

PID# : ___ - _____

Study to Determine Factors Associated with Completion of Therapy for Latent TB Infection (LTBI) - Initial Interview Face Sheet

Date LTBI treatment offered: ___/___/___(mm/dd/yy)

___ Treatment Acceptor

___ US born

___ Treatment Decliner

___ Foreign born

Date of interview: ___/___/___

Start time: _____

Finish time: _____

Language(s) of interview: English/Other; specify: _____

Place of interview: ___ Clinic ___ Pt's Home Other; specify: _____

Interviewer's Name: _____

Interpreter used? Yes/No (circle)

Interpreter's name (if available): _____

Interpreter ID number (if available): _____

SITE QA

Reviewed by: _____

Date of review: ___/___/___

Date of data entry: ___/___/___

Data entered by: _____

INITIAL INTERVIEW QUESTIONNAIRE

UPDATED NOVEMBER 20, 2006

Thank you very much for agreeing to take part in this study. I am going to ask you some questions about yourself and about tuberculosis. Your answers will help us provide better care for people like yourself.

These questions will take about an hour to answer. [INTERVIEWER NOTE: If using an interpreter tell participant that interview may take more than an hour.] If you don't understand a question, please tell me. If you don't know the answer to a question, tell me and we will go on to the next one. If you don't want to answer a question, we will skip it. Is it OK to begin now?

Section A. Demographics & Socioeconomic Background

A1. How old are you? _____ (#)

99 Refused

A2. And your sex is...? (*INTERVIEWER: Read this more as a statement than a question to confirm respondent's sex.*)

1 Male

2 Female

97 Transgender/transsexual/other

99 Refused

A3. Are you Hispanic or Latino?

1 Yes

2 No

98 DK/NS

99 Refused

A4. What is your race or ethnicity? [INTERVIEWER NOTE: Only read options if participant does not understand question]

- 1 African American or Black
- 2 American Indian/Alaska Native/Canadian Aboriginal
- 3 Asian
- 4 Hispanic or Latino/a
- 5 Native Hawaiian or Pacific Islander
- 6 White or Caucasian
- 7 Two or more races or ethnicities, specify: _____
- 97 Some other race or ethnicity; specify: _____
- 98 DK/NS
- 99 Refused

A5. Do you currently have a spouse, significant other, or main partner?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

A6. Did you complete high school or its equivalent?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

A7. What is the highest level of schooling you have completed so far?

- 1 No formal schooling
- 2 Eighth grade or less
- 3 Some high school/secondary school
- 4 Completed high school/secondary school or equivalent
- 5 Some college/university
- 6 Completed college/university
- 7 Postgraduate (master's, doctoral degree, medical school, law school, etc.)
- 97 Other Specify: _____
- 98 DK/NS
- 99 Refused

A8. How many times have you moved during the past year? _____ (#)

- 98 DK/NS
- 99 Refused

A9. Was there ever a time in your life when you were homeless? By homeless, I mean sleeping in a shelter or in a public place such as the streets, bus or train terminals, or in a car.

- 1 Yes
- 2 No (*SKIP to A10*)
- 99 Refused

A9a. Are you currently homeless?

- 1 Yes
- 2 No (*SKIP to A10*)
- 99 Refused

A9b. Are you currently living in a shelter?

- 1 Yes
- 2 No
- 99 Refused

A10. Are you currently living in a long-term care facility, such as a nursing home?

- 1 Yes
- 2 No (*SKIP to A11*)
- 99 Refused (*SKIP to A11*)

A10a. What type of facility is it? _____

- 1 Nursing home
- 2 Hospital-based facility
- 3 Residential facility, excluding mental health, alcohol, drug treatment facilities
- 4 Mental health residential facility
- 5 Alcohol or drug treatment residential facility
- 97 Other: _____
- 99 Refused

A11. What kind of work do you do now? [INTERVIEWER NOTE: Record verbatim response in the blank. Multiple responses are allowed. If participant reports more than one occupation, ask for clarification on which they consider their **primary** occupation. Designate this in the blank below. Ensure that you obtain sufficient information to be able to find a matching code in the Occupational Code List. Code with the Occupational Code List immediately after the interview.]

Verbatim Response _____

Code(s): (Primary) _____ (#) ; (Secondary) _____ (#)

- 87 Retired (*SKIP to A11d*)
- 88 NA - Does not work by choice (*SKIP to A11d*)
- 89 Unemployed (undesired unemployment) (*SKIP to A11d*)
- 92 Disabled (*SKIP to A11d*)
- 96 Homemaker (*SKIP to A11c*)
- 97 Student (*SKIP to A11d*)
- 98 DK/NS
- 99 Refused

A11a. Is your job full-time or part-time?

- 1 Full time
- 2 Part time
- 98 DK/NS
- 99 Refused

A11b. Do you move from place to place with the seasons for your work?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

A11c. Is your current work different from what you usually do?

- 1 Yes
- 2 No (*SKIP To A12*)
- 98 DK/NS
- 99 Refused

A11d. What kind of work did you usually do?

Verbatim Response _____

Code(s): (Primary) _____ (#); (Secondary) _____ (#)

[INTERVIEWER NOTE: Record verbatim response in the blank. Multiple responses are allowed. See instructions for A11 and code with the Occupational Code List immediately after interview.]

- 88 NA- Never worked (SKIP to A13)
- 98 DK/NS
- 99 Refused

A12. During the past 2 years, have you had an unwanted break or interruption in employment of more than 2 months?

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

A13. How many people do you live with, including yourself? ____ (# people) (INTERVIEWER: If participant lives in a congregate setting, record "1.")

A13a. How many people depend on the same shared income? This includes money from jobs, social security, retirement, public assistance, and any other source? _____ (# people)

A13b. Last year, was this total income below \$20,000 or \$20,000 and above?

- 1 Less than \$20,000
- 2 \$20,000 and above
- 98 DK/NS
- 99 Refused

A13c. Which income group best describes this total income before taxes?

[INTERVIEWER NOTE: Show "income ranges" card. Mark only one response.]

- 1 Less than \$10,000
- 2 \$10,000 to \$19,999
- 3 \$20,000 to \$29,999
- 4 \$30,000 to \$39,999
- 5 \$40,000 to \$49,999
- 6 \$50,000 to \$59,999
- 7 \$60,000 to \$69,999
- 8 \$70,000 or more
- 98 DK/NS
- 99 Refused

A14. In the last two years, have you spent more than 30 days in jail or prison? This may be a combination of jail, prison, and detention centers and may include detention outside the U.S. Do not include employment at a jail or prison. [INTERVIEWER NOTE: This is cumulative (not consecutive) time in jail or prison, i.e., one week in March 2002, 2 weeks in September of same year, another 2 weeks last month, totaling more than one month.]

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

The next few questions relate to your health care.

A15. Are you currently covered by any type of health insurance or health care plan, including government programs like Medicaid and Medicare?

- 1 Yes
- 2 No (*SKIP to A17*)
- 98 DK/NS
- 99 Refused

A16. What kind of health care coverage do you have? [INTERVIEWER NOTE: This also includes plans that pay for only one type of service (e.g., nursing home, accidents, dental), but not plans that only pay cash while hospitalized. Please write respondent's answer in the blank below. Then mark all appropriate codes.]

-
- 1 Private health insurance (including student health insurance)
 - 2 Medicare
 - 3 Medi-Gap
 - 4 Medicaid
 - 5 SCHIP/CHIP
 - 6 Military health care (including VA)
 - 7 Indian Health Service
 - 8 State/provincial-sponsored health plan
 - 9 Other program; specify: _____
 - 10 Single service plan (vision, dental, etc)
 - 11 Discount program
 - 12 Non-insured health benefits for Canadian First Nations
 - 13 No coverage

A17. *[INTERVIEWER NOTE: If you remember that the participant does not work, mark NA/Doesn't work and SKIP to Section B].* **Is it possible that you will lose wages if you take time off during work hours to see a doctor?**

- 1 Yes
- 2 No
- 88 NA – Does not work (*SKIP to Section B*)
- 98 DK/NS
- 99 Refused

A17a. Is it possible that you will lose your job if you take time off to see a doctor?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

Section B: Cultural Background and Immigration History

Now I would like to ask you some questions about your cultural and language background.

B1. In which country were you born? _____ [INTERVIEWER: If the participant was born outside the US or Canada, SKIP to B2.]

[INTERVIEWER NOTE: If the participant names a city and you know the country, say the name of the country before writing it down. If the person names a country that you don't know how to spell, ask the correct spelling.]

B1a. Are you Native American, American Indian, or a member of a Canadian nation or reservation?

- 1 Yes
- 2 No (SKIP to Section C)
- 99 Refused

B2. What language or languages do you speak with little or no difficulty? (INTERVIEWER NOTE: Write all response(s) in the blank, including English..) _____

B3. How well do you speak English? Would you say you speak it....?

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all

[INTERVIEWER NOTE: If the participant was born in either the US or Canada, SKIP to Section C.]

B4. How many years in total have you lived in the U.S. (or Canada)?

_____ (#) years ___ (#) months

B5. In the past 3 years, how many months in total have you lived in _____ (country of birth)? _____ (#) months

B6. How old were you when you first moved to the U.S.? _____ (#) years _____ (#) months (or "Canada," where appropriate.)

