

Quality of Tuberculosis Services Assessment

in Afghanistan

Tools

June 2022



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TB DIAH

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Abbreviations

AFB	acid-fast bacillus
CHW	community health worker
COVID	coronavirus disease
CPT	co-trimoxazole preventive therapy
DK	don't know
DM	diabetes mellitus
DOT	directly observed treatment
DOTS	directly observed treatment, short-course
DR-TB	drug-resistant tuberculosis
DSSM	direct sputum smear microscopy
DS-TB	drug-susceptible tuberculosis
ECG	electrocardiogram
FBG	fasting blood glucose
FBS	fasting blood sugar
FDC	fixed-dose combination
FQ	fluoroquinolones
GPS	global positioning system
IDP	internally displaced people
IEC	information, education, and communication
INH	isonicotinic acid hydrazide
IPT	isoniazid preventive therapy
LTFU	loss or lost to follow-up
MDR-TB	multidrug-resistant tuberculosis
MoPH	Ministry of Public Health of Afghanistan
MTB	Mycobacterium tuberculosis
NGO	non-governmental organization
NR	no response
NTP	National Tuberculosis Program
OPD	outpatient department

PPE	personal protective equipment
QA	quality assurance
QC	quality control
QTSA	Quality of TB Services Assessment
RBG	random blood glucose
RBS	random blood sugar
RIF	rifampicin
RR-TB	rifampicin-resistant tuberculosis
SMS	short-message service
SOP	standard operating procedure
TB	tuberculosis
TPT	tuberculosis preventive treatment
TST	tuberculin skin test
USAID	United States Agency for International Development
XDR-TB	extremely drug-resistant tuberculosis

Introduction

The Quality of Tuberculosis Services Assessment (QTSA) is conducted with the support of four tools: the Facility Audit, the Provider Interview, the Patient Interview, and the Register Review. MEASURE Evaluation—a project funded by the United States Agency for International Development (USAID)—developed these four tools with the assistance of colleagues at USAID. When MEASURE Evaluation ended in 2020, the QTSA portfolio was integrated into the TB Data, Impact Assessment and Communications Hub (TB DIAH) project, an associate award of MEASURE Evaluation.

The tools exist in a standard format that is adaptable to any country wishing to conduct a QTSA. For instance, some countries may have different names for their health administrative units (e.g., district, province, or ward) or of their TB registers (e.g., TB patient logbook or TB confirmed cases register). The QTSA tools are customized to fit the country priorities and context in which they will be used.

For Afghanistan, we added to the Facility Audit and Patient Interview a custom module on COVID-19 given the context of the 2020–2021 pandemic. Furthermore, we also developed two additional tools aimed at specific TB care providers: community health workers and health providers at diabetes centers.

This document presents only the QTSA tools adapted for use in Afghanistan. It provides detailed information about the structure and content of the tools. More information on the QTSA purpose, methods, or results can be found in the individual QTSA reports available here: <https://www.tbdiah.org/assessments/quality-of-tuberculosis-services-assessments/>

Quality of TB Services Assessment: Facility Audit

Before the site visit to the facility, ensure that the staff members who are best able to answer the questions are available. Staff who may be required include the **MANAGER** or **IN-CHARGE FOR CLINICAL SERVICES**, **TB DESIGNATED STAFF**, **PHARMACIST**, **LABORATORY SCIENTIST**, etc.

Start of Facility Visit															
		(a) Visit Date	(b) Visit Start Time [Use the 24-hour clock system (e.g., 14:30)]	(c) Interviewer ID	(d) Interviewer Name										
001	Visit 1	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Hours</td> <td>Minutes</td> <td></td> <td></td> </tr> </table>					Hours	Minutes			<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours	Minutes														
002	Visit 2 (if needed)	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Hours</td> <td>Minutes</td> <td></td> <td></td> </tr> </table>					Hours	Minutes			<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours	Minutes														

Facility Identification									
		(a) Code	(b) Name						
010	Province	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____				
011	District/Nahia	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____				
012	Health facility	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							_____
013	Location of health facility (village)								

014	GPS location								

Facility Structure				
	[OBSERVE THE FACILITY OR WHERE TB SERVICES ARE DELIVERED AND INDICATE WHETHER THERE ARE SIGNS (E.G., CHEST CLINIC, PULMONARY SERVICES) ANNOUNCING AVAILABILITY OF TB SERVICES AT EACH OF THE FOLLOWING LOCATIONS]	Yes	No	DK
020	Outside the building	1	0	88
021	Inside the building	1	0	88
022	On the door of the TB unit	1	0	88

The staff member who is best able to answer the questions in the following sections is either the **TB FOCAL PERSON** or the **IN-CHARGE FOR CLINICAL SERVICES**.

1. Facility Characteristics			
1.1	Facility Classification		
1.1.1	What type of facility is this?	Regional Hospital.....	1
		Provincial Hospital.....	2
		Private Hospital.....	3
		Private Clinic.....	4
		District Hospital.....	5
		Comprehensive Health Center.....	6
		Basic Health Center.....	7
		Sub-Health Center.....	8
		Prison Health Center.....	9
		Diabetic Center.....	10
		Other (specify).....	96

1. Facility Characteristics			
1.1.2	Does this facility have MoPH certification?	Yes----- No..... DK.....	1 2 888
1.1.3	Who is the managing authority of this health facility?	Ministry of Public Health..... Private-for-Profit organization..... NGOs (not for profit) Other (specify) _____	1 2 3 96
1.1.4	Is this location considered urban or rural?	Urban Rural	1 2
1.1.5	Does this facility provide outpatient or inpatient services, or both?	Outpatient only Inpatient only..... Both inpatient and outpatient	1 2 3
1.2	Facility Capacity		
1.2.1	On average, how many patients are seen at this facility during a typical quarter? [1–50,000]	Number of patients .. <input type="text"/> <input type="text"/> <input type="text"/> Don't know	888
1.2.2	Out of these patients, how many are TB patients? [PROBE: How many patients are evaluated or treated for TB during a typical quarter? Refer to TB Quarterly Report] [1–1,200]	<input type="text"/> <input type="text"/> <input type="text"/> Number of patients .. Don't know	888
1.2.3	How many staff are working in this facility (full or part-time) as of the first of the year? [1–500]	Number of staff <input type="text"/> <input type="text"/> <input type="text"/> Don't know	888
1.2.4	Out of these staff, how many usually work full-time in the TB unit or interact with TB patients? [1–400]	Number of staff <input type="text"/> <input type="text"/> <input type="text"/> Don't know	888
1.2.5	How many usually work part-time in the TB unit or interact with TB patients part of the time? [1–200]	Number of staff <input type="text"/> <input type="text"/> <input type="text"/> Don't know	888

2. Availability of TB Services			
	I would like to ask about TB services that are currently available at this facility.		
	[Note about the timeframe for which the questions are being asked: The questions that ask if specific services were available “in the past 12 months” refers to the period before COVID-19; i.e., the 12 months from March 1, 2019–February 29, 2020.]		
2.1	Does this facility provide any form of screening for TB?	Yes No	1 0
2.1.1	[ASK ONLY IF 2.1=YES] Does this facility provide screening for TB by clinical symptoms and signs?	Yes No	1 0
2.1.2	[ASK ONLY IF 2.1=YES] Does this facility provide screening for TB by x-ray?	Yes No	1 0
2.1.2.1	[ASK ONLY IF 2.1.2=YES] Are patients charged a fee for screening by x-ray?	Yes No	1 0
2.2	Does this facility provide any type of TB diagnosis service(s)? (e.g., GeneXpert, culture, drug susceptibility testing (DST) , line probe assay (LPA), microscopy, x-ray, TST)	Yes No	1 0
	[ASK THE NEXT 4 QUESTIONS ONLY IF 2.2=YES]		
2.2.1	Does this facility provide any type of diagnosis service(s) for children (less than 15 years old)?	Yes No	1 0
2.2.2	Did this facility provide TB diagnosis services using an onsite laboratory or by referral to an offsite laboratory in the past 12 months?	Yes, using onsite lab only... Yes, using offsite lab only... Yes, using both onsite & offsite labs..... No lab diagnosis	1 2 3 0
2.2.3	Does this facility request a sputum sample from new presumptive TB clients?	Yes No	1 0
2.2.4	Does this facility provide TB diagnostic services within or outside the NTP protocol (i.e., NTP guidelines and SOPs)?	Within NTP protocol Outside NTP protocol ... Both.....	1 2 3

2. Availability of TB Services			
2.2.5	[ASK ONLY IF 2.2=NO] Does this facility collect sputum specimens from persons presumed to have TB to send to an offsite diagnostic laboratory for testing?	Yes No	1 0
2.3	Does this facility provide any HIV-related services (e.g., counseling, testing, care, or treatment)?	Yes No	1 0
2.4	Do providers in this facility initiate treatment for TB and/or manage patients who are on treatment?	Yes No	1 0
[ASK THE NEXT 3 QUESTIONS ONLY IF 2.4=YES]			
2.4.1	Do patients get their TB medicines from the facility?	Yes No	1 0
2.4.2	Are patients charged a fee for TB medicines?	Yes No	1 0
2.4.3	Does this facility provide TB treatment services to children?	Yes No	1 0
2.4.4	[ASK ONLY IF 2.4=NO] (a) Has this facility referred patients elsewhere for TB treatment in the past 12 months?	Yes No Don't know	1 0 88
	[ASK ONLY IF 2.4.4 (a)=YES] (b) Is there a record or register of the patients who have been referred for TB treatment?	Yes, electronic Yes, paper No Don't know	2 1 0 88
	(c) Are the results recorded?	Yes, observed No, observed Not seen Don't know	2 1 0 88
2.5	Does this facility provide treatment for drug-resistant TB (DR-TB)?	Yes No	1 0
2.5.1	[ASK ONLY IF 2.5=NO] (a) Has this facility referred patients elsewhere for DR-TB treatment in the past 12 months?	Yes No Don't know	1 0 88
	[ASK ONLY IF 2.5.1 (a)=YES] (b) Is there a record or register of the patients who have been referred for DR-TB treatment?	Yes, electronic Yes, paper No Don't know	2 1 0 88

2. Availability of TB Services			
	[ASK ONLY IF 2.5.1 (b)=YES (1 or 2)] (c) Are the results recorded?	Yes, observed No, observed Not seen Don't know	2 1 0 88
2.6	Some health facilities use community-based health workers (CHWs) to provide additional support to TB patients. Does this facility work with CHWs or volunteers who support TB patients?	Yes No	1 0
2.7	Did this facility manage other medical conditions, e.g., diabetes and other comorbidities for TB patients in the past 12 months?	Yes No	1 0
2.7.1	Does this facility regularly screen TB patients for diabetes?	Yes No	1 0
2.8	(a) Has this facility referred patients elsewhere for management of other medical conditions, e.g., diabetes, in the past 12 months?	Yes No Don't know	1 0 88
	[ASK ONLY IF 2.8 (a)=YES] (b) Is there a record or register of the patient referrals for the management of other medical conditions?	Yes, electronic Yes, paper No Don't know	2 1 0 88
	[ASK ONLY IF 2.8 (b)=YES (1 or 2)] (c) Are the results recorded?	Yes, observed No, observed Not seen Don't know	2 1 0 88
2.9	Does this facility provide transport assistance for TB patients?	Yes No	1 0
2.10	Typically, how many days per week are TB-related services offered at this facility?	Days <input type="text"/> Don't know	88
2.11	Approximately, how many years have TB-related services been available at this facility? [ENTER EXACT NUMBER OF YEARS; IF LESS THAN 1 YEAR, ENTER "0"; IF GREATER THAN 25 YEARS, ENTER "25"]	Years <input type="text"/> <input type="text"/> Don't know.....	88
2.12	[ASK ONLY IF 1.1.2 is YES (MoPH Certified)] Approximately, how many years since MoPH certification have TB-related services been available at this facility? Valid Range (0–25)	Years <input type="text"/> <input type="text"/> Don't know.....	88

3. TB Diagnosis [ASK ONLY IF 2.2=YES (TB diagnostic facility)]				
	[Note about the timeframe for which the questions are being asked: The questions that ask if specific services were available “in the past 12 months” refer to the period before COVID-19; i.e., the 12-month period from March 1, 2019–February 29, 2020.]			
3.1	<i>TB Diagnosis Methods</i>			
	Now, I will ask if this facility provides specific TB diagnosis services. For each service, I would like to know whether this facility offered the service at any time in the past 12 months.	Offered in last 12 months?		
		Yes	No	DK
3.1.1	Diagnosis of TB by clinical symptoms and signs	1	0	88
3.1.2	Diagnosis of TB by x-ray	1	0	88
[ASK THE NEXT 5 QUESTIONS ONLY IF 3.1.2=YES]				
3.1.2.0	Where are the x-rays performed?	Onsite lab.....	1	
		Offsite lab.....	2	
		Both onsite and off-site labs....	3	
		Don't know	88	
		Yes	No	DK
3.1.2.1	Diagnosis of TB by conventional x-ray	1	0	88
3.1.2.2	Diagnosis of TB by digital x-ray	1	0	88
3.1.2.3	Diagnosis of TB by computer-assisted digital x-ray (CAD4TB)	1	0	88
3.1.2.4	Are patients charged a fee for diagnostic x-rays?	1	0	88
3.1.3	Diagnosis of TB by tuberculin skin test (TST)	1	0	88
3.1.3.1	[ASK ONLY IF 3.1.3=YES] Where are the tuberculin skin tests performed?	Onsite lab.....	1	
		Offsite lab.....	2	
		Both onsite and off-site labs....	3	
		Don't know	88	
3.1.4	Diagnosis of TB by smear microscopy (i.e., direct sputum smear microscopy – DSSM)	1	0	88
3.1.4.1	[ASK ONLY IF 3.1.4=YES] Where are the smear microscopy tests done?	Onsite lab.....	1	
		Offsite lab.....	2	
		Both onsite and off-site labs....	3	
		Don't know	88	

3. TB Diagnosis [ASK ONLY IF 2.2=YES (TB diagnostic facility)]				
3.1.5	Diagnosis of TB by culture	1	0	88
3.1.5.1	[ASK ONLY IF 3.1.5=YES] Where are TB cultures done?	Onsite lab.....	1	
		Offsite lab.....	2	
		Both onsite and off-site labs....	3	
		Don't know	88	
3.1.6	Diagnosis of TB by Xpert MTB/RIF (GeneXpert)	1	0	88
3.1.6.1	[ASK ONLY IF 3.1.6=YES] Where are the Xpert MTB/RIF (GeneXpert) tests done?	Onsite lab.....	1	
		Offsite lab.....	2	
		Both onsite and off-site labs....	3	
		Don't know	88	
3.1.7	Diagnosis of TB by another method (specify) _____	1	0	88
3.1.8	[ASK ONLY IF 3.1.4=NO/DK OR 3.1.6=NO/DK] (a) Has this facility referred patients to a different facility for DS-TB diagnosis (either via smear microscopy, GeneXpert, culture, etc.) in the past 12 months?	Yes	1	
		No	0	
		Don't know	88	
	[ASK ONLY IF 3.1.8 (a)=YES] (b) Is there a record or register of the patient referrals for DS-TB diagnosis?	Yes, electronic	2	
		Yes, paper	1	
		No	0	
		Don't know	88	
	[ASK ONLY IF 3.1.8 (b)=YES (1 or 2)] (c) Are the results recorded?	Yes, observed	2	
		No, observed	1	
		Not seen	0	
		Don't know	88	
3.2	<i>Drug Susceptibility Testing (DST)</i>	Yes	No	DK
3.2.1	Is first-line drug susceptibility testing available at this facility?	1	0	88
	[ASK THE NEXT 5 QUESTIONS ONLY IF 3.2.1=YES] What methods are used to detect resistance to first-line drugs?			
3.2.1.1	GeneXpert to detect resistance to rifampicin	1	0	88
3.2.1.2	Line probe assays (e.g., MTBDRplus to MTBDRsl)	1	0	88
3.2.1.3	Solid culture	1	0	88
3.2.1.4	Liquid culture	1	0	88

3. TB Diagnosis [ASK ONLY IF 2.2=YES (TB diagnostic facility)]				
3.2.1.5	Any other method used to detect resistance to first-line drugs? (Please specify.) _____	1	0	88
3.2.2	Is second-line drug susceptibility testing available at this facility?	1	0	88
[ASK THE NEXT 4 QUESTIONS ONLY IF 3.2.2=YES]				
What methods are used to detect resistance to second-line drugs?				
3.2.2.1	Line probe assays (e.g., MTBDRplus to MTBDRsl)	1	0	88
3.2.2.2	Solid culture	1	0	88
3.2.2.3	Liquid culture	1	0	88
3.2.2.4	Any other method used to detect resistance to second-line drugs? (Please specify.) _____	1	0	88
3.2.3	[ASK ONLY IF 3.2.1=NO/DK OR 3.2.2=NO/DK] (a) Has this facility referred patients to another facility for DR-TB diagnosis (e.g., drug sensitivity testing) in the past 12 months?	Yes	1	
		No	0	
		Don't know	88	
	[ASK ONLY IF 3.2.3 (a)=YES] (b) Is there a record or register of the patient referrals for DR-TB diagnosis?	Yes, electronic	2	
		Yes, paper	1	
		No	0	
		Don't know	88	
	[ASK ONLY IF 3.2.3 (b)=YES (1 or 2)] (c) Are the results recorded?	Yes, observed	2	
		No, observed	1	
		Not seen	0	
		Don't know	88	
3.3	<i>TB Case Notification</i>	Yes	No	DK
3.3.1	Does this facility report TB patients to the MoPH (or managing NGO)?	1	0	88
3.3.2	[ASK ONLY IF 3.3.1=NO OR DK] Does this facility keep a record of TB case notifications at the facility?	1	0	88

4. Contact Investigation and Management				
	[Note about the timeframe for which the questions are being asked: The questions that ask if specific services were available “in the past 12 months” refer to the period before COVID-19 (i.e., the 12-month period from March 1, 2019–February 29, 2020).]			
	The following questions are about contact investigation and management. I would like to know whether this facility offered the following services at any time in the past 12 months.	Yes	No	DK
4.1	Contact investigation and management according to TB program guidelines	1	0	88
	[ASK THE NEXT 2 QUESTIONS ONLY IF 4.1=YES]			
4.1.1	For adult contacts (who are symptomatic of TB)	1	0	88
4.1.2	For child contacts (under 5 years old)	1	0	88

5. TB/HIV Services [ASK ONLY IF 2.3=YES (facility provides TB/HIV services)]				
	[Note about the timeframe for which the questions are being asked: The questions that ask if specific services were available “in the past 12 months” refer to the period before COVID-19 (i.e., the 12-month period from March 1, 2019–February 29, 2020).]			
	Now, I will ask if the facility provides specific TB/HIV services. For each service, I would like to know whether this facility offered the service at any time in the past 12 months.	Offered in last 12 months?		
		Yes	No	DK
5.1	HIV testing for confirmed TB patients	1	0	88
5.2	[ASK ONLY IF 5.1=NO/DK] (a) Has this facility referred patients elsewhere for HIV testing in the past 12 months?	Yes	1	
		No	0	
		Don't know	88	
	[ASK ONLY IF 5.2 (a)=YES] (b) Is there a record or register of the patient referrals for HIV testing?	Yes, electronic	2	
		Yes, paper	1	
		No	0	
		Don't know	88	
	[ASK ONLY IF 5.2 (b)=YES (1 or 2)] (c) Are the results recorded?	Yes, observed	2	
		No, observed	1	
		Not seen	0	
		Don't know	88	
5.3	TB preventive therapy (TPT)	1	0	88
	[ASK THE NEXT 4 QUESTIONS ONLY IF 5.3=YES] What type of TPT is available at this site?			
5.3.1	INH (6 months, 9 months, 12 months, or continuous)	1	0	88
5.3.2	3HP (Rifampicin and INH)	1	0	88

5. TB/HIV Services [ASK ONLY IF 2.3=YES (facility provides TB/HIV services)]				
5.3.3	[ASK ONLY IF 5.3=NO/DK]	Yes	1	
	(a) Has this facility referred patients elsewhere for TB preventive therapy in the past 12 months?	No	0	
		Don't know	88	
	[ASK ONLY IF 5.3.3 (a)=YES]	Yes, electronic	2	
	(b) Is there a record or register of the patient referrals for TB preventive therapy?	Yes, paper	1	
		No	0	
		Don't know	88	
	[ASK ONLY IF 5.3.3 (b)=YES (1 or 2)]	Yes, observed	2	
	(c) Are the results recorded?	No, observed	1	
		Not seen	0	
		Don't know	88	
5.4	HIV care and treatment services to TB/HIV coinfecting patients	1	0	88
[ASK THE NEXT 3 QUESTIONS ONLY IF 5.4=YES]				
5.4.1	CPT for TB/HIV coinfecting patients	1	0	88
5.4.2	Viral load testing for TB/HIV coinfecting patients	1	0	88
5.4.3	Antiretroviral therapy for TB/HIV coinfecting patients	1	0	88
5.4.3.1	[ASK ONLY IF 5.4.3=YES]	1	0	88
	Screening for symptoms of TB and antiretroviral drug interactions			
5.5	[ASK ONLY IF 5.4=NO/DK]	1	0	88
	Has this facility referred TB/HIV coinfecting patients to another facility for HIV care and treatment services in the past 12 months?			

6. TB Treatment Services [ASK ONLY IF 2.4=YES (TB treatment facility)]				
[Note about the timeframe for which the questions are being asked: The questions that ask if specific services were available "in the past 12 months" refer to the period before COVID-19 (i.e., the 12-month period from March 1, 2019–February 29, 2020).]				
6.1	Available Services			
	Now, I will ask if the facility provides specific TB treatment services. For each service, I would like to know whether this facility offered the service at any time in the past 12 months.	Offered in last 12 months?		
		Yes	No	DK
6.1.1	Prescription of drugs for TB treatment	1	0	88
6.1.2	TB treatment and follow-up during the intensive phase	1	0	88
6.1.3	TB treatment and follow-up during the continuation phase	1	0	88
6.1.4	Facility-based direct observation of treatment (DOT)	1	0	88
6.1.5	Community-based DOT	1	0	88

6. TB Treatment Services [ASK ONLY IF 2.4=YES (TB treatment facility)]				
6.1.6	Home-based treatment	1	0	88
6.1.7	Reminder phone calls or SMS texts to support patients' adherence to treatment	1	0	88
6.1.8	Psychosocial or other adherence support	1	0	88
[ASK THE NEXT 3 QUESTIONS ONLY IF 6.1.8=YES]				
6.1.8.1	Counseling with a psychologist or social worker	1	0	88
6.1.8.2	One-on-one counseling (face-to-face) by medical staff (doctor or nurse)	1	0	88
6.1.8.3	One-on-one peer counseling (face-to-face) by lay counselor	1	0	88
6.1.9	Nutritional support or food baskets	1	0	88
6.1.10	Support group for TB patients	1	0	88
6.1.11	Patient tracking of those who miss an appointment	1	0	88
6.1.11.1	[ASK ONLY IF 6.1.11=YES] Follow-up phone calls or SMS texts to TB patients if they miss an appointment	1	0	88
6.1.11.2	[ASK ONLY IF 6.1.11=YES] Home visits to TB patients if they miss an appointment	1	0	88
6.1.12	[ASK ONLY IF 2.5=YES (FACILITY PROVIDES DR-TB TREATMENT)] Treatment of DR-TB in DOT (i.e., in-facility treatment)	1	0	88
6.2 Treatment Practices				
Now, I will ask you about TB treatment practices at this facility.		Yes	No	DK
6.2.1	Does this facility review the progress of each TB patient registered for treatment at the facility at least once a month during the treatment period?	1	0	88
6.2.2	Do you ask/observe patients about symptoms of drug side effects when they visit the facility for treatment?	1	0	88
6.2.2.1	[ASK ONLY IF 6.2.2=YES] Do you capture all reported drug side effects in the patient's chart?	1	0	88
6.2.2.2	[ASK ONLY IF 6.2.2=YES] How often are patients screened for side effects?	At every follow-up visit to the facility		1
		Only during the initiation phase		2
		Don't know		88
		Other (specify)_____		96

6. TB Treatment Services [ASK ONLY IF 2.4=YES (TB treatment facility)]								
6.2.3	Do you report the adverse reaction or side effects to the NTP (i.e., suspected adverse reaction Form V5)?	1	0	88				
6.2.4	Do you have ancillary medications to manage side effects?	1	0	88				
6.3 Patient Counseling and Education on TB Treatment								
	Do staff members provide the following information to TB patients and, if so, is the information provided verbally and/or by written patient literacy materials?	(a) Provide information?			[ASK ONLY IF (a)=YES] (b) How is information provided?			
		Yes	No	DK	Verbally	Written	Both	DK
6.3.1	What TB test results mean	1	0	88	1	2	3	88
6.3.2	How TB is spread to others	1	0	88	1	2	3	88
6.3.3	The need for a treatment supporter	1	0	88	1	2	3	88
6.3.4	How TB medication should be taken (e.g., dosage, frequency)	1	0	88	1	2	3	88
6.3.5	The importance of treatment adherence	1	0	88	1	2	3	88
6.3.6	Options available for treatment support (e.g., DOT, CHWs, family, family health action groups)	1	0	88	1	2	3	88
6.3.7	What to do when experiencing side effects	1	0	88	1	2	3	88
6.3.8	What to do if they run out of medicines	1	0	88	1	2	3	88
6.3.9	What to do if they need to leave for more than a month to an area beyond the facility catchment area	1	0	88	1	2	3	88
6.3.10	Drug-resistant TB and its treatment	1	0	88	1	2	3	88
6.3.11	Is there a private room available for individual counseling where no one can hear or see what is going on?				Yes			1
					No			0
					Don't know			88

6.4		Patients Taking Treatment without Facility Supervision	
	The next couple of questions ask about TB patients taking treatment without the supervision of a health professional from the facility (for example, someone who is taking treatment supervised by a family member).		
6.4.1	Do DS-TB patients take treatment with the support of a family member (i.e., without the supervision of a health professional from the facility)?	Yes, for intensive phase only..... 1 Yes, for continuation phase only... 2 Yes, both 3 No 0 Don't Know 88	
6.4.2	[ASK ONLY IF 6.4.1=1 or 3] How often do most TB patients on TB treatment typically collect their medications during the intensive phase of treatment?	Weekly 1 Twice a month 2 Monthly 3 Don't know 88 Other (specify)_____ 96	
6.4.3	[ASK ONLY IF 6.4.1=2 or 3] How often do most TB patients on TB treatment typically collect their medications during the continuation phase of treatment?	Weekly 1 Twice a month 2 Monthly 4 Every two months..... 5 Don't know 88 Other (specify)_____ 96	
6.4.4	Does the facility monitor the intervals at which the patient should collect treatment?	Yes 1 No 0 Don't know 88	
6.4.4.1	[ASK ONLY IF 6.4.4=YES] How does the facility monitor the intervals at which the patient should collect medication for treatment?	Check empty blisters 1 Phone call 2 SMS 3 Through the patient card 4 Don't know 88 Other (specify)_____ 96	

7. DR-TB Treatment Services [ASK ONLY IF 2.5=YES (facility provides DR-TB treatment)]				
<i>[THIS PART NEEDS TO BE FILLED IN ONLY IN THE REGIONAL MDR CENTERS]</i>				
The next set of questions asks about the DR-TB treatment services at this facility.				
7.1	Which DR-TB treatment regimens are available at this facility?	Yes	No	DK
7.1.1	RR/MDR Long-Term Treatment Regimens (LTRs)	1	0	88
7.1.2	RR/MDR (Resistant to FQ)/XDR Long-Term Treatment Regimen (LTRs)	1	0	88
7.1.3	RR/MDR cases eligible for Short-Term Treatment Regimen (STR)	1	0	88
7.1.4	Other (specify) _____	1	0	88
7.2	What is the most commonly used DR-TB treatment regimen at this facility?	RR/MDR Long-Term Treatment Regimens (LTRs).....	1	
		RR/MDR (Resistant to FQ)/XDR Long-Term Treatment Regimens (LTRs).....	2	
		RR/MDR cases eligible for Short-Term Treatment Regimen (STR).....	3	
		Don't know.....	88	
		Other (specify)_____	96	
RR/MDR Long-Term Treatment Regimens (LTRs) [ASK ONLY IF 7.1.1=YES]				
7.3	Which medications are used in this regimen?	Yes	No	DK
7.3.1	Bedaquiline 100mg	1	0	88
7.3.2	Levofloxacin 250mg/moxifloxacin 400mg	1	0	88
7.3.3	Linezolid 600mg	1	0	88
7.3.4	Clofazimine 100mg	1	0	88
7.3.5	Cycloserine 250mg	1	0	88
7.3.6	Delamanid 50mg	1	0	88
7.3.7	Pyridoxine 25–50mg	1	0	88
7.3.8	Other (specify) _____	1	0	88

