S2 Text. Study questionnaire, English version (patients < 18 years).

Date: 
Consultant: 
Hospital: 

Department: □ OPD □ IPD 
□ Written informed consent □ Oral informed consent

PATIENT IDENTIFICATION
Study Number: ________________ 
Age_________Years 
Gender: □ Male □ Female 
Respondent: □ Patient □ Parent □ Other, please specify__________________
Address: Region__________________ Village__________________

1. Living with: 
□ one parent (mother/father) □ both parents □ Relatives □ Orphanage 
□ Others, please specify__________________

2. Education/day-care: 
□ home-care □ nursery □ primary school 
□ Form I-IV □ Form IV-VI □ Others (Please mention) ______

3. Religion: 
□ Muslim □ Christian □ other, please mention____________

PREVIOUS MEDICAL HISTORY
4. Tobacco use (adolescents): □ Yes □ No ____weeks/months /years 
5. Smoking (adolescents): □ Yes □ No ____weeks/months /years 
6. Alcohol (adolescents): □ Yes □ No ____weeks/months /years 

7. Associated Diseases 
Asthma: □ Yes □ No 
Chronic diarrhoea □ Yes □ No 
Renal Disease: □ Yes □ No 
Liver Diseases: □ Yes □ No 
Diabetes Mellitus: □ Yes □ No 
Cardiac disease: □ Yes □ No 
Other: □ Yes □ No 
Describe other: ________________________________ 
___________________________________________

8. Medication: Please write the names of the medication 
____________________________________________________________________________________
PREVIOUS HISTORY OF TUBERCULOSIS

9. Has the child been in contact with a person with known tuberculosis?
   □ Yes □ No
   If yes, who was/were the contact person(s)?
   ________________________________________________________________

   If yes, when was the child in contact with this (these) person(s)?
   ________________________________________________________________

10. Has the child previously been diagnosed with pulmonary tuberculosis?
    □ Yes □ No

11. Has the child previously been diagnosed with extrapulmonary tuberculosis?
    □ Yes □ No

12. Has the child previously been treated for tuberculosis?
    □ Yes □ No

13. If the child has been treated, what was the treatment outcome?
    □ Cured
    □ Treatment Completed
    □ Treatment Interrupted

14. If treated, when was the last time the child completed any TB treatment? ________________
**Health seeking behavior for TB patients**

*Please remind the patient and respondent that this survey is confidential.*

15. Please ask if the patient has experienced any of the following symptoms

<table>
<thead>
<tr>
<th>General Symptoms</th>
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<tbody>
<tr>
<td>Fever</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>What kind of fever does the child have?</td>
<td>□ High-grade □ Low-grade</td>
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<tr>
<td>When does the child have fever?</td>
<td>□ Morning □ Day-time □ Evening □ Night □ all day</td>
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<tr>
<td>Failure to gain weight</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Loss of weight</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Loss of appetite</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Night Sweat</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Fatigue</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Body weakness</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Frequent cold</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Neck mass</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Other</td>
<td>□ Yes □ No ___ weeks/months</td>
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<thead>
<tr>
<th>Respiratory Symptoms</th>
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<tbody>
<tr>
<td>Cough</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Sputum</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Cough with Sputum</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Cough with blood</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Chest pain</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Difficult in breathing</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<th>Abdominal Symptoms</th>
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<tbody>
<tr>
<td>Swelling of/in stomach</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Fullness of the stomach</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Vomiting</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Chronic diarrhea</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Other</td>
<td>□ Yes □ No ___ weeks/months</td>
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<td>Describe other:</td>
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<tr>
<th>Neurological Symptoms</th>
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<tbody>
<tr>
<td>Headache</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Irritability</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Photophobia</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Vomiting</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Dizziness</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Vertigo</td>
<td>□ Yes □ No ___ weeks/months</td>
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<tr>
<td>Weakness/Numbness of extremity:</td>
<td>□ Yes □ No ___ weeks/months</td>
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</table>
Visual disturbance:  
☐ Yes  ☐ No  ___weeks/months

Other:  
☐ Yes  ☐ No  ___weeks/months

Describe other: ____________________________

16. What were the major symptoms that first made you seek care for your child?
☐ Prolong Cough  ☐ Coughing blood  ☐ Breathlessness
☐ Chest pain  ☐ Fever  ☐ Weight loss
☐ Fatigue/Weakness  ☐ Loss of appetite  ☐ Night sweats
☐ Bone pain  ☐ Lymph node swelling  ☐ Diarrhoea
☐ Abdominal pain  ☐ Others (specify) __________________