B7. With whom do you spend leisure time? [*INTERVIEWER NOTE: "other countries" may include any country other than the participant's country of birth, including the U.S. or Canada.] consider changing to culture (but probably not)?*

- 1 Only people from (country of birth)
- 2 Mostly people from (country of birth)
- 3 Equal mix of people from (country of birth) & from other countries
- 4 Mostly people from other countries (including the U.S./Canada)
- 5 Only people from other countries (including the U.S./Canada)
- 88 NA
- 98 DK/NS
- 99 Refused

At this point I just want to remind you that the information you share today will be kept confidential.

B8. Have you become a U.S./Canadian citizen?

- 1 Yes (SKIP to Section C)
- 2 No
- 98 DK/NS
- 99 Refused

B9. Do you have a visa or other entry papers?

- 1 Yes
- 2 No (*SKIP to Section C*)
- 98 DK/NS (*SKIP to Section C*)
- 99 Refused (*SKIP to Section C*)

B9a. What kind of visa or other entry papers do you have?

PARTICIPANTS RESIDING IN THE US <i>[Note: If participant says "green card", ask if s/he is a refugee, an immigrant, or an asylee, and check appropriate box]</i>	PARTICIPANTS RESIDING IN CANADA
<input type="checkbox"/> ₁ Refugee <input type="checkbox"/> ₂ Immigrant/Permanent resident <input type="checkbox"/> ₃ Asylee <input type="checkbox"/> ₄ U.S. citizen/Canadian citizen <input type="checkbox"/> ₅ Ambassadors, diplomats, consular officers (visa type A) <input type="checkbox"/> ₆ Student/ student family visa (visa type F or M) <input type="checkbox"/> ₇ Exchange visitors/ family (visa type J) <input type="checkbox"/> ₈ Work visa or spouse/family of someone with work visa (visa type H) <input type="checkbox"/> ₉ Treaty trader (visa type E) <input type="checkbox"/> ₁₀ Visitor (for pleasure) (visa type B2) <input type="checkbox"/> ₁₁ Visitor (for business) (visa type B1) <input type="checkbox"/> ₁₂ Fiancée and minor children of U.S. citizen (visa type K) <input type="checkbox"/> ₁₃ Spouse and minor children of legal permanent resident (visa type V) <input type="checkbox"/> ₁₄ In transit (visa type C) <input type="checkbox"/> ₁₅ Temporary resident/visitor (but specific visa type unknown) <input type="checkbox"/> ₉₇ Other (<i>Specify</i>) <hr/> <input type="checkbox"/> ₉₈ Don't know [<i>Probe</i>] <input type="checkbox"/> ₉₉ Refused to answer (SKIP to Section C)	<input type="checkbox"/> ₁ Refugee <input type="checkbox"/> ₂ Landed immigrant <input type="checkbox"/> ₃ Permanent resident visa: immigrant class <input type="checkbox"/> ₄ U.S. citizen/Canadian citizen <input type="checkbox"/> ₅ Permanent resident visa: refugee <input type="checkbox"/> ₆ Refugee claimant (entry medical exam in Canada) <input type="checkbox"/> ₇ Visitor visa <input type="checkbox"/> ₈ Temporary resident visa: visitor class <input type="checkbox"/> ₉ Student visa <input type="checkbox"/> ₁₀ Temporary resident visa: student class <input type="checkbox"/> ₁₁ Temporary work visa <input type="checkbox"/> ₁₂ Temporary resident visa: temporary worker <input type="checkbox"/> ₁₃ Diplomatic visa <input type="checkbox"/> ₁₄ Temporary resident visa: diplomatic class <input type="checkbox"/> ₁₅ Temporary resident/visitor (but specific visa type unknown) <input type="checkbox"/> ₁₆ Transit visa <input type="checkbox"/> ₉₇ Other (<i>Specify</i>) <hr/> <input type="checkbox"/> ₉₈ Don't know [<i>Probe</i>] <input type="checkbox"/> ₉₉ Refused to answer (SKIP to Section C)

Section C. Prioritization

I'm going to read a list of things that could be important in your life, and I'd like you to tell me how big a concern the following things are for you personally.

C1. How big a concern is (insert questions a –i below...)? No concern, small concern, big concern? [INTERVIEWER NOTE: Continue going down the list (b through i), inserting each item below in the same manner, checking the appropriate boxes.)

	No Concern	Small Concern	Big Concern	Refused
a. Housing				
b. Personal relationships, including family				
c. Money				
d. Your health				
e. Getting TB				
f. Work or school				
g. Safety (your or family's)				
h. Legal matters				
i. Taking your TB medicines				

Section D. Social Support

The following questions are related to the support you may have received from other people for any concern or problem you have had in the past month. Please answer either Rarely, Sometimes, or Often when responding to the following questions.

D1. In the past month, how often did you need or want help for something you considered serious?

Rarely	Sometimes	Often	DK/NS	Refused
1	2	3	98	99

D2. In the past month, how often did people who are close to you, such as friends or family, comfort or encourage you?

Rarely	Sometimes	Often	DK/NS	Refused
1	2	3	98	99

D3. In the past month, how often did people who are close to you give you information, like where to find a doctor or how to get medical help?

Rarely	Sometimes	Often	DK/NS	Refused
1	2	3	98	99

D4. In the past month, how often did people close to you provide help, such as giving you a ride, watching your kids, or picking up medicines?

Rarely	Sometimes	Often	DK/NS	Refused
1	2	3	98	99

D5. In the past month, how often have people close to you stressed you out?

Rarely	Sometimes	Often	DK/NS	Refused
1	2	3	98	99

D6. How many people provided help or encouragement to you in the past month? Please tell me the number of people. _____ # of People [INTERVIEWER NOTE: Attempt to get an integer as a response. If respondent gives a range such as 5 to 6, probe for one or the other].

98	DK/NS
99	Refused

Section E. Health Status

Now I would like to ask you some questions about your personal health. Remember that all the information you give me is private and will not be shared outside the study.

E1. Are you currently taking prescription medicines on a regular basis? This does not include your TB medicines or short-term prescriptions.

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

E2. Have you ever been hospitalized for emotional or psychiatric issues?

- 1 Yes
- 2 No (*SKIP to E3*)
- 98 DK/NS (*SKIP to E3*)
- 99 Refused (*SKIP to E3*)

E2a. Was this in the last 3 years?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

E3. Are you currently taking any prescription medicines for emotional or psychiatric issues?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

E4. Have you ever been tested for HIV or AIDS?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

E5. Have you ever been told you have HIV or AIDS?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

Now I am going to read you some questions about your use of alcohol and drugs. By alcohol, I mean drinks like beer, wine, vodka, or whiskey.

[INTERVIEWER NOTE: Drug use refers to non-prescription drugs. Each drug category must be addressed, even if the respondent denies ever using drugs. Begin with the first row, asking the first column (ever used), then move across to the right column (past30 days). Move down the list in the same way. If no use ever is reported, SKIP the column to the right and proceed down the list.]

	Ever “Have you ever used...?” (Yes/No)	Past 30 days “How many days in the past 30 have you used...?” (# days)
E6. Alcohol (any use at all) (beer, wine, liquor)		
E7. Alcohol to intoxication		
E8. Heroin		
E9. Methadone (Dolophine, LAAM)		
E10. Cocaine, crack cocaine (free base, rock)		
E11. Amphetamines (monster, crank, Benzedrine, speed, ice, crystal)		
E12. Cannabis (marijuana, hashish)		
E13. Others drugs like hallucinogens, inhalants or barbiturates		
E14. More than 1 substance per day (including alcohol)		

[INTERVIEWER NOTE: If no drug or alcohol to intoxication use EVER is indicated, SKIP to Section F.]

[INTERVIEWER NOTE: The following questions are only for those who indicate “alcohol to intoxication.” If no alcohol abuse, SKIP to E19.]

E15. How many times in your life have you had Alcohol Delirium Tremens or DTs?

_____ (#)

(INTERVIEWER NOTE: Read only if clarification is requested. This means shaking, severe confusion, fever, or hallucinations 1-2 days after a drink or after a significant decrease in alcohol intake.)

98 DK/NS

99 Refused

E16. How many times in your life have you been treated for alcohol abuse? _____ (#)

[INTERVIEWER NOTE: Include detoxification, halfway houses, in/outpatient counseling, ER visits, acute hospitalizations, and AA or NA (if 3+ meetings within one month period).]

98 DK/NS

99 Refused

E17. In the past 30 days, how many days have you been treated as an outpatient for alcohol? _____ *Include AA/NA*

98 DK/NS

99 Refused

E18. In the past 30 days, how many days have you experienced alcohol problems? _____ (#)

[INTERVIEWER NOTE: Read only if asked. Examples of problems include hangover, delirium tremens, craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.]

98 DK/NS

99 Refused

[INTERVIEWER NOTE: The following questions are only for those who indicated drug abuse. If none, SKIP to Section F.]

E19. How many times in your life have you been treated for drug abuse? _____ (#)

Include detoxification, halfway houses, in/outpatient counseling, ER visits, acute hospitalizations, and AA or NA (if 3+ meetings within one month period). This may include abuse of prescription drugs.