7. DR-TB Treatment Services [ASK ONLY IF 2.5=YES (facility provides DR-TB treatment)]				
<i>[THIS PART NEEDS TO BE FILLED IN ONLY IN THE REGIONAL MDR CENTERS]</i>				
7.4	[ASK ONLY IF 7.1.1=YES] Please tell me what is the recommended use of this regimen for different types of eligible patients?	Yes	No	DK
7.4.1	For adults or children older than 6 years old: 6 months of bedaquiline-levofloxacin/moxifloxacin-linezolid-clofazimine-cycloserine, followed by 12–14 months of levofloxacin/moxifloxacin-linezolid-clofazimine-cycloserine	1	0	88
7.4.2	For children between 3 and 5 years, as well as under 3 years: 6 months of delamanid-levofloxacin/moxifloxacin-linezolid-clofazimine-cycloserine, followed by 12–14 months of levofloxacin/moxifloxacin-linezolid-clofazimine-cycloserine	1	0	88
7.4.3	Children with mild disease to be treated for 9–12 months, but children with severe disease (bilateral disease with cavities, meningitis, osteoarticular) or disseminated disease and smear-positive to be treated for 18 months	1	0	88
7.4.4	For pregnant women: 6 months of bedaquiline-levofloxacin/moxifloxacin-linezolid-clofazimine-cycloserine, followed by 12–14 months of levofloxacin/moxifloxacin-linezolid-clofazimine-cycloserine	1	0	88
7.4.5	Pregnant women should be informed of the probability of teratogenic affects, since as with all second-line drugs, there is limited experience	1	0	88
7.4.6	B6 (Pyridoxine) is used complimentarily with the regimen during the initial and continuation phase	1	0	88
7.4.7	Other (specify) _____	1	0	88
7.5	[ASK ONLY IF 7.1.1=YES] What is the usual duration of this regimen for adults? [ENTER 6–20]	Months <input type="text"/> <input type="text"/>		88
		Don't know		

7.5	RR/MDR (Resistant to FQ)/XDR Long-Term Treatment Regimens (LTRs) [ASK ONLY IF 7.1.2=YES]			
	Which medications are used in this regimen?	Yes	No	DK
7.5.1	Bedaquiline 100mg	1	0	88
7.5.2	Delamanid 50mg	1	0	88
7.5.3	Linezolid 600mg	1	0	88
7.5.4	Clofazimine 100mg	1	0	88
7.5.5	Cycloserine 250mg	1	0	88
7.5.6	Other (specify) _____	1	0	88
7.6	[ASK ONLY IF 7.1.2=YES] Please tell me what is the recommended use of this regimen for different types of eligible patients?	Yes	No	DK
7.6.1	For adults or children older than 6 years: 6 months of bedaquiline-delamanid - linezolid-clofazimine-cycloserine, followed by 12–14 months of linezolid-clofazimine-cycloserine	1	0	88
7.6.2	For children 3–5 years, as well as under 3 years: 6 months of delamanid-linezolid-clofazimine-cycloserine, followed by 12–14 months of linezolid-clofazimine-cycloserine	1	0	88
7.6.3	Children with mild disease to be treated for 9–12 months, but children with severe disease (bilateral disease with cavities, meningitis, osteoarticular) or disseminated disease and smear-positive to be treated for 18 months	1	0	88
7.6.4	For pregnant women: 6 months of bedaquiline-linezolid-clofazimine-cycloserine, followed by 12–14 months of linezolid-clofazimine-cycloserine	1	0	88
7.6.5	Pregnant women should be informed of the probability of teratogenic affects, since as with all second-line drugs, there is limited experience	1	0	88
7.6.6	If the patient (including children and pregnant women) cannot tolerate linezolid, in the continuation phase delamanid can be extended for an additional 6 months	1	0	88
7.6.7	Other (specify)_____	1	0	88

7.7	[ASK ONLY IF 7.1.2=YES] What is the usual duration of this regimen for adults? [ENTER 6–20]	Months <input type="text"/> <input type="text"/> Don't know	88	
7.8	RR/MDR Cases Eligible for Short-Term Treatment Regimen (STR) [ASK ONLY IF 7.1.3=YES]			
	Which medications are used in this regimen?	Yes	No	DK
7.8.1	Amikacin 500mg vial	1	0	88
7.8.2	Levofloxacin 250mg /moxifloxacin 400mg	1	0	88
7.8.3	Clofazimine 100mg	1	0	88
7.8.4	Prothionamide/Ethionamide 250mg	1	0	88
7.8.5	Ethambutol 400mg	1	0	88
7.8.6	Isoniazid 600mg	1	0	88
7.8.7	Pyrazinamide 400 mg	1	0	88
7.8.8	Other (specify) _____	1	0	88
7.9	[ASK ONLY IF 7.1.3=YES] Please tell me what is the recommended use of this regimen for different types of eligible patients?	Yes	No	DK
7.9.1	Intensive phase (4–6 months): amikacin-moxifloxacin/levofloxacin-clofazimine-Prothionamide/Ethionamide-Ethambutol-High Dose Isoniazid-pyrazinamide; Continuation phase (5 months): moxifloxacin/levofloxacin-clofazimine-Ethambutol-pyrazinamide	1	0	88
7.9.2	SRT patient needs to be susceptible to injectable	1	0	88
7.9.3	SRT patient needs formal baseline and monthly monitoring of hearing loss	1	0	88
7.9.4	SRT patient needs to consent to knowing the risk of hearing loss due to the regimen	1	0	88
7.9.5	Other (specify) _____	1	0	88
7.10	[ASK ONLY IF 7.1.3=YES] What is the usual duration of this regimen for adults? [ENTER 6–20]	Months <input type="text"/> <input type="text"/> Don't know	88	

7.11	Ancillary Drugs	Yes	No	DK
7.11.1	Does this facility have ancillary drugs for management of side effects?	1	0	88
	[ASK ONLY IF 7.11.1=YES] Which ancillary drugs are available?			
7.11.1.1	Metoclopramide hydrochloride 10mg tabs	1	0	88
7.11.1.2	Metoclopramide hydrochloride 10mg/2ml inj.	1	0	88
7.11.1.3	Dimenhydrinate 50mg tabs	1	0	88
7.11.1.4	Ranitidine 150mg tab, blister	1	0	88
7.11.1.5	Omeprazole 20mg caps, jars	1	0	88
7.11.1.6	Fluconazole 50mg/5ml (35ml) suspensions	1	0	88
7.11.1.7	Loperamide HCl 2mg tabs, jars	1	0	88
7.11.1.8	Fluoxetine 20mg caps	1	0	88
7.11.1.9	Amitriptyline 10mg tabs	1	0	88
7.11.1.10	Amitriptyline 25mg tabs, jars	1	0	88
7.11.1.11	Haloperidol 5mg tabs	1	0	88
7.11.1.12	Biperiden lactate amps	1	0	88
7.11.1.13	Carbamazepine 200mg tabs, jar	1	0	88
7.11.1.14	Phenobarbital 50mg tabs	1	0	88
7.11.1.15	Gabapentine 100mg caps	1	0	88
7.11.1.16	Ibuprofen 200mg film-coated tabs, jar	1	0	88
7.11.1.17	Paracetamol 500 mg tabs	1	0	88
7.11.1.18	Hydrocortisone acetate 1% cream 15gm	1	0	88
7.11.1.19	Calamine lotion BP (15%) 100ml	1	0	88
7.11.1.20	Chlorpheniramine maleate 4mg tabs, jar	1	0	88
7.11.1.21	Prednisolone 5mg tabs, jar	1	0	88
7.11.1.22	Salbutamol 100mcg inhaler, 200 dose	1	0	88
7.11.1.23	Beclomethasone dipropionate 250mcg/dose Inhaler, 200 dose	1	0	88
7.11.1.24	Dexamethasone sodium phosphate 5mg/ml inj.	1	0	88
7.11.1.25	Levothyroxine sodium 50mcg tabs, blister	1	0	88

7.11.1.26	Metformine 850mg tabs, blister	1	0	88
7.11.1.27	Cap Phenytoin 100mg	1	0	88
7.11.1.28	Tab Sodium Valproate 200mg	1	0	88
7.11.1.29	Tab Clonazepam (Revotril) 2mg	1	0	88
7.11.1.30	Tab Vit B6 40mg	1	0	88
7.11.1.31	Tab Diclofenac Potassium 50mg	1	0	88
7.11.1.32	Tab Naproxen 250mg	1	0	88
7.11.1.33	Tab Clomipramine HCl 25mg	1	0	88
7.11.1.34	Tab Alprazolam 0.5mg	1	0	88
7.11.1.35	Fluid for rehydration fluid R/L	1	0	88
7.11.1.36	Fluid for rehydration fluid D/S	1	0	88
7.11.1.37	Fluid for rehydration fluid D/W	1	0	88
7.11.1.38	Fluid for rehydration fluid N/S	1	0	88
7.11.1.39	Tab Promethazine 25mg	1	0	88
7.11.1.40	Tab Dompridone 10mg	1	0	88
7.11.1.41	Tab Famotidine 40mg	1	0	88
7.11.1.42	Tab Cimetidine 400mg	1	0	88
7.11.1.43	Tab Buscopan 10mg	1	0	88
7.11.1.44	Tab Glibenclamide 5mg	1	0	88
7.11.1.45	Inj Pentoprazole	1	0	88
7.11.1.46	Susp Al-Mg-S	1	0	88
7.11.1.47	Susp Milk of Megnesia	1	0	88
7.11.1.48	Humilin R (Insulin)	1	0	88
7.11.1.49	Humilin 70/30 (Insulin)	1	0	88
7.11.1.50	Fefol vit	1	0	88
7.11.1.51	Other (specify) _____	1	0	88
7.11.2	Does this facility participate in active pharmacovigilance or aDSM (i.e., active drug safety monitoring management)?	1	0	88

7.12	DR-TB Treatment Equipment		
7.12.1	Does this facility have at least one electrocardiogram (ECG) machine? [OBSERVE]	Yes, observed Yes, not observed No Don't know	2 1 0 88
7.12.1.1	[ASK ONLY IF 7.12.1=YES, OBSERVED] Is the machine working?	Yes No Don't know	1 0 88
7.12.1.2	[ASK ONLY IF 7.12.1=YES (1 or 2)] How many ECGs are performed per week, on average? Valid Range (1–100)	Number <input type="text"/> <input type="text"/> Don't know	88
7.12.2	Does this facility have audiometry equipment? [OBSERVE]	Yes, observed Yes, not observed No Don't know	2 1 0 88
7.12.2.1	[ASK ONLY IF 7.12.2=YES (1 or 2)] What type of equipment?	Shoebox Standard machine Don't know Other (specify)_____	1 2 88 96
7.12.2.2	[ASK ONLY IF 7.12.2=YES (1 or 2)] How many audiometry tests are performed per week, on average? [VALID RANGE= 1–100]	Number <input type="text"/> <input type="text"/> Don't know	88
7.13	Pediatric DR-TB Treatment		
7.13.1	Does this facility provide DR-TB treatment for children under age 15?	Yes No Don't know	1 0 88

7.13.1.1	[ASK ONLY IF 7.13.1=YES] Does this facility have any pediatric formulations for second-line drugs available?	Yes	1
		No	0
		Don't know	88

8. Pediatric Services [ASK ONLY IF 2.2.1=YES OR 2.4.3=YES (facility sees children)]					
8.1	<i>Pediatric TB Diagnosis</i> [ASK ONLY IF 2.2.1=YES (diagnostic facility that sees children)]				
		Yes, unprompted	Yes, prompted	No	DK
8.1.1	Can you tell me how children are evaluated for TB disease?	2	1	0	88
8.1.1	Identify children with presumptive TB by symptoms and signs	2	1	0	88
8.1.2	Once identified, all children with presumptive TB are evaluated at this facility	2	1	0	88
8.1.3	Once identified, all children with presumptive TB are referred for evaluation to another facility	2	1	0	88
8.1.4	Identify the child contacts of all TB patients	2	1	0	88
8.1.5	Follow-up of the child contacts to make sure they are screened for TB, diagnosed, and TB cases are treated	2	1	0	88
8.1.6	Other (specify) _____	2	1	0	88
8.2	<i>Children with Presumptive TB</i> [ASK ONLY IF 8.1.2=YES (1 or 2)]				
	How are children with presumptive TB evaluated?	2	1	0	88
8.2.1	Use clinical algorithm to determine if a child has TB	2	1	0	88
8.2.2	Do x-ray	2	1	0	88
8.2.3	Use sputum induction to get samples from children for testing	2	1	0	88
8.2.4	Use gastric aspiration to get samples from children for testing	2	1	0	88
8.2.5	Test samples from nasopharyngeal aspirates	2	1	0	88
8.2.6	Test sputum with smear microscopy	2	1	0	88
8.2.7	Test sputum with culture	2	1	0	88
8.2.8	Test sputum with GeneXpert	2	1	0	88
8.2.9	Other (specify) _____	2	1	0	88

8. Pediatric Services [ASK ONLY IF 2.2.1=YES OR 2.4.3=YES (facility sees children)]					
8.3	Children at Risk for TB				
	Can you tell me how children are identified as being at risk for TB?	Yes, unprompted	Yes, prompted	No	DK
8.3.1	Child contact of confirmed TB patient	2	1	0	88
8.3.2	Referral from a maternal-child health or child health clinic	2	1	0	88
8.3.3	Malnourished child	2	1	0	88
8.3.4	Other (specify) _____	2	1	0	88
8.4	Pediatric TB Treatment [ASK ONLY IF 2.4.3=YES (treatment facility that sees children)]				
	The next set of questions asks about medications that are used to treat children with TB.		Yes	No	DK
8.4.1	Does this facility use fixed-dose combinations (FDCs)?		1	0	88
8.4.1.1	[ASK ONLY IF 8.4.1=YES] Are any of the FDCs available in liquid form?		1	0	88
8.4.2	Does this facility use loose or single drug formulations (i.e., for treating TB disease and not TPT regimen)?		1	0	88
8.4.2.1	[ASK ONLY IF 8.4.2=YES] Which loose drugs are used? _____				
8.4.2.2	[ASK ONLY IF 8.4.2=YES] Does this facility use loose pills cut up or mixed with food?		1	0	88
8.4.3	Does this facility use the same medications used for adults but cut up for children under 25kg?		1	0	88
8.4.4	How is the dosage determined for children?	Fixed in the kit			1
		Weight based			2
		Age based.....			3
		Don't know			88
		Other (specify) _____			96

9. Community-Based Health Workers (CHWs) [ASK ONLY IF 2.6=YES (facility uses CHWs)]				
	In this section, we would like to learn about the links your facility has with CHWs who provide support to TB patients.			
9.1	Services Provided by CHWs			
	What types of TB services do the CHWs provide?	Yes	No	DK
9.1.1	Education about TB in the community	1	0	88
9.1.2	Screening for TB symptoms	1	0	88
9.1.3	Referral for TB diagnosis	1	0	88
9.1.4	[ASK ONLY IF 2.2.5=YES (facility uses an offsite lab)] Collection and transportation of specimens to a diagnostic laboratory	1	0	88
9.1.5	[ASK ONLY IF 6.1.5=YES (community-based DOT facility)] Direct observation of treatment (DOT)	1	0	88
9.1.6	Adherence counseling	1	0	88
9.1.7	Trace or locate clients who miss follow-up visits	1	0	88
9.1.8	Contact tracing for confirmed TB patients	1	0	88
9.1.9	Psychosocial support	1	0	88
9.1.10	[ASK ONLY IF 6.1.8=YES (facility provides reminder phone calls/SMS)] Reminder phone calls or SMS texts to support patients' adherence to medication and treatment	1	0	88
9.1.11	[ASK ONLY IF 6.1.12.1=YES (facility provides follow-up phone calls/SMS)] Follow-up phone calls or SMS texts to TB patients, e.g., for a missed appointment, to schedule a home visit	1	0	88
9.1.12	Referral of TB patients for treatment	1	0	88
9.1.13	Other (specify) _____	1	0	88
9.2	Financial Support for CHWs			
9.2	Do the CHWs receive payment for their services?	1	0	88
	[ASK ONLY IF 9.2=YES] Who financially supports the CHWs?			

9.2.1	NGO(s)	1	0	88
9.2.2	Community	1	0	88
9.2.3	Government	1	0	88
9.2.4	Individual donors	1	0	88
9.2.5	Other (specify) _____	1	0	88
9.3 Management of CHWs				
9.3.1	Do CHWs associated with this facility receive training in TB, such as for screening, diagnosis, or treatment?	1	0	88
9.3.2	[ASK ONLY IF 9.1.5=YES] Does the facility have an up-to-date list of CHWs who provide DOT?	1	0	88
9.3.3	Does the facility keep records of the performance of the CHWs?	1	0	88
9.3.4	Does the facility TB focal person meet regularly (i.e., monthly or quarterly) with CHWs?	1	0	88
9.3.5	Does the community health supervisor (CHS) from this facility perform community-level supervision of the CHWs?	1	0	88
9.3.5.1	[ASK ONLY IF 9.3.5=YES] How many supervision visits to the community level did the community health supervisor from this facility conduct in the past 12 months? [ENTER 0–20]	Visits <input type="text"/> <input type="text"/> Don't know		88

10. Policies, Protocols, and Guidelines					
	Next, I'd like to assess the availability of copies of approved and required protocols, policies, etc., on TB services available at the facility. Do you have the following documentation, and if so, may I see it?	Yes, observed	Yes, not observed	Don't have	DK
10.1	General				
10.1.1	Flowcharts/algorithms on TB screening	2	1	0	88
10.1.2	GeneXpert testing algorithm for implementation of Xpert Test as primary diagnostic tool for presumptive DS- and DR-TB among selected vulnerable populations	2	1	0	88
10.1.3	SOP for Direct Observation of Treatment, Short Course (DOT)	2	1	0	88

10. Policies, Protocols, and Guidelines					
	Next, I'd like to assess the availability of copies of approved and required protocols, policies, etc., on TB services available at the facility. Do you have the following documentation, and if so, may I see it?	Yes, observed	Yes, not observed	Don't have	DK
10.1.4	Programmatic Management of Drug-Resistant TB (PMDT) Implementation Guidelines	2	1	0	88
10.1.5	SOP for diagnosis and treatment of TB among children	2	1	0	88
10.1.6	SOP for TB infection control	2	1	0	88
10.1.7	[ASK ONLY IF 2.3=YES (facility provides TB/HIV services)] Guidelines for the management of HIV and TB coinfection	2	1	0	88
10.1.8	TB posters on walls	2	1	0	88
10.1.9	TB leaflets, brochures, and/or pamphlets in local languages for distribution, i.e., educational materials about TB	2	1	0	88
10.1.9.1	[IF 10.1.9=YES, OBSERVED, DETERMINE THE AMOUNT OF TB EDUCATIONAL MATERIALS AVAILABLE TO PATIENTS]	Sufficient quantities of educational materials available in multiple forms (i.e., brochures, pamphlets) for distribution..... Limited number of educational materials (i.e., brochures, pamphlets) inadequate supply for all patients.....			1 0
10.2 Diagnostic Facilities [ASK ONLY IF 2.2=YES]					
10.2.1	Flowcharts or algorithms on TB diagnosis	2	1	0	88
10.2.2	Guidelines on the use of chest x-ray for TB screening and diagnosis	2	1	0	88
10.2.3	[ASK ONLY IF 3.1.4=YES (facility does smear microscopy)] Smear microscopy manual or guidelines	2	1	0	88
10.2.4	[ASK ONLY IF 3.1.6=YES (facility has GeneXpert)] Algorithms for GeneXpert	2	1	0	88
10.3 Treatment Facilities [ASK ONLY IF 2.4=YES]					
10.3.1	Essential drug or medicines list	2	1	0	88

10. Policies, Protocols, and Guidelines					
	Next, I'd like to assess the availability of copies of approved and required protocols, policies, etc., on TB services available at the facility. Do you have the following documentation, and if so, may I see it?	Yes, observed	Yes, not observed	Don't have	DK
10.3.2	[ASK ONLY IF 6.1.4=YES or 6.1.5=YES (facility-based or community-based DOT facility)] A training manual for DOT providers or CHWs	2	1	0	88
[ASK THE NEXT 2 QUESTIONS ONLY IF 2.5=YES (facility provides DR-TB treatment)]					
10.3.3	Guidelines on clinical management of DR-TB	2	1	0	88
10.3.4	Guidelines on use of short regimens for DR-TB treatment	2	1	0	88

11. Staff Capacity to Deliver TB Services					
	[Note about the timeframe for which the questions are being asked: The questions that ask if specific services were available "in the past 24 months" refer to the period before COVID-19 (i.e., the 24-month period from March 1, 2018–February 29, 2020).]				
	Did any providers of TB services at this facility receive new or refresher training in the following topics in the last 24 months?	Yes	No	DK	
11.1	NTP SOP training (includes training on screening algorithm for TB, prescription of drugs for TB treatment, and TB infection control)	1	0	88	
11.2	Screening/diagnosis of TB based on x-rays	1	0	88	
11.3	Diagnosis of TB based on clinical symptoms or examination	1	0	88	
11.4	Diagnosis of TB based on sputum tests using smear microscopy	1	0	88	
11.5	Diagnosis of TB based on sputum tests using culture	1	0	88	
11.6	Diagnosis of TB using GeneXpert	1	0	88	
11.7	Management of DS-TB treatment	1	0	88	
11.8	Identification of presumptive DR-TB	1	0	88	
11.9	Management of DR-TB treatment	1	0	88	
11.10	Programmatic management of drug-resistant TB (PMDT) training	1	0	88	
11.11	Management of TB/HIV coinfection	1	0	88	
11.12	Provider initiated counseling and testing (PICT)	1	0	88	

11. Staff Capacity to Deliver TB Services				
11.13	Integrated TB information system (TBIS) training	1	0	88
11.14	Interpersonal communication competence (IPCC) training	1	0	88
11.15	Other trainings (specify).....	1	0	88

12. Supervision and Feedback Practices				
Next, I would like to ask about supervision and feedback from upper levels.				
Programmatic Supervisory Visit				
12.1	Has a supervisor from any upper-level office come here on a supervisory visit within the past 3 months?	Yes	1	
		No	0	
		Don't know	88	
12.1.1	During the past 12 months, how many supervisory visits has this facility received from an upper-level office? [ENTER 1-12]	Visits <input type="text"/> <input type="text"/>		
		Don't know	88	
12.1.2	During the past 12 months, who came here for a programmatic supervisory visit? [SELECT ALL THAT APPLY.]	NTP central staff.....	1	
		Provincial health staff (PTC, CDC, PLS)	2	
		NTP technical partners (UNDP, SRs, MSH, JICA, WHO)	3	
		External review missions.....	4	
		CCM.....	5	
		Provincial health office	6	
		BPHS/EPHS implementing NGOs.....	7	
		GCMU/PMO.....	8	
		Joint monitoring missions/MoPH monitoring teams.....	9	
		Other (specify) _____	96	
The last time that a supervisor from outside the facility visited, did she or he do any of the following:				
		Yes	No	DK
12.1.3	Assess the pharmacy (e.g., drug stockout, expiry, records)	1	0	88

12. Supervision and Feedback Practices				
12.1.4	Assess the TB data (e.g., completeness, quality, and/or timely reporting of registers, treatment cards, quarterly or monthly reports)	1	0	88
12.1.5	Discuss the performance of the facility based on TB service data	1	0	88
12.1.6	Complete the supervisory checklist	1	0	88
12.1.7	Assess the performance of lab activities			
12.1.8	Provide a record of written comments or suggestions from their visit (i.e., recommendations and action plans)	1	0	88
12.1.9	[ASK ONLY IF 12.1.8=YES] May I see the written comments or suggestions?	1	0	

13. Availability of Basic Equipment								
	[ASK TO OBSERVE IF THE FOLLOWING BASIC EQUIPMENT AND SUPPLIES USED IN THE PROVISION OF CLIENT SERVICES ARE AVAILABLE AND FUNCTIONAL IN THE FACILITY TODAY]	(a) Have equipment?				(b) Functioning?		
		Yes, observed	Yes, not observed	Don't have	DK	Yes	No	DK
	Equipment							
13.1	Adult weighing scale	2	1	0	88	1	0	88
13.2	Child weighing scale – 250-gram gradation	2	1	0	88	1	0	88
13.3	Infant weighing scale – 100-gram gradation	2	1	0	88	1	0	88
13.4	Measuring tape-height board or stadiometer	2	1	0	88	1	0	88
13.5	Thermometer	2	1	0	88	1	0	88
13.6	Stethoscope	2	1	0	88	1	0	88
13.7	Blood pressure apparatus (may be digital or manual sphygmomanometer with stethoscope)	2	1	0	88	1	0	88
13.8	Light source (flashlight acceptable)	2	1	0	88	1	0	88
13.9	Intravenous infusion supplies	2	1	0	88	1	0	88
13.10	Oxygen concentrators	2	1	0	88	1	0	88

13. Availability of Basic Equipment								
	[ASK TO OBSERVE IF THE FOLLOWING BASIC EQUIPMENT AND SUPPLIES USED IN THE PROVISION OF CLIENT SERVICES ARE AVAILABLE AND FUNCTIONAL IN THE FACILITY TODAY]	(a) Have equipment?				[ASK ONLY IF (a)=OBSERVED] (b) Functioning?		
		Yes, observed	Yes, not observed	Don't have	DK	Yes	No	DK
	Equipment							
13.11	Oxygen cylinders	2	1	0	88	1	0	88
13.12	Central oxygen supply	2	1	0	88	1	0	88
13.13	Flowmeter for oxygen therapy (with humidification)	2	1	0	88	1	0	88
13.14	Oxygen delivery apparatus (key connecting tubes and mask or nasal prongs)	2	1	0	88	1	0	88
13.15	Glucometer	2	1	0	88	1	0	88
13.15.1	Blood glucose test strips							
13.16	ECG machine	2	1	0	88	1	0	88
13.17	Nebulizer	2	1	0	88	1	0	88
13.18	Microscope	2	1	0	88	1	0	88
13.19	Fridge/freezer	2	1	0	88	1	0	88
13.20	Pulse examiner	2	1	0	88	1	0	88

The staff member who is best able to answer the questions in the following section is either a **LAB TECHNICIAN** or the **TB FOCAL PERSON**.

14. TB Laboratory Procedures [ASK ONLY IF 2.2.2=YES (facility has an onsite lab)]									
<i>Diagnostic Tests and Equipment</i>									
	[ASK TO OBSERVE IF THE FOLLOWING TB TESTS/EQUIPMENT ARE USED IN THIS FACILITY AND ARE AVAILABLE AND FUNCTIONAL IN THE FACILITY TODAY]	(a) Used in facility?			[ASK ONLY IF (a)=YES] (b) Observed?		[ASK ONLY IF (b)=YES] (c) Functioning?		
		Y	N	DK	Y	N	Y	N	DK
14.1	Ziehl-Neelsen test for AFB	1	0	88					
[ASK THE NEXT 3 QUESTIONS ONLY IF 14.1 (a)=YES]									
14.1.1	Carbol fucsin stain	1	0	88	1	0			
14.1.2	Sulphuric acid (20%–25% concentration) or acid alcohol	1	0	88	1	0			
14.1.3	Methyl blue stain	1	0	88	1	0			
14.2	Fluorescence microscope (FM) LED	1	0	88	1	0	1	0	88
14.2.1	[ASK ONLY IF 14.2 (a)=YES] Auramine stain for fluorescence microscope	1	0	88	1	0			
[ASK THE NEXT 3 QUESTIONS ONLY IF 3.1.6=YES (facility has GeneXpert machine)]									
14.3	GeneXpert module [AT LEAST ONE SHOULD BE FUNCTIONAL]				1	0	1	0	88
14.3.1	At least 1 valid Xpert MTB/RIF cartridge (i.e., not expired)				1	0	1	0	88
14.4	[ASK ONLY IF 3.2.2.2=YES OR 3.2.2.3=YES (facility uses solid or liquid culture)] TB culture or growth medium (e.g., MGIT 960)	1	0	88	1	0			

14. TB Laboratory Procedures [ASK ONLY IF 2.2.2=YES (facility has an onsite lab)]									
14.5	Biosafety hood or cabinet	1	0	88	1	0	1	0	88
14.5.1	[ASK ONLY IF 14.5 (b)=YES] Is the biosafety hood or cabinet certified?						1	0	88
14.6 Quality Control/Quality Assurance									
I would like to ask you about quality control and quality assurance procedures for TB diagnosis services provided in the laboratory at this facility.									
14.6	For smear microscopy tests, what type of quality control and quality assurance do you use in this facility?	None Internal QC/QA only External QC/QA only Both internal and external QC/QA Don't know							0 1 2 3 88
[ASK THE NEXT 2 QUESTIONS ONLY IF 14.6=1, 2, 3]									
14.6.1	Do you maintain records of the results from the quality control procedures?	Yes No Don't know							1 0 88
14.6.2	Do you have guidelines and procedures for quality control (either internal or external) for the specimens assessed in this facility?	Yes No Don't know							1 0 88
14.6.2.1	[ASK ONLY IF 14.6.2=YES] May I see the quality control guidelines?	Yes No							1 0

The staff member who is best able to answer the questions in the following section is either a **LAB TECHNICIAN**, a **NURSE**, or a **SPUTUM COLLECTOR**.

