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| Tool to estimate patients’ costs |
| **Questionnaire** |

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| **Question** | | **Answer categories** *(circle appropriate number or fill answer on the answer line)* | | ***Action for interviewer*** |
| a | ***Date of Interview (dd/mm/yy)*** | ……/……/……… | | *these questions are not part of interview and might be pre-filled* |
| b | ***Name of Province*** | …………………………….. | |
| c | ***Name of District*** | …………………………….. | |
| d | ***Place of interview (facility name)*** | …………………………….. | |
| e | ***Interviewer Name*** | ……………………………. | |
| f | ***Category of Facility*** | *1. Primary health care level* | | *Choose appropriate categories (****to be done by PI!)*** |
|  |  | *2. Secondary health care level* | |
|  |  | *3. Tertiary health care level* | |
|  |  | *4. Other, specify:* | ……………………………… |

Introduction to the patient:

My name is ……. The organization I am working for, TB CARE, is interested in the costs that people face because of tuberculosis illness. Therefore, we would like to inquire how much people spend on healthcare, and more specifically on tuberculosis before and during diagnosis and during treatment. We request you to provide us with information on the past three months plus major costs related to TB that were made longer ago.

It is important for you to understand that your participation in this study is completely voluntary. We would be really grateful if you would agree to participate in this study, but do feel free to refuse. If you refuse, there will be no consequence for you and you will receive whatever care and treatment you need at the health facility as usual. If you decline to participate you will not lose any benefit that you are entitled to such as receiving care and support that is provided at the clinic.

If you decide to participate, I would like to stress that you will not receive any reimbursements for the costs that you made and will report on in this interview.

If you choose to participate in this study you need to know that you may withdraw from the study at any stage without giving any explanation for your withdrawal. Your answers will be kept confidential. At some point I will ask you about your personal income and the income of your household. We will NOT provide this information to any tax or welfare authorities, also not after the end of the study.

This survey will take approximately 30 minutes.

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| **Question** | | | **Answer categories** *(circle appropriate number or fill answer on the answer line)* | | | | | ***Action for interviewer*** |
| g | **Do you have any questions?** | |  | | |  | | *Answer patient’s questions* |
| h | **Do you want to participate?** | | Yes | |  |  | | *Yes 🡪 Thank you! Go to i* |
|  |  | | No, because: | | 1. Language not good enough | | | ***No 🡪 End the interview after Q9 - fill in as much as possible from patient card*** |
|  |  | |  | | 2. Time constraint | | |
|  |  | |  | | 3. Not comfortable | | |
|  |  | |  | | 4. Other, specify: | ………………………… ………………………… | |
| i | **(MDR) TB patient group** | | **1. at least 1 month in intensive phase of cat I-III treatment** | | | | | *Extract from patient card* |
|  | **2. at least 3 months in continuation phase of cat I-III treatment** | | | | |
|  | **3. diagnosed with MDR-TB less than one month ago** | | | | |
|  | **4. at least 3 months in intensive phase of MDR-TB treatment** | | | | |
|  | **5. at least 3 months in continuation phase of MDR-TB treatment** | | | | |
| j | **Currency used in interview:** | | ……….. | | | | | *report type of currency, e.g. USD* |
| *Patient Information* | | | | | | | | |
| **Question** | | | | **Answer categories** *(circle appropriate number or fill answer on the answer line)* | | | ***Action for interviewer*** | |
|  | |  | |  | | | *fill in Q1- Q9 also if interview is refused for non-response analysis (then extract as much as possible from patient card)*  *where needed check with patient card* | |
| Q1 | | **Gender** | | 1. Male | | |  | |
|  | |  | | 2. Female | | |  | |
| Q2 | | **Age** | | ……… years | | |  | |
| Q3 | | **What is your tribe/ethnic group/religion?** | | 1. | | | *choose categories that appropriately describe the population* ***(to be decided by PI!)*** | |
|  | | 2. | | |
|  | | 3. | | |
|  | | 4. | | |
|  | | 5. | | |
| Q4 | | **What is your highest obtained educational degree?** | | 1. Not attended/illiterate | | | *choose categories that appropriately describe the population* ***(to be decided by PI!)*** | |
|  | | 2. Primary | | |
|  | | 3. Secondary | | |
|  | | 4. Higher than secondary | | |
| Q5 | | **What is your type of job?** | | 1. Civil servant | | |  | |
|  | | 2. Other formal employment | | |  | |
|  | | 3. Self-employed or informal employment\* | | | *\* includes farmers, fishermen, vendors etc.* | |
|  | | 4. Not employed\*\* | | | *\*\* includes housewives, retired persons* | |
| Q6 | | **Type of TB** | | 1. Pulmonary smear-positive | | | *Fill in from patient card if patient does not know* | |
|  | |  | | 2. Pulmonary smear-negative | | |
|  | |  | | 3. Extra-pulmonary | | |  | |
| Q7 | | **Treatment regimen** | | 1. Cat I (new pulmonary) | | | *Fill in from patient card if patient does not know* | |
|  | |  | | 2. Cat II (retreatment) | | |
|  | |  | | 3. Cat III (new SS- or extra-pulmonary) | | |
|  | |  | | 4. Cat IV (chronic, MDR) | | |
| Q8 | | **How long have you been on treatment?** | | 1. … months in intensive phase of Cat I/II/III | | | *Fill the number of months, check with patient's treatment card*  *For patients in continuation phase, also fill months that patient has been in intensive phase of treatment*  *For MDR-TB patients, also fill months of CatI/II/III treatment* | |
|  | | 2. … months in continuation phase of Cat I/II/III | | |
|  | | 3. … months in intensive phase of Cat IV | | |
|  | | 4. … months in continuation phase of Cat IV | | |
| Q9 | | **HIV status *(as indicated on card!)*** | | 1. Positive | | | *Fill in from patient card*  ***for non-participants, the interview ends here!*** | |
|  | | 2. Negative | | |
|  | | 3. Not tested | | |
|  | | 4. Not indicated on card | | |
| Q10 | | **How far from your home is the nearest government facility where TB can be diagnosed?** | | … minutes walking or cycling | | | *If one specific means of transportation is usually used, only fill minutes for this means; otherwise, fill in both.* | |
| … minutes with own motorized or public transport | | |

