

# Nationwide generic TB patient cost survey // Enquête nationale sur les coûts supportés par les patients atteints de tuberculose (générique) // Encuesta nacional para establecer los costos soportados por los pacientes enfermos de tuberculosis (genérico)//

## Part I. Patient information to be obtained from TB treatment card before interview

PATIENT REGISTRATION NUMBER IN FACILITY TB REGISTER .....		DATE OF INTERVIEW yyyy-mm-dd .....
NAME OF PROVINCE <input type="radio"/> District A <input type="radio"/> District B <input type="radio"/> District C <input type="radio"/> District D <input type="radio"/> District E <input type="radio"/> District F <input type="radio"/> District G		NAME OF DISTRICT .....
PLACE OF INTERVIEW (FACILITY NAME) .....		INTERVIEWER NAME .....
CATEGORY OF TREATING FACILITY <input type="radio"/> Family health center <input type="radio"/> Public clinic <input type="radio"/> NGO <input type="radio"/> Private clinic <input type="radio"/> Other		
SPECIFY OTHER. .....		
NAME OF THE PATIENT .....	SEX <input type="radio"/> Male <input type="radio"/> Female	AGE OF THE PATIENT .....

DATE OF DIAGNOSIS  yyyy-mm-dd		PLACE OF DIAGNOSIS <input type="radio"/> Family health center <input type="radio"/> Public clinic <input type="radio"/> NGO <input type="radio"/> Private clinic <input type="radio"/> Other	
SPECIFY OTHER.  			
TYPE OF TB <input type="radio"/> Pulmonary, bacteriologically confirmed <input type="radio"/> Pulmonary, bacteriologically unconfirmed <input type="radio"/> Extra-pulmonary	ON MDR-TB TREATMENT? <input type="radio"/> Yes <input type="radio"/> No	TOTAL DURATION OF PLANNED INTENSIVE TREATMENT FROM START (MONTHS)	TOTAL DURATION OF PLANNED CONTINUATION TREATMENT FROM START (MONTHS)
TREATMENT REGISTRATION GROUP <input type="radio"/> 1st line, new <input type="radio"/> 1st line, relapse <input type="radio"/> 1st line, re-treatment after loss to follow-up <input type="radio"/> 1st line, re-treatment after failure		TREATMENT REGISTRATION GROUP <input type="radio"/> MDR, new (initial MDR) <input type="radio"/> MDR, relapse <input type="radio"/> MDR, re-treatment after loss to follow-up <input type="radio"/> MDR, re-treatment after failure of first treatment with 1st-line drugs <input type="radio"/> MDR, re-treatment after failure of retreatment regimen with 1st-line drugs <input type="radio"/> Other	
SPECIFY OTHER.  			
START DATE OF CURRENT TB TREATMENT  yyyy-mm-dd	THE PATIENT IS CURRENTLY IN INTENSIVE OR CONTINUATION TREATMENT PHASE? <input type="radio"/> Intensive phase <input type="radio"/> Continuation phase	HOW MANY DAYS OF THIS PHASE HAS THE PATIENT COMPLETED?	HIV STATUS (AS INDICATED ON TREATMENT CARD) <input type="radio"/> HIV positive <input type="radio"/> HIV negative <input type="radio"/> Not done <input type="radio"/> Unknown

## Part II. Informed Consent

MY NAME IS (NAME). THE ORGANIZATION I AM WORKING FOR, (NAME OF ORGANIZATION), IS INTERESTED IN THE COSTS THAT PEOPLE FACE WHEN THEY ARE TREATED FOR TB AS WELL AS THE COSTS FACED WHILE SEEKING HEALTH CARE BEFORE THE DIAGNOSIS OF TB.

THE INFORMATION THAT YOU CHOOSE TO SHARE WILL BE USED FOR RESEARCH PURPOSES. IT WILL BE SHARED WITH OTHER RESEARCHERS FOR FURTHER ANALYSIS AND PUBLISHED, BUT ALL YOUR PERSONAL INFORMATION WILL FIRST BE DELETED IN ORDER TO ENSURE FULL CONFIDENTIALITY.

