

ACTIVE TB CASES QUESTIONNAIRE

INTRODUCTION SCRIPT

Hi [Client Name]. My name is [Your Name] with the [Name of the local Health District].* We are working to stop tuberculosis or “TB”. We would like to hear your thoughts and feelings about being diagnosed with and treated for TB. Your name and other identifying information will not be shared. The information will simply be used to help us improve our program. What you have to say is important and will help us create messages and materials to educate people.

**Feel free to note any personal/previous connections to the client (e.g., case manager).*

Would you be willing to answer a few questions?

Yes ☐

No ☐

[If Yes] GO TO QUESTION 1

[If No] Would you be willing to talk with us at another time?

Yes ☐

No ☐

[If Yes] Is there a good time when I can follow-up with you?

Document follow-up date/time: _____

Thank you so much for your time today. I look forward to talking with you again (on the agreed upon date and time).

[If No] Thank you so much for your time today. If you change your mind, please feel free to reach out to me at [Your Contact Information].

Questions

1. Had you heard of TB before you got sick?	Yes <input type="checkbox"/> No <input type="checkbox"/>
[If No] GO TO QUESTION 2 a. [If Yes] What had you heard about TB?	

2. When you initially got sick, did you ever think you might have TB?	Yes <input type="checkbox"/> No <input type="checkbox"/>
a. [If Yes] Why?	
b. [If No] What did you think was wrong when you started getting sick?	
c. What were your initial symptoms?	

<p>3. When you started getting those symptoms, who did you initially turn to for healing? <i>[If examples needed: medicine man or woman, faith leader, acupuncturist, doctor, clinic]</i></p>	
<p>a. What did they do for you, or what did they tell you to do?</p>	
<p>4. Did you turn to anyone else?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>[If No] GO TO QUESTION 5</p> <p>a. [If Yes] Who did you turn to and what did they do for you, or what did they tell you to do?</p> <p><i>Please repeat Questions 4 and 4a until the client provides a "No" response.</i></p>	

<p>5. How long did you have these symptoms before you were tested and diagnosed for TB by a doctor?</p>	
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<p>6. At any time during your illness or since you have gotten better, did you tell any of your family and friends that you have TB?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>a. [If No] why not?</p>	
<p>b. [If Yes] How did your family treat you when you told them?</p>	
<p>c. [If Yes] How did your friends treat you?</p>	
<p>d. What have you ever heard your family, friends, or people in your community say about TB?</p>	

<p>7. What do you know about TB today that you wish you knew before you got sick?</p>	
<p>8. What would you say to a friend or family member who thinks they might have TB?</p>	
<p>9. Is there anything else that you would like to tell us about TB that we haven't asked you?</p>	

CLOSING

Thank you so much for talking with me today. I greatly appreciate your help! If you think of anything else that you would like to share, feel free to call me directly at [Your Contact Information].

CLIENT INFORMATION (to be filled in by interviewer)**Client Race:**

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Client Ethnicity:

- ☐ Hispanic
- ☐ Non-Hispanic

Country where client is from:	
How long client has lived in the U.S.:	
Date client initiated treatment:	
Months of treatment completed:	

ADMINISTRATIVE INFORMATION

Interview ID:	
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For Interview ID, please use the following format: Health Department Code + Sequential Number
Example: ARHD01

Sequential Number = 01 to 99

Health Department / Name of Interviewer**Date and Time of Call**

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