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| *Previous Treatment* | | | | | |
| **Question** | | **Answer categories** *(circle appropriate number or fill answer on the answer line)* | | | **Action for interviewer** |
| Q11a | **TB treatment history** |  | | | *Fill in from patient's treatment card* |
|  | 1. Not previously treated for TB | | | *1 🡪 Skip to Q12* |
|  | 2. Cat I/III treatment failed | | | *2 🡪 Skip to Q12* |
|  | 3. Cat II treatment failed | | | *3 🡪 Skip to Q12* |
|  | 4. Transfer to cat IV during non-MDR treatment | | | *4 🡪 Skip to Q11b* |
|  | 5. Treatment after default | | | *5 🡪 Skip to Q11c* |
|  | 6. Tuberculosis relapse | | | *6 🡪 Skip to Q12* |
| Q11b | **If on Cat IV treatment, how long have you been on TB treatment before you were diagnosed with MDR-TB?** | | | …. months |  |
| Q11c | **Your treatment card indicated that you had default treatment. Why was previous treatment not completed?** | 1. Lack of money for treatment costs | | | *Do not read options*  *Circle all options reported by patient*  *Only choose option "Other" if none of the listed options is mentioned* |
|  | 2. Need to work again | | |
|  | 3. Drug side effects | | |
|  | 4. Too long distance to facility | | |
|  | 5. Felt better | | |
|  | 6. Drug stock-outs | | |
|  | 7. Other, specify: | …………………… | |

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| *Diagnostic costs* | |  |  |
| **Question** | | **Answer** | **Action for interviewer** |
| Q12 | **Are you in intensive phase of** **CatI/II/III treatment OR just diagnosed with MDR-TB?** | 1. Yes | *Tell the interviewee that you ask this question as a cross-check.* |
| 2. No | *2 🡪 Skip to Q15a* |
| Q13 | **How many visits related to TB symptoms did you make before you received the diagnosis of (MDR) TB at this facility (this includes the visit in which you received the diagnosis)** | … visits | *Cross-check after having filled Table of Q14* |

