareness	1	0	99
4.7.2.9	Do you collect any other information? (specify) _____	1	0	99

5. Pediatric TB					
	The next set of questions focus on pediatric TB.				
5.1	General Knowledge				
	Please respond to the following statements by saying if you agree or disagree with them.	Agree	Disagree	Not sure	[NR]
5.1.1	A child with TB disease will always have a cough.	1	0	88	99
5.1.2	Children with TB and HIV are at greater risk of complications of TB than children with TB but without HIV.	1	0	88	99
5.1.3	Most pediatric patients with TB disease will show the typical signs and symptoms of TB disease.	1	0	88	99
5.1.4	Children younger than 2 years old are at greatest risk of the most serious forms of TB, such as TB meningitis and miliary TB.	1	0	88	99
5.1.5	Children with latent TB infection are not contagious, have no symptoms, and have normal exams and chest X-rays.	1	0	88	99
5.1.6	Children are usually infected with TB by someone in their household.	1	0	88	99
5.1.7	Children with TB disease indicate recent transmission in the community or household.	1	0	88	99
5.1.8	Not all people with latent TB infection will develop TB disease, but young children and those with compromised immune systems are at much greater risk.	1	0	88	99
5.2	Recognizing TB in Children				

5. Pediatric TB						
	Please respond to the following statements by saying if you are not likely, somewhat likely, or likely to suspect TB in a child with the following symptoms.	Not likely	Somewhat likely	Likely	Don't know	[NR]
5.2.1	Fever and cough for 2 weeks	1	2	3	88	99
5.2.2	Failure to thrive (such as low weight for age, low energy level, tired, etc.)	1	2	3	88	99
5.2.3	A sore throat and fever	1	2	3	88	99
5.2.4	Pneumonia that is unresponsive to antibiotics	1	2	3	88	99
5.2.5	Sudden onset of a fever and nasal congestion	1	2	3	88	99
5.2.6	A child with fever and cough whose family member has known TB	1	2	3	88	99
5.3	Diagnosis of TB in Children					
	Next, I would like to ask how you routinely evaluate a child for TB, either at your facility or by referring the child to another facility. Do you use [method]?	Yes	No	DK	[NR]	
5.3.1	Clinical signs and symptoms (physical exam)	1	0	88	99	
5.3.2	Tuberculin skin test (TST or Mantoux)	1	0	88	99	
5.3.3	Chest X-ray	1	0	88	99	
5.3.4	HIV test	1	0	88	99	
5.3.5	Sputum specimen for smear only	1	0	88	99	
5.3.6	Sputum specimen for smear and culture	1	0	88	99	
5.3.7	Sputum specimen for GeneXpert	1	0	88	99	
5.3.8	Gastric aspiration	1	0	88	99	
5.3.9	History of contact with TB patient or person with a chronic cough	1	0	88	99	
5.3.10	Anything else? (specify) _____	1	0	88	99	
5.4	Which pediatric TB patients do you refer for HIV testing? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT. INSTEAD, ASK "ANYONE ELSE?"] None 1 Those under the age of 1 2 Those over the age of 1 3 Those with risk factors for HIV, such as a mother with HIV/AIDS 4 Those with signs and symptoms of HIV/AIDS, such as opportunistic infections 5 Other (specify) 96 [No response] 99					

6. TB Case Management	
	I want to ask some more questions about the management and care of TB patients as part of your work in this facility.

6. TB Case Management		
6.1	<p>The interpersonal relationship between provider and patient is very important for successful treatment outcome, especially since TB requires taking medications for many months. What are some things you do to establish rapport and build trust with your patients?</p> <p>[SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT. INSTEAD, ASK “ANYTHING ELSE?”]</p> <p>Be consistent in what is done and told to the patient 1</p> <p>Be flexible in meeting the patient’s needs 2</p> <p>Communicate clearly 3</p> <p>Conduct home visits (going to clients’ houses, learn more about their daily life, etc.) 4</p> <p>Contact them when they miss treatment to show that you are looking out for them 5</p> <p>Have an open mind about the patient’s cultural beliefs 6</p> <p>Listen carefully to the patient 7</p> <p>Provide counseling to the patient to show that you care about them 8</p> <p>Provide encouragement and interact with patient in a friendly manner 9</p> <p>Recognize and address the patient’s fears about the illness 10</p> <p>Suggest behavior changes respectfully 11</p> <p>Treat the patient with dignity and respect 12</p> <p>Other (specify) 96</p> <p>[None of the above/no response] 99</p>	
6.2	<p>[ASK ONLY IF 021=YES (diagnostic facility)]</p> <p>As part of the initial patient assessment to determine their understanding of TB, what do you ask the patient to tell or explain to you?</p> <p>[SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT. INSTEAD, ASK “ANYTHING ELSE?”]</p> <p>Personal information (professional activity, living situation, contact information, etc.) 1</p> <p>Patient’s previous medical/psychosocial history (including whether they had TB before) 2</p> <p>Attitudes/beliefs towards TB 3</p> <p>Knowledge of TB (transmission, treatment duration, etc.) 4</p> <p>Ability to follow the TB treatment plan 5</p> <p>Potential barriers to treatment (lack of transportation, TB medications too expensive, etc.) ... 6</p> <p>Resources (family, other social support, finances, etc.) 7</p> <p>Other (specify) 96</p> <p>[None of the above/no response] 99</p>	

6. TB Case Management				
6.3	<p>(a) To ensure your patients have a good understanding of the treatment process, what type of information or topics, excluding TB/HIV, are discussed with patients during diagnosis and treatment visits?</p> <p>[SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT. INSTEAD, ASK "ANYTHING ELSE?"]</p> <p>What TB is 1</p> <p>Signs and symptoms of TB 2</p> <p>How TB is spread (transmission) 3</p> <p>How to limit the spread of TB to others 4</p> <p>Test results 5</p> <p>That TB can be cured 6</p> <p>The importance of taking medications regularly..... 7</p> <p>How the medications should be taken (dosage, frequency, etc.) 8</p> <p>The importance of taking medications for the full course of treatment 9</p> <p>How long treatment will last (including explaining the different phases) 10</p> <p>The need for a treatment supporter 11</p> <p>The options available for treatment support (e.g., DOT) 12</p> <p>Treatment status or progress (treatment phase the patient is in)..... 13</p> <p>What to do if they run out of their medications 14</p> <p>Possible side effects of TB medication 15</p> <p>What to do if they experience side effects from the TB medication 16</p> <p>Nutrition 17</p> <p>Good practices (no smoking or drinking alcohol, good hygiene, infection control and prevention, such as staying outside or opening windows inside, etc.) 18</p> <p>Other (specify) 96</p> <p>[None of the above/no response] 99</p>			
[CONTINUE WITH THE (b) QUESTIONS ONLY IF 6.3 (a)<99]				
	(b) For each type of information you mentioned, please tell me if it is given verbally and/or in writing (includes pamphlets, leaflets, brochures, or other take-home materials or medical records/prescriptions).	Verbally	Written	Both [NR]
	[VALID ONLY IF 6.3 (a)=1] 1. What TB is	1	2	3 99
	[VALID ONLY IF 6.3 (a)=2] 2. Signs and symptoms of TB	1	2	3 99
	[VALID ONLY IF 6.3 (a)=3] 3. How TB is spread (transmission)	1	2	3 99
	[VALID ONLY IF 6.3 (a)=4] 4. How to limit the spread of TB to others	1	2	3 99
	[VALID ONLY IF 6.3 (a)=5] 5. Test results	1	2	3 99
	[VALID ONLY IF 6.3 (a)=6] 6. That TB can be cured	1	2	3 99
	[VALID ONLY IF 6.3 (a)=7] 7. The importance of taking medications regularly	1	2	3 99

6. TB Case Management					
		Verbally	Written	Both	[NR]
	[VALID ONLY IF 6.3 (a)=8] 8. How the medications should be taken (dosage, frequency, etc.)	1	2	3	99
	[VALID ONLY IF 6.3 (a)=9] 9. The importance of taking medications for the full course of treatment	1	2	3	99
	[VALID ONLY IF 6.3 (a)=10] 10. How long treatment will last (including explaining the different phases)	1	2	3	99
	[VALID ONLY IF 6.3 (a)=11] 11. The need for a treatment supporter	1	2	3	99
	[VALID ONLY IF 6.3 (a)=12] 12. The options available for treatment support (e.g., DOT)	1	2	3	99
	[VALID ONLY IF 6.3 (a)=13] 13. Treatment status or progress (treatment phase the patient is in)	1	2	3	99
	[VALID ONLY IF 6.3 (a)=14] 14. What to do if they run out of their medications	1	2	3	99
	[VALID ONLY IF 6.3 (a)=15] 15. Possible side effects of TB medication	1	2	3	99
	[VALID ONLY IF 6.3 (a)=16] 16. What to do if they experience side effects from the TB medication	1	2	3	99
	[VALID ONLY IF 6.3 (a)=17] 17. Nutrition	1	2	3	99
	[VALID ONLY IF 6.3 (a)=18] 18. Good practices (no smoking or drinking alcohol, good hygiene, infection control and prevention, such as staying outside or opening windows inside, etc.)	1	2	3	99
	[VALID ONLY IF 6.3 (a)=96] 96. Other	1	2	3	99
6.4	(a) During consultations or counseling sessions, what type of information do you discuss with TB patients concerning TB/HIV coinfection (assuming you do <u>not</u> know their HIV status)? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT. INSTEAD, ASK "ANYTHING ELSE?"] General information about TB/HIV coinfection HIV transmission/HIV prevention (including risk factors) Advise TB patients to get tested for HIV HIV care and treatment services to TB/HIV coinfecting patients Treatment adherence for TB and for HIV TB is curable, but HIV is not so treatment must be continued TB/HIV drug interactions/side effects What to do if they experience TB/HIV drug interactions Other (specify) [None of the above/no response]				1 2 3 4 5 6 7 8 96 99

6. TB Case Management					
	[CONTINUE WITH THE (b) QUESTIONS ONLY IF 6.4 (a)<99]				
	(b) For each type of information you mentioned, please tell me if it is given verbally and/or in writing (includes pamphlets, leaflets, brochures, or other take-home materials or medical records/prescriptions)	Verbally	Written	Both	[NR]
	[VALID ONLY IF 6.4 (a)=1] 1. General information about TB/HIV coinfection	1	2	3	99
	[VALID ONLY IF 6.4 (a)=2] 2. HIV transmission/HIV prevention (including risk factors)	1	2	3	99
	[VALID ONLY IF 6.4 (a)=3] 3. Advise TB patients to get tested for HIV	1	2	3	99
	[VALID ONLY IF 6.4 (a)=4] 4. HIV care and treatment services to TB/HIV coinfecting patients	1	2	3	99
	[VALID ONLY IF 6.4 (a)=5] 5. Treatment adherence for TB and for HIV	1	2	3	99
	[VALID ONLY IF 6.4 (a)=6] 6. TB is curable, but HIV is not so treatment must be continued	1	2	3	99
	[VALID ONLY IF 6.4 (a)=7] 7. TB/HIV drug interactions/side effects	1	2	3	99
	[VALID ONLY IF 6.4 (a)=8] 8. What to do if they experience TB/HIV drug interactions	1	2	3	99
	[VALID ONLY IF 6.4 (a)=96] 96. Other	1	2	3	99
6.5	[ASK ONLY IF 022=YES (treatment facility)] What do you do when a patient misses their treatment? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT. INSTEAD, ASK "ANYTHING ELSE?". IF THE PROVIDER SAYS THAT ANY OF THESE ACTIONS ARE DONE BY VHTS OR COMMUNITY LINKAGE FACILITATORS, SELECT THEM.] Nothing 1 Advise them to return for treatment 2 Counsel on adherence and continue treatment from where they stopped 3 Counsel and repeat lab investigation 4 Follow-up and track by contacting their school or workplace 5 Follow-up and track by home visit 6 Follow-up and track by phone 7 Follow-up and track by text message 8 Record missed day and extend treatment 9 Other (specify) 96 [No response] 99				

7. Infection Prevention and Control	
	Now I would like to ask you some questions about your knowledge and practices to prevent transmission of TB among health care workers and patients within the facility.

