

X-ray AI TB (TBScreen.AI): Development of Artificial Intelligence for X-ray-Based Tuberculosis Screening in Remote Areas of Indonesia

INTERVIEWER:
SUPERVISOR:

CONFIDENTIAL

ID: _____

EXIT INTERVIEW

Form 00 – Informed Consent

INSTRUCTIONS FOR ENUMERATORS: ENSURE THAT A PLACE/ROOM WITH ADEQUATE PRIVACY IS USED FOR THIS INTERVIEW AND THAT NO OTHER PERSON IS PRESENT EXCEPT THE ENUMERATOR AND THE RESPONDENT AND THE PATIENT'S COMPANION (IF ANY).

My name is _____, and I am an enumerator for the study entitled "X- ray AI TB: Artificial Intelligence Development for X- ray- Based Tuberculosis Screening in Remote Areas of Indonesia", which is implemented by the Center for Tropical Medicine, Faculty of Medicine, Public Health, and Nursing, Gadjah Mada University.

The aim of this study is to collect information regarding access to tuberculosis health services in Indonesia.

The research team will collect information in the form of personal data and medical history interviews, photos, videos, and voice recordings. The information collected in this study will be kept confidential. You were randomly selected as a representative of the community receiving tuberculosis-related health services. We greatly appreciate your honesty in providing answers. This interview will last approximately 45 minutes.

Your participation is voluntary. You may end your participation at any time if you feel uncomfortable. You may also decline to answer certain questions. You may express the need to be accompanied by a sibling/husband/wife/child or translator in completing this survey or request that the questions be repeated and the answers read back.

I will answer your questions regarding this survey, and if you have any questions or concerns, or would like to know more information about this study, please contact Dr. Antonia Morita Iswari Saktiawati from Gadjah Mada University (email: a.morita@ugm.ac.id, phone: +62 812-2797-6434) or dr. Aulia Shafira from Gadjah Mada University (email: auliash96@gmail.com, phone: +62 822-3036-6870).

Do you have any questions about this survey?

LP01. Are you willing to take part in this survey?	1. YES	3. NO
LP02. Do you agree to have this interview recorded?	1. YES	3. NO

SIGNATURE

DATE

FORM (MR)

(filled in by hospital staff/enumerator from patient medical records)

Instruction for enumerators: Fill in the following information based on the patient's medical record.

PATIENT MEDICAL RECORD	
MR01. Data entry date	_ _ _ _ _ _
MR02. Patient's name	_____
MR03. Patient's gender	01. Male 03. Women
MR04. Patient's medical record number	_ _ _ _ _ _ _ _ _ _ _ _ _
MR05. Patient's date of birth	_ _ _ _ _ _
MR06. Current residential address	_____
MR07. Phone number	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
MR08. Height	_ _ _ cm
MR09. Weight	_ _ _ kg

TB CLASSIFICATION	
MR10. Patient type	01. TB 02. Non-TB
MR11. TB status	01. New Diagnosis 02. Relapse / Reinfection 03. Drop out / treatment failure / lost-to-follow-up / unexpected treatment outcome 99. Other, _____
MR12. Types of TB	01. Active TB 02. Clinical TB 03. Latent TB
MR13. Location <i>(can select more than one option)</i>	A. Lungs B. Extrapulmonary
MR14. Bacteriology	01. Positive 02. Negative
MR15. Bacteriology test result	01. BTA positive 02. MTB detected in Xpert MTB/Rif examination 03. Positive culture
MR16. TB sensitivity status	01. drug-sensitive TB 02. MDR-TB 03. Pre -XDR TB 04. XDR-TB 05. Other TB drug resistance 06. Not yet known

TB TEST RESULTS	
MR17. Chest X- ray test results	01. Normal 02. Abnormalities leading to TB 03. Abnormal does not indicate TB 04. No photos/information
MR18. Abnormalities leading to TB <i>(can select more than one option)</i>	A. Infiltrate B. Cavity C. Consolidation D. Effusion E. Classification F. Other, _____
MR19. Are there any spirometry test results?	01. Yes 02. No
MR20. Spirometry test results	_____
MR21. Results of other tests (e.g. pathology, blood tests (IGRA, Mantoux))	_____

Co-morbidities	
MR22. Does the patient have any comorbidities?	01. Yes 03. No DMR24
MR23. Comorbidities <i>(can select more than one option)</i>	A. HIV/AIDS B. Diabetes C. COPD (chronic obstructive pulmonary disease) D. Asthma

	E. Bronchitis F. Bronchiectasis G. Pulmonary fibrosis H. Lung abscess I. Empyema J. Polycystic lung disease K. COVID-19 L. Other, _____
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TREATMENT	
MR24. Is the patient currently receiving TB treatment?	01. Yes 03. No <input type="checkbox"/> MR28
MR25. Control week <i>(Fill in 0 if there is no data)</i>	_____
MR26. Control month <i>(Fill in 0 if there is no data)</i>	_____
MR27. TB medication <i>(e.g. OAT category 1, etc.)</i>	01. Category I (new Pulmonary) 02. Category II (retreatment) 03. Category III (new ss - or Extra-Pulmonary) 04. Category IV (chronic, MDR)
MR28. Is the patient currently receiving treatment other than for TB?	01. Yes 03. No
MR29. Patient payment types	A. BPJS-Kesehatan/private insurance B. Non-insurance payment

TB SCORING FORM FOR CHILDREN
(filled in by hospital staff/enumerator from patient medical records)

Instruction for enumerators: Fill in the following information based on the patient's medical record.

