

QUOTE-TB Light

PERFORMANCE INTERVIEW

Instructions to the interviewer

When a patient has finished his/her consultation with the clinic staff, ask him/her if he/she is willing to answer questions about the quality of TB services he/she has received. It is essential that you gain his/her **informed consent** before beginning the interview, so the following introduction should be given.

Greet the patient: "Hello. My name is"

I am interested in what you think about the TB services provided at this health facility. I would like to ask you questions about your visits to this health facility and the health providers that work in this facility. I would be very grateful if you could spend some time talking with me. I will not write down your name, and everything you tell me will be kept strictly confidential. Your participation is voluntary and you are not obliged to answer any questions you do not want to. Participating in this interview will not negatively affect the subsequent services you will get. Do I have your permission to continue?"

If no > stop the interview, thank the patient, note 'one refusal' on the non-respondent form, wait for another patient

If yes > continue with the interview

Name Interviewer

Date of interview

Interview conducted in:

Specify language.

Interview conducted at:

Clinic: ¹ Yes ² No

Community, specify where:.....

SECTION A : SOCIO-DEMOGRAPHIC CHARACTERISTICS AND GENERAL QUESTIONS

1. **Patient's sex** Male Female

2. **Patient's age**years

3. **What is your highest level of education?**

¹ None

² Primary (Primary 1-6)

³ Junior Secondary (JSS 1-3)

⁴ Senior Secondary (SSS4-6)

⁵ Tertiary

⁶ Other:

4. **What is the main source of your livelihood?**

.....

5. **When were you diagnosed with TB after onset of symptoms?**

(write response in dotted space and also check the corresponding option below)

.....

¹ Within three (3) weeks after the onset of symptoms

² Three (3) to eight (8) weeks after the onset of symptoms

³ More than eight (8) weeks after the onset of symptoms

6. How many times did you visit this facility for your illness?

- ¹ First time
- ² More occasions

7. After diagnosis, when did you start TB treatment?

- ¹ Within two (2) days
- ² Within one (1) week
- ³ More than one (1) week

8. What was/were the reason(s) for your visit to the health facility? (Multiple answers possible)

- ¹ Diagnosis, specify:
- ² Drug collection, specify:
- ³ Information/advice, specify:
- ⁴ Follow up sputum examination
- ⁵ Other, specify:

9. In case of defaulter: why did you stop coming?

(write response in dotted space below)

.....

SECTION B : PERFORMANCE OF THE FACILITY

The next part of the survey is about the quality of TB care that you received during your visits to this facility. Please answer the questions in this part of the survey about this facility only. Do not include any other facilities in your answer.

B-1 : AVAILABILITY OF TB SERVICES

First, I would like you to rate nine aspects that have to do with the availability of TB services.

1. Are the <u>waiting time(s) before being served</u> by health providers of this facility acceptable to you?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
2. How often are you attended to by the <u>same health providers</u> in this facility?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
3. How often are the <u>service hours</u> of this facility <u>inconvenient</u> for you to get your TB treatment?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
4. How often are <u>drugs</u> not <u>available</u> when you require them?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
5. How often do you experience <u>difficulties in obtaining TB services</u> in this facility because of language barriers?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
6. How often do you have to go to <u>another health unit</u> for TB services or treatment?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
7. Is this health facility <u>easy to reach</u> (distance)?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No
8. How often are <u>TB services available</u> during the working hours of this facility?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
9. How often are the relevant health <u>providers</u> you come to see in this facility <u>available</u> ?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always

B-2 : Communication and information

Next, I would like you to rate seven items that have to do with communication and information about TB and its treatment.

1. Do the health providers in this facility tell you when you <u>stop spreading TB to others</u> ?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No
2. Do the health providers in this facility tell you that <u>TB can be cured</u> ?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No
3. Do the health providers in this facility tell you about the importance of <u>observed treatment</u> ?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No

4. Do the health providers in this facility tell you about the <u>side effects</u> of TB drugs?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No
5. Do the health providers in this facility tell you about the need for <u>sputum tests</u> at given points during your treatment schedule?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No
6. Do the health providers in this facility tell you about the <u>duration of the TB treatment</u> ?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No
7. During your visits to this facility, do health providers tell you about how to <u>store your drugs</u> obtained for your treatment?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No
8. Does the health provider in this facility tell you when <u>next to come back for TB services</u> ?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No

B-3 : PATIENT – PROVIDER INTERACTION AND COUNSELLING

Next, I would like to ask you about eight aspects that have to do with the interaction between TB patients and health care providers.