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| **Question** |  | | | | | **Action for interviewer** | | | | | | |
| Q14 | **How much did you spend for each of these visits before you were diagnosed with TB, including the visit when you actually received your diagnosis?** | | | | | *For MDR-TB patients, ask only about cost for MDR-TB diagnosis; for other TB patients, ask about costs for TB diagnosis. For all that don’t apply, mark N/A; Fill one line per visit.*  ***Do NOT include hospitalization costs*** *here, even not when patient was hospitalized during TB diagnosis.* | | | | | | |
| Visit (in chronological order, very 1st visit=visit 1) | Provider | Total time spent per visit  *(in minutes, includes travel time)* | Administrative Costs *(consultative, registration)* | Test costs  *(for sputum or other except X-ray)* | X-ray costs *(includes sending X-rays to radiologist, travel & fees)* | | Drug costs | Travel Costs *(return total)* | Food costs *(total)* | Accommo-dation costs *(total)* | Hospital bed days costs *(total)* | Total costs per visit |
| **Visit 1** |  |  |  |  |  | |  |  |  |  |  |  |
| **Visit 2** |  |  |  |  |  | |  |  |  |  |  |  |
| **Visit 3** |  |  |  |  |  | |  |  |  |  |  |  |
| **Visit 4** |  |  |  |  |  | |  |  |  |  |  |  |
| **Visit 5** |  |  |  |  |  | |  |  |  |  |  |  |
| **Visit 6** |  |  |  |  |  | |  |  |  |  |  |  |
| **Visit 7** |  |  |  |  |  | |  |  |  |  |  |  |
| **Visit 8** |  |  |  |  |  | |  |  |  |  |  |  |
| **Visit 9** |  |  |  |  |  | |  |  |  |  |  |  |
| **TOTAL** | ---------- |  |  |  |  | |  |  |  |  |  |  |
| ***Add more rows if more visits were made before diagnosis of (MDR) TB!*** | | | | | | | | | | | | |

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| *Treatment Costs* | | | | |
| **Question** | | **Answer categories** *(circle appropriate number or fill answer on the answer line)* | | **Action for interviewer** |
| Q15a | **Where do you currently obtain your TB drugs?** | 1. Primary health care facility (community level) | | *If the patient has visited two different places, tick the current\* place and report costs only for that place (\*or most recent if interviewed at home)* |
|  | 2. Secondary health care facility (district level) | |
|  | 3. Tertiary care (provincial level) or above | |
| Q15b | **How many times per month do you go there to collect your drugs?** | … times |  |  |
| Q15c | **How long does it take you to get there?** (one way) | 1. ... minutes walking or cycling | | *fill in for most used means of transport* |
|  | 2. ... minutes with motorized transport | |
| Q15d | **How long does one of these visits take on average, including time on the road and waiting time** (total turnaround time)**?** | | … minutes |  |
| Q15e | **From your home to the DOT place, how much does transportation cost you to visit DOT facility?** (both ways) | | ……………. |  |
| Q15f | **How much do you spend on food on the road, and/or while waiting at DOT facility?** | | ……………. |  |
| Q16a | **Where do you currently take (consume) your TB drugs?** | 1. Community (not health facility) | | *If the patient has visited two different DOT places, tick the current\* place and report costs only for that place (\*or most recent if interviewed at home)* |
|  | 2. Primary health care facility (community level) | |
|  | 3. Secondary health care facility (district level) | |
|  | 4. Tertiary care (provincial level) or above | |
|  | 5. At workplace | | *5 🡪 Skip to Q17a* |
|  | 6. At home | | *6 🡪 Skip to Q17a* |
| Q16b | **How many times per week do you go there to take (consume) your drugs?** | … times per week | |  |
| Q16c | **How long does it take you to get there?** (one way) | 1. ... minutes walking or cycling | | *fill in for most used means of transport* |
|  | 2. ... minutes with transport | |
| Q16d | **How long does one of these visits take on average, including time on the road and waiting time** (total turnaround time)**?** | | … minutes |  |
| Q16e | **From your home to the DOT place, how much does transportation cost you to visit DOT facility?** (both ways) | | ……………… |  |
| Q16f | **How much do you spend on food on the road, while waiting at DOT facility?** | | ……………… |  |
| Q17a | **Do you have to pay administration fees when picking up (obtaining) your TB drugs?** | | 1. Yes |  |
|  | 2. No | *2 🡪 Skip to Q18a* |
| Q17b | **How much do you have to pay on administration fees?** | | ………….. |  |
| Q18a | **Do you have any accommodation costs when picking up (obtaining) your TB drugs?** | | 1. Yes |  |
|  | 2. No | *2 🡪 Skip to Q19a* |
| Q18b | **How much do you have to pay for accommodation?** | | ………….. |  |
| Q19a | **Did you ever have to go to the health facility for follow up tests since the beginning of treatment?** | | 1. Yes |  |
|  | 2. No | *2 🡪 Skip to Q20* |