PAEDIATRIC PATIENT MEDICAL RECORDS	
MR30. Was children TB scoring conducted for this patient?	01. Yes 03. No <input type="checkbox"/> FORM 01
MR31. Paediatric TB Scoring in Medical Records	_____

PARAMETER	0	1	2	3	Score
MR32. TB Contact	Unclear	-	Family report, BTA (-)/ BTA unclear/ don't know	BTA (+)	
MR33. Tuberculin test (Mantoux)	Negative	-	-	Positive (\geq 10 mm or \geq 5 mm in immunocompromised)	
MR34. Body Weight/Nutritional Status	-	BB/TB<90% or BB/U<80%	Clinical malnutrition or BB/TB<70% or BB/U<60%	-	
MR35. Fever of unknown cause	-	\geq 2 weeks	-	-	
MR36. Chronic cough	-	\geq 3 weeks	-	-	
MR37. Enlarged lymph nodes colli, axilla, inguinal	-	\geq 1 cm, more than 1 KGB, no pain	-	-	
MR38. Swelling of the bones/joints of the hip, knee, phalanges	-	There is swelling	-	-	
MR39. Chest X-ray	Normal/unclear abnormality	Suggestive (supportive) features of TB	-	-	
Total SCORE (maximum 13)					

FORM 01 EXIT INTERVIEW (EX)
(filled in by the enumerator from the patient interview)

Instruction for enumerators: Fill in the following information based on where the patient was recruited / interviewed.

EX01. Data entry date	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>						
EX02. Name of Hospital/Healthcare Facility <i>(Enumerator Note: No need to read out)</i>	01. Klaten Health Center 02. Sardjito Hospital 03. Timika Regency Regional Hospital 04. Respira Hospital 05. Other, _____						

Instruction for enumerators: Read the following statement to the patient:
"I will start by asking you some questions about your personal information."

PATIENT DATA	
EX03. Please state your name	_____
EX04. Is there anyone else/respondent who helps the patient answer questions? <i>(not asked to respondents)</i>	01. Yes 03. No <input type="checkbox"/> FORM 02
EX05. Name of respondent/companion	_____
EX06. What is the relationship between the companion and the patient?	01. Parent 02. Grandparents 03. You 04. Aunt/Uncle 05. Caregiver 06. Companion nurse 07. Partner 08. Child 09. Other, _____

FORM 02 BASIC DATA (BA)
(filled in by the enumerator from the patient interview)

Enumerator Instructions: Read the following statement to the patient:

"I will ask you some questions about your personal information."

Note for enumerator: If the patient is accompanied, adjust the narrative of the questions below. Information is still asked about the patient (not the companion).

BACKGROUND DATA (BA)			
BA01. Patient's gender (Instruction for enumerators, read: "For this study, we were asked to categorize the respondents' gender. The following are the options: male, female, and other. Which option is most appropriate?").	01. Male 03. Female 95. Others 99. Refused to answer		
BA02. How old are you?	_____ year		
BA03. What is your address of residence?	_____		
BA04. Is your area of residence categorised as rural or urban?	01. Urban 02. Rural		
BA05. What is your telephone number?	_____		
BA06. How tall are you?	_____ cm		
BA07. How much do you weigh?	_____ kg		
BA08. Have you ever had TB before?	01. Yes 02. Never		
BA09. Do you currently smoke?	01. Yes 03. No		
BA10. What is your religion?	01. Islam 02. Catholic 03. Protestant 04. Hindu 05. Buddha 06. Confucianism 95. Others, _____		
BA11. What is your ethnicity?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> 01. Java 02. Sunda 03. Bali 04. Batak 05. Bugis 06. Chinese 07. Madura 08. Sasak 09. Minang 10. Banjar 11. Bima - Dompu 12. Makassar 13. Nias 14. Palembang 15. Sumbawa 16. Toraja </td> <td style="width: 50%; border: none;"> 17. Betawi 18. Dayak 19. Malay 20. Komerling 21. Ambon 22. Manado 23. Aceh 24. Other South Sumatran People 25. Banten 26. Cirebon 27. Gorontalo 28. Kutai 29. Papua 95. Other, _____ </td> </tr> </table>	01. Java 02. Sunda 03. Bali 04. Batak 05. Bugis 06. Chinese 07. Madura 08. Sasak 09. Minang 10. Banjar 11. Bima - Dompu 12. Makassar 13. Nias 14. Palembang 15. Sumbawa 16. Toraja	17. Betawi 18. Dayak 19. Malay 20. Komerling 21. Ambon 22. Manado 23. Aceh 24. Other South Sumatran People 25. Banten 26. Cirebon 27. Gorontalo 28. Kutai 29. Papua 95. Other, _____
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BA12. Papuan Tribe (specifically for respondents who identify themselves as Papuan)	01. Papua 7 main tribes (specific for Mimika study site) 02. Papua non-7 main tribes (specific for Mimika study site) BA14		
BA13. Seven Main Tribes of Papua (specific for Mimika study site)	01. Kamoro 02. Amungme 03. Dani 04. Damal 05. Nduga 06. Mee / Ekari 07. Moni		
BA14. Non-seven main tribes of Papua (specific for Mimika study site)	01. Biak 02. Serui 95. Others, _____		
BA15. Apart from Indonesian, what language do you commonly use?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> 01. Java 02. Sundanese language 03. Bali 04. Batak 05. Bugis </td> <td style="width: 50%; border: none;"> 13. Nias 14. Palembang 15. Sumbawa 16. Toraja 17. Lahat </td> </tr> </table>	01. Java 02. Sundanese language 03. Bali 04. Batak 05. Bugis	13. Nias 14. Palembang 15. Sumbawa 16. Toraja 17. Lahat
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	06. China 07. Madura 08. Sasak 09. Minang language 10. Banjar language 11. Bima language 12. Makassar	18. Other South Sumatra 19. Betawi 20. Lampung 21. Papuan language 95. Others, _____ 96. NO <input type="checkbox"/> BA19
BA16. Papuan language (specifically for respondents who stated "Papuan language" in BA15)	01. Papua 7 main tribes (in Mimika) 02. Papua non-7 main tribes (in Mimika) <input type="checkbox"/> BA18	
BA17. Languages of the Seven Main Tribes of Papua (in Mimika)	01. Kamoro language 02. Amungme language 03. Dani language 04. Damal language 05. Nduga language 06. Mee / Ekari Language 07. Moni language	
BA18. Non-language of the seven main tribes of Papua (in Mimika)	01. Biak language 02. Serui language 95. Others, _____	