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 DECLINE. IF YOU DECLINE, THERE WILL BE NO CONSEQUENCE FOR YOU AND YOU WILL RECEIVE ALL THE 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 WILL NOT RECEIVE REIMBURSEMENTS FROM THE STUDY ORGANISERS FOR THE EXPENSES THAT YOU REPORT ON IN THIS INTERVIEW. HOWEVER, YOUR ELIGIBILITY FOR EXISTING REIMBURSEMENT SCHEMES WILL BE UNAFFECTED.

IF YOU CHOOSE TO PARTICIPATE IN THIS STUDY, YOU MAY STILL 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 (REVENUE) AND THE INCOME OF YOUR HOUSEHOLD. WE WILL NOT PROVIDE THIS INFORMATION TO ANY TAX OR WELFARE AUTHORITIES, EVEN AFTER THE STUDY HAS BEEN COMPLETED.

IN CHARGE OF THIS STUDY IS THE PRINCIPAL INVESTIGATOR: (NAME, ADDRESS, EMAIL). THE OUTCOME OF THIS STUDY WILL BE DISSEMINATED IN AN OPEN SOURCE JOURNAL AND YOU MAY REQUEST A COPY FROM THE PRINCIPAL INVESTIGATOR.

DO YOU HAVE ANY QUESTIONS?

DO YOU WANT TO PARTICIPATE?

- ☐ Yes  
☐ No

WHY NOT?

- ☐ Language barrier  
☐ Time constraint  
☐ Not comfortable  
☐ Other

SPECIFY OTHER.

#### INCLUSION OR EXCLUSION

DECISION ABOUT INCLUSION OR EXCLUSION

- ☐ Included  
☐ Excluded

IF EXCLUDED, REASON FOR EXCLUSION

- ☐ No informed consent  
☐ Treatment registration group is "other"

INTERVIEWEE IDENTITY

- ☐ Patient  
☐ Guardian  
☐ Other

SPECIFY OTHER.

**Part III – Costs before the current TB treatment (filled for new cases in intensive phase only) • New cases in intensive phase, non-MDR TB treatment, as well as those on MDR-TB treatment.**

**• For retreatment case or new case interviewed in the continuation phase: skip to Part IV**

<p>FOR THIS EPISODE OF TB, WHEN DID YOU FIRST EXPERIENCE TB SYMPTOMS? (I.E. HOW MANY WEEKS BEFORE TB TREATMENT STARTED)?</p>	<p>BEFORE YOUR TB TREATMENT STARTED AT THIS FACILITY, FROM WHICH OF THE FOLLOWING TYPES OF FACILITIES DID YOU SEEK CARE OR ADVICE FOR SYMPTOMS OF THE CURRENT ILLNESS (INCLUDING HOSPITALIZATIONS; SEVERAL FACILITY TYPES CAN BE MENTIONED)?</p> <p><input type="checkbox"/> Family health center</p> <p><input type="checkbox"/> Soum health center</p> <p><input type="checkbox"/> Provincial central hospital</p> <p><input type="checkbox"/> District health department</p> <p><input type="checkbox"/> Regional diagnostic center</p> <p><input type="checkbox"/> Tertiary hospital</p> <p><input type="checkbox"/> NCCD</p> <p><input type="checkbox"/> Private clinic/hospital</p>	<p>WHERE DID YOU GO FIRST?</p> <p><input type="radio"/> Family health center</p> <p><input type="radio"/> Soum health center</p> <p><input type="radio"/> Provincial central hospital</p> <p><input type="radio"/> District health department</p> <p><input type="radio"/> Regional diagnostic center</p> <p><input type="radio"/> Tertiary hospital    <input type="radio"/> NCCD</p> <p><input type="radio"/> Private clinic/hospital</p>	
<p>FIRST VISIT</p>			
<p>TRAVEL TIME (IN HOURS)</p>	<p>TIME SPENT FOR VISIT (IN HOURS)</p>	<p>DAY CHARGES (FOR HOSPITALIZATIONS ONLY)</p>	<p>CONSULTATION FEE</p>
<p>RADIOGRAPHY AND OTHER IMAGING FEES</p>	<p>LAB TEST FEES</p>	<p>OTHER PROCEDURES</p>	<p>MEDICINE</p>
<p>OTHER MEDICAL</p>	<p>TOTAL MEDICAL COSTS (IF CANNOT DISAGGREGATE)</p>	<p>TRAVEL COSTS</p>	<p>FOOD DURING HEALTH CARE VISIT OR HOSPITAL STAY</p>

