### Section (1) : Healthcare worker (HCW) information

1. **Gender:**
   - [ ] Male
   - [ ] Female

2. **Age (Years):** [ ]

3. **Nationality:** [ ]

4. **Highest level of education:**
   - [ ] Diploma
   - [ ] Bachelor
   - [ ] Master
   - [ ] Doctorate/Speciality certificate
   - [ ] Other Please Specify [ ]

5. **Ward stationed in during your [ ]**
   - [ ] ICU
   - [ ] ER
   - [ ] Medical ward
   - [ ] Maternity (O&G) ward
   - [ ] Isolation ward
   - [ ] Other (please specify) [ ]

6. **How long have you been working in this current position:**
   - [ ] <1 year
   - [ ] 1-5 years
   - [ ] >10 years

7. **Occupation:**
   - [ ] Physician : (Please Specify )
     - [ ] Resident
     - [ ] Specialist
     - [ ] Consultant
     - [ ] General practitioner
     - [ ] Other (please specify) [ ]
   - [ ] Nurse : (Please Specify )
     - [ ] Infection control nurse
     - [ ] Other (please specify) [ ]
   - [ ] Other : (Please Specify )
     - [ ] Laboratory / Diagnostics
     - [ ] Pharmacist
     - [ ] Other (please specify) [ ]

### Section (2) : TB Knowledge

1. **In the past 12 months, have you attended a lecture / seminar / workshop on TB?**
   - [ ] Yes
   - [ ] No
   - [ ] Don’t know

2. **TB falls under:**
   - [ ] Viral infection
   - [ ] Bacterial Infection
   - [ ] Don’t know

3. **Which of these is/are main symptom(s) of pulmonary TB? (Tick all that apply):**
   - [ ] Cough ≥3 weeks
   - [ ] Fever/chills
   - [ ] Dizziness
   - [ ] Tiredness/fatigue
   - [ ] Cough with blood
   - [ ] Weight loss
   - [ ] Headache
   - [ ] Don’t know
   - [ ] Pain with urination
   - [ ] Diarrhea
   - [ ] Chest pain
   - [ ] Loss of appetite
   - [ ] Memory loss
   - [ ] Night sweats
   - [ ] Blurry vision

4. **Which of the following is/are diagnostic test(s) for pulmonary TB? (Tick all that apply):**
   - [ ] Mantoux tuberculin skin tests (TST)
   - [ ] Sputum culture
   - [ ] Urine examination
   - [ ] GeneXpert MTB/RIF test
   - [ ] Sputum Acid-fast bacilli (AFB) smear
   - [ ] Interferon Gamma Release Assay (IGRA)
   - [ ] Liver function test
   - [ ] Complete Blood Count (CBC)
   - [ ] Blood Culture
   - [ ] Chest x-ray
   - [ ] Don’t know

5. **Which of the following is/are the mode of pulmonary TB transmission? (Tick all that apply):**
   - [ ] Blood transmission
   - [ ] Sneezing
   - [ ] Coughing
   - [ ] Kissing
   - [ ] Sharing food or drink
   - [ ] Shaking hand
   - [ ] Touching surfaces contaminated with M. tuberculosis

6. **Which of the following is/are screening test(s) for latent TB infection? (Tick all that apply):**
   - [ ] Mantoux tuberculin skin tests (TST)
   - [ ] Liver function test
   - [ ] Complete Blood Count (CBC)
   - [ ] Sputum culture
   - [ ] Urea examination
   - [ ] Blood Culture
   - [ ] Chest x-ray
   - [ ] Don’t know
   - [ ] Interferon Gamma Release Assay (IGRA)

7. **What percentage of active pulmonary TB will be positive for TB on smear microscopy :**
   - [ ] 10%
   - [ ] 20%
   - [ ] 50%
   - [ ] 80%
   - [ ] Don’t know
### Section 2: Knowledge of Pulmonary Tuberculosis

#### 2.8. What method of sputum sample collection is the most useful for pulmonary TB diagnosis?

- 3 (spot, morning, spot) samples
- 2 spot, 1 spot samples
- 1 spot sample
- 2 spot samples
- Don’t know

#### 2.9. Which of these is/are first-line anti-TB drugs?: (Tick all that apply)

- Isoniazid (INH)
- Rifampicin (RIF)
- Ethambutol (EMB)
- Pyrazinamide (PZA)
- Amikacin (AMK)
- Capreomycin (CAP)
- Don’t know