FAMILY AND HOUSEHOLD INFORMATION

Enumerator Instructions: Read the following statement to the patient:

"I will ask you some questions about your personal information and your household."

BA19. Do you currently work?	01. Yes 03. No <input type="checkbox"/> BA22	
BA20. What kind of work do you do?	01. Civil Servants/Government Employees 02. TNI/Polri (TNI/Polri) 03. Private sector employees/company staff 04. Entrepreneur / self-employed 05. Traders (retailers/street vendors/traditional markets) 06. Farmers/plantation workers 07. Livestock breeders/fishermen 08. Farm labourers / plantation workers / fishing workers 09. Construction workers/labourers	10. Domestic workers (housemaids, domestic assistants) 11. Teacher / lecturer / educator 12. Health workers (doctors, midwives, nurses, etc.) 13. Drivers/Transportation Workers (including online motorcycle taxis) 14. Freelance/odd work 15. Unemployed / never worked 16. Retired 95. Others: _____
BA21. What is your average monthly income?	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	99. Refuse to answer	
BA22. What is your marital status?	01. Not married <input type="checkbox"/> BA26 02. Married 03. Living together with a partner 04. Divorced <input type="checkbox"/> BA26 05. Separated <input type="checkbox"/> BA26 06. Widower/divorcee (divorced due to death) <input type="checkbox"/> BA26	
BA23. Does your partner work?	01. Yes 03. No <input type="checkbox"/> BA26	
BA24. What type of work does your partner do?	01. Civil Servants/Government Employees 02. TNI/Polri (TNI/Polri) 03. Private sector employees/company staff 04. Entrepreneur / self-employed 05. Traders (retailers/street vendors/traditional markets) 06. Farmers/plantation workers 07. Livestock breeders/fishermen 08. Farm laborers / plantation workers / fishing workers 09. Construction workers/labourers	10. Domestic workers (housemaids, domestic assistants) 11. Teacher / lecturer / educator 12. Health workers (doctors, midwives, nurses, etc.) 13. Drivers/Transportation Workers (including online motorcycle taxis) 14. Freelance/odd work 15. Unemployed / never worked 16. Retired 95. Others: _____
BA25. What is your partner's average monthly income?	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
BA26. How many people live in your house?	<input type="text"/> <input type="text"/> <input type="text"/> people	
BA27. Do you live together with the following... ?	Yes	No

<i>(read each category)</i>		
BA19a People with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
BA19b Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>
BA19c 60 years and above	<input type="checkbox"/>	<input type="checkbox"/>
BA19d People with weakened immune systems (diabetes, cancer, other chronic diseases)	<input type="checkbox"/>	<input type="checkbox"/>
BA19e Children under 5 years	<input type="checkbox"/>	<input type="checkbox"/>
BA19f Children under 12 years	<input type="checkbox"/>	<input type="checkbox"/>

FORM 03 DISABILITY DATA (DS)
(filled in by the enumerator from the patient interview)

DISABILITY DATA (DS)

Notes for enumerators:

Enumerators need to explicitly ask each respondent if they have a disability to ensure that no one is missed due to a disability that is not directly visible/physical. Even if the respondent is clearly disabled (for example, using a wheelchair or a white cane for the visually impaired), the question should still be asked for confirmation and accurate recording.

