Questionnaire on mental health status among tuberculosis patients in Dalian

Hello! We are part of the research group of Dalian Medical University, and we are conducting a survey on the mental health status of patients with tuberculosis (TB). The purpose of this survey was to evaluate the prevalence of psychological distress and related factors among TB patients in Dalian. The data collected will only be used for scientific research and will not have any adverse impact on you personally. We are asking you for your generous help. We assure you that the content of your answers will be kept strictly confidential. If you do not want to participate in the study, you have full right to refuse at any time. But your honest participation will have a great contribution. So please take a few minutes to answer these questions. Thank you for your cooperation!

Do you wish to participate in the study?

……Yes, I want to participate in the study (please go to the next page)

……No, I don’t want to participate

Thank you
### Part I: Socio-demographic characteristics

| No  | Questions                                      | Coding Categories                                      | Code |
|-----|-----------------------------------------------|--------------------------------------------------------|------|
| 101 | Gender                                        | 1. Male 2. Female                                      |      |
| 102 | Age                                           | years old                                              |      |
| 103 | Marital status                                | 1. Unmarried 2. Married 3. Divorced or widowed          |      |
| 104 | Educational status                            | 1. Primary school or below 2. Middle school or above    |      |
| 105 | Current employment status                     | 1. Employed 2. Unemployed                               |      |
| 106 | Current residence                             | 1. Rural 2. Urban                                      |      |
| 107 | Immigration                                   | 1. Yes 2. No                                           |      |
| 108 | How do you feel about the economic burden of TB on you? | 1. Low 2. High                                        |      |

### Part II: Health-related variables and substance use status

| No  | Questions                                      | Coding Categories                                      | Code |
|-----|-----------------------------------------------|--------------------------------------------------------|------|
| 201 | Treatment category                            | 1. New 2. Relapse                                      |      |
| 202 | Have you ever been hospitalized for TB?       | 1. Yes 2. No                                           |      |
| 203 | How long have you been treated for TB?        | 1. <6 2. 6-12 3. >12                                   |      |
| 204 | Do you have a cough now?                      | 1. Yes 2. No                                           |      |
| 205 | Do you have diabetes?                         | 1. Yes 2. No                                           |      |
| 206 | How many anti-TB drugs do you currently take? | 1. ≤3 2. >3                                           |      |
| 207 | Have you had any adverse reactions during taking the drug? | 1. Yes, it is_____ 2. No                              |      |
| 208 | Do you think your condition is severe?        | 1. Mild 2. Moderate 3. Severe                           |      |
| 209 | Do you think you are more likely to get sick than others? | 1. Agree 2. Not sure 3. Disagree                      |      |
| 210 | What is your height?                          | _____m                                                 |      |
| 211 | What is your weight?                          | _____kg                                                |      |
| 212 | Do you often take part in physical exercise?  | 1. Often 2. Sometimes 3. Never                         |      |
| 213 | Are you drinking alcohol now?                 | 1. Yes 2. No                                           |      |
| 214 | Are you smoking cigarette now?                | 1. Yes 2. No                                           |      |
**Part III: Psychological distress**

In the past 30 days, how often have you been distressed by the following questions?

1 = None of the time 2 = Very little time 3 = Some the time 4 = Most of the time 5 = All the time

| No | Questions                                                                 | Coding Categories | Code |
|----|---------------------------------------------------------------------------|-------------------|------|
| 301| How long do you feel tired for no apparent reason?                        | 1 2 3 4 5         |
| 302| How long do you feel nervous?                                             | 1 2 3 4 5         |
| 303| How long did you feel so stressed out that nothing calmed you down?       | 1 2 3 4 5         |
| 304| How long did you feel hopeless?                                           | 1 2 3 4 5         |
| 305| How long do you feel restless or irritable?                               | 1 2 3 4 5         |
| 306| How long do you feel restless or irritable to the point of fidgeting?     | 1 2 3 4 5         |
| 307| How long do you feel depressed?                                           | 1 2 3 4 5         |
| 308| How long do you find it hard to do anything?                              | 1 2 3 4 5         |
| 309| How long have you been so sad that nothing can cheer you up?              | 1 2 3 4 5         |
| 310| How long have you been feeling worthless?                                 | 1 2 3 4 5         |

**Part IV: Experienced stigma**

Do you agree or disagree with the following statement?