15. Management of Specimens				
15.1	Specimen Collection			
	The next few questions are about specimen collection.			
15.1.1	<p>[DON'T READ THE ANSWER UNTIL THE RESPONDENT HAS HAD A CHANCE TO ANSWER UNPROMPTED]</p> <p>When is sputum collected by patients or when do you ask the patients to collect sputum?</p> <p><i>[Answer: Immediately out of bed in the morning (before eating or drinking anything) after they have rinsed their mouth with only water.]</i></p>	<p>Correct</p> <p>Incorrect.....</p> <p>Don't know</p>	<p>1</p> <p>0</p> <p>88</p>	
15.1.2	<p>Are there SOPs for specimen collection?</p> <p>[OBSERVE]</p>	<p>Yes, observed</p> <p>Yes, not observed</p> <p>No</p> <p>Don't know</p>	<p>2</p> <p>1</p> <p>0</p> <p>88</p>	
15.1.3	<p>Are there approved laboratory request forms?</p> <p>[OBSERVE]</p>	<p>Yes, observed</p> <p>Yes, not observed</p> <p>No</p> <p>Don't know</p>	<p>2</p> <p>1</p> <p>0</p> <p>88</p>	
15.1.4	<p>Were there any stockouts of specimen management supplies (e.g., sealable, leak-proof sputum containers) in the past 6 months?</p>	<p>Yes</p> <p>No</p> <p>Don't know</p>	<p>1</p> <p>0</p> <p>88</p>	
15.2	Onsite Laboratory [ASK ONLY IF 2.2.2=YES (facility has an onsite lab)]			
	Now, I would like to ask you about the management of sputum samples and turnaround times for the laboratory.			
		Yes	No	DK
15.2.1	Do you maintain any sputum containers that are sealable and leak-proof for collecting sputum?	1	0	88

15. Management of Specimens				
15.2.1.1	[ASK ONLY IF 15.2.1=YES] Ask to observe the sputum container – Is it verified to be sealable and leak proof?		1	0
15.2.2	On average, how many working days does it take to receive specimens in the laboratory from within this facility?	Days <input type="text"/> <input type="text"/> Don't know		88
15.2.3	On average, how many working days does it take to receive specimens in the laboratory from other facilities?	Days <input type="text"/> <input type="text"/> Don't know		88
15.2.4	[ASK ONLY IF 3.1.4 =YES (facility does smear microscopy)] (a) On average, how many working days does it take to receive specimen results for smear microscopy from the laboratory at this facility?	1 day..... 2 days 3–7 days..... >7 days..... Don't know.....	1 2 3 4 88	
15.2.5	[ASK ONLY IF 3.1.6 =YES (facility has GeneXpert)] (b) On average, how many working days does it take to receive specimen results for GeneXpert from the laboratory at this facility?	1 day..... 2 days..... 3–7 day..... >7 days..... Don't know.....	1 2 3 4 88	
15.3	Offsite Laboratory [ASK ONLY IF 2.2.2=YES (facility uses an offsite lab)]			
	Next, I would like to ask you about the procedures you follow to use an offsite laboratory.			
	What testing services are offered by the offsite laboratory(ies) that this facility uses?	Yes	No	DK
15.3.1.1	Smear microscopy	1	0	88
15.3.1.2	GeneXpert	1	0	88
15.3.1.3	First-line drug susceptibility testing (other than GeneXpert)	1	0	88
15.3.1.4	Second-line drug susceptibility testing	1	0	88

15. Management of Specimens			
15.3.2	Does this facility have the contact details of the laboratory? [OBSERVE]	Yes, observed Yes, not observed No Don't know	2 1 0 88
15.3.3	Is there an up-to-date specimen dispatch list? [OBSERVE]	Yes, observed Yes, not observed No Don't know	2 1 0 88
15.3.4	Does the facility maintain records of the results of sputum tests conducted offsite? [OBSERVE]	Yes, observed Yes, not observed No Don't know	2 1 0 88
15.3.5	Does the facility have access to a specimen transport service?	Yes No Don't know	1 0 88
15.3.5.1	[ASK ONLY IF 15.3.5=YES] What type of service is used?	Health facility staff Courier service Implementing partner Don't know Other (specify)_____	1 2 3 88 96
15.3.5.1.1	Who provides funds to cover specimen transportation costs?	Patient Implementing partner Health facility staff..... Other (specify)	1 2 3 96
15.3.5.1.1.1	[ASK ONLY IF 15.3.5.1.1=3 (health facility staff)] Is the cost reimbursed for health facility staff?	Yes, Always Yes, Sometimes No Don't Know	2 1 0 88

15. Management of Specimens					
15.3.5.2	[ASK ONLY IF 15.3.5=YES] What type of specimens are picked up?	Only TB			1
		TB and others			2
		Don't know			88
15.3.6	[ASK ONLY IF 15.3.5=YES] Does the facility use a cooler box reserved for transportation of specimens?	Yes			1
		No			0
		Don't know			88
15.3.7	[ASK ONLY IF 15.3.5=YES] On average, how often does specimen transportation to the laboratory occur? [ENTER 1 for daily, 2 for every 2 days, etc.]	Days <input type="text"/> <input type="text"/>			
		Don't know			88
15.3.8	[ASK ONLY IF 15.3.5=YES] On average, how many days does it take to receive the results from the offsite laboratory?	Days <input type="text"/> <input type="text"/>			
		Don't know			88
	How are TB test results returned to this facility?	Yes, unprompted	Yes, prompted	No	DK
15.3.9.1	By courier	2	1	0	88
15.3.9.2	Through patients	2	1	0	88
15.3.9.3	Through staff	2	1	0	88
15.3.9.4	Through CHW	2	1	0	88
15.3.9.5	Other (specify) _____	2	1	0	88

The staff member who is best able to answer the questions in the following sections is a **TB FOCAL PERSON**.

15.4	Sputum Investigation – Treatment [ASK ONLY IF 2.4=YES (treatment facility)]			
	Now I would like to ask you about sputum investigations ordered during treatment.	Yes	No	DK
15.4.1	[ASK ONLY IF 6.1.2=YES (facility provides intensive phase treatment)] Does this facility request sputum during the last week of the initial phase of treatment for drug-susceptible TB?	1	0	88
15.4.2	[ASK ONLY IF 6.1.3=YES (facility provides continuation phase treatment)] Does this facility request sputum in the last month of the continuation phase of treatment for drug-susceptible TB?	1	0	88
15.4.3	Does this facility request drug susceptibility testing for patients who were previously treated for TB, including GeneXpert?	1	0	88
15.4.4	Does this facility request drug susceptibility testing for patients who fail to convert on treatment, including GeneXpert?	1	0	88
15.4.5	Does this facility request any type of drug susceptibility testing for suspected DR-TB, including GeneXpert?	1	0	88
15.4.6	[ASK ONLY IF 2.5=YES (facility provides DR-TB treatment)] Does this facility request monthly smears and cultures throughout treatment for DR-TB?	1	0	88

The staff member who is best able to answer the questions in the following sections is a **PHARMACY STAFF PERSON** or the **TB FOCAL PERSON**.

16. Management of Supplies and Commodities				
	[OBSERVE THE PLACE WHERE THE SUPPLIES AND COMMODITIES ARE STORED AND ASK THE FOLLOWING]	Yes	No	DK
	Do the supplies and commodities storage conditions comply with the following standards?			
16.1	Stockroom is clean and dust-free	1	0	88
16.2	Supplies and commodities are stored to prevent water damage	1	0	88
16.3	The stockroom is well-ventilated (as demonstrated by high ceilings with vents or some other method of ventilation such as air conditioning or exhaust fan)	1	0	88
16.4	Stockroom is properly lit	1	0	88
16.5	Supplies and commodities are stored away from direct sunlight	1	0	88
16.6	Stockroom has a functional thermometer	1	0	88
16.7	Stockroom has proper temperature [8–30°C]	1	0	88
16.8	Temperature of the room is monitored regularly as demonstrated by a temperature log sheet that is up to date	1	0	88
16.9	Supplies and commodities are stored without direct contact with walls or floors	1	0	88
16.10	The stockroom has some type of security measure (e.g., locks or bolts on doors, CCTV camera)	1	0	88
16.11	Usable supplies and commodities are separated from expired and damaged ones	1	0	88
16.12	[ASK ONLY IF 13.19=YES] PPD and BCG are stored at temperatures 2–8 degrees centigrade	1	0	88

17. Drug Stock [ASK ONLY IF 2.4=YES (treatment facility)]						
[ASK TO GO TO THE MAIN SITE IN THE FACILITY WHERE ROUTINE MEDICINES ARE STORED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STORAGE AND MANAGEMENT OF MEDICINES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY, AND ASK THE FOLLOWING QUESTIONS.]						
I would like to know if the following medicines are available today in this facility. If any of the medicines I mention are stored in another location in the facility, please tell me where it is stored so I can go there to verify.						
	Drugs and medicines available at the facility during the assessment according to NTP guidelines. [CHECK TO SEE IF AT LEAST ONE UNIT IS VALID (i.e., NOT EXPIRED)]	Observed, at least one unit valid (not expired)	Observed, none valid	No stock observed	Never stocked	DK
	DS-TB drugs					
17.1.1	Isoniazid	3	2	1	0	88
17.1.2	Rifampicin	3	2	1	0	88
17.1.3	Pyrazinamide	3	2	1	0	88
17.1.4	Ethambutol	3	2	1	0	88
17.1.5	Isoniazid + Rifampicin (2FDC)	3	2	1	0	88
17.1.6	Isoniazid + Ethambutol (EH) (2FDC)	3	2	1	0	88
17.1.7	Isoniazid + Rifampicin + Pyrazinamide (RHZ) (3FDC)	3	2	1	0	88
17.1.8	Isoniazid + Rifampicin + Ethambutol (RHE) (3FDC)	3	2	1	0	88
17.1.9	Isoniazid + Rifampicin + Pyrazinamide + Ethambutol (4FDC)	3	2	1	0	88
17.1.11	INH single tablets	3	2	1	0	88
17.1.14	RHE for children	3	2	1	0	88
17.1.15	Ethambutol 100 mg	3	2	1	0	88
17.1.16	INH 100 mg	3	2	1	0	88
	DR-TB Drugs [ASK ONLY IF 2.5=YES]					
17.1.17	Levofloxacin	3	2	1	0	88
17.1.18	Moxifloxacin	3	2	1	0	88

17. Drug Stock [ASK ONLY IF 2.4=YES (treatment facility)]							
17.1.19	Bedaquiline	3	2	1	0	88	
17.1.20	Linezolid	3	2	1	0	88	
17.1.21	Clofazimine	3	2	1	0	88	
17.1.22	Cycloserine	3	2	1	0	88	
17.1.23	Terizidone	3	2	1	0	88	
17.1.24	Meropenem	3	2	1	0	88	
17.1.25	Imipenem-cilastatin	3	2	1	0	88	
17.1.26	Amikacin	3	2	1	0	88	
17.1.27	Streptomycin injectable	3	2	1	0	88	
17.1.28	Ethionamide	3	2	1	0	88	
17.1.29	Delamanid	3	2	1	0	88	
17.1.30	p-aminosalicylic acid	3	2	1	0	88	
17.1.32	Prothionamide	3	2	1	0	88	
					Yes	No	DK
17.2	Does the facility maintain a buffer stock of TB medication?	1	0	88			
17.3	Did any anti-TB medicine stockouts occur between July 2019 and February 2020?	1	0	88			
17.3.1	[ASK ONLY IF 17.3=YES] Did any patient go without TB treatment because of stockouts during this period?	1	0	88			
	Drug Storage Conditions						
	[OBSERVE THE FOLLOWING CONDITIONS AND INDICATE WHETHER OR NOT THEY ARE PRESENT]	Yes, observed	Yes, not observed	No	DK		
17.4	Are the product names and expiry dates of the medicines clearly indicated?	2	1	0	88		
17.5	Is there an allotted space in the facility for expired and/or damaged medicines?	2	1	0	88		

The staff member who is best able to answer the questions in the following section is either the **INFECTION CONTROL FOCAL PERSON** or the **TB FOCAL PERSON**.

18. Infection Control				
	I'm going to ask about infection prevention measures, and then I'd like to see the supplies used for infection control.	Yes	No	DK
18.1	General			
18.1.1	Has a staff member been designated as an infection prevention and control focal point with specifically articulated duties?	1	0	88
18.1.2	Are patients routinely asked about cough when entering the facility?	1	0	88
18.1.3	Is cough triage implemented (i.e., patients that are coughing are separated from others and fast-tracked for evaluation)?	1	0	88
18.1.4	Is there a separate waiting area in the facility to isolate potentially infectious individuals?	1	0	88
18.1.5	Does a cough monitor (or other designated person) assist with separation and triage of coughing patients?	1	0	88
18.1.6	Are surgical masks available for presumptive and confirmed TB patients?	1	0	88
18.1.6.1	[ASK ONLY IF 18.1.6=YES] Are surgical masks generally worn by presumptive and confirmed TB patients?	1	0	88
18.1.7	Is a system in place to screen and evaluate facility staff for TB disease?	1	0	88
18.1.7.1	Have any staff been diagnosed with active TB disease in the last 2 years?	1	0	88
18.1.7.1.1	How many full-time staff had active TB disease in the last 2 years? [MUST BE BETWEEN 0 AND THE # FROM 1.2.4 (# of full-time staff working in TB)]	<input type="text"/> <input type="text"/> <input type="text"/> Staff Don't know		88
18.1.7.1.2	How many part-time staff had active TB disease in the last 2 years? [MUST BE BETWEEN 0 AND THE # FROM 1.2.5 (# of part-time staff working in TB)]	<input type="text"/> <input type="text"/> <input type="text"/> Staff Don't know		88

18.2	Resources in Service Areas				
	[PLEASE CHECK IF THE FOLLOWING RESOURCES USED FOR INFECTION CONTROL ARE AVAILABLE IN THE FACILITY WHERE TB PATIENTS ARE RECEIVING SERVICES ON THE DAY OF ASSESSMENT – ASK TO SEE THEM]	Yes, observed	Yes, not observed	Don't have	DK
18.2.1	An updated and approved infection prevention and control plan	2	1	0	88
18.2.2	An annual TB infection prevention and control risk assessment	2	1	0	88
18.2.3	Supplies for coughing patients (tissues, surgical masks, etc.)	2	1	0	88
18.2.4	A confidential log for all staff with presumptive or confirmed TB	2	1	0	88
18.2.5	Patient waiting areas that are either outdoors or indoors with access to continuous fresh air	2	1	0	88

The staff member who is best able to answer the questions in the following section is the **LAB PERSON**.

18.3	<i>Supplies in Examination Areas</i>				
	[PLEASE CHECK IF THE FOLLOWING ITEMS ARE AVAILABLE IN THE CLIENT EXAMINATION AREAS (E.G., TB TESTING AREA, SERVICE PROVISION, GENERAL LAB AREAS). FOR ITEMS THAT YOU DO NOT SEE, ASK TO HAVE THEM SHOWN TO YOU]	Yes, observed	Yes, not observed	Don't have	DK
18.3.1	Running water (piped, bucket with tap, or pour pitcher)	2	1	0	88
18.3.2	Hand-washing soap (may be liquid soap)	2	1	0	88
18.3.3	Alcohol-based hand rub	2	1	0	88
18.3.4	Medical waste receptacle (pedal bin) with lid and plastic bin liners	2	1	0	88
18.3.5	Other waste receptacle	2	1	0	88
18.3.6	Sharps container (i.e., safety box)	2	1	0	88
18.3.7	Disposable latex gloves	2	1	0	88
18.3.8	Disinfectant (e.g., chlorine, alcohol)	2	1	0	88
18.3.9	Single use standard disposable syringes with needles or auto-disable syringes with needles	2	1	0	88
18.3.10	Gowns	2	1	0	88
18.3.11	Eye protection/goggles or face protection	2	1	0	88
18.3.12	Injection safety precaution guidelines for standard precautions	2	1	0	88
18.3.13	Needles destroyer	2	1	0	88
18.3.14	Methylated spirit and glycerin 70:30	2	1	0	88
18.3.15	Surgical masks	2	1	0	88

The staff member who is best able to answer the questions in the following section are the **LAB PERSON** and **SPUTUM COLLECTOR**.

18.4	<i>Specimen Collection</i>				
	Are specimens collected in any of the following designated areas?	Yes, observed	Yes, not observed	No	DK
18.4.1	Outside the screening and treatment areas	2	1	0	88
18.4.2	Away from other patients	2	1	0	88
18.4.3	In a separate room	2	1	0	88
18.4.4	In a well-ventilated area (e.g., open air or with open windows)	2	1	0	88

The staff member who is best able to answer the questions in the following section is the **TB FOCAL PERSON**.

18.5		N-95 and FFP2 Respirators [ASK TO SEE THEM]			
		Yes, observed	Yes, not observed	No	DK
18.5.1	Are N-95 and/or FFP2 respirators readily available for staff?	2	1	0	88
18.5.1.1	[ASK ONLY IF 18.5.1=YES (1, 2)] Have staff been trained on the proper fit of the respirators?		1	0	88
18.5.1.2	[ASK ONLY IF 18.5.1=YES (1, 2)] How often do facility staff members use the N-95 and/or FFP2 respirators according to national guidance?		Never		1
			Seldom		2
			Half of the time		3
			Most of the time		4
			Always		5

19. Screening of TB Patients for Diabetes [ASK ONLY IF 2.7=YES]				
	Now I want to ask a few questions about screening TB patients for diabetes mellitus (DM):			
		Yes	No	DK
19.1	Do you screen all TB patients attending this facility for diabetes mellitus (DM) through a symptom-based inquiry?	1	2	88
19.2	Which of the following tests do you recommend for TB patients when you screen them for DM?	Yes	No	DK
19.2.1	RBS (random blood sugar) test	1	2	88
19.2.2	RBS on the first visit and FBS (fasting blood sugar) on the following visits	1	2	88
19.2.3	HbA1C test	1	2	88
19.2.4	Other (specify)	1	2	88
19.3	How do you know if a TB patient has diabetes mellitus after you perform RBS? Do you consider the patient has diabetes in the following cases?			
19.3.1	RBS is less than 200 mg/dl (less than 11.1mmol/L)	1	2	88

19. Screening of TB Patients for Diabetes [ASK ONLY IF 2.7=YES]				
19.3.2	RBS is 200 mg/dl or greater (11.1mmol/L or greater)	1	2	88
19.3.3	Other (please specify)	1	2	88
19.4	How do you know if a TB patient has diabetes mellitus after you conduct the second screening? Do you think the patient blood glucose is normal in the following cases?			
19.4.1	FBS is less than 110 mg/dl	Yes, the blood glucose is normal...	1	
		No, this indicates impaired glucose tolerance.....	2	
		No, this indicates DM.....	3	
19.4.2	FBS is 100–125 mg/dl (between 5.6 and 6.9 mmol/L)	Yes, the blood glucose is normal...	1	
		No, this indicates impaired glucose tolerance.....	2	
		No, this indicates DM	3	
19.4.3	FBS is 126mg/dl or higher (7.0mmol/L or higher)	Yes, the blood glucose is normal...	1	
		No, this indicates impaired glucose tolerance.....	2	
		No, this indicates DM	3	

20. TB Case Detection and Case Management After the Onset of COVID-19						
	Now I will ask about how the onset of the COVID-19 pandemic has affected TB services at this facility.					
20.1	<i>The Onset of COVID-19 and Its Effects on TB Services</i>					
20.1.1	Has COVID-19 affected the delivery of TB services at this facility?	Yes	1			
		No	0			
		[No response]	99			
20.1.2	[ASK IF 20.1.1=YES] [ASK IF THE FOLLOWING TB SERVICES OR MANAGEMENT SUPPORT SERVICES HAVE BEEN MOST AFFECTED, AFFECTED OR NOT AFFECTED BY THE COVID-19 RESPONSE AT THIS HEALTH FACILITY]	No longer offered because of COVID-19	Highly disrupted by COVID-19	Somewhat disrupted by COVID-19	Not disrupted by COVID-19	Service never offered
						Don't Know

20. TB Case Detection and Case Management After the Onset of COVID-19							
20.1.2.1	Referrals of presumptive TB cases from the community	5	4	2	1	0	88
20.1.2.2	Referrals of presumptive TB cases by private health facilities	5	4	2	1	0	88
20.1.2.3	Referrals of presumptive TB cases by private practitioners	5	4	2	1	0	88
20.1.2.4	TB diagnostic testing with smear microscopy	5	4	2	1	0	88
20.1.2.5	TB diagnostic testing with GeneXpert	5	4	2	1	0	88
20.1.2.6	Specimen transport	5	4	2	1	0	88
20.1.2.7	Directly observed treatment	5	4	2	1	0	88
20.1.2.8	Supply of DS-TB medicines	5	4	2	1	0	88
20.1.2.9	Supply of DR-TB medicines	5	4	2	1	0	88
20.1.2.10	Treatment support for TB patients outside the health facility	5	4	2	1	0	88
20.1.2.11	Drug-sensitivity testing	5	4	2	1	0	88
20.1.2.12	Reminder phone calls or SMS texts to support patient adherence to medication and treatment	5	4	2	1	0	88
20.1.2.13	Follow-up phone calls or SMS texts to TB patients (e.g., for a missed appointment, to schedule a home visit)	5	4	2	1	0	88
20.1.2.14	TB awareness and health education	5	4	2	1	0	88
20.1.2.15	Planned TB-related trainings for health facility personnel	5	4	2	1	0	88
20.1.2.16	Supervision visits targeting TB to the facility (i.e., by district or provincial MoPH)	5	4	2	1	0	88
20.1.2.17	Other (please specify) -----	5	4	2	1	0	88
20.1.3	Does your health facility provide in-patient services for DS-TB patients?	Yes					1
		No.....					0
		[No response].....					99
20.1.3.1	[ASK ONLY IF 20.1.3=YES] Has this facility reduced the number of beds for in-patient treatment of DS-TB or reassigned these beds for COVID patients?	Yes					1
		No					0
		[No response].....					99

20. TB Case Detection and Case Management After the Onset of COVID-19				
20.1.4	Does your health facility provide in-patient services for DR-TB patients?	Yes	1	
		No	0	
		[No response].....	99	
20.1.4.1	[ASK ONLY IF 20.1.4=YES] Has this facility reduced the number of beds for in-patient treatment of DR-TB or reassigned these beds for COVID patients?	Yes	1	
		No	0	
		[No response].....	99	
20.1.5	Does the facility staff provide consultation and follow-up with TB patients using remote support technology (e.g., telemedicine, SMS texts, WhatsApp)?	Yes	1	
		No	0	
		[No response]	99	
20.1.5.1	[ASK ONLY IF 20.1.5=YES] What kind of remote support does this facility provide? [Select all that apply.]	E-compliance.....	1	
		Mobile telephone.....	2	
		Digital support groups (e.g., WhatsApp).....	3	
		Other (specify).....	4	
		[No response]	96	
			99	
20.2	<i>Reallocation of Facility Resources to Respond to COVID-19</i>			
20.2.1	Has there been any reallocation of facility resources from TB services to COVID-19 screening, diagnosis and/or treatment at this facility?	Yes	1	
		No	0	
		[No response].....	99	
20.2.2	Have any TB service providers been assigned to provide COVID-19 services (either full or part time)?	Yes	1	
		No	0	
		[No response].....	99	
20.2.3	[ASK THE FOLLOWING ONLY IF 20.2.1=YES] Have the following facility resources used by the TB program been reallocated for the COVID-19 response?	Reallocated to COVID-19 response?		
		Yes	No	DK
20.2.3.1	GeneXpert machine(s)	1	0	88
20.2.3.2	Health facility building space	1	0	88
20.2.3.3	Health facility laboratory space	1	0	88

20. TB Case Detection and Case Management After the Onset of COVID-19				
20.2.3.4	TB healthcare providers	1	0	88
20.2.3.5	TB laboratory personnel	1	0	88
20.2.3.6	Line probe assay (LPA)	1	0	88
20.2.3.9	DR-TB diagnostic supplies and reagents	1	0	88
20.2.3.11	Gloves	1	0	88
20.2.3.12	Masks	1	0	88
20.2.3.13	Personal protective equipment (PPE)	1	0	88
20.2.3.14	Budget that was originally allocated to the TB program	1	0	88
20.2.3.15	Other (specify)-----	1	0	88
20.3	<i>TB Case Detection After the Onset of COVID-19</i>			
20.3.1	Has COVID-19 affected the number of presumptive TB patients attending the health facility for testing and diagnosis services?	Yes	1	
		No.....	0	
		[No response].....	99	
20.3.2	On average, how many presumptive TB cases were attending your health facility per week before the COVID-19 pandemic?	No. of patients <input type="text"/> <input type="text"/> <input type="text"/>		
		Don't Know.....	88	
20.3.3	On average, how many presumptive TB cases are attending your health facility per week during the COVID-19 pandemic?	No. of patients <input type="text"/> <input type="text"/> <input type="text"/>		
		Don't Know.....	88	
20.3.4	Has active case finding for TB been impacted since the onset of COVID-19?	Yes	1	
		No	0	
		[No response].....	99	
20.3.5	Has TB testing and diagnosis at this facility been impacted since the onset of COVID-19?	Yes	1	
		No	0	
		[No response].....	99	

20. TB Case Detection and Case Management After the Onset of COVID-19			
20.3.6	[ASK ONLY IF 20.3.5=YES] How has the rate of TB testing and diagnosis changed in your health facility since the onset of COVID-19?	It has decreased by a lot..... It has decreased by a little..... No change..... It has increased by a little..... It has increased by a lot..... [No response]	1 2 3 4 5 99
20.3.7	Has there been a change in the type of diagnostic tests provided to presumptive TB cases?	Yes – presumptive TB cases are MORE likely to receive a smear microscopy test..... Yes – presumptive TB cases are MORE likely to receive a GeneXpert test..... Yes – presumptive TB cases are LESS likely to receive any type of laboratory test (GeneXpert, smear microscopy, etc.)..... No – there has been no change in the type of diagnostic test provided to presumptive TB cases.....	1 2 3 0
20.3.8	Are you conducting contact investigation tracing for patients with COVID-19?	Yes No..... [No response].....	1 0 99
20.3.9	[ASK ONLY IF 20.3.8=YES] Has contact tracing of COVID-19 cases affected contact tracing of TB patients?	Yes No..... [No response].....	1 0 99

20. TB Case Detection and Case Management After the Onset of COVID-19			
20.3.10	[ASK ONLY IF 20.3.9=YES] How has contact tracing of TB patients been impacted by COVID-19?	Contact tracing of TB patients is only happening for a limited number of cases/is happening less frequently..... Contact tracing of TB patients is only done virtually (i.e., through calls or text messages) instead of in person.....	1 2
20.4	<i>TB Case Management After the Onset of COVID-19</i>		
	[ASK THE FOLLOWING QUESTIONS IF THE ANSWER TO FACILITY AUDIT Q2.4=YES (FACILITY PROVIDES TB TREATMENT SERVICES)]		
20.4.1	Have the numbers of TB cases initiated on treatment changed since the onset of COVID-19?	Yes No..... [No response].....	1 0 99
20.4.1.1	[ASK ONLY IF 20.4.1=YES] How has the number of confirmed TB cases that started treatment changed since the onset of COVID-19?	It has decreased by a lot... It has decreased by a little... No change..... It has increased by a little.... It has increased by a lot..... [No response]	1 2 3 4 5 99
20.4.2	Do the health providers at this facility practice physical distancing when they examine the patients?	Yes No..... [No response].....	1 0 99
20.4.2.1	Is the facility able to monitor TB patients (e.g., for adherence to treatment, monitoring drug side effects, and treatment outcomes) under physical distancing measures?	Yes No..... [No response].....	1 0 99
20.4.3	On average, how many TB patients were attending your health facility per week for DS-TB treatment/treatment monitoring before the COVID-19 pandemic?	No. of patients.... <input type="text"/> <input type="text"/> Don't Know.....	88

20. TB Case Detection and Case Management After the Onset of COVID-19			
20.4.4	On average, how many TB patients are attending your health facility per week for DS-TB treatment/treatment monitoring during the COVID-19 pandemic?	No. of patients <input type="text"/> <input type="text"/> Don't Know.....	88
20.4.5	<p>[ASK IF 20.4.4 < 20.4.3]</p> <p>What do you think are the reasons why the number of TB patients coming to the facility for TB treatment/treatment monitoring have decreased since the COVID-19 pandemic?</p> <p>[Select all that apply.]</p>	Lockdown/curfews..... 1 Fear of contracting COVID-19 at the health facility..... 2 Lack of transportation..... 3 Health facility closure..... 4 Reduced hours of operation of the health facility..... 5 TB services no longer provided by the health facility..... 6 TB healthcare personnel not available at health facility..... 7 Stigma..... 8 Known stockout of TB medicines..... 9 Other..... 96 Don't know..... 88 [No response]..... 99	
20.4.6	<p>What changes have been made to DS-TB treatment services as a result of COVID-19?</p> <p>[Select all that apply.]</p>	Delays in scheduling routine TB care visits for patients 1 Multi-month dispensing of TB medication to patients..... 2 Increased use of telemedicine visits/consultations instead of in-person visits..... 3 Increased use of remote adherence monitoring (i.e., SMS follow-ups, voice reminders)..... 4 Greater reliance on community-based treatment supporters..... 5 Limited capacity to conduct follow-up smears for treatment monitoring..... 6 No changes to DS-TB treatment services..... 0	
20.4.7	Has the facility experienced any stockouts of first-line drugs since the onset of COVID-19?	Yes 1 No..... 0 [No response]..... 99	

20. TB Case Detection and Case Management After the Onset of COVID-19			
[ASK THE FOLLOWING FOUR QUESTIONS IF THE ANSWER TO FACILITY AUDIT Q2.5=YES (FACILITY OFFERS DR-TB TREATMENT SERVICES)]			
20.4.8	Has the facility experienced any stockouts of drugs for DR-TB since the onset of COVID-19?	Yes No [No response].....	1 0 99
20.4.9	On average, how many MDR-TB patients were attending your health facility per week for MDR-TB diagnostic and treatment services before the COVID-19 pandemic?	No. of patients.... <input type="text"/> <input type="text"/> Don't Know.....	88
20.4.10	On average, how many MDR-TB patients were attending your health facility per week for MDR-TB diagnostic and treatment services during the COVID-19 pandemic?	No. of patients.... <input type="text"/> <input type="text"/> Don't Know.....	88
20.4.11	<p>[ASK IF 20.4.10<20.4.9]</p> <p>What do you think are the reasons why the number of DR-TB patients coming to the facility for TB diagnosis and treatment/services have decreased since the COVID-19 pandemic?</p> <p>[Select all that apply.]</p>	<p>Lockdown/curfews.....</p> <p>Fear of contracting COVID-19 at the health facility.....</p> <p>Lack of transportation.....</p> <p>Health facility closure.....</p> <p>Reduced hours of operation of the health facility.....</p> <p>TB services no longer provided by the health facility.....</p> <p>TB healthcare personnel not available at health facility...</p> <p>Stigma.....</p> <p>TB medicine stockout.....</p> <p>Stockout of ancillary medicines for the management of side effects.....</p> <p>Other.....</p> <p>Don't know.....</p> <p>[No response].....</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>96</p> <p>88</p> <p>99</p>

20. TB Case Detection and Case Management After the Onset of COVID-19			
20.4.12	<p>What changes have been made to DR-TB treatment services as a result of COVID-19?</p> <p>[Select all that apply.]</p>	<p>Delays in scheduling of routine TB care visits for patients....</p> <p>Multi-month dispensing of medications</p> <p>Increased use of telemedicine visits/consultations instead of in-person visits.....</p> <p>Increased use of remote adherence monitoring (i.e., SMS follow-ups, voice reminders)</p> <p>Greater reliance on community-based treatment supporters...</p> <p>Limited ability to provide laboratory tests (e.g., culture) needed to monitor response to treatment.....</p> <p>Limited ability to monitor side effects (e.g., through audiometry testing, EKG, liver function).....</p> <p>No changes to DR-TB treatment services.....</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>0</p>
20.5	Infection Prevention and Control		
20.5.1	<p>Have there been any changes in the facility's infection prevention and control practices since the onset of COVID-19?</p>	<p>Yes</p> <p>No</p> <p>[No response]</p>	<p>1</p> <p>0</p> <p>99</p>

20. TB Case Detection and Case Management After the Onset of COVID-19			
20.5.2	<p>What measures were taken by the facility to minimize the spread of COVID-19?</p> <p>[Select all that apply.]</p>	<p>Triaging and isolating patients with COVID-19 symptoms</p> <p>Reducing/capping the number of patients allowed inside the facility at any given time.....</p> <p>Improved environmental controls (e.g., moved waiting area outside, use of fans inside).....</p> <p>Limiting entrance to only patients (i.e., no accompanying family members).....</p> <p>Minimizing the number of staff that work within the health facility at any given time.....</p> <p>Requiring all healthcare providers to use PPE.....</p> <p>Reducing patient waiting time.....</p> <p>Having all patients wear masks.....</p> <p>No additional measures are being taken.....</p> <p>Don't know.....</p> <p>[No response]</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>0</p> <p>88</p> <p>99</p>
20.5.3	<p>Does the facility have sufficient quantities of PPE?</p>	<p>Yes</p> <p>No</p> <p>[No response]</p>	<p>1</p> <p>0</p> <p>99</p>
20.5.4	<p>Have you been consistently equipped with appropriate and sufficient quantities of PPE since the onset of COVID-19?</p>	<p>Yes, I have consistently been equipped with appropriate PPE in sufficient quantities.....</p> <p>I have been equipped with appropriate PPE, but not in sufficient quantities</p> <p>No, I have not been equipped at all with the appropriate PPE.....</p> <p>Don't know.....</p> <p>[No response]</p>	<p>1</p> <p>2</p> <p>3</p> <p>88</p> <p>99</p>

20. TB Case Detection and Case Management After the Onset of COVID-19			
20.5.5	Are laboratory and health facility staff routinely tested for COVID-19?	Yes No [No response].....	1 0 99
20.5.6	Has this facility received any new or revised diagnostic, laboratory, and/or treatment algorithms, protocols, or procedures since the onset of COVID-19?	Yes No [No response].....	1 0 99
20.5.7	[ASK ONLY IF 5.6=YES] Please name the new or revised diagnostic, laboratory, and/or treatment guidelines or protocols	1..... 2..... 3..... 4..... 5.....	

End of Facility Visit				
		(a) Visit Result		(b) Visit End Time [Use the 24-hour clock system (e.g., 14:30)]
003	Visit 1	Completed	1	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Hours Minutes </div>
		Partially completed	2	
		Records unavailable	3	
		Facility refused	4	
		Postponed	5	
		Other (specify)_____	96	
004	Visit 2 (if needed)	Completed	1	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Hours Minutes </div>
		Partially completed	2	
		Records unavailable	3	
		Facility refused	4	
		Other (specify)_____	9696	

[THANK YOUR RESPONDENT AND MOVE TO THE NEXT AVAILABLE HEALTH FACILITY]

Comments/Observations [RESEARCH ASSISTANT]	
099	<p>Please provide detailed comments or observations you may have about this questionnaire (issues with questions, challenges in determining which response to select, etc.).</p> <hr/> <hr/> <hr/> <hr/> <hr/>

Quality of TB Services Assessment: Provider Interview

Start of Facility Visit													
		(a) Visit Date	(b) Visit Start Time [Use the 24-hour clock system (e.g., 14:30)]	(c) Interviewer ID	(d) Interviewer Name								
001	Visit 1	___/___/___	<table border="1"> <tr> <td>□</td><td>□</td> <td>□</td><td>□</td> </tr> <tr> <td colspan="2">Hours</td> <td colspan="2">Minutes</td> </tr> </table>	□	□	□	□	Hours		Minutes		□□	_____
□	□	□	□										
Hours		Minutes											
002	Visit 2 (if needed)	___/___/___	<table border="1"> <tr> <td>□</td><td>□</td> <td>□</td><td>□</td> </tr> <tr> <td colspan="2">Hours</td> <td colspan="2">Minutes</td> </tr> </table>	□	□	□	□	Hours		Minutes		□□	_____
□	□	□	□										
Hours		Minutes											

Facility Identification			
		(a) Code	(b) Name
010	Province	□□	_____
011	District/Nahia	□□	_____
012	Facility	□□□□□	_____
013	Location of facility (Village) _____		
014	GPS location:		

Facility Characteristics			
020	Does this facility provide TB diagnostic services?	Yes	1
		No	0
021	Does this facility provide DS-TB treatment services?	Yes	1
		No	0
022	[ASK ONLY IF 021=YES] Is this facility a DOT site?	Yes	1
		No	0
023	Does this facility provide DR-TB treatment services?	Yes	1
		No	0
024	Does this facility provide any HIV-related services, such as counseling, testing, care, or treatment?	Yes	1
		No	0

Participant Consent			
030	Provider number	<input type="text"/>	<input type="text"/>
Eligibility Screening Questions			
<p>Instructions to the interviewer:</p> <p>[Approach one of the clinic staff, introduce yourself (Hello. My name is) and ask her/him if s/he is willing to answer questions about their experience providing TB care at this facility. If they agree, tell them that you have a couple of preliminary questions. To ensure that the provider meets the criteria for the study, please obtain the following information.]</p>			
031	Do you provide care to TB patients?	Yes No	1 0
032	<p>[ASK ONLY IF 031=YES]</p> <p>Have you been working at this facility for more than 6 months?</p>	Yes No [No response]	1 0 99
<p>[If either of the screening questions is NO or NO RESPONSE, the provider is NOT eligible for this study – thank them and find the next available staff member. If the provider is eligible for the study (i.e., both screening questions are YES), it is essential that you gain their informed consent before beginning the interview. Read the service provider consent form to the provider and record their response below.]</p>			
033	<p>[SELECT THE APPROPRIATE RESPONSE BASED ON THE INFORMED CONSENT]</p>	Consented Declined	1 0
<p>[If they declined to give consent, (1) thank the provider, (2) record “Provider refused” in the “End of Facility Visit” section at the end of the survey, and (3) approach another provider.</p> <p>If they consented, continue with the interview.]</p>			

1. Education and Experience			
1.1	Sex [OBSERVE AND SELECT THE APPROPRIATE RESPONSE. ASK ONLY IF UNSURE.]	Male Female [No response].....	1 2 99
1.2.1	In what year were you born? [YEAR MUST BE 1949–2002. IF UNKNOWN, SELECT 88, OR IF NO RESPONSE, SELECT 99.]	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know..... [No response].....	88 99
1.2.2	How old were you on your last birthday? [AGE MUST BE 18–70. COMPARE AND CORRECT 1.2.1 AND 1.2.2 IF THEY ARE INCONSISTENT.]	Years <input type="text"/> <input type="text"/> Don't know..... [No response].....	88 99
1.3	What was the highest level of schooling you reached to become a practicing healthcare provider?	No education..... No formal education but able to read and write..... Primary/elementary school..... 12 Class..... Diploma/14 Class..... Bachelor's degree..... Master's degree..... MD degree..... MD specialization degree..... Doctorate..... Non-formal degree (specify)____ Other health degree (specify)____ Other non-health degree (specify)____ [No response].....	1 2 3 4 5 6 7 8 9 10 95 96 97 99

1. Education and Experience			
1.4	How would you best describe your current occupational category at this facility? For example, are you a registered nurse or physician?	CHW 1 Community health supervisor..... 2 Lab technician..... 3 Pharmacist/pharmacy assistant... 4 Nurse/auxiliary nurse, community nurse..... 5 Midwife/community midwife..... 6 Medical technologist..... 7 Medical doctor/clinical officer... 8 Specialist doctor..... 9 Other (specify)_____ 96 [No response]..... 99	
1.5	Are you the TB focal point or the designated TB staff at this facility?	Yes 1 No 0 [No response] 99	
1.6	How many years and months have you been working in this facility? [YEARS MUST BE 0–62. MONTHS MUST BE 0–11.]	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> [No response] 99	
1.7	Typically, how many hours a week do you usually work at this facility (including duty and weekends)? [MUST BE 1–60]	Hours per week ... <input type="text"/> <input type="text"/> [No response] 99	
1.8	Approximately, how many patients (including non-TB patients) do you personally see or care for in a typical week in this facility? [ENTER 1–250]	Number of patients <input type="text"/> <input type="text"/> <input type="text"/> [No response] 999	
1.9	How many years and months have you been providing TB-related services at this facility? [MUST BE ≤ ANSWER FOR 1.6]	Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> [No response] 99	

1. Education and Experience			
1.10	How many hours a week do you provide TB-related services (including duty and weekends)? [ENTER 1–60] [MUST BE ≤ ANSWER FOR 1.7]	Hours per week [No response]..... [] []	99
1.11	Approximately, how many TB patients (or their contacts) do you personally see or care for in a typical week in this facility? [ENTER 1–250] [MUST BE ≤ ANSWER FOR 1.8]	Number of patients [No response] [] [] []	999

2. Training					
<i>[Note about the timeframe for which the questions are being asked: The questions that ask if specific services and trainings were offered “in the past 24 months” refer to the period before COVID-19 (i.e., the 24-month period from March 1, 2018–February 29, 2020).]</i>					
Now, I will ask about training you received on specific TB-related services. Have you received any training, new or refresher, on any of the following?		Yes, within the last 24 months	Yes, over 24 months ago	No	[NR]
2.1	Country-Specific Policies and Guidelines				
2.1.1	NTP SOP training (includes training on screening algorithm for TB, prescription of drugs for TB treatment, and TB infection control)	2	1	0	99
2.1.2	Integrated TB information system (TBIS) training	2	1	0	99
2.1.3	Interpersonal communication competence (IPCC) training	2	1	0	99
2.2	TB Diagnostic Services				
2.2.1	Diagnosis of TB based on clinical symptoms or examination (for adults)	2	1	0	99
2.2.2	Screening or diagnosis of TB based on x-ray	2	1	0	99
2.2.3	Diagnosis of TB based on sputum tests using smear microscopy	2	1	0	99
2.2.4	Diagnosis of TB based on sputum tests using culture	2	1	0	99
2.2.5	Diagnosis of TB by Xpert MTB/RIF (GeneXpert)	2	1	0	99

2. Training					
2.3	<i>TB Treatment Services</i>				
2.3.1	Management of DS-TB treatment	2	1	0	99
2.3.2	Identification of presumptive DR-TB	2	1	0	99
2.3.3	Direct observation of treatment (DOT) training	2	1	0	99
2.3.4	Management of DR-TB treatment	2	1	0	99
2.3.5	Programmatic management of drug-resistant TB (PMDT) training	2	1	0	99
2.4	<i>TB/HIV Services</i>				
2.4.1	Management of TB/HIV coinfection	2	1	0	99
2.4.2	Provider-initiated counseling and testing (PICT)	2	1	0	99

3. TB Services Provided					
<i>[Note about the timeframe for which the questions are being asked: The questions that ask if specific services were available “in the past 12 months” refer to the period before COVID-19 (i.e., the 12-month period from March 1, 2019–February 29, 2020).]</i>					
	Now, I will ask if you currently provide certain TB-related services. Have you provided the following services in the last 12 months?	Yes	No	[NR]	
3.1.1	Screening of TB by clinical symptoms and signs	1	0	99	
3.1.2	Screening of TB by x-ray	1	0	99	
3.2	<i>TB Diagnostic Services [ASK ONLY IF 020=YES (diagnostic facility)]</i>				
3.2.1	Diagnosis of TB by clinical symptoms and signs	1	0	99	
3.2.2	Diagnosis of TB by conventional x-ray	1	0	99	
3.2.3	Diagnosis of TB by digital x-ray	1	0	99	
3.2.4	Diagnosis of TB by sputum smear microscopy (i.e., DSSM)	1	0	99	
3.2.5	Diagnosis of TB by Xpert MTB/RIF (GeneXpert)	1	0	99	
3.2.6	Tuberulin skin test	1	0	99	

3. TB Services Provided				
<i>[Note about the timeframe for which the questions are being asked: The questions that ask if specific services were available “in the past 12 months” refer to the period before COVID-19 (i.e., the 12-month period from March 1, 2019–February 29, 2020).]</i>				
	Now, I will ask if you currently provide certain TB-related services. Have you provided the following services in the last 12 months?	Yes	No	[NR]
3.2.7	What Is the most common method you use for diagnosing TB in this facility? [Select only one response]	Diagnosis of TB by clinical symptoms and signs.....		1
		Diagnosis of TB by conventional x-ray.....		2
		Diagnosis of TB by digital x-ray.....		3
		Diagnosis of TB by sputum smear microscopy or DSSM.....		4
		Diagnosis of TB by Xpert MTB/RIF (GeneXpert).....		5
		Tuberculin skin test (TST)		6
		Other (specify) _____		96
		[No response]		99
3.2.8	First-line drug susceptibility testing	1	0	99
	[ASK THE NEXT 5 QUESTIONS ONLY IF 3.2.8=YES] What methods do you use to detect resistance to first-line drugs?	Yes	No	[NR]
3.2.8.1	Xpert MTB/RIF (GeneXpert) to detect resistance to rifampicin	1	0	99
3.2.8.2	Line probe assays (e.g., MTBDRplus to MTBDRsl)	1	0	99
3.2.8.3	Solid culture	1	0	99
3.2.8.4	Liquid culture	1	0	99
3.2.8.5	Any other method used to detect resistance to first-line drugs? (Please specify.) _____	1	0	99
3.2.9	[ASK ONLY IF 3.2.8=NO OR NR] Referral for first-line drug susceptibility testing	1	0	99
3.2.10	Second-line drug susceptibility testing	1	0	99
	[ASK THE NEXT 5 QUESTIONS ONLY IF 3.2.10=YES] What methods do you use to detect resistance to second-line drugs?	Yes	No	[NR]
3.2.10.1	Xpert MTB/RIF (GeneXpert) to detect resistance to rifampicin	1	0	99
3.2.10.2	Line probe assays (e.g., MTBDRplus to MTBDRsl)	1	0	99
3.2.10.3	Solid culture	1	0	99

3. TB Services Provided				
<i>[Note about the timeframe for which the questions are being asked: The questions that ask if specific services were available “in the past 12 months” refer to the period before COVID-19 (i.e., the 12-month period from March 1, 2019–February 29, 2020).]</i>				
	Now, I will ask if you currently provide certain TB-related services. Have you provided the following services in the last 12 months?	Yes	No	[NR]
3.2.10.4	Liquid culture	1	0	99
3.2.10.5	Any other method used to detect resistance to second-line drugs? (Please specify.)_____	1	0	99
3.2.11	[ASK ONLY IF 3.2.10=NO OR NR] Referral for second-line drug susceptibility testing	1	0	99
3.3	<i>TB Treatment Services</i> [ASK ONLY IF 021=YES AND/OR 023=YES (DS and/or DR-TB treatment facility)]			
3.3.1	Prescription of drugs for TB treatment (i.e., the patient is given a prescription for TB drugs and has to purchase them on her/his own)	1	0	99
3.3.2	TB treatment and follow-up (i.e., TB treatment including the drugs are provided by the health facility)	1	0	99
3.3.3	[ASK ONLY IF 022=YES (DOT facility)] Direct observation of treatment (DOT)	1	0	99
3.3.4	[ASK ONLY IF 022=YES (DOT facility)] Video DOT	1	0	99
3.3.5	Reminder phone calls or SMS texts to support patients’ adherence to treatment	1	0	99
3.3.6	Patient tracking of those who miss an appointment	1	0	99
	[ASK THE NEXT 2 QUESTIONS ONLY IF 3.3.6=YES]			
3.3.6.1	Follow-up phone calls or SMS texts to TB patients if they miss an appointment	1	0	99
3.3.6.2	Home visits to TB patients if they miss an appointment	1	0	99
3.3.7	[ASK ONLY IF 023=YES (DR-TB treatment facility)] Treatment of drug-resistant TB	1	0	99
3.4	<i>TB/HIV Services</i> [ASK ONLY IF 023=YES (facility provides TB/HIV services)]			
3.4.1	HIV testing for TB patients onsite	1	0	99

3. TB Services Provided				
<i>[Note about the timeframe for which the questions are being asked: The questions that ask if specific services were available “in the past 12 months” refer to the period before COVID-19 (i.e., the 12-month period from March 1, 2019–February 29, 2020).]</i>				
	Now, I will ask if you currently provide certain TB-related services. Have you provided the following services in the last 12 months?	Yes	No	[NR]
3.4.2	Isoniazid preventive therapy (IPT) – preventive treatment for TB infection	1	0	99
3.5 Patient Referral				
	Now, I will ask you about referring patients out to the other facilities. Do you refer patients to the following services?			
3.5.1	Referral for DS-TB treatment	1	0	99
3.5.2	Referral for DR-TB treatment	1	0	99
3.5.3	Referral for HIV testing for TB patients	1	0	99
3.5.4	Referral for isoniazid preventive therapy (IPT)	1	0	99

4. TB Case Management				
Now, I want to ask you a few more questions about the management and care of TB patients as part of your work in this facility.				
4.1	<i>Establishing Rapport and Building Trust</i>			
	The interpersonal relationship between provider and patient is very important for successful treatment outcomes, especially since TB requires taking medications for many months. What are some things you do to establish rapport and build trust with your patients? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT. INSTEAD ASK “ANYTHING ELSE?”]	Yes	No	
4.1.1	Be consistent in what is done and told to the patient	1	0	
4.1.2	Be flexible in meeting the patient’s needs	1	0	
4.1.3	Communicate clearly	1	0	
4.1.4	Have an open mind about the patient’s cultural beliefs	1	0	
4.1.5	Listen carefully to the patient	1	0	
4.1.6	Recognize and address the patient’s fears about the illness	1	0	
4.1.7	Suggest behaviour changes respectfully	1	0	

4. TB Case Management			
4.1.8	Treat the patient with dignity and respect	1	0
4.1.9	Respectfully suggest to change behaviors that increase the risk of spreading TB infection to others or put the patients at greater risk of adverse effects due to TB	1	0
4.1.10	Provide counseling to the patient to show that you care about them	1	0
4.1.11	Contact them when they miss treatment to show that you are looking out for them	1	0
4.1.12	Conduct home visits (going to clients' houses, learn more about their daily life, etc.)	1	0
4.1.13	Provide encouragement and interact with patient in a friendly manner	1	0
4.1.14	Other (specify) _____	1	0
4.2	<i>Patient Assessment</i> [ASK ONLY IF 021=YES AND/OR 023=YES]		
	As part of the initial patient assessment to determine their understanding of TB, what do you ask the patient to tell or explain to you? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT.]	Yes	No
4.2.1	Patient's previous medical/psychosocial history	1	0
4.2.2	Attitudes/beliefs towards TB	1	0
4.2.3	Knowledge of TB	1	0
4.2.4	Ability to follow the TB treatment plan	1	0
4.2.5	Potential barriers to treatment (e.g., lack of transportation, TB medications will be too expensive)	1	0
4.2.6	Resources (e.g., family, other social support, finances)	1	0
4.2.7	Personal information (professional activity, living situation, contact information, etc.)	1	0
4.2.8	Other (specify) _____	1	0
4.3	<i>Counseling</i>		
	To ensure your patients have a good understanding of the treatment process, what type of information or topics, excluding TB/HIV, do you discuss with patients during diagnosis and treatment visits? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT.]		
	<i>Topics</i>	Yes	No
	<i>General TB Information</i>		
4.3.1	What TB is	1	0
4.3.2	That TB can be cured	1	0

4. TB Case Management			
4.3.3	Basic information to protect household members and contacts from infection prior to starting treatment	1	0
4.3.4	Test results/What the test results mean	1	0
<i>TB Treatment Information</i>			
4.3.5	How the medications should be taken (e.g., dosage, frequency)	1	0
4.3.6	How long TB treatment will last	1	0
4.3.7	Importance of taking medications regularly for the full course of treatment	1	0
4.3.8	What to do when they miss their treatment	1	0
4.3.9	The need for a treatment supporter	1	0
4.3.10	Options available for treatment support (e.g., DOT)	1	0
4.3.11	What to do if they run out of TB medications	1	0
4.3.12	Possible side effects of TB medications	1	0
4.3.13	What to do if they experience side effects from the TB medication	1	0
4.3.14	Nutrition	1	0
4.3.15	Good practices (not smoking or drinking alcohol, good hygiene, infection control and prevention, such as staying outside or opening windows inside, etc.)	1	0
4.3.16	Other (specify) _____	1	0
4.4	[ASK ONLY IF 021=YES AND/OR 023=YES (treatment facility)] What do you do when a patient misses their treatment? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT.]	Yes	No
4.4.1	Nothing	1	0
4.4.2	Advise them to return for treatment	1	0
4.4.3	Counsel and continue treatment from where they stopped if the missing period is less than a month, otherwise repeat the test	1	0
4.4.4	Counsel and repeat lab investigation	1	0
4.4.5	Follow up and track by contacting their school or workplace	1	0
4.4.6	Follow up and track by home visit	1	0
4.4.7	Follow up and track by phone	1	0
4.4.8	Follow up and track by SMS	1	0
4.4.9	Record missed day and extend treatment	1	0

4. TB Case Management			
4.4.10	Other (specify) _____	1	0

5. Infection Prevention and Control

[Note about the timeframe for which the questions are being asked: The questions that ask if specific services and trainings were offered “in the past 24 months” refer to the period before COVID-19 (i.e., the 24-month period from March 1, 2018–February 29, 2020).]

Now, I would like to ask you some questions about your knowledge and practices to prevent transmission of TB among healthcare workers and patients within the facility.

5.1	Training				
5.1.1	Have you ever received any training on TB infection control?	Yes	1	No	0
		[No response]	99		
5.1.2	[ASK ONLY IF 5.1.1=YES] When did the training occur?	Within the past 24 months	1	Over 24 months ago	2
		[No response]	99		
5.2	Knowledge				
	I would like to ask you some questions about your knowledge of preventing transmission of TB within the facility.	Yes	No	DK	[NR]
5.2.1	Should doors and windows be left open whenever a patient presumed or confirmed to have TB is in the room?	1	0	88	99
5.2.2	Can fans (ventilators) be used in TB wards to reduce the transmission of TB?	1	0	88	99
5.2.3	Should presumed or confirmed TB patients be separated from other patients?	1	0	88	99
5.2.4	Should healthcare providers minimize the time TB patients spend in the health facility?	1	0	88	99
5.2.5	Can surgical masks protect healthcare providers from inhaling the TB bacteria?	1	0	88	99
5.2.6	Can the use of respiratory protection, such as N95 particulate respirators, by healthcare providers protect them from inhaling the TB bacteria?	1	0	88	99
5.2.7	Do the healthcare providers commonly triage patients coming to the health center to separate presumed or confirmed TB patients from the others?	1	0	88	99

5. Infection Prevention and Control				
5.3	<i>Practices</i>			
	What do you do whenever you are with presumed or confirmed TB patients and/or working in the TB wards?	Yes	No	[NR]
5.3.1	Use a mask/respirator whenever treating TB presumptive or confirmed patients	1	0	99
5.3.2	Give priority to coughing patients (i.e., attend to patients who are coughing first)	1	0	99
5.3.3	Educate TB patients on cough etiquette (i.e., covering their mouth with hand, tissue, or elbow while coughing or sneezing, not spitting on the floor)	1	0	99
5.3.4	Turn on fans to exhaust air outside the room, or blow air in the direction away from others while treating TB presumptive or confirmed cases	1	0	99
5.3.5	Request for TB diagnostic testing if the patient is symptomatic	1	0	99
5.3.6	Always screen all family members of confirmed TB patients for TB symptoms	1	0	99
5.3.7	Discuss with family members, or those living with your TB patients, basic information and skills to protect household members and contacts from infection	1	0	99
5.3.8	Facility staff usually triage all clients to identify and separate suspected TB patients from others	1	0	99
5.3.9	Keep all windows open	1	0	99

6. TB and Diabetes Mellitus (DM) Association				
Now I want to ask you some questions about your experience with diabetic patients who come to this health facility for TB care.				
		Yes	No	DK
6.1	Do you ask patients if they have diabetes mellitus (DM) when they seek TB care in this health facility?	1	0	88
6.2	If TB patients self-report that they have DM, do you record this information?	1	0	88
6.3	[ASK ONLY IF 6.2=YES] How many TB patients self-reported that they had DM in the quarter between December 2019–February 2020?	<input type="text"/> <input type="text"/> <input type="text"/>		
		No. of patients		
		Don't Know.....88		

		Yes	No	DK			
6.4	Do you routinely screen patients for DM when they seek TB care in this health facility?	1	0	88			
6.5	[ASK ONLY IF 6.4=YES] What diagnostic tests do you use to screen patients for DM when they seek TB care in this health facility?	Fasting blood sugar test...	1				
		Random blood sugar test...	2				
		Other (specify)_____	96				
		[NR].....	99				
		Yes	No	DK			
6.6	[ASK ONLY IF 6.5=1 OR 2] Do you record information for TB patients who screened positive for DM through a blood sugar test?	1	0	88			
6.7	[ASK ONLY IF 6.4=NO] Do you refer TB patients to other health facilities for DM screening when you suspect that they might have DM?	1	0	88			
6.8	[ASK ONLY IF 6.7=YES] Do you record DM test results for the TB patients you referred to other health facilities for DM screening?	1	0	88			
6.9	What is the number of TB patients for whom you recorded DM test results in the quarter between December 2019–February 2020 (regardless of whether the test was done at this facility or at another facility)?	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> No. of patients Don't Know.....88					
		Yes	No	DK			
6.10	Do you refer TB patients with DM to the diabetic centers for treatment?	1	0	88			

7. Supervision			
	Now, I would like to ask you some questions about supervision that you have personally received.		
7.1	Has anyone from a higher or upper-level office ever come for a supervisory and monitoring visit to check your work?	Yes No [No response]	1 0 99
7.1.1a	[ASK ONLY IF 7.1=YES] When was the last time someone from an upper-level office came here on a supervisory visit? [CHECK VISIT BOOK AND CODE AS NO RESPONSE IF BOOK NOT SEEN]	Within the past 3 months Between 3 to 6 months ago Between 7 to 12 months ago..... More than a year ago..... [No response]	1 2 3 4 99
7.1.1.b	[ASK ONLY IF 7.1=YES] During the past 12 months, how many times have you been supervised by someone from an upper-level office? [ENTER 1–12]	No. of visits .. <input type="text"/> <input type="text"/> [No response].....	99
	The last time you were personally supervised, what did your supervisor do during the visit? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT]	Yes	No
7.1.1.1	Follow-up of defaulters and adherence to the treatment	1	0
7.1.1.2	Assess the pharmacy (e.g., drug stockout, expiry, records)	1	0
7.1.1.3	Assess TB infection control activities	1	0
7.1.1.4	Assess the data (e.g., completeness, quality, and/or timely reporting)	1	0
7.1.1.5	Discuss the performance of the facility based on the TB service data	1	0
7.1.1.6	Complete a supervisory checklist	1	0
7.1.1.7	Other (specify) _____	1	0

7. Supervision			
7.1.1.8	The last time you were personally supervised, did your supervisor give you a record of written comments or suggestions? [ASK TO SEE IT]	Yes, observed	2
		Yes, not observed	1
		No	0
		[No response]	99

8. Incentives and Improvements			
8.1	In addition to your official remuneration, what other monetary and non-monetary incentives have you received for the work you do? [READ THE OPTIONS BELOW "NONE" AND SELECT ALL THAT APPLY.]	[None]	0
		Certificates/recognition awards.....	1
		Gift hampers (shirts, bags, mobile phones, umbrella, etc.).....	2
		Training	3
		Financial incentives (e.g., one month extra salary).....	4
		Risk allowance.....	5
		Other (specify)_____	96
		[No response]	99
8.2	As a TB service provider or health worker, what are the three most important things that could be done to improve your ability to provide high quality TB care to your patients? 1) _____ 2) _____ 3) _____		

End of Facility Visit				
		(a) Visit Result		(b) Visit End Time [Use the 24-hour clock system (e.g., 14:30)]
003	Visit 1	Completed	1	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Hours Minutes </div>
		Partially completed	2	
		Provider unavailable	3	
		Provider refused	4	
		Postponed	5	
		Other (specify) _____	96	
004	Visit 2 (if needed)	Completed	1	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Hours Minutes </div>
		Partially completed	2	
		Provider unavailable	3	
		Provider refused	4	
		Other (specify) _____	96	

[Thank your respondent and move to the next data collection point if different from current location. Be sure to complete the last item in the questionnaire (below).]

Comments/Observations	
099	<p>[RESEARCH ASSISTANT: Please provide detailed comments or observations you may have about this interview (issues with questions, challenges in determining which response to select, etc.).]</p> <hr/> <hr/> <hr/> <hr/> <hr/>

Quality of TB Services Assessment: Patient Interview

Start of Facility Visit															
		(a) Visit Date	(b) Visit Start Time [Use the 24-hour clock system (e.g., 14:30)]	(c) Interviewer ID	(d) Interviewer Name										
001	Visit 1	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Hours</td> <td>Minutes</td> <td></td> <td></td> </tr> </table>					Hours	Minutes			<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours	Minutes														
002	Visit 2 (if needed)	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Hours</td> <td>Minutes</td> <td></td> <td></td> </tr> </table>					Hours	Minutes			<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours	Minutes														

Facility Identification								
		(a) Code	(b) Name					
010	Province	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____			
011	District/Nahia	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____			
012	Health facility	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>						_____
013	Location of facility (village) _____							
014	GPS location:							

Participant Consent			
020	Patient number	<input type="text"/>	<input type="text"/>
Eligibility Screening Questions			
Instructions to the interviewer:			
<p><i>[When a patient has finished her/his consultation with the clinic staff, introduce yourself (Hello. My name is) and ask her/him if s/he is willing to answer questions about their experience receiving TB care at this facility. Tell the respondent that the information given by her/him will remain confidential and that the information will be used for the survey purpose only in a manner that no one would be able to identify any patient.</i></p> <p><i>If they agree, tell them that you have a few preliminary questions. To ensure that the patient meets the criteria for the study, please obtain the following information:]</i></p>			
021	[ARE THEY AT LEAST 15 YEARS OLD? ASK IF YOU'RE NOT SURE.]	Yes	1
		No	0
022	Do you currently have TB?	Yes	1
		No	0
		Don't Know.....	88
023	[ASK ONLY IF 022=YES] What type of TB have you been diagnosed with? [Be sure to check the patient card to verify the type of TB.]	Drug-susceptible (DS) TB	1
		Drug-resistant (DR) TB	2
		Unknown TB type	3
		[No response]	99
024	[ASK ONLY IF 023=YES (1-3)] [IF 022=1 (drug-susceptible)] Have you been receiving TB treatment at this facility for at least 2 weeks? [IF 022=2 OR 3 (drug-resistant/unknown)] Have you been receiving TB treatment at this facility for at least 4 weeks?	Yes	1
		No	0
		[No response]	99

[If any of the screening questions are NO, DON'T KNOW, or NO RESPONSE, the patient is NOT eligible for this study – thank them and wait for the next available patient.]

If the patient is eligible for the study (i.e., all answers are YES), it is essential that you gain their informed consent before beginning the interview. Read the patient consent form to the patient and record their response below.]

025	[SELECT THE APPROPRIATE RESPONSE BASED ON THE INFORMED CONSENT]	Consented	1
		Declined	0

[If they declined to give consent, (1) thank the patient, (2) fill in the patient refusal form, (3) record “Patient refused” in the “End of Facility Visit” section at the end of the survey, and (4) wait for another patient.]

If they consented, continue with the interview.]

1. Patient Characteristics			
1.1	Sex [OBSERVE AND SELECT THE APPROPRIATE RESPONSE. ASK ONLY IF UNSURE.]	Male Female [No response]	1 2 99
1.2.1	In what year were you born? [YEAR MUST BE 1929–2004.]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year Don't know [No response]	 88 99
1.2.2	How old are you now? [YEARS MUST BE 15–90. COMPARE AND CORRECT 1.2.1 AND 1.2.2 IF THEY ARE INCONSISTENT BY MORE THAN 3 YEARS.]	<input type="text"/> <input type="text"/> Years Don't know [No response]	 88 99
1.3	What is the highest level of education you have completed?	No education No formal education but able to read and write. Primary/elementary school..... 12 Class Diploma/14 Class Bachelor's..... Master's..... Other (specify) _____ [No response]	0 1 2 3 4 5 6 96 99
1.4	What is your marital status now?	Never married Married Separated Divorced Widowed [No response]	1 2 3 4 5 99

1. Patient Characteristics			
1.5	Do you live in an urban or rural area?	Urban	1
		Rural	2
		[No response]	99
1.6	What is your employment status?	Employed full time	1
		Employed part time	2
		Self-employed	3
		Unemployed	4
		Housewife.....	5
		Retired	6
		Student	7
		[No response]	99
1.7	What is your average monthly household income in Afghani?	0–5,000 Afghanis.....	1
		5,001–10,000 Afghanis.....	2
		10,001–15,000 Afghanis.....	3
		15,001–25,000 Afghanis.....	4
		25,001 Afghanis and above	5
		[No response]	99
1.8	Is this health facility close enough for you to get here easily?	Yes	1
		No	0
		[No response]	99
1.9	On average, how long does it take you to get to this facility from your home? [HOURS MUST BE 0–?; MINUTES MUST BE 0–59]	<div style="display: flex; justify-content: center; gap: 20px;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> <div style="display: flex; justify-content: center; gap: 20px;"> Hours Minutes </div>	
		Don't know	88
		[No response]	99

1. Patient Characteristics			
1.10	What type of transportation do you use most often to get to this facility? [SELECT ALL THAT APPLY.]	Bicycle Bus Car Motorcycle/Zarang..... Taxi Walking Use animal for transportation..... Other (specify) _____ [No response]	1 2 3 4 5 6 7 96 99
1.11	Do you smoke (e.g., cigarettes, hookah)?	Yes No [No response]	1 0 99
1.12	[ASK ONLY IF 1.11=YES] Has a healthcare worker at this facility talked with you about quitting smoking?	Yes No [No response]	1 0 99
1.13	Have you been diagnosed with diabetes mellitus (DM)?	Yes No [No response]	1 0 99

2. Cascade of Care			
Now, I would like to ask about the care that you have received for TB.			
2.1	How long after you first started having symptoms, such as coughing, fever, night sweats, etc., did you go to the clinic?	In less than 1 week Between 1 and 2 weeks after..... Between 3 and 4 weeks after More than 4 weeks after..... Don't know [No response]	1 2 3 4 88 99

2. Cascade of Care			
2.2	When you found out that you might have TB, where did you get tested?	At this clinic At another public clinic Private doctor/clinic..... Pharmacy outlets..... Don't know [No response].....	1 2 3 4 88 99
2.3	How long after you were tested were you told you had TB disease?	In less than 24 hours..... Between 1 to 3 days after the test..... Between 4 to 7 days after the test..... More than 7 days after the test..... Don't know [No response].....	1 2 3 4 88 99
2.4	How long after you were told you had TB did you start treatment?	Immediately after receiving test result..... Between 1 to 2 days after receiving test result Between 3 to 7 days after receiving test result..... More than one week after receiving test result Don't know [No response]	1 2 3 4 88 99
2.5	[IF THE DELAY WAS MORE THAN ONE WEEK (2.4>3), ASK THE PATIENT ABOUT THE CAUSE OF DELAY] What was the cause of the delay to start TB treatment?	The patient delayed start of treatment..... Medicines were not available in the clinic..... Relevant staff were absent in the clinic..... Other (specify)..... Don't know [No response]	1 2 3 96 88 99

2. Cascade of Care			
2.6	How long have you been on treatment?	Less than 2 months 1 Between 2 to 3 months 2 Between 4 to 6 months 3 Between 6 to 9 months 4 Between 9 to 11 months..... 5 Between 12 to 18 months..... 6 More than 18 months..... 7 Don't know 88 [No response] 99	
2.7	What phase of treatment are you in now?	Intensive 1 Continuation 2 Don't know 88 Other (specify) _____ 96 [No response] 99	
2.8	In your current phase of treatment, how often do you visit the facility (i.e., to pick up medicines, have lab exams, have a consultation)?	Daily (5–7 times per week) 1 Once a week 2 Every 2 weeks 3 Once a month 4 Less frequently than once a month 5 [No response] 99	
2.9	Who supervises your treatment (i.e., who is your treatment supporter)?	DOTS nurse at this facility 1 Community TB treatment supporter 2 Community Health Worker (CHW) 3 Cured TB patient..... 4 Family member..... 5 Other (specify) _____ 6 [No response] 96 99	

2. Cascade of Care			
2.10	On average, how many days per week does your treatment supporter watch you take your medicines? [ENTER 0-7]	Days <input type="text"/> <input type="text"/> [No response]	99
2.11	Have you ever stopped taking your medicines for a month or more, either on your own or because your doctor told you to stop?	Yes No Don't know [No response]	1 0 88 99
2.11.1	[ASK ONLY IF 2.11=YES] Why did you stop taking your medicines? [SELECT ALL THAT APPLY.]	Could not afford to buy the medicines Medicines were not available at the clinic Forgot My provider told me to stop No time to buy or get medicines due to work..... Pharmacy was too far I was away (e.g., travelled away from the facility)..... I was sick from the medicines or had side effects..... Other illness (not related to this disease)..... Other (specify) _____ [No response]	1 2 3 4 5 6 7 8 9 96 99

3. Availability of TB Services				
Now I would like to ask you about your experience with this facility in general.				
		Yes	No	[NR]
3.1	Were you physically examined by a healthcare provider during your first visit for TB at this facility?	1	0	99
3.2	Do you always talk to the same healthcare providers every time you visit this facility?	1	0	99

3. Availability of TB Services				
3.3	Do you have difficulties in getting care for your TB at this facility because of a language barrier?	1	0	99
3.4	Have you ever been turned away from receiving care for your TB during official working hours at this facility?	1	0	99
3.5	[ASK ONLY IF 3.4=YES] Why were you turned away?	No drugs available..... 1 I was late getting to the facility..... 2 I forgot my card 3 No healthcare provider was available..... 4 Other (specify) _____ 96 [No response] 99		
3.6	Do you get/collect your TB medicines from this facility?	1	0	99
3.6.1	[ASK ONLY IF 3.6=YES] Are the medicines always available?	1	0	99
3.6.2	[ASK ONLY IF 3.6=YES] Are you told how to take the medicines each time you collect them?	1	0	99
3.6.3	[ASK ONLY IF 3.6=YES] Have you been given written instructions on how to take your medicines?	1	0	99
3.7	Are the clinic hours convenient for you?	1	0	99
3.7.1	[ASK ONLY IF 3.7=NO] Why is that? _____			
		Yes	No	[NR]
3.8	Are the waiting time(s) before talking to healthcare providers at this facility generally acceptable to you?	1	0	99
3.9	During today's visit, about how long did you wait to talk to a provider(s)? [ENSURE THAT THE PATIENT DOES NOT COUNT THE TIME BEFORE WORKING HOURS OF THE FACILITY AND THE TIME S/HE MAY HAVE SPENT IN THE FACILITY WHILE ACCOMPANYING ANY OTHER PATIENT] [HOURS MUST BE 0-8; MINUTES MUST BE 0-59]	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div> </div> <p style="text-align: center;">Hours Minutes</p> Don't know 88 [No response] 99		

3. Availability of TB Services				
3.10	Did you spend time at more than one unit (i.e., TB unit, lab, pharmacy) during your visit today?	Yes		1
		No		2
		[No response]		99
3.10.1	[ASK ONLY IF 3.10=YES] Where did you spend the longest time?	OPD/Triage.....		1
		Lab		2
		TB unit		3
		Pharmacy		4
		Other (specify) _____		96
		[No response]		99
3.11	During today's visit, how long did you spend with your provider(s) (e.g., healthcare provider, lab tech, pharmacist)? If you saw more than one provider, please add up the total time. [HOURS MUST BE 0-5; MINUTES MUST BE 0-59]	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 10px;">Hours</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="margin: 0 10px;">Minutes</div> </div>		88
		Don't know		99
		[No response]		
			Yes No	[NR]
3.12	Have you ever gone to another health facility to receive care for your TB?		1 0	99
3.12.1	[ASK ONLY IF 3.12=YES] Why did you go to another health facility?	This facility was closed.....		1
		This facility did not provide the TB service(s) I needed.....		2
		TB personnel were absent from this facility.....		3
		Another facility was more convenient for me.....		4
		There was a stockout of TB medicines at this facility.....		5
		Other (specify) _____		96
		[No response]		99

4. TB Practices			
Next, I would like to ask you about practices related to your TB.			
4.1	Has a healthcare provider at this facility talked with people you have close contact with (i.e., members of your family or those living with you) about how to prevent the spread of this disease from one person to another?	Yes No [No response]	1 0 99
4.2	Were your family or close contacts examined for TB?	Yes No Don't know [No response]	1 0 88 99
4.2.1	[ASK ONLY IF 4.2=NO, DK, OR NR] Have you been told where to have your family or close contacts evaluated for TB?	Yes No Don't know [No response]	1 0 88 99

5. TB Knowledge						
Now, I would like to ask about your knowledge and awareness of TB.						
[ASK THE LEADING QUESTION FIRST AND SELECT "UNPROMPTED" FOR ALL RESPONSES FROM THAT RESPONDENT WITHOUT NEEDING A PROMPT. THEN, START PROMPTING EACH ITEM THAT WAS MISSED AND ANSWER ACCORDINGLY.]						
5.1	<i>TB Symptoms</i>					
	There are various symptoms an individual with this disease would experience to know s/he has the disease.					
	Can you tell me what symptoms a person with TB will have?	Yes, Unprompted	Yes, Prompted	No	DK	[NR]
5.1.1	Chronic cough (for 2 weeks or more)	2	1	0	88	99
5.1.2	Coughing up mucus or phlegm or sputum	2	1	0	88	99
5.1.3	Blood-streaked mucus or sputum	2	1	0	88	99

5. TB Knowledge						
5.1.4	Unexplained weight loss	2	1	0	88	99
5.1.5	Fever and/or chills	2	1	0	88	99
5.1.6	Night sweats	2	1	0	88	99
5.1.7	Persistent shortness of breath	2	1	0	88	99
5.1.8	Tiredness/fatigue	2	1	0	88	99
5.1.9	Pain in the chest or back	2	1	0	88	99
5.1.10	Neck lymph nodes swelling	2	1	0	88	99
5.1.11	Persistent diarrhea	2	1	0	88	99
5.1.12	Other (specify) _____	2	1	0	88	99
5.2 TB Causes and Transmission						
	What do you think causes TB or spreads it from one person to another?	Yes, Unprompted	Yes, Prompted	No	DK	[NR]
5.2.1	Microbes/germs/bacteria	2	1	0	88	99
5.2.2	Infected person coughing or sneezing	2	1	0	88	99
5.2.3	Crowded living conditions	2	1	0	88	99
5.2.4	Blood transfusions	-2	-1	0	88	99
5.2.5	Sharing utensils	-2	-1	0	88	99
5.2.6	Touching a person with TB	-2	-1	0	88	99
5.2.7	Through food	-2	-1	0	88	99
5.2.8	Mosquito bites	-2	-1	0	88	99
5.2.9	Sexual contact	-2	-1	0	88	99
5.2.10	Other (specify) _____	-2	-1	0	88	99
5.3 TB Risk Factors						
	What do you think makes a person more at risk of developing TB?	Yes, unprompted	Yes, prompted	No	DK	[NR]
5.3.1	Way of living (lifestyle)	2	1	0	88	99
5.3.2	Smoking (including hookah)	2	1	0	88	99
5.3.3	Alcohol drinking	2	1	0	88	99

5. TB Knowledge						
5.3.4	Fatigue	2	1	0	88	99
5.3.5	Malnutrition	2	1	0	88	99
5.3.6	Unhygienic practices	2	1	0	88	99
5.3.7	Poor ventilation	2	1	0	88	99
5.3.8	Pollution	2	1	0	88	99
5.3.9	Being HIV-infected	2	1	0	88	99
5.3.10	Contact with or living with someone who has this disease	2	1	0	88	99
5.3.11	Diabetes	2	1	0	88	99
5.3.12	Cancer/tumor	2	1	0	88	99
5.3.13	Renal diseases	2	1	0	88	99
5.3.14	Mental health disorders	2	1	0	88	99
5.3.15	Drug addiction	2	1	0	88	99
5.3.16	Inherited	2	1	0	88	99
5.3.17	Other (specify) _____	2	1	0	88	99
5.4 Drug Side Effects						
	What are the possible side effects patients may experience from using or taking medicines for TB?	Yes, Unprompted	Yes, Prompted	No	DK	[NR]
5.4.1	Nausea	2	1	0	88	99
5.4.2	Persistent vomiting	2	1	0	88	99
5.4.3	Loss of appetite	2	1	0	88	99
5.4.4	Red/dark color urine or tears	2	1	0	88	99
5.4.5	Yellowish eyes and skin	2	1	0	88	99
5.4.6	Problems with eyesight	2	1	0	88	99
5.4.7	Loss of hearing	2	1	0	88	99
5.4.8	Stomach pain	2	1	0	88	99
5.4.9	Diarrhea	2	1	0	88	99
5.4.10	Joint pain	2	1	0	88	99
5.4.11	Rash, redness, and itching of the skin in sunlight	2	1	0	88	99

5. TB Knowledge						
5.4.12	Fatigue	2	1	0	88	99
5.4.13	Tingling, burning, or numbness of the hands and feet	2	1	0	88	99
5.4.14	Sleep disorders	2	1	0	88	99
5.4.15	Psychological disorders such as depression, psychosis, etc.	2	1	0	88	99
5.4.16	Mild headache	2	1	0	88	99
5.4.17	Other (specify) _____	2	1	0	88	99
5.5	Can TB be cured?	Yes No Don't know [No response]			1	0 88 99
5.6	What is the typical period of time needed for treating drug-susceptible TB? [ANSWER MUST BE 0–12. ENTER 0 IF THEIR ANSWER IS <1 MONTH. ENTER 12 IF THEIR ANSWER IS >12 MONTHS.]	Months..... <input type="text"/> Don't know [No response]			88	99
5.7	What is the typical period of time needed for treating drug-resistant TB? [ANSWER MUST BE 0–30. ENTER 0 IF THEIR ANSWER IS <1 MONTH. ENTER 30 IF THEIR ANSWER IS >30 MONTHS.]	Months..... <input type="text"/> Don't know [No response]			88	99

6. Stigma/Discrimination						
	Next, I would like to ask you to rate the following statements. I am going to read to you some statements and I would like you to tell me to what extent you agree or disagree, ranging from 1-STRONGLY DISAGREE to 5-STRONGLY AGREE.					
	How are you treated by others at this facility, where 1 is strongly disagree and 5 is strongly agree?	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
6.1	Overall, I feel welcomed in this health facility	1	2	3	4	5
6.2	Overall, healthcare providers here treat me with respect	1	2	3	4	5
6.3	Overall, the healthcare providers are friendly to me	1	2	3	4	5
6.4	Overall, the healthcare providers treat me the same way I am treated when I receive care for other illnesses	1	2	3	4	5
6.5	Healthcare providers here turn their face away when speaking with me	1	2	3	4	5
6.6	People within this facility show discriminatory attitudes, (i.e., talking in anger, not responding to my questions, and not giving me enough time to ask questions) toward me because of my disease	1	2	3	4	5
6.7	Overall, I feel distressed, intimidated, or offended when interacting with healthcare providers at this facility	1	2	3	4	5
6.8	Based on your experience, which category of facility staff behave poorly/unkindly to you when you are at the facility for services? [SELECT ALL THAT APPLY.]	DOTS nurse..... Lab technician..... OPD practitioner..... Guard/cleaner..... All staff are kind to me..... Other (specify) [No response].....				1 2 3 4 5 96 99

7. Communication of TB Information					
	[ASK THE LEADING QUESTION FIRST AND SELECT “UNPROMPTED” FOR ALL RESPONSES FROM THE RESPONDENT WITHOUT NEEDING A PROMPT. THEN, START PROMPTING EACH ITEM THAT WAS MISSED AND ANSWER ACCORDINGLY.]				
	During your visits to this health facility, what information about TB and its treatment were shared with you by the health workers?	Yes, Unprompted	Yes, Prompted	No	[NR]
7.1	How the disease is spread to others	2	1	0	99
7.2	Cough hygiene (i.e., how to reduce the risk of making others sick by covering your mouth when you cough)	2	1	0	99
7.3	That this disease can be cured	2	1	0	99
7.4	How long the treatment will last	2	1	0	99
7.5	Danger signs of the disease getting worse	2	1	0	99
7.6	The importance of taking the medicines regularly and under DOTS	2	1	0	99
7.7	Side effects of the medicine(s)	2	1	0	99
7.8	What to do if you have side effects from the medicine(s)	2	1	0	99
7.9	The need for follow-up sputum tests at given points during the treatment	2	1	0	99
7.10	The importance of taking the medicines through the end of the treatment	2	1	0	99
7.11	When to come back for the next TB follow-up care visit	2	1	0	99
7.12	How to prevent the spread of the disease to other persons, especially during the intensive phase	2	1	0	99
7.13	Do you have materials (e.g., pamphlets) from the health facility to remind you of the treatment information provided by the healthcare provider or other facility staff?	Yes		1	
		No		0	
		[No response] ..		99	
7.14	[ASK ONLY IF 7.13=YES] Do you understand the educational materials?	Yes		1	
		No		0	
		[No response] ..		99	

7. Communication of TB Information			
7.15	[ASK ONLY IF 7.13=YES] Do you think the educational materials are appropriate for your health situation?	Yes No [No response] ..	1 0 99
7.16	[ASK ONLY IF 7.13=YES] Do you think the educational materials are helpful to you?	Yes No [No response] ..	1 0 99

8. Patient-Provider Interaction				
	Next, I would like to ask you about your face-to-face meetings with healthcare providers at this facility.	Yes	No	[NR]
8.1	During your visits to this facility, do the healthcare providers usually explain things in a way you can understand?	1	0	99
8.2	During your visits to this facility, do the healthcare providers listen to your opinion and ideas on the best way to follow your treatment?	1	0	99
8.3	Do the healthcare providers at this facility discuss your status or progress with you at every scheduled appointment?	1	0	99
8.4	During your visits to this facility, do you think the healthcare providers give you a chance to ask questions about anything that concerns you?	1	0	99
8.5	During your visits to this facility, do you usually have enough time to discuss your health needs with the healthcare providers?	1	0	99
8.6	During your visits to this facility, do the healthcare providers tell you how this disease can affect your everyday life?	1	0	99
8.7	Do the healthcare providers at this facility address your worries about your disease seriously when you visit the facility?	1	0	99
8.8	During your visits to this facility, do the healthcare providers listen carefully to you?	1	0	99
8.9	During your visits to this facility, do the healthcare providers explain how to cope with your problems?	1	0	99
8.10	During your visits to this facility, do you worry that other patients can hear your conversation with your healthcare providers?	1	0	99

8. Patient-Provider Interaction				
	Next, I would like to ask you about your face-to-face meetings with healthcare providers at this facility.	Yes	No	[NR]
8.11	During your visits to this facility, do you think you have enough privacy during the examination?	1	0	99

9. Support					
I would like to ask you about any support you receive from this facility.					
9.1	People with TB sometimes also have other medical conditions, such as diabetes, HIV infection, or other illnesses. Do you have any other medical conditions?	Yes	1		
		No	0		
		Don't know	88		
		[No response]	99		
9.1.1	[ASK ONLY IF 9.1=YES] Who has discussed your other medical conditions with you?	No one	0		
		Only healthcare providers at this facility	1		
		Only healthcare providers outside this facility	2		
		Both healthcare providers at this facility and outside this facility, including private sector.....	3		
		[No response]	99		
9.1.2	[ASK ONLY IF 9.1=YES] Do you feel your other medical needs have been met?	None have been met	0		
		Some have been met	1		
		Most have been met	2		
		All have been met	3		
		[No response]	99		
9.2	Which of the following supportive services have you received from this facility to help you complete your treatment?	Yes	No	DK	[NR]
9.2.1	Free TB medicines	1	0	88	99
9.2.2	Home-/community-based treatment	1	0	88	99
9.2.3	Nutritional support/food basket	1	0	88	99

9. Support					
9.2.4	Rehabilitative services	1	0	88	99
9.2.5	Transport assistance	1	0	88	99
9.2.6	Small group TB health education session	1	0	88	99
9.2.7	One-on-one counseling (face-to-face) by medical staff (doctor or nurse)	1	0	88	99
9.2.8	One-on-one peer counseling (face-to-face) by either a lay counselor or a cured TB patient	1	0	88	99
9.2.9	Meeting with a social worker	1	0	88	99
9.2.10	Meeting with a psychologist	1	0	88	99
9.2.11	Other services (specify) _____	1	0	88	99
9.3	Which of the following services do you think would help you the most to continue and complete your treatment, regardless of whether it is currently offered by this facility?	Yes	No	DK	[NR]
9.3.1	Free TB medicines	1	0	88	99
9.3.2	Home-/community-based treatment	1	0	88	99
9.3.3	Nutritional support/food basket	1	0	88	99
9.3.4	Rehabilitative services	1	0	88	99
9.3.5	Transport assistance	1	0	88	99
9.3.6	Small group TB health education session	1	0	88	99
9.3.7	One-on-one counseling (face-to-face) by medical staff (doctor or nurse)	1	0	88	99
9.3.8	One-on-one peer counseling (face-to-face) by either a lay counselor or a cured TB patient	1	0	88	99
9.3.9	Meeting with a social worker	1	0	88	99
9.3.10	Meeting with a psychologist	1	0	88	99
9.3.11	Other services (specify) _____	1	0	88	99

