

## **ANNEXURE C: QUESTIONNAIRES**

## CLIENTS QUESTIONNAIRE

This is a research questionnaire with the main objective of investigating the knowledge levels of clients on long term TB treatment at Kwekwe General Hospital. You are kindly requested to participate in this study by replying to the following questions. **No individual names are required since the information you give is strictly confidential.**

### SECTION A - DEMOGRAPHIC INFORMATION

**Please answer all questions, indicating your responses by marking the appropriate box with an X.**

**Please tell me about yourself.**

		For office use
1 Your age is:		
18-22 years	( )	1
23-27 years	( )	2
28-32 years	( )	3
33-37 years	( )	4
38-42 years	( )	5
Above 42 years	( )	6
		<b>A1</b>
		<div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div>
2 What is your gender?		
Male	( )	1
Female	( )	2
		<b>A2</b>
		<div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div>
3 In which area do you live?		
High density	( )	1
Low density	( )	2
Farm	( )	3
Resettlement	( )	4
Rural area	( )	5
		<b>A3</b>
		<div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div>

**For office use**

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4 What is your highest level of education?

- No education ( )  
 Primary education ( )  
 Secondary education ( )  
 Tertiary level ( )

1  
2  
3  
4

**A4**


5 What is your occupation?

- Skilled ( )  
 Professional ( )  
 Self –employed ( )  
 Unemployed ( )

1  
2  
3  
4

Other specify.....

**A5**

**SECTION B**

**This section focuses on your knowledge about TB.**

**Could you kindly answer the questions to the best of your knowledge.**

1 What is the cause of TB?

- It is an infectious disease caused by germs ( )  
 It is an illness caused by witchcraft ( )  
 It is a disease caused by HIV/AIDS ( )  
 I do not know ( )

1  
2  
3  
4

**B1**

For office use

2 How is TB spread?

- Through breathing in infected air ( )  
 Through sharing utensils ( )  
 Through witchcraft ( )  
 I do not know ( )

1  
2  
3  
4

B2

3 Which body parts are affected by TB?

- Lungs only ( )  
 Any part of the body ( )  
 I do not know ( )

1  
2  
3

B3

4 Can TB be cured?

- Yes ( )  
 No ( )  
 I do not know ( )

1  
2  
3

B4

5 How long does it take to cure TB if a patient takes drugs as prescribed?

- As soon as the patient feels better ( )  
 6-8 months ( )  
 I do not know ( )

1  
2  
3

B5

## For office use

6 Why is it important to complete the treatment for TB?

- So that I do not spread the disease to others ( )  
 So that I do not develop drug resistant TB ( )  
 Because the health workers say I must complete the treatment ( )  
 I do not know ( )

1  
2  
3  
4

**B6**

7 What is drug resistant TB?

- Failure to respond to TB treatment ( )  
 I do not know ( )

1  
2

**B7**

8 How does drug resistant TB develop?

- When I interrupt my treatment ( )  
 When I complete my treatment ( )  
 I do not know ( )

1  
2  
3

**B8**

9 Were you given information on the dangers of interrupting?  
treatment?

- Yes ( )  
 No ( )

1  
2

**B9**

10 Why do people interrupt their treatment?

Please specify -----  
 -----  
 -----  
 -----

**B10**

## For office use

11 Can a patient who is taking TB drugs spread the disease?  
to other people?

Yes ( )  
No ( )  
I do not know ( )

1  
2  
3

B11

12 Can a TB sufferer on TB drugs go back to work?

Yes ( )  
No ( )  
I do not know ( )

1  
2  
3

B12

13 Why should a patient continue treatment even if  
he/ she feels better?

Because TB takes a long time to be treated ( )  
I do not know ( )

1  
2

B13

14 When should you stop taking your TB treatment?

When I have side effects ( )  
When there is no improvement ( )  
When health workers tell me to stop ( )  
When I am feeling better ( )  
I don't know ( )

1  
2  
3  
4  
5

B14

15 Where did you obtain your knowledge about  
TB from? ( You can give more than one responses )

Friends ( )  
Relatives ( )  
Health workers ( )  
Television or radio ( )  
Reading books/pamphlets ( )  
No one ( )  
Other ( )

1  
2  
3  
4  
5  
6  
7

B15

**SECTION C**

**This section focuses on your opinion of the Directly observed treatment strategy.**

**For office use**

1 Have you heard of Directly observed treatment short course(DOTS?)

Yes ( )  
No ( )

1  
2  
C1

**If your answer is yes, continue from question 2 if no please Go to SECTION D**

2 If yes what is DOTS?

When a client takes treatment on her own ( )  
When a client is supervised and observed taking treatment ( )

1  
2  
C2

3 Are you on the DOTS programme?

Yes ( )  
No ( )

1  
2  
C3

4 If yes who is your supervisor?

A relative ( )  
A health worker ( )  
Others ( )

1  
2  
3  
C4

**For office use**

5 Do you think you have a role to play in the DOTS strategy?

Yes ( )

No ( )

I do not know ( )

Explain your answer.....

.....  
 .....  
 .....  
 .....

6 Did the DOTS strategy affect your health/ condition/ illness  
 in any way?

Yes ( )

No ( )

7 If 'yes' in (4) explain how the DOTS strategy has affected your  
 health/ condition/ illness

.....  
 .....  
 .....  
 .....  
 .....

8 If 'no' in (4) explain why you believe the DOTS strategy has  
 not affected your health/ condition/ illness.

.....  
 .....  
 .....  
 .....

