

Quality of Tuberculosis Services Assessment

in Ethiopia

Tools

May 2020



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MEASURE Evaluation
University of North Carolina at Chapel Hill
123 West Franklin Street, Suite 330
Chapel Hill, NC 27516 USA
Phone: +1 919-445-9350
measure@unc.edu
www.measureevaluation.org

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government. TL-20-87

ISBN: 978-1-64232-245-3



ACKNOWLEDGMENTS

MEASURE Evaluation, which is funded by the United States Agency for International Development (USAID), thanks those who contributed to the quality of tuberculosis services assessment (QTSA) in Ethiopia.

We would like to acknowledge USAID for its support. Particular thanks go to our advisors, Charlotte Colvin, Kenneth Castro, and William Wells at USAID/Washington. We also thank Yewulsew Kassie, Anteneh Kassa, and Yared Kebede Haile at USAID/Ethiopia.

We thank Taye Letta and Eyerusalem Negussie and other staff from the Ethiopia National Tuberculosis and Leprosy Control Program, for their support and guidance.

We extend our appreciation to the Sub-Saharan Africa Research and Training Institute team, especially Yehenew Demmelash, Tseganeh Demissie, Michael Tirfe, Amsalu Binegdie, and Andualem Oumer.

We recognize the core QTSA team for its contributions. Special thanks go to Upama Khatri, Nikki Davis, Gultineh Esubalew, Stephanie Mullen, Suzanne Cloutier, and Jeanne Chaufffour of MEASURE Evaluation, John Snow, Inc. (JSI), as well as and Welelaw Necho of JSI Ethiopia.

We thank the knowledge management team of MEASURE Evaluation, University of North Carolina at Chapel Hill, for editorial, design, and production services.

Suggested citation:

MEASURE Evaluation. (2020). Quality of Tuberculosis Services Assessment in Ethiopia: Tools. Chapel Hill, NC, USA: MEASURE Evaluation, University of North Carolina.

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ABBREVIATIONS

aDSM	active drug safety monitoring
AFB	acid-fast bacillus
ART	antiretroviral therapy
ARV	antiretroviral
CPT	co-trimoxazole preventive therapy
DK	don't know
DOT	directly observed treatment
DOTS	directly observed treatment, short-course
DR-TB	drug-resistant tuberculosis
DS-TB	drug-susceptible tuberculosis
DST	drug susceptibility testing
ECG	electrocardiogram
EFDA	Ethiopian Food and Drug Administration
FDC	fixed-dose combinations
FM	fluorescence microscope
FMOH	Federal Ministry of Health
FQ	fluoroquinolones
GPS	global positioning system
HEW	health extension worker
IRIS	immune reconstitution inflammatory syndrome
iDOTS	integrated directly observed treatment, short-course
INH	isonicotinic acid hydrazide
IRIS	immune reconstitution inflammatory syndrome
LPA	line probe assay
MDR-TB	multidrug-resistant tuberculosis
MTB	mycobacterium tuberculosis
NR	no response
OPD	outpatient department
PBC	pulmonary tuberculosis patients
PLHIV	people living with HIV/AIDS
Pre-XDR-TB	pre-extensively drug-resistant tuberculosis

QA	quality assurance
QC	quality control
QTSA	Quality of TB Services Assessment
RIF	rifampicin
RR-TB	rifampicin-resistant tuberculosis
SL-LPA	second-line anti-tuberculosis drugs
SMS	short-message service
TB	tuberculosis
TPT	tuberculosis preventive treatment
USAID	United States Agency for International Development
XDR-TB	extremely drug-resistant tuberculosis

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 Ethiopia, 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.

This document presents only the QTSA tools adapted for use in Ethiopia. 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. Ethiopia's QTSA report is available at the following link:

<https://www.measureevaluation.org/resources/publications/tr-20-415/>

QTSA documents for other countries are available here:

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

Note about the Ethiopian Calendar

The dates of the Gregorian and Ethiopian calendars do not align. When questions ask about activity within the “last 12 months,” this refers to the period of November 1, 2018–November 1, 2019 (equivalent to Hamle 1, 2010–Sene 30, 2011). In the Register Review, the standard review period for DS-TB was December 30, 2017–June 27, 2018 (equivalent to Tahasass 21, 2010–Sene 20, 2010) and the DR-TB review period was June 28, 2016–May 28, 2017 (equivalent to Sene 21, 2008–Ginbot 20, 2009).

ETHIOPIA 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.

FILL IN THE NEXT THREE SECTIONS (START OF FACILITY VISIT, FACILITY IDENTIFICATION, AND FACILITY STRUCTURE) BEFORE STARTING THE ACTUAL INTERVIEW WITH A RESPONDENT.

Start of Facility Visit					
		Visit Date [dd/mm/yyyy]	(b) Visit 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			
		(a) Code	(b) Name
010	Region	<div> <div></div> <div></div> </div>	_____
011	Zone/Sub-city	<div> <div></div> <div></div> </div>	_____
012	Woreda	<div> <div></div> <div></div> </div>	_____
013	Kebele	<div> <div></div> <div></div> </div>	_____
014	Facility	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	_____
015	GPS Location		

Facility Structure				
	[OBSERVE THE FACILITY OR WHERE TB SERVICES ARE DELIVERED AND INDICATE WHETHER THERE ARE SIGNS (E.G., TB CLINIC, CHEST CLINIC, PULMONARY SERVICES, ETC.) ANNOUNCING AVAILABILITY OF TB SERVICES AT EACH OF THE FOLLOWING LOCATIONS]	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	1	0	88

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

1. Facility Characteristics			
1.1	Facility Classification		
1.1.1	What type of facility is this?	Referral Hospital 1 General Hospital 2 Primary Hospital 3 Health Center 4 Medical Centre 5 Specialty clinic 6 Medium clinic 7 Other (specify) 96	
1.1.2	Who is the managing authority of the TB clinic?	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 or rural?	Urban 1 Rural 2	
1.1.4	Does this facility provide outpatient or inpatient services, or both?	Outpatient only 1 Inpatient only 2 Both inpatient and outpatient 3	
1.2	Facility Capacity		
1.2.1	On average, how many clients are seen at this facility during a typical month? [ENTER 30 – 50,000]	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Number of patients Don't know 888	
1.2.2	Out of these clients, how many are TB patients? [PROBE: How many patients are evaluated or treated for TB during a typical month?] [MUST BE LESS OR EQUAL TO 1.2.1]	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Number of patients Don't know 888	
1.2.3.1	On average, how many full-time staff (both clinical and non-clinical) were working in this facility in the last fiscal year (Hamle 1, 2010-Sene 30, 2011)? [ENTER 1 – 3000]	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Number of staff Don't know 888	
1.2.3.2	On average, how many full-time clinical staff were working in this facility in the last fiscal year (Hamle 1, 2010-Sene 30, 2011)? [MUST BE LESS OR EQUAL TO 1.2.3.1]	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Number of staff Don't know 888	
1.2.4	[ASK ONLY IF 1.2.3.2 > 0] On average, out of these full-time clinical staff, how many usually work in the TB unit or interact with TB patients? [MUST BE LESS OR EQUAL TO 1.2.3.2]	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Number of staff Don't know 888	

1. Facility Characteristics			
1.2.5.1	On average, how many part-time staff (both clinical and non-clinical) were working in this facility in the last fiscal year (Hamle 1, 2010-Sene 30, 2011)? [ENTER 1 – 3000]	Number of staff <input type="text"/> <input type="text"/> <input type="text"/> Don't know	888
1.2.5.2	On average, how many part-time clinical staff were working in this facility as of July 8, 2019 (Hamle 1, 2011)? [MUST BE LESS OR EQUAL TO 1.2.5.1]	Number of staff <input type="text"/> <input type="text"/> <input type="text"/> Don't know	888
1.2.6	[ASK ONLY IF 1.2.5.2 > 0] On average, out of these part-time clinical staff, how many usually work in the TB unit or interact with TB patients? [MUST BE LESS OR EQUAL TO 1.2.5.2]	Number of staff <input type="text"/> <input type="text"/> <input type="text"/> Don't know	888
1.2.7	Typically, how many days per week are TB-related services offered?	Days <input type="text"/> <input type="text"/> <input type="text"/> Don't know	88
1.2.8	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

2. Availability of TB Services			
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 for children by clinical symptoms and signs?	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 (diagnostic facility)]			
2.2.1	Does this facility provide TB diagnosis services (either clinical or laboratory) for children (less than 15 years old)?	Yes..... No	1 0
2.2.2	Has this facility provided TB diagnosis services via onsite or offsite laboratory in the last 12 months?	Yes, onsite lab only Yes, offsite lab only..... Yes, both onsite & offsite labs No lab diagnosis.....	1 2 3 0
2.2.3	Does this facility request a sputum sample from new presumptive TB clients?	Yes..... No	1 0
2.3	Has this facility provide any HIV-related services, such as counselling, testing, care, or treatment in the last 12 months?	Yes No	1 0

2. Availability of TB Services			
2.4	Has this facility-initiated treatment for DS-TB or manage patients who are on DS-TB treatment in the last 12 months?	No..... 0 Initiate DS-TB treatment only..... 1 Manage DS-TB patients on treatment only..... 2 Both initiate and manage DS-TB..... 3	
[ASK THE NEXT 2 QUESTIONS ONLY IF 2.4=1 or 2 or 3]			
2.4.1	Are patients charged a fee for TB medicines?	Yes 1 No 0	
2.4.2	Has this facility provided TB treatment services to children (less than 15 years old) in the last 12 months?	Yes, initiates treatment only..... 1 Yes, manages treatment only..... 2 Yes, both initiates and manages treatment..... 3 No 0	
2.4.3	Does this facility initiate treatment for drug-resistant TB (DR-TB) or manage patients who are on DR-TB treatment in the last 12 months?	Yes, initiate only..... 1 Yes, manage only..... 2 Yes, initiate and manage 3 No 0	
2.4.3.1	(a) Has this facility referred patients to another facility for second-line treatment for DR-TB in the last 12 months?	Yes 1 No 0 Don't know 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?	Yes, digital only..... 2 Yes, paper only..... 1 Yes, both digital & paper..... 3 No..... 0 Don't know..... 88	
	[ASK ONLY IF 2.4.3.1 (b)=YES (1 or 2 or 3)] (c) Are the results recorded? [OBSERVE]	Observed, recorded..... 2 Observed, not recorded..... 1 Not observed..... 0	
2.5	Does this facility work with HEWs or treatment supporters who support TB patients?	Yes, HEWs/Family health group 1 Yes, Treatment supporters (e.g., family members, friends, etc.) only..... 2 Both HEWs & treatment supporters..... 3 No 0	
2.6	Does this facility manage other medical conditions, e.g., diabetes and other comorbidities etc. in the last 12 months for TB patients?	Yes..... 1 No 0	
2.6a-c	(a) Has this facility referred TB patients to another facility for management of other medical conditions, e.g., diabetes and other comorbidities etc. in the last 12 months?	Yes 1 No 0 Don't know 88	
	[ASK ONLY IF 2.6 (a)=YES] (b) Is there a record or register of the TB patient referrals for the management of other medical conditions?	Yes, digital 2 Yes, paper..... 1 Yes, both digital & paper..... 3 No 0 Don't know..... 88	
	[ASK ONLY IF 2.6 (b)=YES (1 or 2 or 3)] (c) Are the results recorded? [OBSERVE]	Observed, recorded 2 Observed, not recorded 1 Not observed 0	
2.7a.1	[ASK IF 2.4=YES (1 or 2 or 3)] Does this facility provide transport assistance for DS-TB patients receiving treatment in the facility?	Yes 1 No 0 Don't know 88	

2. Availability of TB Services			
2.7a.2	[ASK IF 2.4.3=YES (1 or 2 or 3)] Does this facility provide transport assistance for DR-TB patients receiving treatment in the facility?	Yes No..... Don't know	1 0 88
2.7b.1	[ASK IF 2.4=YES (1 or 2 or 3)] Does this facility provide transport assistance for DS-TB patients referred to other health facilities?	Yes No transport assistance provided..... No patient referral Don't know.....	1 2 3 88
2.7b.2	[ASK IF 2.4.3=YES (1 or 2 or 3)] Does this facility provide transport assistance for DR-TB patients referred to other health facilities?	Yes No transport assistance..... No patient referral Don't know.....	1 2 3 88

3. TB Diagnosis [ASK ONLY IF 2.2= 1 (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 service at any time in the last 12 months .	Offered last 12 months?			Is the test offered onsite or offsite?		
		Yes	No	DK	Onsite	Offsite	DK
3.1.1	Diagnosis of TB by clinical symptoms and signs	1	0	88			
3.1.2	Diagnosis of TB by X-ray	1	0	88	1	0	88
	[ASK THE NEXT 4 QUESTIONS ONLY IF 3.1.2 (b)=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	1	0	88	1	0	88
3.1.4	Diagnosis of TB by culture	1	0	88	1	0	88
3.1.5	Diagnosis of TB by GeneXpert	1	0	88	1	0	88
3.1.6	Diagnosis of TB by Fine needle Aspiration (FNA)	1	0	88	1	0	88
3.1.7	Diagnosis of TB by Biopsy	1	0	88	1	0	88
3.1.8	Diagnosis of TB by Cytology	1	0	88	1	0	88
3.1.9	Diagnosis of TB by another method (specify)	1	0	88	1	0	88
3.1.10	[ASK ONLY IF 3.1.3 (b) =NO/DK OR 3.1.5 (b) =NO/DK] (a) Has this facility referred patients to another facility for DS-TB diagnosis, either for smear microscopy or GeneXpert, in the last 12 months?	Yes No Don't know			1 0 88		
	[ASK ONLY IF 3.1.10 (a)=YES] (b) Is there a record or register of the patient referrals for DS-TB diagnosis?	Yes, digital only..... Yes, paper only..... Yes, both digital & paper..... No Don't know.....			2 1 3 0 88		

3. TB Diagnosis [ASK ONLY IF 2.2= 1 (diagnostic facility)]				
	[ASK ONLY IF 3.1.10 (b)=YES (1 or 2 or 3)] (c) Are the results recorded? [OBSERVE]	Observed, recorded.....	2	
		Observed, not recorded.....	1	
		Not observed.....	0	
		Don't know.....	88	
3.2 Drug Susceptibility Testing (DST) [ASK ONLY IF 2.2.2= 1 or 2.2.2=3 (facility uses onsite lab)]				
		Yes	No	DK
3.2.1	Was first-line drug susceptibility testing available at this facility in the last 12 months?	1	0	88
	[ASK THE NEXT 5 QUESTIONS ONLY IF 3.2.1=YES] What methods are used to detect resistance to first-line drugs?	Yes	No	DK
3.2.1.1	GeneXpert	1	0	88
3.2.1.2	First line probe assays (e.g., MTBDRplus)	1	0	88
3.2.1.3	Solid culture	1	0	88
3.2.1.4	Liquid culture	1	0	88
3.2.1.5	Any other method used to detect resistance to first-line drugs? (specify)	1	0	88
3.2.2	[ASK ONLY IF 2.4.3=1 or 3 (facility initiates DR-TB)] Is second-line drug susceptibility testing available at this facility in the last 12 months?	1	0	88
	[ASK THE NEXT 4 QUESTIONS ONLY IF 3.2.2=YES] What methods are used to detect resistance to second-line drugs?	Yes	No	DK
3.2.2.1	Second line probe assays (e.g., MTBDRsl)	1	0	88
3.2.2.2	Solid culture	1	0	88
3.2.2.3	Liquid culture	1	0	88
3.2.2.4	Any other method used to detect resistance to second-line drugs? (specify)	1	0	88
3.2.3	[ASK ONLY IF 3.2.1=NO/DK OR 3.2.2=NO/DK] (a) Has this facility referred patients to another facility for DR-TB diagnosis, e.g., drug sensitivity testing, in the last 12 months?	Yes.....	1	
		No.....	0	
		Don't know.....	88	
	[ASK ONLY IF 3.2.3 (a)=YES] (b) Is there a record or register of the patient referrals for DR-TB diagnosis?	Yes, digital only	2	
		Yes, paper only.....	1	
		Yes, both digital & paper.....	3	
		No.....	0	
		Don't know	88	
	[ASK ONLY IF 3.2.3 (b)=YES (1 or 2 or 3)] (c) Are the results recorded? [OBSERVE]	Observed, recorded.....	2	
		Observed, not recorded	1	
		Not observed	0	
		Don't know.....	88	
3.3 TB Case Notification				
3.3.1	How many times has this facility submitted a TB report to the Woreda/Regional Health Office or FMOH in the last budget year? [LIMIT THE NUMBER TO 4]	<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>		
		Enter 88 if don't know		
		Yes	No	DK
3.3.2	Does this facility keep a record of TB case notifications?	1	0	88

3. TB Diagnosis [ASK ONLY IF 2.2= 1 (diagnostic facility)]				
3.3.2.1	[ASK ONLY IF 3.3.2=YES] How are TB case notifications recorded?	HMIS/ DHIS 2 electronic only	1	
		HMIS/ DHIS 2 Paper based only.....	2	
		Both electronic & Paper based HMIS/ DHIS 2.	3	
		Other (specify).....	96	

4. Contact Investigation and Management					
	The next couple of questions are about contact investigation and management. I would like to know whether this facility offered the following services at any time in the last 12 months.	Yes, all	Yes, partially	No	DK
4.1	Contact investigation and management according to TB program guidelines	2	1	0	88
	[ASK THE NEXT 2 QUESTIONS ONLY IF 4.1=YES]				
4.1.1	For all adult contacts (who are symptomatic or HIV-positive adults)	2	1	0	88
4.1.2	For all under 5 years child contacts	2	1	0	88
4.1.3	For all 5-14 years old child contacts	2	1	0	88

5. TB/HIV Services [ASK ONLY IF 2.3=YES (facility provides TB/HIV services)]				
	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 last 12 months.		Offered last 12 months?	
			Yes	No DK
5.1	HIV testing and counselling for presumptive TB patients		1	0 88
5.2	HIV testing and counselling for confirmed TB patients		1	0 88
5.3	(a) Has this facility referred patients to another facility for HIV testing and counselling in the last 12 months?	Yes.....		1
		No.....		0
		Don't know		88
	[ASK ONLY IF 5.3 (a)=YES]			
	(b) Is there a record or register of the patient referrals for HIV testing and counselling?	Yes, digital only.....		2
		Yes, paper only.....		1
		Yes, digital & paper.....		3
		No		0
		Don't know.....		88
	[ASK ONLY IF 5.3 (b)=YES (1 or 2 or 3)]			
	(c) Are the results recorded? [OBSERVE]	Observed, recorded.....		2
		Observed, not recorded.....		1
		Not observed		0
	For each service, I would like to know whether this facility offered the service at any time in the last 12 months.		Yes	No DK
5.4a	TB preventive therapy (TPT) for HIV-positive adults		1	0 88
5.4b	TB preventive therapy (TPT) for children under 5 years		1	0 88
5.4c	TB preventive therapy (TPT) for children 5-15 years		1	0 88
	[ASK THE NEXT 5 QUESTIONS ONLY IF 5.4a or 5.4b or 5.4c =YES]			
5.5	What type of TB preventive therapy (TPT) is available at this site?		Yes	No DK
5.5.1	INH (6 months)		1	0 88
5.5.2	3HP (12 weeks rifapentine and INH)		1	0 88
5.5.3	3RH		1	0 88

5. TB/HIV Services [ASK ONLY IF 2.3=YES (facility provides TB/HIV services)]										
					Yes	No	DK			
5.5.4	Is TPT available through a differentiated service delivery model (e.g., community support group/health extension worker, etc.)?				1	0	88			
5.5.5	[ASK ONLY IF ANY OF 5.4a – 5.4c = NO] (a) Has this facility referred patients to another facility for TB preventive therapy in the last 12 months?				Yes No Don't know.....		1 0 88			
	[ASK ONLY IF 5.5.5 (a)=YES] (b) Is there a record or register of the patient referrals for TB preventive therapy?				Yes, digital only..... Yes, paper only..... Yes, digital & paper..... No..... Don't know		2 1 3 0 88			
	[ASK ONLY IF 5.5.5 (b)=YES (1 or 2)] (c) Are the results recorded?				Observed, recorded Observed, not recorded Not observed..... Don't know.....		2 1 0 88			
					Yes	No	DK			
5.6	Does the facility provide 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	CPT (Co-trimoxazole preventive therapy) 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 for TB/HIV coinfecting patients				1	0	88			
5.6.3.1	[ASK ONLY IF 5.6.3=YES] Screening for symptoms of anti-TB and ARV drug interactions				1	0	88			
5.7	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)=1 or 2] (b) How is information provided?				
For all patients			For some patients	No	DK	Verbally	Written	Both	DK	
5.7.1	What to do if patients experience anti-TB and ARV drug interactions		2	1	0	88	1	2	3	88
5.7.2	What to do if signs and symptoms of immune reconstitution inflammatory syndrome (IRIS) become evident		2	1	0	88	1	2	3	88

6. TB Treatment Services [ASK ONLY IF 2.4=1 or 2 or 3 (DS-TB treatment facility) OR 2.4.3 = 1 or 2 or 3 (DR-TB treatment facility)]		
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 last 12 months.	Offered last 12 months?