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| **Question** |  | | | **Answer categories** *(circle appropriate number or fill answer on the answer line)* | | **Action for interviewer** |
| Q19b | **How many times did you go specifically for follow-up tests?** | | | | … times |  |
| Q19c | **Did you have to pay any additional costs for follow-up tests during the entire period?** | | | | 1. Yes |  |
|  | 2. No | *2 🡪 Skip to Q20* |
| Q19d | **What kind of costs and how much?** | *Item:* | *Amount:* | | *Total costs:* |  |
|  | 1. Fees | …………. | | …………….. |  |
|  | 2. Sputum/laboratory tests | …………. | |  |  |
|  | 3. X-ray | …………. | |  |  |
|  | 4. TB drugs | …………. | |  |  |
|  | 5. Other drugs | …………. | |  |  |
|  | 6. Other costs | …………. | |  |  |

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| *Hospitalization* | |  |  |
| **Question** |  | **Answer categories** *(circle appropriate number)* | **Action for interviewer** |
|  |  |  | *if patient is still hospitalized, ask about situation up to and including time of interview* |
| Q20 | **Have you been hospitalized at any time before (but due to TB) or during your TB treatment?** | 1. Yes |  |
|  | 2. No | *2 🡪 Skip to Q23* |
| Q21 | **Were you hospitalized more than once?** | 1. Yes, …. times | *Fill out table for each hospital stay separately* |
|  | 2. No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hospital name | Number of days hospitalized | Hospital charge (total per stay) | Food costs (if not included in hospital bill) | Transport costs (if not included in hospital bill) | Other costs (if not included in hospital bill) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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| Q22 | **Did any family/friend stay with you while in hospital (sleep in/near hospital)?** | 1. Yes |  |
|  | 2. No |  |

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| *Relocation costs* | |  |  |
| **Question** |  | **Answer categories** *(circle appropriate number or fill answer on the answer line)* | ***Action for interviewer*** |
| Q23a | **Did you have to move to be able to receive (MDR) TB treatment?** | 1. Yes |  |
|  | 2. No | *2 🡪 Skip to Q24a* |
| Q23b | **How much did you pay for relocation?** | ……………. |  |

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| *Other Costs* | | | | | | | |
| **Question** |  | | **Answer categories** *(circle appropriate number or fill answer on the answer line)* | | | | ***Action for interviewer*** |
| Q24a | **Do you buy any supplements outside your regular diet because of the TB illness, for example vitamins, meat, energy drinks, or fruits?** | | 1. Yes | | | |  |
|  | 2. No | | | | *2 🡪 Skip to Q25a* |
| Q24b | **What kind of items do you buy?** | | 1. Fruits | | | | *Multiple responses allowed* |
|  |  | | 2. Energy drinks | | | |
|  |  | | 3. Vitamins/herbs | | | |
|  |  | | 4. Meat | | | |
|  |  | | 5. Other, specify: | | ……………. | |  |
| Q24c | **How much did you spend on these items in the last 30 days approximately?** | | | …………… | | |  |
| Q25a | **Did you experience any adverse events during the treatment of (MDR-) TB?** *(Adverse events: any additional health problems that newly occur during (MDR-) TB treatment and may be related to treatment* | | | 1. Yes | | |  |
|  | 2. No | | | *2 🡪 Skip to Q26* |
| Q25b | **Was treatment required of these events?** *This includes changes in TB drug regimen!* | | | 1. Yes | | |  |
|  | 2. No | | | *2 🡪 Skip to Q26* |
| Q25c | **How much did you spend on treatment of adverse events and/or changes in the TB drug regimen approximately?** | *Item:* | | *Amount:* | | *Total costs:* |  |
|  | 1. Drugs | | ………….. | | ………….. |  |
|  | 2. Fees | | ………….. | |  |  |
|  | 3. Transport | | ………….. | |  |  |
|  | 4. Accommodation | | ………….. | |  |  |
|  | 5. Other | | ………….. | |  |  |

