

English version questionnaire

Questionnaire ID (For case use “CA”, for control use “CO”): _____

Name of Woreda & Heath Institution: _____

Interviewee No (e.g., “001”, “002” & “003” for the 1st, 2nd & 3rd, respectively): _____

Part I: Socio-demographic characteristics-related questions

S. No	Question	Response	Skip
101	Sex of the respondent	1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	
102	How old are you?	_____ (Age in years)	
103	What is your current marital status?	1. Married <input type="checkbox"/> 3. Divorced <input type="checkbox"/> 2. Widowed <input type="checkbox"/> 4. Single (N. married) <input type="checkbox"/>	
104	What is your religion?	1. Orthodox 3. Protestant 2. Catholic 4. Muslim 5. Other (Specify) _____	
105	What is your Ethnicity?	1. Oromo <input type="checkbox"/> 2. Amhara <input type="checkbox"/> 3. Tigre <input type="checkbox"/> 4. Somali <input type="checkbox"/> 5. Gurage <input type="checkbox"/> 6. Sidama <input type="checkbox"/> 7. Other (Specify) _____	
106	What is the highest educational level you completed?	1. No Education <input type="checkbox"/> 2. Primary Education (1-8) <input type="checkbox"/> 3. Secondary education (9-12) <input type="checkbox"/> 4. College and above <input type="checkbox"/>	
107	What is your current primary occupation?	1. Farmer <input type="checkbox"/> 2. Miner <input type="checkbox"/> 3. Employee (gov't/private) <input type="checkbox"/> 4. Housewife <input type="checkbox"/> 5. Daily laborer <input type="checkbox"/> 6. Pastoralist <input type="checkbox"/> 7. Other (Specify) _____	
108	<i>If miner for Q107, for how long?</i>	_____ (Year/month)	

109	If miner for Q107, <i>which type of mineral?</i>	1. Gold <input type="checkbox"/> 2. Non-gold <input type="checkbox"/>	
110	Where did you work? (Working condition)	1. Underground <input type="checkbox"/> 2. On surface <input type="checkbox"/>	
111	Have you used any personal protective equipment (PPE) while mining?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
112	<i>Have you ever explored minerals?</i>	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
113	<i>If yes to Q112, for how long?</i>	_____(Year/month)	
114	What is your current place of residence?	1. Urban <input type="checkbox"/> 2. Rural <input type="checkbox"/>	
115	Where is your current place of residence?	____&____(Woreda &kebele)	
116	Where is your previous place of residence?	____&____(Woreda &kebele)	
117	What is your monthly income?	____ ETB 88. I don't know <input type="checkbox"/> 99. Refused to tell <input type="checkbox"/>	
118	Approximately how far is the health facility from your home?	____Km	
119	Approximately how long does it take you to get health facility on a walk?	-----: ----- (hrs. & min)	

Part II: Behavioral factors/Lifestyle-related questions

S. No.	Question	Response	Skip
201	Did you ever smoke cigarettes?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
202	If yes to Q201, for how long?	_____(Year/month)	
203	Number of cigarettes per day	1. Less than five <input type="checkbox"/> 2. Five to ten <input type="checkbox"/> 3. Above ten <input type="checkbox"/> 88. I don't know <input type="checkbox"/> 99. No response <input type="checkbox"/>	
204	Do you smoke cigarettes currently?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
205	Do you smoke shisha currently?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
206	If yes to Q205, for how long?	_____(Year/month)	
207	Do you drink alcohol currently?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
208	If yes to Q207, for how long?	_____(Year/month)	

209	How frequent was alcohol consumption?	1. Daily <input type="checkbox"/> 2. Twice per week <input type="checkbox"/> 3. Weekly <input type="checkbox"/> 4. Monthly <input type="checkbox"/> 5. Rarely <input type="checkbox"/> 88. I don't know <input type="checkbox"/> 99. No response <input type="checkbox"/>	
210	How many drinks containing alcohol do you have on a day when you are drinking? (In terms of standard drink)	1. 1-2 <input type="checkbox"/> 2. 3-4 <input type="checkbox"/> 3. 5 and above <input type="checkbox"/>	
211	Do you chew khat currently?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
212	If yes to Q211, for how long?	_____ (Year/month)	
213	Do you use injectable IV drugs currently?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
214	If yes to Q213, for how long?	_____ (Year/month)	
215	Do you consume raw milk currently?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	

Part III: Environmental factors-related questions

S. No.	Question	Response	Skip
301	Number of family in HH	_____ (Persons)	
302	How many # of rooms your house has?	_____ (Rooms)	
303	Is there a TB patient in the family?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
304	Do you have a recent history of close contact with a known TB patient?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
305	Do you have a previous history of close contact with a known TB patient?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
306	Is there a family with previous TB history?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
307	Do you have close contact with a chronically coughing person?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
308	<i>Have you ever been imprisoned?</i>	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
309	<i>If yes to Q 308, for how long?</i>	_____ (Year/month)	
310	Have you ever been homeless?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
311	Have you ever lived in IDPs/Refugee camps??	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	

312	Are you living in IDP/refugee currently?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
313	<i>If yes to Q 312, for how long?</i>	_____ (Year/month)	
314	Does the HH have a separate kitchen?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
315	Does the house have a window?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
316	If yes to Q315, how many in numbers?	_____ (Windows)	
317	For how long does the window in the house remain open in a day?	1. Whole day <input type="checkbox"/> 2. Half a day <input type="checkbox"/> 3. 2-3hrs <input type="checkbox"/> 4. Never <input type="checkbox"/>	
318	What is the main source of fuel for cooking?	1. Electricity <input type="checkbox"/> 2. Gas or kerosene <input type="checkbox"/> 3. Wood and charcoal <input type="checkbox"/> 4. Other (Specify) _____	