98 DK/NS

99 Refused

E20. In the past 30 days, how many days have you been treated as an outpatient for drugs? _____ (#) Include AA/NA

98 DK/NS

99 Refused

E21. How many days in the past 30 days have you experienced drug problems? _____ (#)

[INTERVIEWER NOTE: Read only if asked. Drug problems mean cravings, withdrawal symptoms, disturbing effects from using the drug(s), or wanting to stop and being unable to.]

98 DK/NS

99 Refused

Section F: Tuberculosis Knowledge

The following questions are about your understanding of and feelings about TB. Please answer “Yes” or “No” to each question. If you don’t know the answer, that is all right; just tell me you don’t know.

(Interviewer: Use your local clinic’s explanation of latent infection if ‘sleeping TB’ concept confuses the participant, e.g., dormant TB.)

F1. Can people have in their body TB germs that are sleeping and not an active form of disease?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

F2. Do people with sleeping TB germs feel sick?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

F3. Can treatment of sleeping TB germs be completed in one month?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

F4. If people have sleeping TB germs, can they give TB to other people?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

F5. Are people who have HIV and sleeping TB germs more likely to develop TB disease than people who do not have HIV?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

F6. Does sharing dishes, bottles, or a toothbrush with someone who has TB disease increase a person's chance of getting TB?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

F7. Can TB germs be spread from person to person through the air?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

F8. Does a positive TB skin test always mean that a person has TB disease?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

F9. Does a positive TB skin test usually mean that a person has TB germs in his or her body?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

F10. Are there medicines to prevent a person from developing TB disease?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

F11. Can a person be deported from the U.S./Canada for having sleeping TB germs?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

[INTERVIEWER NOTE: If the respondent says some people can be deported the answer is “yes.” If the respondent says he knows some people can not be deported, but doesn’t know about others the answer is “DK/NS.”]

*****(INTERVIEWER NOTE: Please read the following statement:)* For your information, no one can be deported from the U.S. for having TB.**

F12. Will the BCG (Bacille Calmette-Guerin) vaccine prevent a person from ever getting TB disease? *[INTERVIEWER NOTE: Show picture of BCG scar; show picture of what it is NOT (TST). Clarify what BCG stands for “Bacille Calmette-Guerin” if asked.]*

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

Section G. Tuberculosis History & Understanding of Health Status

The next questions are about your personal experiences with TB.

G1. Do you think you can spread TB germs to others?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

G2. Have you ever had a BCG vaccination? *[INTERVIEWER NOTE: Show picture of BCG scar; show picture of what it is NOT (TST). Clarify what BCG stands for “Bacille Calmette-Guerin” if asked.]*

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

G3. In the past, have you been treated for TB disease?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

G4. In the past, have you been asked to take medicines to prevent yourself from getting TB disease?

- 1 Yes
- 2 No (SKIP TO G5)
- 98 DK/NS
- 99 Refused

G4a. Have you taken medicines to prevent yourself from getting TB disease?

- 1 Yes
- 2 No (SKIP TO G5)
- 98 DK/NS (SKIP TO G5)
- 99 Refused (SKIP TO G5)

G4b. For how many months were you asked to take these medicines? ____ (#)

G4c. For how many months did you take them? _____ (#)

- 98 DK/NS
- 99 Refused

G5. Before coming to the clinic, had you ever personally known anyone who had TB disease?

- 1 Yes
- 2 No (*SKIP to G8*)
- 98 DK/NS (*SKIP to G8 if not sure if they had TB*)
- 99 Refused

G5a. Was that person a friend or family member?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

G6. How many friends and family members have taken medicines for TB disease? ____ (#)

- 98 DK/NS
- 99 Refused

G7. In the past 2 years, have you spent an extended amount of time with someone who had TB disease?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

Now I'd like to ask some questions about your recent TB test.

G8. Why did you get a TB test? If you have had more than one test, why did you get the most recent one? _____

[INTERVIEWER NOTE: Record verbatim response; Circle all that apply]

- 1 For employment, insurance, school
- 2 For living situation (nursing home, homeless shelter, jail, etc.)
- 3 To obtain or change visa status
- 4 Because of pregnancy or childbirth
- 5 Because of a non-TB medical condition
- 6 Because of possible exposure to someone with TB
- 7 Referred by another MD/HCW
- 8 Part of a regular check-up
- 97 Other: _____
- 98 DK/NS
- 99 Refused

G9. [FOR ACCEPTORS ONLY] Have you started taking your medicines? *[INTERVIEWER*

NOTE: If asked, verify that G11 through G13 refer to TB medicines.]

- 1 Yes (SKIP to G11)
- 2 No
- 98 DK/NS
- 99 Refused

G10. Are you planning to take your medicines?

- 1 Yes (SKIP to G11)
- 2 No
- 98 DK/NS
- 99 Refused

G10a. "What are the main reasons you do not plan to take your medicines?"

G10b. Is one of the reasons you are not going to take your TB medicines related to drinking alcohol?

- 1 Yes
- 2 No
- 88 NA (doesn't drink alcohol)
- 98 DK/NS
- 99 Refused

G11. How many months were you asked to take the medicines? _____ (#)

1 6 months

2 9 months

97 Other; specify: _____

98 DK/NS

99 Refused

Section H: Tuberculosis Attitudes

In the next section we would like to know your opinions about some topics related to tuberculosis. There are no right or wrong answers.

H1. Do you have sleeping TB germs in your body?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

INTERVIEWER NOTE: If participant denies having sleeping TB germs, ask the following questions in the hypothetical as shown in the parentheses.

H2. Do you feel (would you feel) ashamed to have sleeping TB germs?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H3. Are you going to (would you) tell people close to you that you have sleeping TB germs?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H4. [FOR ACCEPTORS ONLY] Do you care what people close to you might think of your TB treatment?

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

H5. Do doctors in this country know how to treat TB?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H6. Do you think taking TB medicines will be worth the trouble?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H7. Do you think TB medicines will cause side effects?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H8. [FOR ACCEPTORS ONLY] Would you stop taking your medicines if they made you feel sick?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H9. [FOR ACCEPTORS ONLY] Would you stop taking your TB medicines if you couldn't drink alcohol?

- 1 Yes
- 2 No
- 88 NA (does not drink alcohol)
- 98 DK/NS
- 99 Refused

H9a. For what other reasons might you stop taking your medicines?

H10. Do you think the people close to you would care if you took TB medicines?

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

H11. [FOR ACCEPTORS ONLY] Do you know better than the doctor when it's time to stop taking your TB medicines?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H12. Are you protected from getting TB disease?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H13. Do people get active TB disease because they have bad luck?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H14. Could you do something to keep from getting active TB disease?

- 1 Yes
- 2 No (*SKIP to H15*)
- 98 DK/NS
- 99 Refused

H14a. What could you do?

H15. Would getting sick with TB disease greatly affect your life?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H16. Is TB disease something you could talk about with others?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H17. Would you be ashamed to have TB disease?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H18. Would people close to you avoid you if they thought you had active TB disease?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H19. Are you afraid of doctors?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

Section J: Service Delivery

I'd like to get an idea about your experiences using the services at the clinic where you were offered TB medicines. The next questions refer to your most recent clinic visit.

J1. What form of transportation did you take to get to the clinic? *(Mark all that apply)*

- 1 Public transportation
- 2 Drove yourself
- 3 Friend or family member drove you
- 4 Taxi
- 5 Walked
- 6 Bicycle
- 97 Other; specify: _____
- 98 DK/NS
- 99 Refused

J2. How long did it take you to get to the clinic? _____(#) minutes

- 98 DK/NS
- 99 Refused

J3. How much of an inconvenience was it to get to the clinic?

- 1 No inconvenience
- 2 Small inconvenience
- 3 Big inconvenience
- 99 Refused

J4. How much of an inconvenience was the clinic schedule?

- 1 No inconvenience
- 2 Small inconvenience
- 3 Big inconvenience
- 99 Refused

J5. How much of an inconvenience was it to get a chest x-ray?

- 1 No inconvenience
- 2 Small inconvenience
- 3 Big inconvenience
- 99 Refused

J6. How much of an inconvenience was it to get blood drawn?

- 1 No inconvenience
- 2 Small inconvenience
- 3 Big inconvenience
- 88 NA
- 99 Refused

J7. [FOR ACCEPTORS ONLY] How much of an inconvenience was getting the medicines?

- 1 No inconvenience
- 2 Small inconvenience
- 3 Big inconvenience
- 88 NA
- 99 Refused

J8. How long did you wait before you were seen by clinic staff? _____ (#) minutes

[INTERVIEWER NOTE: Clinic staff refers to nurse, doctor, or any other clinical staff]

- 1 <30 minutes
- 2 30 minutes to 1 hour
- 3 > 1 hour
- 98 DK/NS
- 99 Refused

J9. Roughly how long did the doctor or nurse talk to you about your diagnosis and treatment? _____ (#) minutes

- 1 <5 minutes
- 2 5-9 minutes
- 3 10-15 minutes
- 4 >15 minutes
- 98 DK/NS
- 99 Refused

J10. Approximately how long did your clinic visit last, from when you arrived at the clinic to when you left? _____ (# hours and minutes)

- 1 <1 hour
- 2 1 to <2 hours
- 3 2 to <3 hours
- 4 3 to <4 hours
- 5 \geq 4 hours
- 98 DK/NS
- 99 Refused

J11. Are the TB medicines free?

