

10.5 Individual Questionnaire

A. Identification

START DATE

Scan Serial number barcode

Has consent been taken?

- ☐ Yes
☐ No

Surname

Name

1. Sex

- ☐ Male
☐ Female

2. Age

Participant age estimated?

- ☐ Yes
☐ No

3. Education:

- ☐ None
☐ Primary
☐ Junior certificate
☐ COSC
☐ Tertiary education
☐ Don

6. Occupation:	<input type="radio"/> 1. Business <input type="radio"/> 2. Civil servant <input type="radio"/> 3. Healthcare worker <input type="radio"/> 4. Student <input type="radio"/> 5. Unemployed <input type="radio"/> 6. Farmer <input type="radio"/> 7. House wife/husband <input type="radio"/> 9. Skilled labor <input type="radio"/> 9. Miner <input type="radio"/> 10. Factory worker
7. Have you ever worked in the mines?	<input type="radio"/> Yes <input type="radio"/> No ((If occupation is not 9))
8. Type of mining	<input type="checkbox"/> Gold <input type="checkbox"/> Coal <input type="checkbox"/> Diamond <input type="checkbox"/> Other ((If occupation=9 or Q7 is yes))
9. Duration in years	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> ((If occupation=9 or qn 7 is yes))
10. What is the primary source of fuel used for heating in your household?	<input type="radio"/> Electricity <input type="radio"/> Coal <input type="radio"/> Gas <input type="radio"/> Wood <input type="radio"/> cow dung <input type="radio"/> Paraffin
11. Is cooking done inside the house, outside the house, or both?	<input type="radio"/> Inside the house <input type="radio"/> Outside the house <input type="radio"/> Both inside and outside the house

B. Symptoms

12. Do you have any of these symptoms?. If Yes, for how long (in days)?

Cough

☐ Yes
☐ No
(Current cough)

Cough days

Blood stained sputum

☐ Yes
☐ No

Blood stained sputum days

Chest pain

☐ Yes
☐ No

Chest pain days

Body weight loss

☐ Yes
☐ No

Body weight loss days

Fever

☐ Yes
☐ No

Fever days

Excessive night sweats

☐ Yes
☐ No

Excessive night sweats days

Health Seeking

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C. Behavior regarding cough 14 days or more

13. Did you seek medical care for your cough?

☐ Yes

☐ No

(NOTE: If yes, then go to Q 14 and 15, if no then go to Q 16)

14. Where did you first seek care?

☐ Public health facility

☐ NGO health facility

☐ Private health facility

☐ Pharmacy/Drug shop

☐ Traditional healer

☐ Other:

If other specify

15. What was done? (Check all that apply)

☐ Given medicine

☐ Chest x-ray

☐ Asked to provide sputum

☐ Referred elsewhere for care

☐ Physical exam/Consultation

☐ Other

If other specify

16. What is the main reason for not seeking care?

☐ Self-treatment

☐ Not recognized as illness

☐ Ignored

☐ Cost

☐ Distance

☐ Long waiting times

☐ Other

If other specify

Treatment

D. TB treatment history

Current TB Treatment

17. Are you currently taking any anti-TB drugs?

- ☐ Yes
☐ No

18. If yes, how long? (In weeks)

19. Where are you getting the treatment?

- ☐ Public facility
☐ NGO facility
☐ Private facility
☐ Pharmacy/Drug shop
☐ Traditional healer
☐ Other

If other specify

20. How long did you have symptoms before seeking care for TB? (In weeks)

Treat History

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Past History of TB Treatment

21. Have you been treated for TB in the past? ☐ Yes
☐ No

22. If yes what was the year of your last episode? _____

23. Where did you receive the treatment? ☐ Public facility
☐ NGO facility
☐ Private facility
☐ Pharmacy/Drug shop
☐ Traditional healer
☐ Other

If other specify _____

Tobacco

E. Tobacco use

24. Do you smoke tobacco?

☐ Yes (Go to Q 25 and 26)
☐ No (Go to Q 27)
☐ Don't know

25. If yes, how often:

☐ Daily
☐ Less than daily
☐ Don't know

26. Duration of smoking? (in years)

27. Have you ever smoked in the past?

☐ Yes (Go to Q 28)
☐ No (Go to Section H)
☐ Don't know

28. If yes, how often:

☐ Daily
☐ Less than daily
☐ Don't know

29. Duration of smoking in the past (in years)

Interview

Do you know your HIV status?

☐ Yes(Positive)
☐ Yes(Negative)
☐ No(I do not know)
☐ Participant declined to tell status

If Yes(Negative) when did you last test.

☐ less than 3 Months
☐ More than 3 months

Scan Interviewer code:

Xray

H. Chest X-Ray (to be filled by the CXR reader)

[serial_num]

[name_indiv], [surname_indiv]

30. Chest X-ray done

- ☐ Yes
- ☐ No, unable
- ☐ No, declined
- ☐ No, other

31. Result of field reading of X-ray

- ☐ Normal
- ☐ Abnormal, lung field
- ☐ Abnormal other abnormality
()

Overall sputum collection eligibility

Participant [pin_ind], is eligible for sputum collection based on symptoms only.

Participant [pin_ind], is eligible for sputum collection based on both symptom and abnormal xray.

Participant [pin_ind], is Eligible for sputum collection based on abnormal xray only.

Participant [pin_ind], is eligible for sputum collection based on xray not taken only.

Participant [pin_ind], is not eligible for sputum collection send for HIV testing.

Sputum

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[name_indiv] [surname_indiv]

J. Sputum collection section (to be filled by the lab technician)

36. Spot 1 Sputum collected ☐ Yes
☐ No

Date DD / MM / YY

37. If not collected, specify reason ☐ No sputum
☐ Declined
☐ Other

Other

38. Spot 2 Sputum collected ☐ Yes
☐ No

Date DD / MM / YY

39. If not collected, specify reason ☐ No sputum
☐ Declined
☐ Other

Other

Validation

L. Final check (to be filled by the Field Team Leader)

Verified ☐ Yes
☐ No

Verified by _____

Hiv

K: HTS testing (to be filled by HTS counselor)

40. HIV test done ☐ Yes
☐ No

41. If No, specify reason ☐ Declined
☐ Did not return
☐ HIV status known
☐ Other

Other _____

HIV status ☐ Positive
☐ Negative
☐ Unknown