## Northern Virginia TB Media Campaign: Evaluation Survey

Instruction for Question 1	1. Do you	ı remember <b>seeing any infor</b>	<b>mation</b> a	bout tub	erculosis (T	B) in the past	2 months?	
If you circle "Yes",		Yes No						
please answer questions 1a, 1b, and 1c.	a.	Please circle Yes or No to tell us what information you saw.						
		Flyer/Poster	Yes	No				
If you circle No" for		Bus ad	Yes	No				
Question 1,		Online (e.g. Facebook)	Yes	No				
please go to Question 2.		Other (Please specify:		)				
	b.	How often have you seen in	nformatio	n about	tuberculosi	s (TB) in the p	past 2 months?	
		Once						
		2-5 times						
		More than 5 times Never						
	C.	If you saw any flyers/poste	rs or bus	or Metro	o ads about	tuberculosis (	TB), please circl	le
		Yes or No for the following	question	s:				
		I liked the ads				Yes	No	
		I related to the people in t	he ads			Yes	No	
		I think the message in the a		ortant		Yes	No	
		Seeing the ads improved m	y unders	tanding	of TB	Yes	No	
Instruction for Question 2	2. Do you	ı remember <b>hearing any info</b>	rmation	about tu	ıberculosis (	TB) in the pas	t 2 months?	
If you circle "Yes",		Yes No						
please answer questions		Please tell us where you he	ard infor	mation a	about tuber	culosis (TB).		
2a and 2b.	a.	ricase ten as where you ne						
-	a.			Yes	No			
2a and 2b.	a.	From a family member		Yes Yes	No No			
2a and 2b.  If you circle "No",	a.	From a family member From a friend or neighbor		Yes Yes Yes	No No No			
2a and 2b.	a.	From a family member		Yes	No			
2a and 2b.  If you circle "No",	a.	From a family member From a friend or neighbor From a place of worship		Yes Yes	No No			
2a and 2b.  If you circle "No",	a.	From a family member From a friend or neighbor From a place of worship From a school From a doctor From a health department		Yes Yes Yes Yes Yes	No No No			
2a and 2b.  If you circle "No",	a.	From a family member From a friend or neighbor From a place of worship From a school From a doctor		Yes Yes Yes Yes Yes	No No No No			
2a and 2b.  If you circle "No",		From a family member From a friend or neighbor From a place of worship From a school From a doctor From a health department		Yes Yes Yes Yes Yes	No No No No	culosis (TB) in	the past 2	
2a and 2b.  If you circle "No",		From a family member From a friend or neighbor From a place of worship From a school From a doctor From a health department Other (Please specify:		Yes Yes Yes Yes Yes	No No No No	culosis (TB) in	the past 2	
2a and 2b.  If you circle "No",		From a family member From a friend or neighbor From a place of worship From a school From a doctor From a health department Other (Please specify:  How often have you heard months?		Yes Yes Yes Yes Yes	No No No No	culosis (TB) in	the past 2	
2a and 2b.  If you circle "No",		From a family member From a friend or neighbor From a place of worship From a school From a doctor From a health department Other (Please specify:  How often have you heard months? Once		Yes Yes Yes Yes Yes	No No No No	culosis (TB) in	the past 2	
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2a and 2b.  If you circle "No",		From a family member From a friend or neighbor From a place of worship From a school From a doctor From a health department Other (Please specify:  How often have you heard months?  Once 2-5 times More than 5 times		Yes Yes Yes Yes Yes	No No No No	culosis (TB) in	the past 2	
2a and 2b.  If you circle "No",		From a family member From a friend or neighbor From a place of worship From a school From a doctor From a health department Other (Please specify:  How often have you heard months?  Once 2-5 times More than 5 times		Yes Yes Yes Yes Yes	No No No No	culosis (TB) in	the past 2	
2a and 2b.  If you circle "No",		From a family member From a friend or neighbor From a place of worship From a school From a doctor From a health department Other (Please specify:  How often have you heard months?  Once 2-5 times More than 5 times		Yes Yes Yes Yes Yes	No No No No	culosis (TB) in	the past 2	
2a and 2b.  If you circle "No",		From a family member From a friend or neighbor From a place of worship From a school From a doctor From a health department Other (Please specify:  How often have you heard months?  Once 2-5 times More than 5 times		Yes Yes Yes Yes Yes	No No No No	culosis (TB) in	the past 2	

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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) even if you got the TB (BCG) vaccine as a child 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 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 People with a positive tuberculosis (TB) test should be treated, even if they aren't sick h. If a TB test were free I would get tested Yes No Don't Know h. If a TB test were free I would get tested 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  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	
b. People like me can get tuberculosis (TB) even if you got the TB (BCG) vaccine as a child read of the control	
c. You can get tuberculosis (TB) even if you got the TB (BCG) vaccine as a child  d. Everybody who has the tuberculosis (TB) germ in their body will feel sick  e. A cough lasting longer than three weeks could be the first sign of TB  f. Tuberculosis (TB) is treatable  yes  People with a positive tuberculosis (TB) test should be treated, even if they aren't sick  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	
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More than 2 months ago Never Don't know  c. When was the last time you looked <b>online</b> for information about tuberculosis (TB)?  In the past 2 months More than 2 months ago	
In the past 2 months  More than 2 months ago	
More than 2 months ago	
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:

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