- 1 Yes (SKIP to J13)
- 2 No
- 98 DK/NS
- 99 Refused

J12. [FOR ACCEPTORS read: Will you have difficulty paying for the TB medicine?]

[FOR DECLINERS, read: Would you have had difficulty paying for the TB medicines?]

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

J13. Are clinic visits free?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

J14. Have you been told you will receive something other than the TB medicines, educational materials or other pills? (*INTERVIEWER NOTE: Do not give examples or probe. If the participant’s response is the same as the study incentive (e.g., \$25), clarify whether this will be given by his/her provider or yourself (the interviewer). Do not record the study incentive.*)

- 1 Yes
- 2 No (*SKIP to Section K*)
- 98 DK/NS (*SKIP to Section K*)
- 99 Refused (*SKIP to Section K*)

[INTERVIEWER NOTE: Please refrain from giving examples to aid the participant in answering the question. If the participant responds “No,” SKIP to Section K.]

J15. What was it? (list)	J15a. How much of a difference did this make in your decision to take your TB medicines? <ul style="list-style-type: none"> 1 No difference 2 Small difference 3 Big difference

[INTERVIEWER NOTE: For participants who did receive something or were told they would, ask “What was it?” and record the response verbatim. After each item is described, ask question J15a, “How much of a difference did this make in your decision to take your TB medicines? No difference, a small difference, or a big difference?” After recording that response, ask “Was there anything else?” and continue the process in a consistent manner. If the participant mentions something that you do not consider a true enabler or incentive, refrain from evaluating the answer and record the response anyway. After the participant responds that there was nothing else, go to Section K.]

Section K. Treatment-Related Factors

The following questions are about your feelings about TB medicines. Please answer “Yes” or “No” to each question. There are no right or wrong answers.

K1. If you take your TB medicines, do you think it might interfere with other prescription medicines you are taking?

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

K2. [FOR ACCEPTORS read: Do you think the pills are or will be hard to swallow?]

[FOR DECLINERS read: Did you think the pills would be hard to swallow?]

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

K3. [FOR ACCEPTORS read: Do you think it will be difficult to remember to take your TB medicines?]

[FOR DECLINERS read: Did you think it would have been difficult to remember to take your TB medicines?]

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

K4. [FOR ACCEPTORS read: Do you think taking your TB medicines will be a problem?]

[FOR DECLINERS read: Did you think taking your TB medicines would have been a problem?]

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

K5. [FOR ACCEPTORS read: Do you think taking TB medicines for 6 months or longer is unhealthy?]

[FOR DECLINERS read: Did you think taking TB medicines for 6 months or longer would have been unhealthy?]

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

K6. [FOR ACCEPTORS read: Do you think you can keep taking the TB medicines for the number of months you were asked?]

[FOR DECLINERS read: Did you think you could have taken the TB medicines for the number of months you were asked?]

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

K7. [FOR ACCEPTORS read: Will it be difficult to go back to the clinic as frequently as is required?]

[FOR DECLINERS, read: Would it have been difficult to go back to the clinic as frequently as was required?]

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

K8. Are you afraid of needles?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

K9. Are you afraid of having your blood drawn?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

Section L. Communication Between Health Care Provider and Patient

The next set of questions is about communication between you and the clinic staff. Please think back to the time you visited the clinic and received the diagnosis about your health.

L1. With whom did you talk about your diagnosis and treatment? (*INTERVIEWER NOTE: If respondent answers “interpreter,” also indicate who else was involved.*) (Check all that apply.)

- 1 Doctor
- 2 Nurse
- 3 Outreach worker
- 4 Social worker
- 5 No one
- 97 Other: Specify position _____
- 98 DK/NS
- 99 Refused

L2. I’m going to read you a list of topics about TB and TB treatment. Please tell me if they were discussed with you.

Did anyone talk to you about...?

a. How people get TB	No/Yes/Don’t remember
b. Whether you can pass TB on to others	No/Yes/Don’t remember
c. The purpose of the medicines	No/Yes/Don’t remember
d. Your risk of getting TB disease	No/Yes/Don’t remember
e. How long you need to take the medicines	No/Yes/Don’t remember
f. Possible side effects from the medicines	No/Yes/Don’t remember
g. What to do about side effects	No/Yes/Don’t remember

L3. Did you want more information?

- 1 Yes
- 2 No (*SKIP to L4*)
- 98 DK/NS (*SKIP to L4*)
- 99 Refused (*SKIP to L4*)

L3a. What other information did you want?

L4. In general, how much of the discussion about these topics did you understand?

- 1 None at all
- 2 A little
- 3 Some
- 4 A lot or all
- 98 DK/NS
- 99 Refused

L5. How was this information provided? Was it through ____?: (*Check all that apply*)

- 1 Discussion
- 2 Pictures and graphs
- 3 Written materials like pamphlets and brochures
- 4 Video
- 88 NA
- 98 DK/NS
- 99 Refused

L6. Think about the person with whom you spoke the most, was the discussion in English?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

L7. Did someone interpret?

- 1 Yes
- 2 No (*SKIP to L10*)
- 88 NA – For those who did not need an interpreter (*SKIP to L11*)
- 98 DK/NS (*SKIP to L10*)
- 99 Refused (*SKIP to L10*)

L8. Who interpreted?

- 1 Family member
- 2 Friend
- 3 Staff person
- 4 Professional interpreter (phone or in-person)
- 97 Someone else: Specify _____
- 98 DK/NS
- 99 Refused

L9. Were you satisfied with that interpretation?

- 1 Yes (SKIP to L11)
- 2 No (SKIP to L11)
- 98 DK/NS (SKIP to L11)
- 99 Refused (SKIP to L11)

L10. Did you want an interpreter?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

L11. Now I am going to ask you some questions about the doctors and nurses. Please answer “yes” or “no” to each question.

Thinking about your experiences with the doctors and nurses overall, did the doctors and nurses . . .

a. Explain things in a way that helped you understand?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

b. Make you feel comfortable about asking questions?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

c. Make you feel like you had to hurry?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

d. Listen carefully to what you had to say?

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

e. Seem like people you could trust?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

f. Take your concerns seriously?

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

L12. Now I would like to ask you some questions about the front desk staff in the clinic. Thinking about your impressions of the front desk staff overall, please answer “yes” or “no” to each question.

Did the front desk staff . . .

a. Try to accommodate you and respond to any needs or concerns you had?

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

b. Act rude or inappropriately to you?

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

c. Help you when you called on the phone?

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

d. Use the name you prefer?

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

e. Respect your privacy?

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

Section M. Concerns About Care Seeking

We're almost done! For this last set of questions, I am going to list some concerns that some people might have in going to any kind of clinic or facility where people get health care. Here, the word "concern" may mean a care or worry. I would like to know how big a concern the following things are for you personally. Please answer "No Concern," "Small Concern," "Big Concern." [INTERVIEWER NOTE: Go down the list (a thru k) repeating the scale for as long as you think it necessary or appropriate for the participant. You may wish to read it for the first two questions and then repeat it half-way through.]

M1. How big a concern is ?	No Concern	Small Concern	Big Concern	Refused
a. Knowing where to go to see a doctor.				
b. Getting to and from the clinic, like by bus, car, train, etc.				
c. Getting time off from work or school to go to the clinic.				
d. Finding someone to care for a family member while you go to the clinic.				
e. Waiting a long time to get an appointment.				
f. Waiting a long time to see the doctor or nurse.				
g. Getting bad news about your health.				
h. Seeing a doctor or nurse who speaks a language you speak.				
i. Seeing a doctor who understands people from your culture or country.				
j. The cost of a clinic visit.				
k. Seeing someone you don't expect to see at the clinic, like a friend or neighbor.				

M2. Are there any other concerns you have in going to the clinic?

- 1 **Yes** What are they? _____
- 2 **No**

Thank you very much for participating in this interview. We very much appreciate your help in improving TB programs in the U.S. I want to assure you again that the information you provided me is confidential and will not be shared outside the study. If you have any questions about anything we talked about, please feel free to contact _____ at the local clinic. The telephone number is (_____).

Thank you again for taking the time to participate in this study.

(INTERVIEWER NOTE: Provide participant with the incentive. If the participant has accepted the TB medicines, open the randomization envelope and read the appropriate script below, based on the outcome of the randomization.

Randomized to Interval Follow-up: You have been randomly selected to be part of a group that will be contacted a few times between now and the end of the study. I will contact you next in about a month.

Randomized to Routine Follow-up: You have been randomly selected to be part of a group that will not be contacted between now and the end of the study. I will contact you once more when you have stopped or completed your TB medicines.

TLTBI decliners: Persons who have declined TLTBI should be told this ends their participation in the study and they will not be contacted again: Thank you again for taking part in this study. This ends your participation in the study and I will not be contacting you again.

INTERVIEWER NOTE: Use this space to provide comments about the interview process, eventful or unusual circumstances, the participant, or anything notable about this interview.