7. Infection Prevention and Control					
7.1	Training				
7.1.1	Have you ever received any training on TB infection control?	Yes	1		
		No	0		
		[No response]	99		
7.1.1.1	[ASK ONLY IF 7.1.1=YES] When did the training occur?	Within the past 24 months	2		
		Over 24 months ago	1		
		[No response]	99		
7.2	Practices				
	What behaviors and strategies do you adopt to prevent transmission of TB at this facility?	Yes	No	[NR]	
7.2.1	Do you use a respirator whenever treating TB presumptive or confirmed patients?	1	0	99	
7.2.2	Do you give priority to coughing patients, i.e. attend to patients who are coughing first?	1	0	99	
7.2.3	Do you educate TB patients on cough etiquette, i.e. covering their mouth with hand, tissue, or elbow while coughing or sneezing, not spitting on the floor, etc.?	1	0	99	
7.2.4	Do you keep all windows open?	1	0	99	
7.2.5	Do you turn on fans to exhaust air outside the room, or blow air in the direction away from others while treating TB presumptive or confirmed cases?	1	0	99	
7.2.6	Are you aware of the sitting arrangement with the patient, i.e., patient not coughing in front of the health worker with the wind blowing towards the health worker?	1	0	99	
7.2.7	Do you request TB diagnostic testing if the patient is symptomatic?	1	0	99	
7.2.8	Do you always screen all family members of confirmed TB patients for TB symptoms?	1	0	99	
7.2.9	Do you discuss with family members or those living with your TB patients, basic information and skills to protect household members and contacts from infection?	1	0	99	
7.2.10	Anything else? (specify) _____	1	0	99	
7.3	Knowledge				
	I have a few more questions about preventing transmission of TB within the facility.	Yes	No	DK	[NR]
7.3.1	Should doors and windows be left open whenever a patient presumed or confirmed to have TB is in the room?	1	0	88	99
7.3.2	Can fans (ventilators) be used in TB wards to reduce the transmission of TB?	1	0	88	99
7.3.3	Should presumed or confirmed TB patients be separated from other patients?	1	0	88	99
7.3.4	Should health care providers minimize the time TB patients spend in the health facility?	1	0	88	99
7.3.5	Can surgical masks protect health care providers from inhaling the TB bacteria?	1	0	88	99

7. Infection Prevention and Control					
		Yes	No	DK	[NR]
7.3.6	Can the use of respiratory protection, such as N95 particulate respirators, by health care providers protect them from inhaling the TB bacteria?	1	0	88	99

8. TB Stigma							
	<p>I am going to read to you some statements and I would like you to tell me to what extent you agree or disagree, ranging from 1-strongly disagree to 4-strongly agree. You can provide your answer as a number between 1 and 4.</p> <p>When I ask you these questions, I want you to think about the colleagues that you work with at this facility.</p> <p>[SD=STRONGLY DISAGREE; D=DISAGREE; A=AGREE; SA=STRONGLY AGREE]</p>						
8.1	Attitudes toward Health Care Workers						
		SD	D	A	SA	Not sure	[NR]
8.1.1	Some health workers in this facility who are suspected of having TB are stigmatized.	1	2	3	4	88	99
8.1.2	Some health workers in this facility avoid contact with co-workers whom they think may have TB.	1	2	3	4	88	99
8.1.3	Some health workers in this facility would not want to eat or drink with a co-worker whom they think has TB.	1	2	3	4	88	99
8.1.4	Some health workers in this facility are stigmatized when others find out that they have gone for TB screening.	1	2	3	4	88	99
8.1.5	Some health workers in this facility feel uncomfortable working near co-workers who have TB.	1	2	3	4	88	99
8.2	Attitudes toward TB Patients						
8.2.1	Some health workers stay away from TB patients.	1	2	3	4	88	99
8.2.2	Some health workers feel getting TB is a person's own fault.	1	2	3	4	88	99
8.2.3	Some health workers feel angry towards TB patients.	1	2	3	4	88	99
8.2.4	Some health workers think it would be good for TB patients to be isolated during the intensive phase of treatment.	1	2	3	4	88	99

9. Supervision			
	Now I would like to ask you some questions about supervision that you have personally received.		
9.1	Has anyone from a higher or upper-level office (e.g., from a DTLS [District TB/Leprosy Supervisors], regional office, or central office) ever come for a supervisory and monitoring visit to check your work?	Yes No [No response]	1 0 99
9.1.1	[ASK ONLY IF 9.1=YES] When was the last time someone from an upper-level office (came here on a supervisory visit?	Within the past 3 months More than 3 month ago ... [No response]	2 1 99
	[ASK THE NEXT 3 QUESTIONS ONLY IF 9.1.1=2 (within 3 months)]		

9. Supervision			
9.2	During the past 3 months, how many times have you been supervised or monitored by someone from an upper-level office? [ENTER 1-12]	Visits <input type="text"/> <input type="text"/> [No response]	99
9.3	The last time you were personally supervised, what did your supervisor do during the visit? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT. INSTEAD, ASK "ANYTHING ELSE?"]		
	Assess the pharmacy (drug stockout, expiry, records, etc.)		1
	Assess the data (completeness, quality, timely reporting, etc.)		2
	Discuss the performance of the facility based on the TB service data (outcomes, follow-up, etc.)		3
	Complete a supervisory checklist		4
	Other (specify)		96
	[None of the above/no response]		99
9.4	The last time you were personally supervised, did your supervisor give you a record of written comments or suggestions? [ASK TO SEE IT]	Yes, observed Yes, not observed No [No response]	2 1 0 99

10. Incentives and Improvements			
10.1	[ASK ONLY IF 020=YES (private facility)] Do you receive discount medicine or free medical care?	Yes No [No response]	1 0 99
10.2	In addition to your official salary (wages), what other non-monetary incentives have you received for the work you do? [READ THE OPTIONS LISTED BELOW "NONE" AND SELECT ALL THAT APPLY IF ANY]		
	[None]		0
	Leave or other time off/vacation		1
	Uniforms, gowns, clinical coats, scrubs, vests, caps, etc. to wear at work		2
	Training/conferences		3
	Other (specify)		96
	[No response]		99
10.3	As a TB service provider or health worker, what are the three most important things that could be done to improve your ability to provide high quality TB care to your patients? 1) 2) 3)		

End of Facility Visit			
		(a) Visit Result	(b) Interview End Time [Use the 24-hour clock system (e.g., 14:30)]
003	Visit 1	Completed 1 Partially completed 2 Provider unavailable 3 Provider refused 4 Postponed 5 Other (specify) 96	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 20px;"></div> <div style="width: 20px;"></div> </div> <div style="text-align: center;">Hours</div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 20px;"></div> <div style="width: 20px;"></div> </div> <div style="text-align: center;">Minutes</div> </div>
004	Visit 2 (if needed)	Completed 1 Partially completed 2 Provider unavailable 3 Provider refused 4 Other (specify) 96	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 20px;"></div> <div style="width: 20px;"></div> </div> <div style="text-align: center;">Hours</div> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 20px;"></div> <div style="width: 20px;"></div> </div> <div style="text-align: center;">Minutes</div> </div>

THANK YOUR RESPONDENT AND MOVE TO THE NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION. BE SURE TO COMPLETE THE LAST ITEM IN THE QUESTIONNAIRE (BELOW).

Comments/Observations [RESEARCH ASSISTANT]	
099	Please provide detailed comments or observations you may have about this interview (issues with questions, challenges in determining which response to select, etc.). <hr/> <hr/> <hr/> <hr/> <hr/>

UGANDA QUALITY OF TB SERVICES ASSESSMENT: PATIENT INTERVIEW

Start of Facility Visit					
		(a) Visit Date [dd/mm/yyyy]	(b) Interview Start Time [Use the 24-hour clock system, e.g., 14:30]	(c) Interviewer ID	(d) Interviewer Name
001	Visit 1	___/___/___	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>Hours Minutes</div>	<div> <div></div> <div></div> </div>	_____
002	Visit 2 (if needed)	___/___/___	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>Hours Minutes</div>	<div> <div></div> <div></div> </div>	_____

Facility Identification			
010	Region	Central 1 Central 2 East Central Mid Eastern Mid Northern Mid Western South Western West Nile	01 02 03 04 05 06 07 08
011	District	_____	<div> <div></div> <div></div> </div>
012	County	_____	
013	Subcounty	_____	
014	Parish	_____	
015	Village	_____	
016	Facility	_____	<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

[MAKE SURE YOU HAVE AN INKPAD OR INK PEN AVAILABLE BEFORE STARTING THE CONSENT-OBTAINING PROCESS.]

Participant Consent	
020	Patient number [ENTER A UNIQUE 2 DIGIT CODE TO IDENTIFY THIS PATIENT]
<div> <div></div> <div></div> </div>	
Eligibility Screening Questions	

Instructions to the interviewer: [When a patient has finished his/her consultation with the clinic staff, introduce yourself (Hello. My name is) and ask him/her if s/he is willing to answer questions about their experience receiving TB care at this facility. If they agree, tell them that you have a few preliminary questions. To ensure that the patient meets the criteria for the study, please obtain the following information.]			
021	[Are they at least 15 years old? Ask if you're not sure.]	Yes No	1 0
022	[ASK ONLY IF 021=YES] Have you been diagnosed with TB or are you being treated for TB at this facility? If so, what type of TB do you have?	No, they do not have TB Yes, "normal" TB (drug susceptible) ... Yes, "not normal" TB (drug resistant).. Yes, unknown TB type Don't know if they have TB [No response]	0 1 2 3 88 99
023	[ASK ONLY IF 022=YES (1-3)] [If 022=1 (drug susceptible)] Have you been receiving TB treatment at this facility for at least 2 weeks? If 022=2 or 3 (drug resistant/unknown)] Have you been receiving TB treatment at this facility for at least 4 weeks?	Yes No [No response]	1 0 99
[If any of the screening questions are No, Don't know, or No response, the patient is NOT eligible for this study – thank them and wait for the next available patient.			
If the patient is eligible for the study (i.e., all questions are Yes), it is essential that you gain their informed consent before beginning the interview. Read the patient consent form to the patient and record their response below.]			
024	[SELECT THE APPROPRIATE RESPONSE BASED ON THE INFORMED CONSENT]	Consented Declined	1 0
[If they declined to give consent, (1) thank the patient, (2) fill in the patient refusal form, (3) record "Patient refused" in the "End of Facility Visit" section at the end of the survey, and (4) wait for another patient. If consented, continue with the interview.]			

