Consent, registration, interview and questionnaires for Ethiopian National TB Prevalence Survey

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Survey Coordinator
Outline of Presentation

- Registration
- Consent
- Interview
Participant flow in the survey camp site

For morning

Exit

Laboratory Personnel

Team leader

Data Checker

X-ray Reader

IN

Group instruction

Reception

Interviewer

Interviewer

Interviewee?

X-ray
Group instruction

Group instruction include information on
• Information on procedure of the survey
• Participation is voluntary
Registration of date of attendance

• The receptionist check the invitation card against census

• Record the date of attendance on the census form
<table>
<thead>
<tr>
<th>Individual Number</th>
<th>Survey Number</th>
<th>Age</th>
<th>Sex</th>
<th>Occupation</th>
<th>Resident Status</th>
<th>Duration of stay for visitors</th>
<th>Eligible</th>
<th>Attendance</th>
<th>Consent</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td></td>
<td>Permanent</td>
<td>Temporary</td>
<td>Y/N/C</td>
<td>DD/MM</td>
<td>Y/N</td>
<td>(reason of absence)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>√</td>
<td>√</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

The shaded region will be filled by Census team.

Total Eligible _____ Total age<15______

Name and Signature of Person who filled the Pre list______________________________ Date____________________

Name and signature of Person who checked census______________________________ Date____________________
Consent

• Check age
• Age greater 18 and above: adult consent
• Age 15-17: guardian consent
• Age 15-17 but live independently: use the adult consent form
• Receptionist ask each participant for their consent to participate
Interview

- It has three major component
- Individual Survey form by interviewer
- Re interview by team leader
- KAP 10% of participants by interviewer
- Receptionist record the top part of the each form: Name, sex, cluster number, ISN and pass the form to interviewer
National TB Prevalence Survey

FORM 4: Individual Survey Form  Date: ___/___/____
Cluster Name____________________Cluster Number /--/ S.No__________

Decisions: after completing each section of the form check the following
1. KAP: □ Yes □ No
2. Take sputum: □ Symptoms □ Abnormal X-ray □ Refuse x-ray and have symptom other than cough □ Not eligible for sputum
3. Re-interview □ LN □ History Current treatment □ No
re-interview________

Fill by receptionist:
1. Individual Survey Number (ISN) /___/___/___/

2. Name________________________
3. Sex □ Male □ Female
4. Age in Year _______ check if estimated
### 1. Current illness and Duration: (*present symptoms at the survey time*)

Fill by interviewer

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes(Y)</th>
<th>No(N)</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Has the individual had cough? if yes duration of cough in days_____</td>
<td></td>
<td></td>
<td>Duration: days (1W=7days, 1M=30days, 1y=365 days)</td>
</tr>
<tr>
<td>5.2 Cough 14 days or more</td>
<td></td>
<td></td>
<td>If yes mark yes in Q 6</td>
</tr>
<tr>
<td>5.3 Fever&gt; 2 weeks</td>
<td></td>
<td></td>
<td>If x-ray examination is not done and one or more of the four conditions exist, individual will be requested to submit sputum. (This will be decided later by the team leader)</td>
</tr>
<tr>
<td>5.4 Weight loss &gt; 3kg in last 4 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.5 Night sweats &gt; 2 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.6 Did you live with or had close contact with known TB patients in the last one year?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.7 Do you have cervical lymph node swelling?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.8 Check Presence of cervical lymphadenitis regardless of the response in 5.7 (Physical examination)</td>
<td></td>
<td></td>
<td>If yes go to 5.9 by Medical officer</td>
</tr>
</tbody>
</table>

By MO or Team Leader

5.9 No. of cervical lymph node swelling palpable Rt. /_____/ If no; Record "0"
5.10 No. of cervical lymph node swelling palpable Lt. /_____/
5.11 Maximum Size of lymph nodes /_____/mm

### 6. Symptoms Eligible For Sputum Examinations □ Yes □ No
7 History of TB treatment
7.1 Are you currently on anti-TB treatment: □ Yes □ No

7.2 Have you ever been treated for TB in the past 5 years: □ Yes □ No
   if yes: go to Q 7.3
7.3 When did you start the anti-TB treatment: MM/YY

If answer yes to Q7.1 or Q 7.2: go for separate interview (form 5) after chest X-Ray (by MO)

7.4 Re-interview □ Yes □ No

When the participant is not willing to take CXR, refer to the team leader

8 Chest X-ray
8. □ Performed □ Exempted (reason: ____________________) □ Rejected
   If the response for 8.1 is 2 or 3 refer the participant to team leader
8.2 Chest X-Ray result by field screening
   □ No abnormality
   □ Abnormal condition of lungs or mediastinum (including healed TB) eligible for sputum examination
   □ Other abnormalities not eligible for sputum examination ___(bone, goiter, heart disease etc)__________________

Conditions which require urgent/not urgent referral

(Please, consult the list of conditions which require urgent/referral for medical management)
Sputum Requested □ Yes □ No

10. Sputum collection

SP1 spot collection date __/__/__  
SP2 morning collection date __/__/__

If not collected, reason
_____________________________________________________________________

Remarks: Any advice given to the participant
FORM 5: Re-interview

1. Individual Survey Number □□□□
2. Name ___________________________

SIDE A: FOR SYMPTOMATIC
You said you have cough 14 days or more. Could you tell me a bit more about your cough?

1. How are you? Are you sick? Which condition is nearest to your condition?
   a. I am fine. ............?
   b. There is something wrong. But I am OK ............?
   c. I am a little sick ............?
   d. I am very sick ............?
   e. I don’t know ............?
2. If you are sick, for how many days have you been sick? Days
3. Did you seek any treatment for your cough or illness. _ Yes ? _ No.?
   If yes, go to Q4-6, If No go to Q7
4. Where have you visited for consultation about your cough?
   a. Public Hospital (Y, N)
   b. Health Centre (Y, N)
   c. Health Post/Extension Health Worker (Y, N)
   d. Private hospitals (Y, N)
   e. Private Clinic, _ (Y, N)
   f. Pharmacy, _ (Y, N)
   a. NGOs (Y, N)
Re interview....

5. Have you had an X-ray examination for these symptoms? Yes? No?
6. Have you had a sputum examination for these symptoms? Yes? No?
7. If Q8 is no, why didn’t you seek treatment? Which is the nearest to your situation?
   a. Because I don’t feel I am sick?
   b. Because it is not serious?
   c. Because I am busy?
   d. Because I don’t know where I need to consult?
   e. Because I don’t have enough money?
   f. Because the medical facility is too far?

**Current Tobacco Smoking Status**

8. Do you currently smoke tobacco on a daily basis, less than daily, or not at all?
   a. Daily________________________?
   b. Less than daily_________?
   c. Not at all_________________?
   d. Don’t know_______________?
9. If the answer in Q8 is a or b, Do you think your cough is due to smoking?
   a. Yes, I believe so_____________?
   b. Yes, but partially__________?
   c. Yes, but a little__________?
   d. Not at all_________________?
   e. Don’t know_______________?
Challenges

- Language barrier
- Some times local people words that the central team could not know even though the same language of communication
- KAP took log time to interview
- Uninvited community member come to attend
- Family strongly request to include their children in the study
- Some times data checker miss tracking of missed questions
- Miss recording of individual survey number on the interview form
- Giving invitation card to other
Action taken

- Review meeting at the end of the day and correct missed ones
- Retraining of data checker
- Use of local people to know local words that the interviewer may not know even though the participant language is the same with the interviewer
- Feedback from central data management unit