6. TB Treatment Services [ASK ONLY IF 2.4=1 or 2 or 3 (DS-TB treatment facility) OR 2.4.3 = 1 or 2 or 3 (DR-TB treatment facility)]					
		Yes	No	DK	
6.1.1	Dispensing 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	
[ASK NEXT 4 QUESTIONS ONLY IF 2.4=1 or 2 or 3 (DS-TB treatment facility)]					
6.1.4	Facility-based directly observed treatment (DOT)	1	0	88	
6.1.5	[ASK ONLY IF 2.5 = 1 or 3 (facility works with HEWs)] Community-based DOT (HEW)	1	0	88	
6.1.6	Home-based treatment (self-managed without the support of family or treatment supporters)	1	0	88	
6.1.7	Home-based treatment (family or treatment supporters)	1	0	88	
6.1.8	Reminder phone calls or SMS texts to support patients' adherence to treatment	1	0	88	
6.1.9	Psychosocial or other adherence support	1	0	88	
[ASK THE NEXT 3 QUESTIONS ONLY IF 6.1.9=YES]					
6.1.9.1	Counselling with a psychologist or social worker	1	0	88	
6.1.9.2	One-on-one counselling (face to face) by medical staff (doctor, HO, or nurse)	1	0	88	
6.1.9.3	One-on-one peer counselling (face to face) by lay counsellor	1	0	88	
6.1.10	Nutritional support or food baskets)	1	0	88	
6.1.11	Support group for TB patients (e.g., peer support, civic society working on TB)	1	0	88	
6.1.12	Patient tracking of those who miss an appointment	1	0	88	
[ASK THE NEXT 2 QUESTIONS ONLY IF 6.1.12=YES]					
6.1.12.1	Follow-up phone calls or SMS texts to TB patients if they miss an appointment	1	0	88	
6.1.12.2	Home visits to TB patients if they miss an appointment	1	0	88	
6.1.12.3	[ASK ONLY IF 2.5 = 1 or 3 (facility works with HEWs)] Family health team (health professionals + HEWs)	1	0	88	
6.2	Treatment Practices				
	Now, I will ask you about TB treatment practices at this facility.	Yes, for all patients	Yes, for some patients	No	DK
6.2.1	Does this facility review the progress of each TB patient registered for TB treatment at the facility at least once a month during the treatment period?	2	1	0	88
6.2.2	Do you ask/observe patients regarding symptoms of drug side effects when they visit the facility for treatment?	2	1	0	88
6.2.2.1	[ASK ONLY IF 6.2.2=YES] Do you record all side effects observed and/or reported by patients?	2	1	0	88

6. TB Treatment Services [ASK ONLY IF 2.4=1 or 2 or 3 (DS-TB treatment facility) OR 2.4.3 = 1 or 2 or 3 (DR-TB treatment facility)]									
6.2.2.1.1	[ASK ONLY IF 6.2.2.1=YES] Where are the patient side effects recorded? [SELECT ALL THAT APPLY]	TB Unit Register 1 TB Patient charts or cards..... 2 HIV patient cards or registers 3 Pharmacovigilance reporting form..... 4 Don't know 88 Other (specify) 96							
6.2.2.2	[ASK ONLY IF 6.2.2=YES] How often are patients screened for side effects?	At every follow-up visit to the facility... 1 Only during the initiation phase..... 2 Don't know..... 88 Other (specify) 96							
		Yes		No	DK				
6.2.2.3	[ASK ONLY IF 6.2.2=YES] Do you report Adverse Drug Events to the EFDA (Ethiopian Food and Drug Administration) as they happen?	1		0	88				
6.2.3	Do you have ancillary medications to manage side effects?	1		0	88				
6.3 Patient Counselling 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?	Provide information?				[ASK ONLY IF (a)=YES] How is information provided?			
		Yes		No	DK	Verbally	Written	Both	DK
		For all	For some						
6.3.1	What test results mean	2	1	0	88	1	2	3	88
6.3.2	How TB is spread to others	2	1	0	88	1	2	3	88
6.3.3	The need for a treatment supporter	2	1	0	88	1	2	3	88
6.3.4	How TB medication should be taken, e.g., dosage, frequency, etc.	2	1	0	88	1	2	3	88
6.3.5	The importance of treatment adherence	2	1	0	88	1	2	3	88
6.3.6	Options available for treatment support, e.g., DOT, HEWs, family, family health team	2	1	0	88	1	2	3	88
6.3.7	What to do when experiencing side effects	2	1	0	88	1	2	3	88
6.3.8	What to do if they run out of medicines	2	1	0	88	1	2	3	88
6.3.9	What to do if they need to leave for more than a month to an area beyond the facility catchment area	2	1	0	88	1	2	3	88
6.3.10	Is there a private room available for individual counselling where no one can hear or see what is going on?					Yes.....	1		
						No	0		
						Don't know	88		
6.4 [ASK ONLY IF 2.4=1 or 2 or 3 (DS-TB treatment facility)] Patients Taking Treatment without Supervision of Health Professionals from the Facility									

6. TB Treatment Services [ASK ONLY IF 2.4=1 or 2 or 3 (DS-TB treatment facility) OR 2.4.3 = 1 or 2 or 3 (DR-TB treatment facility)]				
	The next couple of questions 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).			
6.4.1	Do DS-TB patients take treatment without the support of a family member (i.e., without the supervision of a health professional from the facility including HEWs)?	Yes, for intensive phase only.....	1	
		Yes, for continuation phase only.....	2	
		Yes, both.....	3	
		No.....	0	
		Don't Know.....	88	
6.4.2	[ASK ONLY IF 6.4.1=1 or 3] (A) How often do these TB patients taking treatment typically collect their medications during intensive phase?	Daily	1	
		Weekly	2	
		Twice a month.....	3	
		Other (specify)	96	
		Don't know	88	
	[ASK ONLY IF 6.4.1=2 or 3] (B) How often do these TB patients taking treatment typically collect their medications during continuation phase?	Daily	1	
		Weekly	2	
		Twice a month	3	
		Monthly	4	
		Other (specify)	96	
		Don't know.....	88	
6.4.3	[ASK ONLY IF 6.4.1=YES] Does the facility monitor the intervals at which the patient should collect treatment?	Yes.....	1	
		No.....	0	
		Don't know	88	
6.4.3.1	[ASK ONLY IF 6.4.3=YES] How does the facility monitor the intervals at which the patient should collect treatment?	TB Treatment Support Card.....	1	
		Unit TB Registry.....	2	
		Both the TB Registry and the TB treatment support card...	3	
		Don't know.....	88	
		Other (specify).....	96	

7. DR-TB Treatment Services [ASK ONLY IF 2.4.3=1 or 3 (facility initiates DR-TB treatment)]				
The next set of questions asks about the RR/DR-TB treatment services used at this facility in the last 6 months.				
7.1	Which RR/DR-TB treatment regimens are available at this facility?	Yes	No	DK
7.1.1	Short standard treatment Regimen (9-12 month), (4-6 Am-Mfx-Pto-Cfz-Z-HH-E/5 Mfx-Cfz-Z-E)	1	0	88
7.1.2	Individualized longer regimen (20 month), (20 Bdq-Mfx-Lzd-Cfz-Cs-Dlm-Pto-Z)	1	0	88
7.1.3	Short standard treatment Regimen (9-12 month), (4-6 Km-Mfx-Pto-Cfz-Z-HH-E/5 Mfx-Cfz-Z-E)	1	0	88
7.1.4	Longer Standardized Regimen (20 Bdq-Mfx-Lzd-Cfz)	1	0	88
7.1.3	Other (specify)	1	0	88

7. DR-TB Treatment Services [ASK ONLY IF 2.4.3=1 or 3 (facility initiates DR-TB treatment)]				
7.2	What is the most used RR/MDR-TB treatment regimen at this facility?	Short standard treatment Regimen (9-12 month), (4-6 Am-Mfx-Pto-Cfz-Z-HH-E/5 Mfx-Cfz-Z-E)	1	
		Individualized longer regimen (20 month), (20 Bdq-Mfx-Lzd-Cfz-Cs-Dlm-Pto-Z)	2	
		Short standard treatment Regimen (9-12 month), (4-6 Km-Mfx-Pto-Cfz-Z-HH-E/5 Mfx-Cfz-Z-E)	3	
		Longer Standardized Regimen (20 Bdq-Mfx-Lzd-Cfz).....	4	
		Other (specify)	96	
		Don't know	88	
7.3	Short Standard Treatment Regimen (9–12 month), (4-6 Am-Mfx-Pto-Cfz-Z-HH-E/5 Mfx-Cfz-Z-E) [ASK ONLY IF 7.1.1=YES]			
7.3.1	Which medications are used in this regimen (Short standard treatment Regimen)?	Yes	No	DK
7.3.1.1	Amikacine 500 mg/2 ml solution for injection	1	0	88
7.3.1.2	Clofazimine 100 mg capsule	1	0	88
7.3.1.3	Ethambutol 400 mg tablet	1	0	88
7.3.1.4	Isoniazid 300 mg tablet	1	0	88
7.3.1.5	Moxifloxacin 400 mg tablet	1	0	88
7.3.1.6	Protionamide 250 mg tablet	1	0	88
7.3.1.7	Pyrazinamide 400 mg tablet	1	0	88
7.3.1.8	Other (specify)	1	0	88
7.3.2	[ASK ONLY IF 7.1.1=YES] Which patients are eligible for this regimen (Short standard treatment regimen)?	Yes	No	DK
7.3.2.1	Newly diagnosed RR-/MDR-TB patients that are confirmed or considered or presumed low risk for resistance to FQ and/or SLI, as evidenced by: Laboratory evidence of susceptibility to FQ and/or SLI on baseline SL-LPA test.	1	0	88
7.3.2.2	No prior exposure history to core SLDs for more than 1 month	1	0	88
7.3.2.3	No known history of contact with a patient documented to have Pre-XDR-TB or XDR-TB	1	0	88
7.3.2.4	Children under 15 years who are diagnosed with RR-/MDR-TB	1	0	88
7.3.2.5	People living with HIV and pulmonary DR-TB diagnosis, including those receiving antiretroviral treatment, with no need for modifications of DR-TB or ARV regimens.	1	0	88
7.3.2.6	Other (specify)	1	0	88
7.3.3	[ASK ONLY IF 7.1.1=YES] What is the usual duration of this regimen (Short standard treatment Regimen)? [ENTER 6-20]	Months..... <input type="text"/> <input type="text"/> Don't know.....		88
7.4	Individualized Longer Regimen (20 month), (20 Bdq-Mfx-Lzd-Cfz-Cs- Dlm-Pto-Z) [ASK ONLY IF 7.1.2=YES]			
7.4.1	Which medications are used in this regimen (i.e., the individualized longer regimen of 20 months)?	Yes	No	DK
7.4.1.2	Bedaquiline 600 mg tablet	1	0	88
7.4.1.3	Clofazimine 100 mg capsule	1	0	88

7. DR-TB Treatment Services [ASK ONLY IF 2.4.3=1 or 3 (facility initiates DR-TB treatment)]				
		Yes	No	DK
7.4.1.4	Cycloserine 250 mg capsule	1	0	88
7.4.1.5	Delamanid 50 mg tablet	1	0	88
7.4.1.6	Linezolid 600 mg tablet	1	0	88
7.4.1.7	Moxifloxacin 400 mg tablet	1	0	88
7.4.1.8	Protionamide 250 mg tablet	1	0	88
7.4.1.9	Pyrazinamide 400 mg tablet	1	0	88
7.4.1.10	Other (specify) _____	1	0	88
7.4.2	[ASK ONLY IF 7.1.2=YES] Which patients are eligible for this regimen (individualized longer regimen)?			
7.4.2.1	Presumed or confirmed PreXDR-/XDR-TB	1	0	88
7.4.2.2	Known contact with patient failing second-line treatment	1	0	88
7.4.2.3	Evidence of pregnancy	1	0	88
7.4.2.4	Disseminated, meningeal or central nervous system TB or any extrapulmonary TB in HIV patients	1	0	88
7.4.2.5	Initial treatment with standardized regimen that needs to be switched to an individualized regimen (due to resistance, drug toxicities, failure or standard DR-TB treatment and/or re-treatment after treatment interruption for more than eight weeks)	1	0	88
7.4.2.6	Risk of intolerance because of possible serious drug-drug interactions, severe adverse drug reactions to core drugs used in regimen	1	0	88
7.4.2.7	Patients with increased likelihood of acquisition of additional resistance, treatment failure, or death due to co-morbidities or other seriously sick patients such as patients with low body mass index BMI <16.5kg/m2, Advanced HIV/AIDS, etc...)	1	0	88
7.4.2.8	Other (specify) _____	1	0	88
7.4.3	[ASK ONLY IF 7.1.2=YES] What is the usual duration of this regimen (Individualized longer regimen)? [ENTER 6-36]	Months <input type="text"/> <input type="text"/> Don't know		88
7.9	Ancillary Drugs			
		Yes	No	DK
7.9.1	Does this facility have ancillary drugs for management of side effects?	1	0	88
	[ASK ONLY IF 7.9.1=YES] Which ancillary drugs are available?	Yes	No	DK
7.9.1.1	Amitriptylline tablet	1	0	88
7.9.1.2	Bromozepam tablet	1	0	88
7.9.1.3	Calcium gluconate injection	1	0	88
7.9.1.4	Ceftraxone injection	1	0	88
7.9.1.5	Chlorpromazine tablet or injection	1	0	88
7.9.1.6	Cimetidine injection	1	0	88
7.9.1.7	Dextromethorphan syrup	1	0	88
7.9.1.8	Diclofenac tablet or suppository	1	0	88
7.9.1.9	Diphenhydramine tablet or injection	1	0	88

7. DR-TB Treatment Services [ASK ONLY IF 2.4.3=1 or 3 (facility initiates DR-TB treatment)]				
		Yes	No	DK
7.9.1.10	DNS 5% with giving set injection	1	0	88
7.9.1.11	Fluoxetine tablet	1	0	88
7.9.1.12	Haloperidol tablet	1	0	88
7.9.1.13	Indomethacin suppository	1	0	88
7.9.1.14	Insulin lent or regular injection	1	0	88
7.9.1.15	Insulin syringe	1	0	88
7.9.1.16	KCL tablet or injection	1	0	88
7.9.1.17	Levothyroxine tablet	1	0	88
7.9.1.18	Loperamide tablet	1	0	88
7.9.1.19	Magnesium sulfate tablet	1	0	88
7.9.1.20	Metochorpanide tablet or injection	1	0	88
7.9.1.21	Omeperazole tablet	1	0	88
7.9.1.22	Ranitidine tablet or injection	1	0	88
7.9.1.23	Pyridoxine tablet	1	0	88
7.9.1.24	Ringer lactate injection	1	0	88
7.9.1.25	Other (specify) _____	1	0	88
7.9.2	Does this facility participate in active pharmacovigilance, e.g., active drug safety monitoring (aDSM)?	1	0	88
7.10	DR-TB Treatment Equipment			
7.10.1	Does this facility have at least one electrocardiogram (ECG) machine? [OBSERVE]	Yes, observed.....	2	
		Yes, not observed	1	
		No	0	
		Don't know	88	
7.10.1.1	[ASK ONLY IF 7.10.1=YES, OBSERVED] Is the machine working?	Yes.....	1	
		No	0	
		Don't know	88	
7.10.1.2	[ASK ONLY IF 7.10.1=YES (1 or 2)] How many ECGs are performed per week, on average? [ENTER 1 - 50]	Number.....		
		Don't know.....	88	
7.10.1.3	Are there any clinical staff who can interpret ECG results?	Yes.....	1	
		No.....	0	
		Don't know.....	88	
7.10.2	Does this facility have audiometry equipment? [OBSERVE]	Yes, observed	2	
		Yes, not observed	1	
		No.....	0	
		Don't know.....	88	
7.10.2.1	[ASK ONLY IF 7.10.2=YES, OBSERVED] Is the machine working?	Yes	1	
		No	0	
		Don't know	88	
7.10.2.2	[ASK ONLY IF 7.10.2=YES (1 or 2)] What type of audiometry equipment?	Shoebox.....	1	
		HearScreen	2	
		Standard machine	3	
		Don't know.....	88	
		Other (specify)	96	

7. DR-TB Treatment Services [ASK ONLY IF 2.4.3=1 or 3 (facility initiates DR-TB treatment)]			
7.10.2.3	[ASK ONLY IF 7.10.2=YES (1 or 2)] How many audiometry tests are performed per week, on average? [ENTER 1 - 30]	Number..... <input type="text"/> <input type="text"/> Don't know.....	88
7.10.2.4	[ASK ONLY IF 7.10.2=YES (1 or 2)] Are there any clinical staff who can interpret audiometry findings?	Yes..... No..... Don't know	1 0 88
7.11	Pediatric DR-TB Treatment		
7.11.1	Did this facility provide DR-TB treatment for children under age 15 in the last 12 months?	Yes..... No Don't know	1 0 88
7.11.1.1	[ASK ONLY IF 7.11.1=YES] Does this facility have any pediatric formulations for second-line drugs available?	Yes No Don't know	1 0 88

8. Pediatric Services [ASK ONLY IF 2.2.1=YES OR 2.4.2=YES (1 or 2 or 3) (facility sees children)]					
8.1	[ASK ONLY IF 2.2.1=YES (diagnostic facility sees children)] What methods or processes have you used to diagnose children with presumptive TB in the last 12 months? [LET THE RESPONDENT PROVIDE THEIR ANSWERS UNPROMPTED BEFORE PROMPTING THEM FOR THE REST OF THE ANSWERS]	Yes, unprompted	Yes, prompted	No	DK
8.1.1	Use clinical algorithm to determine if a child has TB	2	1	0	88
8.1.2	By X-ray	2	1	0	88
8.1.3	Use sputum induction to get samples from children for testing	2	1	0	88
8.1.4	Use gastric aspiration to get samples from children for testing	2	1	0	88
8.1.5	Test samples from nasopharyngeal aspirates	2	1	0	88
8.1.6	Test sputum with smear microscopy	2	1	0	88
8.1.7	Test sputum with culture	2	1	0	88
8.1.8	Test sputum with GeneXpert	2	1	0	88
8.1.9	Other (specify) _____	2	1	0	88
8.2	Children at Risk for TB				
	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
8.2.1	Child contact of confirmed TB patient	2	1	0	88
8.2.2	Child living in overcrowded home	2	1	0	88

