

Northern Virginia TB Media Campaign: Evaluation Survey

Instruction for Question 1

If you circle "Yes", please answer questions 1a, 1b, and 1c.

If you circle "No" for Question 1, please go to Question 2.

1. Do you remember **seeing any information** about tuberculosis (TB) in the past 2 months?
- Yes No
- a. Please circle Yes or No to tell us what information you saw.
- | | | |
|-------------------------------|-----|----|
| Flyer/Poster | Yes | No |
| Bus ad | Yes | No |
| Online (e.g. Facebook) | Yes | No |
| Other (Please specify: _____) | | |
- b. How often have you seen information about tuberculosis (TB) in the past 2 months?
- Once
2-5 times
More than 5 times
Never
- c. If you saw any flyers/posters or bus or Metro ads about tuberculosis (TB), please circle Yes or No for the following questions:
- | | | |
|--|-----|----|
| I liked the ads | Yes | No |
| I related to the people in the ads | Yes | No |
| I think the message in the ads is important | Yes | No |
| Seeing the ads improved my understanding of TB | Yes | No |

Instruction for Question 2

If you circle "Yes", please answer questions 2a and 2b.

If you circle "No", please go to Question 3.

2. Do you remember **hearing any information** about tuberculosis (TB) in the past 2 months?
- Yes No
- a. Please tell us where you heard information about tuberculosis (TB).
- | | | |
|-------------------------------|-----|----|
| From a family member | Yes | No |
| From a friend or neighbor | Yes | No |
| From a place of worship | Yes | No |
| From a school | Yes | No |
| From a doctor | Yes | No |
| From a health department | Yes | No |
| Other (Please specify: _____) | | |
- b. How often have you heard any information about tuberculosis (TB) in the past 2 months?
- Once
2-5 times
More than 5 times
Never

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3. Please circle Yes, No, or Don't Know for the following statements:

- | | | | |
|--|-----|----|------------|
| a. There are people with tuberculosis (TB) in Northern Virginia | Yes | No | Don't Know |
| b. People like me can get tuberculosis (TB) | Yes | No | Don't Know |
| c. You can get tuberculosis (TB) even if you got the TB (BCG) vaccine as a child | Yes | No | Don't Know |
| d. Everybody who has the tuberculosis (TB) germ in their body will feel sick | Yes | No | Don't Know |
| e. A cough lasting longer than three weeks could be the first sign of TB | Yes | No | Don't Know |
| f. Tuberculosis (TB) is treatable | Yes | No | Don't Know |
| g. People with a positive tuberculosis (TB) test should be treated, even if they aren't sick | Yes | No | Don't Know |
| h. If a TB test were free I would get tested | Yes | No | Don't Know |

4. Please circle your response for each of the following questions:

- a. When was the last time you **spoke to your health care provider** about TB?
- In the past 2 months
 - More than 2 months ago
 - Never
 - Don't know
- b. When was the last time you **talked with family or friends** about tuberculosis (TB)?
- In the past 2 months
 - More than 2 months ago
 - Never
 - Don't know
- c. When was the last time you looked **online** for information about tuberculosis (TB)?
- In the past 2 months
 - More than 2 months ago
 - Never
 - Don't know
- d. Is it important to be tested for tuberculosis (TB) even if you do not feel sick?
- Yes
 - No
 - Don't Know

5. Please tell us about yourself:

- a. What city or county do you live in? _____
- b. What is your age? _____
- c. Do you have health insurance (includes private insurance, Medicaid and Medicare)?
- Yes No

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d. When was the last time you saw your doctor or other healthcare provider?

- 2019
- 2018
- 2017
- Before 2017

e. Would you identify yourself as belonging to any of the following communities?

- Afghani
- Bolivian
- Salvadoran
- Eritrean
- Ethiopian
- Filipino
- Ghanaian
- Guatemalan
- Indian
- Korean
- Mexican
- Mongolian
- Peruvian
- Sierra Leonean
- Vietnamese
- Other (Please specify: _____)