1. Patient Characteristics			
1.1	Sex [OBSERVE AND SELECT THE APPROPRIATE RESPONSE. ASK ONLY IF UNSURE.]	Male Female [No response]	1 2 99
1.2.1	In what year were you born? [YEAR MUST BE 1929-2004]	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know [No response]	88 99
1.2.2	How old were you on your last birthday? [YEARS MUST BE 15-90. COMPARE AND CORRECT 1.2.1 AND 1.2.2 IF THEY ARE INCONSISTENT BY MORE THAN 3 YEARS]	Years <input type="text"/> <input type="text"/> Don't know [No response]	88 99

1. Patient Characteristics			
1.3	What is the highest level of education you have completed?	No education 0 Primary 1 Secondary (O and A levels) 2 More than secondary 3 [No response] 99	
1.4	What is your marital status now?	Never married 1 Married/cohabiting 2 Divorced/separated/widowed 3 [No response] 99	
1.5	Do you live in an urban or rural area? NB: Urban area includes cities, and municipal or town councils	Urban 1 Rural 2 [No response] 99	
1.6	What is your employment status?	Business 1 Civil servant 2 Farmer 3 Healthcare worker 4 Housewife/husband 5 Skilled labourer 6 Student 7 Unemployed 8 Other (specify) 9 [No response] 99	
1.7	Is this health facility close enough for you to get here easily?	Yes 1 No 0 [No response] 99	
1.8	What type of transportation do you use most often to get to this facility? [SELECT ALL THAT APPLY]	Bicycle 1 Bus 2 Car 3 Motorcycle/Boda boda 4 Taxi/Matatu 5 Walking 6 Other (specify) 96 [No response] 99	
1.9	On average, how long does it take you to get to this facility from your home? [HOURS MUST BE 0-12; MINUTES MUST BE 0-59]	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 10px;">Hours</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 10px;">Minutes</div> </div> Don't know 88 [No response] 99	
1.10	Do you smoke?	Yes 1 No 0 [No response] 99	
1.10.1	[ASK ONLY IF 1.10=YES] Has a healthcare worker at this facility talked with you about quitting smoking?	Yes 1 No 0 [No response] 99	

2. Cascade of Care			
	Now, I would like to ask about the care that you have received for this disease.		
2.1	How long after you first started having symptoms, such as coughing, did you go to the clinic/health facility?	Within 1 week 1 1 -2 weeks 2 More than two weeks 3 Don't know 88 [No response] 99	
2.2	When you suspected that you might have this disease, where did you get tested?	At this clinic/facility 1 At a different clinic/facility 2 Don't know 88 [No response] 99	
2.3	How long after you were tested were you told you had this disease?	Within two days 1 Within one week 2 1-2 weeks 3 More than two weeks 4 Don't know 88 [No response] 99	
2.4	How long after you were told you had this disease did you start treatment?	Within two days 1 Within one week 2 1-2 weeks 3 More than two weeks 4 Don't know 88 [No response] 99	
2.5	How long have you been on treatment?	Less than 3 months 1 3-6 months 2 7-9 months 3 10-24 months 4 More than 2 years 5 Don't know 88 [No response] 99	
2.6	What phase (or stage) of treatment are you in now?	Intensive 1 Continuation 2 Don't know 88 Other (specify) 96 [No response] 99	
2.7	Who supervises your treatment, i.e., who is your treatment supporter?	No one 0 Healthcare worker at this facility 1 Healthcare worker in the community..... 2 Family member 3 Coworker 4 Other (specify) 96 [No response] 99	
2.7.1	[ASK ONLY IF 2.7=1-96 OR OTHER] On average, how many days per week does your treatment supporter watch you take your medicines? [ENTER 0-7]	Days <input type="text"/> [No response] 99	

2. Cascade of Care				
2.8	Have you ever stopped taking your medicines for a month or more, either on your own or because your doctor told you to stop?	Yes	1	
		No	0	
		Don't know	88	
		[No response]	99	
2.8.1	[ASK ONLY IF 2.8=YES] What is the main reason you stopped taking your medicines? [IF PATIENTS SAY THEY DO NOT WANT TO TAKE THEIR MEDICINES, PROMPT THEM TO DETERMINE WHY – READ THE LISTED ANSWERS]	My healthcare worker told me to stop Medicines not available at the clinic/facility Health facility was too far away Could not afford to buy medicines No time to buy or get medicines..... Was travelling Forgot to take Was sick from the medicines or had side effects Illness (not related to this disease) Other (specify) [No response]	1 2 3 4 5 6 7 8 9 96 99	

3. Availability of TB Services				
	Now I would like to ask you about your experience with this facility in general.	Yes	No	[NR]
3.1	Were you physically examined by a healthcare worker at this facility during your first visit for your disease?	1	0	99
3.2	Do you always talk to the same healthcare workers every time you visit this facility?	1	0	99
3.3	Do you have difficulties in getting care for your disease in this facility because of a language barrier?	1	0	99
3.4	Have you ever been turned away from receiving care for your disease during official working hours at this facility?	1	0	99
3.4.1	[ASK ONLY IF 3.4=YES] Why were you turned away?	No drugs Came late Forgot card No healthcare worker Other (specify) [No response]	1 2 3 4 96 99	
		Yes	No	[NR]
3.5	Do you collect the medicines for your disease at this facility?	1	0	99
	[ASK THE NEXT 3 QUESTIONS ONLY IF 3.5=YES]			
3.5.1	Are the medicines always available?	1	0	99
3.5.2	Are you told how to take the medicines each time you collect them?	1	0	99
3.5.3	Have you been given written instructions on how to take your medicines?	1	0	99
3.7	Are the clinic hours convenient for you?	1	0	99
3.7.1	[ASK ONLY IF 3.7=NO] Why is that?_____			
		Yes	No	[NR]
3.8	Are the waiting time(s) before talking to healthcare workers at this facility generally acceptable to you?	1	0	99

3. Availability of TB Services				
3.9	During today's visit, about how long did you wait to talk to any healthcare worker? [HOURS MUST BE 0-8; MINUTES MUST BE 0-59]	<div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div>Hours Minutes</div> <div>Don't know</div> <div>[No response]</div>		88 99
3.10	During today's visit, how long did you spend with your providers, e.g., healthcare worker, lab, pharmacist, etc.? If you saw more than one provider, please add up the total time. [HOURS MUST BE 0-8; MINUTES MUST BE 0-59]	<div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div>Hours Minutes</div> <div>Don't know</div> <div>[No response]</div>		88 99
3.10.1	[ASK ONLY IF 3.10 HOURS ≥ 3] Did you spend time at more than one unit during your visit today?	Yes..... No..... [No response]		1 2 99
3.10.1.1	[ASK ONLY IF 3.10.1=YES] Where did you spend the longest time?	Clinician's room Lab Pharmacy TB unit Other (specify) [No response]		1 2 3 4 96 99
			Yes No	[NR]
3.11	Have you ever gone to another health facility to receive care for your disease?		1 0	99
3.11.1	[ASK ONLY IF 3.11=YES] Why did you go to another health facility? _____			

4. TB Contact Investigation			
4.1	When you were first diagnosed with this disease, did you receive information or counseling about the need to have the people with whom you have been in close contact checked or tested for TB? Your close contacts could include your family members, friends, schoolmates, or co-workers that you spend time with.	Yes No Don't know [No response] .	1 0 88 99
[IF 4.1=YES, CONTINUE WITH THIS SECTION; OTHERWISE, SKIP TO THE NEXT SECTION]			

4. TB Contact Investigation					
4.2	Who counselled you about how to identify your close contacts and the need to have them checked for TB? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT] Healthcare worker at this facility (doctor, nurse, clinical officer) 1 Healthcare worker in the community 2 TB treatment supporter in the community 3 Village health team (VHT) 4 Community health extension worker (CHEW) 5 Expert client 6 Community volunteer 7 NGO worker 8 Other (specify) 96 [No response] 99				
	Please tell me more about how your contacts were first identified.	Yes	No	DK	[NR]
4.3.1	Were you visited at home by someone involved with your care? (e.g., TB treatment supporter, VHT, CHEW, community volunteer, expert client, etc.)	1	0	88	99
4.3.2	Were you visited at school or work by someone involved with your care? (e.g., TB treatment supporter, VHT, CHEW, community volunteer, expert client, etc.)	1	0	88	99
4.3.3	Were you visited at other places you frequent by someone involved with your care? (e.g., TB treatment supporter, VHT, CHEW, community volunteer, expert client, etc.)	1	0	88	99
4.3.4	Were you visited by a healthcare worker from this facility?	1	0	88	99
4.4	Were you asked to bring your contacts to the facility?	1	0	88	99
	I would like to know more about the types of contacts you were asked about.	Yes	No	DK	[NR]
4.5.1	Do you have any child contacts (0-14 years)?	1	0	88	99
4.5.2	Were you asked about all contacts living in your house, including children?	1	0	88	99
4.5.3	Were you asked about contacts you know from your workplace or school?	1	0	88	99
4.6	Were your contacts asked about whether they had symptoms of this disease?	1	0	88	99
4.7	Were you asked to bring your contacts to a health care facility for TB testing?	1	0	88	99
4.8	Did your contacts receive any tests to check if they had the disease?	1	0	88	99
	[ASK ONLY IF 4.8=YES] What kinds of tests did your contacts receive?	Yes	No	DK	[NR]
4.8.1	Sputum examination	1	0	88	99
4.8.2	Chest X-ray	1	0	88	99
4.8.3	Other (specify)	1	0	88	99
4.9	Were any of your adult contacts diagnosed with this disease?	1	0	88	99
4.9.1	[ASK ONLY IF 4.9=YES] Did they start taking treatment for it?	1	0	88	99
4.9.2	[ASK ONLY IF 4.9=NO, DK, or NR] Were any of your adult contacts told they should take a treatment that will prevent them from getting the disease?	1	0	88	99

4. TB Contact Investigation					
		Yes	No	DK	[NR]
4.10	[ASK ONLY IF 4.5.1=YES (have child contacts)] Were any of your child contacts diagnosed with this disease?	1	0	88	99
4.10.1	[ASK ONLY IF 4.10=YES] Did they start taking treatment for it?	1	0	88	99
4.10.2	[ASK ONLY IF 4.10=NO, DK, or NR] Were any of your child contacts told they should take a treatment that will prevent them from getting the disease?	1	0	88	99
	Please respond to the following statements about contact investigation by saying if you agree or disagree.	Agree	Neither agree nor disagree	Disagree	[NR]
4.11	I understood the information I received about identifying my contacts.	3	2	1	99
4.12	I understood the information I received about advising my contacts to get tested for TB.	3	2	1	99
4.13	I understood why it was necessary to identify my contacts.	3	2	1	99
4.14	I received support on how to identify my contacts and where to bring them for services.	3	2	1	99
4.15	[ASK ONLY IF 4.8 is NOT YES] I understood the kinds of tests that my contacts received.	3	2	1	99
4.16	My contacts were treated well by the healthcare/outreach worker.	3	2	1	99