8. Pediatric Services [ASK ONLY IF 2.2.1=YES OR 2.4.2=YES (1 or 2 or 3) (facility sees children)]						
		Yes, unprompted	Yes, prompted	No	DK	
8.2.3	Malnourished child	2	1	0	88	
8.2.4	Child living with HIV/AIDS	2	1	0	88	
8.2.5	Child exposed to HIV/AIDS	2	1	0	88	
8.2.6	Child with frequent Pneumonia	2	1	0	88	
8.2.7	Other (specify) _____	2	1	0	88	
8.3	Pediatric TB Treatment [ASK ONLY IF 2.4.2=YES (1, 2, or 3) (treatment facility sees children)]					
	The next set of questions asks about medications that are used to treat children with TB.			Yes	No	DK
8.3.1	Does this facility use fixed-dose combinations (FDCs) for treatment of DS-TB?			1	0	88
8.3.1.1	[ASK ONLY IF 8.3.1=YES] Are any of the FDCs available in dispersible form?			1	0	88
8.3.2	Does this facility use loose or single-drug formulations for children (for treating TB disease, not TPT regimen)?			1	0	88
8.3.2.1	[ASK ONLY IF 8.3.2=YES] Which loose drugs are used?			Yes	No	DK
8.3.2.1.1	Isoniazid 100 mg dispersible tablet			1	0	88
8.3.2.1.2	Ethambutol 100 mg film coated tablet			1	0	88
8.3.2.1.3	Other (specify) _____			1	0	88
8.3.3	[ASK ONLY IF 8.3.2=YES] Does this facility use loose pills that could be cut up or mixed with food?			1	0	88
8.3.4	Does this facility use the same medications used for adults but cut up for children?			1	0	88
8.3.5	How is the dosage determined for children?	Fixed in the kit			1	
		Weight based.....			2	
		Age based			3	
	[SELECT ALL THAT APPLY]	Don't know.....			88	
		Other (specify)			96	

9. Health Extension Workers (HEWs) [ASK ONLY IF 2.5 = 1 or 3 (facility works with HEWs)]				
	In this section, we would like to learn about the links your facility has with HEWs that provide support to TB patients.			
9.1	Services Provided by HEWs			
	What types of services do the HEWs provide?	Yes	No	DK
9.1.1	Education about TB in the community	1	0	88
9.1.2	Screening for TB symptoms	1	0	88
9.1.3	Referral of symptomatic cases for TB diagnosis	1	0	88
9.1.4	Collection and delivering of specimens to a health center	1	0	88
9.1.5	[ASK ONLY IF 6.1.5=YES (community-based DOT facility)] Directly observed treatment (DOT)	1	0	88
9.1.6	Adherence counselling	1	0	88

9. Health Extension Workers (HEWs) [ASK ONLY IF 2.5 = 1 or 3 (facility works with HEWs)]				
		Yes	No	DK
9.1.7	Trace or locate clients who miss follow-up visits	1	0	88
9.1.8	Contact tracing for confirmed TB patients	1	0	88
9.1.9	Slide fixing for referral	1	0	88
9.1.10	Psychosocial support	1	0	88
9.1.11	HIV testing and counselling	1	0	88
9.1.12	Other (specify) _____	1	0	88
9.2 Management of HEWs				
		Yes	No	DK
9.2.1	Have HEWs associated with this facility receive formal training in TB (onsite and/or offsite), such as screening, diagnosis, or treatment within the last 24 months?	1	0	88
9.2.2	[ASK ONLY IF 9.1.5=YES] Does the facility have an up-to-date list of HEWs who provide DOT?	1	0	88
9.2.3	Does the facility keep a record of the performance of the HEWs?	1	0	88
9.2.4	Does the facility TB focal person meet regularly (monthly or quarterly) with HEWs?	1	0	88
9.2.5	Do TB staff members from this facility do community level supervision of the HEWs?	1	0	88
9.2.5.1	[ASK ONLY IF 9.2.5=YES] How many supervision visits to the community level were carried out by TB staff from this health facility in the last 3 months? [ENTER 0-20]	Visits <input type="text"/> <input type="text"/> Don't know		88

10. Policies, Protocols, and Guidelines					
	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. Do you have the following documentation, and if so, may I see it?	Yes, observed	Yes, not observed	Don't have	DK
10.1	General				
10.1.1	Flowcharts or algorithms on TB screening	2	1	0	88
10.1.2	National Guideline for TB, TB/HIV, DR TB, and Leprosy in Ethiopia (6th edition)	2	1	0	88
10.1.3	[ASK ONLY IF 6.1.4=YES or 6.1.5=YES (facility-based or community-based DOT facility)] A training manual for DOT providers or volunteers	2	1	0	88
10.1.4	TB posters on walls, leaflets, brochures, and/or pamphlets in local languages for distribution, i.e., educational materials about TB	2	1	0	88
10.1.4.1	[IF 10.1.4=YES, OBSERVED, DETERMINE THE AMOUNT OF TB EDUCATIONAL MATERIALS AVAILABLE TO PATIENTS]	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

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

10.2	Diagnostic Facilities [ASK ONLY IF 2.2= 1 (diagnosis facility)]				
		Yes, observed	Yes, not observed	Don't have	DK
10.2.1	Flowcharts or algorithms on TB diagnosis	2	1	0	88
10.2.2	[ASK ONLY IF 3.1.2 (b) =YES (facility uses an onsite X-ray)] Guidelines on the use of chest X-ray for TB screening and diagnosis	2	1	0	88
10.2.3	[ASK ONLY IF 3.1.3 (b) =YES (facility does smear microscopy)] Smear microscopy manual or guidelines	2	1	0	88
10.2.4	[ASK ONLY IF 3.1.5 (b)=YES (facility has GeneXpert)] Algorithms for GeneXpert	2	1	0	88
10.3	Treatment Facilities [ASK ONLY IF 2.4=1 or 2 or 3]				
10.3.1	Essential drug or medicines list	2	1	0	88

11. Staff Capacity to Deliver TB Services				
	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	Dispensing 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
11.13	TB kit reconstitution	1	0	88
11.14	Other training (Specify)	1	0	88

12. Supervision and Feedback Practices	
	Next, I would like to ask about supervision and feedback from upper levels regarding TB services.

12. Supervision and Feedback Practices					
12.1	Supervisory visit from upper level office	Yes, observed in the facility supervision book	Yes, but not logged in the facility supervision book	No	DK
12.1	(a) Has a supervisor from Woreda Health office come here on a TB-related supervisory visit within the last 3 months?	2	1	0	88
	(b) Has a supervisor from Zonal/Sub-city Health office come here on a TB-related supervisory visit within the last 3 months?	2	1	0	88
	(c) Has a supervisor from Regional Health office come here on a TB-related supervisory visit within the last 6 months?	2	1	0	88
	(d) Has a supervisor from Federal Health office come here on a TB-related supervisory visit within the last 6 months?	2	1	0	88
12.1.1	[ASK ONLY IF 12.1.(a) =YES] (a) During the last 12 months, how many TB-related supervisory visits has this facility received from Woreda Health office? [ENTER 1-12]		Visits <input type="text"/> <input type="text"/> Don't know		88
	[ASK ONLY IF 12.1.(b)=YES] (b) During the last 12 months, how many TB-related supervisory visits has this facility received from Zonal/Sub-City Health office? [ENTER 1-12]		Visits <input type="text"/> <input type="text"/> Don't know		88
	[ASK ONLY IF 12.1.(c)=YES] (c) During the last 12 months, how many TB-related supervisory visits has this facility received from Regional Health office? [ENTER 1-12]		Visits <input type="text"/> <input type="text"/> Don't know		88
	[ASK ONLY IF 12.1.(d)=YES] (d) During the last 12 months, how many TB-related supervisory visits has this facility received from Federal Health office? [ENTER 1-12]		Visits <input type="text"/> <input type="text"/> Don't know		88
[ASK THE REST OF THE QUESTIONS IN THIS SECTION ONLY IF ANY OF THE QUESTIONS FROM 12.1.1(a) -(d) =YES]					
12.2	The last time that a supervisor from outside the facility visited, did he or she do any of the following?	Yes	No	DK	
12.2.1	Assess the TB unit pharmacy (dispensing unit), e.g., drug stockout, expiry, records, etc.	1	0	88	
12.2.2	Assess the TB data, e.g., completeness, quality, and/or timely reporting of registers, treatment cards, quarterly or monthly reports, etc.	1	0	88	
12.2.3	Discuss the performance of the facility, based on TB service data	1	0	88	
12.2.4	Complete the supervisory checklist	1	0	88	
12.2.5	Provide a record of written comments or suggestions from their visit	1	0	88	
12.2.6	[ASK ONLY IF 12.2.5=YES] The written comments or suggestions from supervisory visits conducted within the last 3–6 months are observed [OBSERVE]	1	0		

13. Availability of Basic Equipment (in TB clinic, OPD, or anywhere in the facility) [OBSERVE]								
	[ASK TO OBSERVE IF THE FOLLOWING BASIC EQUIPMENT AND SUPPLIES USED IN THE PROVISION OF CLIENT SERVICES ARE AVAILABLE AND FUNCTIONAL IN THE FACILITY TODAY]	(a) Have equipment?				[ASK ONLY IF (a)=OBSERVED] (b) Functioning?		
	Equipment	Yes, observed	Yes, not observed	Don't have	DK	Yes	No	DK
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 (examination light, torch light, etc.)	2	1	0	88	1	0	88
13.9	Intravenous infusion 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	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
13.15	Pulse oximeter	2	1	0	88	1	0	88

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

14. TB Laboratory Procedures [ASK ONLY IF 2.2.2= 1 or 2.2.2= 3 (facility has an onsite lab)]									
14.1 Diagnostic Tests and Equipment									
	[ASK TO OBSERVE IF THE FOLLOWING TB TESTS/EQUIPMENT/REAGENT 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
[ASK THE NEXT QUESTIONS ONLY IF 3.1.3 (b) =YES (facility has Smear Microscopy)]									
14.1	Ziehl-Neelsen test for AFB	1	0	88					
[ASK THE NEXT 3 QUESTIONS ONLY IF 14.1 (a)=YES]									
14.1.1	Carbol fuchsin stain	1	0	88	1	0			
14.1.2	Sulphuric acid (20–25% concentration) or acid alcohol	1	0	88	1	0			
14.1.3	Methyl blue stain	1	0	88	1	0			
14.2	Fluorescence microscope (FM) LED	1	0	88	1	0	1	0	88
14.2.1	[ASK ONLY IF 14.2 (a)=YES] Auramine stain for fluorescence microscope	1	0	88	1	0			
[ASK THE NEXT 3 QUESTIONS ONLY IF 3.1.5 (b)=YES (facility has GeneXpert)]									
14.3	GeneXpert module [AT LEAST ONE SHOULD BE FUNCTIONAL]				1	0	1	0	88
14.3.1	At least 1 valid Xpert MTB/RIF cartridge, i.e., not expired				1	0	1	0	88
14.4	[ASK ONLY IF 3.2.1.3=YES OR 3.2.1.4=YES OR 3.2.2.2=YES OR 3.2.2.3=YES (facility uses solid or liquid culture)] TB culture or growth medium (e.g., MGIT 960)	1	0	88					
14.5	Biosafety hood or cabinet	1	0	88	1	0	1	0	88
							Yes	No	DN
14.5.1	[ASK ONLY IF 14.5 (b)=YES] Is the biosafety hood or cabinet certified?						1	0	88
14.6 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)]			
14.6.1	[ASK ONLY IF 3.1.3 (b)=YES (facility does smear microscopy)] For smear microscopy tests, what type of quality control and quality assurance do you use in this facility?	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 2 QUESTIONS ONLY IF 14.6.1=1, 2, 3]			
14.6.1.1	Do you maintain records of the results from the quality control procedures?	Yes No Don't know	1 0 88
14.6.1.2	Do you have guidelines and procedures for quality control (either internal or external) for the specimens assessed in this facility?	Yes No Don't know	1 0 88
14.6.1.2.1	[ASK ONLY IF 14.6.1.2=YES] The quality control guidelines are observed. [OBSERVE]	Yes No Don't know	1 0 88
14.6.2	[ASK ONLY IF 3.1.5 (b) =YES (facility has GeneXpert)] For Xpert tests, what type of quality control and quality assurance do you use in this facility?	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 2 QUESTIONS ONLY IF 14.6.2=1, 2, 3]			
14.6.2.1	Do you maintain records of the results from the quality control procedures?	Yes No Don't know	1 0 88
14.6.2.2	Do you have guidelines and procedures for quality control (either internal or external) for the specimens assessed in this facility?	Yes No Don't know	1 0 88
14.6.2.2.1	[ASK ONLY IF 14.6.2.2 =YES] The quality control guidelines are observed [OBSERVE]	Yes No	1 0
14.6.3	[ASK ONLY IF 3.1.4 (b) =YES (facility diagnose TB by culture) and 3.2.1.4 or 3.2.2.3=YES (uses liquid culture)] For liquid media tests, what type of quality control and quality assurance do you use in this facility?	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 2 QUESTIONS ONLY IF 14.6.3=1, 2, 3]			
14.6.3.1	Do you maintain records of the results from the quality control procedures?	Yes No Don't know	1 0 88
14.6.3.2	Do you have guidelines and procedures for quality control (either internal or external) for the specimens assessed in this facility?	Yes No Don't know	1 0 88
14.6.3.2.1	[ASK ONLY IF 14.6.3.2=YES] The quality control guidelines are observed [OBSERVE]	Yes No	1 0

14. TB Laboratory Procedures [ASK ONLY IF 2.2.2= 1 or 2.2.2= 3 (facility has an onsite lab)]			
14.6.4	[ASK ONLY IF 3.1.4 (b) =YES (facility diagnose TB by culture and 3.2.1.3 or 3.2.2.2 = 1 (YES, uses solid culture))] For solid media tests, what type of quality control and quality assurance do you use in this facility?	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 2 QUESTIONS ONLY IF 14.6.4=1, 2, 3]			
14.6.4.1	Do you maintain records of the results from the quality control procedures?	Yes No Don't know	1 0 88
14.6.4.2	Do you have guidelines and procedures for quality control (either internal or external) for the specimens assessed in this facility?	Yes No Don't know	1 0 88
14.6.4.2.1	[ASK ONLY IF 14.6.4.2=YES] The quality control guidelines are observed [OBSERVE]	Yes No	1 0
14.6.5	[ASK ONLY IF 3.2.1.2 = YES (facility uses LPA for first-line drug susceptibility testing)] For LPA tests, what type of quality control and quality assurance do you use in this facility?	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 2 QUESTIONS ONLY IF 14.6.5=1, 2, 3]			
14.6.5.1	Do you maintain records of the results from the quality control procedures?	Yes No Don't know	1 0 88
14.6.5.2	Do you have guidelines and procedures for quality control (either internal or external) for the specimens assessed in this facility?	Yes No Don't know	1 0 88
14.6.5.2.1	[ASK ONLY IF 14.6.5.2=YES] The quality control guidelines are observed [OBSERVE]	Yes No	1 0
14.6.6	[ASK ONLY IF 3.2.2.1 = YES (facility uses LPA for second-line drug susceptibility testing)] For LPA tests, what type of quality control and quality assurance do you use in this facility?	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 2 QUESTIONS ONLY IF 14.6.6=1, 2, 3]			
14.6.6.1	Do you maintain records of the results from the quality control procedures?	Yes No Don't know	1 0 88
14.6.6.2	Do you have guidelines and procedures for quality control (either internal or external) for the specimens assessed in this facility?	Yes No Don't know	1 0 88
14.6.6.2.1	[ASK ONLY IF 14.6.6.2=YES] The quality control guidelines are observed [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				
15.1	Specimen Collection			
	The next few questions are about specimen collection.			
15.1.1	[DON'T READ THE ANSWER UNTIL THE RESPONDENT HAS HAD A CHANCE TO ANSWER UNPROMPTED] When is sputum collected by patients or when do you ask the patients to collect sputum? [Correct answer: Two consecutive sputum samples "on the spot" i.e., at the health facility rather than sending patients home with a specimen cup to collect early morning sputum]	Correct Incorrect Don't know	1 0 88	
15.1.2	Are there Standard Operation Procedures (SOPs) for specimen collection? [OBSERVE]	Yes, observed Yes, not observed No Don't know	2 1 0 88	
15.1.3	Are there approved laboratory request forms? [OBSERVE]	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, leakproof sputum containers) in the last 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)]			
	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 leakproof at this service site for collecting sputum?	1	0	88
15.2.1.1	[ASK ONLY IF 15.2.1=YES] Sputum container is observed [OBSERVE]	1	0	
15.2.3	[ASK ONLY IF 3.1.3 (b)=YES (facility does smear microscopy)] (a) On average, how many working days does it take to receive specimen results for smear microscopy from the laboratory at this facility? [ASK ONLY IF 3.1.5 (b) =YES (facility has GeneXpert)] (b) On average, how many working days does it take to receive specimen results for GeneXpert from the laboratory at this facility?	1 day 2 days 3–7 days >7 days Don't know	1 2 3 4 88	
		1 day 2 days 3–7 days >7 days Don't know	1 2 3 4 88	

15. Management of Specimens				
	[ASK ONLY IF 3.1.4 (b) =YES (facility diagnose TB by culture)] (c) On average, how many working days does it take to receive specimen results for culture from the laboratory at this facility?		1–2 months 3–5 months >5 months Don't know	1 2 3 88
	[ASK ONLY IF 3.2.1.2=YES (first-line LPA DST available in the facility)] (d) On average, how many working days does it take to receive specimen results for first-line LPAs from the laboratory at this facility?		1–2 months 3–5 months >5 months Don't know	1 2 3 88
15.3	Offsite Laboratory [ASK ONLY IF 2.2.2= 2 or 2.2.2=3 (facility uses offsite lab)]			
	Next, I would like to ask you about offsite laboratory procedures.			
	What testing services were offered by the offsite laboratory in the last 12 months?	Yes	No	DK
15.3.1.1	Smear microscopy	1	0	88
15.3.1.2	First-line drug susceptibility testing by GeneXpert	1	0	88
ASK THE FOLLOWING 4 QUESTIONS ONLY IF 2.4.3=1 or 3 (facility initiates DR-TB treatment)]				
15.3.1.3	First-line drug susceptibility testing by first-line LPA (other than GeneXpert)	1	0	88
15.3.1.4	First-line drug susceptibility testing by culture	1	0	88
15.3.1.5	Second-line drug susceptibility testing by second-line LPA	1	0	88
15.3.1.6	Second-line drug susceptibility testing by culture	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	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
15.3.4	Is there an up-to-date specimen dispatch list? [OBSERVE]	Yes, observed Yes, not observed No Don't know		2 1 0 88
15.3.5	Does the facility have access to a specimen transport service?	Yes No Don't know		1 0 88
15.3.5.1	[ASK ONLY IF 15.3.5=YES] What type (s) of service is used? [SELECT ALL THAT APPLY]	Lab staff Courier service Implementing partner Cold-chain van Woreda staff Don't know Other (specify)		1 2 3 4 5 88 96
15.3.5.2	[ASK ONLY IF 15.3.5=YES] What type of specimens are picked up?	Only TB TB and others Don't know		1 2 88

