

Appendix A - Questionnaire

Research title: Determinants of multi-drug resistant Tuberculosis in Bhutan

Please mark (✓) in the box provided or fill in the blanks (.....) with the most appropriate answer known to the best of their knowledge.

Name of interviewer:

Date of interview:

1.0 Patient's general characteristics

| | |
|-----|--|
| 1.1 | How old are you?years. |
| 1.2 | What is your gender? <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 1.3 | What is your current marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced |
| 1.4 | What is the highest level of education attained? <input type="checkbox"/> Illiterate <input type="checkbox"/> Primary school <input type="checkbox"/> Lower secondary school <input type="checkbox"/> Middle secondary school <input type="checkbox"/> Higher secondary school <input type="checkbox"/> Bachelor's degree and higher <input type="checkbox"/> Others..... |
| 1.5 | What is your current occupation? <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Uniform personnel <input type="checkbox"/> Government employee <input type="checkbox"/> Private or self-employed <input type="checkbox"/> Others..... |
| 1.6 | What is your monthly family income? <input type="checkbox"/> None <input type="checkbox"/> Less than Nu. 5000 <input type="checkbox"/> Nu. 5000-10000 <input type="checkbox"/> Nu. 10000-15000 <input type="checkbox"/> More than Nu. 15000 |

2.0 Lifestyle and behavior

| | |
|-----|--|
| 2.1 | Did you smoke before getting TB? <input type="checkbox"/> No, if no go to Q. 2.3 <input type="checkbox"/> Yes |
| 2.2 | If yes, how many cigarettes did you smoke per day? <input type="checkbox"/> Less than 5/day <input type="checkbox"/> 11-20/day <input type="checkbox"/> 5-10/day <input type="checkbox"/> More than 20/day |
| 2.3 | Did you drink alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2.4 | Do you get enough sleep? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|-----|---|
| 2.5 | How many hours do you sleep in a day? <input type="checkbox"/> Less than 6 hours <input type="checkbox"/> 9-10 hours <input type="checkbox"/> 6-8 hours <input type="checkbox"/> More than 10 hours |
| 2.6 | Do you frequently travel within the country? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.7 | What mode of transport do you use the most? <input type="checkbox"/> Private vehicle <input type="checkbox"/> Others..... <input type="checkbox"/> Public transport (Bus and Taxi) |

3.0 History of TB treatment

| | |
|-----|--|
| 3.1 | Have you ever received TB treatment before? <input type="checkbox"/> No, if no go to Q. 3.5 <input type="checkbox"/> Yes |
| 3.2 | If yes, how many times were you treated for TB? <input type="checkbox"/> Once <input type="checkbox"/> Three times <input type="checkbox"/> Two times <input type="checkbox"/> More than three times |
| 3.3 | Did you have any side effects with the medicine during the previous treatment? <input type="checkbox"/> No, if no go to Q. 3.5 <input type="checkbox"/> Yes |
| 3.4 | Did you have to stop/interrupt the treatment due to side effects? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.5 | Did you live with anyone who was sick of TB in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.6 | Do you have a BCG scar? (check on the right arm) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.7 | How many hours does it take to reach the nearest health center? <input type="checkbox"/> Less than 1 hour <input type="checkbox"/> More than 2 hours <input type="checkbox"/> 1-2 hours |

4.0 Environment

| | |
|-----|---|
| 4.1 | Where did you live the most in the past three years? <input type="checkbox"/> Rural <input type="checkbox"/> Semi-Urban <input type="checkbox"/> Urban |
| 4.2 | Did you stay/live near the border to India for more than one month in the last 3 years? <input type="checkbox"/> No, if no go to Q. 4.4 <input type="checkbox"/> Yes |
| 4.3 | How often do you go across the border? <input type="checkbox"/> Daily <input type="checkbox"/> 2-3 times a week <input type="checkbox"/> Never crossed the border <input type="checkbox"/> Occasionally <input type="checkbox"/> Once a week |
| 4.4 | What type of building do you live in? <input type="checkbox"/> Multistoried building <input type="checkbox"/> Traditional Bhutanese house <input type="checkbox"/> Bungalow type <input type="checkbox"/> Others (specify)..... |
| 4.5 | The building you live in is surrounded by? (choose more than one answer if applicable) <input type="checkbox"/> Buildings only <input type="checkbox"/> Plants and trees <input type="checkbox"/> Others (specify)..... <input type="checkbox"/> Agricultural field <input type="checkbox"/> None of the above |