5. TB Knowledge						
	Now I would like to ask about your knowledge and awareness of TB. [ASK THE LEADING QUESTION FIRST AND SELECT "UNPROMPTED" FOR ALL RESPONSES FROM THAT RESPONDENT WITHOUT NEEDING A PROMPT. THEN START PROMPTING EACH ITEM THAT WAS MISSED AND ANSWER ACCORDINGLY.]					
5.1	TB Symptoms					
	There are various symptoms an individual with this disease would experience to know s/he has the disease.					
	Can you tell me what symptoms a person with this disease will have?	Yes, unprompted	Yes, prompted	No	DK	[NR]
5.1.1	Chronic cough (more than 2 weeks)	2	1	0	88	99
5.1.2	Coughing up mucus or phlegm	2	1	0	88	99
5.1.3	Blood-streaked mucus or sputum	2	1	0	88	99
5.1.4	Unexplained weight loss	2	1	0	88	99
5.1.5	Fever and/or chills	2	1	0	88	99
5.1.6	Night sweats	2	1	0	88	99
5.1.7	Persistent shortness of breath	2	1	0	88	99
5.1.8	Tiredness/fatigue	2	1	0	88	99
5.1.9	Pain in the chest or back	2	1	0	88	99
5.1.10	Other (specify) _____	2				

5. TB Knowledge						
5.2	TB Causes and Transmission					
	What do you think causes this disease or spreads it from one person to another?	Yes, unprompted	Yes, prompted	No	DK	[NR]
5.2.1	Germs/bacteria	2	1	0	88	99
5.2.2	Infected person coughing or sneezing	2	1	0	88	99
5.2.3	Crowded living conditions	2	1	0	88	99
5.2.4	Blood transfusions	2	1	0	88	99
5.2.5	Sharing utensils	2	1	0	88	99
5.2.6	Touching a person with TB	2	1	0	88	99
5.2.7	Through food	2	1	0	88	99
5.2.8	Mosquito bites	2	1	0	88	99
5.2.9	Sexual contact	2	1	0	88	99
5.2.10	Witchcraft	2	1	0	88	99
5.2.11	Not following the healthcare provider's instructions for taking the medicines	2	1	0	88	99
5.2.12	Smoking	2	1	0	88	99
5.2.13	Other (specify) _____	2				
5.3	TB Risk Factors					
	What do you think makes a person more at risk of getting TB?	Yes, unprompted	Yes, prompted	No	DK	[NR]
5.3.1	Smoking	2	1	0	88	99
5.3.2	Alcohol drinking	2	1	0	88	99
5.3.3	Fatigue/tiredness	2	1	0	88	99
5.3.4	Malnutrition (undernutrition)	2	1	0	88	99
5.3.5	Unhygienic practices (e.g., spitting in public)	2	1	0	88	99
5.3.6	Poor ventilation	2	1	0	88	99
5.3.7	Pollution	2	1	0	88	99
5.3.8	Being HIV infected	2	1	0	88	99
5.3.9	Contact with or living with someone who has this disease	2	1	0	88	99
5.3.10	Inherited	2	1	0	88	99
5.3.11	Having diabetes	2	1	0	88	99
5.3.12	Poverty	2	1	0	88	99
5.3.13	Overcrowding	2	1	0	88	99
5.3.14	Other (specify) _____	2				
5.4	Drug Side Effects					
	What are the possible side effects patients may experience from using or taking medicines for this disease?	Yes, unprompted	Yes, prompted	No	DK	[NR]
5.4.1	Nausea	2	1	0	88	99

5. TB Knowledge						
		Yes, unprompted	Yes, prompted	No	DK	[NR]
5.4.2	Vomiting	2	1	0	88	99
5.4.3	Heart burn	2	1	0	88	99
5.4.4	Loss of appetite	2	1	0	88	99
5.4.5	Discolored urine or tears	2	1	0	88	99
5.4.6	Fever	2	1	0	88	99
5.4.7	Yellowish eyes	2	1	0	88	99
5.4.8	Problems with eyesight	2	1	0	88	99
5.4.9	Joint pain	2	1	0	88	99
5.4.10	Rash	2	1	0	88	99
5.4.11	Insomnia	2	1	0	88	99
5.4.12	Balance issues (loss of balance)	2	1	0	88	99
5.4.13	Hearing loss	2	1	0	88	99
5.4.14	Mental disorders (psychosis, depression, anxiety)	2	1	0	88	99
5.4.15	Tingling sensation/pins and needles	2	1	0	88	99
5.4.16	Other (specify) _____	2				
5.5	Can your disease be cured?	Yes No Don't know [No response]				1 0 88 99
5.6a	[ASK ONLY IF 022=1 or 3 (DS-TB or unknown TB)] What is the usual duration or typical period for treating drug-susceptible TB? [MUST BE 0-12. ENTER '0' IF THEIR ANSWER IS <1 MONTH. ENTER '12' IF THEIR ANSWER IS >12 MONTHS.]	Months ... <input type="text"/> <input type="text"/> Don't know [No response]				88 99
5.6b	[ASK ONLY IF 022=2 or 3 (DR-TB or unknown TB)] What is the usual duration or typical period for treating drug-resistant TB? [MUST BE 0-30. ENTER '0' IF THEIR ANSWER IS <1 MONTH. ENTER '30' IF THEIR ANSWER IS >30 MONTHS.]	Months ... <input type="text"/> <input type="text"/> Don't know [No response]				88 99

6. Stigma/Discrimination							
	Next, I would like to ask you to rate the following statements about your experience with this disease. I am going to read to you some statements and I would like you to tell me to what extent you agree or disagree, ranging from 1-strongly disagree to 5-strongly agree.						
6.1	Facility Level Discrimination						
	First, I would like to know how you are treated by others at this facility. [Strongly disagree (SD), Disagree (D), Neither agree nor disagree (N), Agree (A), Strongly agree (SA)]	SD	D	N	A	SA	[NR]
6.1.1	Overall, I feel welcome in this health facility.	1	2	3	4	5	99
6.1.2	Overall, the healthcare workers are friendly to me.	1	2	3	4	5	99

6. Stigma/Discrimination							
		SD	D	N	A	SA	[NR]
6.1.3	Overall, healthcare workers here treat me with respect.	1	2	3	4	5	99
6.1.4	Overall, the healthcare workers treat me the same way I am treated when I receive care for other illnesses.	1	2	3	4	5	99
6.1.5	Healthcare workers here turn their face away when speaking with me.	1	2	3	4	5	99
6.1.6	Healthcare workers have avoided touching me.	1	2	3	4	5	99
6.1.7	People within this facility show discriminatory attitudes toward me (e.g., they talk to other patients about me and my disease, they attend to me last, etc.)	1	2	3	4	5	99
6.1.8	Overall, I feel distressed, intimidated, or offended when interacting with healthcare workers at this facility.	1	2	3	4	5	99
6.2	Community Level Stigma/Discrimination						
6.2.1	Have you disclosed your illness to your family?	Yes No No response					1 0 99
6.2.2	Have you disclosed your illness to your friends?	Yes No No response					1 0 99
	[ASK THE NEXT 7 QUESTIONS ONLY IF 6.2.1=YES OR 6.2.2=YES] Now, I would like to know what situations you have experienced due to having this disease. Again, I would like you to tell me to what extent you agree or disagree with the following statements using the same scale as before, where 1 is strongly disagree and 5 is strongly agree.	SD	D	N	A	SA	[NR]
6.2.3	I felt hurt when I saw how people reacted to learning I have this disease.	1	2	3	4	5	99
6.2.4	I stopped going to social events, religious services, or community events because of negative reactions to my disease.	1	2	3	4	5	99
6.2.5	People do not want to eat or drink with me because I have this disease.	1	2	3	4	5	99
6.2.6	I keep a distance from others to avoid spreading germs from this disease.	1	2	3	4	5	99
6.2.7	[ONLY ASK IF 6.2.1=YES] Family members keep a distance from me because of my disease.	1	2	3	4	5	99
6.2.8	[ONLY ASK IF 6.2.1=YES] Family members feel guilt in the community because I have this disease.	1	2	3	4	5	99
6.2.9	[ONLY ASK IF 6.0.2=YES] I lost friends when I told them I have this disease.	1	2	3	4	5	99
6.3	Patients' Stigmatizing Emotions						

6. Stigma/Discrimination							
	I want to understand the types of emotions you feel as someone with this disease. As before, I am going to read you some statements and I want you to tell me the extent to which you agree or disagree with them, where 1 is strongly disagree and 5 is strongly agree.	SD	D	N	A	SA	[NR]
6.3.1	I feel that I need to hide the fact that I have this disease.	1	2	3	4	5	99
6.3.2	I worry people who know I have this disease will tell others.	1	2	3	4	5	99
6.3.3	I am very careful whom I tell that I have this disease.	1	2	3	4	5	99
6.3.4	I worry that in this community most people with this disease are denied involvement in social events, religious services, or community events when others learn that they have this disease.	1	2	3	4	5	99
6.3.5	I worry that in this community people believe a person who has this disease is dirty.	1	2	3	4	5	99
6.3.6	It is difficult to tell people about my disease.	1	2	3	4	5	99
6.3.7	I feel guilty that I have this disease.	1	2	3	4	5	99
6.3.8	I feel ashamed that I have this disease.	1	2	3	4	5	99
6.3.9	I sometimes feel worthless because I have this disease.	1	2	3	4	5	99
6.3.10	Having this disease makes me feel like I am a bad person.	1	2	3	4	5	99
6.3.11	I feel I am not as good as others because I have this disease.	1	2	3	4	5	99
6.3.12	I feel I look disgusting because I have this disease.	1	2	3	4	5	99
6.4	Have you ever felt stigmatized or discriminated against because of your disease?	Yes No Don't know [No response] .					1 0 88 99
6.4.1	[ASK ONLY IF 6.4=YES] Please tell me more about your experience with stigma and discrimination associated with TB, such as personal experience with people knowing your status or reasons for not letting people know your status, suspicions of HIV from your contacts, discriminatory laws and policies related to TB and their enforcement etc. 						
6.5	Have you seen or heard of others being stigmatized or discriminated against because of their TB status?	Yes No Don't know [No response] .					1 0 88 99
6.6	What would you like to see changed in TB services, laws, and policies to address TB-related stigma and discrimination (e.g., in the hospital/clinic, community, family, workplace)? 						