NUTRITIONAL SUPPLEMENTS DURING HEALTH CARE VISIT OR HOSPITAL STAY	OTHER NON-MEDICAL (INCLUDING ACCOMODATION)	TOTAL NON-MEDICAL COSTS (IF CANNOT DISAGGREGATE)	TOTAL OUT-OF-POCKET PAYMENTS (IF NO DISAGGREGATION POSSIBLE)
INSURANCE REIMBURSEMENT			
CLICK "+" TO ADD ADDITIONAL VISIT			

**Part IV. Cost during current TB/MDR-TB treatment (to be filled for all patients)**  
**Unless specified, this section refers to the patient's current treatment phase only**

ARE YOU CURRENTLY HOSPITALIZED? <input type="radio"/> Yes <input type="radio"/> No	HAVE YOU BEEN PREVIOUSLY HOSPITALIZED DURING YOUR CURRENT TB TREATMENT PHASE AND BECAUSE OF TB? <input type="radio"/> Yes <input type="radio"/> No	HOW MANY TIMES? .....	
TYPE OF HOSPITAL (FIRST STAY) <input type="radio"/> Public hospital <input type="radio"/> Private hospital <input type="radio"/> Other			
SPECIFY OTHER. .....			
NUMBER OF DAYS HOSPITALIZED? .....		TRAVEL TIME TO HOSPITAL (IN HOURS)? .....	
HOW MUCH IN TOTAL DID YOU SPEND SO FAR ON THE FOLLOWING CATEGORIES IN THIS HOSPITAL STAY:			
DAY CHARGES (TOTAL FOR STAY) .....	CONSULTATION FEE (TOTAL FOR STAY) .....	RADIOGRAPHY AND OTHER IMAGING (TOTAL FOR STAY) .....	LAB TESTS INCLUDING COST OF TRANSPORTING SAMPLES (TOTAL FOR STAY) .....

OTHER PROCEDURES, INCLUDING SURGERY, BIOPSY, ETC.	MEDICINES TO TREAT TB (TOTAL FOR STAY)	OTHER MEDICINES (TOTAL FOR STAY)	TOTAL MEDICAL (IF CANNOT DISAGGREGATE)
TRAVEL (TOTAL FOR STAY)	FOOD (TOTAL FOR STAY)	NUTRITIONAL SUPPLEMENTS (TOTAL FOR STAY)	OTHER (PAYMENT FOR LINEN, SOAP, OTHER SERVICES & ADMINISTRATIVE) (TOTAL FOR STAY)
TOTAL NON-MEDICAL OUT-OF- POCKET PAYMENTS	TOTAL OUT-OF-POCKET PAYMENTS (MEDICAL AND NON-MEDICAL)	HEALTH INSURANCE REIMBURSEMENT	
CLICK "+" TO ADD ADDITIONAL STAY			
COSTS FOR DOT DURING AMBULATORY CARE			
<p>ON A DAILY BASIS, DO YOU CURRENTLY TAKE YOUR MEDICINES YOURSELF WITHOUT SUPERVISION OR SUPPORT (SELF- ADMINISTERED) OR DO YOU HAVE A TREATMENT SUPERVISOR OR SUPPORTER (DOT)?</p> <p><input type="radio"/> Self-administered</p> <p><input type="radio"/> DOT</p> <p><input type="radio"/> Intensive DOT</p> <p><input type="radio"/> Continuation DOT</p>	<p>IF DOT, HOW MANY TIMES A WEEK?</p>	<p>DID YOU TAKE YOUR MEDICINES IN THE INTENSIVE PHASE YOURSELF WITHOUT SUPERVISION OR SUPPORT (SELF- ADMINISTERED) OR DID YOU HAVE A TREATMENT SUPERVISOR OR SUPPORTER (DOT)?</p> <p><input type="radio"/> Self-administered</p> <p><input type="radio"/> DOT</p> <p><input type="radio"/> Intensive DOT</p> <p><input type="radio"/> Continuation DOT</p>	<p>WHO IS THE DOT PROVIDER/SUPPORTER?</p> <p><input type="radio"/> Health facility</p> <p><input type="radio"/> Volunteer</p> <p><input type="radio"/> Family member</p> <p><input type="radio"/> Other</p>
SPECIFY OTHER.			

