# Questionnaire

For

The epidemiology of tuberculous and non-tuberculous mycobacteria in Mubende district, Uganda

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## Sero status

| Case number | Date |
|-------------|------|
|             |      |

Do you consent to participating in this study

| Yes | No |
|-----|----|
| ☐   | ☐  |

## BIODATA

| Sex | Age | Weight | Height | Tribe | Occupation | Sub county | Ward |
|-----|-----|--------|--------|-------|------------|------------|------|
|     |     |        |        |       |            |            |      |

## Risk Factors

| Previous respiratory infection | Previous T.B infection | Previous lymphadenitis |
|-------------------------------|------------------------|------------------------|
| Yes                           | Yes                    | Yes                    |
| No                            | No                     | No                     |

| Do you smoke | Drink alcohol | Eat pork |
|--------------|---------------|----------|
| Yes          | Yes           | Yes      |
| No           | No            | No       |

| Roasted meat | Raw milk | Use pig manure |
|--------------|----------|----------------|
| Yes          | Yes      | Yes            |
| No           | No       | No             |

| Do you rear pigs | If yes, | What is your water source |
|------------------|--------|---------------------------|
| Yes              | Subsistence |                         |
| No               | commercial |                         |

| Do you boil your drinking water | Have you ever taken unboiled water | If no |
|---------------------------------|------------------------------------|-------|
| Yes                             | Yes                                |       |
| No                              | No                                 |       |

| Do you grow your own food or buy it from market | How often do you buy food stuffs from the Market | Do you keep livestock |
|-------------------------------------------------|-------------------------------------------------|----------------------|
| Yes                                             |                                                 | Yes                  |
| No                                              |                                                 | No                   |

## Therapeutics (Medical record)

| What TB medication previously used | Currently used | For how long |
|------------------------------------|----------------|--------------|
|                                    |                |              |

|                                    |                |              |

|                                    |                |              |

|                                    |                |              |

|                                    |                |              |
| last deworming  |  |
|-----------------|---|
| within last three months..... | ☐ |
| within last one year....... | ☐ |
| Never .................. |  |

| Social Networks/contacts |  |
|-------------------------|---|
| Marital status          |  |
| Single.................. | ☐ |
| Married.................. | ☐ |
| Widowed.................. |  |
| How often do you come to Hospital in a year |  |
| Do you go to places of worship |  |
| Yes........................ | ☐ |
| NO........................ | ☐ |

| IF yes which one and how often? |  |
|---------------------------------|---|
| Have you been to school/s (parents day, visiting day etc) in the last 8 months. |  |
| Yes........................ | ☐ |
| NO........................ | ☐ |

| Have you travelled away from your sub-county in the last 8 months? |  |
|------------------------------------------------------------------|---|
| Yes.................. | ☐ |
| NO.................. | ☐ |

| Economic Aspects |  |
|------------------|---|
| How much on average do you earn per months.................. |  |
| What do you spend on most. |  |
| Education................ | ☐ |
| Domestic expenses........ | ☐ |
| Health related......... | ☐ |
| Leisure related........ | ☐ |
| Others.................. | ☐ |
| If health. What do u spend on most? |  |
| Drugs.................. | ☐ |
| Transport............... | ☐ |
| Consultancy............ | ☐ |
| Nutrition.............. | ☐ |

| If leisure, what do u spend on most |  |
|------------------------------------|---|
| Alkohol......................... | ☐ |
| Disco.......................... | ☐ |
| Travel......................... | ☐ |
| Gambling....................... | ☐ |
| What do you spend on least |  |
| Education.................. | ☐ |
| Domestic.................. | ☐ |
| Health related........ | ☐ |
| Leisure.................. | ☐ |
| Others .................. | ☐ |