7. Communication of TB Information					
	[ASK THE LEADING QUESTION FIRST AND SELECT “UNPROMPTED” FOR ALL RESPONSES FROM THAT RESPONDENT WITHOUT NEEDING A PROMPT. THEN START PROMPTING EACH ITEM THAT WAS MISSED AND ANSWER ACCORDINGLY.]				
	During your visits to this health facility, what information about this disease and its treatment were shared with you by the healthcare workers?	Yes, unprompted	Yes, prompted	No	[NR]
7.1	How the disease is spread to others	2	1	0	99
7.2	Cough hygiene, i.e., how to reduce the risk of making others sick by covering your mouth when you cough	2	1	0	99
7.3	That this disease can be cured	2	1	0	99
7.4	How long your treatment will last	2	1	0	99
7.5	Danger signs of the disease getting worse	2	1	0	99
7.6	The importance of taking the medicines regularly	2	1	0	99
7.7	Side effects of the medicine	2	1	0	99
7.8	Healthy behaviors to follow (e.g., no alcohol drinking, good hygiene)	2	1	0	99
7.9	What to do if you have side effects from the medicine	2	1	0	99
7.10	The need for sputum tests at given points during your treatment	2	1	0	99
7.11	The importance of taking the medicines through the end of treatment	2	1	0	99
7.12	When to come back for the next care visit for this disease	2	1	0	99
			Yes	No	[NR]
7.13	Do you have materials (e.g., pamphlets) from the health facility to remind you of the treatment information provided by the healthcare worker or other facility staff?		1	0	99
7.14	Do you have educational materials on your disease?		1	0	99
	[ASK THE NEXT 3 QUESTIONS ONLY IF 7.13=YES]				
7.14.1	Do you understand the educational materials?		1	0	99
7.14.2	Do you think the educational materials are appropriate for your health situation?		1	0	99
7.14.3	Do you think the educational materials are helpful to you?		1	0	99

8. Patient – Provider Interaction				
	Next, I would like to ask you about your face-to-face meetings with healthcare workers at this facility.	Yes	No	[NR]
8.1	During your visits to this facility, do the healthcare workers usually explain things in a way you can understand?	1	0	99
8.2	During your visits to this facility, do the healthcare workers listen to your opinion and ideas on the best way to follow your treatment?	1	0	99
8.3	Do the healthcare workers at this facility discuss your status or progress with you at every scheduled appointment?	1	0	99

8. Patient – Provider Interaction				
		Yes	No	[NR]
8.4	During your visits to this facility, do you think the healthcare workers give you a chance to ask questions about anything that concerns you?	1	0	99
8.5	During your visits to this facility, do you usually have enough time to discuss your health needs with the healthcare workers?	1	0	99
8.6	During your visits to this facility, do the healthcare workers tell you how this disease can affect your everyday life?	1	0	99
8.7	Do the healthcare workers at this facility address your worries about your disease seriously when you visit the facility?	1	0	99
8.8	During your visits to this facility, do the healthcare workers listen carefully to you?	1	0	99
8.9	During your visits to this facility, do the healthcare workers explain how to cope with your problems?	1	0	99
8.10	During your visits to this facility, do you worry that other patients can hear your conversation with your healthcare workers?	1	0	99
8.11	During your visits to this facility, do you think you have enough privacy during the examination?	1	0	99

9. TB/HIV Services					
	Next, I would like to ask you about the link between TB and HIV.	Yes	No	DK	[NR]
9.1	Have any healthcare workers in this facility told you about the link between TB and HIV?	1	0	88	99
9.2	Have any healthcare workers in this facility told you how to prevent HIV infection?	1	0	88	99
9.3	After being told you had TB, were you told to take an HIV test?	1	0	88	99
9.4	Have any healthcare workers in this facility told you where to get HIV treatment if you might need it?	1	0	88	99
9.5	Have any healthcare workers in this facility told you that you can get treatment for HIV and your disease at the same time if you might need this?	1	0	88	99
9.6	Are you taking treatment for HIV or to prevent HIV?	1	0	88	99
[ASK THE NEXT 2 QUESTIONS ONLY IF 9.6=YES]					
9.6.1	Have any healthcare workers in this facility told you about conditions in which the HIV treatment can make the symptoms of your disease worse?	1	0	88	99
9.6.2	Have any healthcare workers in this facility told you what to do if your symptoms get worse after starting HIV treatment?	1	0	88	99

10. Support			
	I would like to ask you about any support you receive from this facility.		
10.1	People with this disease sometimes also have other medical conditions, such as diabetes, HIV infection, or other illnesses. Do you have any other medical conditions?	Yes (specify) _____ No Don't know [No response]	1 0 88 99

10. Support					
10.1.1	[ASK ONLY IF 10.1=YES] Who has discussed your other medical conditions with you?	No one	0		
		Only healthcare workers at this facility	1		
		Only healthcare workers outside this facility ...	2		
		Healthcare workers at this facility and outside this facility	3		
		[No response]	99		
10.1.2	[ASK ONLY IF 10.1=YES] Do you feel your other medical needs have been met?	None have been met	0		
		Some have been met	1		
		Most have been met	2		
		All have been met	3		
		[No response]	99		
	To support its patients, this facility offers various services to help you complete your treatment. Which, if any, of the following supportive services have you received from this facility?	Yes	No	DK	[NR]
10.2.1	Free TB medicines	1	0	88	99
10.2.2	Home-based treatment	1	0	88	99
10.2.3	Nutritional support or food basket	1	0	88	99
10.2.4	Rehabilitative services	1	0	88	99
10.2.5	Transport assistance	1	0	88	99
10.2.6	Psychosocial or other adherence support	1	0	88	99
10.2.7	One-on-one counseling (face-to-face) by medical staff (doctor or nurse)	1	0	88	99
10.2.8	One-on-one peer counseling (face-to-face) by lay counselor, village health team, former TB patient	1	0	88	99
10.2.9	Small group TB health education session	1	0	88	99
10.2.10	Other services (specify) _____	1	0	88	99
	Which of the following services do you think would help you the most in continuing and completing your treatment, regardless of whether it is currently offered by this facility?	Yes	No	DK	[NR]
10.3.1	Free TB medicines	1	0	88	99
10.3.2	Home based treatment	1	0	88	99
10.3.3	Nutritional support or food basket	1	0	88	99
10.3.4	Rehabilitative services	1	0	88	99
10.3.5	Transport assistance	1	0	88	99
10.3.6	Psychosocial or other adherence support	1	0	88	99
10.3.7	One-on-one counseling (face-to-face) by medical staff (doctor or nurse)	1	0	88	99
10.3.8	One-on-one peer counseling (face-to-face) by lay counselor, village health team, former TB patient	1	0	88	99
10.3.9	Small group TB health education session	1	0	88	99
10.3.10	Other services (specify) _____	1	0	88	99

11. Affordability	
	Next, I would like to ask you about the costs of the care for your disease.

	I want to ask if you have received certain tests at this facility, and if so, if you were asked to pay for them.	(a) Have you had [test]?			[ASK ONLY IF (a)=YES] (b) Were you asked to pay for them?		
		Yes	No	[NR]	Yes	No	[NR]
11.1.1	Sputum tests	1	0	99	1	0	99
11.1.2	Blood tests	1	0	99	1	0	99
11.1.3	X-rays	1	0	99	1	0	99

12. Infrastructure							
	Next, I would like to ask you about physical features of this facility. Please answer the questions about this facility only. Do not include any other facilities in your answer.	Yes	No	DK	[NR]		
12.1	During your visits to this facility, do you find the clinic area to be clean?	1	0		99		
12.2	Are there enough comfortable places to sit in this facility?	1	0		99		
12.3	During your visits to this facility, is drinkable water usually available?	1	0	88	99		
12.4	During your visits to this facility, are the toilets usually clean?	1	0	88	99		
12.4.1	[ASK ONLY IF 12.4=YES OR NO] During your visits to this facility, are the toilets always usable?	1	0	88	99		

13. Overall Satisfaction			
13.1	Overall, how satisfied are you with the TB care you have received at this facility so far?	Very dissatisfied 1 Dissatisfied 2 Neither satisfied nor dissatisfied 3 Satisfied 4 Very satisfied 5 [No response] 99	
13.2	Is there anything you would like to see changed at this facility to improve the quality of care that you receive for your disease? _____ _____ _____		

End of Facility Visit					
		(a) Visit Result		(b) Interview End Time [Use the 24-hour clock system, e.g. 14:30]	
003	Visit 1	Completed	1	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 15px;"></div> <div style="width: 15px;"></div> </div> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 15px;"></div> <div style="width: 15px;"></div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Hours Minutes </div>	
		Partially completed	2		
		Patient unavailable	3		
		Patient refused	4		
		Postponed	5		
		Other (specify) _____	96		

004	Visit 2 (if needed)	Completed	1	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div> <div style="text-align: center;">Hours</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div> <div style="text-align: center;">Minutes</div> </div>
		Partially completed	2	
		Patient unavailable	3	
		Patient refused	4	
		Other (specify) _____	96	

THANK YOUR RESPONDENT AND MOVE TO THE NEXT AVAILABLE PATIENT.

Comments/Observations [RESEARCH ASSISTANT]	
099	Please provide detailed comments or observations you may have about this questionnaire (issues with questions, challenges in determining which response to select, etc.). <hr/> <hr/> <hr/> <hr/>

UGANDA QUALITY OF TB SERVICES ASSESSMENT: REGISTER REVIEW

Start of Facility Visit					
		(a) Visit Date	(b) Survey Start Time [Use the 24-hour clock system, e.g., 14:30]	(c) Interviewer ID	(d) Interviewer Name
001	Visit 1	___/___/___	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>Hours Minutes</div>	<div> <div></div> <div></div> </div>	_____
002	Visit 2 (if needed)	___/___/___	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>Hours Minutes</div>	<div> <div></div> <div></div> </div>	_____

Facility Identification			
010	Region	Central 1 Central 2 East Central Mid Eastern Mid Northern Mid Western South Western West Nile	01 02 03 04 05 06 07 08
011	District	_____	<div> <div></div> <div></div> </div>
012	County	_____	
013	Subcounty	_____	
014	Parish	_____	
015	Village	_____	
016	Facility	_____	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
017	Is this facility a referral hospital?	Yes No	1 0

Facility Information					
Data Collection Tools					
	Are the following registers used at this facility to record TB data? Check if they are available to review.	Yes			No
		Both electronic and paper	Electronic only	Paper only	
021	Presumptive TB register	3	2	1	0
022	TB laboratory register	3	2	1	0
023	Unit TB register	3	2	1	0
025	Drug-resistant TB (DR-TB) treatment register	3	2	1	0

Facility Information					
	Are the following registers used at this facility to record TB data? Check if they are available to review.	Yes			No
		Both electronic and paper	Electronic only	Paper only	
026	TB preventive therapy register	3	2	1	0
027	Contact tracing register	3	2	1	0
028	Outpatient department (OPD) register	3	2	1	0
029	Do any other registers record TB data? (specify) _____	3	2	1	0
TB Services Provided [ANSWERS MUST MATCH WHAT IS IN THE FACILITY AUDIT]					
031	Does this facility perform smear microscopy, and if so, is it done onsite or are specimens/slides sent to another facility? (note: regardless of whether smear microscopy is used for diagnosis or follow-up)	Yes, onsite Yes, sent out No			2 1 0
032	Does this facility perform GeneXpert tests, and if so, are they done onsite or are specimens sent to another facility?	Yes, onsite Yes, sent out No			2 1 0
	Are the following services available at this facility?				Yes No
033	Drug-susceptible TB (DS-TB) treatment management				1 0
034	HIV-related services				1 0
035	DR-TB treatment management				1 0
036	TB preventive treatment (TPT) for people living with HIV/AIDS (PLHIV)				1 0
037	TPT to child contacts of confirmed TB patients				1 0
038	[VALID ONLY IF 037=NO] What is the reason for not providing TPT to child contacts of confirmed TB patients? [SELECT ALL THAT APPLY]	No guidelines Not trained No drugs Don't know Other (specify) _____			1 2 3 88 96

Register review period set to:

- 3 months: October 1, 2018 – December 31, 2018 (sections 1-3, 5-6)
- 6 months: July 1, 2018 – December 31, 2018 (sections 1-3, 5-6), January 1, 2017 – June 30, 2017 (section 4 only)

NOTE TO DATA COLLECTOR: Make sure you have a calculator, the tally sheets issued by Makerere University Lung Institute, and two different colored highlighters available before starting to recount data.