HOW LONG DID THE LAST DOT VISIT TAKE, INCLUDING TRAVEL TIME AND WAITING TIME (TOTAL TURNAROUND TIME)?	WHAT WAS THE COST OF TRANSPORT (RETURN) FOR THE LAST DOT VISIT, INCLUDING PARKING COSTS, IN TOTAL FOR YOU AND ANY ACCOMPANYING HOUSEHOLD MEMBER?	WAS THERE A FEE PAID TO THE DOT PROVIDER?  <input type="radio"/> Yes  <input type="radio"/> No	HOW MUCH?
<hr/>			
HOW MUCH DID YOU SPEND ON FOOD AND DRINKS FOR THE LAST DOT VISIT (ON THE ROAD, WHILE WAITING, LUNCH ETC.), IN TOTAL FOR YOU AND ANY ACCOMPANYING HOUSEHOLD MEMBER?  <hr/>			
<hr/>			
COSTS OF PICKING UP DRUGS AND FOOD COSTS DURING AMBULATORY CARE <hr/>			
DO YOU OR A HOUSEHOLD MEMBER PICK UP TB DRUGS (FOR SELF-ADMINISTERED TREATMENT OR TO BRING TO YOUR DOT SUPERVISOR/SUPPORTER)?  <input type="radio"/> Yes  <input type="radio"/> No			
<hr/>			
HOW OFTEN DO YOU OR A HOUSEHOLD MEMBER PICK UP TB DRUGS IN THE CURRENT TREATMENT PHASE?  <input type="radio"/> Every day  <input type="radio"/> Every week  <input type="radio"/> Every two weeks  <input type="radio"/> Every month  <input type="radio"/> Other			
<hr/>			
SPECIFY OTHER.  <hr/>			

## WHERE DO YOU OR YOUR HOUSEHOLD MEMBER PICK UP YOUR TB DRUGS?

- ☐ Family health center
- ☐ Soum health center
- ☐ Provincial central hospital
- ☐ District health department
- ☐ Regional diagnostic center
- ☐ Tertiary hospital
- ☐ NCCD
- ☐ Private clinic/hospital
- ☐ Other

SPECIFY OTHER.

WAS THERE A FEE PAID  
TO PICK UP THE  
DRUGS?

- ☐ Yes
- ☐ No

HOW MUCH?

WHAT  
ACCOMMODATION  
COST DID YOU AND  
ANY ACCOMPANYING  
HOUSEHOLD MEMBER  
HAVE WHEN YOU LAST  
PICKED UP DRUGS?

HOW LONG DID THE  
LAST VISIT TO PICK UP  
DRUGS TAKE,  
INCLUDING TRAVEL  
TIME AND WAITING  
TIME (TOTAL  
TURNAROUND TIME) IN  
HOURS?

WHAT WAS THE COST OF TRANSPORT (RETURN) LAST  
TIME YOU PICKED UP DRUGS, INCLUDING PARKING  
COSTS, IN TOTAL FOR YOU AND ANY ACCOMPANYING  
HOUSEHOLD MEMBER(S)?

HOW MUCH DID YOU SPEND ON FOOD AND DRINKS  
LAST TIME YOU PICKED UP DRUGS (ON THE ROAD,  
WHILE WAITING, LUNCH ETC.), IN TOTAL FOR YOU AND  
ANY ACCOMPANYING HOUSEHOLD MEMBER?