15. Management of Specimens				
15.3.6	Does the specimen transport service use temperature control (e.g., cold chain van, cooler box, etc.)?	Yes	1	
		No	0	
		Don't know	88	
15.3.7.1	On average, how long does it take for a specimen to reach the offsite laboratory?	1 day	1	
		2 days	2	
		3-7 days	3	
		>7 days	4	
		Don't know	88	
15.3.7.2	On average, how often does specimen transportation to the offsite laboratory occur?	Daily	1	
		2-3 times a week	2	
		Weekly	3	
		Less than weekly	4	
		Don't know	88	
15.3.8.1	[ASK ONLY IF 15.3.1.1= 1 (Smear microscopy is offered by the offsite laboratory)] On average, how many working days does it take to receive the results for smear microscopy at the facility from the offsite laboratory?	1 day	1	
		2 days	2	
		3-7 days	3	
		>7 days	4	
		Don't know	88	
15.3.8.2	[ASK ONLY IF 15.3.1.2= 1 (GeneXpert is offered by the offsite laboratory)] On average, how many working days does it take to receive the results for GeneXpert at the facility from the offsite laboratory?	1 day	1	
		2 days	2	
		3-7 days	3	
		>7 days	4	
		Don't know	88	
15.3.8.3	[ASK ONLY IF 15.3.1.4 = 1 or 15.3.1.6 = 1 (first-line or second-line DST by culture is offered by the offsite laboratory)] On average, how many working days does it take to receive the results for culture at the facility from the offsite laboratory?	1-2 months	1	
		3-5 months	2	
		>5 months	3	
		Don't know	88	
15.3.8.4	[ASK ONLY IF 15.3.1.3 = 1 (first-line DST by LPA is offered by the offsite laboratory)] On average, how many working days does it take to receive the results for first-line LPA at the facility from the offsite laboratory?	2-3 days	1	
		4-7 days	2	
		>7 days	3	
		Don't know	88	
15.3.8.5	[ASK ONLY IF 15.3.1.5 = 1 (second-line DST by LPA is offered by the offsite laboratory)] On average, how many working days does it take to receive the results for second-line LPA at the facility from the offsite laboratory?	2-3 days	1	
		4-7 days	2	
		>7 days	3	
		Don't know	88	
	How are TB test results returned to this facility?	Yes	No	DK
15.3.9.1	Telephone communication	1	0	88
15.3.9.2	Cold-chain van	1	0	88
15.3.9.3	Courier service (postal service)	1	0	88
15.3.9.4	Lab staff	1	0	88
15.3.9.4	Woreda staff	1	0	88
15.3.9.6	Other (specify) _____	1	0	88

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

15.4	Sputum Investigation – Treatment [ASK ONLY IF 2.4= 1 or 2 or 3 (DS-TB treatment facility)]			
	Now I would like to ask you about sputum investigations ordered during treatment.	Yes	No	DK
15.4.1	[ASK ONLY IF 6.1.2=YES (facility provides intensive phase treatment)] Does this facility request sputum during the last week of the initial phase of treatment for drug-susceptible TB?	1	0	88
15.4.2	[ASK ONLY IF 6.1.3=YES (facility provides continuation phase treatment)] Does this facility request sputum in the last month of the continuation phase of treatment for drug-susceptible TB?	1	0	88
15.4.3	Does this facility request drug susceptibility testing for patients who were previously treated for TB by GeneXpert?	1	0	88
15.4.4	Does this facility request drug susceptibility testing for patients who fail to convert on treatment by GeneXpert?	1	0	88
15.4.5	Does this facility request any type of drug susceptibility testing for suspected DR-TB, including GeneXpert?	1	0	88
15.4.6	[ASK ONLY IF 2.4.3=1 or 2 or 3 (facility provides DR-TB treatment)] Does this facility request monthly follow-up smears and cultures throughout treatment for DR-TB patients on the shorter regimen?	1	0	88
15.4.7	[ASK ONLY IF 2.4.3=1 or 2 or 3 (facility provides DR-TB treatment)] Does this facility request monthly follow-up smears and cultures until conversion in the intensive phase for DR-TB for patients on the individualized longer regimen?	1	0	88
15.4.8	[ASK ONLY IF 2.4.3=1 or 2 or 3 (facility provides DR-TB treatment)] Does this facility request at least quarterly smears and cultures until conversion in the continuation phase for DR-TB for patients on the longer regimen?	1	0	88

The staff member who is best able to answer the questions in the following sections is a pharmacy staff person or the TB focal person.

16. Management of Supplies and Commodities				
	[OBSERVE THE PLACE WHERE THE SUPPLIES AND COMMODITIES ARE STORED] Do the storage conditions for supplies and 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
16.8	Usable supplies and commodities are separated from expired and damaged ones.	1	0	88
16.8	Room or store has a functional thermometer	1	0	88
16.8.1	[ASK ONLY IF 16.7 = YES] Room or store has proper temperature (30 degrees Celsius or less)	1	0	88

17. Drug Stock [ASK ONLY IF 2.4 or 2.4.3 =1 or 2 or 3 (DS-TB or DR-TB Treatment Facility)]						
[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 NTP guidelines. [CHECK TO SEE IF AT LEAST ONE IS VALID, I.E., NOT EXPIRED/NOT DAMAGED]	Observed, at least one valid	Observed, none valid	No stock observed	Never stocked	DK
17.1.1	Rifampicin/Isoniazid/Pyrazinamide/Ethambutol, 150 /75/400/ 275, film coated tablet	3	2	1	0	88
17.1.2	Rifampicin/Isoniazid, 150/75, film-coated tablet	3	2	1	0	88
17.1.3	Ethambutol, 100 mg, film coated tablet	3	2	1	0	88
17.1.4	Rifampicin/Isoniazid, 75/50 mg, dispersible tablet	3	2	1	0	88
17.1.5	Rifampicin/Isoniazid/Pyrazinamide, 75/50/150 mg, dispersible tablet	3	2	1	0	88
17.1.6	Amoxicillin + Clavulanic acid, 500 mg + 125 mg, tablet	3	2	1	0	88
17.1.7	Ethambutol 400 mg tablet	3	2	1	0	88
17.1.8	Isoniazid 300 mg tablet	3	2	1	0	88
17.1.9	Pyridoxine 100 mg tablet	3	2	1	0	88
17.1.10	Pyridoxine 50 mg tablet	3	2	1	0	88
17.1.11	Pyridoxine 25 mg tablet	3	2	1	0	88
17.1.12	Isoniazid 100 mg dispersible tablet	3	2	1	0	88
17.1.13	Isoniazid 100 mg film uncoated tablet	3	2	1	0	88
[ASK ONLY IF 2.4.3=1 or 2 or 3 (facility provides DR-TB treatment)]						
17.1.14	Amikacin 500 mg/2 ml solution for injection	3	2	1	0	88
17.1.15	Bedaquiline 100 mg tablet	3	2	1	0	88
17.1.16	Capreomycin 1000 mg powder for injection	3	2	1	0	88
17.1.17	Clofazimine 100 mg capsule	3	2	1	0	88
17.1.18	Cycloserine 250 mg capsule	3	2	1	0	88
17.1.19	Delamanid 50 mg tablet	3	2	1	0	88
17.1.20	Kanamycin 1000 mg/4 ml solution for injection	3	2	1	0	88
17.1.21	Levofloxacin 250 mg tablet	3	2	1	0	88
17.1.22	Linezolid 600 mg tablet	3	2	1	0	88
17.1.23	Moxifloxacin 400 mg tablet	3	2	1	0	88
17.1.24	Paraaminosalicylic acid 4 g sachet	3	2	1	0	88
17.1.25	Protionamide 250 mg tablet	3	2	1	0	88
17.1.26	Pyrazinamide 400 mg tablet	3	2	1	0	88

17. Drug Stock [ASK ONLY IF 2.4 or 2.4.3 =1 or 2 or 3 (DS-TB or DR-TB Treatment Facility)]						
		Observed, at least one valid	Observed, none valid	No stock observed	Never stocked	DK
17.1.27	Levofloxacin 100 mg dispersible tablet	3	2	1	0	88
17.1.28	Cycloerine 125 mg capsule	3	2	1	0	88
17.1.29	Moxifloxacin 100 mg dispersible tablet	3	2	1	0	88
	[ASK THE NEXT 2 QUESTIONS ONLY IF 2.4 or 2.4.3 =1 or 2 or 3 (DS-TB or DR-TB Treatment Facility)]			Yes	No	DK
17.2	Does the facility maintain a minimum stock level of both first- and second-line anti-TB medication?			1	0	88
17.3	Did any anti-TB medicine (first- or second-line) stockouts occur in the last six months?			1	0	88
The staff member who is best able to answer the question is the <u>TB focal person</u> .						
17.3.1	[ASK ONLY IF 17.3=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				
	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 a terms of reference and annual work plan?	1	0	88
18.1.2	Are patients routinely asked about cough when entering the facility?	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 DS-TB/DR-TB patients?	1	0	88
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 fiscal year (Hamle 1, 2010 - Sene 30, 2011)?	1	0	88

18. Infection Control					
18.1.7.1.1	[ASK ONLY IF 18.1.7.1=YES] How many full-time TB staff (clinical) had active TB disease in the last fiscal year (Hamle 1, 2010-Sene 30, 2011)? [MUST BE 0-1.2.4 (number of full-time staff working in TB)]	Staff <input type="text"/> <input type="text"/> Don't know	88		
18.1.7.1.2	[ASK ONLY IF 18.1.7.1=YES] How many part-time TB staff (clinical) had active TB disease in in the last fiscal year (Hamle 1, 2010-Sene 30, 2011)? [MUST BE 0-1.2.6 (number of part-time staff working in TB)]	Staff <input type="text"/> <input type="text"/> Don't know	88		
18.1.8	How many full-time staff (both clinical and non-clinical) working in this facility had active TB disease in the last fiscal year (Hamle 1, 2010-Sene 30, 2011)?	Staff <input type="text"/> <input type="text"/> Don't know	88		
18.1.9	How many part-time staff (both clinical and non-clinical) working in this facility had active TB disease in the last fiscal year (Hamle 1, 2010-Sene 30, 2011)?	Staff <input type="text"/> <input type="text"/> Don't know	88		
			Yes	No	DK
18.1.10	Are TB staff offered an HIV test annually?		1	0	88
18.1.11	Are TB staff offered ART if HIV+?		1	0	88
18.1.12	Where do HIV+TB staff receive ART?	Within the facility Referred out Don't know Other (specify).....			1 2 88 96
18.2	Resources in Service Areas [OBSERVE]				
	[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, observed	Yes, not observed	Don't have	DK
18.2.1	An updated and approved infection prevention and control plan (2011 E.C)	2	1	0	88
18.2.2	An updated annual TB infection prevention and control risk assessment result (2011 E.C)	2	1	0	88
18.2.3	Supplies for coughing patients (e.g., 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
The staff member who is best able to answer the questions in the following section is the <u>lab technician</u> .					
18.3	Supplies in Examination Areas				

	[PLEASE CHECK IF THE FOLLOWING ITEMS ARE AVAILABLE IN THE CLIENT EXAMINATION AREAS, E.G., TB TESTING AREA, SERVICE PROVISION, AND GENERAL LAB AREAS. FOR ITEMS THAT YOU DO NOT SEE, ASK TO HAVE THEM SHOWN TO YOU]	Yes, observed	Yes, not observed	Don't have	DK
18.3.1	Running water (piped, bucket with tap or pour pitcher)	2	1	0	88
18.3.2	Handwashing soap (may be liquid soap)	2	1	0	88
18.3.3	Alcohol-based hand rub	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
18.3.7	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	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	2	1	0	88
18.3.14	Methylated spirit and glycerin 70:30	2	1	0	88

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

18.4	Specimen Collection				
	Are specimens collected in any of the following designated areas?	Yes, observed	Yes, not observed	No	DK
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	2	1	0	88
18.4.4	In a well-ventilated area, e.g., open air or with open windows	2	1	0	88

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

18.5	N-95 and FFP2 Respirators [ASK TO SEE THEM]				
		Yes, observed	Yes, not observed	No	DK
18.5.1	Are N-95 and/or FFP2 respirators readily available for staff?	2	1	0	88
			Yes	No	DK
18.5.1.1	[ASK ONLY IF 18.5.1=YES (1, 2)] Have staff been trained on the proper fit of the respirators?		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?	Always Sometimes Never			1 2 3

End of Facility Visit			
		(a) Visit Result	(b) Visit 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="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Hours Minutes </div>
004	Visit 2 (if needed)	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="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Hours Minutes </div>

Comments/Observations [RESEARCH ASSISTANT]	
099	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.). <hr/> <hr/> <hr/> <hr/>

ETHIOPIA QUALITY OF TB SERVICES ASSESSMENT: PROVIDER INTERVIEW

FILL IN THE NEXT THREE SECTIONS (START OF FACILITY VISIT, FACILITY IDENTIFICATION, AND FACILITY CHARACTERISTICS) BEFORE STARTING THE ACTUAL INTERVIEW WITH A RESPONDENT.

Start of Facility Visit					
		(a) Visit Date dd/mm/yyyy	(b) Visit 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			
		(a) Code	(b) Name
010	Region	<div> <div></div> <div></div> </div>	_____
011	Zone/Sub-city	<div> <div></div> <div></div> </div>	_____
012	Woreda	<div> <div></div> <div></div> </div>	_____
013	Kebele	<div> <div></div> <div></div> </div>	_____
014	Facility		_____
015	GPS Location		_____

Facility Characteristics			
020	Does this facility provide TB diagnostic services?	Yes No	1 0
021	Does this facility provide TB treatment services?	Yes No	1 0
022	[ASK ONLY IF 021=YES] Is this facility a DOT site?	Yes No	1 0
023	Does this facility provide any HIV-related services, such as counselling, testing, care, or treatment?	Yes No	1 0

Participant Consent			
030	Provider number	<input type="text"/> <input type="text"/>	
Eligibility Screening Questions			
Instructions to the interviewer: [Approach one of the clinic staff, who is either health facility in-charges, TB focal person and/or staff in charge of TB-related services, 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	Have you provided care to TB patients in the last 12 months?	Yes	1
		No.....	0
032	[ASK ONLY IF 031=YES] Have you been working in TB care/services at this facility for more than 3 months?	Yes	1
		No.....	0
		[No response]	99
[If either of the screening questions is No or No response, the provider is NOT eligible for this study – thank them and find the next available staff member. If the provider is eligible for the study (i.e., both screening questions are YES), it is essential that you gain their informed consent before beginning 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	1
		Declined	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.....	1
		Female	2
		[No response]	99
1.2.	In what year were you born? [YEAR MUST BE 1950-2000. IF UNKNOWN, SELECT 88, or IF NO RESPONSE, SELECT 99.]	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know [No response]	 88 99
1.3	What is the highest level of education you reached?	10 Plus 3/ Diploma (Health Related)..... Bachelor's degree (Health Related) Master's degree (Health Related)..... Doctorate (Medical Doctorate) Doctorate (PHD) Other non-health diploma (specify)..... Other non-health degree (specify) [No response]	 1 2 3 4 5 95 96 99

1. Education and Experience			
1.4	How would you best describe your current occupational category at this facility? For example, are you a registered nurse or physician?	Druggist 1 Health Extension Worker (HEWs) 2 Health Officer 3 Laboratory technician 4 Laboratory technologist 5 Medical Doctor 6 Nursing Associate or Auxiliary 7 Pharmacist 8 Registered Nurse 9 Other (specify) 96 [No response] 99	
1.5	[NOT APPLICABLE TO HEWs] Are you a manager or in-charge for any clinical services?	Yes 1 No 0 [No response] 99	
1.6	[NOT APPLICABLE TO HEWs] Are you the TB focal or designated or delegated TB focal at this facility?	TB focal person..... 1 Designated 2 Delegated person..... 3 No 0 [No response] 99	
1.7	How many years and months have you been working in this facility? [YEARS MUST BE 0-30. MONTHS MUST BE 0-11.]	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Years </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Months </div> </div> [No response] 99	
1.8	Typically, how many hours a week do you usually work at this facility (including duty and weekends)? [MUST BE 1-60]	Hours per week <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> [No response] 99	
1.9	Approximately, how many clients do you personally see or care for in this facility in a typical week? [MUST BE 1-250]	Number of patients <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" 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]	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Years </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Months </div> </div> [No response] 99	
1.11	How many hours a week do you provide TB related services? 1-100 [MUST BE ≤ 1.8]	Hours per week <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" 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? 1-250 [MUST BE ≤ 1.9]	Number of patients <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> [No response] 999	

1. Education and Experience				
1.13	Approximately, how much time do you spend with each new patient during their first visit (Initiation visit)? [MUST BE 1-360]	Minutes <input type="text"/> <input type="text"/> [No response]		99
1.14	Approximately, how much time do you spend with each patient during follow-up visit excluding DOT? [MUST BE 1-360]	Minutes <input type="text"/> <input type="text"/> [No response]		99

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]? [The training could be provided as a package/comprehensive or on the specific topic listed below]		Yes, within 24 months	Yes, over 24 months	No	[NR]
2.1	Training on TB/HIV Services				
2.1.1	HIV testing and counselling for TB patients	2	1	0	99
2.1.2	Referral for HIV testing and counselling for TB patients	2	1	0	99
2.1.3	TB preventive treatment - TPT/IPT (INH, 3RH, 3HP)	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 for TB/HIV coinfecting patients	2	1	0	99
2.1.4.2	Identification of TB/HIV drug-drug interactions	2	1	0	99
[THE NEXT 3 QUESTIONS ARE NOT APPLICABLE TO HEWs]					
2.1.4.3	Identification of immune reconstitution inflammatory syndrome (IRIS)	2	1	0	99
2.1.4.4	CPT prophylaxis 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	Training on TB Diagnostic Services [THIS SECTION IS NOT APPLICABLE TO HEWs]				
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 drug-resistant TB	2	1	0	99
2.2.5.1	[ASK ONLY IF 2.2.5=YES (1, 2)] TB culture or growth medium (e.g., MGIT 960)	2	1	0	99
2.2.5.2	[ASK ONLY IF 2.2.5=YES (1, 2)] Line probe assays (LPA)	2	1	0	99
2.2.6	Referral for drug-resistant TB diagnosis	2	1	0	99
2.3	Training on TB Treatment Services				
[THE NEXT 3 QUESTIONS ARE NOT APPLICABLE TO HEWs]					
2.3.1	Prescription of drugs for TB treatment	2	1	0	99
2.3.2	Treatment of drug-sensitive TB	2	1	0	99

2. Training					
		Yes, within 24 months	Yes, over 24 months	No	[NR]
2.3.3	Treatment of drug-resistant TB	2	1	0	99
2.3.4	Referral for TB treatment	2	1	0	99
2.3.5	Directly observed treatment (DOT)	2	1	0	99
2.3.6	TB treatment follow-up services, e.g., phone calls or home visits to TB patients if they miss an appointment, SMS text reminders to support patients' adherence to medications and treatment, etc.	2	1	0	99
2.3.7	Identification of and referral for patients who fail treatment	2	1	0	99

3. TB Services Provided					
	Now I will ask if you currently provide certain TB-related services. Have you provided [service] in the last 12 months at this facility?		Yes	No	[NR]
3.1	TB Screening Services				
3.1.1	Screening of TB by clinical symptoms and signs		1	0	99
3.2	TB Diagnostic Services [ASK ONLY IF 020=YES (diagnostic facility)] [NOT APPLICABLE TO HEWs]				
3.2.1	Diagnosis of TB by clinical symptoms and signs		1	0	99
3.2.2	Diagnosis of TB by X-ray		1	0	99
3.2.3	Diagnosis of TB by smear microscopy		1	0	99
3.2.4	Diagnosis of TB by Xpert MTB/RIF (GeneXpert)		1	0	99
3.2.5	What is the most common method you use for diagnosing TB in this facility?	Diagnosis of TB by clinical symptoms and signs 1 Diagnosis of TB by conventional X-ray..... 2 Diagnosis of TB by digital X-ray..... 3 Diagnosis of TB by computer assisted digital X-ray (CAD4TB)..... 4 Diagnosis of TB by smear microscopy..... 5 Diagnosis of TB by Xpert MTB/RIF (GeneXpert).... 6 Other (specify)..... 96 [No response]..... 99			
3.2.6	[NOT APPLICABLE TO HEWs] First-line drug susceptibility testing		1	0	99
	[ASK THE NEXT 5 QUESTIONS ONLY IF 3.2.6=YES] What methods do you use to detect resistance to first-line drugs?		Yes	No	[NR]
3.2.6.1	Xpert MTB/RIF (GeneXpert) to detect resistance to rifampicin		1	0	99
3.2.6.2	First-line line probe assays (e.g., MTBDRplus)		1	0	99
3.2.6.3	Solid culture		1	0	99
3.2.6.4	Liquid culture		1	0	99
3.2.6.5	Any other method used to detect resistance to first-line drugs? (specify) _____		1	0	99

