APPENDIX I: QUESTIONNAIRE

RISK FACTORS FOR DRUG-RESISTANT TUBERCULOSIS IN THE CATTLE-CORRIDOR REGION OF SOUTH-WESTERN UGANDA.

Introduction

Hello, my name is _____. I am conducting research on the risk factors for DR-TB in the Ankole region, Southwestern Uganda. Your participation is voluntary, and you can choose to withdraw at any time. If there are any words or questions you do not understand, please let me know, and I will explain.

Table 1: Questionnaire Rating sheet

Question number	Question text	Skip if any
	Section 1: Socio-Demographic Characteristics	
1.	Age: _____	
2.	Gender: 1.Male 2.Female	
3.	Occupation: _____	
4.	Tribe: _____	
5.	Marital Status: 1. Single 2. Married 3. Divorced 4. Widowed 5. Other (please specify): _____	
6.	Religion: _ 1. Catholics 2. Born again 3. Anglican 4. Moslem 5. Others, specify	
7.	Residence: 1. Rural 2. Urban	
8.	Category of patient. 1.New 2. Previous TB patient	
	Current TB Diagnosis:	
9.	What type of TB do/did you have?	

	1. Drug-Resistant TB (DR-TB) 2. Drug-Sensitive TB (DS-TB)	
	Details of Current TB Treatment:	
10.	Are you currently undergoing treatment for TB? 1. Yes 2. No	
	Adherence to Current TB Treatment:	
11.	If yes in 12 above, are you adhering to your TB treatment regimen? 1. Yes 2. No	
12.	If no, what are the reasons for non-adherence? (check all that apply) 1. Drug stock out 2. No transport to health facility 3. Stigmatization 4. Thought treatment is taken once 5. Travel away from home 6. Other (please specify): _____	
	Section 2: Individual Constitutional Factors	
	History of Tuberculosis (TB):	
13.	Have you ever been diagnosed with tuberculosis (TB) before this current/recent episode? 1. Yes 2. No	LET'S ADD the word RECENT
14.	If yes, was it: 1. Drug-Resistant TB (DR-TB) 2. Drug-Sensitive TB (DS-TB)	
	TB Treatment History:	
15.	If yes in 15 above, were you treated for TB before the current/recent episode? 1. Yes 2. No	
16.	**If yes in 17 above, where did you first seek care?** **1. Public Health Facility** **2. Private Clinic** **3. Drug Shop** **4. Herbalist**	

17.	If yes in 17 above, how long was your TB treatment? 1. 6 months 2. <6 months 3. > 6 months	
18.	If yes in 17 above, did you complete your treatment during the previous episode? 1. Yes 2. No	
19.	If No in 18 above, what were the reasons? 1. Drug stock outs 2. No transport to health facility 3. Stigmatization 4. Thought treatment is taken once 5. Travel away from home 6. Ohers, specify	
20.	**Contact with DR-TB:**	
21.	Have you been in contact with someone known to have drug-resistant TB? 1. Yes 2. No	
22.	If yes in 23 above, was it a: 1. Household contact 2. Someone outside the household	
23.	HIV Status: What was your HIV sero status when you were diagnosed with TB? 1. Negative **2.** Positive	
24.	**Other Medical Conditions:**	
25.	Do you have any other chronic medical conditions (e.g., diabetes, hypertension)? 1. Yes 2. No	
26.	If yes, please specify: _____	
	Section 3: Lifestyle Factors	
27.	Do you smoke tobacco? 1. Yes 2. No	
28.	Do you consume alcohol? 1. Yes	

	2. No	
29.	If yes, how frequently do you drink alcohol? 1. Daily 2. Once a week 3. Other (please specify): _____	
30.	Did/does alcohol consumption affect your TB treatment adherence? 1. Yes 2. No	
31.	If yes, how did/does it affect your treatment? 1. Missed doses 2. Stopped taking medicine altogether	
32.	Do you use any other substances (e.g., drugs)? 1. Yes 2. No	
33.	If yes, please specify: _____	
34.	If yes, how did/does it affect your treatment? 1. Missed doses 2. Stopped taking medicine altogether	
	Section 4: Living and Working Conditions	
	Housing Conditions:	
35.	How many rooms does your house have?	
36.	How many people were staying with you in this house when you were diagnosed with TB? _____	
37.	Does your house have windows? 1. Yes 2. No	
38.	Have you stayed in close contact with a person with TB in this house? 1. Yes 2. No	
	Feeding	
39.	How many meals were you having per day before you were diagnosed with TB? 1. Two and above 2. Less than two	
40.	If less than 2 meals in Qn 39 above, what were the reasons 1. No garden to get food from	