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| *Coping Costs* | | | | | | | | | | | |
| **Question** | | | | **Answer categories** *(circle appropriate number or fill answer on the answer line)* | | | | | | | ***Action for interviewer*** |
| Q26 | **On a scale of 1 to 5, in which 1 is no impact and 5 is very serious impact, to what extent has the TB illness affected the family financially?** | | | 1 = No impact | | | | | | | *Decide whether or not you will add description in words* ***(to be decided by PI!)*** |
|  | 2 = Little impact | | | | | | |
|  | 3 = Moderate impact | | | | | | |
|  | 4 = Serious impact | | | | | | |
|  | 5 = Very serious impact | | | | | | |
| Q27 | **What strategies did you use to cope with the financial impact of your TB illness?** | | | 1. No need to apply such a strategy | | | | | | | *Multiple responses allowed*  *Circle all that are mentioned* |
|  | 2. Costs covered by health insurance | | | | | | |
|  | 3. Government support for TB illness | | | | | | |
|  | 4. Employer benefits (in addition to salary) | | | | | | |
|  | 5. Cutting down on other expenses | | | | | | |
|  | 6. Patient or family members do additional (paid) work | | | | | | |
|  | 7. Using savings | | | | | | |
|  | 8. Borrowing | | | | | | |
|  | 9. Selling assets | | | | | | |
|  | 10. Donations from friends and relatives | | | | | | |
|  | 11. Donations from charitable organizations | | | | | | |
|  | 12. Others, specify: | | | | …………………… | | |
| Q28a | **Do you have any kind of private or government health/medical insurance scheme?** | | | | | | | 1. Yes | | |  |
|  | 2. No | | | *2 🡪 Skip to Q29a* |
| Q28b | **Have you received reimbursement for any costs related to the TB illness?** | | | | | | | 1. Yes | | |  |
|  | 2. No | | | *2 🡪 Skip to Q29a* |
| Q28c | **How much have you received as reimbursement?** | | | | | | | …………….. | | |  |
| **Question** |  | | **Answer categories** *(circle appropriate number or fill answer on the answer line)* | | | | | | | | ***Action for interviewer*** |
| Q29a | **Did you get money, vouchers or goods in kind to cover the expenses for your TB disease from anybody else?** | | | | | | | | 1. Yes | |  |
|  | 2. No | | 2 *🡪 Skip to Q30a* |
| Q29b | **For what purpose and how much did you receive?** | Purpose: | | | Amount received: | | | | Total amount received: | |  |
|  | 1. Transport | | | …………. | | | | ……………. | |  |
|  | 2. Food | | | …………. | | | |  | |  |
|  | 3. Accommodation | | | …………. | | | |  | |  |
|  | 4. Compensation for lost income (includes disability allowance) | | | …………. | | | |  | |  |
|  | 5. Medical bills | | | …………. | | | |  | |  |
|  | 6. Living costs (cash money) | | | …………. | | | |  | |  |
| Q29c | **From whom did you receive this (this does not include loans)?** | | 1. Employer | | | | | | | | *More than one answer allowed* |
|  | 2. Donor organization(s) | | | | | | | |
|  | 3. Private donation(s) | | | | | | | |  |
|  | 4. Other, specify: | | | ……………… | | | | |  |
| Q30a | If you borrowed money, **how much did you borrow?** | | …………………….. | | | | | | | | *If no money was borrowed, skip to Q31a* |
| Q30b | **From whom did you borrow (most)?** | | 1. Family | | | | | | | | *Circle most appropriate* |
|  | 2. Neighbors/friends | | | | | | | |
|  |  | | 3. Bank | | | | | | | |
|  |  | | 4. Pawnbroker | | | | | | | |
|  |  | | 5. Non-bank commercial loans | | | | | | | |
|  |  | | 6. Other, specify: | | | | ……………….. | | | |
| Q30c | **Are you expected to pay back the loan?** | | 1. Yes | | | | | | |  |  |
|  | 2. No | | | | | | |  | *2 🡪 Donation, skip to Q31a* |
| Q30d | **What is the interest rate on the loan (%)?** | | 1. ……….% | | | | | | | |  |
|  | 2. I don't pay any interest | | | | | | | |  |
| Q31a | If you sold property, **what did you sell?** | | 1. Land | | | | | | | | *If no property was sold, skip to Q32* |
|  | 2. Livestock | | | | | | | |
|  | 3. Transport/vehicle | | | | | | | |
|  | 4. Household item | | | | | | | |
|  | 5. Farm produce | | | | | | | |
|  | 6. Gold/jewelry | | | | | | | |
|  | 7. Other, specify: | | | | ……………………. | | | |
| Q31b | **How much did you earn from the sale of your property?** | | ……………………….. | | | | | | | |  |

