

**DrOTS-Project: Baseline questionnaire****A. Basic socio-demographic information**

Name of interviewer:

Interview date and start time:

Scan participant barcode (unique identifier).

Name of commune:

Name of fokontany:

Name of village:

Is the participant considered a (1) TB suspect, (2) a non-suspect or (3) another community member?

Name of participant:

Gender of participant:

Date of birth of participant:

Age of participant:

What ethic group(s) do you belong to?

What is/are your religion(s)?

What is your highest level of education?

What is/are your occupational activity/activities?

How many people live in your household?\* (\*Regular household members that usually/regularly live and sleep in the household.)

How many children under the age of 5 years does your household have?

How many children aged 5-14 years does your household have?

How many children aged 5-14 years frequent school?

How many adults aged 15 years and older does your household have?

How many rooms does your household have?

How many rooms are used for sleeping?

How many people usually sleep in the same room with you?

Which of the following assets does your household or any of the regular household members possess?

Agricultural land

Livestock: zebu

Livestock: other

Bicycle

Generator

Radio

TV

Watch, wristwatch, clock

Toilet only for household members

Solar panel

Motorcycle

Bank account

Cell phone, telephone

Canoe, pirogue

Carpet

Internet access

Electricity

**B. Travel history**

Were you born in this village?

Since when do you live in this village? (year)

Where did you live before?

Do you ever travel outside of this village into other villages or towns?

To which locations do you travel?

How long have you been away on your last trip?

Number of days:

Number of weeks:

**C. Risk factors**

Do you currently smoke?

On average, how many cigarettes (or other tobacco) do you smoke per day?

Do other members of your household smoke?

Where is the cooking done in your household?

What type of fuel does your household mainly use for cooking?

What type of cooking stove is used in your house?

#### D. TB-related health seeking behaviour

Which of the following symptoms do you currently have?

Cough

Cough with sputum or phlegm

Cough with blood

Difficulties breathing, shortness of breath

Chest pain

Episodes of fever

Night sweats

Weight loss

The last time you were sick, where did you medical advice or treatment for your symptom(s)?

If not having sought treatment: Why did you not seek medical advice or treatment?

If not having sought treatment: What else did you do?

What care or treatment did you receive?

Where you satisfied with the care or treatment received?

If not satisfied: Why were you not satisfied?

If not having sought treatment at a health facility: Why did you not visit a health facility?

If having sought treatment at a health facility: Which health facility have you visited?

How long after your symptoms started did you seek medical advice or treatment?

Number of days:

Number of weeks:

How much time did it take you to get this care and/or treatment?

Number of hours:

Number of days:

How much ariary did you spend in total to get this care and/or treatment?

Do you currently take medication on a regular basis?

If yes, what medication do you currently take?

#### E. Knowledge on TB

Have you ever heard of an illness called tuberculosis?

Where have you heard about tuberculosis?

What do you think is the cause of tuberculosis?

When a person has tuberculosis, what could be the signs and symptoms the person has?

Do you think that tuberculosis can be transmitted from one person to another?

How can tuberculosis be transmitted from one person to another?

Do you think that the transmission of tuberculosis can be prevented/stopped?

How can the transmission from one person to another be prevented/stopped?

Do you think that tuberculosis can be healed?

How can tuberculosis be healed?

#### F. Medical history related to TB

Have you ever been tested for tuberculosis?

Have you ever been in contact with someone that had tuberculosis?

What relationship(s) did you have to that person or those persons?

Has anyone in your household been treated for tuberculosis in the past 2 years?

Have you personally, in the past, ever had tuberculosis or been treated for tuberculosis?

If yes, did you complete treatment (6 months)?

#### G. Behaviour towards TB

Please indicate, whether you agree or disagree with the following statements:

I believe that anyone/everybody can get TB

I would share food or drink with someone who has TB

I would sleep in the same room with someone who has TB

If a member of my family gets TB, I would like to keep it a secret  
I would keep distance from someone who has TB  
I am afraid of someone who has TB  
I believe that someone who has TB is disgusting  
I believe that community members behave differently to someone who has TB  
I believe that someone who has TB is isolated/alone in our community  
I believe tuberculosis is a big problem in our community

**H. End of the interview**

Do you have any questions for me?

Coordinates:

Other comments or observations by the interviewer:

Time end of interview: