Date of Interview: Day / Month / Year

1. In which division do you live? [Prompt]

   01 = Rubaga  04 = Kawempe
   02 = Nakawa  05 = Makindye
   03 = Central  88 = Other

2. How old are you? [Yrs]

3. Sex □ Male  □ Female

4. What is your marital status?

   01 = Single/Never married
   02 = Married/Cohabiting
   03 = Separated/divorced
   04 = Widowed

5. Are you employed? □ Yes  □ No

6. What is your main occupation? Whether you earn or don't earn an income from it
   Specify

7. On average, how much money do you earn in a month from all you jobs? Shs

8. Is this your first TB episode? □ Yes  □ No

9. When did you receive your current TB diagnosis?
   Day / Month / Year

10. Where was your current TB diagnosed?

   01 = Private clinic
   02 = Private Hospital
   03 = KCCA clinic
   04 = Gov't Hospital
   05 = Gov't Health center
   88 = Other, specify

11. For how long did you have your cough, or other symptoms, before you received this TB diagnosis?

   Days  Weeks  Months

12. For how long did you have these symptoms before you first sought advice from any person about what to do?

   □ Days  □ Months
   □ Weeks  □ Not Applicable
   Code 99 if Not Applicable

13. For how long did you have your cough or other symptoms before first sought treatment from a health provider or facility?

   □ Days  □ Months
   □ Weeks  □ Not Applicable
   Code 99 if Not Applicable

Knowledge Assessment

14. Please, tell me some of the symptoms of TB that you knew about before receiving your diagnosis? [Do not prompt respondents] Mark all that apply

   □ Cough >=2 weeks  □ Coughing up blood
   □ Evening Fever  □ None
   □ Weight Loss  □ Other, Specify
   □ Excessive Sweating

15. Did you think you had TB before you were diagnosed?

   □ Yes  □ No

16. Did someone else, such as a family member or friend, express concern about your illness before your TB diagnosis was

   □ Yes  □ No

17. Did you know that TB is spread from a person who has disease before receiving your current TB diagnosis?

   □ Yes  □ No

HIV Status and Comorbidities

18. What is your HIV status?

   □ Positive  □ Negative  □ Don't Know

19. If "Positive", are you currently taking antiretroviral therapy?

   □ Yes  □ No  □ Not Applicable

20. Do you suffer from any chronic illnesses such as diabetes, hypertension or any other that require you to visit the health facility regularly?

   □ Non  □ Hypertension
   □ Diabetes  □ Other, Specify

Cell Phone Ownership and Use

21. Do you own a cell phone? □ Yes  □ No

22. If "No", do you share a cell phone? □ Yes  □ No

23. If "Yes" have you ever used a cell phone to contact a health provider for advice or help?

   □ Yes  □ No  □ Not Applicable

24. If "Yes" have you ever used a cell phone to contact family members or friends for advice or help about your health?

   □ Yes  □ No

25. Did you use your cell phone in anyway to seek help for this current TB illness?

   □ Yes  □ No
26. **Preamble to be read by Interviewer:** Now, think back about when you first noticed your symptoms of TB. We are interested in knowing the people you talked to about your symptoms and the places you may have sought care after you started feeling ill. Please tell me about what you did, who you confided in about your illness, or where you went to seek help before you had the final diagnosis of TB. **Remember,** this could be a family member, relative, friend, co-worker or any health provider or facility. I also want to know if you talked to the same person or visited the same place for help more than once. **[Interviewer:] Be sure to document separately each time a person or place is mentioned by the patient even if they are the same**

**Now to begin,** please tell me the first person/place you approached when your symptoms began. Remember, this may be a family member or friend. **[Collect and Record]...........** Good, can you tell me the NEXT person or place after that? **[Collect & Record]** **[Continue with this line of questioning, with appropriate prompting and explanation, until patient indicates the place of diagnosis].**

<table>
<thead>
<tr>
<th>Contacts</th>
<th>Contact Person or Place</th>
<th>Code</th>
<th>Household Member</th>
<th>Referred by</th>
<th>Time b/w contact</th>
<th>Unit for Time</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact 1</td>
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<td>Contact 13</td>
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<td>Contact 14</td>
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</tbody>
</table>

**USE THE CODES BELOW TO COMPLETE TABLE ABOVE**

**Code for contact person or places visited**: QN: **What person or place did you contact or visit for help/treatment?**

01 = Herbal healer  
02 = Drug store  
03 = Gov't hospital  
04 = Private hospital  
05 = Private clinic  
06 = Gov't Heath center  
07 = Village health worker  
08 = Spouse  
09 = Parent  
10 = Brother/sister  
11 = Other relative  
12 = Co-worker  
13 = Friend  
14 = Child  
15 = Neighbor  
88 = Self  
99 = Not applicable

**Code for Household Member**: QN: **Does the person listed live in the same household as the patient?**

01 = Yes  
02 = No  
09 = Not applicable

**Referred By**: QN: **Who referred you to [Name of the person/place] (mention the person or name of place as listed in Qn.26 above)**

01 = Herbal healer  
02 = Drug store  
03 = Gov't hospital  
04 = Private hospital  
05 = Private clinic  
06 = Gov't Heath center  
07 = Village health worker  
08 = Spouse  
09 = Parent  
10 = Brother/sister  
11 = Other relative  
12 = Co-worker  
13 = Friend  
14 = Child  
15 = Neighbor  
88 = Self  
99 = Other  
77 = Uncertain

**Units for Time**: QN: **How much time elapsed between persons contacted or places visited [Refer to list of contacts above]**

01 = Days  
02 = Weeks  
03 = Months  
77 = Uncertain

**Outcome**: QN: **When you contacted [Name of the person/places] would you say you felt... in regard to your symptoms? [Prompt with responses]**

01 = Better  
02 = Same  
03 = Worse  
77 = Uncertain
Post-Diagnosis and Treatment Pathways
Now, I would like to ask you about the time you learned about the diagnosis of TB

27. Did you receive TB medications on the same day of your current diagnosis?
   □ Yes [Skip to Qn 33]  □ No

28. If "NO" to Qn. 27, What reasons prevented you from getting the medications? Tick all that is applicable
   □ Drug stock out
   □ Health Facility was closed
   □ No time, needed to go to work/some place
   □ Facility was open but no health provider
   □ Did not know medications were free of charge
   □ Didn't have money to pay for service
   □ Uncertain
   □ Other, Specify ________________

   □ Days □ Weeks □ Months

29. How long did it take from diagnosis to receiving TB medications?
   ______ Days ______ Weeks ______ Months

30. Did you receive TB medications at the same place of diagnosis?  □ Yes  □ No

31. If "NO" how many places did you have to visit after diagnosis before you got TB medication? _____

32. What health facility did you visit after diagnosis in an attempt to receive TB medications?

<table>
<thead>
<tr>
<th>Name of health facility</th>
<th>Code</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit 1</td>
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<tr>
<td>Visit 2</td>
<td></td>
<td></td>
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<tr>
<td>Visit 3</td>
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<td></td>
</tr>
</tbody>
</table>

□ Days □ Weeks □ Month

Code for places visited for treatment  QN: What health facilities did you visit for TB medications?
01 = Gov't hospital  02 = Private hospital 03 = Private clinic  04 = Gov’t Health center 05=Pharmacy  88=Other (Specify)

33. What is your smoking status?  □ Current smoker  □ Previous smoker  □ Non-smoker