Instruction for enumerators: Read the following statement to the patient:

"I will ask for information about any disabilities, obstacles, or other chronic illnesses you may have. First, please indicate whether you have "no difficulty," "some difficulty," "a lot of difficulty," or "absolutely no difficulty."

DS01. Have you had difficulty seeing for more than the last 6 months?	01. No difficulty <input type="checkbox"/> DS03	02. Having a little difficulty	03. Many experienced difficulties	04. Absolutely not possible	N/A <input type="checkbox"/> DS03
DS02. Do you have difficulty seeing even when wearing glasses?	01. No difficulty	02. Having a little difficulty	03. Having a lot of difficulties	04. Absolutely not possible	N/A
DS03. Have you had difficulty hearing for more than the last 6 months?	01. No difficulty <input type="checkbox"/> DS05	02. Having a little difficulty	03. Having a lot of difficulties	04. Absolutely not possible	N/A <input type="checkbox"/> DS05
DS04. Do you have difficulty hearing even though you use a hearing aid/translator?	01. No difficulty	02. Having a little difficulty	03. Having a lot of difficulties	04. Absolutely not possible	N/A
DS05. Have you had difficulty walking or moving, holding, reaching, climbing stairs for more than the last 6 months?	01. No difficulty <input type="checkbox"/> DS07	02. Having a little difficulty	03. Having a lot of difficulties	04. Absolutely not possible	N/A <input type="checkbox"/> DS07
DS06. Do you have difficulty walking or moving, holding, reaching, climbing stairs even when using a walking aid/prosthesis/support device?	01. No difficulty	02. Having a little difficulty	03. Having a lot of difficulties	04. Absolutely not possible	N/A
DS07. Have you had difficulty remembering or concentrating for more than the last 6 months?	01. No difficulty	02. Having a little difficulty	03. Having a lot of difficulties	04. Absolutely not possible	N/A
DS08. Have you had difficulty caring for/cleaning yourself, such as bathing or dressing, for more than the last 6 months?	01. No difficulty <input type="checkbox"/> DS010	02. Having a little difficulty	03. Having a lot of difficulties	04. Absolutely not possible	N/A <input type="checkbox"/> DS010
DS09. Do you have difficulty caring for/cleaning yourself, such as bathing or dressing, even with a companion?	01. No difficulty	02. Having a little difficulty	03. Having a lot of difficulties	04. Absolutely not possible	N/A
DS10. Have you had difficulty communicating or being understood for more than the last 6 months?	01. No difficulty <input type="checkbox"/> DS12	02. Having a little difficulty	03. Having a lot of difficulties	04. Absolutely not possible	N/A <input type="checkbox"/> DS12
DS11. Do you have difficulty communicating or being understood even when using everyday language or with aids/assistants?	01. No difficulty	02. Having a little difficulty	03. Having a lot of difficulties	04. Absolutely not possible	N/A
DS12. Have you experienced emotional and/or behavioural difficulties/disorders for more than the last 6 months?	01. No difficulty <input type="checkbox"/> DS14	02. Having a little difficulty	03. Having a lot of difficulties	04. Absolutely not possible	N/A <input type="checkbox"/> DS14
DS13. Do you experience emotional and/or behavioural difficulties/disorders even though you have received therapy?	01. No difficulty	02. Having a little difficulty	03. Having a lot of difficulties	04. Absolutely not possible	N/A
DS14. Do you need any aids for walking/moving around?	01. Yes 03. No				
DS15. Do you have any other chronic illnesses?	01. Yes 03. No <input type="checkbox"/> DS17				
DS16. What other chronic diseases do you have? <i>(can select more than one)</i>	<input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Heart disease <input type="checkbox"/> Stroke <input type="checkbox"/> Acute respiratory disease <input type="checkbox"/> Kidney problems <input type="checkbox"/> Cancer <input type="checkbox"/> Liver disease <input type="checkbox"/> Thyroid <input type="checkbox"/> Mental condition <input type="checkbox"/> autoimmune disease <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Epilepsy				

	<input type="checkbox"/> Other, _____ <input type="checkbox"/> Don't know/ haven't checked
Enumerator Note: Read the following statement to the patient: <i>"The following questions ask whether you are currently suffering from other illnesses, such as worm infestation or malaria. These questions are asked because these two conditions can also affect TB test results."</i>	
DS17. Are you currently suffering from worms?	01. Yes 03. No
DS18. Are you currently suffering from malaria?	01. Yes 03. No

FORM 04 TB AWARENESS (AW)
(filled in by the enumerator from the patient interview)

