TB Clinic Survey Form

Clinic Name and Location: ________________________________

PATIENT POPULATION

1. Number of Patients eligible for initiation of TB Treatment: _____
2. Number of Patients Started on TB Treatment: ______
3. Number of these Patients who Completed TB Treatment: ______

CLINIC PROCEDURES

4. Clinic has specific written protocols or guidelines for treatment of TB:
   - Yes
   - No

5. Type of health care provider who typically initiates treatment for TB
   (i.e., Who makes decisions regarding TB treatment recommendations for
   individual patients?): [Check all that apply.]
   - Medical Doctor (MD)
   - Doctor of Osteopathy (DO)
   - Registered Nurse (RN)
   - Registered Nurse Practitioner (RNP)
   - Physician Assistant (PA)
   - Other (Specify:____________________)

6. How often are patients required to return to the clinic for follow-up visits?:
   - Weekly
   - Every Other Week
   - Monthly
   - Other
7. Please complete the following table indicating policy regarding practitioner seen by patient at each visit (Check all that apply):

<table>
<thead>
<tr>
<th>Month</th>
<th>Medical Practitioner Seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 0 (Diagnosis)</td>
<td>□ MD □ PA □ RN □ PHN □ NP □ Other __________</td>
</tr>
<tr>
<td>Month 1</td>
<td>□ MD □ PA □ RN □ PHN □ NP □ Other __________</td>
</tr>
<tr>
<td>Month 2</td>
<td>□ MD □ PA □ RN □ PHN □ NP □ Other __________</td>
</tr>
<tr>
<td>Month 3</td>
<td>□ MD □ PA □ RN □ PHN □ NP □ Other __________</td>
</tr>
<tr>
<td>Month 4</td>
<td>□ MD □ PA □ RN □ PHN □ NP □ Other __________</td>
</tr>
<tr>
<td>Month 5</td>
<td>□ MD □ PA □ RN □ PHN □ NP □ Other __________</td>
</tr>
<tr>
<td>Month 6</td>
<td>□ MD □ PA □ RN □ PHN □ NP □ Other __________</td>
</tr>
<tr>
<td>Month 7</td>
<td>□ MD □ PA □ RN □ PHN □ NP □ Other __________</td>
</tr>
<tr>
<td>Month 8</td>
<td>□ MD □ PA □ RN □ PHN □ NP □ Other __________</td>
</tr>
<tr>
<td>Month 9</td>
<td>□ MD □ PA □ RN □ PHN □ NP □ Other __________</td>
</tr>
</tbody>
</table>

8. Follow-up visits for patients on TB treatment are typically done:

☐ Every Other Week  ☐ Monthly  ☐ Every Other Month  ☐ Other (Specify:____________________)

9. Clinic routinely provides reminders for follow-up visits:

☐ Yes, to all patients  ☐ Yes to some patients (Specify:____________________)
☐ No, to no patients

10. Reminders for follow-up visits are typically done by: [Check all that apply.]

☐ Mail  ☐ Telephone  ☐ Other (Specify:____________________)

11. Clinic defines TB ‘treatment completion’ by: [Check all that apply.]

☐ Number of doses  ☐ Length of treatment  ☐ Other method (Specify:____________________)
12. Clinic determines adherence by: [Check all that apply.]

- Documented observed doses
- Self report
- Pill counts
- Electronic pill devices such as MEMS caps
- Urine tests
- Other (Specify: ____________________)

13. Clinic schedule:

<table>
<thead>
<tr>
<th>Day of Week</th>
<th>Hours of Operation (e.g. 9 a.m. to 5 p.m.)</th>
<th>Open at lunch (√ for “Yes”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
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<tr>
<td>Thursday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. Clinic is easily accessible by public transportation (train, bus, etc.):

- Yes
- No

Percent of Patients utilizing public transportation (train, bus, etc.):

____________

15. Parking at clinic is:

- Free
- Not free

16. Are walk-ins available?

- Yes, always
- No, appointments must be scheduled
- Sometimes (Specify: ____________________)
17. Average time patient must spend at first clinic visit:

- [ ] Same day, < 1 hour
- [ ] Same day, 1-2 hours
- [ ] Same day, 2-4 hours
- [ ] Same day, > 4 hours
- [ ] Patient has to return to clinic

18. Average clinic wait time for follow-up visit (i.e., before patient sees provider):

- [ ] < 1/2 hour
- [ ] < ½ to 1 hour
- [ ] 1 - 2 hours
- [ ] 2 - 3 hours
- [ ] No follow-up visits

19. Total time in clinic for follow-up visit (i.e., patient enters clinic front door to exiting clinic front door):

- [ ] < 1/2 hour
- [ ] < ½ to 1 hour
- [ ] 1 - 2 hours
- [ ] 2 - 3 hours
- [ ] 3 - 4 hours
- [ ] 4+ hours
- [ ] No follow-up visits