| | |
|-----|---|
| 4.6 | How many rooms do you have in your house? <input type="checkbox"/> One room <input type="checkbox"/> Three rooms <input type="checkbox"/> Two rooms <input type="checkbox"/> More than three rooms |
| 4.7 | How many family members are there in your family? <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> More than 5 <input type="checkbox"/> 2 <input type="checkbox"/> 4-5 |
| 4.8 | How often do you go to crowded places? <input type="checkbox"/> Everyday <input type="checkbox"/> Once a month <input type="checkbox"/> 2-3 days in a week <input type="checkbox"/> Rarely |

5.0 Social stigma

| No | Statement/s | Strongly Agree | Agree | Uncertain | Disagree | Strongly disagree |
|----|---|----------------|-------|-----------|----------|-------------------|
| 1 | I feel ashamed because I have TB | | | | | |
| 2 | My family hide the fact that I have TB from the community | | | | | |
| 3 | I hide TB status from the community | | | | | |
| 4 | I avoid talking about TB in the presence of other family members or neighbors | | | | | |
| 5 | I am afraid that someone will see me at the health care clinic where I am being treated | | | | | |
| 6 | I substitute another word for TB in the conversations with my friends | | | | | |
| 7 | I have noticed changes in my family member's behavior towards me since the TB diagnosis | | | | | |
| 8 | Close friends of mine ignore our friendship when they know about my TB status | | | | | |
| 9 | I am hurt by some people's reaction when they know about my TB status | | | | | |
| 10 | People fear for those having TB | | | | | |

6.0 Knowledge on MDR-TB

| | |
|-----|--|
| 6.1 | Have you heard of MDR-TB? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 6.2 | What is MDR-TB? <input type="checkbox"/> It is same as normal TB <input type="checkbox"/> TB which is easier to treat than normal TB <input type="checkbox"/> Disease caused by virus <input type="checkbox"/> TB which can't be cured with standard treatment |

| | |
|------|---|
| 6.3 | Is MDR-TB a transmissible disease? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know |
| 6.4 | How can a person get MDR-TB? <input type="checkbox"/> Through handshakes <input type="checkbox"/> Through eating from the same plate <input type="checkbox"/> Through the air when a person with TB coughs or sneezes <input type="checkbox"/> Through sharing dishes <input type="checkbox"/> Do not know |
| 6.5 | How does normal TB become MDR-TB? Because of: <input type="checkbox"/> Poor nutrition <input type="checkbox"/> HIV <input type="checkbox"/> Not taking TB treatment properly <input type="checkbox"/> Witchcraft <input type="checkbox"/> Don't know |
| 6.6 | Which is the commonest symptom of MDR-TB? <input type="checkbox"/> Headache <input type="checkbox"/> Vomiting <input type="checkbox"/> Cough <input type="checkbox"/> Diarrhea |
| 6.7 | How long is the duration of MDR-TB treatment? <input type="checkbox"/> Three months <input type="checkbox"/> Six months <input type="checkbox"/> One year <input type="checkbox"/> More than one year |
| 6.8 | What is the duration of cough regarded as TB symptom? <input type="checkbox"/> Less than one week <input type="checkbox"/> One week <input type="checkbox"/> More than two weeks <input type="checkbox"/> One month <input type="checkbox"/> One year |
| 6.9 | How can a person prevent getting TB? <input type="checkbox"/> Avoid shaking hands <input type="checkbox"/> Covering mouth and nose when coughing or sneezing <input type="checkbox"/> Avoid sharing dishes <input type="checkbox"/> Washing hands after touching items in public places <input type="checkbox"/> Closing windows at home <input type="checkbox"/> Through good nutrition <input type="checkbox"/> By praying |
| 6.10 | How can someone with TB be cured? <input type="checkbox"/> Praying <input type="checkbox"/> Herbal remedies <input type="checkbox"/> Home rest without medicine <input type="checkbox"/> Specific drugs given by health center <input type="checkbox"/> Don't know |
| 6.11 | If the symptoms of TB are resolved, can we stop taking medicine even if the prescribed treatment duration has not been reached/is not complete? <input type="checkbox"/> No <input type="checkbox"/> Yes |

.....*End*.....