17. When did you or the child first notice the symptoms?
______________________________________________________________________

18. Did you give the child any self-medication before you sought care?
☐ Yes  ☐ No

19. When did you first seek medical advice for the child after noticing the symptoms? (Ask the respondent to specify how many days/weeks after noticing the symptoms)
☐ Today  ☐ 1-6 days  ☐ 1-4 weeks  ☐ 5-8 weeks  ☐ over 8 weeks

20. How many different places did you go to seek help for the child’s current symptoms? (Ask the respondent to specify the various health care providers/health facilities)
________________________places

21. How many times have you taken the child to a health facility with the same symptoms before?
☐ First visit  ☐ Second visit  ☐ Third visit
☐ > 3 visits  ☐ don’t remember

22. Which place did you first seek care for the child`s symptoms?
☐ Regional Hospital  ☐ District hospital/PHCC  ☐ Health center/PHCU
☐ Dispensary/private clinic  ☐ Private Hospital  ☐ Traditional healer
☐ Pharmacy  ☐ other, please specify______________________________

23. Did the child get any medicine from there?
☐ Yes  ☐ No

24. If yes, what kind of medicine?
☐ Antibiotics  ☐ Anti-TB  ☐ Herbs  ☐ others, which________________

25. Were the child`s symptoms relieved after taking medicines?
☐ Yes  ☐ No

26. What kind of diagnosis did the child receive for the current illness? _______________________

27. Were any tests done at the first medical service?
☐ Yes  ☐ No

28. What type of tests?
☐ Blood test  ☐ Urine test  ☐ Sputum  ☐ X-ray
29. Did you take the results back to the doctor?
☐ Yes ☐ No

30. Could you estimate the total cost for the previous visits/investigations related to the child’s current illness?
Admission ___________________________ TZS
Consultations ___________________________ TZS
Medication ___________________________ TZS
Laboratory tests/X-ray/CT ___________________________ TZS
Transportation ___________________________ TZS

31. Who referred the child here to this health facility?
☐ myself ☐ Traditional healers ☐ Religious leaders
☐ Pharmacy/drug shop ☐ Village health worker ☐ Government dispensary
☐ Government health center ☐ Government hospital ☐ Private dispensary/hospital
☐ Charitable/NGO ☐ Member of the family ☐ Other___________________

32. Has your child received routine vaccination, by following the national children’s vaccination program?
☐ Yes ☐ No

33. Has your child received BCG vaccination?
☐ Yes ☐ No

34. Has the child ever been tested for HIV?
☐ Yes ☐ No

35. What was the result of the HIV-test?
☐ HIV positive ☐ HIV negative ☐ don’t know ☐ don’t agree to disclose HIV status

36. Before today, had you heard of the illness tuberculosis?
☐ Yes ☐ No

37. Do you know any symptoms of tuberculosis?
☐ Chronic cough ☐ Spitting blood ☐ Shortness of breath
☐ Chest pain ☐ Fever ☐ Weight loss
☐ Tiredness ☐ Loss of appetite
☐ Others Please specify__________________________ (Do not probe but ask for more symptoms)

38. Do you know which parts of the body that can be affected by tuberculosis?

39. Can tuberculosis spread from person to person?
☐ Yes ☐ No ☐ Uncertain

40. In your household do you drink unboiled milk?
☐ Yes ☐ No

41. In your household do you eat raw meat?
☐ Yes ☐ No
42. Did you know that consumption of raw animal products, like uncooked dairy products can lead to gastrointestinal tuberculosis as a result of transfer of the disease from animals to humans?
□ Yes □ No

43. Can tuberculosis be cured with medicines?
□ Yes □ No □ Uncertain

44. Do you know how long it takes to treat tuberculosis?
□ Yes □ No
If yes, do you know the approximate duration of treatment? ________________________

45. Do people in your community associate tuberculosis with HIV?
□ Yes □ No □ Uncertain
If yes, why do they associate it with HIV? ________________________________

46. Is there anything that would make it easier for people with tuberculosis to get treatment, not just in this clinic, but in other health facilities?
□ Yes □ No □ Uncertain
If yes, what could be done? ________________________________