## COST DURING OUTPATIENT VISITS FOR MEDICAL FOLLOW-UP (SEE THE DOCTOR OR NURSE, HAVE TESTS)

HOW MANY TB-  
RELATED MEDICAL  
FOLLOW-UP VISITS  
HAVE YOU HAD SO FAR  
DURING THIS  
TREATMENT PHASE (TO  
SEE THE DOCTOR OR  
NURSE, HAVE FOLLOW-  
UP TESTS, ETC.)?

HOW LONG DID THE  
LAST FOLLOW-UP  
MEDICAL OUTPATIENT  
VISIT TAKE, INCLUDING  
TRAVEL TIME AND  
WAITING TIME (TOTAL  
TURNAROUND TIME) IN  
HOURS?

WHAT WAS THE COST  
OF TRANSPORT  
(RETURN) AT THE LAST  
FOLLOW-UP MEDICAL  
OUTPATIENT VISIT,  
INCLUDING PARKING,  
IN TOTAL FOR YOU AND  
ANY ACCOMPANYING  
HOUSEHOLD MEMBER?

WHAT  
ACCOMMODATION  
COST DID YOU HAVE  
FOR THE LAST VISIT, IN  
TOTAL, FOR YOU AND  
ANY ACCOMPANYING  
HOUSEHOLD MEMBER?



WHAT FEES DID YOU PAY DURING YOUR LAST FOLLOW-UP MEDICAL OUTPATIENT VISIT FOR REGISTRATION/CONSULTATION?	WHAT FEES DID YOU PAY DURING YOUR LAST FOLLOW-UP MEDICAL OUTPATIENT VISIT FOR RADIOGRAPHY AND OTHER IMAGING?	WHAT FEES DID YOU PAY DURING YOUR LAST FOLLOW-UP MEDICAL OUTPATIENT VISIT FOR OTHER PROCEDURES?	WHAT FEES DID YOU PAY AT YOUR LAST FOLLOW-UP MEDICAL OUTPATIENT VISIT FOR TB MEDICINES, INCLUDING PRESCRIPTIONS FOR MEDICINES BOUGHT OUTSIDE THE FACILITY?
WHAT FEES DID YOU PAY DURING YOUR LAST FOLLOW-UP MEDICAL OUTPATIENT VISIT FOR OTHER MEDICINES, INCLUDING NUTRITIONAL SUPPLEMENTS?		WHAT OTHER FEES NOT LISTED IN THE PREVIOUS QUESTIONS DID YOU PAY DURING YOUR LAST FOLLOW-UP MEDICAL OUTPATIENT VISIT?	
COSTS FOR NUTRITIONAL/FOOD SUPPLEMENTS			
DO YOU BUY ANY NUTRITIONAL SUPPLEMENTS OUTSIDE YOUR REGULAR DIET BECAUSE OF THE TB ILLNESS, FOR EXAMPLE VITAMINS AS RECOMMENDED BY HEALTH CARE STAFF?  <input type="radio"/> Yes <input type="radio"/> No	HOW MUCH DID YOU SPEND ON THESE NUTRITIONAL SUPPLEMENTS IN THE PAST WEEK APPROXIMATELY?	DO YOU BUY ANY ADDITIONAL FOOD OUTSIDE OF YOUR REGULAR DIET BECAUSE OF THE TB ILLNESS, FOR EXAMPLE MEAT, ENERGY DRINKS, OR FRUITS AS RECOMMENDED BY HEALTH CARE STAFF?  <input type="radio"/> Yes <input type="radio"/> No	HOW MUCH DID YOU SPEND ON THIS ADDITIONAL FOOD IN THE PAST WEEK APPROXIMATELY?
HEALTH INSURANCE SCHEME			
DO YOU HAVE ANY OF THE FOLLOWING HEALTH INSURANCE TYPES? <input type="radio"/> Reimbursement scheme <input type="radio"/> Medical allowance <input type="radio"/> Donor <input type="radio"/> Family/community fund <input type="radio"/> Private health insurance <input type="radio"/> Other			
SOCIAL POSITION			

