

**Observation Checklist and Questionnaire for Research Assistant at Facility Level – Part I.**

Research Assistant's name:

Date / Time:

Country / Facility (name) code:

**Purpose:**

As part of the TB & Tobacco study we would like to record details of the context for tobacco cessation in each of the study sites. This will help evaluate the project's success and give important insights into future changes to the programme.

Please complete this form about the study site where you are based. If you are working in multiple sites, please complete this questionnaire separately for every site.

Please add extra pages to your answers where needed: the more comprehensive your answers, the easier for us to evaluate the project. If you have any questions, please contact the qualitative researcher at headquarters.

**Please note: this survey will be done in two parts. Part I will be completed during the first year of the TB & T trial, part II during the second year of the TB & T trial.**

**ACCESS TO THE CLINIC AND BUILDING**

1. Describe **access** to the clinic:

Please, begin by describing the overall clinic location and accessibility, and anything that you may find relevant. You might want to consider road conditions, access to buses or other transport. Is it easier or more difficult for some people to access the facility than others? Would this differ by gender, age, class/caste, education, income (money for taxis or buses)...

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2. Describe the **surroundings of the clinic**:

- Shops
- Restaurants/Food
- Tobacco sellers (incl. smokeless tobacco)
- Is it possible to buy any over the counter tobacco dependence treatment nearby the clinic (such as nicotine replacement therapy)?
- Are a lot of people visibly using tobacco products in close proximity to the clinic? (e.g. people sitting together at a shop, café, restaurant; at a bus station...)

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3. Describe the **clinic building**:

- Age (how old does the building look?)
- Size (absolute and relative to neighbouring buildings and to patient load)
- Physical layout (= how many rooms, how are they connected (doors, curtains, not at all, open doors; location within neighbourhood)
- Condition (is construction going on, is it fragile, is it strong, decaying, new...)

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4. Describe **anything else** you find important about the clinic and its surroundings:

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5. **Please take a few photos** of the buildings, waiting area, treatment rooms, and infrastructure. Please include: tobacco related items, e.g. no smoking signs, posters, advertisements for tobacco use or cessation, etc.). Please **do not take photos with people's faces in them.**

### **INITIAL CONSULTATION**

6. Describe the **waiting area**:

- Is it inside or outside? Please describe its size and condition. Please describe
- any furniture (and what kind),
- posters (what they are of),
- TV or video (are they used – what for (which programmes are shown)?/are they functioning?)
- Are there any no tobacco/no smoking signs visible in the area?

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7. What is the **noise level** like? Please describe the types of noise you hear. Is it the same at all times, or does it change?

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8. **How many people** are usually waiting there? (at opening hour of clinic, in the late afternoon, what are the busiest times?)

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9. Please share any other observations about the waiting room you feel are relevant

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10. Where do TB patients have their **initial consultation** before meeting the DOTS facilitator? Please describe this initial consultation area.

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**MEETING WITH DOTS FACILITATOR**

11. Describe the **area where the TB and Tobacco behavioural support sessions** take place:

Please describe:

- Is it inside or outside?
- What is inside the room or area where the consultation takes place?
- What kind of furniture (tables, chairs, etc.) is in the area?
- Are there any posters or pictures on the walls? (Please describe what is in them, which organizations are mentioned on them, are they mostly text or pictures, etc.)
- What is the noise level? Please describe the type of noise you hear. Is it the same at all times, or does it change?
- Is the area they meet separate from the waiting area? How is it separated?

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12. Describe the **normal practice** during the DOTS facilitator’s counselling session with the patient:

- Do most TB patients come with a family member or friend?
- Do they normally join the patient in the consultation room?
- Do other people normally enter/crowd the consultation room or is it private?
- Are the patient and DOTS facilitator sitting or standing? Face-to-face or side-by-side?

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13. Please share any other observations about the area where patients meet with the DOTS facilitator that you feel are relevant:

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14. Is there anything else you would like to say?