Study to Determine Factors Associated with Completion of Therapy for Latent TB Infection (LTBI) – Interval Follow-up Interview Face Sheet

Interval Follow-up month: 1 2 6 9 (circle)

Interval Follow-up interview completed Yes/No (circle)

Date of interview: ____/____/____

Start time: _____

Finish time: _____

Language(s) of interview: English/Other; specify: _____

Place of interview: __ Clinic __ Pt's Home __ Phone Other; specify: _____

Interviewer's Name: _____

Interpreter used? Yes/No (circle)

Interpreter's name (if available): _____

Interpreter ID number (if available): _____

SITE QA

Reviewed by: _____

Date of review: ____/____/____

Date of data entry: ____/____/____

Data entered by: _____

INTERVAL FOLLOW-UP Questionnaire

UPDATED NOV 20, 2006

Thank you again for talking with me. I'd like to ask some questions to understand your experiences with the TB medicines. Many people find it hard to always take their pills. Some people get busy and forget to take their pills. Some people skip pills because they just don't like them or for other reasons.

We would like you to be honest. Do not worry about telling us that you do not take all your pills. We will not share your answers with your provider or the clinic.

1. Are you taking your TB medicines?

- 1 Yes
- 2 No (*SKIP to 2*)
- 3 Never started (*SKIP to 9a*)
- 98 DK/NS
- 99 Refused

1a. How often are you supposed to be taking your medicines? _____

- 1. Daily (*SKIP to 3*)
- 2. Once weekly (*SKIP to 6*)
- 3. Twice weekly (*SKIP to 6*)
- 4. Three times weekly (*SKIP to 6*)
- 5. Other: specify _____ (*SKIP to 6*)
- 98 DK/NS (*SKIP to 6*)
- 99 Refused (*SKIP to 6*)

2. When did you stop? _____ (#) months ago [*SKIP to 6*]

3. Not including vitamins such as B6 or Pyridoxine pills, did you miss taking your TB pill yesterday? By yesterday I mean _____ (*INTERVIEWER: state day of week, e.g., Tuesday*)

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

4. How about the day before yesterday? Did you miss taking your TB pill on _____? (*INTERVIEWER: state day of week*)

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

5. How about the day before that, in other words, 3 days ago? Did you miss taking your TB pill on _____? (INTERVIEWER: state day of week)

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

6. How many TB pills do/did you usually miss in a week, not counting those you just took late? Do not include any vitamins you might be taking with your TB pills. _____ (#) pills

7. Think about the most recent month that you took your TB medicines. Did you experience any of the following? (INTERVIEWER: First read down the list of possible symptoms, writing “Y” if the symptom was reported and “N” if it was not. Then, in the middle column, for each symptom reported, ask): “Do you think your (say symptom reported) may be related to your TB medicines? Mark “Y” if response is affirmative and “N” if not.

	Reports symptom Y / N	May be related to TB medicines Y / N / DK	Refused (√)
a. Stomach upset	Y / N	Y / N / DK	
b. Nausea or vomiting	Y / N	Y / N / DK	
c. Skin rash, itchy skin	Y / N	Y / N / DK	
d. Tingling in your hands or feet	Y / N	Y / N / DK	
e. Yellowish skin or eyes	Y / N	Y / N / DK	
f. Headache	Y / N	Y / N / DK	
g. Dizziness	Y / N	Y / N / DK	
h. Weakness, fatigue	Y / N	Y / N / DK	
i. Dark urine	Y / N	Y / N / DK	
j. Any other symptoms? What are they?	Y / N	Y / N / DK	
	Y / N	Y / N / DK	
	Y / N	Y / N / DK	

8. How easy or difficult has it been taking your TB medicines?

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 98 DK/NS
- 99 Refused

[INTERVIEWER NOTE: Emphasize that you are referring to recently or since the last time this question was asked of the participant. If the participant gives an ambivalent response, such as “sometimes easy, sometimes difficult,” probe with “Please choose one -- was it more often easy or difficult to take your medicines?]

9. What has made it difficult or challenging to take your TB medicines?

[INTERVIEWER NOTE: Record the difficulties or challenges mentioned in the blanks provided. Do not use any prompts. After obtaining and recording the response, ask “Is there anything else?” After the interview, code the response(s) using the code list at the end of the instrument. If uncertain, choose the closest code or select ‘other.’. [After recording response, SKIP to 10.]

If the participant says s/he has had no difficulties or challenges, probe with: “So you have easily taken all of the medicines and followed instructions?” If “Yes,” code as “0” (from Code List)]

Code(s): _____

[SKIP to 10.]

9a. [FOR NON-INITIATORS] What made it difficult or challenging to start your TB medicines?

[INTERVIEWER: Do not accept “I don’t know” or “I just didn’t want to.” Instead, encourage a response by saying “Please think about *why* you did not start your TB medicines.”

After recording response, thank participant and end the interview. Administer Interval Follow-up Questionnaire at the next appropriate interval until determined to be “closed” (i.e., 3 months of no meds). When “closed,” administer Exit Interview.

After the interview, code the response(s) using the code list at the end of the instrument.]

Code(s): _____

[Thank participant and end interview. Read closing statement at the end.]

10. What has made it easier or helped you take your TB medicines?

[INTERVIEWER NOTE: Do not accept vague answers such as “I was motivated.” Probe for more specifics with, “Why do you think you were motivated or had no trouble?” If the participant has stopped taking her medicines, end interview and go to Closing Statement. After the interview, code the response(s) using the code list at the end of the instrument.]

Code(s): _____

11. How likely is it that you will complete treatment?

- 1 Very likely
- 2 Somewhat likely
- 3 Somewhat unlikely
- 4 Very unlikely
- 98 DK/NS
- 99 Refused

PID# : _ _ - _ _ _ _

[INTERVIEWER NOTE: Do not accept “don’t know” or a midway point between two numbers, such as 3.5. Ask the participant to make their best guess at the likelihood they will complete treatment as instructed by their provider.]

*****IMPORTANT*****

INTERVIEWER: If the participant responded “Yes” to any of the symptoms in question 7, read in a calm manner: **“You have told me that you have had a symptom that may be linked to your medicines. To be safe, I advise you to call your clinic and let your provider know about this symptom. You should contact _____ at this phone number _____ as soon as possible.”**

Check here after reading aloud. Interviewer’s initials: _____

[CLOSING STATEMENT]: **Thank you very much for talking with me today. Your input is very valuable.** (*Interviewer: Inform participant when you expect to contact him/her next.*)

Interviewer Notes:

Use this space to convey any information pertinent to this interview or interviewee, or to clarify any responses.

CODES FOR QUESTION 9 AND 9A

0 Nothing

A. Economic and Structural Factors:

- A1 Financial reasons or fears
- A2 Appointments conflict with job
- A3 Appointments conflict with family obligations
- A4 Housing problems/instability

B. Patient Attitudes/Personal Factors:

- B5 TB low priority compared to other things
- B6 TB meds not beneficial
- B7 Perceived low risk of getting TB
- B8 Doesn't want others to know (stigma)
- B9 Doesn't understand reason for meds
- B10 Lack of social support
- B11 Sick or ill with other illnesses
- B12 Substance abuse
- B13 Don't believe they have LTBI

C. Pill-related Difficulties

- C14 Can't remember to take pills
- C15 Don't like taking pills
- C16 Hard to swallow
- C17 Tolerability and toxicity issues (side effects, etc.)

D. Patient-Provider Relationships

- D18 Negative experience with provider(s) (general)
- D19 Negative attitude toward TLTI (general)
- D20 Poor communication with provider(s)
- D21 Lack of confidence/trust in health care system

E. Pattern of Health Care Delivery

- E22 Inaccessible clinic location
- E23 Inconvenient clinic hours
- E24 Long wait times
- E25 Unmet linguistic needs
- E26 Unmet cultural needs
- E27 Dissatisfaction (general) with care/treatment
- E28 Unavailability/inaccessibility of other health or social services

- 97 Other; Specify: _____
- 98 Don't know
- 99 Refused

CODES FOR QUESTION 10

0 Nothing

B. Patient attitudes/Personal Factors:

- B29 Perceived improved health
- B30 Perceived seriousness of TB
- B31 Perceived high risk of getting TB
- B32 Support from family/friends

C. Pill-related Issues

- C33 Set up personal reminder system
- C34 Medicines to ease side effects

D. Patient-Provider Relationships

- D35 Positive experience with provider(s)
- D36 Trust in health care system/providers
- D37 Informational or emotional support from other clinic staff (not incentives/enablers)

E. Pattern of Health Care Delivery

- E38 Appointment Reminders
- E39 Free treatment (pills, lab tests, etc.)
- E40 Tokens, vouchers (other incentives/enablers)
- E41 Accessible clinic location
- E42 Convenient clinic hours
- E43 Met linguistic needs
- E44 Met cultural needs
- E45 Availability/inaccessibility of other health or social service

- 97 Other; Specify: _____
- 98 Don't know
- 99 Refused

PID# : _ _ _ - _ _ _ _ _

**Chart Abstraction Form
Study to Determine Factors Associated with Completion of
Therapy for Latent TB Infection (LTBI)**

Based on information in the patient's chart, complete the following brief form around the time the participant could be eligible for the Exit Interview.