KNOWLEDGE AND AWARENESS ABOUT TB (AW)	
Instruction for enumerators: Read the following statement to the patient: <i>"I will now ask about your knowledge about TB."</i>	
AW01. Have you ever heard of tuberculosis?	01. Yes 03. No
AW02. How is TB or tuberculosis transmitted? <i>(Note for enumerators: Do not read out answer choices unless clarification is needed.</i> <i>Check all the appropriate answers. If in doubt, ask, "Could you tell me more about how people contracted with TB?")</i>	A. Inhaling air containing TB bacteria when someone with active TB coughs or sneezes or spits carelessly. B. Prolonged close contact with an individual diagnosed with active TB. C. Living or working in crowded, poorly ventilated spaces D. Contact with sputum from an infected person E. Living with an untreated TB patient 95. Others _____ 98. Don't know
AW03. What are the symptoms of TB that you know? <i>(Note for enumerators: Do not read out answer choices unless clarification is needed.</i> <i>Check all appropriate answers. If in doubt, ask, "Could you tell me more about other symptoms of TB?")</i>	A. Long cough B. Fever C. Loss of appetite D. Cold sweats at night E. Weight loss 95. Others _____ 98. Don't know
AW04. Do you know if you are currently undergoing TB examination or treatment?	01. Yes 03. No
RESPONDENT'S SURROUNDING ENVIRONMENT	
AW05. Have you had a history of close contact with someone living with TB?	01. Yes 03. No
AW06. Do you have any windows in your house?	01. Yes 03. No
AW07. Is your house exposed to direct sunlight?	01. Yes 03. No

**FORM 05 ACCESSIBILITY, DELAY, EXPERIENCE IN ACCESSING TB SERVICES
(AC, TR)**

(filled in by the enumerator from the patient interview)

ACCESS TO TB SERVICES (AC)	
DATA CHECK FOR PATIENT TYPE	01. TB Diagnosis 03. TB care/treatment (including control/taking medication and referral due to complications)
AC01. Check whether the patient data is for TB diagnosis or treatment.	
TB TREATMENT DELAY INFORMATION	
<i>Instruction for enumerator: Read the following statement to the patient: " I will ask you several things about your disease and your experiences in seeking for TB health services."</i>	
AC02. When do you think you first experienced TB symptoms? <i>(Fill in the format most appropriate to the respondent's answer)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> week <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month <input type="checkbox"/> Never thought/felt I had TB before today
AC03. Did you experience any of the following symptoms before deciding to undergo the current treatment? And for how many weeks did you experience these symptoms before seeking treatment? <i>(read out each symptom)</i>	
AC03a Cough	<input type="checkbox"/> YES, ___ days ___ weeks ___ months <input type="checkbox"/> NO
AC03b Cold sweats at night	<input type="checkbox"/> YES, ___ days ___ weeks ___ months <input type="checkbox"/> NO
AC03c Persistent fever	<input type="checkbox"/> YES, ___ days ___ weeks ___ months <input type="checkbox"/> NO
AC03d Weight loss	<input type="checkbox"/> YES, ___ days ___ weeks ___ months <input type="checkbox"/> NO
AC03e Chest pain	<input type="checkbox"/> YES, ___ days ___ weeks ___ months <input type="checkbox"/> NO
AC03f Shortness of breath	<input type="checkbox"/> YES, ___ days ___ weeks ___ months <input type="checkbox"/> NO
AC03g Easily tired	<input type="checkbox"/> YES, ___ days ___ weeks ___ months <input type="checkbox"/> NO
AC03h No appetite	<input type="checkbox"/> YES, ___ days ___ weeks ___ months <input type="checkbox"/> NO
AC03i Coughing up blood	<input type="checkbox"/> YES, ___ days ___ weeks ___ months <input type="checkbox"/> NO
AC03i Others (please specify)	<input type="checkbox"/> YES, ___ days ___ weeks ___ months <input type="checkbox"/> NO
AC04. Have you ever delayed/avoided seeking TB services?	01. Yes 03. No <input type="checkbox"/> AC06
AC05. Why have you ever delayed/avoided seeking TB services? <i>(can select more than one)</i> <i>(Let the respondent answer first, then ask again: "Are there any other reasons that make you delay/avoid seeking TB services?")</i>	A. The cost is too high B. Health facilities are too far / difficult to reach C. No transportation or expensive transportation costs D. Long waiting times at health facilities E. Have to work / can't leave work F. There is no one to accompany G. Not feeling seriously ill / symptoms are considered mild H. Fear of being diagnosed with TB I. Fear of stigma from neighbors/society J. Not permitted by partner/family K. Fear of side effects or treatment L. Have you ever had a bad experience with staff/facilities? M. Don't know where to look for TB services N. Don't trust free TB services / worried about quality of treatment O. Health facilities are less disability friendly P. Use traditional/alternative medicine first Q. Others, please specify: _____
AC06. Where did you seek treatment for the above symptoms? <i>(Ask about all health facilities the respondent has visited)</i>	01. Inpatient public Primary Health Center/Puskesmas 02. Non-Inpatient public Primary Health Center/Puskesmas 03. Village Health Post 04. Village midwife 05. Balkesmas 06. Type D hospital 07. Type C hospital 08. Type B hospital 09. Type A hospital 10. Private General Practitioner Clinic (sole or joint practice) 11. General Practitioner (home practice) 12. Private maternity clinics (sole or joint practice) 13. Private Midwifery Practice (BPM), home practice 14. Private Hospital