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**Thank you for your time, this feedback is very important.**



**Observation Checklist and Questionnaire for Research Assistant at Facility Level – Part II.**

Research Assistant's name:

Date / Time:

Country / Facility (name) code:

**Purpose:**

As part of the TB&Tobacco study, we like to record details of the context for tobacco cessation in each of the study sites. This helps evaluate the project's success and give important insights into future changes to the programme.

As you may remember, you have been asked to complete first part of this form about the study site where you are based a few months ago. Now it is time for you to kindly complete the second part. If you are working in multiple sites, please complete this questionnaire again separately for every site.

Please add extra pages to your answers where needed: the more comprehensive your answers, the easier for us to evaluate the project. If you have any questions, please contact the qualitative research \_\_\_\_\_ at headquarters.

**TOBACCO USE AT FACILITY**

15. Is there a "no tobacco" policy at this facility?

- YES  
 NO

If yes, can you please describe:

- where and to whom does it apply?
- is it enforced? How?
- by whom is it enforced?

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16. Is smoking indoors allowed in this clinic?

- YES
- NO

17. Is the use of smokeless tobacco allowed in the clinic?

- YES
- NO

18. Is smoking outdoors allowed in this clinic?

- YES
- NO

19. Is the use of smokeless tobacco allowed outside the clinic?

- YES
- NO

20. Have you noticed any clinic personnel using tobacco?

- YES
- NO

If yes: In WHAT ROLE do they work at the clinic?

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21. Please describe, in your view, health workers' attitudes toward tobacco use.

- Is there a difference between attitudes towards their own use and patients' use?
  - What level of support have you seen or heard from health workers and DOTS facilitators regarding tobacco cessation?
  - What is the in-charge saying about tobacco cessation?
  - Have you noticed conflicts or conflicting views about tobacco cessation among the clinic employees? Please describe.
  - Have you noticed conflicts or conflicting views about the TB&Tobacco project specifically among the clinic employees? Please describe.
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22. Have you noticed patients or family/friends using tobacco (smoking/SLT) in or around the clinic?

- YES
- NO

If yes, please describe in what areas you have seen patients and their friends/family members use tobacco:

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**DELIVERING TOBACCO CESSATION SUPPORT**

23. Please describe the tobacco cessation (part of the TB&T study) offered in this facility including both delivering the cytisine to patients and the behavioural support. What are the **main successes and challenges** of delivering tobacco use treatment in delivering these to patients in this facility?

Successes in delivering behavior support:

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Successes in delivering tobacco cessation drugs:

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Challenges to delivering behavior support:

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Challenges to delivering tobacco cessation drugs:

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24. Could you please describe **how the topic of TB and tobacco is approached within the routines** at this facility? Consider the following:

- Do staff record if TB patients use tobacco (apart from the forms for our study)?
- If so, where/which register and how regularly?
- Is the information on this register collected by anyone from District/Province level?
- Is it ever analysed or used in supervision?
- Do the staff ever discuss tobacco policies or cessation amongst themselves or in team meetings?
- Has the DOTS facilitator trained during the TB&Tobacco study passed on the materials and knowledge to others in the facility?
- Who provides Tobacco cessation advice/counselling in the centre?
- Is it just the DOTS facilitator trained for TB&Tobacco or have others started to do this?
- Do they use TB&Tobacco project materials? And/or other materials?

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Barriers:

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26. Do you feel the clinic's TB staff have **sufficient time and space available** to implement the **behaviour support**?

- Yes
- No

If no, please describe where time and/or space are lacking:

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27. Do you feel the clinic's TB staff have **sufficient time and space available** to give out the **tobacco cessation drugs**?

- Yes
- No

If no, please describe where time and/or space are lacking:

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28. Do you think health workers need **any additional skills** to deliver tobacco cessation behavioural support?

- YES
- NO

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Which skills do they need? Please explain why you think these are needed.

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29. Are there any other challenges health workers face in delivering tobacco cessation?  
Please explain.

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30. Is there anything else you would like to say?

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**Thank you for your time, this feedback is very important.**