[FOR ALL COUNTS, PLEASE ENTER 0 FOR NONE AND SELECT 999 WHEN YOU ARE UNABLE TO DETERMINE THE COUNT. AT THE END OF THE SURVEY, THERE IS AN OPPORTUNITY FOR YOU TO DESCRIBE ANY ISSUES YOU HAD IN DETERMINING THE COUNTS.]

1. Screening and Diagnosis (Presumptive TB Register)																		
1.0	<p>[LOCATE RECORDS WITHIN THE SPECIFIED DATE RANGE] [IF 017=1 (REFERRAL HOSPITAL), USE LAST 3 MONTHS] [IF 017=0 (HOSPITAL/HEALTH CENTER), USE LAST 6 MONTHS] (a) Start date _____ (b) End date _____</p> <p>(c) Which register(s) will be used to determine the TB screening and diagnosis counts?</p> <p>[SELECT ALL THAT APPLY]</p> <table border="0"> <tr> <td>Presumptive TB register</td> <td>1</td> </tr> <tr> <td>TB laboratory register</td> <td>2</td> </tr> <tr> <td>Unit TB register</td> <td>3</td> </tr> <tr> <td>DR-TB treatment register</td> <td>5</td> </tr> <tr> <td>TB preventive therapy register</td> <td>6</td> </tr> <tr> <td>Contact tracing register</td> <td>7</td> </tr> <tr> <td>OPD register</td> <td>8</td> </tr> <tr> <td>Other (specify) _____</td> <td>96</td> </tr> </table>	Presumptive TB register	1	TB laboratory register	2	Unit TB register	3	DR-TB treatment register	5	TB preventive therapy register	6	Contact tracing register	7	OPD register	8	Other (specify) _____	96	<div style="text-align: right;"> ____/____/____ ____/____/____ </div>
Presumptive TB register	1																	
TB laboratory register	2																	
Unit TB register	3																	
DR-TB treatment register	5																	
TB preventive therapy register	6																	
Contact tracing register	7																	
OPD register	8																	
Other (specify) _____	96																	
1.1 TB Screening and Diagnosis Totals																		
1.1.1	Number of patients with presumptive TB [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999																
1.1.2	Number of patients with presumptive TB who had any type of diagnostic test done (e.g., smear, Xpert MTB/RIF [GeneXpert], chest X-ray) [MUST BE ≤ 1.1.1; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999																
1.1.3	Number of patients with presumptive TB who received either smear microscopy or an Xpert MTB/RIF (GeneXpert) test [MUST BE ≤ 1.1.2; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999																
1.1.4	Number of patients with presumptive TB with bacteriological test results [MUST BE ≤ 1.1.3; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999																
1.1.5	Number of patients with presumptive TB with <u>positive</u> bacteriological test results [MUST BE ≤ 1.1.4; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999																
1.2 Smear Microscopy [VALID ONLY IF 031=YES (1 or 2)]																		
1.2.1	Number of patients with presumptive TB who received smear microscopy test [MUST BE ≤ 1.1.3; ENTER 0 FOR NONE; USE DATE SENT AND RESULTS SECTION TO DETERMINE THIS COUNT]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999																
1.2.2	Number of patients with presumptive TB with smear microscopy test results [MUST BE ≤ 1.2.1; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999																
1.2.3	Number of patients with presumptive TB with <u>positive</u> smear microscopy test results [MUST BE ≤ 1.2.2; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999																
1.3 GeneXpert [VALID ONLY IF 032=YES (1 or 2)]																		
1.3.1	Number of patients with presumptive TB who received a GeneXpert test [MUST BE ≤ 1.1.3; ENTER 0 FOR NONE; USE DATE SENT AND RESULTS SECTION TO DETERMINE THIS COUNT]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999																

1. Screening and Diagnosis (Presumptive TB Register)		
1.3.2	Number of patients with presumptive TB with GeneXpert test results [MUST BE ≤ 1.3.1; ENTER 0 FOR NONE] Note: include undetermined or error results	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999
1.3.3	Number of patients with presumptive TB with GeneXpert test results <u>positive</u> for TB [MUST BE ≤ 1.3.2; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999
1.3.4	Number of patients with presumptive TB with GeneXpert test results positive for rifampicin resistance (RR) [MUST BE ≤ 1.3.3; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999

2. TB Laboratory (Register) [VALID ONLY IF 031 OR 032=YES (ONSITE)]		
2.0	[LOCATE RECORDS WITHIN THE SPECIFIED QUARTER] (a) Start date <u> </u>/<u> </u>/<u> </u> (b) End date <u> </u>/<u> </u>/<u> </u> (c) Which register(s) will be used to determine the TB laboratory counts? [SELECT ALL THAT APPLY]	
	Presumptive TB register 1 TB laboratory register 2 Unit TB register 3 DR-TB treatment register 5 TB preventive therapy register 6 Contact tracing register 7 OPD register 8 Other (specify) 96	
NOTES PROVIDED RELATED TO COLUMNS ONLY APPLIES IF USING THE NTLP TB LAB REGISTER		
2.1	Smear Microscopy [VALID ONLY IF 031=YES (ONSITE)]	
2.1.1	Number of diagnostic smears submitted to the laboratory [ENTER 0 FOR NONE] Note: look at column 9a – do not include GeneXpert (sometimes indicated in column 9a, or with results shown in column 9(14)) or follow-up smears (column 9b)	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999
2.1.2	Number of diagnostic smear results recorded in the laboratory [MUST BE ≤ 2.1.1; ENTER 0 FOR NONE] Note: look at column 9(13-1)	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999
2.1.3	Number of diagnostic smear results recorded in the laboratory (within 24 hours of submission) [MUST BE ≤ 2.1.2; ENTER 0 FOR NONE] Note: if date recorded, compare date of results from columns 9(13-1) with the date recorded in column 2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999
2.1.4	Number of smear-positive TB patients [MUST BE ≤ 2.1.2; ENTER 0 FOR NONE] Note: look for codes T (including T ^L , T ^M , and T ^H), RR, and TI in columns 9(13-1)	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999
2.1.5	Number of smear conversion tests submitted to the laboratory [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999
2.1.6	Number of smear conversion test results recorded in the laboratory (only count follow-up smears at 2 months, i.e., the end of the intensive phase) [MUST BE ≤ 2.1.5; ENTER 0 FOR NONE] Note: look at column 9b, consider smears at "FU 2/12"	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999

2. TB Laboratory (Register) [VALID ONLY IF 031 OR 032=YES (ONSITE)]			
2.1.7	Number of smear conversion test results recorded in the laboratory (within 24 hours of submission) [MUST BE ≤ 2.1.6; ENTER 0 FOR NONE] Note: if date recorded, compare date of results from 9(13-2) with the date recorded in column 9b	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
2.1.8	Number of negative smear conversion test results recorded in the laboratory [MUST BE ≤ 2.1.6; ENTER 0 FOR NONE] Note: look at column 9(13-2) for N	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
2.2 GeneXpert [VALID ONLY IF 032=YES (ONSITE)]			
2.2.1	Number of GeneXpert samples submitted to laboratory [ENTER 0 FOR NONE] Note: look at column 9a – only consider GeneXpert	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
2.2.2	Number of GeneXpert test results recorded in the laboratory [MUST BE ≤ 2.2.1; ENTER 0 FOR NONE] Note: look at column 9(14)	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
2.2.3	Number of GeneXpert test results received from the laboratory (within 24 hours) [MUST BE ≤ 2.2.2; ENTER 0 FOR NONE] Note: if date recorded, compare date of results from columns 9(14) with the date recorded in column 2	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
2.2.4	Number of GeneXpert tests with positive result for TB [MUST BE ≤ 2.2.2; ENTER 0 FOR NONE] Note: look at column 9(14)	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
2.2.5	Number of GeneXpert tests with positive result for resistance to rifampicin [MUST BE ≤ 2.2.4; ENTER 0 FOR NONE] Note: look at column 9(14) for RR	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
2.2.6	Number of GeneXpert tests with negative result [MUST BE ≤ 2.2.2; ENTER 0 FOR NONE] Note: look at column 9(14) for N	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
2.2.7	Number of GeneXpert tests with error result [MUST BE ≤ 2.2.2; ENTER 0 FOR NONE] Note: look at column 9(14)	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
2.2.8	Number of GeneXpert tests with MTB detected, rifampicin resistance indeterminate [MUST BE ≤ 2.2.2; ENTER 0 FOR NONE] Note: look at column 9(14) for TI (or MTB and RR indeterminate)	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
2.2.9	Does this facility perform GeneXpert tests with an Xpert MTB/RIF Ultra cartridge?	Yes No	1 0
2.2.9.1	[VALID ONLY IF 2.2.9=YES] Number of Xpert MTB/RIF Ultra tests with a trace result [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
2.2.10	Add the counts from 2.2.4, 2.2.6, and 2.2.7 and enter here. Compare to the 2.2.2 count. They should be equal. If not, determine the cause of the discrepancy and fix. If it cannot be fixed, describe why not: _____ _____ _____	<input type="text"/> <input type="text"/> <input type="text"/>	

3. TB Unit Register			
3.1	TB/HIV [VALID ONLY IF 034=YES]		
3.1.0	[LOCATE RECORDS WITHIN THE SPECIFIED DATE RANGE]		
	(a) Cohort start date		__/__/__
	(b) Cohort end date		__/__/__
	(c) Which register(s) will be used to determine the HIV/TB counts?	Presumptive TB register	1
		TB laboratory register	2
		Unit TB register	3
		DR-TB treatment register	5
		TB preventive therapy register	6
		Contact tracing register	7
		OPD register	8
		Other (specify) _____	96
	[SELECT ALL THAT APPLY]		
	NOTES PROVIDED RELATED TO COLUMNS ONLY APPLIES IF USING THE NTLP TB UNIT REGISTER		
3.1.1	Number of registered TB patients who had their HIV status documented in the TB register (new and relapse)		<input type="text"/> <input type="text"/> <input type="text"/>
	[ENTER 0 FOR NONE]		Indeterminate: 999
	Note: do not include patients transferred-in		
3.1.2	Number of registered HIV-positive TB patients (new and relapse)		<input type="text"/> <input type="text"/> <input type="text"/>
	[MUST BE ≤ 3.1.1; ENTER 0 FOR NONE]		Indeterminate: 999
	Note: do not include patients transferred-in		
3.1.3	Number of HIV-positive TB patients (new and relapse) receiving cotrimoxazole preventive therapy (CPT) during TB treatment		<input type="text"/> <input type="text"/> <input type="text"/>
	[MUST BE ≤ 3.1.2; ENTER 0 FOR NONE]		Indeterminate: 999
	Note: do not include patients transferred-in		
3.1.4	Number of HIV-positive TB patients (new and relapse) who are started on or continuing antiretroviral therapy (ART), during TB treatment		<input type="text"/> <input type="text"/> <input type="text"/>
	[MUST BE ≤ 3.1.2; ENTER 0 FOR NONE]		Indeterminate: 999
	Note: do not include patients transferred-in		
3.2	DS-TB Treatment [VALID ONLY IF 033=YES]		
3.2.0	[LOCATE RECORDS WITHIN THE SPECIFIED DATE RANGE]		
	(a) Cohort start date		__/__/__
	(b) Cohort end date		__/__/__
	(c) Which register(s) will be used to determine the DS-TB treatment counts?	Presumptive TB register	1
		TB laboratory register	2
		Unit TB register	3
		DR-TB treatment register	5
		TB preventive therapy register	6
		Contact tracing register	7
		OPD register	8
		Other (specify) _____	96
	[SELECT ALL THAT APPLY]		
	NOTES PROVIDED RELATED TO COLUMNS ONLY APPLIES IF USING THE NTLP TB UNIT REGISTER		
3.2.1	Number of new patients who started treatment (total cohort number)		<input type="text"/> <input type="text"/> <input type="text"/>
	[ENTER 0 FOR NONE]		Indeterminate: 999
	Note: look at column B and include both pulmonary and extra-pulmonary TB patients but consider only N (new) – do <u>not</u> include retreatment, relapse, transferred-in, failed, or lost to follow-up (LTFU) patients		