Information based on patient chart	Check (√) <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Information Not Available
1. Date INH was first prescribed	Date:	<input type="checkbox"/> ₉₈
2. Date INH was last prescribed	Date:	<input type="checkbox"/> ₉₈
3. Reason(s) INH stopped: (Check all that apply)		
a. Treatment completed (based on clinic's definition of "completion")	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₉₈
b. Patient moved and unable to follow	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₉₈
c. Patient never initiated meds	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₉₈
d. Side effects, adverse events	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₉₈
e. Lost to follow up	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₉₈
f. Patient incarcerated	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₉₈
g. Other; specify reason:	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₉₈
4. Total # of months INH was prescribed	#:	<input type="checkbox"/> ₉₈
5. Total # of monthly INH prescriptions picked up	#:	<input type="checkbox"/> ₉₈
6. Total # of doses of INH picked up	#:	<input type="checkbox"/> ₉₈
7. Regimen other than INH prescribed	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₉₈
7a. If yes, specify regimen	Rx:	<input type="checkbox"/> ₉₈
7b. Date non-INH regimen first prescribed	Date:	<input type="checkbox"/> ₉₈
7c. Date non-INH regimen last prescribed	Date:	<input type="checkbox"/> ₉₈
8. Patient placed on DOT	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₉₈
8a. If yes, record date DOT began:	Date:	
9. Patient hospitalized due to INH?	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₉₈
9a. Patient hospitalized due to other meds? Specify med(s): _____	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₉₈
10. Patient died as a result of LTBI meds?	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₉₈
11. Patient developed active disease?	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₉₈

PID# : ___ - ____ - ____

Study to Determine Factors Associated with Completion of Therapy for Latent TB Infection (LTBI) – Exit Interview Face Sheet

Exit Interview completed Yes/No (circle)

Date of interview: ___/___/___

Start time: _____

Finish time: _____

Language(s) of interview: English/Other; specify: _____

Place of interview: ___ Clinic ___Pt's Home ___Phone Other; specify: _____

Interviewer's Name: _____

Interpreter used? Yes/No (circle)

Interpreter's name (if available): _____

Interpreter ID number (if available): _____

SITE QA

Reviewed by: _____

Date of review: ___/___/___

Date of data entry: ___/___/___

Data entered by: _____

EXIT INTERVIEW QUESTIONNAIRE

Eligibility Criteria Checklist for Administering Exit Interview

INTERVIEWER NOTE: Please complete the following checklist, based on review of the chart, to determine the participant's eligibility to receive the Exit Interview.

- A checkmark in the “Yes” column indicates ELIGIBILITY for the Exit Interview.**
- If there are no check marks in the “Yes” column, the participant is NOT ELIGIBLE for the Exit Interview and should be reassessed at a later date.

**** One box must be checked for participant to be eligible for the Exit Interview.**

	Yes
Never Initiated:	
Has it been at least 3 months since patient accepted TLTBI but has not initiated treatment?	<input type="checkbox"/> <i>[SKIP to B]</i>
Completer:	
Has patient been prescribed a final bottle of LTBI meds, completing a full course of treatment?	<input type="checkbox"/>
Non-Completer:	
Has patient missed 3 or more months of LTBI meds?	<input type="checkbox"/>
Is patient lost-to-follow-up?	<input type="checkbox"/>
Has a 9-month treatment regimen exceeded 12 months?	<input type="checkbox"/>
Has a 6-month treatment regimen exceeded 9 months?	<input type="checkbox"/>
Has TLTBI prematurely stopped, due to provider or patient reasons? Specify reason: _____	<input type="checkbox"/>

* * *

Thank you for talking with me again. I would like to talk to you for around 20 minutes about your experience with your TB medicines. The information you provide can help improve care for other patients like you.

If you don't understand a question, please tell me. If you don't know or don't want to answer a question, let me know and we'll move on. Is it OK to begin now?

Section A. Treatment Experiences

The first set of questions is related to the TB medicines you were asked to take. Many people find it hard to always take their medicines. Some get busy and forget to take them. Some skip or stop taking the pills because they just don't like them. Please be honest. Don't worry about telling me that you don't take all your pills. Your answers will be kept private and will not affect your care at the clinic.

A1. Did you start your TB medicines as planned?

- 1 Yes
- 2 No (SKIP to A1d)
- 98 DK/NS
- 99 Refused

A1a. Are you still taking your TB medicines?

- 1 Yes (SKIP to A2)
- 2 No (SKIP to A1b)
- 98 DK/NS
- 99 Refused

A1b. When did you stop? _____ (#) weeks ago

A1c. Why did you stop? (INTERVIEWER: Probe for multiple responses)

98	DK/NS
99	Refused

Code(s): _____

(INTERVIEWER: Record participant's response in the blank above and write in the code(s) that most closely correspond to the response.)

(SKIP TO A2.)

A1d. What were the main reasons you didn't start your TB medicines?

(INTERVIEWER: Probe for multiple responses)

98	DK/NS
99	Refused

Code(s): _____

*(INTERVIEWER: Record participant's response in the blank above and write in the code(s) that most closely correspond to the response.)
(SKIP TO B1.)*

A1c. and A1d. Codelist

0 Completed treatment

A. Economic and Structural Factors:

- A1 Financial reasons or fears
- A2 Appointments conflict with job
- A3 Appointments conflict with family obligations
- A4 Housing problems/instability

B. Patient Attitudes/Personal Factors:

- B5 TB low priority compared to other things
- B6 TB meds not beneficial
- B7 Perceived low risk of getting TB
- B8 Doesn't want others to know (stigma)
- B9 Doesn't understand reason for meds
- B10 Lack of social support
- B11 Sick or ill with other illnesses
- B12 Substance abuse
- B13 Don't believe they have LTBI

C. Pill-related Difficulties

- C14 Can't remember to take pills
- C15 Don't like taking pills
- C16 Hard to swallow
- C17 Tolerability and toxicity issues (side effects, etc.)

D. Patient-Provider Relationships

- D18 Negative experience with provider(s) (general)
- D19 Negative attitude toward TLTI (general)
- D20 Poor communication with provider(s)
- D21 Lack of confidence/trust in health care system

E. Pattern of Health Care Delivery

- E22 Inaccessible clinic location
- E23 Inconvenient clinic hours
- E24 Long wait times
- E25 Unmet linguistic needs
- E26 Unmet cultural needs
- E27 Dissatisfaction (general) with care/treatment
- E28 Unavailability/inaccessibility of other health or social services

97 Other; Specify: _____

PID# : ___ - ____

- 98 Don't know
- 99 Refused

(INTERVIEWER NOTE: For participants who have stopped taking their medicines, verb tenses should be changed to past tense, wherever appropriate.)

A2. How many months of TB medicines have you taken/did you take? _____ (#) months

A3. In general, would you say you've taken/took all, most, some, few, or none of your TB medicines?

- 1 All (*SKIP to A4*)
- 2 Most
- 3 Some
- 4 Few
- 5 None
- 98 DK/NS
- 99 Refused

A3a. Could you tell me the main reason or reasons that you missed taking your TB pills?

(INTERVIEWER NOTE: Record the participant's response in the blank above and code after the interview. If the participant does not come up with a reason, do not probe with examples. Probe further with "Why did you miss taking some of your TB pills?")

Code(s): _____

A3a Codelist

A. Economic and Structural Factors:

- A1 Financial reasons or fears
- A2 Appointments conflict with job
- A3 Appointments conflict with family obligations
- A4 Housing problems/instability

B. Patient Attitudes/Personal Factors:

- B5 TB low priority compared to other things
- B6 TB meds not beneficial
- B7 Perceived low risk of getting TB
- B8 Doesn't want others to know (stigma)
- B9 Doesn't understand reason for meds
- B10 Lack of social support
- B11 Sick or ill with other illnesses
- B12 Substance abuse
- B13 Don't believe they have LTBI

C. Pill-related Difficulties

- C14 Can't remember to take pills
- C15 Don't like taking pills
- C16 Hard to swallow
- C17 Tolerability and toxicity issues (side effects, etc.)

D. Patient-Provider Relationships

- D18 Negative experience with provider(s) (general)
- D19 Negative attitude toward TLTI (general)
- D20 Poor communication with provider(s)
- D21 Lack of confidence/trust in health care system

E. Pattern of Health Care Delivery

- E22 Inaccessible clinic location
- E23 Inconvenient clinic hours
- E24 Long wait times
- E25 Unmet linguistic needs
- E26 Unmet cultural needs
- E27 Dissatisfaction (general) with care/treatment
- E28 Unavailability/inaccessibility of other health or social services

- 97 Other; Specify: _____
- 98 Don't know
- 99 Refused

A4. Were you taking any other prescription medicines while you were taking the TB medicines?

- 1 Yes
- 2 No (*SKIP to A5*)
- 98 DK/NS
- 99 Refused

A4a. Did your TB medicines create a problem with taking those other medicines?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

A5. Think about the most recent month you took your TB medicines. Did you experience any of the following? (INTERVIEWER: First read down the list of possible symptoms, writing “Y” if the symptom was reported and “N” if it was not.