3. TB Services Provided				
		Yes	No	[NR]
3.2.7	[ASK ONLY IF 3.2.6=NO or NR, 0 or 99] Referral for first-line drug susceptibility testing	1	0	99
3.2.8	Second-line drug susceptibility testing	1	0	99
	[ASK THE NEXT 4 QUESTIONS ONLY IF 3.2.8=YES] What methods do you use to detect resistance to second-line drugs?	Yes	No	[NR]
3.2.8.1	Second line probe assays (e.g., MTBDRsl)	1	0	99
3.2.8.2	Solid culture	1	0	99
3.2.8.3	Liquid culture	1	0	99
3.2.8.4	Any other method used to detect resistance to second-line drugs? (specify) _____	1	0	99
3.2.9	[ASK ONLY IF 3.2.8=NO or NR or 0 or 99] Referral for second-line drug susceptibility testing	1	0	99
3.3	TB Treatment Services [ASK ONLY IF 021=YES (treatment facility)]			
3.3.1	[NOT APPLICABLE TO HEWs] Prescription of drugs for TB treatment	1	0	99
3.3.2	TB treatment and follow-up including DOTs	1	0	99
	[ASK 3.3.2.1 TO 3.3.2.4 ONLY IF 3.3.2 IS YES]			
3.3.2.1	Treatment and follow-up of drug-sensitive TB	1	0	99
3.3.2.2	Referral for drug-sensitive TB treatment	1	0	99
	[THE NEXT 2 QUESTIONS ARE NOT APPLICABLE TO HEWs]			
3.3.2.3	Treatment and follow-up of drug-resistant TB	1	0	99
3.3.2.4	Referral for drug-resistant TB treatment	1	0	99
3.3.3	DOT	1	0	99
3.3.4	Reminder phone calls or SMS texts to support patients' adherence to treatment	1	0	99
3.3.5	Patient tracking of those who miss an appointment	1	0	99
	[ASK THE NEXT 2 QUESTIONS ONLY IF 3.3.5=YES]			
3.3.5.1	Follow-up phone calls or SMS texts to TB patients if they miss an appointment	1	0	99
3.3.5.2	Home visits to TB patients if they miss an appointment	1	0	99
3.4	TB/HIV Services [ASK ONLY IF 023=YES (facility provides TB/HIV services)]			
3.4.1	HIV testing and counselling for TB patients onsite	1	0	99
3.4.2	Referral for HIV testing and counselling for TB patients	1	0	99
3.4.3	[NOT APPLICABLE TO HEWs] TB preventive therapy (TPT/IPT)	1	0	99

3. TB Services Provided				
	[ASK THE NEXT 3 QUESTIONS ONLY IF 3.4.3=YES] What type of TB preventive therapy (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 (Rifapentine and INH)	1	0	99
3.4.3.3	RH	1	0	99
3.4.4	[NOT APPLICABLE TO HEWs] Do you provide CPT, viral load testing or ART to TB/HIV coinfecting patients?	1	0	99
	[ASK THE NEXT 3 QUESTIONS ONLY IF 3.4.4=YES]	1	0	99
3.4.4.1	CPT prophylaxis for TB/HIV coinfecting patients	1	0	99
3.4.4.2	Viral load testing for TB/HIV coinfecting patients	1	0	99
3.4.4.3	ART for TB/HIV coinfecting patients	1	0	99
3.4.4.3.1	[ASK ONLY IF 3.4.4.3=YES] Screening for symptoms of anti-TB and ARV drug-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 fifteen years who are diagnosed with TB TB patients with drug resistant TB (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. TB Contact Tracing				
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?"] TB patients provide a list of their contacts TB patients are asked to bring their contacts to the facility for evaluation Through Health Extension Workers Community linkage facilitators (e.g., Health development army)..... 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
4.4	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 Close friends who spent time with the index case Contacts who have HIV Symptomatic adult contacts..... Household contacts (includes adults and children) Only the children living in the household All child contacts Neighbors Workplace or school contacts Other (specify) [None of the above/no response]			1 2 3 4 5 6 7 8 9 96 99
		Yes	No	[NR]
4.5	Do you provide HIV counselling and testing to contacts?	1	0	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 counselling onsite	1	0	99
4.5.3	[NOT APPLICABLE TO HEWs] Provide TB preventive treatment (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
4.6.1	[NOT APPLICABLE TO HEWs] Do you provide TB preventive treatment for contacts of bacteriologically-diagnosed pulmonary TB patients (PPOS) on first-line treatment?	1	0	99
	[ASK THE NEXT 4 QUESTIONS ONLY IF 4.6.1=YES] Which contacts receive TB preventive treatment? Anyone else?	Yes	No	[NR]
4.6.1.1	Children under 15 years old	1	0	99

4. TB Contact Tracing				
		Yes	No	[NR]
4.6.1.2	Pregnant women	1	0	99
4.6.1.3	People living with HIV/AIDS identified through contact investigation	1	0	99
4.6.1.4	Other (specify) _____	1	0	99
4.6.2	[NOT APPLICABLE TO HEWs] Do you provide TB preventive treatment for contacts of clinically-diagnosed pulmonary TB patients (PNEG) on first-line treatment?	1	0	99
	[ASK THE NEXT 4 QUESTIONS ONLY IF 4.6.2=YES] Which contacts receive TB preventive treatment? Anyone else?	Yes	No	[NR]
4.6.2.1	Children under 15 years old	1	0	99
4.6.2.2	Pregnant women	1	0	99
4.6.2.3	People living with HIV/AIDS identified through contact investigation	1	0	99
4.6.2.4	Other (specify) _____	1	0	99
4.7	Do you collect and report routine data on contact investigation?	Yes..... No..... [No response]		1 0 99
	[IF 4.7=YES, CONTINUE WITH THE REST OF THIS SECTION; OTHERWISE, SKIP TO THE NEXT SECTION]			
4.7.1	Which forms or tools do you use to collect and report data on contact investigation? Note: please include any registers, books, or forms that you use that are supplied by implementing partners	Use	Not used	[NR]
4.7.1.1	TB contact screening and TPT/IPT treatment follow-up register	1	0	99
4.7.1.2	TB suspect referral form	1	0	99
4.7.1.3	TB register	1	0	99
4.7.1.4	Other (specify) _____	1	0	99
4.7.2	What type of information do you collect and report on contact investigation?	Yes	No	[NR]
4.7.2.1	Number of contacts of drug-susceptible TB	1	0	99
4.7.2.2	Number of contacts of drug-resistant TB	1	0	99
4.7.2.3	Number of children contacts with index of drug susceptible pulmonary TB case	1	0	99
4.7.2.4	Number of children contacts with index of pulmonary TB cases screened for TB	1	0	99
4.7.2.8	Number of children contacts with index of pulmonary TB cases screened negative results for TB	1	0	99
4.7.2.9	Other (specify) _____	1	0	99

5. 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. Pediatric TB							
		Agree	Disagree	Not sure	[NR]		
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 military 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						
	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.	Very Unlikely	Unlikely	Likely	Very likely	Don't know	[NR]
5.2.1	Fever and cough for 2 weeks and more	1	2	3	4	88	99
5.2.2	Failure to thrive (such as low weight for age, low energy level, tired, etc.)	1	2	3	4	88	99
5.2.3	A sore throat and fever	1	2	3	4	88	99
5.2.4	Pneumonia that is unresponsive to antibiotics	1	2	3	4	88	99
5.2.5	Sudden onset of a fever and nasal congestion	1	2	3	4	88	99
5.2.6	A child with fever and cough whose family member has known TB	1	2	3	4	88	99
5.3	Diagnosis of TB in Children [NOT APPLICABLE TO HEWs]						
	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]? Anything else?	Yes	No	DK	[NR]		
5.3.1	Clinical signs and symptoms (physical exam)	1	0	88	99		
5.3.2	Chest X-ray	1	0	88	99		
5.3.3	HIV test	1	0	88	99		
5.3.4	Sputum specimen for smear	1	0	88	99		

5. Pediatric TB					
		Yes	No	DK	[NR]
5.3.5	Sputum specimen for culture	1	0	88	99
5.3.6	Sputum specimen for GeneXpert	1	0	88	99
5.3.7	Gastric aspiration	1	0	88	99
5.3.8	Other (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		
	Now, I want to ask you a few more questions about the management and care of TB patients as part of your work in this facility.	
6.1	Establishing Rapport and Building Trust	
	<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>Have an open mind about the patient’s cultural beliefs 4</p> <p>Listen carefully to the patient 5</p> <p>Recognize and address the patient’s fears about the illness 6</p> <p>Respectfully suggest to change behaviors that increase the risk of spreading TB infection to others or puts the patients at greater risk of adverse effects due to TB 7</p> <p>Treat the patient with dignity and respect 8</p> <p>Provide counselling to the patient to show that you care about them 9</p> <p>Contact them when they miss treatment to show that you are looking out for them 10</p> <p>Conduct home visits (going to clients’ houses, learn more about their daily life, etc.) 11</p> <p>Provide encouragement and interact with patient in a friendly manner 12</p> <p>Other (specify) _____ 96</p> <p>None of the above 99</p>	

6. TB Case Management						
6.2	Patient Assessment [ASK ONLY IF 020=YES]					
	<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]</p> <p>Patient's previous medical/psychosocial history 1</p> <p>Attitudes/beliefs towards TB 2</p> <p>Knowledge of TB 3</p> <p>Ability to follow the TB treatment plan 4</p> <p>Potential barriers to treatment, e.g., lack of transportation, TB medications will be too expensive, etc. 5</p> <p>Resources, e.g., family, other social support, finances 6</p> <p>Personal information (professional activity, living situation, contact information, etc.) 7</p> <p>Other (specify) 96</p> <p>None of the above 99</p>					
6.3	Counselling					
	<p>To ensure your patients have a good understanding of the treatment process, what type of information or topics (excluding TB/HIV) do you discuss with patients during diagnosis and treatment visits? For each type of information, please tell me if it is given verbally and/or in writing.</p> <p>[SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT. FOR THE TOPICS MENTIONED, ASK IF THE INFORMATION IS PROVIDED VERBALLY AND/OR IN WRITING.]</p>					
	Topics	(a) Do you provide the following pieces of information?	[ASK ONLY IF (a)=YES] (b) How is information provided?			
		Yes, unprompted	Verbally	Written	Both	[NR]
	General TB Information					
6.3.1	Test results/ What the test results mean	1	1	2	3	99
6.3.2	What TB is	1	1	2	3	99
6.3.3	How TB is spread (transmission) to others	1	1	2	3	99
6.3.4	That TB can be cured	1	1	2	3	99
	TB Treatment Information					
6.3.5	The need for a treatment supporter	1	1	2	3	99
6.3.6	How long treatment will last	1	1	2	3	99
6.3.7	Treatment status or progress including the treatment phase the patient is in	1	1	2	3	99
6.3.8	Importance of taking medications regularly	1	1	2	3	99
6.3.9	How the medications should be taken, e.g. dosage, frequency, etc.	1	1	2	3	99
6.3.10	Importance of taking medications for the full course of treatment	1	1	2	3	99
6.3.11	Options available for treatment support, e.g., DOT	1	1	2	3	99

6. TB Case Management						
	Topics	(c) Do you provide the following pieces of information?	[ASK ONLY IF (a)=YES] (d) How is information provided?			
		Yes, unprompted	Verbally	Written	Both	[NR]
6.3.112	What to do if they run out of their medications	1	1	2	3	99
6.3.13	Possible side effects of TB medication	1	1	2	3	99
6.3.14	What to do if they experience side effects from the TB medication	1	1	2	3	99
6.3.15	Nutrition	1	1	2	3	99
6.3.16	Good practices (no smoking or drinking alcohol, good hygiene, infection control and prevention, such as staying outside or opening windows inside, etc.)	1	1	2	3	99
6.3.17	What to do when a patient misses their treatment	1	1	2	3	99
6.3.18	Other (specify)	1	1	2	3	99
6.3.19	None of the above	1				
6.4	TB/HIV Information					
	What type of information do you discuss with patients concerning TB/HIV? For each type of information, please tell me if it is given verbally and/or in writing. [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT. FOR THE TOPICS MENTIONED, ASK IF THE INFORMATION IS PROVIDED VERBALLY AND/OR IN WRITING.]					
	Topics	(a) Provide information?	[ASK ONLY IF (a)=YES] (b) How is information provided?			
		Yes, unprompted	Verbally	Written	Both	[NR]
6.4.1	General information about TB/HIV coinfection	1	1	2	3	99
6.4.2	HIV transmission/prevention	1	1	2	3	99
6.4.3	Advise TB patients to get tested for HIV	1	1	2	3	99
6.4.4	HIV care and treatment services to TB/HIV coinfecting patients	1	1	2	3	99
6.4.5	TB/HIV drug-drug interactions	1	1	2	3	99
6.4.6	What to do if they experience TB/HIV drug-drug interactions	1	1	2	3	99
6.4.7	Signs and symptoms of immune reconstitution inflammatory syndrome (IRIS)	1	1	2	3	99
6.4.8	What to do if signs and symptoms of immune reconstitution inflammatory syndrome (IRIS) become evident	1	1	2	3	99
6.4.9	Treatment adherence for TB and for HIV	1	1	2	3	99
6.4.10	TB is curable while HIV is not, and treatment should be continued	1	1	2	3	99
6.4.11	Other (specify) _____	1	1	2	3	99
6.4.12	None of the above	99				

6. TB Case Management		
6.5	<p>[ASK ONLY IF 021=YES (treatment facility)]</p> <p>What do you do when a patient misses their treatment (either by yourself or through HEWs or community volunteers)?</p> <p>[SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT. INSTEAD ASK "ANYTHING ELSE?"]</p> <p>Advise them to return for treatment 1</p> <p>Counsel on adherence and continue treatment from where they stopped 2</p> <p>Counsel and repeat lab investigation 3</p> <p>Follow-up and track by contacting their school or workplace 4</p> <p>Follow-up and track by home visit 5</p> <p>Follow-up and track by phone 6</p> <p>Follow-up and track by SMS 7</p> <p>Record missed day and extend treatment 8</p> <p>Other (specify) 96</p> <p>None of the above 99</p>	

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.			
7.1	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	<p>[ASK ONLY IF 7.1.1=YES]</p> <p>When did the training occur?</p>	Within the last 24 months 1	Over 24 months ago 2	[No response] 99
7.2	Knowledge			
	What would you do to prevent transmission of TB among health care workers and patients within the facility?	Yes	No	[NR]
7.2.1	Should doors and windows be left open whenever a patient presumed or confirmed to have TB is in the room?	1	0	99
7.2.2	Can fans (ventilators) be used in TB wards to reduce the transmission of TB?	1	0	99
7.2.3	Should presumed or confirmed TB patients be separated from other patients?	1	0	99
7.2.4	Should health care providers minimize the time TB patients spend in the health facility?	1	0	99
7.2.5	Can surgical masks protect health care providers from inhaling the TB bacteria?	1	0	99
7.2.6	Can the use of respiratory protection, such as N95 particulate respirators, by health care providers protect them from inhaling the TB bacteria?	1	0	99

7. Infection Prevention and Control				
7.3	Practices			
	What do you do whenever you are with presumed or confirmed TB patients and/or working in the TB wards to prevent transmission of TB?	Yes	No	[NR]
7.3.1	Do you use a mask/respirator whenever treating TB presumptive or confirmed patients	1	0	99
7.3.2	Do you give priority to coughing patients, i.e., attend to patients who are coughing first	1	0	99
7.3.3	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
7.3.4	Do you keep all windows open?	1	0	99
7.3.5	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
7.3.6	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
7.3.7	Do you request for TB diagnostic testing if the patient is symptomatic	1	0	99
7.3.8	Do you always screen all family members of confirmed TB patients for TB symptoms	1	0	99
7.3.9	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
7.3.10	Other (specify)	1	0	99

8. TB Stigma							
	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. When I ask you these questions, I want you to think about the colleagues that you work with at this facility. [SD=STRONGLY DISAGREE; D=DISAGREE; A=AGREE; SA=STRONGLY AGREE]	SD	D	Neither agree nor disagree	A	SA	[NR]
8.1	Attitudes toward healthcare workers						
8.1.1	Some health workers in this facility who are suspected of having TB are stigmatized.	1	2	3	4	5	99
8.1.2	Some health workers in this facility avoid contact with coworkers whom they think may have TB.	1	2	3	4	5	99

8. TB Stigma							
		SD	D	Neither agree nor disagree	A	SA	[NR]
8.1.3	Some health workers in this facility would not want to eat or drink with a coworker whom they think has TB.	1	2	3	4	5	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	5	99
8.1.5	Some health workers in this facility feel uncomfortable working near coworkers who have TB.	1	2	3	4	5	99
8.2	Attitudes toward TB patients						
8.2.1	Some health workers stay away from TB patients.	1	2	3	4	5	99
8.2.2	Some health workers feel getting TB is a person's own fault.	1	2	3	4	5	99
8.2.3	Some health workers feel angry towards TB patients.	1	2	3	4	5	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	5	99

9. Supportive Supervision [ASK ONLY IF 1.4 = 2 (HEW)]			
	Now I would like to ask you some questions about supervision that you have personally received.		
9.1	Has anyone from this health facility ever come for a supervisory and monitoring visit to check your work on TB with in the last 3 months?	Yes No [No response]	1 0 99
9.1.1	[ASK ONLY IF 9.1=YES] When was the last time someone from this health came here on a TB supervisory visit?	Within the last week Within the last month More than a month ago..... [No response]	1 2 3 99
9.1.1.1	[ASK ONLY IF 9.1=YES] During the last 12 months, how many times have you been supervised or monitored on TB by someone from this health center? [ENTER 1-20]	Number of visits <input type="text"/> [No response]	99
9.2	Has anyone from Woreda office ever come for a supervisory and monitoring visit to check your work on TB with in the last 3 months?	Yes No [No response]	1 0 99
9.2.1	[ASK ONLY IF 9.2=YES] When was the last time someone from Woreda office came here on a TB supervisory visit?	Within the last week Within the last month More than a month ago [No response]	1 2 3 99

9. Supportive Supervision [ASK ONLY IF 1.4 = 2 (HEW)]			
9.2.1.1	[ASK ONLY IF 9.2=YES] During the last 12 months, how many times have you been supervised or monitored on TB by someone from Woreda office? [ENTER 1-20]	Number of visits <input type="text"/> <input type="text"/> [No response]	99
9.3	The last time you were personally supervised on TB, what did your supervisor do during the visit? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT] Assess the pharmacy, e.g., drug stockout, expiry, records, etc. Assess patient and logistics data, e.g., completeness, quality, and/or timely reporting ... Discuss the performance of the facility based on the TB service data Complete a supervisory checklist Other (specify)		1 2 3 4 96
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, No [No response]	1 0 99

10. Incentives and Improvements			
10.1	In addition to your official remuneration (salary) what other benefits and incentives have you received for the work you do related to TB within the last 12 months? [READ THE OPTIONS BELOW "NONE" AND SELECT ALL THAT APPLY]	None Time off/vacation Uniforms, vests, caps, etc. Discount medicine, free medical care ... Training Food assistance (E.g. Milk) Top ups/Allowances..... Other (specify) [No response]	0 1 2 3 4 5 6 96 99
10.2	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) Visit 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> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div>Hours Minutes</div>
004	Visit 2 (if needed)	Completed 1 Partially completed 2 Provider unavailable 3 Provider refused 4 Other (specify) 96	<div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div>Hours Minutes</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	
099	<p>[RESEARCH ASSISTANT: Please provide detailed comments or observations you may have about this interview (issues with questions, challenges in determining which response to select, etc.)]</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

ETHIOPIA QUALITY OF TB SERVICES ASSESSMENT: PATIENT INTERVIEW

Start of Facility Visit					
		(a) Visit Date dd/mm/yyyy	(b) Visit 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> Hours Minutes	<div> <div></div> <div></div> </div>	_____
002	Visit 2 (if needed)	___/___/___	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> Hours Minutes	<div> <div></div> <div></div> </div>	_____

