**S1 Questionnaire. English Questionnaire**

**PART I: FOR PATIENT**

 Study Number: |\_\_\_|\_\_\_|\_\_\_|\_\_\_|

|  |  |  |  |
| --- | --- | --- | --- |
|  | Patient Group1= Intervention2= Control |  | Date of baseline interview:|\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|\_\_\_|\_\_\_| (dd/mm/yyyy) |
|  | Date of starting TB treatment|\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|\_\_\_|\_\_\_| (dd/mm/yyyy) |
| **A. SOCIODEMOGRAPHIC DATA** |
| 1 | Gender1= Male2= Female | 2 | Date of TB diagnosis|\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|/|\_\_\_|\_\_\_|\_\_\_|\_\_\_|(dd/mm/yyyy) |
| 3 | What is your district of residence?|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | 4 | What is your Parish of residence?|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| 5 | What is the residence type?1= Rural [ ] 2 = Urban [ ] | 6 | What is your age? |\_\_\_|\_\_\_| Completed years |
| 7 | What is your tribe? 1= Munyankore [ ] 2= Muganda [ ] 3= Mukiga [ ] 4= Others [ ]  | 8 | If Other tribe, specify:|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| 9 | What is your level of education? 1=none [ ] 2=Primary education [ ]3=Secondary education [ ]4=Tertiary education [ ] | 10 | What is your marital status?: 1=Single [ ] 2= Married [ ]3=Separated/divorced [ ] 4= Cohabiting [ ]  |
| 11 | What is your religious affiliation?1=Catholic [ ] 2=protestant [ ] 3=Moslem [ ] 4=Pentecostal [ ]5=Others [ ] | 12 | If other religion, specify: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| 13 | What is your occupation? 1=Housewife [ ] 2= Business [ ] 3= Peasant Farmer [ ] 4= student [ ]5= Civil servant [ ] 6=others  | 14 | If Other occupation, specify:|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| 15 | What is your income per month? |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| Ugsh |
| **B. FAMILY RELATED FACTORS** |
| 16 | What family type do you belong to?1 = Extended  2 = Nuclear 3= Single parent family4 = Foster families | 17 | Number of Household members|\_\_\_\_|\_\_\_\_| |
| 18 | Does any of your household members depend on you for upkeep?1= Yes2= No | 19 | Are you the head of the household?1= Yes2= No |
| 20 | What is your relationship with the household head?1= Not Applicable (self)2= Spouse3= Child4= Brother/sister5= Close relative6= Other | 21 | If other type of relationship, specify?|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| **C. BEHAVIOURAL FACTORS** |
| 22 | Where you taking alcohol just prior to TB diagnosis?1 = Yes [ ] 2 = No [ ] | 23 | Are you currently taking alcohol?1= Yes 2= No |
| 24 | If stopped, when did you stop?1= before starting TB treatment2= During the first 2 weeks of treatment3= After 2 weeks of treatment | 25a.b.c.d. e. | Which type of alcohol? |
| Type | 1=Yes | 2=No |
| Waragi |  |  |
| 26 | How many days a week were/are you taking alcohol? |\_\_\_|\_\_\_| days | Beer |  |  |
| Spirits/wines |  |  |
| Other Local brew |  |  |
| 27 | Where were/are you taking alcohol from?  | 28 | Do you smoke?1 = Yes 2= No |
|  |  | 1=Yes | 2= No | 29 | If stopped, when did you stop?1= before starting TB treatment2= During the first 2 weeks of treatment3= After 2 weeks of treatment |
|  | 1= At home |  |  | 30 | On average how many times were you smoking a day? |\_\_\_\_|\_\_\_\_| times |
|  | 2= In the bar |  |  | 31 | What do you commonly smoke?1= Cigarettes 2= Tobbacco3= Pipes 4= Malijuana |
|  | 3=On Social functions |  |  |  |  |
| **D. MEDICAL HISTORY** |
| 32 | Were you suffering from any of these conditions even before TB diagnosis  | 33 | Are you on any treatment? | 34 | How long have you been on treatment in months ***(if applicable)*** |
|  |  | 1=Yes | 2=No | 3=DK |  | 1=Yes | 2=No |  |  |
| a | Diabetes |  |  |  | a |  |  | a | |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| b | HIV |  |  |  | b |  |  | b | |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| c | Hypertension |  |  |  | c |  |  | c | |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| d | Mental disorders (e.g depression) |  |  |  | d |  |  | d | |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| e | Other, specify | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | d |  |  | d | |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| 35 | Have you ever thought of taking your life (committing suicide) even before TB diagnosis?  | 1= Yes 2= No |
| 36 | If on any treatment, which drugs is the patient taking per condition mentioned above? **(if applicable)** |
|  |  | Drug 1 | Drug 2 | Drug 3 | Drug 4 |
| a | Anti-diabetics |  |  |  |  |
| b | ARVs |  |  |  |  |
| c | Anti-hypertensives |  |  |  |  |
| e | Mental illness |  |  |  |  |
| d | Other, specify |  |  |  |  |
|  |  |  |  |  |  |
| 37 | Have you ever suffered from TB before this current episode?1= Yes 2= No |
| **E. TB DISCLOSURE FACTORS** |
| 38 | Have you disclosed your current TB status to your household members?1= Yes, all2= Yes, some3= No |