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| *Socioeconomic Information: Individual Situation and Income* | | | |
| **Question** | | **Answer categories** *(circle appropriate number or fill answer on the answer line)* | ***Action for interviewer*** |
| Q32 | **Who is the primary income earner in the household?** | 1. Patient |  |
|  | 2. Other |  |
|  |  | 3. No income is earned by household |  |
| Q33 | **Did any of your children drop out of school to assist the family as a consequence of your TB illness?** | 1. Yes |  |
|  | 2. No |  |
| Q34 | **Has the TB illness caused loss of your job or education?** | 1. No | *1 🡪 Skip to Q37* |
|  | 2. Loss of job | *2 🡪 Go to Q35a* |
|  | 3. Dropped out of school | *3 🡪 Skip to Q37* |
|  | 4. Reduced income | *4 🡪 Skip to Q36* |

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| **Question** | | **Answer categories** *(circle appropriate number or fill answer on the answer line)* | ***Action for interviewer*** |
| Q35a | **At what stage of your illness did you lose your job?** | 1. Before the diagnosis of TB | *1 🡪 Skip to Q37* |
|  | 2. When I was diagnosed with TB | *2 🡪 Skip to Q37* |
|  | 3. After starting TB treatment |  |
| Q35b | If you lost your job during TB treatment, **how long ago was this?** | … months |  |
| Q36 | If your income got reduced during TB treatment, **how many months ago was this?** | … months ago | *Answer to Q36 should be ≥ the answer to Q35b* |
| Q37 | **Approximately how many working days of income have you lost due to your TB illness overall?** | … working days before diagnosis of TB (but due to TB disease)  **AND**  … working days after TB diagnosis | *Working days of income: e.g., if a patient was not able to work for 5 half days and lost income for these, the number of days lost is 0.5\*5=2.5. Report for total TB episode, incl. all days before and after job loss.* |

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| *Household Income and Spending* | | | | | |
| **Question** | | **Answer categories** *(circle appropriate number or fill answer on the answer line)* | | | ***Action for interviewer*** |
| Q38 | **How much do you estimate was the average income of your household per month BEFORE the TB illness?** | Item: | Amount: | Total income: | *for all persons in the house, including patient; includes welfare payments, government assistance or other social support* |
|  | Income of patient | …………… | ……………… |
|  | Income of rest of household | …………… |  |
|  | Other income | …………… |  |
| Q39 | **How much do you estimate is the average income of your household per month NOW?** | Item: | Amount: | Total income: | *for all persons in the house, including patient; includes welfare payments, government assistance or other social support* |
|  | Income of patient | …………… | ……………… |
|  | Income of rest of household | …………… |  |
|  | Other income | …………… |  |
| Q40 | **Was this change in income the result of TB illness?** | 1. Yes | | | *Only ask if income under Q39 if different from income under Q38* |
|  | 2. No | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Desired assistance* | | | | |
| **Question** | | **Answer categories** *(circle appropriate number or fill answer on the answer line)* | | ***Action for interviewer*** |
| Q41 | **If the government could provide you with some service to ease the financial burden of TB on you and your household, what would you prefer to have?** | 1. Transport vouchers | | *Don’t give options unless patient does not bring up answer him/herself. Only choose one (considered most important by patient).* |
|  | 2. Food vouchers | |
|  | 3. More efficient service | |
|  | 4. Services available closer to home | |
|  | 5. Job protection during TB treatment | |
|  | 6. Shelter close to treatment place | |
|  | 7. Other, specify: | ………………… |

|  |
| --- |
| **Thank you for your cooperation! Is there anything you would like to ask or say?** |
| ……………………………………………………………………………………………………………… |
| **Comments by Interviewer:** |
| ……………………………………………………………………………………………………………… |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** *(dd/mm/yyyy)*: | ……/……/……. | **Signature interviewer:** | …………………………………………… |