	15. Pharmacy/drug store 95. Others, please specify: _____
AC07. Of the health facility options above, which health facility did you visit first for TB service? <i>(Note for enumerator: just write the number of the health facility visited by the patient. Example: If the patient first visited a Type D government hospital, write 06 in the answer)</i>	_____
AC08. When did you make your first visit?	□□□ □□□ (month/year)
AC09. If AC06>08: Why didn't you go to a government health facility, such as the public Primary Health Centre (Puskesmas) or the General Hospital, when you first sought treatment? <i>(Choose all relevant answer/s)</i>	A. The distance is too far B. The cost is too high C. Waiting time is too long D. Facilities are incomplete/not available E. No confidence in the quality of government health facilities F. Medicines are not available G. Health facilities are less disability friendly H. No one to accompany/accompany I. Other reason/s, _____
AC10. How far is the government health facility from your house? <i>(Fill in the format most appropriate to the respondent's answer)</i>	_____ hours by walking _____ hours by vehicle
AC11. Have you ever sought traditional/alternative treatment for TB?	01. Yes 03. No

Previous TB Treatment History and TB Care Experience (TR)

Instruction for enumerator: Read the following statement to the patient:

"I will now ask about your TB treatment history, including any visits you made prior to today".

TR01. Before this diagnosis (or the TB treatment you are currently undergoing), have you ever taken TB medication before?	01. Yes 03. No □ TR06
TR02. Have you completed the treatment?	01. Yes □ TR04 03. No
TR03. Why not?	A. Felt better already B. Cost constraints C. Drug side effects D. Moved residence E. Distance constraints to health facilities F. Medicine was not available G. Health facilities were not disability-friendly 95. Others, _____
TR04. When you were diagnosed with TB, were you given treatment immediately?	01. Yes □ TR06 03. No
TR05. If NO, why?	A. No supplies/equipment/medication required B. Financial constraints C. Distance/transportation constraints D. Side effects E. Health facilities are less disability friendly 95. Others, _____ 98. Don't know
TR06. (IF AC01==01□ TR08) Have you ever experienced any problems with the treatment you are currently undergoing?	01. Yes 03. No □ TR08
TR07. If YES, why?	A. No supplies/equipment/medication required B. Financial constraints C. Distance/transportation constraints D. Side effects E. Health facilities are less disability friendly 95. Others, _____ 98. Don't know
TR08. Have you ever faced any challenges in accessing TB examinations or tests?	01. Yes 03. No □ TR10
TR09. What are the challenges? <i>(Choose all relevant answer/s)</i>	A. No supplies/equipment/medication required B. Financial constraints C. Distance/transportation constraints

	D. No health/lab personnel E. Health facilities are less disability friendly 95. Others, _____ 98. Don't know
TR10. Are healthcare providers supportive and respectful?	01. Very supportive 02. Support 03. Does not support 04. Very unsupportive
TR11. Do cultural or religious beliefs in your community hinder seeking TB treatment?	01. Yes 03. No

IEWS ON TB (STIGMA)

Instruction for enumerator: Read the following statement to the patient:

"I will now read some statements that describe how people with TB feel. After I read each statement, please answer whether you agree or disagree that people with TB in your community/near you feel that way. If you agree, I will ask you to what extent you agree or strongly agree. If you disagree, I will ask you to what extent you disagree or strongly disagree. You can refuse to answer any question that makes you uncomfortable."

Statement	Strongly disagree	Disagree	Agree	Strongly agree	Refuse to answer
TR12. I felt hurt by other people's reactions when they found out I had TB.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR13. I lost friends when I told them I had TB.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR14. I feel lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR15. I am afraid to go to the TB clinic because other people might see me there.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR16. I am afraid to tell people outside my family that I have TB.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR17. I am afraid to tell others that I have TB because they might think I also have HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR18. I feel guilty because my family is bearing the burden of taking care of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR19. I choose carefully who I tell about my TB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR20. I feel guilty about getting TB because of smoking, drinking alcohol, or other risky behaviours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR21. I am worried I have HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR22. I am afraid that other people will tell my family that I have TB.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TR23. In your opinion, what would make TB care more accessible to you?	[open answer]				
TR24. Before today's visit, how many times have you been to the facility for TB examination/treatment?	_____ times				

FORM 06 TB SERVICE FEE (FC)
(filled in by the enumerator from the patient interview)

Instruction for enumerators: This section asks for all visits to health facilities that respondents have made for their TB symptoms/illness.

COST OF DIAGNOSIS & TREATMENT OF TB PATIENTS

Instruction for enumerators: Read the following statement to the patient:

“Earlier, you said that you had been to a health facility [] times before today’s visit. So, I would like to ask about the costs you have incurred, both for today’s visit and the previous [] visit. Let’s start with today’s visit.”