Facility Identification			
		(a) Code	(b) Name
010	Region	<div> <div></div> <div></div> </div>	_____
011	Zone	<div> <div></div> <div></div> </div>	_____
012	Woreda/District	<div> <div></div> <div></div> </div>	_____
013	Kebele	<div> <div></div> <div></div> </div>	_____
014	Facility	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	_____
015	GPS Location		

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

Participant Consent			
020	Patient number	<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>	
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. Tell the respondent that the information given by her/him will remain confidential and that the information will be used for the survey purpose only in a manner that no one would be able to identify any patient.]			
021	[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.]	Consented Declined	1 0
[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:]			
022	[Are they at least 15 years old? Ask if you're not sure.]	Yes No	1 0
023	[ASK ONLY IF 022=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, i.e., drug susceptible or drug resistant (DS-TB, DR-TB, MDR-TB, etc.)?	No, they do not have TB Yes, drug susceptible TB..... Yes, drug resistant TB Yes, extra-pulmonary TB Yes, unknown TB type Don't know if they have TB..... [No response]	0 1 2 3 4 88 99
[ASK 024 and 025 ONLY IF 023=YES (1-3)]			
024	[If 023=1 (drug susceptible)] Have you been receiving TB treatment at this facility for at least 2 weeks?	Yes..... No [No response]	1 0 99
025	[If 023=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.]			
026	[SELECT THE APPROPRIATE RESPONSE BASED ON THE INFORMED CONSENT]	Consented Declined	1 0

1. Patient Characteristics			
1.1	Sex	Male	1
	[OBSERVE AND SELECT THE APPROPRIATE RESPONSE. ASK ONLY IF UNSURE.]	Female	2
		[No response]	99
1.2.1	In what year were you born? [YEAR MUST BE 1922-1998]	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		Don't know.....	88
		[No response]	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	98
		[No response]	99
1.3	What is the highest level of education you have completed?	No formal education	0
		First Cycle Primary (Grade 1-4)	1
		Second Cycle Primary (Grade 5-8)	2
		Secondary (Grade 9-10 new curriculum 9-12 old curriculum)	3
		Preparatory (Grade 11 -12 new)	4
		Certificate (10+1 & 10+2)	5
		Diploma or 10+3	6
		1 st degree	7
		2 nd degree and above	8
		[No response]	99
1.4	What is your marital status now?	Never married	1
		Currently living with a partner (unmarried)	2
		Married	3
		Separated	4
		Divorced	5
		Widowed	6
		[No response]	99
1.5	Do you live in an urban or rural area?	Urban	1
		Rural.....	2
		[No response]	99
1.6	What is your employment status?	Employed full-time.....	1
		Employed part-time	2
		Self-employed	3
		Unemployed	4
		Retired	5
		Student	6
		Housewife/husband	7
		Dependent.....	8
		[No response]	99

1.7	What is your average monthly household income?	0 – 600 Birr..... 601 – 1,650 Birr..... 1,651 – 3,200 Birr..... 3,201 – 5,250 Birr..... 5,251 – 7,800 Birr..... 7,801 – 10,900 Birr..... Over 10,900 Birr..... [No response]	1 2 3 4 5 6 7 99
1.8	Is this health facility close enough for you to get here easily?	Yes No [No response]	1 0 99
1.9	What type of transportation do you use most often to get to this facility?	Bicycle Bus Personal Car Horse/Mule/Donkey..... Motorcycle Taxi/Bajaj/Horse Cart (Gari) Walking Other (specify) [No response]	1 2 3 4 5 6 7 9699
1.10	On average, how long does it take you to get to this facility from your home? [HOURS MUST BE 0-48; MINUTES MUST BE 0-59]	<div style="display: flex; justify-content: center; align-items: center; gap: 20px;"> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> </div> <div style="display: flex; justify-content: center; align-items: center; gap: 20px;"> <div>Hours</div> <div>Minutes</div> </div> Don't know [No response]	 88 99
1.11	Do you smoke?	Yes No..... [No response]	1 0 99
1.11.1	[ASK ONLY IF 1.11=YES] Has a healthcare worker at this facility talked with you about quitting smoking?	Yes No [No response]	1 0 99

2. Cascade of Care			
	Now, I would like to ask about the TB care that you have received.		
2.1	How long after you first started having symptoms, such as coughing, did you go to any health facility?	Within 1 week 1-2 weeks More than two weeks..... Don't know [No response]	1 2 3 88 99
2.2	Where did you get tested for the first time for TB?	At this facility At a different public facility At a different private facility Don't know [No response]	1 2 3 88 99
2.3	How long after you were tested were you told you had TB?	Within the same day..... Within two days Within one week 1-2 weeks More than two weeks Don't know [No response]	1 2 3 4 5 88 99
2.4	How long after you were told you had TB did you start treatment?	Within the same day..... Within two days Within one week 1-2 weeks More than two weeks Don't know [No response]	1 2 3 4 5 88 99
2.5	How long have you been on treatment?	Less than 3 months 3-6 months 7-9 months 10-24 months More than 2 years Don't know [No response]	1 2 3 4 5 88 99
2.6	What phase of treatment are you in now?	Intensive Continuation Don't know Other (specify) [No response]	1 2 88 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 TB?	1	0	99												
3.2	Do you always talk to the same healthcare provider(s) every time you visit this facility?	1	0	99												
3.3	Do you have difficulties in getting TB care in this facility because of a language barrier?	1	0	99												
3.4	Have you ever been turned away from receiving TB care during official working hours at this facility?	1	0	99												
3.4.1	[ASK ONLY IF 3.4=YES] Why were you turned away? <table border="0" style="width: 100%;"> <tr> <td>No drugs</td> <td>1</td> </tr> <tr> <td>I came late</td> <td>2</td> </tr> <tr> <td>I forgot my card</td> <td>3</td> </tr> <tr> <td>No healthcare provider available.....</td> <td>4</td> </tr> <tr> <td>Other (specify)</td> <td>96</td> </tr> <tr> <td>[No response]</td> <td>99</td> </tr> </table>	No drugs	1	I came late	2	I forgot my card	3	No healthcare provider available.....	4	Other (specify)	96	[No response]	99			
No drugs	1															
I came late	2															
I forgot my card	3															
No healthcare provider available.....	4															
Other (specify)	96															
[No response]	99															
3.5	Do you collect TB medicines 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 in local language on how to take your medicines?	1	0	99												
3.6	Are the clinic hours convenient for you?	1	0	99												
3.6.1	[ASK ONLY IF 3.6=NO] Why is that? _____															
		Yes	No	[NR]												
3.7	Are the waiting time(s) before talking to healthcare providers at this facility generally acceptable to you?	1	0	99												
3.8	During today's visit, about how long did you wait to talk to any provider? (please add up the total time) [HOURS MUST BE 0-12; MINUTES MUST BE 0-59]	<table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <div style="display: inline-block; text-align: center;">Hours</div> <table border="1" style="display: inline-table; margin-left: 10px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> <div style="display: inline-block; text-align: center;">Minutes</div>														
	Don't know			88												
	[No response]			99												
3.9	Did you spend time at more than one unit during your visit today?	Yes No [No response]		1 2 99												
3.9.1	[ASK ONLY IF 3.9=YES] Where did you spend the longest time?	OPD/Triage Lab TB unit Pharmacy Other (specify) [No response]		1 2 3 4 96 99												

3.10	During today's visit, how long did you spend with your providers, e.g. healthcare provider, 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 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="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> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Hours Minutes </div>	Don't know 88 [No response] 99	
		Yes	No	[NR]
3.11	Have you ever gone to another health facility to receive TB care?	1	0	99
3.11.1	[ASK ONLY IF 3.11=YES] Why did you go to another health facility?	Change of address 1 I was referred 2 Looking for a second opinion 3 There was no provider at this facility 4 Other (specify) 96 Don't know 88 [No response] 99		

4. TB Contact Investigation					
4.1	[DO NOT ASK PATIENTS WITH EXTRA-PULMONARY TB (023 =3)] When you were first diagnosed with TB, did you receive information or counselling 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 coworkers that you spend time with.	Yes 1 No 0 Don't know 88 [No response]..... 99			
[IF 4.1=YES, CONTINUE WITH THIS SECTION; OTHERWISE, SKIP TO THE NEXT SECTION]					
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 HEWs (Healthcare worker in the community) 2 Community volunteers 3 NGO worker 4 Other (specify) 96 [No response] 99				
4.3	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., HEWs, community volunteers, etc.)	1	0	88	99
4.3.2	ASK ONLY IF 1.6 = 1, 2, 3 or 6 Were you visited at school or work by someone involved with your care? (e.g., HEWs, community volunteers, etc.)	1	0	88	99
4.3.3	Were you visited at other places you frequent by someone involved with your care? (e.g., HEWs, community volunteers, etc.)	1	0	88	99

4. TB Contact Investigation					
		Yes	No	DK	[NR]
4.3.4	Were you visited by a healthcare worker from this facility? (excluding HEWs)	1	0	88	99
4.4	Were you asked to bring your contacts to the facility?	1	0	88	99
4.5	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 (below 15 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 TB?	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 TB?	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
4.10	[ASK ONLY IF 4.5.1=YES (have child contacts)] Were any of your child contacts diagnosed with TB?	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. TB Contact Investigation					
		Agree	Neither agree nor disagree	Disagree	[NR]
4.14	I received support on how to identify my contacts and where to bring them for services.	3	2	1	99
4.15	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 Practices			
	Next, I would like to ask you about health care practices related to your TB.		
5.1	Who currently supervises your treatment, i.e., who is your main treatment supporter?	Health worker at this facility 1 Health extension worker (HEW) 2 Family..... 3 Coworker 4 No one 0 Other (specify) 96 [No response] 99	
5.2	[ASK ONLY if 5.1= 1,2,3,4, or 96] 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	
5.3	Have you ever stopped taking your medicines for a month or more for any reason? (Add the number of days medicines were stopped during treatment)	Yes 1 No 0 Don't know 88 [No response] 99	
5.3.1	[ASK ONLY IF 5.3=YES] Why did you stop taking your medicine? [SELECT ALL THAT APPLY]	My provider told me to stop 1 Medicines were not available at the facility 2 Pharmacy was too far away 3 Could not afford to buy medicines 4 No time to get medicines 5 Was travelling 6 Forgot to take 7 Was sick from the medicines or had side effects 8 Other illness (not related to TB)..... 9 Other (specify) 96 [No response] 99	

6. 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.]					
6.1	TB Symptoms					
	There are various symptoms an individual with TB would experience to know if s/he has the disease.					
	Can you tell me what symptoms a person with TB will have?	Yes, Unprompted	Yes, Prompted	No	DK	[NR]
6.1.1	Chronic cough (more than 2 weeks)	2	1	0	88	99
6.1.2	Coughing up mucus or phlegm	2	1	0	88	99
6.1.3	Blood-streaked mucus or sputum	2	1	0	88	99
6.1.4	Unexplained weight loss	2	1	0	88	99
6.1.5	Fever and/or chills	2	1	0	88	99
6.1.6	Night sweats	2	1	0	88	99
6.1.7	Persistent shortness of breath	2	1	0	88	99
6.1.8	Tiredness/fatigue	2	1	0	88	99
6.1.9	Pain in the chest or back	2	1	0	88	99
6.1.10	Other (specify) _____	2	1	0	88	99
6.2	TB Causes and Transmission					
	What do you think causes TB or spreads it from one person to another?	Yes, Unprompted	Yes, Prompted	No	DK	[NR]
6.2.1	Germs/bacteria	2	1	0	88	99
6.2.2	Infected person coughing or sneezing	2	1	0	88	99
6.2.3	Crowded living conditions	2	1	0	88	99
6.2.4	Blood transfusions	2	1	0	88	99
6.2.5	Sharing utensils	2	1	0	88	99
6.2.6	Touching a person with TB	2	1	0	88	99
6.2.7	Through food	2	1	0	88	99
6.2.8	Mosquito bites	2	1	0	88	99
6.2.9	Sexual contact	2	1	0	88	99
6.2.10	Smoking	2	1	0	88	99
6.2.11	Other (specify) _____	2	1	0	88	99
6.3	TB Risk Factors					
	What do you think makes a person more at risk of getting TB?	Yes, Unprompted	Yes, Prompted	No	DK	[NR]
6.3.1	Smoking	2	1	0	88	99
6.3.2	Alcohol drinking	2	1	0	88	99
6.3.3	Fatigue	2	1	0	88	99

6. TB Knowledge						
		Yes, Unprompted	Yes, Prompted	No	DK	[NR]
6.3.4	Malnutrition	2	1	0	88	99
6.3.5	Unhygienic practices	2	1	0	88	99
6.3.6	Poor ventilation	2	1	0	88	99
6.3.7	Pollution	2	1	0	88	99
6.3.8	Being HIV infected	2	1	0	88	99
6.3.9	Contact with or living with someone who has TB	2	1	0	88	99
6.3.10	Inherited	2	1	0	88	99
6.3.11	Having diabetes	2	1	0	88	99
6.3.12	Poverty	2	1	0	88	99
6.3.13	Overcrowding	2	1	0	88	99
6.3.14	Other (specify) _____	2	1	0	88	99
6.4	Drug Side Effects					
	What are the possible side effects patients may experience from using or taking medicines for TB?	Yes, Unprompted	Yes, Prompted	No	DK	[NR]
6.4.1	Nausea	2	1	0	88	99
6.4.2	Vomiting	2	1	0	88	99
6.4.3	Heart burn	2	1	0	88	99
6.4.4	Loss of appetite	2	1	0	88	99
6.4.5	Discolored urine or tears	2	1	0	88	99
6.4.6	Fever	2	1	0	88	99
6.4.7	Yellowish eyes	2	1	0	88	99
6.4.8	Problems with eyesight	2	1	0	88	99
6.4.9	Joint pain	2	1	0	88	99
6.4.10	Rash/Itchiness	2	1	0	88	99
6.4.11	Tingling, burning, or numbness of the hands and feet	2	1	0	88	99
6.4.12	Abdominal pain	2	1	0	88	99
6.4.13	Tinnitus (noise or ringing in the ears)	2	1	0	88	99
6.4.14	Fatigue	2	1	0	88	99
6.4.15	Insomnia	2	1	0	88	99
6.4.16	Balance issues (loss of balance)	2	1	0	88	99
6.4.17	Hearing loss	2	1	0	88	99
6.4.18	Mental disorders (psychosis, depression, anxiety)	2	1	0	88	99
6.4.19	Diarrhea	2	1	0	88	99
6.4.20	Other (specify) _____	-2	-1	0	88	99

6. TB Knowledge			
6.5	Can TB be cured?	Yes No Don't know [No response]	1 0 88 99
6.6	[ASK ONLY IF 023=1 (DS-TB)] What is the usual time 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
6.7	[ASK ONLY IF 023=2 (DR-TB)] What is the usual time 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

7. Stigma/Discrimination							
	Next, I would like to ask you to rate the following statements about your experience with TB. 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.						
7.1	Facility-Level Discrimination						
	First, I would like to know how you are treated by others at this facility.	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	[NR]
7.1.1	Overall, I feel welcome in this health facility.	1	2	3	4	5	99
7.1.2	Healthcare providers here turn their face away when speaking with me.	1	2	3	4	5	99
7.1.3	Overall, healthcare providers here treat me with respect.	1	2	3	4	5	99
7.1.4	Healthcare providers within this facility show discriminatory attitudes toward me because of my disease.	1	2	3	4	5	99
7.1.5	Overall, the healthcare providers are friendly to me.	1	2	3	4	5	99
7.1.6	Overall, the healthcare providers treat me the same way I am treated when I receive care for other illnesses.	1	2	3	4	5	99
7.1.7	Healthcare workers have avoided touching me.	1	2	3	4	5	99

7. Stigma/Discrimination							
		Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	[NR]
7.1.8	Overall, I feel distressed, intimidated, or offended when interacting with healthcare providers at this facility.	1	2	3	4	5	99
7.2	Community-Level Stigma/Discrimination						
7.2.1	Have you disclosed your illness to your family?	Yes No No response.....					1 0 99
7.2.2	Have you disclosed your illness to your friends?	Yes No No response.....					1 0 99
	[ASK THE NEXT 7 QUESTIONS ONLY IF 7.2.1=YES OR 7.2.2=YES] Now, I would like to know what situations you have experienced due to having TB. 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]
7.2.3	I felt hurt when I saw how people reacted to learning I have TB.	1	2	3	4	5	99
7.2.4	I stopped going to social events, religious services, or community events because of negative reactions to my disease.	1	2	3	4	5	99
7.2.5	People do not want to eat or drink with me because I have TB.	1	2	3	4	5	99
7.2.6	I keep a distance from others to avoid spreading germs from TB.	1	2	3	4	5	99
	[ASK THE NEXT 2 QUESTIONS ONLY IF 7.2.1=YES]						
7.2.7	Family members keep a distance from me because I have TB.	1	2	3	4	5	99
7.2.8	Family members feel guilt in the community because I have TB.	1	2	3	4	5	99
7.2.9	[ONLY ASK IF 7.2.2=YES] I lost friends when I told them I have TB.	1	2	3	4	5	99
7.3	Patients' Stigmatizing Emotions						
	I want to understand the types of emotions you feel as someone with TB. 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]
7.3.1	I feel that I need to hide the fact that I have TB.	1	2	3	4	5	99

7. Stigma/Discrimination							
		SD	D	N	A	SA	[NR]
7.3.2	I worry people who know I have TB will tell others.	1	2	3	4	5	99
7.3.3	I am very careful whom I tell that I have TB.	1	2	3	4	5	99
7.3.4	I worry that in this community most people with TB are denied involvement in social events, religious services, or community events when others learn that they have TB.	1	2	3	4	5	99
7.3.5	I worry that in this community people believe a person who has TB is dirty.	1	2	3	4	5	99
7.3.6	It is difficult to tell people about my disease.	1	2	3	4	5	99
7.3.7	I feel guilty that I have TB.	1	2	3	4	5	99
7.3.8	I feel ashamed that I have TB.	1	2	3	4	5	99
7.3.9	I sometimes feel worthless because I have TB.	1	2	3	4	5	99
7.3.10	Having TB makes me feel like I am a bad person.	1	2	3	4	5	99
7.3.11	I feel I am not as good as others because I have TB.	1	2	3	4	5	99
7.3.12	I feel I look disgusting because I have TB.	1	2	3	4	5	99
7.4	Have you ever felt stigmatized or discriminated against because you have TB?	Yes No Don't know..... [No response].....					1 0 88 99
7.5	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
7.6	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)? <hr/> <hr/> <hr/> <hr/> <hr/>						

8. 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 TB and its treatment were shared with you by the health workers?	Yes, Unprompted	Yes, Prompted	No	DK
8.1	How TB is spread to others	2	1	0	99
8.2	Cough hygiene, i.e., how to reduce the risk of making others sick by covering your mouth when you cough	2	1	0	99
8.3	That TB can be cured	2	1	0	99
8.4	How long your treatment will last	2	1	0	99
8.5	Danger signs of TB getting worse	2	1	0	99
8.6	The importance of taking the medicines regularly	2	1	0	99
8.7	Side effects of the medicines	2	1	0	99
8.8	What to do if you have side effects from the medicine	2	1	0	99
8.9	The need for sputum tests at given points during your treatment	2	1	0	99
8.10	The importance of taking the medicines through the end of treatment	2	1	0	99
8.11	When to come back for the next care visit for TB	2	1	0	99
8.12	Healthy behaviors to follow (e.g., no alcohol drinking, good hygiene)	2	1	0	99
8.13	Do you have materials (e.g., pamphlets) from the health facility to remind you of the treatment information provided by the provider or other facility staff?		Yes	No	[NR]
8.14	Do you have educational materials on your disease?		1	0	99
	[ASK THE NEXT 3 QUESTIONS ONLY IF 8.14=YES]				
8.14.1	Do you understand the educational materials?		1	0	99
8.14.2	Do you think the educational materials are appropriate for your health situation?		1	0	99
8.14.3	Do you think the educational materials are helpful to you?		1	0	99