| 39 | If yes, what is your relationship with the household members you disclosed to? |  |  | 40 | If you disclosed, do you have a particular reason why you disclosed to the above people?1= Yes 2= No |
| 1=Yes | 2= No | 41 | If you have reasons, elaborate: |
| 1= Father |  |  |
| 2= Mother |  |  |
| 2= Spouse |  |  |
| 3= Child |  |  |
| 4= Brother/sister |  |  |
| 5= Close relative |  |  |
| 6= Other |  |  |
| If other, specify:|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| 42 | If no disclosure yet, would you want to disclose to any of your household members?1= Yes2= No3= Don’t know | 43 | If No, give reasons why you wouldn’t want to disclose.|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| 44 | If you desire to disclose, when would you want to disclose? 1= Immediately/as soon as possible (1-2days)2= Later (3 or more days)3= Not sure |
|  | **POST-DISCLOSURE EXPERIENCES** |
| 45 | **Can you tell us what your experience was two weeks after disclosing your TB status to your household members?** ***(To be completed at baseline for Control group but on Follow-up for the Intervention group)*** |
| a | **Positive experiences** | **b** | **Negative experiences** |
|  |  | 1=Yes | 2=No |  |  | 1=Yes | 2=No |
| i. | Received encouragement from family members |  |  | i | Criticism/blamed |  |  |
| ii. | Support in taking my medications |  |  | ii | Isolated by household members |  |  |
| iii | Support in feeding |  |  | iii | Withdrawn support |  |  |
| iv | Received financial support to attend clinic days |  |  | iv | Marital separation |  |  |
| v | Other |  |  | v | Other |  |  |
| a.1 | If other, specify:|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| | b.1 | If other, specify:|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| 46 | Can you tell us if any of the above experiences influenced on any of the following during the first 2 weeks on TB treatment? |
| a |  | Positive experiences | b | Negative experiences |
|  |  | 1= Yes | 2= No | 3=NA |  | 1= Yes | 2= No | 3= NA |
| i | Treatment intake  |  |  |  | i |  |  |  |
| ii | Proper Attendance of clinic visits |  |  |  | ii |  |  |  |
| iii | Self esteem |  |  |  | iii |  |  |  |
| iv | Hope of recovery |  |  |  | iv |  |  |  |
| v | Work |  |  |  | v |  |  |  |
| vi | Household harmony |  |  |  | vi |  |  |  |
| vii | Marital relationships |  |  |  |  vii |  |  |  |
| 47 | Did you miss any dose of TB drugs during the first 2 weeks on treatment? 1= Yes 2 = No | 48 | How many days did you miss taking TB treatment during the first 2 weeks on treatment? |\_\_\_|\_\_\_| |
| 49 | If missed any dose, what were the reasons? |
| 50 | Have you missed any scheduled visit during the first 2 weeks of TB treatment?1= Yes 2 = No | 51 | If you missed any visit above, what were the reasons?1= I forgot2= Was discouraged/depressed3= No transport 4= Was busy5= OthersIf other, specify: ……………………… |
| 52 | Following your missed visit, after how many days did you come to the clinic? |\_\_|\_\_| days | 53 | Did you have a treatment supporter at the time of starting TB treatment?1= Yes 2= No |
| 54 | What is your relationship with your treatment supporter?|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |  | Are you still having the same treatment supporter that you had at the time of starting TB treatment?1= Yes 2= No |
| 55 | Which of the following has your treatment supporter been able to do for you? |
|  |  | 1= Yes | 0= No |
|  | Escorts me to the Clinic |  |  |
|  | Picks my medications from clinic |  |  |
|  | Reminds me of Clinic visit days  |  |  |
|  | Supervises me every when am taking medications at home |  |  |
|  | Encourages me to complete my treatment |  |  |
|  | Supports me financially |  |  |
|  | Supports me with feeding |  |  |
|  | Supports me in disclosing my TB status to other household members |  |  |
|  | Supports me in passing information received at the health facility to household members |  |  |
|  | Ensures that other household members especially children have less exposure with me to avoid infecting them? (e.g taking children away) |  |  |
| 56 | If you were to disclose your TB status to other household members, would you mind if the healthcare worker trains your treatment supporter to assist in this disclosure? | 1=Yes 0=No |
| 57 | Do you think that giving information to household members on tuberculosis and how to manage and live with a patient with TB, could improve the support they give?  | 0= No1= Yes2=Not sure |
| 58 | If Yes, in what would be your preferred channels for channeling this information to household members? |
|  |  | 1= Yes | 0= No |
|  | Written information with illustrative pictures |  |  |
|  | Phone messages |  |  |
|  | Phone call from Health worker |  |  |
|  | Through treatment supporter |  |  |
|  | Health worker visiting your home |  |  |
|  | Video clips |  |  |
|  | Through VHTs |  |  |
|  | Yourself |  |  |

 THANK YOU FOR YOUR PARTICIPATION