<p>WHAT IS YOUR (THE PATIENT'S) EDUCATION LEVEL?</p> <p><input type="radio"/> No education</p> <p><input type="radio"/> Primary education (up to grade 3)</p> <p><input type="radio"/> Incomplete secondary (up to grade 9)</p> <p><input type="radio"/> Complete secondary (up to grade 12)</p> <p><input type="radio"/> Professional</p> <p><input type="radio"/> Special professional secondary</p> <p><input type="radio"/> Higher (university)</p>	<p>WHAT IS YOUR MAIN OCCUPATION?</p> <p><input type="radio"/> Occupation 1</p> <p><input type="radio"/> Occupation 2</p> <p><input type="radio"/> Occupation 3</p> <p><input type="radio"/> Occupation 4</p> <p><input type="radio"/> Occupation 5</p> <p><input type="radio"/> Occupation 6</p> <p><input type="radio"/> Occupation 7</p> <p><input type="radio"/> Occupation 8</p> <p><input type="radio"/> Occupation 9</p> <p><input type="radio"/> Occupation 10</p> <p><input type="radio"/> Occupation 11</p>
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SOCIO-ECONOMIC STATUS OF THE HOUSEHOLD

DO YOU HAVE A FLUSH TOILET?

- ☐ Yes
- ☐ No

DOES YOUR HOUSEHOLD HAVE:

<p>COMPUTER</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>TELEVISION</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>REFRIGERATOR</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>INTERNET CONNECTION</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>WASHING MACHINE</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>VACUUM CLEANER</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>MICROWAVE</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>WATCH</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>CAR/TRUCK</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>RADIO</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>MOBILE PHONE</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>MOTORCYCLE</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

HOUSEHOLD EXPENDITURE

WHAT IS YOUR HOUSEHOLD'S WEEKLY EXPENDITURE IN THE FOLLOWING ITEMS?

OIL

WHAT IS YOUR HOUSEHOLD'S MONTHLY EXPENDITURE IN THE FOLLOWING ITEMS?

RENT

WHAT IS YOUR HOUSEHOLD'S ANNUAL EXPENDITURE IN THE FOLLOWING ITEMS?

EDUCATION

INCOME (REPORTED) BEFORE CONTRACTING TB

WERE YOU THE PERSON WHO EARNED THE HIGHEST INCOME IN YOUR HOUSEHOLD BEFORE YOU CONTRACTED TB?

- ☐ Yes
- ☐ No
- ☐ Equal contributor

HOW MANY HOURS A WEEK WERE YOU WORKING BEFORE YOU CONTRACTED TB?

IF YOU WERE IN PAID WORK, HOW MUCH DO YOU ESTIMATE YOUR NET INCOME FROM LABOUR RELATED ACTIVITIES, PER MONTH WAS BEFORE YOU CONTRACTED TB?

HOW MUCH DO YOU ESTIMATE THE NET INCOME FROM LABOUR RELATED ACTIVITIES OF YOUR HOUSEHOLD WAS PER MONTH, BEFORE YOU CONTRACTED TB?  
(ALL FAMILY MEMBER'S INCOME MUST BE COUNTED)

HOW MUCH DO YOU ESTIMATE THE NET INCOME FROM LABOUR RELATED ACTIVITIES OF YOUR HOUSEHOLD WAS PER MONTH, AT THE TIME OF YOUR DIAGNOSIS?

INCOME CHANGES AND SOCIAL CONSEQUENCES

IF YOU ARE IN PAID WORK, HOW MUCH DO YOU ESTIMATE NET INCOME FROM LABOUR RELATED ACTIVITIES, PER MONTH IS NOW?

HOW MUCH DO YOU ESTIMATE THE NET INCOME FROM LABOUR RELATED ACTIVITIES OF YOUR HOUSEHOLD IS PER MONTH NOW?

HOW MANY HOURS PER WEEK ARE YOU WORKING NOW?