9. Patient – Provider Interaction						
	Next, I would like to ask you about your face-to-face meetings with healthcare providers at this facility.	Always	Sometimes	Never	DK	[NR]
9.1	During your visits to this facility, do the healthcare providers usually explain things in a way you can understand?	2	1	0	88	99
9.2	During your visits to this facility, do the healthcare providers listen to your opinion and ideas on the best way to follow your treatment?	2	1	0	88	99

9. Patient – Provider Interaction						
	Next, I would like to ask you about your face-to-face meetings with healthcare providers at this facility.	Always	Sometimes	Never	DK	[NR]
9.3	Do the healthcare providers at this facility discuss your status or progress with you at every scheduled appointment?	2	1	0	88	99
9.4	During your visits to this facility, do you think the healthcare providers give you a chance to ask questions about anything that concerns you?	2	1	0	88	99
9.5	During your visits to this facility, do you usually have enough time to discuss your health needs with the healthcare providers?	2	1	0	88	99
9.6	During your visits to this facility, do the healthcare providers tell you how TB can affect your everyday life?	2	1	0	88	99
9.7	Do the healthcare providers at this facility address your worries about your disease seriously when you visit the facility?	2	1	0	88	99
9.8	During your visits to this facility, do the healthcare providers listen carefully to you?	2	1	0	88	99
9.9	During your visits to this facility, do the healthcare providers explain how to cope with your problems?	2	1	0	88	99
9.10	During your visits to this facility, do you worry that other patients can hear your conversation with your healthcare providers?	2	1	0	88	99
9.11	During your visits to this facility, do you think you have enough privacy during the examination?	2	1	0	88	99

10. TB/HIV Services					
	Next, I would like to ask you about the link between TB and HIV.	Yes	No	DK	[NR]
10.1	Has any healthcare provider in this facility told you about the link between TB and HIV?	1	0	88	99
10.2	Has any healthcare provider in this facility told you how to prevent HIV infection (for yourself)?	1	0	88	99
10.3	After being told you had TB, were you told to take an HIV test?	1	0	88	99
10.4	Has any healthcare provider in this facility told you where to get HIV treatment if you might need it?	1	0	88	99
10.5	Has any healthcare provider in this facility told you that you can get treatment for HIV and TB at the same time if you might need this?	1	0	88	99
10.6	Are you taking treatment for HIV?	1	0	88	99
	ASK THE NEXT 2 QUESTIONS ONLY IF 10.6=YES]				

10. TB/HIV Services					
	Next, I would like to ask you about the link between TB and HIV.	Yes	No	DK	[NR]
10.6.1	Has any healthcare provider in this facility told you about conditions in which the HIV treatment can make the symptoms of your disease worse?	1	0	88	99
10.6.2	Has any healthcare provider in this facility told you what to do if your symptoms get worse after starting HIV treatment?	1	0	88	99

11. Support					
	I would like to ask you about any support you receive from this facility.				
11.1	People with TB sometimes also have other medical conditions, such as diabetes, HIV infection, or other illnesses. Do you have any other medical conditions?	Yes	No	DK	[NR]
		No			
		Don't know			
		[No response]			
11.1.1	[ASK ONLY IF 11.1=YES] Who has discussed your other medical conditions with you?	No one			
		Only healthcare providers at this facility			
		Only healthcare providers outside this facility			
		Both healthcare providers at this facility and outside this facility			
		[No response]			
11.1.2	[ASK ONLY IF 11.1=YES] Do you feel your other medical needs have been met?	None have been met			
		Some have been met			
		Most have been met			
		All have been met			
		[No response]			
11.2	To support its patients, this facility offers various services to help you complete your TB treatment. Which, if any, of the following supportive services have you received from this facility?	Yes	No	DK	[NR]
11.2.1	Free TB medicines	1	0	88	99
11.2.2	Home based treatment	1	0	88	99
11.2.3	Nutritional support/food basket	1	0	88	99
11.2.4	Rehabilitative services	1	0	88	99
11.2.5	Transport assistance	1	0	88	99
11.2.6	Small group TB health education session	1	0	88	99
11.2.7	One-on-one counselling (face to face) by medical staff (doctor, health officer, and/or nurse)	1	0	88	99
11.2.8	One-on-one counselling (face to face) by health extension worker (HEW)	1	0	88	99
11.2.9	One-on-one peer counselling (face to face) by either a lay counsellor or a cured TB patient	1	0	88	99
11.2.10	Meeting with a psychologist	1	0	88	99
11.2.11	Other services (specify) _____	1	0	88	99

11. Support					
11.3	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]
11.3.1	Free TB medicines	1	0	88	99
11.3.2	Home based treatment	1	0	88	99
11.3.3	Nutritional support/food basket	1	0	88	99
11.3.4	Rehabilitative services	1	0	88	99
11.3.5	Transport assistance	1	0	88	99
11.3.6	Small group TB health education session	1	0	88	99
11.3.7	One-on-one counselling (face to face) by medical staff (doctor, health officer, and/or nurse)	1	0	88	99
11.3.8	One-on-one counselling (face to face) by health extension worker (HEWs)	1	0	88	99
11.3.9	One-on-one peer counselling (face to face) by either a lay counsellor or a cured TB patient	1	0	88	99
11.3.10	Meeting with a psychologist	1	0	88	99
11.3.11	Other services (specify)	1	0	88	99

12. Affordability								
	Next, I would like to ask you about the costs of the care for TB.							
12.1	Next, I want to ask if you have received certain tests at this facility, and if so, I will ask if you have to pay for them.	a) Have you had [test]?				[ASK ONLY IF (a)=YES]		
		Yes	No	DK	[NR]	b) Did you have to pay for it?		
12.1.1	Sputum tests	1	0	88	99	1	0	99
12.1.2	Blood tests	1	0	88	99	1	0	99
12.1.3	X-rays	1	0	88	99	1	0	99
						Yes	No	[NR]
12.2	Do you have to pay to see a healthcare provider at this facility for routine TB visits?					1	0	99
12.3	Do you incur any other costs for TB, including informal payments?					1	0	99
12.4	Have you ever been unable to come to the health facility because of cost (Transportation, medical care)?					1	0	99

13. 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.	Always	Sometimes	Never	DK	[NR]
13.1	During your visits to this facility, do you find the clinic area to be clean?	2	1	0	88	99
13.2	Are there enough comfortable places to sit in this facility?	2	1	0	88	99

13. Infrastructure						
		Always	Sometimes	Never	DK	[NR]
13.3	During your visits to this facility, is drinkable water usually available?	2	1	0	88	99
13.4	During your visits to this facility, is a toilet available for use?	2	1	0	88	99
[ASK THE NEXT TWO QUESTIONS ONLY IF 12.3= 2 or 1 (Always or Sometimes)]						
13.4.1	During your visits to this facility, are the toilets usually clean?	2	1	0	88	99
13.4.2	During your visits to this facility, are the toilets always available to use (unlocked or keys are available)?	2	1	0	88	99

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

End of Facility Visit			
		(a) Visit Result	(b) Visit End Time [Use the 24-hour clock system, e.g. 14:30]
003	Visit 1	Completed 1 Partially completed 2 Patient unavailable 3 Patient refused 4 Postponed 5 Other (specify) 96	<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: 10px;"></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;"></div> </div> <div style="display: flex; justify-content: center; margin-top: 5px;"> Hours Minutes </div>
004	Visit 2 (if needed)	Completed 1 Partially completed 2 Patient unavailable 3 Patient refused 4 Other (specify) 96	<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: 10px;"></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;"></div> </div> <div style="display: flex; justify-content: center; margin-top: 5px;"> Hours Minutes </div>

THANK YOUR RESPONDENT AND MOVE TO THE NEXT AVAILABLE PATIENT.

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

ETHIOPIA QUALITY OF TB SERVICES ASSESSMENT: REGISTER REVIEW

Start of Facility Visit					
		(a) Visit Date dd/mm/yyyy	(b) Visit 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			
05	Is this a replacement facility or facility with a different name listed than what was provided by the NTP?	Yes	1
		No	0
		(a) Code	(b) Name
010	Region	<div> <div></div> <div></div> </div>	_____
011	Zone/Sub-city	<div> <div></div> <div></div> </div>	_____
012	Woreda	<div> <div></div> <div></div> </div>	_____
013	Kebele	<div> <div></div> <div></div> </div>	_____
014	Facility	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	_____
015	GPS location		

Facility Information					
Data Collection Tools					
	Are the following registers used at this facility to record TB data? Check if they are available to review. Also ask if there are any other registers that record TB data.	Yes			No
		Both electronic and paper	Electronic only	Paper only	
021a	Presumptive TB register	3	2	1	0
021b	Presumptive TB register (HEWs)	3	2	1	0
021c	Presumptive TB Register (Other type)	3	2	1	0
022	TB Microscopy Registration book	3	2	1	0
023	GeneXpert Registration Book	3	2	1	0
024	TB Culture and DST Register	3	2	1	0
025	Unit TB Register	3	2	1	0
026.1	ART register	3	2	1	0
026.2	PMTCT Register	3	2	1	0
027	DR-TB treatment register	3	2	1	0
028	(Outpatient department) OPD register	3	2	1	0
029	TB Contact Screening Register	3	2	1	0
031	IPT logbook	3	2	1	0
032	Other (specify) _____	3	2	1	0
TB Services Provided [ANSWERS MUST MATCH WHAT IS IN THE FACILITY AUDIT]					
033	Does this facility perform smear microscopy either onsite or offsite, 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
034	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
035	Drug-susceptible (DS)-TB treatment management				1 0
036	HIV-related services				1 0
037	DR-TB treatment management				1 0
038	Does this facility initiate treatment for drug-resistant TB (DR-TB)?				1 0
039	TB preventive treatment (TPT) for people living with HIV/AIDS (PLHIV)				1 0
040	TPT to child contacts (under 5 years of age) of confirmed TB patients				1 0
041	[VALID ONLY IF 040= NO] What is the reason for not providing TPT to child contacts (under 5 years of age) of confirmed TB patients? [SELECT ALL THAT APPLY]	No guidelines Not trained No drugs Don't know Other (specify) _____			1 2 3 88 96

[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 (use the OPD Register or Presumptive TB Register)			
1.0	LOCATE RECORDS FROM DECEMBER 30, 2017 – JUNE 27, 2018 (TAHASASS 21, 2010 – SENE 20, 2010)		
	Which register(s) will be used to determine the TB screening and diagnosis counts? [SELECT ALL THAT APPLY]	Presumptive TB register (Addis Ababa City Logo) Presumptive TB register (HEWs) Presumptive TB Register (Other type) TB microscopy registration book GeneXpert Registration Book Unit TB Register OPD Register Other (specify)	1 2 3 4 5 6 7 96
1.1	TB Screening and Diagnosis Totals		
1.1.1	Number of patients with presumptive TB [ENTER 0 FOR NONE] (OPD Register column 16)	<div style="border: 1px solid black; width: 60px; 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, GeneXpert MTB/RIF, chest X /ray, clinical assessment, etc.) [MUST BE ≤ 1.1.1 ; ENTER 0 FOR NONE] (OPD Register column 17)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999	
1.1.3	Number of patients with presumptive TB with clinical diagnosis test results [MUST BE ≤ 1.1.2 ; ENTER 0 FOR NONE] (OPD Register column 17)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999	
1.1.4	Number of patients with presumptive TB who received either a smear microscopy, or GeneXpert MTB/RIF (GeneXpert) test [MUST BE ≤ 1.1.2 ; ENTER 0 FOR NONE] (OPD Register column 17)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999	
1.1.5	Number of patients with presumptive TB with bacteriological test results [MUST BE ≤ 1.1.4 ; ENTER 0 FOR NONE] (OPD Register column 17 and 18)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999	
1.1.6	Number of patients with presumptive TB with positive bacteriological test results [MUST BE ≤ 1.1.5 ; ENTER 0 FOR NONE] (OPD Register column 17 and 18)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999	
1.1.7	Number of patients with presumptive TB with positive clinical diagnosis [MUST BE ≤ 1.1.3 ; ENTER 0 FOR NONE] (OPD Register column 17, 18 and 21)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999	

1. Screening and Diagnosis (use the OPD Register or Presumptive TB Register)		
1.2 Smear Microscopy [VALID ONLY IF 033=YES (1 or 2)]		
1.2.1	Number of patients with presumptive TB who received a smear microscopy test [MUST BE ≤ 1.1.4 ; ENTER 0 FOR NONE] (OPD Register column 16 and 17)	<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
1.2.2	Number of patients with presumptive TB with smear microscopy test results [MUST BE ≤ 1.2.1 ; ENTER 0 FOR NONE] (OPD Register column 18)	<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
1.2.3	Number of patients with presumptive TB with positive smear microscopy test results [MUST BE ≤ 1.2.2 ; ENTER 0 FOR NONE] (OPD Register column 18)	<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 GeneXpert [VALID ONLY IF 034=YES (1 or 2)]		
1.3.1	Number of patients with presumptive TB who received a GeneXpert test [MUST BE ≤ 1.1.4 ; ENTER 0 FOR NONE] (OPD Register 16 and 17)	<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
1.3.2	Number of patients with presumptive TB with GeneXpert test results [MUST BE ≤ 1.3.1 ; ENTER 0 FOR NONE] (OPD Register column 18)	<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 positive for TB [MUST BE ≤ 1.3.2 ; ENTER 0 FOR NONE] (OPD Register column 18)	<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 Registers (use TB Microscopy Register and Laboratory Register for GeneXpert) [VALID ONLY IF 033 OR 034=YES (ONSITE)]			
2.0	LOCATE RECORDS FROM DECEMBER 30, 2017 – JUNE 27, 2018 (TAHASASS 21, 2010 – SENE 20, 2010)		
	Which register(s) will be used to determine the TB laboratory counts? [SELECT ALL THAT APPLY]	Presumptive TB register)	1
		Presumptive TB register (HEWs).....	2
		Presumptive TB Register (Other type).....	3
		TB Microscopy Registration book.....	4
		GeneXpert Registration Book	5
		Unit TB Register	6
		DR-TB treatment register	7
		OPD Register	8
	Other (specify)	96	
2.1 Smear Microscopy [VALID ONLY IF 033=YES (ONSITE)]			

2. TB Laboratory Registers (use TB Microscopy Register and Laboratory Register for GeneXpert) [VALID ONLY IF 033 OR 034=YES (ONSITE)]		
2.1.1	Number of diagnostic smears submitted to the laboratory [ENTER 0 FOR NONE] [TB Microscopy Register column "Reason for examination" (SN 15)]	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
2.1.2	Number of diagnostic smear results recorded in the laboratory [MUST BE ≤ 2.1.1 ; ENTER 0 FOR NONE] [TB Microscopy Register column "Reason for examination" (SN 15) and "Examination Results" (SN 16)]	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
2.1.3	Number of diagnostic smear results received from the laboratory within 48 hours of submission. [MUST BE ≤ 2.1.2 ; ENTER 0 FOR NONE] [TB Microscopy Register column "Reason for examination" (SN 15), "Examination Results" (SN 16) "Date Specimen Received" (SN 3) and "Date Reported" (SN 4)]	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
2.1.4	Number of diagnostic smear-positive TB results [MUST BE ≤ 2.1.2 ; ENTER 0 FOR NONE] [TB Microscopy Register column "Reason for Examination" (SN 15) and "Examination Results" (SN 16)]	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
2.1.5	Number of smear conversion tests submitted to the laboratory [ENTER 0 FOR NONE] [TB Microscopy Register column "Reason for Examination" (SN 15)]	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
2.1.6.1	Number of smear conversion test with results recorded [MUST BE ≤ 2.1.5 ; ENTER 0 FOR NONE] [TB Microscopy Register column "Reason for examination" (SN 15), "Examination Results" (SN 16) and "Date Reported" (SN 4)]	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
2.1.6.2	Number of smear conversion test results recorded (only count follow-up smears at 2 months, i.e., the end of the intensive phase) [MUST BE ≤ 2.1.6a ; ENTER 0 FOR NONE] [TB Microscopy Register column "Reason for examination" (SN 15), "Examination Results" (SN 16) and "Date Reported" (SN 4)]	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
2.1.7	Number of smear conversion test results reported by the laboratory within 48 hours of submission [MUST BE ≤ 2.1.6a ; ENTER 0 FOR NONE] [TB Microscopy Register column "Reason for examination" (SN 15), "Examination Results" (SN 16) "Date Specimen Received" (SN 3) and "Date Reported" (SN 4)]	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> 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] [TB Microscopy Register column "Reason for examination" (SN 15) and "Examination Results" (SN 16)]	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999

2. TB Laboratory Registers (use TB Microscopy Register and Laboratory Register for GeneXpert) [VALID ONLY IF 033 OR 034=YES (ONSITE)]		
2.2	GeneXpert [VALID ONLY IF 034=YES (ONSITE)]	
2.2.1	Number of GeneXpert samples submitted to laboratory [ENTER 0 FOR NONE] [Laboratory Register for GeneXpert column "Specimen type" (SN 5) and "Reason for Examination" (SN 17)]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
2.2.2	Number of GeneXpert test results recorded in the laboratory [MUST BE ≤ 2.3.1 ; ENTER 0 FOR NONE] [Laboratory Register for GeneXpert column "Specimen type" (SN 5), "Reason for Examination" (SN 17) and "Result of Xpert" (SN 18)]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
2.2.3	Number of GeneXpert test results reported by the laboratory within 24 hours of submission [MUST BE ≤ 2.3.2 ; ENTER 0 FOR NONE] [Laboratory Register for GeneXpert column "Sputum collection date" (SN 3), "Date reported" (SN 4), "Specimen type" (SN 5), "Reason for Examination" (SN 17) and "Result of Xpert" (SN 18)]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
2.2.4	Number of GeneXpert tests with positive result for TB [MUST BE ≤ 2.3.2 ; ENTER 0 FOR NONE] [Laboratory Register for GeneXpert column "Specimen type" (SN 5) "Reason for Examination" (SN 17), and "Result of Xpert" (SN 18)]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
2.2.5	Number of GeneXpert tests with positive result for resistance to rifampicin (RR) [MUST BE ≤ 2.3.4 ; ENTER 0 FOR NONE] [Laboratory Register for GeneXpert column "Specimen type" (SN 5) "Reason for Examination" (SN 17), and "Result of Xpert" (SN 18)]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
2.2.6	Number of GeneXpert tests with negative result (N=MTB not detected) [MUST BE ≤ 2.3.2 ; ENTER 0 FOR NONE] [Laboratory Register for GeneXpert column "Specimen type" (SN 5) "Reason for Examination" (SN 17), and "Result of Xpert" (SN 18)]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
2.2.7	Number of GeneXpert tests with error result (E) [MUST BE ≤ 2.3.2 ; ENTER 0 FOR NONE] [Laboratory Register for GeneXpert column "Specimen type" (SN 5) "Reason for Examination" (SN 17), and "Result of Xpert" (SN 18)]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
2.2.8	Number of GeneXpert tests with MTB detected, rifampicin resistance indeterminate (TI) [MUST BE ≤ 2.2.2 ; ENTER 0 FOR NONE] [Laboratory Register for GeneXpert column "Specimen type" (SN 5) "Reason for Examination" (SN 17), and "Result of Xpert" (SN 18)]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999

2. TB Laboratory Registers (use TB Microscopy Register and Laboratory Register for GeneXpert) [VALID ONLY IF 033 OR 034=YES (ONSITE)]		
2.2.9	Number of GeneXpert tests with invalid result (I) [MUST BE ≤ 2.3.2 ; ENTER 0 FOR NONE] [Laboratory Register for GeneXpert column "Specimen type" (SN 5) "Reason for Examination" (SN 17), and "Result of Xpert" (SN 18)]	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
2.2.10	Number of GeneXpert tests with no result (NR) [MUST BE ≤ 2.3.2 ; ENTER 0 FOR NONE] [Laboratory Register for GeneXpert column "Specimen type" (SN 5) "Reason for Examination" (SN 17), and "Result of Xpert" (SN 18)]	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999