Interview notes:

- The visits asked about start from the most recent visit or the respondent’s most recent visit and are for diagnosis only (if **AC01 == 01**) or for treatment only (if **AC01 == 03**).
- If the patient does not know the amount of the bill, write “99”

DATA CHECK FOR PATIENT TYPE

Check whether the patient data is for TB diagnosis or treatment (FROM AC01).	01. TB Diagnosis 03. TB care/treatment (including control/taking medication and referral due to complications) <input type="checkbox"/> FC20
Fill in from TR24 : Number of visits	[] times

TB DIAGNOSIS PATIENT COSTS

	FC01.	FC02.	FC03.	FC04.	FC05.	FC06.	FC07.	FC08.	FC09.	FC10.	FC11.
	Visiting date	Service Provider	Total time per visit (including travel time)	Administrative costs How much do you spend on medical administration?	Lab Test Fees How much did you pay for the laboratory test? (for sputum tests or others except Chest X-ray)	Chest X-ray Cost ray cost? (including sending images to the radiologist, travel costs, and related expenses)	Drug Costs How much do you spend on medicine? (total of all types)	Travel expense How much does transportation cost during treatment? (round trip, including costs of going to the lab, chest X-ray, etc.)	Meal cost How much does your meal cost during your first treatment visit? (total)	Accommodation Fees How much will your accommodation cost during your first treatment visit? (total)	Subtotal Cost per Visit
Visit 1	[] [] [] [] [] [] (month/year)	[] []	[] [] [] [] [] [] hours	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []
Visit 2	[] [] [] [] [] [] (month/year)	[] []	[] [] [] [] [] [] hours	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []
Visit 3	[] [] [] [] [] [] (month/year)	[] []	[] [] [] [] [] [] hours	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []
Visit 4	[] [] [] [] [] [] (month/year)	[] []	[] [] [] [] [] [] hours	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []
Visit 5	[] [] [] [] [] [] (month/year)	[] []	[] [] [] [] [] [] hours	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []
Visit 6	[] [] [] [] [] [] (month/year)	[] []	[] [] [] [] [] [] hours	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []
Visit 7	[] [] [] [] [] [] (month/year)	[] []	[] [] [] [] [] [] hours	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []
Visit 8	[] [] [] [] [] [] (month/year)	[] []	[] [] [] [] [] [] hours	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []
Visit 9	[] [] [] [] [] [] (month/year)	[] []	[] [] [] [] [] [] hours	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []	Rp [] [] [] [] [] []
TOTAL											

(continued from the table above)

	FC12.	FC13.	FC14.	FC15.	FC16.	FC17.	FC18.	FC19.
	Reduced patient income due to having to undergo TB treatment	Reimbursement of costs by insurance	Reimbursement for what? IF FC13==01	Amount of insurance replacement IF FC13==01	Was someone else present during the examination?	Transportation costs for companions (total round trip) IF FC16==01	Accompanying accommodation costs (total) IF FC16==01	The companion's income is reduced due to accompanying the patient for TB treatment. IF FC16==01
Visit 1	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	<input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Visit 2	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	<input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Visit 3	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	<input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Visit 4	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	<input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Visit 5	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	<input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Visit 6	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	<input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Visit 7	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	<input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Visit 8	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	<input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Visit 9	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	<input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01. YES 03. NO	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
TOTAL								

Code for FC02:

- 01. Inpatient Health Center
- 02. Non-Inpatient Health Center
- 03. Village Health Post
- 04. Village Midwife
- 05. Health Center
- 06. Type D hospital
- 07. Type C hospital
- 08. Type B hospital
- 09. Type A hospital
- 10. Private General Practitioner Clinic (sole or joint practice)
- 11. Private General Practitioner Clinic (joint practice)
- 12. General Practitioner Practice at Home
- 13. Private maternity clinics (sole or joint practice)
- 14. Private maternity clinic (joint practice)
- 15. Private Midwifery Practice (BPM), Home Based
- 16. Private Hospital
- 17. Pharmacy/drug store

TB TREATMENT PATIENT COSTS

	FC20.	FC21.	FC22.	FC23.	FC24.	FC25.	FC26.	FC27.	FC28.	FC29.	FC30.
	Service Provider	How long does it take to arrive at the health facility (one way)?	Total time per visit (including travel time)	Administrative costs How much do you spend on medical administration?	Lab Test Fees How much did you pay for the laboratory test? (for sputum tests or others except Chest X-ray)	Chest X-ray Cost ray cost ? (including sending images to the radiologist, travel costs, and related expenses)	Drug Costs How much do you spend on medicine? (total of all types)	Transportation costs How much does transportation cost for a round trip to a health facility?	Meal cost How much does your meal cost during your first treatment visit? (total)	Accommodation Fees How much will your accommodation cost during your first treatment visit? (total)	Subtotal Cost per Visit
Visit 1	_____	_____ minutes walking _____ minutes by vehicle	_____ hours	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____
Visit 2	_____	_____ minutes walking	_____ hours	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____
Visit 3	_____	_____ minutes by vehicle	_____ hours	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____
Visit 4	_____	_____ minutes walking	_____ hours	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____
Visit 5	_____	_____ minutes by vehicle	_____ hours	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____
Visit 6	_____	_____ minutes walking	_____ hours	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____
Visit 7	_____	_____ minutes by vehicle	_____ hours	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____
Visit 8	_____	_____ minutes walking	_____ hours	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____
Visit 9	_____	_____ minutes by vehicle	_____ hours	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____	Rp _____
TOTAL											

(continued from the table above)