Part IV. Co-morbidities condition-related questions

S. No	Questions	Responses	Skip
401	Do you know your sero-status for HIV? *	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
402	If yes to Q401, what was your result? *	1. Positive <input type="checkbox"/> 2. Negative <input type="checkbox"/>	
403	If positive to Q402, have you received HAART? *	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
404	If yes to Q403, have you received IPT prophylaxis? *	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 88. I don't know <input type="checkbox"/>	
405	Do you have a history of diabetes? *	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 88. I don't know <input type="checkbox"/>	
406	Do you have a history of hypertension? *	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 88. I don't know <input type="checkbox"/>	
407	Do you have any other history of chronic disease? *	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 88. I don't know <input type="checkbox"/>	
408	Do you have a history of solid organ transplant? *	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 88. I don't know <input type="checkbox"/>	

409	Do you have a history of immunosuppressive drug therapy use? *	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 88. I don't know <input type="checkbox"/>	
410	Weight of the respondent*	_____kg	
411	Height of the respondent*	_____meter	

*- Data may be filled from patient medical records/TB Unit register.

Part V. TB-related factors questions

S. No	Questions	Responses	Skip
501	Have you ever heard about tuberculosis?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
502	Where do you get information about TB for the first time? (Multiple responses are possible)	1.Spouse /relative <input type="checkbox"/> 2.TB patient <input type="checkbox"/> 3. Mass media (Radio, TV, social media, etc) <input type="checkbox"/> 4. Medical personnel <input type="checkbox"/> 5. School Education <input type="checkbox"/> 6.Other (Specify) _____ 88. I don't know <input type="checkbox"/>	
503	What is the primary cause of pulmonary tuberculosis?	1. Bacteria/germs <input type="checkbox"/> 2. Hereditary <input type="checkbox"/> 3. Bad luck/curse <input type="checkbox"/> 4. Poor sanitation <input type="checkbox"/> 5. HIV/AIDs <input type="checkbox"/> 6.Other (Specify) _____ 88. I don't know <input type="checkbox"/>	
504	What are the primary modes of TB transmission? (Multiple responses are possible)	1. Coughing/sneezing <input type="checkbox"/> 2. Ingesting unpasteurized milk <input type="checkbox"/> 3. Handshaking <input type="checkbox"/> 4. Mother to child during labor or pregnancy <input type="checkbox"/> 5. Breastfeeding <input type="checkbox"/> 6. Inherited from parents to child <input type="checkbox"/> 7. Through sexual contact <input type="checkbox"/>	

		8. Other (Specify) _____ 88. I don't know <input type="checkbox"/>	
505	What are the main symptoms /signs suggestive of tuberculosis? (Multiple responses are possible)	1. Cough of two weeks or more period <input type="checkbox"/> 2. Chest pain <input type="checkbox"/> 3. Loss of weight <input type="checkbox"/> 4. Night sweat <input type="checkbox"/> 5. Bloody sputum <input type="checkbox"/> 6. Other (Specify) _____ 88. I don't know <input type="checkbox"/>	
506	Is TB a communicable disease?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 88. I don't know <input type="checkbox"/>	
507	What are the possible modalities of prevention of pulmonary tuberculosis? (Multiple responses are possible)	1. Covering mouth and nose when coughing or sneezing <input type="checkbox"/> 2. Avoid sharing dishes, spoons, cups... <input type="checkbox"/> 3. Avoiding people who appear to have TB <input type="checkbox"/> 4. By vaccination <input type="checkbox"/> 5. Avoiding congregate setting <input type="checkbox"/> 6. Avoid handshakes <input type="checkbox"/> 7. Other (Specify) _____ 88. I don't know <input type="checkbox"/>	
508	Who is at risk of getting TB? (Multiple responses are possible)	1. The poor <input type="checkbox"/> 2. Those who live with TB patients <input type="checkbox"/> 3. Person with HIV <input type="checkbox"/> 4. Smokers/drinker <input type="checkbox"/> 5. Other (Specify) _____ 88. I don't know <input type="checkbox"/>	
509	Is TB a curable disease?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 88. I don't know <input type="checkbox"/>	
510	How can someone with TB cured?	1. Drugs specifically for TB <input type="checkbox"/> 2. Herbal remedies <input type="checkbox"/> 3. Praying and fasting or holy water <input type="checkbox"/> 4. Good nutrition <input type="checkbox"/> 5. Other (Specify) _____ 88. I don't know <input type="checkbox"/>	
511	Do you know that TB treatment is free of payment?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 88. I don't know <input type="checkbox"/>	

512	Have you ever had TB disease?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
513	If yes to Q512, did you take treatment?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
514	If yes to Q513, did you complete the full course of anti-TB treatment?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
515	If yes to Q514, what was the final treatment outcome? *	1. Cured <input type="checkbox"/> 2. Treatment complete <input type="checkbox"/> 3. Lost to follow-up <input type="checkbox"/> 4. Other (Specify) _____ 88. I don't know <input type="checkbox"/>	
516	Have you received vaccination for BCG?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 88. I don't know <input type="checkbox"/>	
517	Do you have a recent history of hospital admission?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
518	Who is responsible to implement IPC in the health facility? (Multiple responses are possible)	1. Health care workers <input type="checkbox"/> 2. All clients visiting HF <input type="checkbox"/> 88. I don't know <input type="checkbox"/>	

***- Data may be filled from patient medical records/TB Unit register.**

Thank you!