10. Affordability							
	Next, I would like to ask you about the cost of care for your TB disease.	Yes	No	[NR]			
10.1	Do you have to pay to see a healthcare provider at this facility for routine TB visits?	1	0	99			
10.2	Do you incur any other costs for TB, including informal payments?	1	0	99			
10.3	Have you ever been unable to come to the health facility because of the cost (e.g., transportation, medical care costs)?	1	0	99			
	Next, I want to ask if you have received certain tests at this facility, and if so, I will ask if you have to pay for them.	(a) Have you had [name of test]?			[ASK ONLY IF (a)=YES] (b) Did you have to pay for it?		
		Yes	No	[NR]	Yes	No	[NR]
10.4	Sputum tests	1	0	99	1	0	99
10.5	Blood tests	1	0	99	1	0	99
10.6	X-rays	1	0	99	1	0	99
10.7	Tuberculin skin test, (TST)	1	0	99	1	0	99
10.8	Other (specify)_____	1	0	99	1	0	99

11. Infrastructure						
Next, I would like to ask you about physical features of this facility. Please answer the questions about this facility only. Do not include any other facilities in your answer.						
		Yes	No	DK	[NR]	
11.1	During your visits to this facility, do you find the clinic area to be clean?	1	0		99	
11.2	Are there enough comfortable places to sit in this facility?	1	0		99	
11.3	During your visits to this facility, is drinkable water usually available?	1	0	88	99	
11.4	Is there a toilet for patients at this health facility?	1	0	88	99	
11.4.1	[ASK ONLY IF 11.4=YES] During your visits to this facility, are the toilets always usable?	1	0	88	99	

11. Infrastructure					
11.4.2	[ASK ONLY IF 11.4=YES] During your visits to this facility, are the toilets usually clean?	1	0	88	99
11.5	Is there a hand-washing station with soap available for patients at this facility	1	0	88	99

12. Overall Satisfaction			
12.1	Overall, how satisfied are you with the TB care you have received at this facility so far?	Very dissatisfied	1
		Dissatisfied	2
		Neither satisfied nor dissatisfied	3
		Satisfied	4
		Very satisfied	5
		[No response]	99
12.2	Is there anything you would like to see changed at this facility to improve the quality of care that you receive for your disease? _____ _____		

13. TB services after the onset of COVID-19			
Now, I will ask you some questions about how TB services have been affected after the onset of the COVID-19 pandemic.			
13.1	Has the COVID-19 pandemic impacted your decision or ability to access TB care at the health facility?	Yes	1
		No	0
		[No response]	99

13.2	<p>[ASK IF 13.1=YES]</p> <p>What TB care services have you had difficulty accessing?</p> <p>[SELECT ALL THAT APPLY.]</p>	<p>TB diagnosis services..... 1</p> <p>Starting TB treatment 2</p> <p>Treatment follow-up visits..... 3</p> <p>Pharmacy visits/medication pickups..... 4</p> <p>Other (specify)..... 96</p> <p>[No response] 99</p>	
13.3	<p>[ASK ONLY IF 13.1=YES]</p> <p>Could you please tell me which of the following impacted your decision or ability to access TB care at the health facility?</p> <p>[SELECT ALL THAT APPLY.]</p>	<p>Fear of contracting COVID-19 at the health facility 1</p> <p>Health facility closure..... 2</p> <p>Reduced hours of operation of the health facility.. 3</p> <p>TB services no longer provided by the health facility..... 4</p> <p>TB healthcare personnel were not available at health facility..... 5</p> <p>Lockdown/curfews..... 6</p> <p>Lack of transportation..... 7</p> <p>Stigma..... 8</p> <p>Other (specify)..... 96</p> <p>[No response] 99</p>	
13.4	<p>[ASK ONLY IF 13.2=1 OR 2]</p> <p>How many times did you visit the health facility for screening of TB symptoms before you were enrolled in treatment?</p>	<p>Screened and enrolled in treatment on the first visit..... 1</p> <p>Enrolled in treatment on the 2nd visit..... 2</p> <p>Enrolled in treatment on the 3rd visit..... 3</p> <p>Enrolled in treatment after 4 or more visits..... 4</p> <p>[No response] 99</p>	
13.5	<p>[ASK ONLY IF 13.2=3 OR 4]</p> <p>How often are you scheduled to visit the facility for smear microscopy and to collect medicines?</p>	<p>I visit the health facility once a month..... 1</p> <p>I visit the health facility once in 2 months..... 2</p> <p>I visit the health facility once in 3 months..... 3</p> <p>Other (specify)..... 96</p> <p>[No response] 99</p>	

13.6	Have you received remote advice and support for TB?	Yes 1 No 0 [No response] 99	
13.7	[ASK ONLY IF 13.6=YES] In what way(s) have you received remote advice and support? [SELECT ALL THAT APPLY.]	Video DOT..... 1 eCompliance..... 2 Mobile phone..... 3 Digital support groups (e.g., WhatsApp)..... 4 Other (specify)..... 96 [No response] 99	
13.8	Did your TB healthcare provider suggest that you take special precautions during COVID-19?	Yes 1 No 0 [No response] 99	
13.9	[ASK ONLY IF 13.8=YES] What precautions did the healthcare provider suggest? [DO NOT READ LIST.] [SELECT ALL THAT APPLY.]	Self-Isolating at home..... 1 Observing social distancing..... 2 Wearing a mask in public..... 3 Minimizing trips outside the home..... 4 Other (specify)..... 96 [No response]..... 99	

End of Facility Visit				
		(a) Visit Result		(b) Visit End Time [Use the 24-hour clock system (e.g., 14:30)]
003	Visit 1	Completed	1	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Hours Minutes </div>
		Partially completed	2	
		Patient unavailable	3	
		Patient refused	4	
		Postponed	5	
		Other (specify) _____	96	
004	Visit 2 (if needed)	Completed	1	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Hours Minutes </div>
		Partially completed	2	
		Patient unavailable	3	
		Patient refused	4	
		Other (specify) _____	96	

[THANK YOUR RESPONDENT AND MOVE TO THE NEXT AVAILABLE PATIENT.]

Comments/Observations [RESEARCH ASSISTANT]	
099	<p>Please provide detailed comments or observations you may have about this questionnaire (issues with questions, challenges in determining which response to select, etc.).</p> <hr/> <hr/> <hr/> <hr/> <hr/>

Quality of TB Services Assessment: Register Review

Start of Facility Visit															
		(a) Visit Date	(b) Visit Start Time [Use the 24-hour clock system (e.g., 14:30)]	(c) Interviewer ID	(d) Interviewer Name										
001	Visit 1	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Hours</td> <td>Minutes</td> <td></td> <td></td> </tr> </table>					Hours	Minutes			<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours	Minutes														
002	Visit 2 (if needed)	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Hours</td> <td>Minutes</td> <td></td> <td></td> </tr> </table>					Hours	Minutes			<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours	Minutes														

Facility Identification									
		(a) Code	(b) Name						
010	Province	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____				
011	District/Nahia	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____				
012	Health facility	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							_____
013	Location of facility (Village) _____								
014	Is this facility a referral hospital?		<table border="1"> <tr> <td>Yes</td> <td>1</td> </tr> <tr> <td>No</td> <td>0</td> </tr> </table>	Yes	1	No	0		
Yes	1								
No	0								
015	GPS location								

Data Collection Tools				
	Are the following documents used at this facility to record TB data?	Yes, electronic	Yes, paper	No
021	Register of presumptive TB cases	2	1	0
022	Laboratory registers for smear microscopy and Xpert MTB/RIF	2	1	0
023	TB register	2	1	0
024	GeneXpert register	2	1	0
025	Drug-resistant TB patient treatment register	2	1	0
026	TB contact register	2	1	0
027	TB patients' quarterly report	2	1	0
028	Other (specify) _____	2	1	0

TB Services Provided [ANSWERS MUST MATCH WHAT IS IN THE FACILITY AUDIT]			
031	Does this facility perform smear microscopy (for either diagnosis or follow-up), and if so, is it done onsite or are specimens/slides sent to another facility?	Yes, onsite	2
		Yes, sent out	1
		No	0
032	Does this facility perform GeneXpert tests, and if so, are they done onsite or are specimens sent to another facility?	Yes, onsite	2
		Yes, sent out	1
		No	0
<i>Are the following services available at this facility?</i>			
		Yes	No
033	Drug-susceptible TB (DS-TB) treatment management	1	0
034	HIV-related services	1	0
035	Drug-resistant TB (DR-TB) treatment management	1	0
036	Does this facility initiate treatment for DR-TB?	1	0
037	TPT to child (under 5) contacts of confirmed TB patients	1	0

TB Services Provided [ANSWERS MUST MATCH WHAT IS IN THE FACILITY AUDIT]			
038	<p>[VALID ONLY IF 037=NO]</p> <p>What is the reason for not providing TPT to child contacts of confirmed TB patients?</p> <p>[SELECT ALL THAT APPLY.]</p>	<p>No guidelines 1</p> <p>Not trained 2</p> <p>No drugs 3</p> <p>Don't know 88</p> <p>Other (specify)____ 96</p>	
039	Does this facility screen TB patients for diabetes?	<p>Yes 1</p> <p>No 0</p>	

[FOR ALL COUNTS, PLEASE ENTER 0 FOR NONE AND SELECT 999 WHEN YOU ARE UNABLE TO DETERMINE THE COUNT. AT THE END OF THE SURVEY, THERE IS AN OPPORTUNITY FOR YOU TO DESCRIBE ANY ISSUES YOU HAD IN DETERMINING THE COUNTS.]

1. Data from the Register of Presumptive TB cases																
1.0	<p>[LOCATE RECORDS FROM THE SPECIFIED DATES]</p> <p>(a) Start date: March 1, 2019</p> <p>(b) End date: February 29, 2020</p> <p style="background-color: #f4b084;">Instructions: This section requires the review of 12 months of data according to the start and end dates specified above.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="7" style="width: 35%; vertical-align: top;"> <p>(c) Which register(s) will be used to determine the TB screening and diagnosis counts?</p> <p>[SELECT ALL THAT APPLY.]</p> </td> <td>Register of presumptive TB cases</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Laboratory registers for smear microscopy and Xpert MTB/RIF...</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TB register</td> <td style="text-align: right;">3</td> </tr> <tr> <td>GeneXpert register.....</td> <td style="text-align: right;">4</td> </tr> <tr> <td>DR-TB patient treatment register</td> <td style="text-align: right;">5</td> </tr> <tr> <td>TB contact register</td> <td style="text-align: right;">6</td> </tr> <tr> <td>Other (specify) _____</td> <td style="text-align: right;">96</td> </tr> </table> <p style="background-color: #f4b084;">Instructions: Please select the register you are collecting data from here. Data in this section will likely come from selection number (1) register of presumptive TB cases.</p>	<p>(c) Which register(s) will be used to determine the TB screening and diagnosis counts?</p> <p>[SELECT ALL THAT APPLY.]</p>	Register of presumptive TB cases	1	Laboratory registers for smear microscopy and Xpert MTB/RIF...	2	TB register	3	GeneXpert register.....	4	DR-TB patient treatment register	5	TB contact register	6	Other (specify) _____	96
<p>(c) Which register(s) will be used to determine the TB screening and diagnosis counts?</p> <p>[SELECT ALL THAT APPLY.]</p>	Register of presumptive TB cases		1													
	Laboratory registers for smear microscopy and Xpert MTB/RIF...		2													
	TB register		3													
	GeneXpert register.....		4													
	DR-TB patient treatment register		5													
	TB contact register		6													
	Other (specify) _____	96														
1.1 TB Screening and Diagnosis Totals																
1.1.1	<p>Number of patients with presumptive TB</p> <p>[ENTER 0 FOR NONE AND 999 IF UNABLE TO DETERMINE THE COUNT]</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 25px; margin: 5px auto;"></div> <p style="text-align: right;">Indeterminate: 999</p> <p style="background-color: #f4b084;">Instructions: Please count all cases of presumptive TB patients in the register, one by one, between the start and end dates indicated above. Add together the total number of cases and enter the sum here.</p>															
1.1.2	<p>Number of patients with presumptive TB who had any type of diagnostic test done (e.g., smear, culture, Xpert MTB/RIF, chest X ray, clinical assessment, TST)</p> <p>[MUST BE ≤ 1.1]</p> <p>[ENTER 0 FOR NONE AND 999s IF UNABLE TO DETERMINE THE COUNT]</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 25px; margin: 5px auto;"></div> <p style="text-align: right;">Indeterminate: 999</p> <p style="background-color: #f4b084;">Instructions: Please count all cases from section 1.1.1, one by one, for which you can find remarks or signs indicating that they had any type of diagnostic test done by reviewing columns 8, 9, 10, 11, and 12. Add together the total number of cases and enter the sum here.</p>															

1. Data from the Register of Presumptive TB cases		
1.1.3	Number of patients with presumptive TB confirmed by clinical diagnosis [MUST BE ≤ 1.1.2] [ENTER 0 FOR NONE AND 999 IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: Please count all cases from section 1.1.1, one by one, for which you can find remarks or signs indicating that the patient was diagnosed as having TB based on clinical assessment by reviewing the last column (column 14). Look for remarks indicating that the patient was clinically diagnosed for TB even if the sputum test was negative. Add together the total number of cases and enter the sum here.	
1.1.4	Number of patients with presumptive TB who received a bacteriological test (i.e., either a smear microscopy, culture, or Xpert MTB/RIF [GeneXpert] test) [MUST BE ≤ 1.1.2] [ENTER 0 FOR NONE AND 999 IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: Please count all cases from section 1.1.1, one by one, for which you can find remarks or signs indicating that the patient received at least one type of bacteriological test (i.e., smear microscopy, culture, or Xpert MTB/RIF [GeneXpert] by reviewing columns 8, 9, 10, 11, and 12. Add together the total number of cases and enter the sum here.	
1.1.5	Number of patients with presumptive TB with bacteriological test results [MUST BE ≤ 1.1.4] [ENTER 0 FOR NONE AND 999 IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: Please count all cases from section 1.1.1, one by one, for which you can find remarks or signs indicating that at least one test result was obtained by reviewing columns 8, 9, 10, 11, and 12. Add together the total number of cases and enter the sum here.	
1.1.6	Number of patients with presumptive TB with positive bacteriological test results [MUST BE ≤ 1.1.5] [ENTER 0 FOR NONE AND 999 IF UNABLE TO DETERMINE THE COUNT]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: Please count all cases from section 1.1.5, one by one, for which you can find remarks or signs indicating at least one positive bacteriological test result by reviewing columns 8, 9, 10, 11, and 12. Add together the total number of cases and enter the sum here.	
1.2	<i>Smear Microscopy</i> [VALID ONLY IF 031=YES (1 or 2)]	
1.2.1	Number of patients with presumptive TB who received smear microscopy test [MUST BE ≤ 1.1.4] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999

1. Data from the Register of Presumptive TB cases	
	Instructions: Please count all cases from section 1.1.5, one by one, for which you can find remarks or signs indicating that the patient received a sputum microscopy test by reviewing columns 8 and 9. Add together the total number of cases and enter the sum here.
1.2.2	<p>Number of patients with presumptive TB with smear microscopy test results</p> <p>[MUST BE ≤ 1.2.1]</p> <p>[ENTER 0 FOR NONE]</p>
	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>Indeterminate: 999</p>
	Instructions: Please count all cases from section 1.2.1, one by one, for which you can find remarks or signs indicating that the smear microscopy test results (both positive and negative) were documented by reviewing columns 8, 9, and 10. Add together the total number of cases and enter the sum here.
1.2.3	<p>Number of patients with presumptive TB with positive smear microscopy test results</p> <p>[MUST BE ≤ 1.2.2]</p> <p>[ENTER 0 FOR NONE]</p>
	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>Indeterminate: 999</p>
	Instructions: Please count all cases from section 1.2.2, one by one, for which you can find remarks or signs indicating a positive smear microscopy test result by reviewing columns 8, 9, and 10. Add together the total number of cases and enter the sum here.

2. Data from the Laboratory Registers for Smear Microscopy and Xpert MTB/RIF																	
To collect data for this section, please review laboratory registers for microscopy and Xpert MTB/RIF																	
2.0	[LOCATE RECORDS FROM THE SPECIFIED DATES] (a) Start date: March 1, 2019 (b) End date: February 29, 2020																
	Instructions: This section requires the review of 12 months of data according to the start and end dates specified above.																
	<table border="1"> <tr> <td rowspan="6">(c) Which register(s) will be used to determine the TB screening and diagnosis counts? [SELECT ALL THAT APPLY]</td> <td>Register of presumptive TB cases.....</td> <td>1</td> </tr> <tr> <td>Laboratory registers for smear microscopy and Xpert MTB/RIF...</td> <td>2</td> </tr> <tr> <td>TB register</td> <td>3</td> </tr> <tr> <td>GeneXpert register.....</td> <td>4</td> </tr> <tr> <td>DR-TB patient treatment register</td> <td>5</td> </tr> <tr> <td>TB contact register</td> <td>6</td> </tr> <tr> <td></td> <td>Other (specify) _____</td> <td>96</td> </tr> </table>	(c) Which register(s) will be used to determine the TB screening and diagnosis counts? [SELECT ALL THAT APPLY]	Register of presumptive TB cases.....	1	Laboratory registers for smear microscopy and Xpert MTB/RIF...	2	TB register	3	GeneXpert register.....	4	DR-TB patient treatment register	5	TB contact register	6		Other (specify) _____	96
	(c) Which register(s) will be used to determine the TB screening and diagnosis counts? [SELECT ALL THAT APPLY]		Register of presumptive TB cases.....	1													
			Laboratory registers for smear microscopy and Xpert MTB/RIF...	2													
TB register			3														
GeneXpert register.....			4														
DR-TB patient treatment register			5														
TB contact register		6															
	Other (specify) _____	96															
Instructions: Please select the register you are collecting data from here. Data in this section will likely come from selection number (2) laboratory registers for smear microscopy and Xpert MTB/RIF.																	
2.1 Smear Microscopy [VALID ONLY IF 031=YES (ONSITE)]																	
2.1.1	<table border="1"> <tr> <td>Number of <u>diagnostic smears</u> received by the laboratory [ENTER 0 FOR NONE]</td> <td> <input type="text"/><input type="text"/><input type="text"/> Indeterminate: 999 </td> </tr> </table>	Number of <u>diagnostic smears</u> received by the laboratory [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999														
Number of <u>diagnostic smears</u> received by the laboratory [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999																
Instructions: Please count all diagnostic smear specimens received by the laboratory, one by one, between the start and end dates specified above. The date the specimen was received is written under column 2, and diagnostic smears are written under column 11 of the register.																	
2.1.2	<table border="1"> <tr> <td>Number of diagnostic smear results recorded in the laboratory [MUST BE ≤ 2.1.1] [ENTER 0 FOR NONE]</td> <td> <input type="text"/><input type="text"/><input type="text"/> Indeterminate: 999 </td> </tr> </table>	Number of diagnostic smear results recorded in the laboratory [MUST BE ≤ 2.1.1] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999														
Number of diagnostic smear results recorded in the laboratory [MUST BE ≤ 2.1.1] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999																
Instructions: For all of the diagnostic smears received by the lab in section 2.1.1, please count all of the cases that have a diagnostic smear result recorded in at least one of the subcolumns of column 14.																	

2. Data from the Laboratory Registers for Smear Microscopy and Xpert MTB/RIF		
2.1.3	Number of diagnostic smear results recorded in the laboratory [within 24–48 hours of submission] [MUST BE ≤ 2.1.2] [ENTER 0 FOR NONE]	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="text-align: right;">Indeterminate: 999</div>
Instructions: For all of the diagnostic smears received by the lab in 2.1.1, please compare the date the specimen was received by the lab (column 2) with the date the result is recorded in one of the subcolumns of column 14 to determine if the results were recorded within 24–48 hours (i.e., within 1–2 days of being received). If there are no dates in column 14, please ask the lab technician for assistance in determining the date the results were recorded. Add together all cases for which the results were provided within 24–48 hours (from 1–2 days) and enter the sum here.		
2.1.4	Number of diagnostic smear-positive TB patients [MUST BE ≤ 2.1.2] [ENTER 0 FOR NONE]	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="text-align: right;">Indeterminate: 999</div>
Instructions: For all of the diagnostic smear results recorded in the lab in 2.1.2, count all of the positive results recorded in one of the subcolumns of column 14. Add together all of the positive cases and enter the sum here.		
2.1.5	Number of <u>smear conversion tests</u> received by the laboratory [ENTER 0 FOR NONE]	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="text-align: right;">Indeterminate: 999</div>
Instructions: Count all the smear conversion tests (i.e., follow-up smear specimens) received by the laboratory, one by one, between the start and end dates specified above. The date the specimen was received appears under column 2, and follow-up smears are noted under column 12 of the register. Please ask the lab technician for assistance if you are not able to identify the smear conversion cases. Add together the total number of cases and enter the sum here.		
2.1.6	Number of smear conversion test results recorded in the laboratory [MUST BE ≤ 2.1.5] [ENTER 0 FOR NONE]	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="text-align: right;">Indeterminate: 999</div>
Instructions: For all of the smear conversions tests received by the lab in 2.1.5, count each of the smear conversion test results that are recorded in at least one of the subcolumns of column 14. Add together the total number of cases and enter the sum here.		

2. Data from the Laboratory Registers for Smear Microscopy and Xpert MTB/RIF		
2.1.7	Number of smear conversion test results recorded in the laboratory [within 2–24 hours] [MUST BE ≤ 2.1.6] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> Indeterminate: 999
	Instructions: For all of the smear conversion tests received by the lab in 2.1.5, please compare the date the smear conversion test specimen was received by the laboratory (column 2) with the date the result was recorded in one of the subcolumns of column 14 to determine if the results were recorded within 24–48 hours (i.e., within 1–2 days of being received). If there are no dates in column 14, please ask the lab technician for assistance to determine how the result date was recorded. Add together all cases for which the results were provided within 24–48 hours (from 1–2 days) and enter the sum here.	
2.1.8	Number of negative smear conversion test results recorded in the laboratory [MUST BE ≤ 2.1.6] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div> Indeterminate: 999
	Instructions: For all of the smear conversion tests recorded in the lab in 2.1.6, count all of the negative smear conversion results recorded in one of the subcolumns of column 14. Add together the total number of cases and enter the sum here.	

3. Data from the TB Register																	
DS-TB Treatment Outcomes TB Register [VALID ONLY IF 033=YES]																	
3.0	[LOCATE RECORDS WITHIN THE SPECIFIED DATE RANGE] (a) Cohort start date: June 1, 2018 (b) Cohort end date: May 31, 2019																
	(c) Which register(s) will be used to determine the TB treatment counts? [SELECT ALL THAT APPLY.]	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Register of presumptive TB cases.....</td> <td style="width: 20%; text-align: right;">1</td> </tr> <tr> <td>Laboratory registers for smear microscopy and Xpert MTB/RIF.</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TB register</td> <td style="text-align: right;">3</td> </tr> <tr> <td>GeneXpert register.....</td> <td style="text-align: right;">4</td> </tr> <tr> <td>DR-TB patient treatment register</td> <td style="text-align: right;">5</td> </tr> <tr> <td>TB contact register</td> <td style="text-align: right;">6</td> </tr> <tr> <td>TB patients' quarterly report</td> <td style="text-align: right;">7</td> </tr> <tr> <td>Other (specify) _____</td> <td style="text-align: right;">96</td> </tr> </table>	Register of presumptive TB cases.....	1	Laboratory registers for smear microscopy and Xpert MTB/RIF.	2	TB register	3	GeneXpert register.....	4	DR-TB patient treatment register	5	TB contact register	6	TB patients' quarterly report	7	Other (specify) _____
Register of presumptive TB cases.....	1																
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TB register	3																
GeneXpert register.....	4																
DR-TB patient treatment register	5																
TB contact register	6																
TB patients' quarterly report	7																
Other (specify) _____	96																
Instructions: Please select the register you are collecting data from here. Data in this section will likely come from selection number (3) TB register.																	

3. Data from the TB Register		
3.1	DS-TB Treatment	
3.1.1	Number of new DS-TB patients who started treatment (total new patients in the cohort) [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: Review column 8 “date treatment started” and find all patients who started treatment from June 1, 2018, through May 31, 2019. Then, review column 10 where new patients are indicated, and count all of the new patients. Do not count the retreatment patients for this section. Add together the total number of cases and enter the sum here.	
3.1.2	Number of new clinically-diagnosed DS-TB patients who started treatment [MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: For all of the new patients identified as having started treatment in 3.1.1, review columns 18 and 20, and count all of the pulmonary and extrapulmonary patients who are “clinical confirmed.” Add together the total number of cases and enter the sum here. The older version of the register will not have the subcolumns under pulmonary and extrapulmonary indicating whether the TB was bacteriologically or clinically diagnosed. For older register versions, ask the DOTS nurse how the clinically and bacteriologically diagnosed patients were recorded.	
3.1.3	Number of new bacteriologically confirmed DS-TB patients who started treatment [MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: For all of the new patients who started treatment identified in 3.1.1, review columns 17 and 19 and count each of the pulmonary and extrapulmonary patients who were “bacteriologically confirmed.” Add together the total number of cases and enter the sum here. The older version of the register will not have the subcolumns under pulmonary and extrapulmonary indicating whether the TB was bacteriologically or clinically diagnosed. For older register versions, ask the DOTS nurse how the clinically and bacteriologically diagnosed patients were recorded.	

3.1.4	Number of new smear-positive pulmonary DS-TB cases registered for treatment [MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
Instructions: For all of the new patients identified as having started treatment in 3.1.1 who were identified as having pulmonary TB in column 17, review column 26 to determine if they were smear positive. Add together the total number of cases and enter the sum here.		
3.1.5	Number of new smear positive pulmonary TB cases registered that were smear negative at the end of the initial phase of treatment [MUST BE ≤ 3.1.4] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
Instructions: For all of the smear positive pulmonary TB patients identified in 3.1.4, review column 29 to determine if the patient was smear negative at the end of initial phase of treatment (month 2 or 3) . Add together the total number of cases and enter the sum here.		
3.2	TB/HIV [VALID ONLY IF 034=YES] To collect data for this section, please review the TB Register	
3.2.1	Number of registered TB patients (new and relapse) who had their HIV status documented in the TB register [ENTER 0 FOR NONE] [DO NOT INCLUDE PATIENTS TRANSFERRED IN]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
Instructions: Review column 8 (date treatment started), and for all patients who started treatment from June 1, 2018, through May 31, 2019 (include both new and retreatment patients), review column 24 and count all patients who have an HIV status (YES, NO or UNKNOWN) documented. Add together the total number of cases and enter the sum here.		
3.2.2	Number of registered HIV-positive TB patients (new and relapse) [MUST BE ≤ 3.2.1] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
Instructions: Review column 8 (date treatment started), and for all patients who started treatment from June 1, 2018, through May 31, 2019 (include both new and retreatment patients), review column 24 and count all patients who have a positive HIV status (YES) documented. Add together the total number of cases and enter the sum here.		

3.2.3	Number of HIV-positive TB patients (new and relapse) receiving CPT during TB treatment per NTP guidelines [MUST BE ≤ 3.2.2] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Indeterminate: 999
Instructions: For all the HIV-positive TB patients identified in 3.2.2, review column 23 and count all patients documented as YES (indicating that they are taking co-trimoxazole preventive therapy). Add together the total number of cases and enter the sum here.		
3.3	TB Treatment Outcomes: [VALID ONLY IF 033=YES] <i>See TB Register 03 for this section</i> [THE COUNTS IN EACH SECTION REPRESENT A COHORT OF PATIENTS THAT <u>STARTED</u> TREATMENT DURING THE TIME PERIOD SPECIFIED, REGARDLESS OF WHETHER THE OUTCOME IS AFTER THE END DATE]	
3.3.0	New Cases	
3.3.1	Number of bacteriologically confirmed new TB patients at the beginning of treatment who were smear negative in the last month of treatment and on at least one previous occasion (i.e., cured). [MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Indeterminate: 999
Instructions: For all of the new patients who started treatment from June 1, 2018, through May 31, 2019, identified in 3.1.1 above, review the treatment outcomes on the 2 nd page and count all patients who have been documented as <u>cured</u> in column 35. Add together the total number of cases and enter the sum here.		
3.3.2	Number of new TB patients who completed treatment without evidence of failure, BUT there is no record to show that sputum smear or culture results in the last month of treatment and on at least one previous occasion are negative, either because they were not done or because results were not available (i.e., completed treatment). [MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Indeterminate: 999
Instructions: For all of the new patients who started treatment from June 1, 2018, through May 31, 2019, identified in 3.1.1 above, review the treatment outcomes on the 2 nd page and count all patients who have been documented as <u>completed treatment</u> in column 36. Add together the total number of cases and enter the sum here.		