9 Do you think the DOTS strategy can improve from what it is now?

Yes ( )

No ( )

10 If 'Yes' how do you think the DOTS strategy can be improved?

.....  
 .....  
 .....

1

2

3

**C5**


1

2

**C6**

**C7**

**C8**


1

2

**C9**

**C10**



**SECTION D**

**This section focuses on your attitude towards the treatment of TB.**

**For office use**

1 What is your feeling about the amount of tablets you are taking?

Too many ( )  
 Okay ( )  
 Unsure ( )

1  
 2  
 3  
**D1**

2 What is your opinion on the duration of treatment?

Alright ( )  
 Too long ( )  
 No opinion ( )

1  
 2  
 3  
**D2**

3 If employed, did you tell your employer that you are on TB treatment?

Yes ( )  
 No ( )  
 Not employed ( )

1  
 2  
 3

If no explain why.....

.....  
 .....  
 .....

**D3**

4 Do your relatives know that you are on TB treatment?

Yes ( )  
 No ( )

1  
 2

If 'no' why not?.....

.....  
 .....

**D4**

## For office use

5 Do they help in any way?

Yes ( )  
No ( )

If 'yes' how do they help?.....

.....  
.....

D5

1  
2

6 Do your friends know that you are on TB treatment?

Yes ( )  
No ( )

D6

1  
2

7 If 'no' explain your answer.....

.....  
.....  
.....

D7

8 Did some of your family, friends or colleagues treat you differently when they found out that you had TB?

Yes ( )  
No ( )

D8

1  
2

9 How do you feel about being observed taking treatment?

Do not mind ( )  
Feel embarrassed ( )

D9

1  
2

For office use

**Section E****This section focuses on other factors that influence treatment of Tuberculosis**

1 The reception from health workers when I come for review is

Helpful ( )  
 Hostile ( )  
 Unhelpful ( )

1  
2  
3  
**E1**

2 What is the distance between your home and health center?

5 km ( )  
 6-10km ( )  
 11-15km ( )  
 16-20 km ( )  
 More than 20 km ( )

1  
2  
3  
4  
5  
**E2**

3 What means of transport do you use to get to the health center?

Foot ( )  
 Bicycle ( )  
 Public transport ( )

1  
2  
3  
**E3**

4 The costs incurred when visiting the health center is

Cheap ( )  
 Expensive ( )  
 Reasonable ( )

1  
2  
3  
**E4**

5 Each time you visit the health center for supply of drugs, do you get all the tablets?

Yes ( )  
 No ( )  
 Sometimes ( )

1  
2  
3  
**E5**

**For office use**

6 Are there any problems you encounter when taking the drugs?

I vomit ( )  
 I feel dizzy ( )  
 Tablets make me feel ill ( )  
 I don't have any problems ( )  
 Other ( )

1  
2  
3  
4  
5

**E6**


7 Did the above have any effect on the way you take your treatment?

Yes ( )  
 No ( )

1  
2

If 'yes' please explain.....  
 .....  
 .....  
 .....

**E7**


8 Have you ever been visited by a health worker at your home?

Yes ( )  
 No ( )

1  
2

**E8**


9 In your opinion is TB related to HIV/AIDS?

Yes ( )  
 No ( )

1  
2

**E9**


**Thank you very much for your input.**



## HEALTH WORKERS QUESTIONNAIRE

This is a research questionnaire with the main objective of investigating the knowledge levels of clients on long term TB treatment at Kwekwe hospital. You are kindly requested to participate in this study by replying to the following questions.

The information gained from the questionnaire will be used for research purposes only and your name and address are therefore not required. All information will be treated as strictly confidential.

### SECTION A

#### Demographic data

Please answer all questions, indicating your responses by marking the appropriate box with an X.

For office use

1 Choose the option that best describes your age.

- 24 years or younger ( )
- 25 -34 ( )
- 35 – 44 ( )
- 45- 54 ( )
- 55 and older ( )

A1

1
2
3
4
5

2 Gender

- Female ( )
- Male ( )

A2

1
2

3 Your qualification is

- Basic nursing diploma ( )
- Basic nursing degree ( )
- Other ( )

A3

1
2
3

**For office use**

**4 Indicate your years of experience in the nursing field**

- 1-2years ( )  
 3-4 ( )  
 5-6 ( )  
 7-8 ( )  
 9-10 ( )  
 Over 10 years ( )

- 1  
2  
3  
4  
5  
6

**A4**

**5 Do you give information to TB patients on the following ?**

- TB as a disease ( )  
 Causes of TB ( )  
 Signs and symptoms of TB ( )  
 Treatment of TB ( )  
 Side effects of treatment ( )  
 Drug resistant TB ( )  
 DOTS ( )

- 1  
2  
3  
4  
5  
6  
7

**A5**

**6 What are the constraints with regard to health education?**

- Time ( )  
 Educational level of patients ( )  
 Work load ( )  
 Attitudes of patients ( )  
 Explain your answer/ response.....  
 .....  
 .....  
 .....  
 .....

- 1  
2  
3  
4

**A6**

**7 Which instructional methods do use you when giving health education?**

- Lecture method ( )  
 One to one method ( )  
 Discussion method ( )  
 Combined lecture and discussion ( )

- 1  
2  
3  
4

**A7**

**For office use**

8 When do you give the health education?

- As soon as the patient is diagnosed
- During TB investigations
- On discharge

1  
2  
3  
**A8**

9 In your opinion why do you think patients default?

.....  
.....  
.....  
.....  
.....  
.....

**A9**

10 In your opinion, what can be done to decrease the number of defaulters?

.....  
.....  
.....  
.....

**A10**

**Thank you very much for completing the questionnaire!**