20. Dispensing of medications for TB is done: [Check all that apply.]

- [ ] On-site, in clinic
- [ ] Same institution but different location
- [ ] Outside pharmacy or different institution
- [ ] Other (Specify:________________________)
21. Availability of on-site social services:

☐ Always
☐ Sometimes
☐ Not available

22. If social services are not provided on-site, referrals are made to off-site social services:

☐ Yes
☐ No

23. Person responsible for following up on referrals: [Check all that apply.]

☐ Nurse/ Public Health Nurse
☐ Physician Assistant
☐ Nurse Practitioner
☐ Public Health advisor
☐ Outreach worker
☐ Other (Specify:____________________)
☐ No one

24. Is HIV testing offered to TB patients: [Check all that apply.]

☐ Yes, to all patients
☐ Yes, to certain patients (Specify:____________________)
☐ No

25. Number of Patients Offered HIV Testing: _________________

26. Number of Patients accepting HIV Testing: _________________

27. Cultural competence training of clinic staff is: [Check all that apply.]

☐ Mandatory for all staff
☐ Available to all staff
☐ Offered at orientation
☐ Offered annually
☐ Offered periodically (Specify:____________________)
28. Cultural competence training of TB Program staff is: [Check all that apply.]

- □ Mandatory for all staff
- □ Available to all staff
- □ Offered at orientation
- □ Offered annually
- □ Offered periodically (Specify: _____________________)

29. Content of cultural competence training includes: [Check all that apply.]

- □ Special needs of culturally diverse populations
- □ Differences in the cultures of staff and patients
- □ Effective communication, including how to work with interpreters and telephone language services
- □ Impact of poverty and socioeconomic status, race and racism, ethnicity, and socio-cultural factors on access to care, service utilization, quality of care, and health outcomes
- □ Possible effects of cultural differences between patients and staff upon health outcomes and patient satisfaction
- □ Don’t know

30. Please specify the 4 most common languages (other than English) spoken by TB patients:

1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________

31. Availability of interpretation services:

<table>
<thead>
<tr>
<th>Language</th>
<th>Available within 15 minutes</th>
<th>Available after &gt;15 minutes</th>
<th>Rarely or never available</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Common Language</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2nd Most Common Language</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3rd Most Common Language</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4th Most Common Language</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
32. **Method of interpretation services:** [Check all that apply.]

<table>
<thead>
<tr>
<th>Language</th>
<th>Bilingual Medical providers</th>
<th>Professional interpreters</th>
<th>Language lines (phone)</th>
<th>Bi-lingual staff</th>
<th>Family member</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Common Language</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2(^{nd}) Most Common Language</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3(^{rd}) Most Common Language</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4(^{th}) Most Common Language</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

33. **Availability of translated materials:** [Check all that apply.]

- □ TB educational materials - Specify languages:___________________
- □ Medication instructions - Specify languages:___________________
- □ Clinic signs - Specify languages:_____________________________

34. **General TB patient education is provided to:**

- □ All patients
- □ Some patients (*Specify: __________________________*)
- □ Few or no patients

35. **General TB patient education is typically provided through:** [Check all that apply.]

- □ Oral discussions with: (circle one) doctor, nurse, outreach worker, patient educator, other (*Specify: __________________________*)
- □ Written communications (e.g. pamphlets)
- □ Videos
- □ Posters or charts
36. Please check all areas patient received education:

☐ Transmission and pathogenesis
☐ Signs and symptoms
☐ Length of treatment
☐ Importance of completing treatment
☐ Compliance and treatment side effects
☐ Consequences of inadequate treatment or development of resistance
☐ Importance of monthly follow-up
☐ Availability of services at the local health clinic
☐ Confidentiality of the patient's information
☐ Roles of MD, Nurse, Patient and others involved in care

37. Instructions for medications are typically provided: [Check all that apply.]

☐ By oral communication
☐ By written communication

38. Verification of patients’ understanding of diagnosis and treatment procedures is:

☐ Always performed
☐ Sometimes performed
☐ Rarely or never performed

39. Incentives are provided:

☐ Yes
☐ No

40. If yes, please describe incentives provided:

41. Disbursement of incentives routinely noted in the chart:

☐ Yes
☐ No
42. Incentives are offered:

☐ Each encounter
☐ Upon request
☐ Upon availability
☐ Other (Specify:____________________)

43. Enablers are provided:

☐ Yes
☐ No

44. If yes, please describe enablers provided:

45. Disbursement of enablers routinely noted in the chart:

☐ Yes
☐ No

46. Enablers are offered:

☐ Each encounter
☐ Upon request
☐ Upon availability
☐ Other (Specify:____________________)