<p>3.3.3</p>	<p>Number of new TB patients whose sputum smear or culture is positive at end of month 4 or later during treatment (i.e., treatment failed).</p> <p>[MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE]</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 10px;"></div> <p>Indeterminate: 999</p>
<p>Instructions: For all of the new patients who started treatment from June 1, 2018, through May 31, 2019, identified in 3.1.1 above, review the treatment outcomes on the 2nd page and count all patients who have been documented as <u>treatment failed</u> (i.e., patient had smear/culture positive at the end of 4 months) in column 37. Add together the total number of cases and enter the sum here.</p>		
<p>3.3.4</p>	<p>Number of new TB patients who died for any reason before starting treatment or during treatment.</p> <p>[MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE]</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 10px;"></div> <p>Indeterminate: 999</p>
<p>Instructions: For all of the new patients who started treatment from June 1, 2018, through May 31, 2019, identified in 3.1.1 above, review the treatment outcomes on the 2nd page and count all patients who have been documented as <u>died</u> in column 38. Add together the total number of cases and enter the sum here.</p>		
<p>3.3.5</p>	<p>Number of new TB patients whose treatment was interrupted for 1 or more consecutive months (i.e., lost to follow-up [LTFU]).</p> <p>Do <u>not</u> include retreatment, relapse, transferred-in, failed, or LTFU patients.</p> <p>[MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE]</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 10px;"></div> <p>Indeterminate: 999</p>
<p>Instructions: For all of the new patients who started treatment from June 1, 2018, through May 31, 2019, identified in 3.1.1 above, review the treatment outcomes on the 2nd page and count all patients who have been documented as <u>lost to follow-up</u> in column 39. Add together the total number of cases and enter the sum here.</p>		

3.3.6	<p>Number of new TB patients for whom no treatment outcome is assigned— includes “transferred out” to another treatment unit and unknown treatment outcomes (i.e., not evaluated).</p> <p>[MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE]</p>	<div style="text-align: right;"> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <p style="text-align: right;">Indeterminate: 999</p>
<p>Instructions: For all of the new patients who started treatment from June 1, 2018, through May 31, 2019, identified in 3.1.1 above, review the treatment outcomes on the 2nd page and count all patients who have been documented as <u>not evaluated</u> in column 40. Add together the total number of cases and enter the sum here.</p>		
3.3.7	<p>Number of new TB patients who were moved to the second-line treatment register</p> <p>[MUST BE ≤ 3.1.1] [ENTER 0 FOR NONE]</p>	<div style="text-align: right;"> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <p style="text-align: right;">Indeterminate: 999</p>
<p>Instructions: For all of the new patients who started treatment from June 1, 2018, through May 31, 2019, identified in 3.1.1 above, review the treatment outcomes on the 2nd page and count all patients who have been documented as <u>moved to second-line treatment register</u> in column 41. Add together the total number of cases and enter the sum here.</p>		
3.3.8	<p>Add together the counts from 3.3.1 to 3.3.7 and enter the total number here. Compare the resulting sum to the 3.1.1 count. The two numbers should be equal. If not, determine the cause of the discrepancy and correct it. If it cannot be fixed, describe why not:</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>	<div style="text-align: right;"> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>

3.4.0		Retreatment Cases	
3.4.1	Number of retreatment TB patients (includes relapse, treatment after failure, treatment after LTFU, or other previously treated patients without a documented outcome) who initiated a retreatment regimen. [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
	Instructions: Review column 8 “date treatment started” and find all patients who started treatment from June 1, 2018, through May 31, 2019. Then review column 11, 12, 13, and 14 where previously treated patients are indicated, and count all of the retreatment patients. Do not count the new patients in this section. Write the sum here.		
3.4.2	Number of retreatment TB patients who were smear negative in the last month of treatment and on at least one previous occasion (i.e., cured). [MUST BE ≤ 3.4.1] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
	Instructions: For all of the retreatment patients who started a retreatment regimen from June 1, 2018, through May 31, 2019, identified in 3.4.1 above, review the treatment outcomes on the 2 nd page and count all patients who have been documented as <u>cured</u> in column 35. Add together the total number of cases and enter the sum here.		
3.4.3	Number of retreatment TB patients who completed treatment without evidence of failure, BUT there is no record to show that sputum smear or culture results in the last month of treatment and on at least one previous occasion were negative, either because they were not done or because results were not available (i.e., completed treatment). [MUST BE ≤ 3.4.1] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
	Instructions: For all of the retreatment patients who started a retreatment regimen from June 1, 2018, through May 31, 2019, identified in 3.4.1 above, review the treatment outcomes on the 2 nd page and count all patients who have been documented as <u>treatment completed</u> in column 36. Add together the total number of cases and enter the sum here.		
3.4.4	Number of retreatment TB patients whose sputum smear or culture was positive at month 5 or later during treatment (i.e., treatment failed). [MUST BE ≤ 3.4.1] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
	Instructions: For all of the retreatment patients who started a retreatment regimen from June 1, 2018, through May 31, 2019, identified in 3.4.1 above, review the treatment outcomes on the 2 nd page and count all patients who have been documented as <u>treatment failed</u> in column 37. Add together the total number of cases and enter the sum here.		

3.4.5	<p>Number of retreatment TB patients who died for any reason before starting treatment or during treatment.</p> <p>[MUST BE ≤ 3.4.1] [ENTER 0 FOR NONE]</p>	<div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <p>Indeterminate: 999</p>
<p>Instructions: For all of the retreatment patients who started a retreatment regimen from June 1, 2018, through May 31, 2019, identified in 3.4.1 above, review the treatment outcomes on the 2nd page and count all patients who have been documented as <u>died</u> in column 38. Add together the total number of cases and enter the sum here.</p>		
3.4.6	<p>Number of retreatment TB patients whose treatment was interrupted for 2 or more consecutive months (i.e., LTFU).</p> <p>[MUST BE ≤ 3.4.1] [ENTER 0 FOR NONE]</p>	<div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <p>Indeterminate: 999</p>
<p>Instructions: For all of the retreatment patients who started a retreatment regimen from June 1, 2018, through May 31, 2019, identified in 3.4.1 above, review the treatment outcomes on the 2nd page and count all patients who have been documented as <u>LTFU</u> in column 39. Add together the total number of cases and enter the sum here.</p>		
3.4.7	<p>Number of retreatment TB patients for whom no treatment outcome is assigned—includes “transferred out” to another treatment unit and unknown treatment outcomes (i.e., not evaluated).</p> <p>[MUST BE ≤ 3.4.1] [ENTER 0 FOR NONE]</p>	<div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <p>Indeterminate: 999</p>
<p>Instructions: For all of the retreatment patients who started a retreatment regimen from June 1, 2018, through May 31, 2019, identified in 3.4.1 above, review the treatment outcomes on the 2nd page and count all patients who have been documented as <u>not evaluated</u> in column 40. Add together the total number of cases and enter the sum here.</p>		
3.4.8	<p>Number of retreatment TB patients who were moved to the second-line treatment register</p> <p>[MUST BE ≤ 3.4.1] [ENTER 0 FOR NONE]</p>	<div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <p>Indeterminate: 999</p>
<p>Instructions: For all of the retreatment patients who started a retreatment regimen from June 1, 2018, through May 31, 2019, identified in 3.4.1 above, review the treatment outcomes on the 2nd page and count all patients who have been documented as <u>moved to second-line treatment register</u> in column 41. Add together the total number of cases and enter the sum here.</p>		

3.4.9	<p>Add together the counts from 3.4.2 to 3.4.8 and enter the total number here. Compare the resulting sum to the 3.4.1 count. The two numbers should be equal. If not, determine the cause of the discrepancy and correct it. If it cannot be fixed, describe why not:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			

4. Data from the Register of Presumptive TB Cases and the GeneXpert MTB/RIF Register [032=1 or 032=2 ONSITE OR OFFSITE]																		
	<p>[LOCATE RECORDS WITHIN THE SPECIFIED QUARTER]</p> <p>(a) Start date: March 2, 2019</p> <p>(b) End date: February 29, 2020</p>																	
	<p>Instructions: This section requires the review of 12 months of data according to the start and end dates specified above.</p>																	
4.0	<p>(c) Which register(s) will be used to determine the TB screening and diagnosis counts with GeneXpert?</p> <p>[SELECT ALL THAT APPLY.]</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Register of presumptive TB cases</td> <td style="text-align: right; padding: 2px 5px;">1</td> </tr> <tr> <td style="padding: 2px 5px;">Laboratory registers for smear microscopy and Xpert MTB/RIF.....</td> <td style="text-align: right; padding: 2px 5px;">2</td> </tr> <tr> <td style="padding: 2px 5px;">TB register</td> <td style="text-align: right; padding: 2px 5px;">3</td> </tr> <tr> <td style="padding: 2px 5px;">GeneXpert register.....</td> <td style="text-align: right; padding: 2px 5px;">4</td> </tr> <tr> <td style="padding: 2px 5px;">DR-TB patient treatment register</td> <td style="text-align: right; padding: 2px 5px;">5</td> </tr> <tr> <td style="padding: 2px 5px;">TB contact register</td> <td style="text-align: right; padding: 2px 5px;">6</td> </tr> <tr> <td style="padding: 2px 5px;">TB patients' quarterly report</td> <td style="text-align: right; padding: 2px 5px;">7</td> </tr> <tr> <td style="padding: 2px 5px;">Other (specify) _____</td> <td style="text-align: right; padding: 2px 5px;">96</td> </tr> </table>	Register of presumptive TB cases	1	Laboratory registers for smear microscopy and Xpert MTB/RIF.....	2	TB register	3	GeneXpert register.....	4	DR-TB patient treatment register	5	TB contact register	6	TB patients' quarterly report	7	Other (specify) _____	96
Register of presumptive TB cases	1																	
Laboratory registers for smear microscopy and Xpert MTB/RIF.....	2																	
TB register	3																	
GeneXpert register.....	4																	
DR-TB patient treatment register	5																	
TB contact register	6																	
TB patients' quarterly report	7																	
Other (specify) _____	96																	
	<p>Instructions: Please select the register you are collecting data from here.</p> <p>In section 4.1, you will most likely review and collect data from the presumptive TB register, or ask the DOTS nurse if unsure.</p> <p>Section 4.2 is only valid for health facilities that have GeneXpert onsite. You will review data in the GeneXpert register.</p>																	

4.1	Presumptive Cases Section [SEE TB REGISTER OF PRESUMPTIVE TB CASES]	
4.1.1	Number of patients with presumptive TB who received a GeneXpert test. [MUST BE ≤ 1.1.4] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> </div> Indeterminate: 999
Instructions: Collect this data from the <u>presumptive TB register</u> or by asking the DOTS nurse: Please count all presumptive TB cases for the 12-month period specified above for which there is an indication that the patient received a GeneXpert test by reviewing column 9 – Suggested Tests. If there is no GeneXpert data recorded in the register, ask the DOTS nurse how many presumptive TB patients had a GeneXpert test. Write the sum here.		
4.1.2	Number of patients with presumptive TB with GeneXpert test results. [MUST BE ≤ 4.1.1] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> </div> Indeterminate: 999
Instructions: Collect this data from the presumptive TB register or by asking the DOTS nurse: For all the patients identified as having received a GeneXpert test in 4.1.1, review column 11 – Date of Xpert result – which indicates that a test result was obtained. If there is no GeneXpert data recorded in the register, ask the DOTS nurse how many presumptive TB patients got GeneXpert test results. Add together the total number of cases and enter the sum here.		
4.1.3	Number of patients with presumptive TB with GeneXpert test results positive for TB. [MUST BE ≤ 4.1.2] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> </div> Indeterminate: 999
Instructions: Collect this data from the presumptive TB register: For all the patients identified as having a GeneXpert test results in 4.1.2 above, review column 11 to determine how many patients had a <u>positive GeneXpert test</u> . If there is no GeneXpert data recorded in the register, ask the DOTS nurse how many presumptive TB patients had a positive GeneXpert test result. Add together the total number of cases and enter the sum here.		

4.1.4	Number of patients with presumptive TB with GeneXpert test results positive for rifampicin resistance. [MUST BE ≤ 4.1.3] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Indeterminate: 999
Instructions: Collect this data from the presumptive TB register: For all the patients identified as having a positive GeneXpert test result in 4.1.3 above, review column 11 to determine how many of them had a <u>positive result for rifampicin</u> (RIF-resistant). If there is no GeneXpert data recorded in the register, ask the DOTS nurse how many presumptive TB patients had a positive GeneXpert test result for rifampicin resistance. Add together the total number of cases and enter the sum here.		
4.2	GeneXpert MTB/RIF Register <i>To collect data for section 4.2, you will need to review the data from the GeneXpert MTB/RIF register.</i> [032=YES (ONSITE)]	
4.2.1	Number of GeneXpert tests received by the laboratory. [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Indeterminate: 999
Instructions: For GeneXpert register: Please count all the cases in the GeneXpert register for the specified duration by reviewing column 16 – Date sample received. Add together the total number of cases and enter the sum here.		
4.2.2	Number of GeneXpert test results recorded in the laboratory. [MUST BE ≤ 4.2.1] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Indeterminate: 999
Instructions: For GeneXpert register: For all of GeneXpert tests received by the laboratory in 4.2.1, review columns 18–22 to determine the number of samples with test results recorded. Add together the total number of cases and enter the sum here.		

4.2.3	Number of GeneXpert test results recorded in the laboratory within 24 hours of being received. [MUST BE ≤ 4.2.2] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Indeterminate: 999
Instructions: For <i>GeneXpert register</i>: For all of the GeneXpert tests received by the laboratory in 4.2.1, compare the date the GeneXpert tests were received by the lab in column 16 with the date the results were recorded in columns 18–22 to determine the number of results that were obtained within 24 hours (one day). Add together the total number of cases and enter the sum here.		
4.2.4	Number of GeneXpert tests with positive result for TB. [MUST BE ≤ 4.2.2] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Indeterminate: 999
Instructions: For <i>GeneXpert register</i>: For all of the GeneXpert test results recorded in the laboratory under 4.2.2, review and count all of the test results recorded as positive for Mycobacterium TB (MTB detected), which includes all of the cases recorded under columns 19 (RIF-resistant), 20 (Ref-sensitive), and 21 (Ref indeterminate). Add together the total number of cases and enter the sum here.		
4.2.5	Number of GeneXpert tests with positive result for resistance to rifampicin. [MUST BE ≤ 4.2.4] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Indeterminate: 999
Instructions for <i>GeneXpert register</i>: For all of the GeneXpert test results recorded in the laboratory under 4.2.2, review column 19 (RIF-resistant) and count all of the test results recorded as positive for resistance to rifampicin. Add together the total number of cases and enter the sum here.		
To collect data for section 4.2, you will need to review the data from the GeneXpert MTB/RIF register. [032=YES (ONSITE)]		
4.2.6	Number of GeneXpert tests with negative result. [MUST BE ≤ 4.2.2] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Indeterminate: 999
Instructions: For <i>GeneXpert register</i>: For all of the GeneXpert test results recorded in the laboratory under 4.2.2, review column 18 and count all of the negative test results recorded. Add together the total number of test results and enter the sum here.		

4.2.7	Number of GeneXpert tests with error result. [MUST BE ≤ 4.2.2] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Indeterminate: 999
Instructions: for <i>GeneXpert Register</i>: For all of the GeneXpert test results recorded in the laboratory under 4.2.2, review column 22 and count all of ERROR (E), NO RESPONSE (NR) and INVALID (I) results recorded. Add together the total number of test results and enter the sum here.		
4.2.8	Add the total counts from 4.2.4, 4.2.6, and 4.2.7 and enter the sum here. Compare to the 4.2.2 count. They should be equal. If not, determine the cause of the discrepancy and correct it. If it cannot be fixed, describe why not: <hr/> <hr/> <hr/>	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div>

5. Data from the MDR-TB Treatment Register [VALID ONLY IF 035=YES]																
<i>To collect data for this section, please review drug-resistant TB patient treatment register</i>																
5.0	[LOCATE RECORDS WITHIN THE SPECIFIED DATE RANGE] (a) Cohort start date: September 1, 2016 (b) Cohort end date: August 31, 2018 Instructions: This section requires the review of data for all DR-TB patients who started TB treatment between September 1, 2016, and August 31, 2018. Everyone who started treatment during this timeframe will have finished treatment between February 28, 2018, and February 29, 2020 (after 18 months of treatment).															
	(c) Which register(s) will be used to determine the DR-TB treatment outcomes? [SELECT ALL THAT APPLY.]	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none;">Register of presumptive TB cases</td> <td style="border: none; text-align: right;">1</td> </tr> <tr> <td style="border: none;">Laboratory registers for smear microscopy and Xpert MTB/RIF... TB register</td> <td style="border: none; text-align: right; vertical-align: bottom;">2 3</td> </tr> <tr> <td style="border: none;">GeneXpert register.....</td> <td style="border: none; text-align: right;">4</td> </tr> <tr> <td style="border: none;">DR-TB patient treatment register</td> <td style="border: none; text-align: right;">5</td> </tr> <tr> <td style="border: none;">TB contact register</td> <td style="border: none; text-align: right;">6</td> </tr> <tr> <td style="border: none;">TB patients' quarterly report</td> <td style="border: none; text-align: right;">7</td> </tr> <tr> <td style="border: none;">Other (specify) _____</td> <td style="border: none; text-align: right;">96</td> </tr> </table>	Register of presumptive TB cases	1	Laboratory registers for smear microscopy and Xpert MTB/RIF... TB register	2 3	GeneXpert register.....	4	DR-TB patient treatment register	5	TB contact register	6	TB patients' quarterly report	7	Other (specify) _____	96
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DR-TB patient treatment register	5															
TB contact register	6															
TB patients' quarterly report	7															
Other (specify) _____	96															
Instructions: Please select the register you are collecting data from here. In this section, you will probably select number (5) for the DR-TB patient treatment register.																

5. Data from the MDR-TB Treatment Register [VALID ONLY IF 035=YES]		
To collect data for this section, please review drug-resistant TB patient treatment register		
5.1	RR-TB Treatment Outcomes [THE COUNTS REPRESENT A COHORT OF PATIENTS THAT <u>STARTED</u> TREATMENT DURING THE TIME PERIOD SPECIFIED, REGARDLESS OF WHETHER THE OUTCOME IS AFTER THE END DATE.]	
5.1.1	Number of bacteriologically-confirmed RR-TB cases who started second-line treatment. [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
Instructions: Please review all of the patients in the MDR-TB treatment register who started treatment between the cohort start and end dates as indicated under column 25. For these patients, review column 23 and count all the patients who are RR-TB confirmed. Add together the total number of cases and enter the sum here.		
5.2	DR-TB Treatment Outcomes [THE COUNTS REPRESENT A COHORT OF PATIENTS THAT <u>STARTED</u> TREATMENT DURING THE TIME PERIOD SPECIFIED, REGARDLESS OF WHETHER THE OUTCOME IS AFTER THE END DATE.]	
5.2.1	Number of DR-TB patients who started second-line treatment. [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
Instructions: Please review all of the patients in the MDR-TB treatment register who started treatment between the cohort start and end dates as indicated under column 25. For these patients, review the drug-susceptibility test results under columns 12–22 and count those patients who are indicated as being resistant to at least one or more medicines. Add together the total number of cases and enter the sum here.		
5.2.2	Number of DR-TB patients who were cured . [MUST BE ≤ 5.2.1] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
Instructions: For all of the patients in the MDR-TB treatment register who started treatment between the cohort start and end dates as indicated under column 25, please review column 100 and count all of the patients who are recorded " <u>cured</u> ." Add together the total number of cases and enter the sum here.		

5.2.3	Number of DR-TB patients who completed treatment without documentation of cure. [MUST BE ≤ 5.2.1] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Indeterminate: 999
Instructions: For all of the patients in the MDR-TB treatment register who started treatment between the cohort start and end dates as indicated under column 25, please review column 100 and count all of the patients who are recorded as “ <u>treatment completed without documentation.</u> ” Add together the total number of cases and enter the sum here.		
5.2.4	Number of DR-TB patients with treatment failure per WHO guidelines and NTP specifications, which include the following: lack of culture conversion at the end of the intensive phase of treatment, reversion of culture from negative to positive during treatment, or evidence of acquired resistance to fluoroquinolones or second-line injectable drugs, or adverse drug reactions (i.e., treatment failed). [MUST BE ≤ 5.2.1] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Indeterminate: 999
Instructions: For all of the patients in the MDR-TB treatment register who started treatment between the cohort start and end dates as indicated under column 25, please review column 100 and count all of the patients who are recorded “ <u>treatment failed.</u> ” Add together the total number of cases and enter the sum here.		
5.2.5	Number of DR-TB patients who died for any reason before starting treatment or during treatment. [MUST BE ≤ 5.2.1] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Indeterminate: 999
Instructions: For all of the patients in the MDR-TB treatment register who started treatment between the cohort start and end dates as indicated under column 25, please review column 100 and count all of the patients who are recorded as “ <u>died.</u> ” Add together the total number of cases and enter the sum here.		
5.2.6	Number of DR-TB cases whose treatment was interrupted for 2 or more consecutive months (i.e., lost to follow-up). [MUST BE ≤ 5.2.1] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Indeterminate: 999
Instructions: For all of the patients in the MDR-TB treatment register who started treatment between the cohort start and end dates as indicated under column 25, please review column 100 and count all of the patients who are recorded “ <u>lost to follow-up.</u> ” Add together the total number of cases and enter the sum here.		

5.2.7	Number of DR-TB patients for whom no treatment outcome is assigned, includes “transferred out” to another treatment unit, those still taking treatment for DR-TB, and those with unknown treatment outcomes (i.e., not evaluated). [MUST BE ≤ 5.2.1] [ENTER 0 FOR NONE]	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> Indeterminate: 999
Instructions: For all of the patients in the MDR-TB treatment register who started treatment between the cohort start and end dates as indicated under column 25, please review column 100 and count all of the patients who are recorded “ <u>not evaluated</u> .” Add together the total number of cases and enter the sum here.		
5.2.8	Add together the counts from 5.2.2 to 5.2.7 and enter the sum here. Compare this number to the 5.2.1 count. They should be equal. If not, determine the cause of the discrepancy and correct it. If it cannot be fixed, describe why not: <hr/> <hr/> <hr/>	<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div>

6. Data from the TB Contacts Register [VALID ONLY IF 037=YES; i.e., TPT IS PROVIDED AT THE SITE TO CHILD CONTACTS OF CONFIRMED TB PATIENTS.]																		
<i>TPT for children under 5 years old who are TB contacts</i>																		
6.0	[LOCATE RECORDS WITHIN THE SPECIFIED DATE RANGE] (a) Start date: Sept 1, 2018 (b) End date: August 31, 2019																	
Instructions: This section requires the review of 12 months of data according to the start and end dates specified above.																		
	(c) Which register(s) will be used to determine the counts for TPT for children under 5 years old who are TB contacts? [SELECT ALL THAT APPLY.]	<table border="0" style="width: 100%;"> <tr> <td style="padding-left: 20px;">Register of presumptive TB cases</td> <td style="text-align: right; vertical-align: bottom;">1</td> </tr> <tr> <td style="padding-left: 20px;">Laboratory registers for smear microscopy and Xpert MTB/RIF.</td> <td style="text-align: right; vertical-align: bottom;">2</td> </tr> <tr> <td style="padding-left: 20px;">TB register</td> <td style="text-align: right; vertical-align: bottom;">3</td> </tr> <tr> <td style="padding-left: 20px;">GeneXpert register.....</td> <td style="text-align: right; vertical-align: bottom;">4</td> </tr> <tr> <td style="padding-left: 20px;">DR-TB patient treatment register</td> <td style="text-align: right; vertical-align: bottom;">5</td> </tr> <tr> <td style="padding-left: 20px;">TB contact register</td> <td style="text-align: right; vertical-align: bottom;">6</td> </tr> <tr> <td style="padding-left: 20px;">TB patients’ quarterly report</td> <td style="text-align: right; vertical-align: bottom;">7</td> </tr> <tr> <td style="padding-left: 20px;">Other (specify) _____</td> <td style="text-align: right; vertical-align: bottom;">96</td> </tr> </table>	Register of presumptive TB cases	1	Laboratory registers for smear microscopy and Xpert MTB/RIF.	2	TB register	3	GeneXpert register.....	4	DR-TB patient treatment register	5	TB contact register	6	TB patients’ quarterly report	7	Other (specify) _____	96
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6. Data from the TB Contacts Register			
[VALID ONLY IF 037=YES; i.e., TPT IS PROVIDED AT THE SITE TO CHILD CONTACTS OF CONFIRMED TB PATIENTS.]			
	Instructions: Please select the register you are collecting data from here. In this section you will probably select number (6) for the TB contacts register.		
6.1.1	Does this facility provide TPT to child contacts of confirmed TB patients?	No	0
		Yes	1
		Don't know	88
	[THE NEXT 8 COUNTS ARE VALID ONLY IF 6.1.1=YES]		
6.1.2	Number of child contacts initiated on TPT. [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
	Instructions: Please review all child (under 5 years of age) contacts of confirmed TB patients who were entered in the TB contacts register between the start and end dates indicated above. For each child, check column 8 for the age, counting only those who are under age 5, and review column 20 to determine if they were given INH treatment. Add together the total number of cases and enter the sum here.		
6.1.3	Number of child contacts on TPT who completed treatment [MUST BE ≤ 6.1.2] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
	Instructions: For the child contacts you counted in section 6.1.2, review column 21 of the register and determine how many children completed their TPT treatment. Add together the total number of cases and enter the sum here. Ask the TB focal point to assist you in finding and collecting this data if needed.		
6.1.4	Number of child contacts on TPT who interrupted TPT due to developing active TB while taking TPT. [MUST BE ≤ 6.1.2] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/>	Indeterminate: 999
	Instructions: For the child contacts you counted in section 6.1.2, review column 21 of the register and determine how many had an interruption to their TPT due to developing active TB while taking TPT. Add together the total number of cases and enter the sum here. Ask the TB focal point to assist you in finding and collecting this data if needed.		

6. Data from the TB Contacts Register		
[VALID ONLY IF 037=YES; i.e., TPT IS PROVIDED AT THE SITE TO CHILD CONTACTS OF CONFIRMED TB PATIENTS.]		
6.1.5	Number of child contacts on TPT who interrupted TPT due to any type of adverse event. [MUST BE ≤ 6.1.2] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: For the child contacts you counted for 6.1.2, review column 21 of the register and determine how many had an interruption in their TPT due to any type of adverse event. Add together the total number of cases and enter the sum here. Ask the TB focal point to assist you in finding and collecting this data if needed.	
6.1.6	Number of child contacts on TPT who interrupted TPT due to death while taking TPT. [MUST BE ≤ 6.1.2] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: For the child contacts you counted in section 6.1.2, review column 21 of the register and determine how many had an interruption in their TPT due to death while taking TPT. Add together the total number of cases and enter the sum here. Ask the TB focal point to assist you in finding and collecting this data if needed.	
6.1.7	Number of child contacts on TPT who interrupted TPT due to loss to follow-up (LTFU). [MUST BE ≤ 6.1.2] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: For the child contacts you counted in section 6.1.2, review column 21 of the register and determine how many children had an interruption to their TPT due to LTFU. Add together the total number of cases and enter the sum here. Ask the TB focal point to assist you in finding and collecting this data if needed.	
6.1.8	Number of child contacts on TPT with no outcome recorded. [MUST BE ≤ 6.1.2] [ENTER 0 FOR NONE]	<input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: For child contacts you counted in section 6.1.2, review column 21 of the register and determine how many children had <u>no outcome</u> recorded. Add together the total number of cases and enter the sum here. Ask the TB focal point to assist you in finding and collecting this data if needed.	