	Reports symptom Y/N	May be related to TB medicines Y/N/DK	Refused (√)
a. Stomach upset	Y / N	aa. Y / N / DK	
b. Nausea or vomiting	Y / N	bb. Y / N / DK	
c. Skin rash, itchy skin	Y / N	cc. Y / N / DK	
d. Tingling in your hands or feet	Y / N	dd. Y / N / DK	
e. Yellowish skin or eyes	Y / N	ee. Y / N / DK	
f. Headache	Y / N	ff. Y / N / DK	
g. Dizziness	Y / N	gg. Y / N / DK	
h. Weakness, fatigue	Y / N	hh. Y / N / DK	
i. Dark urine	Y / N	ii. Y / N / DK	
j. Any other symptoms? What are they?	Y / N	jj. Y / N / DK	
k.	Y / N	kk. Y / N / DK	
l.	Y / N	ll. Y / N / DK	

(INTERVIEWER NOTE: If respondent answered NO to all of the above in A5, SKIP to A6. If respondent answered YES to any of the above possible side effects, ask: “Do you think your (say symptom reported) may be related to your TB medicines? Mark “Y” if response is affirmative, “N” if it is negative, “DK” if participant is not sure or does not know. Also, be sure to read when the interview is over the “Important Reminder” at the end of the questionnaire.

A5m. Were the symptoms serious enough that you didn't take your TB medicines?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

A6. Were your TB medicines hard to swallow?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

A7. Was it difficult to remember to take your TB medicines?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

A8. What has made it easier or helped you take your TB medicines?

[INTERVIEWER NOTE: *If needed, probe with, "Why do you think you have had no trouble?". After the interview, code the response(s) using the code list at the end of the instrument.*]

Code(s): _____

A8 Codelist

0 Nothing

B. Patient attitudes/Personal Factors:

- B1 Perceived improved health
- B2 Perceived seriousness of TB
- B3 Perceived high risk of getting TB
- B4 Support from family/friends

C. Pill-related Issues

- C5 Set up personal reminder system
- C6 Medicines to ease side effects

D. Patient-Provider Relationships

- D7 Positive experience with provider(s)
- D8 Trust in health care system/providers
- D9 Informational or emotional support from other clinic staff (not incentives/enablers)

E. Pattern of Health Care Delivery

- D10 Appointment Reminders
- D11 Free treatment (pills, lab tests, etc.)
- D12 Tokens, vouchers (other incentives/enablers)
- D13 Accessible clinic location
- D14 Convenient clinic hours
- D15 Met linguistic needs
- D16 Met cultural needs
- D17 Availability/inaccessibility of other health or social service

- 97 Other; Specify: _____
- 98 Don't know
- 99 Refused

Section B. Communication Between Health Care Provider and Patient

Now I'd like to ask some questions about your experiences with the clinic staff. Please comment on your experiences in general, whether you went to the clinic once or many times.

B1. When you went to the clinic, with whom did you usually talk?

- 1 Doctor
- 2 Nurse
- 3 Outreach worker
- 4 Social worker
- 5 No one
- 97 Other; Specify position _____
- 98 DK/NS
- 99 Refused

(INTERVIEWER NOTE: If respondent answers "interpreter," probe to identify what other staff were there as well.)

B2. Were the discussions in a language in which you felt comfortable?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

B3. *(INTERVIEWER NOTE: For Native English speakers Circle 4 and skip to B7.)* Was an interpreter or bilingual staff involved?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No, never (for non-English speakers) *(SKIP to B6)*
- 4 NA (for Native English-speakers) *(SKIP to B7)*
- 98 DK/NS
- 99 Refused

B4. Who usually interpreted? *(Mark all that apply.)*

- 1 Family member
- 2 Friend
- 3 Staff person
- 4 Professional interpreter (phone or in-person)
- 97 Someone else; Specify _____
- 98 DK/NS
- 99 Refused

B5. In general, were you satisfied with the interpretation?

- 1 Yes (SKIP TO B7)
- 2 No (SKIP TO B7)
- 98 DK/NS (SKIP TO B7)
- 99 Refused (SKIP TO B7)

B6. Did you want an interpreter?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

B7. Were there things that you wanted to know about TB, the medicines, or your health condition that you never found out from the clinic?

- 1 Yes
- 2 No (*SKIP to B8*)
- 98 DK/NS
- 99 Refused

B7a. What did you want to know?

(INTERVIEWER NOTE: Record record answer verbatim in the blank above and code after interview.)

- 1 How people get TB
- 2 Whether you could pass TB to others
- 3 The purpose of the medicines
- 4 Your risk of getting active TB disease
- 5 How long you need to take the medicines
- 6 Possible side effects from the medicines and how to handle them
- 97 Other; specify: _____
- 98 DK/NS
- 99 Refused

B8. Did you try to get information about TB on your own, such as from books, the internet, or friends?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

Now I am going to ask you some questions about the clinic staff. Please answer “yes” or “no” to each question.

B9. Thinking about your experiences with the doctors and nurses *overall*, did they

a. Explain things in a way that helped you understand?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

b. Make you feel comfortable about asking questions?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

c. Make you feel like you had to hurry?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

d. Listen carefully to what you had to say?

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

e. Seem like people you could trust?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

f. Take your concerns seriously?

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

Now I would like to ask you some questions about the front desk staff in the clinic. Thinking about your experiences with the front desk staff overall, please answer “yes” or “no” to each question.

B10. Did the front desk staff . . .

a. Respond to any needs or concerns you might have had, such as scheduling an appointment?

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

b. Act rude or inappropriately to you?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

c. Respect your privacy?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

Section C. Service Delivery

Now I'd like to get an idea about your general experiences using the clinic services.

(INTERVIEWER NOTE: For participants who did not return to the clinic after the first time, the following questions pertain to their first visit to the clinic. You will want to omit the word “usually.”)

C1. What form of transportation did you usually take to get to the clinic? (Mark all that apply.)

- 1 Public transportation
- 2 Drove yourself
- 3 Friend or family member drove you
- 4 Taxi
- 5 Walked
- 6 Bicycle

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- 97 Other; specify: _____
- 98 DK/NS
- 99 Refused

C2. How long did it usually take you to get to the clinic? _____ (#) minutes

C3. How much of an inconvenience was the clinic schedule? (Interviewer: Read the response options below)

- 1 No inconvenience
- 2 Small inconvenience
- 3 Big inconvenience
- 88 NA
- 98 DK/NS
- 99 Refused

C4. How much of an inconvenience was getting the medicines?

- 1 No inconvenience
- 2 Small inconvenience
- 3 Big inconvenience
- 88 NA (did not receive medicines)
- 98 DK/NS
- 99 Refused

C5. Were clinic visits free?

- 1 Yes (SKIP to C6)
- 2 No
- 98 DK/NS
- 99 Refused

C5a. Did you have difficulty paying for clinic visits?

- 1 Yes
- 2 No
- 88 Not Applicable
- 98 DK/NS
- 99 Refused

C6. Were the TB medicines free?

- 1 Yes (SKIP to C7)
- 2 No
- 98 DK/NS
- 99 Refused

C6a. Did you have difficulty paying for your TB medicines?

- 1 Yes
- 2 No
- 88 Not Applicable
- 98 DK/NS
- 99 Refused

For the next set of questions, I am going to list some concerns that some people might have in going to any kind of clinic or facility where people get health care. Here, the word “concern” may mean a care or worry. I would like to know how big a concern the following things have been for you personally.

C7. How big a concern was ...[Insert questions a-h below.] ? Please answer “No Concern,” “Small Concern,” or “Big concern.” (INTERVIEWER: Continue going down the list in this manner.)

	No Concern	Small Concern	Big Concern	Refused
a. Getting to and from the clinic, like by bus, car, train, etc.				
b. Getting time off from work or school to go to the clinic.				
c. Finding someone to care for a family member while you go to the clinic.				
d. Waiting a long time to get an appointment.				
e. Waiting a long time to see the doctor or nurse.				
f. Seeing a doctor or nurse who speaks a language you speak.				
g. Seeing a doctor or nurse who understands people from your culture or country.				
h. Seeing someone you didn't expect to see at the clinic, like a friend or neighbor.				

C8. Did you have any other concerns in going to the clinic?

- 1 Yes
- 2 No (SKIP to C9)
- 98 DK/NS (SKIP to C9)
- 99 Refused

C8a. What were they? _____

C9. Did you receive something other than the TB medicines, educational materials or other pills?

- 1 Yes
- 2 No (SKIP to C10)
- 98 DK/NS
- 99 Refused

(INTERVIEWER NOTE: If participant doesn't understand, say, “Did you receive anything that made it possible or easier to receive treatment?” Refrain from giving examples to aid the participant in answering the question.). If the participant's response is the same as the study

incentive (e.g., \$25), clarify whether this will be given by his/her provider or yourself (the interviewer). Do not record the study incentive.

(INTERVIEWER NOTE: For each item listed under C9a, ask C9b.)

C9a. What was it? (list)	C9b. How much of a difference did this make in your ability to take your TB medicines? 1- No difference 2- Small difference 3- Big difference
C9a1.	C9b1.
C9a2.	C9b2.
C9a3.	C9b3.

C10. Is there anything that the clinic staff did that helped you take your TB medicines?

- 1 Yes
- 2 No (SKIP to C11)
- 98 DK/NS
- 99 Refused

C10a. What did they do? _____

- 98 DK/NS
- 99 Refused

C11. Is there anything else that would have helped you take your medicines?

