

English version questionnaire

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

Name of Woreda & Health 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 | If miner for Q107, for how long? | _____ (Year/month) | |

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|-----|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|
| 109 | If miner for Q107, which type of mineral? | 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) | |

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|-----|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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 | If yes to Q 312, for how long? | _____ (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"/> | |

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|-----|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|
| 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"/> | |

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|-----|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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!