

Quality Of Care And Associated Factors Among Patients With Multi-Drug Resistant Tuberculosis Receiving Treatment In Alert Hospital Addis Ababa, Ethiopia, 2020

**Section A: Socio-Demographic Information**

1. What is your age?

\_\_\_\_\_ years

2. What is your sex?

☐ Male

☐ Female

3. What is your religion?

☐ Muslim

☐ Orthodox

☐ Protestant

☐ Catholic

☐ Other (please specify): \_\_\_\_\_

4. What is your ethnicity?

☐ Oromo

☐ Amhara

☐ Tigray

☐ Somali

☐ Other (please specify): \_\_\_\_\_

5. What is your educational level?

☐ Unable to read and write

☐ Able to read and write

☐ Primary education

☐ Secondary education

☐ College/University and above

6. What is your marital status?

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Widowed

7. For how long have you lived in this town?

- ☐ Less than 1 year
- ☐ 1–5 years
- ☐ 6–10 years
- ☐ More than 10 years

8. How many children do you have?

- ☐ None
- ☐ 1–2
- ☐ 3–4
- ☐ 5 or more

9. What is your average monthly income?

- ☐ No income
- ☐ Less than \_\_\_\_\_
- ☐ \_\_\_\_\_ – \_\_\_\_\_
- ☐ More than \_\_\_\_\_

(Adjust income ranges based on your study context)

10. What is your occupation?

- ☐ Unemployed
- ☐ Farmer
- ☐ Government employee
- ☐ Private employee
- ☐ Merchant
- ☐ Student

☐ Other (please specify): \_\_\_\_\_

## **Section B: Knowledge about MDR-TB**

11. Do you know the meaning of MDR-TB (Multi-Drug Resistant Tuberculosis)?

☐ Yes

☐ No

12. Do you think MDR-TB can be caused by cold weather?

☐ Yes

☐ No

13. Can MDR-TB be transmitted through sneezing and coughing?

☐ Yes

☐ No

## **Section B: Knowledge about TB and MDR-TB**

14. **Is MDR-TB a curable disease?**

☐ Yes

☐ No

15. **Is TB a curable disease?**

☐ Yes

☐ No

16. **Can MDR-TB be transmitted through overcrowded living conditions?**

☐ Yes

☐ No

17. **Can a person acquire MDR-TB by drinking dirty water?**

☐ Yes

☐ No

18. **Can a person get MDR-TB from germs (bacteria)?**

☐ Yes

☐ No

**19. Can a person get TB by sharing injections?**

☐ Yes

☐ No

**20. Is it possible to prevent MDR-TB?**

☐ Yes

☐ No

## **Section C: Behavioral (Risk Factor) Characteristics**

**21. Do you drink alcohol?**

☐ Yes

☐ No

**22. Do you smoke cigarettes?**

☐ Yes

☐ No

## **Section D: Attitude Toward MDR-TB Patients**

*(Use the same response scale for all questions below)*

☐ Very much

☐ Somewhat

☐ Not at all

**23. Do you feel that you received good quality care when you came for treatment?**

**24. Do you feel something good (positive feelings) when you see MDR-TB patients?**

**25. Do you hate MDR-TB patients because of their illness?**

**26. Are you afraid of MDR-TB patients because of their illness?**

## **Section E: Practice and Social Support**

**27. If one of your relatives became ill with MDR-TB, would you be willing to care for them?**

☐ Yes

☐ No

**28. If you found that you had TB, would you tell others?**

☐ Yes

☐ No

## **Section F: Health Service and Supply-Related Factors**

*(For health workers / facility assessment – include only if applicable)*

**29. From where do you obtain anti-TB drugs and laboratory reagents?**

☐ Government supply

☐ Private supplier

☐ NGO

☐ Other (please specify): \_\_\_\_\_

**30. How often do you encounter shortages of anti-TB drugs and laboratory reagents?**

☐ Never

☐ Sometimes

☐ Often

☐ Always

**31. How do you assure the quality of anti-TB drugs?**

☐ Patient cure outcome

☐ Expiry date check

☐ Supplier certification

☐ Other (please specify): \_\_\_\_\_

**32. How do you assure the quality of laboratory reagents?**

☐ Patient cure outcome

- ☐ Expiry date check
- ☐ Quality control testing
- ☐ Other (please specify): \_\_\_\_\_

## **Section G: MDR-TB Recording, Reporting, and Documentation**

*(Observation / record review – tick one option)*

**33. MDR-TB treatment card form is:**

- ☐ Completely filled
- ☐ Partially filled
- ☐ Not filled

**34. MDR-TB register is:**

- ☐ Completely filled
- ☐ Partially filled
- ☐ Not filled

**35. Request form for sputum examination is:**

- ☐ Completely filled
- ☐ Partially filled
- ☐ Not filled

**36. Laboratory register for culture and DST is:**

- ☐ Completely filled
- ☐ Partially filled
- ☐ Not filled

**37. Quarterly report on MDR-TB case finding is:**

- ☐ Completely filled
- ☐ Partially filled
- ☐ Not filled

**38. Quarterly report on MDR-TB case enrolment is:**

- ☐ Completely filled
- ☐ Partially filled
- ☐ Not filled

## **Section H: Burden and Trend of TB / MDR-TB**

**39. Is TB and MDR-TB a major problem in your health facility?**

- ☐ Yes
- ☐ No

**40. How do you describe the trend of TB/MDR-TB in your facility?**

- ☐ Increasing
- ☐ Decreasing
- ☐ Stable
- ☐ Don't know

## **Section I: Treatment Adherence and DOTS Strategy**

**41. How do you describe the adherence status of TB patients to the DOTS strategy?**

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

**42. Do you encounter possible causes or risk factors for poor adherence?**

- ☐ Yes
- ☐ No

*If yes, what are the main causes?*

- ☐ Drug side effects
- ☐ Long treatment duration

- ☐ Distance to health facility
- ☐ Lack of awareness
- ☐ Other (please specify): \_\_\_\_\_

## **Section J: MDR-TB Detection and Screening**

**43. How do you rate the MDR-TB detection status in your health facility?**

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

**44. Where and by whom is screening of MDR-TB suspects conducted?**

- ☐ Triage by nurse
- ☐ OPD by clinician
- ☐ Laboratory
- ☐ TB clinic
- ☐ Other (please specify): \_\_\_\_\_

**45. What gaps or weaknesses exist in your facility related to MDR-TB detection?**

- ☐ Lack of triage system
- ☐ Shortage of trained staff
- ☐ Lack of diagnostic tools
- ☐ Delay in laboratory results
- ☐ Other (please specify): \_\_\_\_\_

## **Section K: TB/MDR-TB Program Implementation and Resources**

**46. How do you rate the use of treatment regimens related to the TB control program in your facility?**



☐ Very good

☐ Good

☐ Fair

☐ Poor

**47. Do you have appropriate or updated TB/MDR-TB guidelines?**

☐ Yes

☐ No

**48. Are TB/MDR-TB guidelines available in your facility?**

☐ Yes

☐ No

**49. Is there an adequate number of TB/MDR-TB trained human resources in your facility?**

☐ Yes

☐ No

**50. How do you rate the commitment of health professionals in MDR-TB detection?**

☐ Very good

☐ Good

☐ Fair

☐ Poor