- 1 Yes
- 2 No (SKIP to C12)
- 98 DK/NS
- 99 Refused

C11a. What else would have helped? _____

- 98 DK/NS
- 99 Refused

C12. What made it difficult or challenging to take your TB medicines? *[Interviewer: If the participant says he had no difficulties or challenges, probe with: “So you have easily taken the medicines and followed instructions?” If the participant responds “yes,” record “NONE” on the blank below.]*

[Interviewer: write down all of the difficulties or challenges the participant says. Do not use list below as prompts. At the end of the interview, please code the response(s) in the appropriate category(ies) below.]

Code(s)#; specify: _____

0 Nothing

A. Economic and Structural Factors:

- A1 Financial reasons or fears
- A2 Appointments conflict with job
- A3 Appointments conflict with family obligations
- A4 Housing problems/instability

B. Patient Attitudes/Personal Factors:

- B5 TB low priority compared to other things
- B6 TB meds not beneficial
- B7 Perceived low risk of getting TB
- B8 Doesn't want others to know (stigma)
- B9 Doesn't understand reason for meds
- B10 Lack of social support
- B11 Sick or ill with other illnesses
- B12 Substance abuse
- B13 Don't believe they have LTBI

C. Pill-related Difficulties

- C14 Can't remember to take pills
- C15 Don't like taking pills
- C16 Hard to swallow
- C17 Tolerability and toxicity issues (side effects, etc.)

D. Patient-Provider Relationships

- D18 Negative experience with provider(s) (general)
- D19 Negative attitude toward TLTI (general)
- D20 Poor communication with provider(s)
- D21 Lack of confidence/trust in health care system

E. Pattern of Health Care Delivery

- E22 Inaccessible clinic location

PID# : _ _ - _ _ _ _

- E23 Inconvenient clinic hours
- E24 Long wait times
- E25 Unmet linguistic needs
- E26 Unmet cultural needs
- E27 Dissatisfaction (general) with care/treatment
- E28 Unavailability/inaccessibility of other health or social services

- 97 Other; Specify: _____
- 98 Don't know
- 99 Refused

Section D. Demographics & Socioeconomic Background

Now I would like to ask you some questions about yourself.

D1. How many times have you moved during the past year? ____ (# times)

- 98 DK/NS
- 99 Refused

D2. Are you currently homeless? By homeless, I mean sleeping in a shelter or in public place, such as the streets, bus or train terminals, or in a car.

- 1 Yes
- 2 No
- 99 Refused

D3. Since the first time I talked to you, have you spent more than 30 days in jail or prison?

[INTERVIEWER NOTE: This is cumulative (not consecutive) time in jail or prison, i.e., one week in March, 2 weeks in September, another 2 weeks last month, totaling more than one month. This may be a combination of jail, prison, and detention centers and may include detention outside the U.S. Do not include employment at a jail or prison.]

- 1 Yes
- 2 No (SKIP to D4)
- 98 DK/NS
- 99 Refused

D3a. How much time? _____ (#) days

- 98 DK/NS
- 99 Refused

D4. How many people do you live with, including yourself? ____ (# people) (INTERVIEWER: If participant lives in a congregate setting, record "1")

D4a. How many people depend on the same shared income? This includes money from jobs, social security, retirement, public assistance, and any other source? _____ (# people)

D4b. Has that total income changed significantly in the past year?

- 1 Yes
- 2 No (SKIP to D5)
- 98 DK/NS
- 99 Refused

D4c. Is it higher or lower than it was last year?

- 1 Higher
- 2 Lower
- 98 DK/NS
- 99 Refused

D5. Are you currently covered by any type of health insurance or health care plan, including government programs like Medicaid and Medicare?

- 1 Yes
- 2 No (*SKIP to D7*)
- 98 DK/NS
- 99 Refused

D6. What kind of health care coverage do you have?

[INTERVIEWER: This also includes plans that pay for only one type of service (e.g., nursing home, accidents, dental), but not plans that only pay cash while hospitalized. Please write respondent's answer in the blank below. Then mark all appropriate codes.]

-
- 1 Private health insurance (including student health insurance)
 - 2 Medicare
 - 3 Medi-Gap
 - 4 Medicaid
 - 5 SCHIP/CHIP (Child Health Insurance Program)
 - 6 Military health care (including VA)
 - 7 Indian Health Service
 - 8 State/provincial-sponsored health plan
 - 9 Other government program
 - 10 Single service plan (vision, dental, etc)
 - 11 Discount program
 - 12 Non-insured health benefits for Canadian First Nations
 - 13 No coverage

D7. *[FOR TX INITIATORS ONLY]* Have you lost your job due to your TB treatment?

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

PID# : _ _ - _ _ _ _

D8. Have family needs, such as taking care of family members, made it hard for you to get health services?

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

D9. In the past year, have you been hospitalized for emotional or psychiatric issues?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

D10. Are you currently taking any prescription medicines for emotional or psychiatric issues?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

Section E. Prioritization

I'm going to read a list of things that could be important in your life, and I'd like you to tell me how big a concern the following things have been for you in the past month.

E1. In the past month, how big a concern was (Insert questions a-i below.)? No concern, small concern, big concern? [*INTERVIEWER: Continue going down the list (b through i), inserting each item below in the same manner, checking the appropriate boxes.*]

	No Concern	Small Concern	Big Concern	Refused
a. Housing				
b. Personal relationships, including family				
c. Money				
d. Your health				
e. Getting TB				
f. Work or school				
g. Safety (your or your family's)				
h. Legal matters				
i. Completing TB medicines				

Section F. Social Support

The following questions are related to the support you may have received from other people in your life for any concern or problem you have had in the last month. Please answer either Rarely, Sometimes, or Often when responding to the following questions.

F1. In the past month, how often did you need or want help for something you considered serious?

Rarely	Sometimes	Often	DK/NS	Refused
1	2	3	98	99

F2. In the past month, how often did people who are close to you, such as friends or family, comfort or encourage you?

Rarely	Sometimes	Often	DK/NS	Refused
1	2	3	98	99

F3. In the past month, how often did people who are close to you give you information, like where to find a doctor or how to get medical help?

Rarely	Sometimes	Often	DK/NS	Refused
1	2	3	98	99

F4. In the past month, how often did people close to you provide help, such as giving you a ride, watching your kids, or picking up medicines?

Rarely	Sometimes	Often	DK/NS	Refused
1	2	3	98	99

F5. In the past month, how often have people close to you stressed you out?

Rarely	Sometimes	Often	DK/NS	Refused
1	2	3	98	99

F6. How many people provided help or encouragement to you in the past month?

Please tell me the number of people _____ # of People [If 0, SKIP to G1].

[INTERVIEWER NOTE: Record a single numeral. If respondent gives a range such as 5 to 6, probe for one or the other].

98	DK/NS
99	Refused

Section G. Tuberculosis Knowledge

The following questions are about your understanding of and feelings about TB. Please answer “Yes” or “No” to each question. If you don’t know the answer, that is all right; just tell me you don’t know.

G1. Can people have in their body TB germs that are sleeping and not an active form of disease?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

G2. Do people with sleeping TB germs feel sick?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

G3. If people have sleeping TB germs, can they give TB to other people?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

G4. Does sharing dishes, bottles, or a toothbrush with someone who has TB disease increase a person’s chance of getting TB?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

Section H. TB Attitudes

We are almost done. I am going to ask you just one more set of questions.

(Interviewer: Use your local clinic's explanation of latent infection(e.g., dormant TB) if you find that the 'sleeping TB' concept confuses the participant.)

H1. Did you ever have sleeping TB germs in your body?

- 1 Yes
- 2 No (SKIP to H3)
- 98 DK/NS
- 99 Refused

H2. Did you tell people close to you that you had sleeping TB germs?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H3. Is TB disease something you have talked about with others?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H4. [FOR TX INITIATORS ONLY] Did you care what people close to you might have thought about your TB treatment?

- 1 Yes
- 2 No
- 88 NA
- 98 DK/NS
- 99 Refused

H5. Did you think you could spread TB germs to others?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H6. Was your decision to take your TB medicines or not related to drinking alcohol?

PID# : _ _ - _ _ _ _

- 1 Yes
- 2 No
- 88 NA (Does not drink alcohol)
- 98 DK/NS
- 99 Refused

H6a. What other reasons affected your decision to take your TB medicines or not?

H7. Was taking TB medicines worth the trouble?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H8. Did you trust your TB doctor or nurse to give you the best care?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

H9. Has taking TB medicines protected you from getting TB disease?

- 1 Yes
- 2 No
- 98 DK/NS
- 99 Refused

PID# : _ _ - _ _ _ _

H10. Thank you for your time in answering these questions. Your taking part in this study will help the clinic provide better care for other patients like yourself. Is there anything else you would like to add?

IMPORTANT REMINDER TO INTERVIEWER: If the participant responded ‘Yes’ to any of the symptoms in question A5, read the following script: **“You have told me that you have had a symptom that may be linked to your medicines. To be safe, I advise you to call your clinic and let your provider know about this symptom. You should contact _____ at this phone number: _____ as soon as possible.”**

Check here after reading aloud. Interviewer’s initials: ____

Thank you very much for talking with me. This concludes your participation in this study. I will not be contacting you again. I very much appreciate your help in improving TB programs in the U.S. I want to assure you again that the information you provided me is confidential and will not be shared outside the study. Thank you again for your time.

----- **END OF INTERVIEW** -----

[INTERVIEWER: Use this space to provide comments about the interview process, eventful or unusual circumstances, the participant, or anything notable about this interview.]