47. The moment you realized that the child may have contracted tuberculosis, did you have any problems deciding to seek care? If so, what types of problems?
________________________________________________________________________
________________________________________________________________________

48. What fears do others have about TB that prevents them from seeking medical advice?
________________________________________________________________________

49. If you consulted a traditional healer before seeking care at a modern health facility, what were the reasons which led you to first use the traditional healer?
________________________________________________________________________
50. How long does it take you to go to the nearest health facility?
   - Less than 30 minutes
   - between 30 minutes and one hour
   - More than one hour

51. How far is this hospital to your home (in Kilometers) ________________

52. How long (on average) does it take you to this health facility, waiting for the child’s consultation and finally returning to your home/workplace? ________________ Hours

53. How did you get to this health facility?
   - Walked
   - Bicycle
   - Motorcycle
   - Private car
   - Dala Dala

54. If you have to take a Dala Dala, how much (on average) does it cost you to come to the clinic? ________________ TZS.

55. Do you usually have to make some special arrangements at home before coming to the clinic?
   - Yes
   - No
   - Uncertain
   If yes, what arrangements? ______________________________________

56. What is the main income of your household?
   - Crop production
   - Hunting/bee-keeping
   - Other agricultural activity
   - Monetary savings (interest)
   - Property (rentals)
   - Other Specify ________________
   - Livestock
   - Poultry
   - Wages (government)
   - Wages (private)
   - Pensions
   - Self-employed payments (merchant)
   - Farm wage
   - Wages (government)
   - Wages (private)
   - Self-employed payments (merchant)

57. In the past 12 months, in what types of activities were you and any members of your household engaged? (Only income-generating activities)?
   ______________________________________
   ______________________________________
   ______________________________________

58. How much did (NAME) earn (money) for the activities stated on average in the past 12 months? This should include not only salary or cash income: but also the value of goods produced or traded for other goods and services.
   ______________________________________

59. Have any member of your household stopped working or reduced their work capacity because of the child’s illness?
   - Yes
   - No
   If yes, for how long? ________________ days
   If yes, how much reduced working capacity? _____________________________

60. Have you/or any member of your household lost any wages or income because of the child`s illness?
   - Yes
   - No
   - Uncertain
   If yes, how much_____________________

61. Do you own a house?
62. How many people live in your household: ________________ (number of people)
   How many: Men: _______Women: _______Elderly:_______Children (between 0-10): _______
   Children (between 11-18): _______

63. How many siblings does the child have?
   ____________sibling(s)

64. What is the main source of drinking water for members of your household?
   □ Piped water 1=Piped into dwelling  2= Piped into yard/plot  3=Public tap  4=Neighbors’ tap
   □ Water from open well
   □ Water from covered well or borehole
   □ Running water 1=spring; 2=river/stream; 3=pond/Lake; 4=Dam
   □ Rain water
   □ Tanker truck
   □ Water vendor
   □ Bottled water
   □ Others Specify ___________________________

65. What kind of toilet facilities does your household have?
   □ Flush toilet
   □ Pit toilet/latrine 1=traditional pit latrine 2=ventilated pit latrine (VIP)
   □ No facility/bush/field □ other, please specify ______________

66. Do you share these facilities with other households?
   □ Yes   □ No

67. Does your household have?
   □ Electricity
   □ Paraffin lamp
   □ Radio
   □ Television
   □ Telephone/mobile
   □ Iron (either charcoal or electricity)
   □ Refrigerator

68. What is the main source of energy for lighting in your household?
   □ Main electricity
   □ Solar
   □ Gas
   □ Paraffin-hurricane lamp
   □ Paraffin-Wick lamp
   □ Firewood
   □ Candles
   □ other, please specify ___________________________

69. What is the main material for the walls of your house or house you are living?
   □ Grass
   □ Poles and mud
   □ Cement bricks
   □ Backed bricks
   □ Timber
   □ Stones
   □ Others Specify______________________________

70. What is the roofing material of your house or house you are living?
   □ Grass/leaves/mud
   □ Iron sheets
   □ Tiles
   □ Concrete
   □ Asbestos
   □ Others Specify_______________

71. Does any member of your household own
   □ A bicycle
   □ A motorcycle or motor scooter
   □ A car
   □ A bank account

72. How many acres of land for farming/grazing are owned by the household?
   □ Arable land______________ acres  □ Land for grazing__________ acres

73. How many meals does your household usually have per day?
   Meals________________