3. TB Unit Register		
3.2.2	Number of new clinically-diagnosed TB patients who started treatment [MUST BE ≤ 3.2.1; ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
3.2.3	Number of new bacteriologically-confirmed TB patients who started treatment [MUST BE ≤ 3.2.1; ENTER 0 FOR NONE] Note: look at column A – they will likely appear as “PBC”	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
3.2.4	Number of new smear-positive and positive GeneXpert pulmonary TB cases registered for treatment [MUST BE ≤ 3.2.1; ENTER 0 FOR NONE] Note: if both tests were conducted for a new patient, only count the patient once	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
3.2.5	Number of new smear-positive pulmonary TB cases registered that were smear negative at the end of the initial phase of treatment [MUST BE ≤ 3.2.4; ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
3.3	DS-TB Treatment Outcomes – New Cases [VALID ONLY IF 033=YES]	
	[THE COUNTS IN EACH SECTION REPRESENT A COHORT OF PATIENTS THAT STARTED TREATMENT DURING THE TIME PERIOD SPECIFIED, REGARDLESS OF WHETHER THE OUTCOME IS AFTER THE END DATE. QUESTIONS 3.3.1 THROUGH 3.3.6 ARE ALL MUTUALLY EXCLUSIVE – THERE SHOULD BE NO DOUBLE-COUNTING OF CLIENTS ACROSS THESE CATEGORIES.]	
3.3.1	Number of new TB patients whose outcome is recorded as cured [MUST BE ≤ 3.2.1; ENTER 0 FOR NONE] Note: look at column K only for patients considered in the count for 3.1.1	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
3.3.2	Number of new TB patients whose outcome is recorded as completed [MUST BE ≤ 3.2.1; ENTER 0 FOR NONE] Note: look at column K only for patients considered in the count for 3.1.1	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
3.3.3	Number of new TB patients whose outcome is recorded as failure (smear positive) [MUST BE ≤ 3.2.1; ENTER 0 FOR NONE] Note: look at column K only for patients considered in the count for 3.1.1	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
3.3.4	Number of new TB patients whose outcome is recorded as died [MUST BE ≤ 3.2.1; ENTER 0 FOR NONE] Note: look at column K only for patients considered in the count for 3.1.1	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
3.3.5	Number of new TB patients whose outcome is recorded as transferred out [MUST BE ≤ 3.2.1; ENTER 0 FOR NONE] Note: look at column K only for patients considered in the count for 3.1.1	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
3.3.6	Number of new TB patients whose outcome is recorded as lost to follow-up [MUST BE ≤ 3.2.1; ENTER 0 FOR NONE] Note: look at column K only for patients considered in the count for 3.1.1	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
3.3.7	Number of new TB patients whose outcome is not recorded/unknown [MUST BE ≤ 3.2.1; ENTER 0 FOR NONE] Note: look at column K only for patients considered in the count for 3.1.1 – do not count patients recorded as transferred out or lost to follow-up	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
3.3.8	Add the counts from 3.3.1 to 3.3.7 and enter here. Compare to the 3.2.1 count. They should be equal. If not, determine the cause of the discrepancy and fix. If it cannot be fixed, please describe why not: _____ _____ _____	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999

3. TB Unit Register		
3.4	DS-TB Treatment Outcomes – Retreatment Cases [VALID ONLY IF 033=YES]	
3.4.1	Number of retreatment TB patients (includes relapse, retreatment after failure, retreatment after lost to follow-up, or other previously treated patients without a documented outcome) who initiated a retreatment regimen [ENTER 0 FOR NONE] Note: look at column B and include both pulmonary and extra-pulmonary TB patients but consider only R (relapse), F (failure), LTFU (lost to follow-up) – do <u>not</u> include transferred-in	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.4.2	Number of retreatment TB patients whose outcome is recorded as cured [MUST BE ≤ 3.4.1; ENTER 0 FOR NONE] Note: look at column K only for patients considered in the count for 3.4.1	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.4.3	Number of retreatment TB patients whose outcome is recorded as completed [MUST BE ≤ 3.4.1; ENTER 0 FOR NONE] Note: look at column K only for patients considered in the count for 3.4.1	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.4.4	Number of retreatment TB patients whose outcome is recorded as failure (smear positive) [MUST BE ≤ 3.4.1; ENTER 0 FOR NONE] Note: look at column K only for patients considered in the count for 3.4.1	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.4.5	Number of retreatment TB patients whose outcome is recorded as died [MUST BE ≤ 3.4.1; ENTER 0 FOR NONE] Note: look at column K only for patients considered in the count for 3.4.1	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.4.6	Number of retreatment TB patients whose outcome is recorded as transferred out [MUST BE ≤ 3.4.1; ENTER 0 FOR NONE] Note: look at column K only for patients considered in the count for 3.4.1	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.4.7	Number of retreatment TB patients whose outcome is recorded as lost to follow-up [MUST BE ≤ 3.4.1; ENTER 0 FOR NONE] Note: look at column K only for patients considered in the count for 3.4.1	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.4.8	Number of retreatment TB patients whose outcome is not recorded/unknown [MUST BE ≤ 3.4.1; ENTER 0 FOR NONE] Note: look at column K only for patients considered in the count for 3.4.1 – do not count patients recorded as transferred out or lost to follow-up	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.4.9	Add the counts from 3.4.2 to 3.4.8 and enter here. Compare to the 3.4.1 count. They should be equal. If not, determine the cause of the discrepancy and fix. If it cannot be fixed, please describe why not: _____ _____ _____	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>

4. DR-TB Treatment Register [VALID ONLY IF 035=YES]		
4.0	[LOCATE RECORDS WITHIN THE SPECIFIED DATE RANGE] (a) Cohort start date (b) Cohort end date	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

4. DR-TB Treatment Register [VALID ONLY IF 035=YES]			
	(c) Which register(s) will be used to determine the DR-TB treatment counts? [SELECT ALL THAT APPLY]	Presumptive TB register	1
		TB laboratory register	2
		Unit TB register	3
		DR-TB treatment register	5
		TB preventive therapy register	6
		Contact tracing register	7
		OPD register	8
		Other (specify)	96
NOTES PROVIDED RELATED TO COLUMNS ONLY APPLIES IF USING THE NTLP DR-TB TREATMENT REGISTER			
4.1	DR-TB Treatment Outcomes		
[THE COUNTS REPRESENT A COHORT OF PATIENTS THAT <u>STARTED</u> TREATMENT DURING THE TIME PERIOD SPECIFIED, REGARDLESS OF WHETHER THE OUTCOME IS AFTER THE END DATE]			
4.1.1	Number of DR-TB patients who started second-line treatment [ENTER 0 FOR NONE] Note: only count patients that have a date entered in column 21 of the DR-TB register (or have other evidence of having started second-line treatment)	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
4.1.2	Number of DR-TB patients whose outcome is recorded as cured [MUST BE ≤ 4.1.1; ENTER 0 FOR NONE] Note: look at column 33 (include patients discharged to another facility for directly observed treatment (DOT) <u>and</u> with this final outcome recorded in column 33)	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
4.1.3	Number of DR-TB patients whose outcome is recorded as completed [MUST BE ≤ 4.1.1; ENTER 0 FOR NONE] Note: look at column 33 (include patients discharged to another facility for DOT <u>and</u> with this final outcome recorded in column 33)	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
4.1.4	Number of DR-TB patients whose outcome is recorded as failure [MUST BE ≤ 4.1.1; ENTER 0 FOR NONE] Note: look at column 33 (include patients discharged to another facility for DOT <u>and</u> with this final outcome recorded in column 33)	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
4.1.5	Number of DR-TB patients whose outcome is recorded as died [MUST BE ≤ 4.1.1; ENTER 0 FOR NONE] Note: look at column 33 (include patients discharged to another facility for DOT <u>and</u> with this final outcome recorded in column 33)	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
4.1.6	Number of DR-TB patients whose outcome is recorded as lost to follow-up [MUST BE ≤ 4.1.1; ENTER 0 FOR NONE] Note: look at column 33 (include patients discharged to another facility for DOT <u>and</u> with this final outcome recorded in column 33)	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
4.1.7	Number of DR-TB patients whose outcome is recorded as returned to first-line [MUST BE ≤ 4.1.1; ENTER 0 FOR NONE] Note: look at column 33 (include patients discharged to another facility for DOT <u>and</u> with this final outcome recorded in column 33)	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
4.1.8	Number of DR-TB patients whose outcome is recorded as not evaluated [MUST BE ≤ 4.1.1; ENTER 0 FOR NONE] Note: look at column 33 (include patients discharged to another facility for DOT <u>and</u> with this final outcome recorded in column 33)	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999

4. DR-TB Treatment Register [VALID ONLY IF 035=YES]		
4.1.9	Number of DR-TB patients whose outcome is not recorded/unknown [MUST BE ≤ 4.1.1; ENTER 0 FOR NONE] Note: column 33 is blank – this includes patients who were discharged to another facility for DOT and who do <u>not</u> have final outcome recorded	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999
4.1.10	Add the counts from 4.1.2 to 4.1.9 and enter here. Compare to the 4.1.1 count. They should be equal. If not, determine the cause of the discrepancy and fix. If it cannot be fixed, describe why not: _____ _____ _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>