APPROXIMATELY HOW MANY WORKING DAYS OF INCOME HAVE YOU LOST DUE TO YOUR TB ILLNESS OVERALL?

DID YOU OR YOUR HOUSEHOLD RECEIVE ANY SOCIAL WELFARE PAYMENT AFTER YOU WERE DIAGNOSED WITH TB?

- ☐ Yes
- ☐ No

WHAT TYPE AND AMOUNT (AFTER TAX) DURING THE LAST MONTH?

PAID SICK LEAVE	DISABILITY GRANT	CASH TRANSFER FOR POOR FAMILIES	OTHER CASH TRANSFER
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DO YOU CURRENTLY RECEIVE VOUCHERS OR GOODS IN KIND TO COPE WITH TB ILLNESS?

☐ Yes

☐ No

WHAT ESTIMATED AMOUNT PER MONTH?

TRAVEL VOUCHER	FOOD SUPPORT	OTHER SUPPORT
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FROM WHOM DO YOU RECEIVE THE VOUCHER/GOODS ?

☐ Government

☐ GF supported project

☐ NGO

☐ Employer

☐ Private donation

☐ Other

SPECIFY OTHER.

HOW MANY ADULT AND CHILDREN REGULARLY SLEEP IN YOUR HOUSE? (INCLUDING PATIENT, IF VARIABLE, AT TIME OF DIAGNOSIS)?	HOW MANY ROOMS ARE THERE IN THE HOUSE EXCLUDING THE BATHROOM?
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HAS THE TB ILLNESS (INCLUDING OTHER HOUSEHOLD MEMBERS TREATED IN THE LAST YEAR) AFFECTED YOUR SOCIAL OR PRIVATE LIFE IN ANY WAY?

☐ No

☐ Food insecurity

☐ Divorce or separated from spouse/partner

☐ Loss of Job

☐ Interrupted schooling

☐ Social exclusion

## Coping Costs

## COPING

DID YOU BORROW OR RECEIVE ANY MONEY TO COVER COSTS INCURRED SINCE YOU STARTED TB TREATMENT?

☐ Yes☐ No

HOW MUCH DID YOU BORROW/RECEIVE IN TOTAL?

FROM WHOM DID YOU BORROW/RECEIVE? (MULTIPLE ANSWERS)

- ☐ Family/ close relative
- ☐ Distant relative
- ☐ Neighbors/friends
- ☐ Financing organization other than bank
- ☐ Lombard (pawnshop)
- ☐ Employer
- ☐ Bank
- ☐ "Unofficial lender" (Black market)
- ☐ Other

SPECIFY OTHER.

ARE YOU EXPECTED TO PAY THE AMOUNT BACK?

☐ Yes☐ No

HAVE YOU SOLD ANY OF YOUR PROPERTY TO FINANCE THE COST INCURRED DURING TB TREATMENT?

☐ Yes☐ No

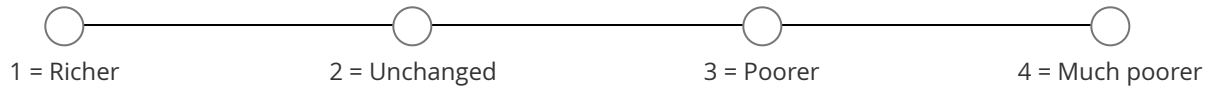
WHAT DID YOU SELL?

- ☐ Land
- ☐ Apartment
- ☐ Transport/vehicle
- ☐ Household item
- ☐ Farm product
- ☐ Gold/jewelry
- ☐ Other

SPECIFY OTHER.

HOW MUCH MONEY DID YOU RECEIVE FROM THE SALE OF ALL ITEMS OF YOUR PROPERTY (IN TOTAL)?

THE IMPACT ON YOUR HOUSEHOLD FINANCIALLY SINCE YOU EXPERIENCED TB SYMPTOMS HAS BEEN THAT YOUR HOUSEHOLD BECAME:



THANK YOU FOR YOUR COOPERATION! IS THERE ANYTHING YOU WOULD LIKE TO ASK OR SAY?

COMMENTS BY INTERVIEWER