	FC31.	FC32.	FC33.	FC34.	FC35.	FC36.	FC37.	FC38.
	Reduced patient income due to having to undergo TB treatment	Reimbursement of costs by insurance	Reimbursement for what? IF FC32==01	Amount of insurance replacement IF FC32==01	Was someone else present during the examination?	Transportation costs for companions (total round trip) IF FC35==01	Accompanying accommodation costs (total) IF FC35==01	The companion's income is reduced due to accompanying the patient for TB treatment.
Visit 1	Rp _____	01. YES 03. NO	_____	Rp _____	01. YES 03. NO	Rp _____	Rp _____	Rp _____
Visit 2	Rp _____	01. YES 03. NO	_____	Rp _____	01. YES 03. NO	Rp _____	Rp _____	Rp _____
Visit 3	Rp _____	01. YES 03. NO	_____	Rp _____	01. YES 03. NO	Rp _____	Rp _____	Rp _____
Visit 4	Rp _____	01. YES 03. NO	_____	Rp _____	01. YES 03. NO	Rp _____	Rp _____	Rp _____
Visit 5	Rp _____	01. YES 03. NO	_____	Rp _____	01. YES 03. NO	Rp _____	Rp _____	Rp _____
Visit 6	Rp _____	01. YES 03. NO	_____	Rp _____	01. YES 03. NO	Rp _____	Rp _____	Rp _____
Visit 7	Rp _____	01. YES 03. NO	_____	Rp _____	01. YES 03. NO	Rp _____	Rp _____	Rp _____
Visit 8	Rp _____	01. YES 03. NO	_____	Rp _____	01. YES 03. NO	Rp _____	Rp _____	Rp _____
Visit 9	Rp _____	01. YES 03. NO	_____	Rp _____	01. YES 03. NO	Rp _____	Rp _____	Rp _____
TOTAL								

Code for FC20:

- 01. Inpatient Health Center
- 02. Non-Inpatient Health Center

03. Village Health Post
04. Village Midwife
05. Health Center
06. Type D hospital
07. Type C hospital
08. Type B hospital
09. Type A hospital
10. Private General Practitioner Clinic (sole or joint practice)
11. Private General Practitioner Clinic (joint practice)
12. General Practitioner Practice at Home
13. Private maternity clinics (sole or joint practice)
14. Private maternity clinic (joint practice)
15. Private Midwifery Practice (BPM), Home Based
16. Private Hospital
17. Pharmacy/drug store

FORM 08 INSURANCE AND ECONOMIC STATUS (JK & EK)
(filled in by the enumerator from the patient interview)

PATIENT INSURANCE PROTECTION INFORMATION (JK)	
<i>Instruction for enumerators: Read the following statement to the patient: "I will now ask you several things about insurance and the economic status of your household."</i>	
JK01. Do you have health insurance from the government or the private sector?	01. Yes 03. No <input type="checkbox"/> JK03
JK02. If YES, what type of insurance? <i>(can select more than one option)</i>	A. BPJS Health (Premium Assistance Recipients) B. BPJS Health (paid by employer/institution) C. BPJS Health (paid by yourself/individually) D. Private insurance (with reimbursement) E. Private insurance (without reimbursement)
JK03. Who is the main breadwinner in the household?	01. Patient 02. Others, please specify: _____
JK04. Did you work before being diagnosed with TB (including informal work)?	01. Yes 03. No <input type="checkbox"/> JK08
JK05. Did you have to stop or take leave from work because of a TB diagnosis?	01. Yes, quit job 02. Yes, take leave from work <input type="checkbox"/> JK07 03. No <input type="checkbox"/> JK08
JK06. Since when did you stop working due to your TB diagnosis? <i>(fill in the information that best matches the respondent's answer)</i>	<input type="text"/> day <input type="text"/> week <input type="text"/> month <input type="checkbox"/> JK08
JK07. In the last 3 months, on average, how many days per month were you absent from work because you had to undergo a TB test? <i>(fill in the information that best matches the respondent's answer)</i>	<input type="text"/> day <input type="text"/> week <input type="text"/> month
JK08. Is there anyone who helps with household chores, and is that person paid because you are undergoing TB testing?	01. Yes, Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 03. No

Household Income and Expenditures (EK)	
<i>Instruction for enumerators: Read the following statement to the patient: "I would like to ask again about your income, but more to find out whether there is a difference before and after you underwent TB treatment."</i>	
EK01. What is your estimated average household income BEFORE you were diagnosed with TB?	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EK01a Total patient income	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EK01b Total income from other household members	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EK01c Social security benefits (e.g., disability assistance, BLT, PKH)	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EK01d Government assistance (assistance from villages, social services, ministry of social affairs)	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EK01e Others, please specify (e.g. Baznas, church assistance, etc.)	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EK02. What is your estimated average household income AFTER being diagnosed with TB?	TOTAL EK02a – EK02e
EK02a Total patient income	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> FILL FROM EK01a
EK02b Total income from other household members	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> FILL FROM EK01b
EK02c Social security benefits (e.g., disability assistance, BLT, PKH)	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EK02d Government assistance (assistance from villages, social services, ministry of social affairs)	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EK02 e Others, please specify (e.g. Baznas, church assistance, etc.)	Rp <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

EK03. IF EK01 AND EK02 INCOME ARE DIFFERENT: Is this difference in income due to your TB disease?	01. Yes 03. No
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INTERVIEW END

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