1. During your visits to this facility, how often does the health provider treat you with <u>respect</u> ?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
2. During your visits to this facility, how often does the health provider <u>listen carefully</u> to you?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
3. During your visits to this facility, how often do health providers <u>explain things</u> in a way you can understand?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
4. During your visits to this facility, how often do you have <u>sufficient time to discuss</u> your problems?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
5. During your visits to this facility, how often do health providers discuss with you <u>how to deal</u> with your problems?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
6. During your visits to this facility, how often do you experience <u>discrimination</u> because you have TB?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
7. During your visits to this facility, how often is your <u>privacy respected</u> during examination?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
8. Do health providers at this facility tell you how TB can <u>affect your every day life</u>	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No

B-4 : TB – HIV RELATIONSHIP

Next, I would like to ask you four questions about the link between TB and HIV.

1. Did health providers in the facility inform you about the <u>link between TB and HIV</u> ?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No
2. Were you informed by the health providers in this facility on how to <u>prevent HIV infection</u> ?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No
3. After being diagnosed with TB, were you advised to <u>take an HIV test</u> ?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No
4. Were you informed <u>where to get HIV-treatment</u> in case you might need this?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No ⁹ <input type="checkbox"/> not applicable
5. Were you supported in case of being HIV positive in taking TB and HIV treatment at the same time?	<input type="checkbox"/> Yes ² <input type="checkbox"/> No ⁹ <input type="checkbox"/> not applicable

B-5 : INFRASTRUCTURE

Next, I would like to ask you about four aspects that have to do with the infrastructure of the TB facility you are visiting.

1. How often is this <u>facility clean</u> ?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
2. Is there <u>safe drinking water</u> in this facility?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No
3. How often are the <u>toilets</u> in this facility usable?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
4. Are there enough <u>comfortable places</u> to sit on in this facility?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No

5. Are people who come in with a <u>cough given priority</u> by the health providers?	<input type="checkbox"/> Yes ² <input type="checkbox"/> No
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B-6 : PROFESSIONAL COMPETENCE

Next, I would like to ask you seven questions about TB procedures and tests.

1. Does this facility offer services to <u>examine your sputum</u> ?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No
2. Does this facility offer <u>home based TB treatment</u> ?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No
3. Were you <u>physically examined</u> during your first visit to this health facility?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No
4. Was your <u>sputum examined</u> when you were diagnosed with TB?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No
5. How many <u>working days</u> were there between your first sputum submission and the time you got your results?	¹ <input type="checkbox"/> 0 – 2 working days ² <input type="checkbox"/> 3 – 5 working days ³ <input type="checkbox"/> more than 5 working days
6. In case of germs in your sputum that cause TB, were your close <u>contacts examined</u> by the TB facility?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No
7. How often is there a <u>treatment</u> observer checking on your daily intake of TB drugs?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always

B-7 : AFFORDABILITY

Next, I would like to ask you about three aspects that have to do with the costs of TB services.

1. How often do you <u>have to pay for your regular TB services</u> (e.g. sputum tests, TB-drugs, X-rays, etc.)?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
2. How often do you have to <u>pay a tip</u> in order to receive TB services?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
3. How often do <u>costs</u> (e.g. transport) prevent you from getting to the health facility?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always

B-8 : SUPPORT

I would like to ask you about two aspects that have to do with the support received from the TB facility you are visiting.

1. How often do you receive <u>transport</u> support from the health facility?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
2. How often do you receive <u>food</u> support from the health facility?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
3. How often do you receive <u>money</u> support from the health facility?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always

B-9 : STIGMA

To conclude this exercise, I would like to ask you about three aspects that have to do with stigma issues in relation to the TB facility you are visiting.

1. Does the health provider talk to you the same way you are spoken to when you receive services other than TB? Friendly?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
2. Does the health provider welcome you into the health facility when you visit for TB services?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
3. Does the health provider turn his/her face away when speaking with you?	¹ <input type="checkbox"/> Never ² <input type="checkbox"/> Sometimes ³ <input type="checkbox"/> Usually ⁴ <input type="checkbox"/> Always
4. Do you feel that you are treated with dignity when you visit the health facility?	¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No

SECTION C : INTERVIEW SETTING

1. Facility

Health facility name	
District	
TB Zone	

2. Level of facility (country specific)

- Tertiary Hospital
- General Hospital
- Primary Health centre
- Dispensary

3. Type of facility (country specific)

- Government
- Private for profit
- Private not for profit
- NGO/ Missionary

4. Locality of facility

- Rural
- Urban