#### 2.10. Which of these is/are a second-line anti-TB drugs?: (Tick all that apply)

- Isoniazid (INH)
- Rifampicin (RIF)
- Ethambutol (EMB)
- Pyrazinamide (PZA)
- Amikacin (AMK)
- Capreomycin (CAP)
- Don’t know

#### 2.11. Multidrug-resistant tuberculosis (MDR-TB) is caused by bacteria resistant to:

- Isoniazid
- Rifampicin
- Ethambutol
- Pyrazinamide
- Amikacin
- Capreomycin
- Don’t know

#### 2.12. Extensively drug-resistant TB (XDR-TB) is:

- MDR-TB resistant to any fluoroquinolone and at least one of three injectable second-line drugs
- TB resistant to any fluoroquinolone and at least one of three injectable second-line drugs
- TB resistant to all first-line anti-TB drug
- Don’t know

#### 2.13. The standard treatment for new patient with drug-sensitive TB is:

- 1-3 Months
- 6-9 Months
- >12 Months
- Don’t know

### Section 3: Attitude towards TB/TB patients

#### 3.1. Would you be willing to work in a TB clinic/ward?

- Yes
- No

#### 3.2. Would you resign from work if you are posted to a TB clinic/ward?

- Yes
- No

#### 3.3. Would you be willing to be screened for TB if you had suggestive symptoms?

- Yes
- No

#### 3.4. Would you be willing to teach patients and co-workers about TB prevention?

- Yes
- No
## Tuberculosis knowledge, attitude and practice among healthcare workers during the 2016 Hajj Study questionnaire

### Section 3: Tuberculosis Knowledge

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.5. Do you think all TB patients should be isolated for treatment?</td>
<td>Yes</td>
</tr>
<tr>
<td>3.6. It is ok to allow a TB patient to leave the hospital soon after initiating appropriate treatment:</td>
<td>Yes</td>
</tr>
<tr>
<td>3.7. Would you be willing to attend seminars on TB:</td>
<td>Yes</td>
</tr>
<tr>
<td>3.8. Would you recommend the suspension of treatment if a TB patient is feeling better?</td>
<td>Yes</td>
</tr>
<tr>
<td>3.9. Would you start TB treatment for a TB patient before diagnosis is confirmed if a suspected TB patient is very ill?</td>
<td>Yes</td>
</tr>
<tr>
<td>3.10. Would you use a face mask when dealing with a pulmonary TB patient even when it is uncomfortable:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Section 4: TB Practice

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1. I usually perform hand hygiene and wear PPE before contact with pulmonary TB patient/TB samples:</td>
<td>Yes</td>
</tr>
<tr>
<td>4.2. I usually wear N95 respirator when caring for patient with pulmonary TB/working on TB samples:</td>
<td>Yes</td>
</tr>
<tr>
<td>4.3. I request sputum tests when I suspect active TB:</td>
<td>Yes</td>
</tr>
<tr>
<td>4.4. Always put the patient with active TB in an isolated room:</td>
<td>Yes</td>
</tr>
<tr>
<td>4.5. I open windows when possible in TB patients rooms to increase natural ventilation:</td>
<td>Yes</td>
</tr>
<tr>
<td>4.6. I order HIV test when I diagnose active TB:</td>
<td>Yes</td>
</tr>
<tr>
<td>4.7. Always put the patient with known TB separated from HIV patients:</td>
<td>Yes</td>
</tr>
<tr>
<td>4.8. Sometimes I use wet or soiled N95 respirator:</td>
<td>Yes</td>
</tr>
<tr>
<td>4.9. I always make sure that samples are sputum and not saliva before sending them to laboratory/before testing in the laboratory:</td>
<td>Yes</td>
</tr>
<tr>
<td>4.10. I commence anti-TB drugs on suspect TB cases before lab confirmation:</td>
<td>Yes</td>
</tr>
<tr>
<td>4.11. I request contact tracing for all confirmed TB cases:</td>
<td>Yes</td>
</tr>
<tr>
<td>4.12. I request liver function tests before starting anti-TB treatment:</td>
<td>Yes</td>
</tr>
<tr>
<td>4.13. I start contacts of active TB cases who are positive for IGRA/TST tests on Isoniazid /Rifampicin prophylaxis:</td>
<td>Yes</td>
</tr>
</tbody>
</table>