5. TB Preventive Therapy (TPT Register) [VALID ONLY IF 036 OR 037=YES]																		
5.0	[LOCATE RECORDS WITHIN THE SPECIFIED DATE RANGE]																	
	(a) Cohort start date	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>																
	(b) Cohort end date	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>																
	(c) Which register(s) will be used to determine the TPT counts? [SELECT ALL THAT APPLY]	<table border="0"> <tr> <td>Presumptive TB register</td> <td>1</td> </tr> <tr> <td>TB laboratory register</td> <td>2</td> </tr> <tr> <td>Unit TB register</td> <td>3</td> </tr> <tr> <td>DR-TB treatment register</td> <td>5</td> </tr> <tr> <td>TB preventive therapy register</td> <td>6</td> </tr> <tr> <td>Contact tracing register</td> <td>7</td> </tr> <tr> <td>OPD register</td> <td>8</td> </tr> <tr> <td>Other (specify) _____</td> <td>96</td> </tr> </table>	Presumptive TB register	1	TB laboratory register	2	Unit TB register	3	DR-TB treatment register	5	TB preventive therapy register	6	Contact tracing register	7	OPD register	8	Other (specify) _____	96
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Other (specify) _____	96																	
5.1	TPT for People Living with HIV/AIDS (PLHIV) [VALID ONLY IF 036=YES]																	
5.1.1	Number of PLHIV initiated on TPT [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999																
5.1.2	Number of PLHIV on TPT whose outcome is recorded as completed [MUST BE ≤ 5.1.1; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999																
5.1.3	Number of PLHIV on TPT whose outcome is recorded as died [MUST BE ≤ 5.1.1; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999																
5.1.4	Number of PLHIV on TPT whose outcome is recorded as lost to follow-up [MUST BE ≤ 5.1.1; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999																
5.1.5	Number of PLHIV on TPT whose outcome is recorded as stopped [MUST BE ≤ 5.1.1; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999																
5.1.6	Number of PLHIV on TPT who interrupted TPT due to developing active TB [MUST BE ≤ 5.1.1; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999																
5.1.7	Number of PLHIV on TPT whose outcome is recorded as transferred out [MUST BE ≤ 5.1.1; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999																

5. TB Preventive Therapy (TPT Register) [VALID ONLY IF 036 OR 037=YES]		
5.1.8	Number of PLHIV on TPT whose outcome is not recorded/unknown [MUST BE ≤ 5.1.1; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999
5.1.9	Add the counts from 5.1.2 to 5.1.8 and enter here. Compare to the 5.1.1 count. They should be equal. If not, determine the cause of the discrepancy and fix. Note that the counts represent a cohort of patients that started treatment during the time period specified, regardless of whether the outcome is after the end date. If the discrepancy cannot be resolved, describe why not. <hr/> <hr/> <hr/>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
5.2 TPT for Child Contacts [VALID ONLY IF 037=YES]		
5.2.1	Total number of recorded child contacts initiated on TPT [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999
5.2.2	Number of child contacts on TPT whose outcome is recorded as completed [MUST BE ≤ 5.2.1; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999
5.2.3	Number of child contacts on TPT whose outcome is recorded as died [MUST BE ≤ 5.2.1; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999
5.2.4	Number of child contacts on TPT whose outcome is recorded as lost to follow-up [MUST BE ≤ 5.2.1; ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Indeterminate: 999
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5. TB Preventive Therapy (TPT Register) [VALID ONLY IF 036 OR 037=YES]		
5.2.9	<p>Add the counts from 5.2.2 to 5.2.8 and enter here. Compare to the 5.2.1 count. They should be equal. If not, determine the cause of the discrepancy and fix.</p> <p>Note that the counts represent a cohort of patients that started treatment during the time period specified, regardless of whether the outcome is after the end date. If the discrepancy cannot be resolved, describe why not.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>

End of Facility Visit			
		(a) Visit Result	(b) Survey End Time [Use the 24-hour clock system (e.g., 14:30)]
003	Visit 1	Completed 1 Partially completed 2 Records unavailable 3 Facility refused 4 Postponed 5 Other (specify) 96	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="text-align: center;">Hours</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="text-align: center;">Minutes</div> </div>
004	Visit 2 (if needed)	Completed 1 Partially completed 2 Records unavailable 3 Facility refused 4 Other (specify) 96	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="text-align: center;">Hours</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div> <div style="text-align: center;">Minutes</div> </div>

Comments/Observations	
099	<p>Please provide comments or observations you may have about the quality of the record keeping (e.g., what was easy, what was challenging, if you were unable to determine some of the counts explain why, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

UGANDA QUALITY OF TB SERVICES ASSESSMENT: FOCUS GROUP DISCUSSION GUIDE

Screening

Assessors should recruit separate groups of eight to ten women and eight to ten men present at the facility. Speak with each individual interested and make sure they are ages 18-50, and that they are neither currently nor have ever received TB treatment. Thank them for their willingness to participate.

Introduction

AFTER EVERYONE HAS TAKEN A SEAT, READ TO PARTICIPANTS:

Welcome and thanks to you all for coming today! My name is *[Name]* and this is *[Name of second facilitator]*. We will be your focus group facilitators.

As you have been informed, we are conducting a study on the quality of tuberculosis (TB) services in Uganda. The study is being implemented in selected health facilities in 20 districts across the country. This assessment has received financial support from MEASURE Evaluation which is a project funded by the United States Agency for International Development (USAID), and is being conducted by researchers at the Makerere Lung Institute in collaboration with the National TB and Leprosy Programme (NTLP) of the Ministry of Health in Kampala. We are interested in learning about your opinions, views, and feelings about people who have TB. Specifically, we are interested in understanding your knowledge of TB and the willingness of community members to access TB diagnostic and treatment services.

Your participation in this focus group will help the Ministry of Health improve services and care for people with TB.

Before we proceed, we want to stress a few key points:

- The information you give us is completely confidential, and we will not associate your name with anything you say in the focus group.
- We would like to tape-record the focus groups so that we can make sure to capture the thoughts, opinions, and ideas shared in the discussion. No names will be attached to the focus groups and the tapes will be destroyed as soon as they are transcribed.
- There is no right or wrong answer to any question that we will ask you.
- You may refuse to answer any question or withdraw from the assessment at any time.
- It is important to us that the information shared in today's discussion is kept private and confidential. We urge and expect each of you to respect each other's confidentiality and to not repeat what was shared during the focus groups to others.

I have informed consent forms here that provide information to help you decide whether to agree to take part in this study. They include information on confidentiality and privacy, an explanation of the study and its procedures, and the terms of your participation. Please read carefully through the consent form. I will wait and answer any questions you may have.

COLLECT SIGNED CONSENT FORMS FROM ALL PARTICIPANTS, THEN SAY:

Are there any questions before we start? If you need clarification about any of the questions asked during the discussion, please do not hesitate to ask. At the end of the discussion, we will be available to answer any other questions you may have.

Discussion

READ THE FOLLOWING QUESTIONS. WAIT FOR UNPROMPTED RESPONSES BEFORE PROBING. ASK FOR CLARIFICATION AFTER A PARTICIPANT RESPONDS IF ANYTHING THEY SAY IS UNCLEAR, INCLUDING ASKING FOR AN EXPLANATION OR AN EXAMPLE. TRY TO ENGAGE AS MANY PARTICIPANTS AS POSSIBLE.

Knowledge and Local Perception of TB:

1. Tell me about the local understanding of TB as a disease. (*probe for perceived causes, modes of transmission, gender differences, rural-urban differences, etc.*)
2. What does being infected with TB mean to you or to your community in general? (*probe for witchcraft, ritual/spiritual issues, God's plan, having HIV/AIDS, weak blood group, death sentence, etc.*).
[After each person speaks/responds, ask them to tell you why they have such views in the event that they do not explain their reasoning in their answer. Repeat as appropriate for each respondent.]
3. Do you, as participants in this discussion today, think that you could have TB or be at risk of catching TB? (*probe for the explanation about their perceptions*)

Dimensions of TB stigma:

4. What [stigmatizing] local terms/descriptions are [commonly] used to describe persons with TB in your community?
[After each person speaks/responds, ask them to explain why they think their community describes people with TB that way in the event that they do not explain why in their answer. Repeat as appropriate for each respondent.]
5. How do family members within their household or within their community/neighborhood relate or interact with a TB patient in their midst? (*probe for home environment behaviors such as sharing of utensils, space, food, shaking hands, participation in domestic activities, etc.; or economic activities such as trade activities/business, employment, working in the company of a TB patient, etc.*)
6. In your view, why do members of the community or community activities (church services, markets, social gatherings, etc.) isolate TB patients? (*probe for enacted stigma, infelt/self-stigma, shared/social stigma, etc.*)
[Ask respondents to provide examples.]

Treatment seeking for TB:

7. [Beyond what has already been mentioned in the responses earlier], what bodily/physical difficulties/challenges do individuals with TB usually experience? (*probe for noticeable signs/symptoms – pain, difficulty in breathing, loss of weight, physical weaknesses, etc.*)
8. What treatment options are available for TB patients in your community? (*probe for the most frequently used: traditional healers, herbalists, spiritualists, self-medication, formal health facilities, etc.*)
9. What challenges do TB patients face in accessing appropriate care? (*probe for stigma and discrimination, challenges at the family/community level such as gender differences, low awareness/lack of*

appropriate information about TB, etc. ; or at the health facility such as attitudes of health providers, availability of diagnostic services, medicines, personnel, etc.).

10. If you could change something in the provision of TB services, what would it be? *(probe for social services, stigma and discrimination, access to treatment, etc.)*

Prevention and Control of TB:

11. Describe how people get tested or diagnosed for TB.
12. What are some reasons people don't get tested? *(probe for identification of TB cases, perceived benefits, barriers, availability of the services, etc.)*
13. How can TB be best prevented/controlled in the community? *(probe for information messages, services, barriers, etc.)*
14. What are the main sources of information on TB in the community? *(probe for radio, peers, health facilities, etc.)*
15. Do you have any other comments or observations that you would like to make regarding TB in your community?

Conclusion

AT THE END OF THE FGD, READ TO PARTICIPANTS:

We have reached the end of our discussion. Thank you very much for taking the time to participate in this focus group. Your knowledge, opinion, and views will be truly helpful to the Ministry of Health to understand the perspective of community members on the health services available to TB patients and barriers that exist in community members accessing TB services.

Before we disperse, I want to make sure everyone leaves this discussion equipped with accurate knowledge about TB.

- TB is an airborne disease, spread through breathing air particles when a TB patient coughs.
- TB is not hereditary or genetic and is not caused by smoking, allergies, or any risky or immoral behavior.
- TB is not spread through blood, saliva, sweat, sexual activity, urine, or feces. This means that you can safely share drinking glasses or eating utensils, do laundry mixed with a TB patient's clothes, and shake a TB patient's hand with no risk of getting infected.
- TB cannot be passed on by animals or through eating animal products or dairy.
- It is not a person's own fault if they get infected with TB.
- A person who has TB does not necessarily have HIV, and a person who has HIV may not have TB.
- TB is curable and TB medication is free and effective if taken correctly and completely. However, TB can cause death if not treated with medicine.

We encourage communities to support TB patients to get and stay on treatment so as to reduce the number of people who might get infected, especially people whose immunity may not be as strong, such as infants,

children, and the elderly. Community support also allow patients to feel less isolated when they are undergoing treatment, which can be a very emotionally difficult period for them.

We will be here for a few additional minutes in case you want to come up and ask us any questions. We also encourage you to speak to your provider if you have any questions about TB. Thank you again for your help with this study.

PROVIDE PAYMENT TO EACH OF THE PARTICIPANTS. PROVIDE PARTICIPANTS WITH A COPY OF THE CONSENT FORM AND PRINCIPAL INVESTIGATOR CONTACT INFORMATION FOR THEIR RECORDS. ANSWER ANY FURTHER QUESTIONS THEY HAVE.

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