6. Data from the TB Contacts Register					
[VALID ONLY IF 037=YES; i.e., TPT IS PROVIDED AT THE SITE TO CHILD CONTACTS OF CONFIRMED TB PATIENTS.]					
6.1.9	<p>Add together the counts from 6.1.3 to 6.1.8 and enter the sum here. Compare the resulting number to the 6.1.2 count. They should be equal. If not, determine the cause of the discrepancy and correct it. If it cannot be fixed, describe why not:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> <p style="text-align: center;">Indeterminate: 999</p>			

7. Bidirectional Screening of TB and Diabetes Mellitus (DM) Patients:																		
[ONLY ASK THESE QUESTIONS IF 039=YES]																		
Please complete this table in health facilities where TB patients are screened for DM. All hospitals and clinics included in the assessment with minimal laboratory facilities to test blood glucose level are expected to have these data.																		
7.0	<p>[LOCATE RECORDS WITHIN THE SPECIFIED DATE RANGE]</p> <p>(a) Start date: March 1, 2019</p> <p>(b) End date: February 29, 2020</p>																	
<p>Instructions: This section requires the review of 12 months of data according to the start and end dates specified above.</p>																		
	<p>(c) Which register(s) will be used to determine the counts for diabetes screening among TB patients?</p> <p>[SELECT ALL THAT APPLY.]</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Register of presumptive TB cases</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">Laboratory registers for smear microscopy and Xpert MTB/RIF..</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">TB register</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">GeneXpert register.....</td> <td style="text-align: right; padding: 2px;">4</td> </tr> <tr> <td style="padding: 2px;">DR-TB patient treatment register</td> <td style="text-align: right; padding: 2px;">5</td> </tr> <tr> <td style="padding: 2px;">TB contact register</td> <td style="text-align: right; padding: 2px;">6</td> </tr> <tr> <td style="padding: 2px;">TB patients' quarterly report</td> <td style="text-align: right; padding: 2px;">7</td> </tr> <tr> <td style="padding: 2px;">Other (specify) _____</td> <td style="text-align: right; padding: 2px;">96</td> </tr> </table>	Register of presumptive TB cases	1	Laboratory registers for smear microscopy and Xpert MTB/RIF..	2	TB register	3	GeneXpert register.....	4	DR-TB patient treatment register	5	TB contact register	6	TB patients' quarterly report	7	Other (specify) _____	96
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Other (specify) _____	96																	
<p>Instructions: Please select the register you are using to collect these data. Ask the facility in-charge or service provider to explain how they record TB and DM association data and which register or tool the information is recorded in. Note, these data are not included in the NTP tools so you will probably select number (96) for "other." Please specify what the other register or tool is.</p>																		

7. Bidirectional Screening of TB and Diabetes Mellitus (DM) Patients: [ONLY ASK THESE QUESTIONS IF 039=YES]		
7.1	Number of TB patients registered.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: This figure can be obtained from the “ <u>register of presumptive TB cases.</u> ” Please count all registered TB patients one by one from the start date to the end date specified above. Add together the total number of cases and enter the sum here.	
7.2	Number of TB patients previously diagnosed with DM.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: First, ask facility staff if they record the DM status of patients who report that they are diabetic when they visit the facility for TB services. If so, ask where they record this information and count all cases one by one from the start date to the end date specified above. Add together the total number of cases and enter the sum here.	
7.3	Number of TB patients screened with a random blood glucose (RBG) test.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: First, ask facility staff if they do RBG tests for diabetic patients when they visit the facility for TB services. If so, ask where they record this information and count all TB patients who were screened with a RBG test, one by one, from the start date to the end date specified above. Add together the total number of cases and enter the sum here.	
7.4	Number of TB patients with random blood glucose ≥ 6.1 mmol/l (110mg/dl).	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: For the patients you counted in section 7.3, determine how many patients had a blood glucose level ≥ 6.1 mmol/l (110 mg/dl). Add together the total number of cases and enter the sum here.	
7.5	Number of TB patients screened with a fasting blood glucose (FBG) test.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: First, ask facility staff if they do FBG tests for diabetic patients when they visit the facility for TB services. If so, ask where they record this information and count all TB patients who were screened with an FBG test, one by one, from the start date to the end date specified above. Add together the total number of cases and enter the sum here.	

7. Bidirectional Screening of TB and Diabetes Mellitus (DM) Patients: [ONLY ASK THESE QUESTIONS IF 039=YES]		
7.6	Number of TB patients newly diagnosed with DM (FBG > 7.0mmol/l or 126).	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: For the patients you counted in section 7.5, determine how many patients had a FBG level > 7.0mmol/l (or 126mg/dl). Add together the total number of cases and enter the sum here.	
7.7	Number of TB patients with known DM + number of TB patients newly diagnosed with DM.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: Please add together the counts in sections 7.2 and 7.6 and enter the sum here.	
7.8	Number of TB patients referred to diabetes care.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999
	Instructions: First, ask facility staff if they refer TB patients who are known to have diabetes, or were newly diagnosed with diabetes, to diabetic care centers for treatment. If so, ask where they record this information and count all cases, one by one, from the start date to the end date specified above. Add together the total number of cases and enter the sum here.	
7.9	Add together the counts from 7.2 and 7.6 and enter the sum here. Compare the resulting number to the 7.7 count. They should be equal. If not, determine the cause of the discrepancy and correct it. If it cannot be fixed, describe why not: _____ _____ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Indeterminate: 999

End of Facility Visit			
		(a) Visit Result	(b) Visit End Time [Use the 24-hour clock system (e.g., 14:30)]
003	Visit 1	Completed	1
		Partially completed	2
		Records unavailable	3
		Facility refused	4
		Postponed	5
		Other (specify) _____	96
004	Visit 2 (if needed)	Completed	1
		Partially completed	2
		Records unavailable	3
		Facility refused	4
		Other (specify) _____	96

Comments/Observations	
099	<p>Please provide comments or observations you may have about the quality of the record keeping (e.g., what was easy, what was challenging, if you were unable to determine some of the counts explain why).</p> <hr/> <hr/> <hr/> <hr/> <hr/>

Quality of TB Services Assessment: Community Health Worker and TB Focal Point Interview

Note: This form will be used to interview CHWs and TB focal points in the following types of health facilities:

1. Two CHWs (preferably one male and one female) in every sampled health facility where CHWs support the TB program. CHWs will be interviewed at the health facility (not health post).
2. Two TB focal points (preferably one male and one female) in all the sampled prison health centers.
3. Two internally displaced people (IDP) TB focal points (preferable one male and one female) in all the sampled IDP and refugee camps in Hirat, Nangarhar, and Kabul.

CHWs and prison health center and IDP camp TB focal points should have their monthly tally sheets/registers or any other data collection tool they use for TB services, including visitor books with records of supervision feedback, patient referral slips, etc., from at least the last three months during the time of the interview.

Start of Interview													
		(a) Interview date	(b) Interview start time [Use the 24-hour clock system (e.g., 14:30)]	(c) Interviewer ID	(d) Interviewer name								
001	Interview 1	___/___/___	<table border="1"> <tr> <td>□</td><td>□</td> <td>□</td><td>□</td> </tr> <tr> <td colspan="2">Hours</td> <td colspan="2">Minutes</td> </tr> </table>	□	□	□	□	Hours		Minutes		□□	_____
□	□	□	□										
Hours		Minutes											
002	Interview 2 (if needed)	___/___/___	<table border="1"> <tr> <td>□</td><td>□</td> <td>□</td><td>□</td> </tr> <tr> <td colspan="2">Hours</td> <td colspan="2">Minutes</td> </tr> </table>	□	□	□	□	Hours		Minutes		□□	_____
□	□	□	□										
Hours		Minutes											

Facility Identification			
		(a) Code	(b) Name
010	Province	<input type="text"/> <input type="text"/>	_____
011	District/Nahia	<input type="text"/> <input type="text"/>	_____
012	Facility	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
013	Location of facility (village) _____		
014	GPS location		

Interviewee Profile			
015	Select the type of interviewee	Community health worker (CHW) TB focal point in facilities in IDP camps TB focal point in prison health centers	1 2 3
016	Provider Number	<input type="text"/> <input type="text"/>	

Eligibility Screening Questions			
Instructions to the interviewer:			
<i>Greet the interviewee, introduce yourself (Hello. My name is), and ask her/him if s/he is willing to answer questions about their experience providing TB care to their clients as per their job description. If they agree, tell them that you have a couple of preliminary questions. To ensure that the interviewee meets the criteria for the study, please obtain the following information.</i>			
		Yes	No [NR]
017	Do you provide direct care to TB patients?	1	0
018	[ASK ONLY IF 017=YES] Have you been providing TB care to patients for more than 6 months?	1	0 99
<i>If either of the screening questions is NO or NO RESPONSE, the interviewee is NOT eligible for this study – thank them and find the next available staff member.</i>			

If the interviewee is eligible for the study (i.e., both screening questions are answered YES), it is essential that you gain their informed consent before beginning the interview. Read the service provider consent form to the interviewee and record their response below.

019	[SELECT THE APPROPRIATE RESPONSE BASED ON THE INFORMED CONSENT]	Consented...	1
		Declined	0

If they declined to give consent, (1) thank the provider, (2) select “Provider refused” in the “End of Interview” section at the end of the survey, and (3) approach another provider.

If they consented, continue with the interview.

1. Education and Experience			
1.1	Sex [OBSERVE AND SELECT THE APPROPRIATE RESPONSE. ASK ONLY IF UNSURE.]	Male..... Female..... [No response]	1 2 99
1.2	How old are you? [AGE MUST BE 18–70]	Years <input type="text"/> <input type="text"/> Don't know [No response]	 88 99
1.3	What is your highest level of education?	No education..... No formal education but able to read and write..... Primary/elementary school..... 12 Class..... Diploma/14 Class..... Bachelor or higher degree Non-formal degree (specify)..... Other health degree (specify)..... [No response]	1 2 3 4 5 6 95 96 99

1. Education and Experience			
1.4	How many years and months have you been working in this job (including engagements or employment in other units or departments of the facility, if applicable)? [YEARS MUST BE 0–62. MONTHS MUST BE 0–11.]	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/> Years ... </div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> Months ... </div> </div> [No response]	99

2. TB Case Management						
Now, I want to ask you a few questions about the care you provide to TB patients.						
2.1	How do you identify TB patients? [SELECT ALL THAT THE RESPONDENT MENTIONS, BUT DO NOT PROMPT.]					
	Observe and find TB patients based on the signs and symptoms during my daily visits.....	1				
	Patients themselves complain about having an illness.....	2				
	Patient’s relatives/neighbors report individuals they suspect of having TB	3				
	Other method used (specify): _____	96				
	Don’t know.....	88				
	[No response].....	99				
2.2	Can you please describe the signs and symptoms of a presumptive TB patient?	Yes, unprompted	Yes, prompted	No	DK	[NR]
2.2.1	Chronic cough (for two weeks or more)	2	1	0	88	99
2.2.2	Coughing up mucus or sputum	2	1	0	88	99
2.2.3	Blood-streaked mucus or sputum	2	1	0	88	99
2.2.4	Unexplained weight loss	2	1	0	88	99
2.2.5	Fever and/or chills	2	1	0	88	99
2.2.6	Night sweats	2	1	0	88	99
2.2.7	Persistent shortness of breath	2	1	0	88	99
2.2.8	Tiredness or fatigue	2	1	0	88	99
2.2.9	Pain in the chest or back	2	1	0	88	99
2.2.10	Neck lymph nodes swelling	2	1	0	88	99

2. TB Case Management						
2.2.11	Persistent diarrhea	2	1	0	88	99
2.2.12	Other (specify) _____	2	1	0	88	99
2.3	Which of the following actions do you take with a suspected TB patient after you identify them? [PLEASE SELECT ALL THAT APPLY.]			Yes	No	[NR]
2.3.1	Provide TB education			1	2	99
2.3.2	Guide the patient to visit a nearby health facility for TB screening			1	2	99
2.3.3	Send the patient to the health facility with a referral slip			1	2	99
2.3.4	Accompany the patient to a health facility for TB screening			1	2	99
2.3.5	Collect and transport the patient's sputum to the diagnostic health facility			1	2	99
2.3.6	Get the result of the patient's sputum from the diagnostic health facility and inform the patient of the result			1	2	99
2.3.7	Other (specify).....			1	2	
2.4	What kind of support do you provide after a patient is diagnosed with TB at the health facility? [PLEASE SELECT ALL THAT APPLY.]			Yes	No	[NR]
2.4.1	Provide referral for treatment			1	2	99
2.4.2	Provide adherence counseling			1	2	99
2.4.3	Trace or locate clients who miss follow-up visits			1	2	99
2.4.4	Provide TB education			1	2	99
2.4.5	Provide emotional or social support			1	2	99
2.4.6	Provide directly observed treatment (DOT)			1	2	99
2.4.7	Reminder phone calls or SMS text messages to TB patients to support adherence to treatment medications			1	2	99

2. TB Case Management				
2.4.8	Follow-up phone calls or SMS text messages to TB patients for missed appointments, to schedule a home visit, and for other follow-up	1	2	99
2.4.9	Refer patient under treatment for follow-up examination to a health facility	1	2	99
2.4.10	[ASK ONLY IF 015=2 OR 3] HIV testing (and counseling)	1	2	99
2.4.11	Actively screen contacts of the TB patient	1	2	99
2.4.12	Identify and refer children under 5 who have been in contact with a TB patient to the health facility for IPT (INH preventive therapy)	1	2	99
2.4.13	Provide IPT (INH preventive therapy) to children under 5 who have been in contact with a TB patient	1	2	99
2.4.14	Identify and report adverse drug reactions to the health facility	1	2	99
2.4.15	Other services (specify): _____	1	2	

3. Training and Supervision					
[Note about the timeframe for which the questions are being asked: The questions that ask if specific services and trainings were offered “in the past 24 months” refer to the period before COVID-19 (i.e., the 24-month period from March 1, 2018–February 29, 2020).]					
Now, I would like to ask you some questions about the training you received and the supervision visits provided by the health facility to support the TB services you provide to your clients.					
Training					
		Yes, within the past 24 months	Yes, over 24 months ago	No	[NR]
3.1	Have you received the community-based DOTS training?	1	2	3	99
Have you received other additional trainings on any of the following topics, and if so when?					
3.1.1	TB case identification and referral	1	2	3	99
3.1.2	TB screening	1	2	3	99
3.1.3	TB diagnosis	1	2	3	99

3. Training and Supervision					
3.1.4	TB treatment and follow-up	1	2	3	99
3.1.5	TB infection control	1	2	3	99
3.1.6	TB drug management	1	2	3	99
3.1.7	TB health education	1	2	3	99
3.1.8	Recording and reporting of TB cases	1	2	3	99
3.1.9	Other training (specify)_____	1	2	3	99
Supervision					
3.2	Now, I would like to ask you some questions about the supervision that you have personally received.				
3.2.1	Has anyone from an upper-level office ever come for a supervisory and/or monitoring visit to check your work?	Yes			1
		No			0
		[No response]			99
3.2.2	[ASK ONLY IF 3.2.1=YES] When was the last time someone from an upper-level office came here on a supervisory visit? [CHECK VISIT BOOK AND CODE AS NO RESPONSE IF A BOOK IS NOT AVAILABLE]	Within the past 3 months			1
		Between 3 to 6 months ago			2
		Between 7 to 12 months ago.....			3
		More than a year ago.....			4
		[No response]			99
3.2.3	[ASK ONLY IF 3.2.1=YES] During the past 12 months, how many times have you been supervised or monitored by someone from an upper-level office? [ENTER 1-12]	Number of visits.....	<input type="text"/>	<input type="text"/>	
		[No response]			99

3. Training and Supervision			
3.2.4	Who came here for the last programmatic supervisory visit? [SELECT ALL THAT APPLY.]	Community health supervisor..... Other health facility staff NGO supervisor..... Provincial MoPH supervisor..... Provincial TB team (i.e., provincial TB coordinator, provincial lab supervisor) Provincial focal point..... Central MoPH supervisor..... Donor or sub-recipient..... Other (specify) _____	1 2 3 4 5 6 7 8 96
3.2.5	Did the supervisor provide a record of written comments or suggestions from the visit (i.e., recommendations and action plans)?	Yes No Don't know	1 2 88
3.3	[ASK ONLY IF 3.2.5=1] Do you have a record of written feedback from the last three supervision visits? If yes, please help me observe the record. [NOTE – VISITORS BOOK NEEDS TO BE OBSERVED]	Yes (observed) Yes (not observed)..... No Don't know [No response]	1 2 3 88 99
Monthly Meeting			
3.4	Do you meet regularly with your health facility/NGO or MoPH staff or officials? If yes, please tells me the frequency of the meetings.	No Yes, twice a month Yes, once a month Yes, every two months Yes, every three months..... Yes, every six months or more..... Don't know..... [No response].....	0 1 2 3 4 5 88 99

3. Training and Supervision			
3.5	[ASK ONLY IF 3.4 >1 AND 3.4 < 6] Are TB services discussed in these meetings?	Yes	1
		No	2
		Don't know.....	88
		[No response].....	99

4. Incentives and Recognition			
Now, I want to ask you a few questions about any incentive you receive for the TB services you provide to your clients.			
4.1	[ASK ONLY IF 015=2 OR 3] Are you paid regularly for the TB services you provide for your clients?	Yes.....	1
		No.....	2
		[No response]	99
4.2	[ASK ONLY IF 4.1=YES] If yes, how much are you paid in a typical month (in Afghani)?	Afghani..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		Don't know.....	88
4.3	Apart from the regular remuneration, what other monetary or non-monetary incentives have you received for the work you do? [READ THE OPTIONS AND SELECT ALL THAT APPLY]	None.....	0
		Per diem, transportation fare, and refreshment.....	1
		Training and self-learning opportunities.....	2
		Central MoPH and provincial government recognition/certificate.....	3
		Respect in the community.....	4
		Gift hampers (shirts, bags, mobile phones, umbrella)	5
		Other monetary incentive (specify).....	96
		Other non-monetary incentive (specify).....	97
		[No response].....	99

5. Data Record (check the record for the quarter from December 2019 through February 2020)							
5.1	Now, I want to ask you a few questions about the data records you kept of the TB services you provided to your clients in the quarter from December 2019 through February 2020. I also want to observe the records if available.	(a) TB services recorded			[ASK ONLY IF 5.1.A=YES] (b) Records observed		
		Yes	No	DK	Observed		DK
					Yes	No	
5.1.1	TB patients identified and referred for screening	1	0	88	1	2	88
5.1.2	TB patients diagnosed with TB in the health facility	1	0	88	1	2	88
5.1.3	TB patients referred for treatment	1	0	88	1	2	88
5.1.4	TB patients who started treatment	1	0	88	1	2	88
5.1.5	TB patients under DOTS	1	0	88	1	2	88
5.1.6	TB patients that need follow-up	1	0	88	1	2	88
5.1.7	TB patients whose contacts were screened	1	0	88	1	2	88
5.1.8	Children under 5 years old who started IPT	1	0	88	1	2	88
5.1.9	Children under 5 years old who completed IPT	1	0	88	1	2	88
5.1.10	Other record (specify) _____	1	0	88	1	2	88
5.1.11	Other record (specify) _____	1	0	88	1	2	88

6. IEC Materials and Job Aids			
Now, I want to ask you if you have information, education, and communication (IEC) materials and job aids that you use when you provide counseling to TB patients.			
6.1	Do you have IEC materials and job aids that you use for counseling TB patients?	Yes.....	1
		No.....	2
		Don't know.....	88
		[No response].....	99
6.2	[ASK ONLY IF 6.1=YES] Ask the following about the IEC materials/job aids:	Yes	No
6.2.1	IEC materials/job aids are clear and understandable	1	0
6.2.2	IEC materials/job aids are in the local language(s)	1	0

End of Interview				
		(a) Interview result		(b) Interview end time [Use the 24-hour clock system (e.g., 14:30)]
020	Interview 1	Completed	1	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Hours Minutes </div>
		Partially completed	2	
		Provider ineligible.....	3	
		Provider refused.....	4	
		Postponed	5	
		Other (specify)_____	96	
021	Interview 2 (if needed)	Completed	1	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Hours Minutes </div>
		Partially completed	2	
		Provider ineligible	3	
		Provider refused	4	
		Other (specify)_____	96	

Comments/Observations	
099	<p>[RESEARCH ASSISTANT: Please provide detailed comments or observations you may have about this interview (issues with questions, challenges in determining which response to select, etc.).]</p> <hr/> <hr/> <hr/> <hr/> <hr/>

Quality of TB Services Assessment: Diabetes Center Health Provider Interview

This tool will be administered to the OPD doctor/physician/consultant responsible for checking diabetic patients and/or the lab technician/in-charge in the following facilities:

- Two diabetic centers in Kabul (Wazir Akbar Khan Hospital and Share-now Diabetic Center)
- All provincial and regional hospitals in the assessment provinces where diabetic patients seek healthcare

Start of Interview															
		(a) Interview date	(b) Interview start time [Use the 24-hour clock system (e.g., 14:30)]	(c) Interviewer ID	(d) Interviewer name										
001	Interview 1	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Hours</td> <td>Minutes</td> <td></td> <td></td> </tr> </table>					Hours	Minutes			<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours	Minutes														
002	Interview 2 (if needed)	___/___/___	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>Hours</td> <td>Minutes</td> <td></td> <td></td> </tr> </table>					Hours	Minutes			<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____
Hours	Minutes														

Facility Identification								
		(a) Code	(b) Name					
010	Province	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____			
011	District/Nahia	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>			_____			
012	Facility	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>						_____
013	Location of facility (village)							

014	GPS location							

Interviewee profile				
015	What is the title of the interviewee?	OPD doctor/physician/consultant	1	
		Lab technician	2	
Eligibility Screening Questions				
Instructions to the interviewer:				
<i>Greet the interviewee, introduce yourself (Hello. My name is) and ask her/him if s/he is willing to answer questions about their experience of providing TB screening to diabetic patients at this diabetes center. If they agree, tell them that you have a couple of preliminary questions. To ensure that the provider meets the criteria for the study, please obtain the following information.</i>				
			Yes	No
				[NR]
016	Do you provide TB screening services to diabetic patients who come to this center?		1	0
017	[ASK ONLY IF 016=YES]			
	Have you been providing TB screening to patients for more than 6 months?		1	0
				99
<i>If either of the screening questions is answered NO or NO RESPONSE, the provider is NOT eligible for this study – thank them and find the next available staff member.</i>				
<i>If the provider is eligible for the study (i.e., both screening questions are answered YES), it is essential that you gain their informed consent before beginning the interview. Read the service provider consent form to the provider and record their response below.</i>				
018	[SELECT THE APPROPRIATE RESPONSE BASED ON THE INFORMED CONSENT]		Consented	1
			Declined	0
<i>If they declined to give consent, (1) thank the provider, (2) select “Provider refused” in the “End of Interview” section at the end of the survey, and (3) approach another provider.</i>				
<i>If they consented, continue with the interview.</i>				

1. Education and Experience			
1.1	Sex [OBSERVE AND SELECT THE APPROPRIATE RESPONSE. ASK ONLY IF UNSURE.]	Male..... Female..... [No response]	1 2 99
1.2.1	In what year were you born? [YEAR MUST BE 1949–2002. IF UNKNOWN, SELECT 88, or IF NO RESPONSE, SELECT 99.]	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know..... [No response]	88 99
1.2.2	How old were you on your last birthday? [AGE MUST BE 18–70. COMPARE AND CORRECT 1.2.1 AND 1.2.2 IF THEY ARE INCONSISTENT]	Year <input type="text"/> <input type="text"/> Don't know [No response]	88 99
1.3	What was the highest level of schooling you reached to become a practicing healthcare provider?	12 Class..... Diploma/14 class..... Bachelor's degree..... Master's degree..... MD degree MD specialization degree..... Doctorate..... Non-formal degree (specify)..... Other health degree (specify)..... Other non-health degree (specify)..... [No response].....	1 2 3 4 5 6 7 95 96 97 99

1. Education and Experience			
1.4	How many years and months have you been working in this facility (including engagements or employment in other units or departments of the facility)? [YEARS MUST BE 0–62. MONTHS MUST BE 0–11.]	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> </div> Years ... Months ... [No response].....	99

2. TB Screening of Diabetic Patients				
2.1	Do you screen all diabetic patients attending this health facility for signs and symptoms of pulmonary TB and presumptive pulmonary TB through a symptom-based inquiry?	Yes.....		1
		No.....		0
		Don't know.....		88
		[No response]		99
2.2	What kind of services does this health facility provide to TB or presumptive TB patients?	Yes	No	DK
2.2.1	Separate presumptive and confirmed TB patients from other patients by screening for cough	1	0	88
2.2.2	Weigh patients	1	0	88
2.2.3	Provide presumptive TB patients a sputum container to collect samples	1	0	88
2.2.4	Complete a checklist for all identified TB patients (new and follow-up patients)	1	0	88
2.2.5	Screen all new TB patients for diabetes mellitus (DM) at the time of diagnosis irrespective of symptoms	1	0	88
2.2.6	Screen all follow-up TB patients for DM	1	0	88
2.2.7	Document the screening results on the patient card	1	0	88
2.2.8	Document the screening results on a data collection tool (i.e., register)	1	0	88
2.3	Does this health facility perform sputum smear microscopy (for acid-fast bacilli) for patients screened and identified as a presumptive TB patient?	Yes.....		1
		No, but referral made for sputum microscopy at another facility		2
		No, no referral made.....		3
		Don't know.....		88
		[No response]		99

2.4	Does this health facility perform a GeneXpert test for patients screened and identified as a presumptive TB patient?	Yes.....	1	
		No, but referral made for GeneXpert test at another facility..	2	
		No, no referral made.....	3	
		Don't know.....	88	
		[No response]	99	
2.5	Do you do a posterior-anterior (PA) chest x-ray for patients screened and identified as presumptive TB patients?	Yes.....	1	
		No, but referral made for chest x-ray at another facility	2	
		No, no referral made.....	3	
		Don't know.....	88	
		[No response]	99	
2.6	Do you confirm TB diagnosis based on NTP guidelines/recommendations?	Yes	1	
		No.....	2	
		Don't know.....	88	
		[No response]	99	
2.7	[ASK ONLY IF 2.6=YES] Do you confirm TB diagnosis based on NTP guidelines/recommendations as mentioned in the following:	Yes	No	DK
2.7.1	Two sputum smear positive samples	1	0	88
2.7.2	At least two of three independent x-ray technicians/TB experts diagnosing TB	1	0	88
2.7.3	Two out of three sputum smear samples are reported as AFB positive	1	0	88

3. TB Treatment for Diabetes Patients					
3.1	Do you provide TB treatment to DM patients screened, diagnosed, and confirmed as a TB patient in your health facility?	Yes.....	1		
		No.....	2		
		Don't know.....	88		
		[No response]	99		
3.2	[ASK ONLY IF 3.1=YES] For how many months do you provide TB treatment for TB patients with DM?	6 months.....	1		
		9 months.....	2		
		12 months.....	3		
		More than 12 months.....	4		
		Other (specify).....	96		
		Don't know.....	88		
		[No response]	99		
3.3	[ASK ONLY IF 3.1=YES] What kind of treatment procedures do you follow in your health facility for patients who were screened and confirmed as having TB? Please tell me if you do the following:	Yes	No	DK	NR
3.3.1	Initiate TB treatment to diabetics diagnosed with TB according to NTP guidelines and SOPs	1	0	88	99
3.3.2	Adjust the dose of pyrazinamide (PZA) and ethambutol (EMB) according to NTP guidelines if creatinine for diabetic nephropathy	1	0	88	99
3.3.3	Administer vitamin B6 to prevent INH-induced neuropathy (10–25mg/day)	1	0	88	99
3.3.4	Closely follow-up and monitor patients with TB/DM comorbidity	1	0	88	99
3.3.5	Closely manage TB/DM drug interactions and follow-up examination until treatment ends	1	0	88	99
3.3.6	Minimize stigma of TB among DM patients by delivering DM medication with TB medication via DOT, especially for people with poorly controlled DM or those who do not adhere to DM medications	1	0	88	99
3.3.7	Extend TB treatment to nine months for persons with DM, especially persons with cavitory disease or delayed sputum clearance	1	0	88	99

3.3.8	Upon completion of TB treatment, obtain sputum for AFB smear and culture	1	0	88	99
3.3.9	Evaluate patient one year after TB treatment to rule out evidence of relapse	1	0	88	99
3.3.10	Nurse/treatment supporter uses DOT visits to help persons with TB/DM manage their DM	1	0	88	99
3.3.11	DOT workers encourage life-style changes at every encounter, including dietary changes and physical activity	1	0	88	99
3.3.12	DOT workers use structured and culturally-appropriate diabetes educational materials	1	0	88	99

4. Local Community Involvement					
4.1	Does your health facility network with and use support from the local community, including mullahs, traditional healers, and CHWs, to help detect, treat, and prevent TB in diabetic patients?	Yes.....	1	No.....	2
		Don't know.....	88	[No response]	99
4.2	[ASK ONLY IF 4.1=YES] Please specify the type of involvement of the local community (including mullahs, traditional healers, and volunteers) and the type of support they provide:	Yes	No	DK	
4.2.1	They are trained in the association of TB and DM, TB/DM prevention, case-finding, care, and treatment	1	0	88	
4.2.2	They provide community education to sensitize community members on the importance of TB case detection	1	0	88	
4.2.3	They distribute certain medications (e.g., iron/folate) to suspected and diagnosed TB/DM patients	1	0	88	
4.2.4	They track and report TB/DM defaulters	1	0	88	

End of Interview			
		(a) Interview result	(b) Interview end time [Use the 24-hour clock system (e.g., 14:30)]
019	Interview 1	Completed	1
		Partially completed	2
		Provider ineligible	3
		Provider refused	4
		Postponed	5
		Other (specify) _____	96
		<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <p style="text-align: center; margin-top: 5px;">Hours Minutes</p>	
020	Interview 2 (if needed)	Completed	1
		Partially completed	2
		Provider ineligible	3
		Provider refused	4
		Other (specify) _____	96

[THANK YOUR RESPONDENT AND MOVE TO THE NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION. BE SURE TO COMPLETE THE LAST ITEM IN THE QUESTIONNAIRE (BELOW).]

Comments/Observations	
099	<p>[RESEARCH ASSISTANT: Please provide detailed comments or observations you may have about this interview (issues with questions, challenges in determining which response to select, etc.).]</p> <hr/> <hr/> <hr/> <hr/> <hr/>

TB DIAH

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