1 = Strongly disagree  2 = Disagree  3 = Agree  4 = Strongly agree

| No | Questions                                                                 | Coding Categories | Code |
|----|---------------------------------------------------------------------------|-------------------|------|
| 401| The local residents are unwilling to chat or have a talk with TB patients.| 1 2 3 4           |
| 402| Many residents keep their distance from TB patients.                      | 1 2 3 4           |
| 403| The neighbors will treat the TB patients differently once they get the news.| 1 2 3 4           |
| 404| Many people walk away from facing TB patients.                            | 1 2 3 4           |
| 405| My family members feel that they have lost face after knowing my illness with TB. | 1 2 3 4           |
| 406| Local residents will not let their kids come close to TB patients.        | 1 2 3 4           |
| 407| People will not have dinner together with relatives or friends of TB patients. | 1 2 3 4           |
| 408| TB patients are not welcome by their local villagers or community residents.| 1 2 3 4           |
| 409| I think it is no good to inform the others of my TB infection.            | 1 2 3 4           |
Part V: Family function

Please choose the option that suits you best according to your actual situation.

0 = Hardly ever   1 = Some of the time   2 = Almost always

| No | Questions                                                                 | Coding Categories | Code |
|----|---------------------------------------------------------------------------|-------------------|------|
| 501| During my illness, I am satisfied with the help that I receive from my family. | 0 1 2             |      |
| 502| I am satisfied with the way my family discusses items of common interest and shares problem solving with me. | 0 1 2             |      |
| 503| I found that my family accepted the change in my life as a result of my illness. | 0 1 2             |      |
| 504| I am satisfied with the way my family expresses affection and responds to my feelings such as anger, sorrow, and love. | 0 1 2             |      |
| 505| I am satisfied with the amount of time my family and I spend together. | 0 1 2             |      |

Part VI: Doctor-patient relationship

Please choose the option that suits you best according to your actual situation.

1 = Never   2 = Sometimes   3 = Always

| No | Questions                                                                 | Coding Categories | Code |
|----|---------------------------------------------------------------------------|-------------------|------|
| 601| Are care providers greet you well?                                       | 1 2 3             |      |
| 602| Do you get counseling and education on the disease and its treatment?     | 1 2 3             |      |
| 603| Are they giving you adequate contact time?                               | 1 2 3             |      |
| 604| Are they treating you equally?                                           | 1 2 3             |      |
| 605| Are they motivate or encourages you in the treatment activities?          | 1 2 3             |      |
| 606| Are they kept confidentiality regarding all the information that you shared to providers? | 1 2 3             |      |
| 607| Are they kind and Polite?                                                | 1 2 3             |      |
| 608| Do you get the necessary respect from care providers?                     | 1 2 3             |      |
| 609| Do you think hospitals should strengthen their psychological counseling services? | 1. Need 2. Not too need |      |
**Part V II: National policy support**

Please choose the option that suits you best according to your actual situation.

1 = Strongly dissatisfied  
2 = Dissatisfied  
3 = General  
4 = Satisfied  
5 = Strongly satisfied

| No | Questions                                                                 | Coding Categories | Code |
|----|---------------------------------------------------------------------------|-------------------|------|
| 701| Are you satisfied with the national policy of free TB treatment?          | 1 2 3 4 5         |      |
| 702| Are you satisfied with the distribution of tuberculosis treatment subsidy (transportation, nutrition)? | 1 2 3 4 5         |      |
| 703| Are you satisfied with the medical quality (management, facilities, hygiene, etc.) of the hospital you visit? | 1 2 3 4 5         |      |

Thank you again for participating in this survey! I wish you a speedy recovery!

Investigate member:__________(signature)  
The reviewer:__________(signature)

Survey date:______________