3. DS-TB Treatment Outcomes (Unit TB Register) [VALID ONLY IF 035=YES] [THE COUNTS IN EACH SECTION 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]			
3.0	LOCATE RECORDS FROM DECEMBER 30, 2017 – JUNE 27, 2018 (TAHASASS 21, 2010 – SENE 20, 2010)		
	Which register(s) will be used to determine the DS-TB treatment counts?	Unit TB Register 1 ART register..... 2 Other (specify) 96	
	[SELECT ALL THAT APPLY]		
3.1	DS-TB Treatment		
3.1.1	Number of new patients who started treatment (new patient cohort number) [ENTER 0 FOR NONE] (Unit TB Register column 11 (P+, P- and EPTB) and 16)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999	
3.1.2	Number of new clinically-diagnosed TB patients who started treatment [MUST BE ≤ 3.1.1 ; ENTER 0 FOR NONE] (Unit TB Register column 11 (P- and EPTB) and 16)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999	
3.1.3	Number of new smear-positive and/or positive GeneXpert pulmonary TB cases registered for treatment [MUST BE ≤ 3.1.1 ; ENTER 0 FOR NONE] (Unit TB Register column 11 (P+) and 16)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999	
3.1.4	Number of new bacteriologically-confirmed TB cases registered that were smear-negative at the end of the intensive phase of treatment [MUST BE ≤ 3.1.4 ; ENTER 0 FOR NONE] (Unit TB Register column 11. 16 and 59)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999	
3.2	TB/HIV (Unit TB Register) [VALID ONLY IF 036=YES] (May also need to use the ART register)		

3. DS-TB Treatment Outcomes (Unit TB Register) [VALID ONLY IF 035=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]		
3.2.1	Number of registered DS-TB patients who had their HIV status documented in the TB register (new and relapse) [ENTER 0 FOR NONE] Note: do not include patients transferred-in (Unit TB Register columns 11 and 51)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.2.2	Number of registered HIV-positive DS-TB patients (new and relapse) [MUST BE ≤ 3.2.1 ; ENTER 0 FOR NONE] Note: do not include patients transferred-in (Unit TB Register columns 11 and 51)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.2.3	Number of HIV-positive DS-TB patients (new and relapse) receiving CPT (cotrimoxazole preventive therapy) during TB treatment per NTLP guidelines [MUST BE ≤ 3.2.2 ; ENTER 0 FOR NONE] Note: do not include patients transferred-in (Unit TB Register columns 11 and 52)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.2.4	Number of HIV-positive DS-TB patients (new and relapse) referred to ART care during TB treatment [MUST BE ≤ 3.2.2 ; ENTER 0 FOR NONE] Note: do not include patients transferred-in (Unit TB Register columns 11 and 53)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.2.5	Number of HIV-positive DS-TB patients (new and relapse) who started on or continuing ART, during TB treatment [MUST BE ≤ 3.2.4 ; ENTER 0 FOR NONE] Note: do not include patients transferred-in (Unit TB Register columns 11 and 54)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.3 New Cases		
QUESTIONS 3.3.1 THROUGH 3.3.7 ARE ALL MUTUALLY EXCLUSIVE (THERE SHOULD BE NO DOUBLE-COUNTING OF CLIENTS ACROSS THESE CATEGORIES)		
3.3.1	Number of new TB patients who were classified as cured at the end of their treatment period [MUST BE ≤ 3.1.1 ; ENTER 0 FOR NONE] (Unit TB Register column 11 and 80)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.3.2	Number of new TB patients who were recorded as completing treatment at the end of their treatment period [MUST BE ≤ 3.1.1 ; ENTER 0 FOR NONE] (Unit TB Register column 11 and 80)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.3.3	Number of new TB patients who were classified as failing treatment at the end of their treatment period [MUST BE ≤ 3.1.1 ; ENTER 0 FOR NONE] (Unit TB Register column 11 and 80)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999

3. DS-TB Treatment Outcomes (Unit TB Register) [VALID ONLY IF 035=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]		
3.3.4	Number of new TB patients who died for any reason before starting treatment or during treatment [MUST BE ≤ 3.1.1 ; ENTER 0 FOR NONE] (Unit TB Register column 11 and 80)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.3.5	Number of new TB patients whose treatment was interrupted for 2 or more consecutive months (i.e., lost to follow-up) [MUST BE ≤ 3.1.1 ; ENTER 0 FOR NONE] (Unit TB Register column 11 and 80)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.3.6	Number of new TB patients for whom no treatment outcome is assigned – includes “transferred out” to another treatment unit and unknown treatment outcomes (i.e., not evaluated) [MUST BE ≤ 3.1.1 ; ENTER 0 FOR NONE] (Unit TB Register column 11 and 80)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.3.7	Number of new TB patients that were moved to the DR-TB Register [MUST BE ≤ 3.1.1] (Unit TB Register column 11 and 80)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.3.8	Add the counts from 3.3.1 to 3.3.7 and enter here. Compare to the 3.1.1 count. They should be equal. If not, determine the cause of the discrepancy and fix. If it cannot be fixed, describe why not: <hr/> <hr/> <hr/>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
3.4 Retreatment Cases		
3.4.1	Number of retreatment TB patients (includes relapse, treatment after failure, treatment after lost to follow up, or other previously treated patients without a documented outcome) who initiated a retreatment regimen [ENTER 0 FOR NONE] (Unit TB Register column 11 and 80)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
QUESTIONS 3.4.2 THROUGH 3.4.8 ARE ALL MUTUALLY EXCLUSIVE (THERE SHOULD BE NO DOUBLE-COUNTING OF CLIENTS ACROSS THESE CATEGORIES)		
3.4.2	Number of retreatment TB patients who were smear-negative in the last month of treatment and on at least one previous occasion (i.e., cured) [MUST BE ≤ 3.4.1 ; ENTER 0 FOR NONE] (Unit TB Register column 11 and 80)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999

3. DS-TB Treatment Outcomes (Unit TB Register) [VALID ONLY IF 035=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]		
3.4.3	Number of retreatment TB patients who were recorded as completing treatment by the end of their treatment period [MUST BE ≤ 3.4.1 ; ENTER 0 FOR NONE] (Unit TB Register column 11 and 80)	<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
3.4.4	Number of retreatment TB patients whose sputum smear or culture is positive at month 5 or later during treatment (i.e., treatment failed) [MUST BE ≤ 3.4.1 ; ENTER 0 FOR NONE] (Unit TB Register column 11 and 80)	<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
3.4.5	Number of retreatment TB patients who died for any reason before starting treatment or during treatment [MUST BE ≤ 3.4.1 ; ENTER 0 FOR NONE] (Unit TB Register column 11 and 80)	<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
3.4.6	Number of retreatment TB patients whose treatment was interrupted for 2 or more consecutive months (i.e., lost to follow-up) [MUST BE ≤ 3.4.1 ; ENTER 0 FOR NONE] (Unit TB Register column 11 and 80)	<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
3.4.7	Number of retreatment TB patients for whom no treatment outcome is assigned – includes “transferred out” to another treatment unit and unknown treatment outcomes (i.e., not evaluated) [MUST BE ≤ 3.4.1 ; ENTER 0 FOR NONE] (Unit TB Register column 11 and 80)	<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
3.4.8	Number of retreatment TB patients that were moved to the DR-TB Register [MUST BE ≤ 3.1.1] (Unit TB Register column 11 and 80)	<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
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, 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> Indeterminate: 999

4. DR-TB Diagnosis (Unit TB Register) [VALID ONLY IF 035 =YES]			
4.0	LOCATE RECORDS FROM JUNE 28, 2016 – MAY 28, 2017 (SENE 21, 2008 – GINBOT 20, 2009)		
	Which register(s) will be used to determine the DR-TB laboratory counts?	Unit TB register	1
		TB Culture and DST Laboratory Register	2
		DR-TB treatment register	3
	[SELECT ALL THAT APPLY]	Other (specify) _____	96

4. DR-TB Diagnosis (Unit TB Register) [VALID ONLY IF 035 =YES]		
4.1 DR-TB Screening and Diagnosis		
4.1.1	Number of bacteriologically-confirmed TB cases who received DST (GeneXpert, Culture, LPA) at baseline (time of registration to TB treatment) [ENTER 0 FOR NONE] (Unit TB Register (Column 8))	<div><input type="text"/><input type="text"/><input type="text"/></div> Indeterminate: 999
4.1.2	Number of bacteriologically-confirmed TB cases with DST results (GeneXpert, Culture, LPA) [MUST BE ≤ 4.1.1 ; ENTER 0 FOR NONE] (Unit TB Register (Column 8 and 9))	<div><input type="text"/><input type="text"/><input type="text"/></div> Indeterminate: 999
4.1.3	Number of bacteriologically-confirmed TB cases with DST (GeneXpert, Culture, LPA) results that are positive for rifampicin resistance (RR) at time of registration for treatment [MUST BE ≤ 4.1.2 ; ENTER 0 FOR NONE] (Unit TB Register (Column 8 and 9))	<div><input type="text"/><input type="text"/><input type="text"/></div> Indeterminate: 999

5. DR-TB Tests and Treatment Outcomes			
5.0	LOCATE RECORDS FROM JUNE 28, 2016 – MAY 28, 2017 (SENE 21, 2008 – GINBOT 20, 2009)		
	Which register(s) will be used to determine the DR-TB treatment counts? [SELECT ALL THAT APPLY]	Unit TB Register 1 TB Culture and DST Laboratory Register 2 TB Microscopy Registration book..... 3 GeneXpert Registration Book 4 DR-TB treatment register 5 Other (specify)..... 96	
5.0	Additional DR Tests		
[ASK THE NEXT 3 QUESTIONS ONLY IF 038=YES]			
5.0.1	Number of bacteriologically-confirmed RR-TB cases with DST (culture, LPA) results for H=Isoniazid (MDR) [ENTER 0 FOR NONE] (DR-TB Treatment Register column 7, 24, and 12-23)	<div><input type="text"/><input type="text"/><input type="text"/></div> Indeterminate: 999	
5.0.2	Number of bacteriologically-confirmed RR-TB cases with DST (culture, LPA) results for resistant to fluoroquinolones (OFX) [ENTER 0 FOR NONE] (DR-TB Treatment Register column 7, 24, and 12-23)	<div><input type="text"/><input type="text"/><input type="text"/></div> Indeterminate: 999	
5.0.3	Number of bacteriologically-confirmed RR-TB cases with DST (culture, LPA) results for resistant to second-line injectable drugs [ENTER 0 FOR NONE] (DR-TB Treatment Register column 7, 24, and 12-23)	<div><input type="text"/><input type="text"/><input type="text"/></div> Indeterminate: 999	

5.0.4	Number of bacteriologically-confirmed RR-TB cases with DST (culture, LPA) results for resistant to any fluoroquinolones and to at least one of three second-line injectable drugs (capreomycin, kanamycin and amikacin), in addition to multidrug resistance (XDR) [ENTER 0 FOR NONE] (DR-TB Treatment Register column 7, 24, and 12-23)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
5.1 DR-TB Treatment Outcomes (use the DR-Treatment Register) [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]		
5.1.1	Number of DR-TB cases who started second-line treatment [ENTER 0 FOR NONE] (DR-TB Treatment Register column 2)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
QUESTIONS 5.1.2 THROUGH 5.1.8 ARE ALL MUTUALLY EXCLUSIVE (THERE SHOULD BE NO DOUBLE-COUNTING OF CLIENTS ACROSS THESE CATEGORIES)		
5.1.2	Number of DR-TB cases who were cured [MUST BE ≤ 5.1.1 ; ENTER 0 FOR NONE] (DR-TB Treatment Register column 38)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
5.1.3	Number of DR-TB cases who completed treatment by the end of the treatment period [MUST BE ≤ 5.1.1 ; ENTER 0 FOR NONE] (DR-TB Treatment Register column 38)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
5.1.4	Number of DR-TB cases with treatment failure documented at the end of their treatment period [MUST BE ≤ 5.1.1 ; ENTER 0 FOR NONE] (DR-TB Treatment Register column 38)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
5.1.5	Number of DR-TB cases who died for any reason before starting treatment or during treatment [MUST BE ≤ 5.1.1 ; ENTER 0 FOR NONE] (DR-TB Treatment Register column 38)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
5.1.6	Number of DR-TB cases whose treatment was interrupted for 2 or more consecutive months (i.e., lost to follow-up) [MUST BE ≤ 5.1.1 ; ENTER 0 FOR NONE] (DR-TB Treatment Register column 38)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
5.1.7	Number of DR-TB cases for whom no treatment outcome is assigned, includes “transferred out” to another treatment unit, those still taking treatment for DR-TB, and those with unknown treatment outcomes (i.e., not evaluated) [MUST BE ≤ 5.1.1 ; ENTER 0 FOR NONE] (DR-TB Treatment Register column 38)	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999

5.1.8	Number of DR-TB cases who moved to pre/XDR [MUST BE ≤ 5.1.1 ; ENTER 0 FOR NONE] (DR-TB Treatment Register column 38)	<input type="text"/> <input type="text"/> <input type="text"/> 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. If it cannot be fixed, describe why not: <hr/> <hr/> <hr/>	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999

6. TB Preventive Therapy (TPT) (use TB Contact Screening Register, ART & PMTCT Register [VALID ONLY IF 039 OR 040 = YES] [TPT IS PROVIDED AT THE SITE TO PLHIV AND/OR CHILD CONTACTS OF CONFIRMED TB PATIENTS])			
6.0	LOCATE RECORDS FROM DECEMBER 30, 2017 – JUNE 27, 2018 (TAHASASS 21, 2010 – SENE 20, 2010)		
	Which register(s) will be used to determine the TPT for child contacts counts? [SELECT ALL THAT APPLY]	Unit TB Register 1 ART register..... 2 DR-TB treatment register..... 3 TB Contact Screening Register 4 IPT Logbook 5 Other (specify) 96	
6.1	TPT for Child Contacts (children under 5 years of age) [VALID ONLY IF 040 = YES] [THIS REGISTER IS IN THE TB CLINIC FOR ALL HIV-NEGATIVE CHILDREN]		
6.1.1	Number of child contacts (under 5) initiated on TPT [ENTER 0 FOR NONE] (Child Contact Register column 5 and 20)	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999	
QUESTIONS 6.1.2 THROUGH 6.1.8 ARE ALL MUTUALLY EXCLUSIVE (THERE SHOULD BE NO DOUBLE-COUNTING OF CLIENTS ACROSS THESE CATEGORIES)			
6.1.2	Number of child contacts (under 5) on TPT who completed treatment [MUST BE ≤ 6.1.1 ; ENTER 0 FOR NONE] (Child Contact Register column 5, 20, 27)	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999	
6.1.3	Number of child contacts (under 5) on TPT who interrupted TPT due to loss to follow-up [MUST BE ≤ 6.1.1 ; ENTER 0 FOR NONE] (Child Contact Register column 5, 14, 21)	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999	
6.1.4	Number of child contacts (under 5) on TPT who died while taking TPT [MUST BE ≤ 6.1.1 ; ENTER 0 FOR NONE] (Child Contact Register column 5, 20, 27)	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999	

6. TB Preventive Therapy (TPT) (use TB Contact Screening Register, ART & PMTCT Register [VALID ONLY IF 039 OR 040 =YES] [TPT IS PROVIDED AT THE SITE TO PLHIV AND/OR CHILD CONTACTS OF CONFIRMED TB PATIENTS])		
6.1.5	Number of child contacts (under 5) on TPT who interrupted TPT due to developing active TB while taking TPT [MUST BE ≤ 6.1.1 ; ENTER 0 FOR NONE] (Child Contact Register column 5, 20, 27)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
6.1.6	Number of child contacts under 5 years of age who discontinued TPT because of adverse events [MUST BE ≤ 6.1.1 ; ENTER 0 FOR NONE] (Child Contact Register column 5, 20, 27)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
6.1.7	Number of child contacts (under 5) on TPT with other outcome [MUST BE ≤ 6.1.1 ; ENTER 0 FOR NONE] (Child Contact Register column 5, 20, 27)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
6.1.8	Number of child contacts (under 5) on TPT with unknown outcome [MUST BE ≤ 6.1.1 ; ENTER 0 FOR NONE] (Child Contact Register column 5, 20, 27)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
6.1.9	Add the counts from 6.1.2 to 6.1.8 and enter here. Compare to the 6.1.1 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; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
6.2 TPT for People Living with HIV/AIDS (PLHIV) [VALID ONLY IF 039=YES]		
6.2.0	LOCATE RECORDS FROM DECEMBER 30, 2017 – JUNE 27, 2018 (TAHASASS 21, 2010 – SENE 20, 2010)	
	Which register(s) will be used to determine the TPT for PLHIV counts? [SELECT ALL THAT APPLY]	Unit TB Register 1 ART register..... 2 DR-TB treatment register..... 3 IPT Logbook..... 4 PMTCT Register..... 5 Other (specify) _____ 96
6.2.1	Number of PLHIV initiated on TPT [ENTER 0 FOR NONE] (ART Register column 19)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
QUESTIONS 6.2.2 THROUGH 6.2.7 ARE ALL MUTUALLY EXCLUSIVE (THERE SHOULD BE NO DOUBLE-COUNTING OF CLIENTS ACROSS THESE CATEGORIES)		
6.2.2	Number of PLHIV on TPT who completed treatment [MUST BE ≤ 6.2.1 ; ENTER 0 FOR NONE] (ART Register column 19-24)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999

6. TB Preventive Therapy (TPT) (use TB Contact Screening Register, ART & PMTCT Register [VALID ONLY IF 039 OR 040 =YES] [TPT IS PROVIDED AT THE SITE TO PLHIV AND/OR CHILD CONTACTS OF CONFIRMED TB PATIENTS])		
6.2.3	Number of PLHIV on TPT who interrupted TPT due to developing active TB while taking TPT [MUST BE ≤ 6.2.1 ; ENTER 0 FOR NONE] (ART Register column 18 and 19-24)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
6.2.4	Number of PLHIV on TPT who interrupted TPT due to loss to follow-up [MUST BE ≤ 6.2.1 ; ENTER 0 FOR NONE] (ART Register column 19-24)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
6.2.5	Number of PLHIV on TPT who died while taking TPT [MUST BE ≤ 6.2.1 ; ENTER 0 FOR NONE] (ART Register column 19-24 and 37-56)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
6.2.6	Number of PLHIV on TPT who discontinued TPT because of adverse events [MUST BE ≤ 6.2.1 ; ENTER 0 FOR NONE] (ART Register column 19-24 and 37-46)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
6.2.7	Number of PLHIV on TPT with unknown outcome [MUST BE ≤ 6.2.1 ; ENTER 0 FOR NONE] (ART Register column 19-24 and 37-56)	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999
6.2.8	Add the counts from 6.2.2 to 6.2.7 and enter here. Compare to the 6.2.1 count. They should be equal. If not, determine the cause of the discrepancy and fix. If it cannot be fixed, describe why not: <hr/> <hr/> <hr/>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Indeterminate: 999

End of Facility Visit			
		(a) Visit Result	(b) Visit 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;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Hours Minutes </div>

End of Facility Visit			
		(a) Visit Result	(b) Visit End Time [Use the 24-hour clock system, e.g. 14:30]
004	Visit 2 (if needed)	Completed Partially completed Records unavailable Facility refused..... Postponed Other (specify)	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>96</div> </div> <div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>Hours Minutes</div> </div>

Comments/Observations	
099	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.) <hr/> <hr/> <hr/> <hr/>

MEASURE Evaluation
University of North Carolina at Chapel Hill
123 West Franklin Street, Suite 330
Chapel Hill, NC 27516 USA
Phone: +1 919-445-9350
measure@unc.edu
www.measureevaluation.org

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of the MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government. TL-20-87

ISBN: 978-1-64232-245-3