	2. Lack of money to buy food 3. Others specify…….	
	Work and Travel	
41.	Have you traveled outside your home for work OR care for animals requiring long stay away from the house? 1. Yes 2. No	
42.	If yes in 41 above, did/does it affect your adherence to medicine? 1. Yes 2. No	
43.	If yes in 42 above, how did/does it affect your adherence? 1. Missed doses 2. Stopped taking medicine altogether 3. Others	
	Healthcare Access:	
44.	Do you have access to healthcare services? 1. Yes 2. No	
45.	How far is the health facility from which you get your care from here? 1. < 5 Kilometers 2. > 5 Kilometers	
46.	If yes, how do you travel to the health facility? 1. On foot 2. Bicycle 3. Motorcycle 4. Vehicle	
47.	Did/does transport affect your clinic visits for TB medicines? 1. Yes 2. No	
48.	If yes in 47 above, how did/does it affect your TB medication? 1. Missed clinic appointment 2. Missed TB medicines 3. Others, specify	
49.	Have you ever visited a facility for TB medication and the facility was experiencing drug stock out? 1.Yes 2.No	
50.	**Support from Healthcare Worker**	

51.	How do the health workers handle people with TB at your health facility? 1. Very supportive 2. Not supportive	
56 .	If not supportive in 51 above, in which way are they not supportive? 1. They do not explain to us how to take medicines 2. Take long to work on us 3. They abuse us 4. Others specify----------	
	Income Level:	
52.	What is your average monthly income? _____	
53.	Do you think your income level affects your ability to access TB treatment? 1. Yes 2. No	
54.	If yes in 53 above, how? 1. Lack of transport to health facility 2. Lack of money to buy food 3.	
55.	Do you have cattle or care for cattle 1. Yes 2. No.	
56.	If yes in 55 above, does the care for cattle affect your taking of TB medicine 1. Yes 2. No	
57.	If yes in 56 above how; 1. Failure to keep clinic appointment, 2. failure to take medicine in time, 3. delay to find food to accompany my medicine, 4. failure to seek health care 5. Others (please specify)	
58	Were you drinking raw milk before you fell sick with TB? 1. Yes 2. No	
	Section 5: Social and Community Factors	
	Leisure Activities	
58.	Where do you spend your leisure time? 1. Bar	

	2. Home 3. Playing 4. Betting 5. Other (please specify): _____	
59.	Do the people you spend your leisure time with support someone with TB? 1. Yes 2. No	
60.	If yes in 59 above, what kind of support do they offer? 1. Transport to health facility 2. Food 3. Remind to take medication 4. Others, specify	
61.	If No in 60 above, why not? 1. Discourage from taking medication 2. Stigmatize 3. Others, specify	
	Community Support	
62.	Does your community provide support for TB patients? 1. Yes 2. No	
63.	If yes in 62 above, what kind of support? 1. Adherence support 2. Provide food **3.** Contribute transport	
	Section 6: Socio-Cultural Environmental Factors	
64.	What do you believe caused you to acquire TB? 1. Evil spirits 2. TB germ 3. Other (please specify): _____	
65.	Do you know of any herbs that treat TB in this community? 1. Yes 2. No	
66.	If yes in 65 above, have you used them before?	

	1. Yes 2. No	
67.	If yes in 66 above, did they help you? 1. Yes 2. No	
68.	What challenges do/ did you face as a TB patient 1. Social isolation 2. Fear of discrimination 3. Self-stigma 4. Misinformation about TB 5. Hesitancy to seek treatment 6. Loss of employment or income 7. Family or community rejection 8. Other (please specify)	
	Movement for Resources:	
69.	Have you ever moved away from your home while taking TB medicines in search of water or pasture for your animals? 1. Yes **2.** No	
70.	Did this movement affect your TB treatment adherence? 1. Yes 2. No	
71.	If yes in 70 above, how did it affect your adherence? 1. Missed doses 2. Stopped taking medicine altogether 3. Others	
	Additional Comments or Information	

72.	Please use this space to provide any additional comments, information, or concerns related to TB or drug-resistant TB: _____	