

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