

Supplementary material

NOTE: Protection of privacy will be fully implemented and complied with The People's Republic of China <Statistics Law> Chapter 3 Article 15 in relation to personal and family data collected in this survey. Any personal data collected are confidential and shall not be disclosed unless with written confirmation.

Guidance on survey: This survey has been designed with questions in areas relating to general situation and difficulties patients diagnosed of MDR-TB in 2017 are facing during home care and isolation, in order to optimize care and improve treatment experience.

Questions are in multiple-choice format.

Please check “√” the corresponding box

Questionnaire

Part I General Information

1.1 Gender: Male Female

1.2 Date of Birth: ____ (Month) ____ (Year)

1.3 Residency: Local Other Province

1.4 Duration of local residency: ____ Year(s) ____ Month (s)

1.5 Occupation

- Worker Farmer Solider Students
 White Collar Specialist Officer
 Unemployed Retired Others (Temp/part-time jobs)

1.6 Education level:

- Illiteracy Primary School Junior High
 Senior High College / University or above

1.7 Marital status:

- Single Married Divorced Widowed

1.8 Medical cost / insurance coverage:

- All out-of-pocket
 New Rural Co-operative Medical Scheme
 Urban Employee Basic Medical Insurance
 Urban Residents Basic Medical Insurance
 Commercial Insurance

Part 2 Clinical Findings

2.1 Date of MDR-TB diagnosis: ____ (Day) ____ (Month) ____ (Year)

2.2 Date of MDR-TB treatment initiation: ____ (Day) ____ (Month) ____ (Year)

2.3 Result of Sputum smear when confirmed diagnosis

- + ++ +++ ++++

2.4 Hospitalized on first MDR-TB diagnosis:

Yes No. Go to Question 3.1

2.4.1 Result of Sputum smear before discharge

Not tested yet - + ++ +++ ++++

2.4.2 Days of hospitalization: ____ Days

Part 3/ Health-related habits / behavior

3.1 Tobacco smoking: Yes No

Quit smoking after MDR-TB diagnosis: Yes No

3.2 Alcohol Drinking: Yes No

Quit drinking after MDR-TB diagnosis: Yes No

- Definition of Smoking: Smoked more than 10 cigarettes in the past week.
- Definition of Quit Smoking: Smoked less than 10 cigarettes in the previous week.
- Definition of Alcohol Drinking: Alcohol more than 10 gram in the past week.
- Definition of Quit Drinking: Alcohol less than 10 gram in the past week.

One serving of alcoholic drink-equivalent totals as:

- 12 ounces of beer (containing an average percentage of 5% alcohol).
- 5 ounces of wine (containing an average percentage of 12% alcohol).
- 1.5 fluid ounces of 80-proof distilled spirits (containing an average percentage of around 40% alcohol).

Part 4/ Home Care and isolation

4.1 Have you or your household members been briefed by medical staff on the guidelines of home quarantine

- Yes No

4.2 Do you or your household members know how long does your home quarantine lasts?

- Yes No

4.3 Do you still go to work after confirmed diagnosis of MDR-TB?

- Yes No (retired, unemployed and students check this box)

When did you return to work? (IF answer is YES above)

- never stop working
 After discharge
 After finishing home quarantine

Reasons for continuing to go to work (IF answer is YES above)

- Do not want others to find out your illness
 I am a bread earner for the family
 Others (pls state) _____

4.4 Does your family have income after your MDR-TB diagnosis?

- Yes (please choose income from other household members
 Social subsidy

- No

4.5 Are you worried about the infectiousness of your disease?

- Yes No

4.6 Your current housing conditions. Are you residing with other household members?

- I live alone
 I live with my family
 I live in a quarter provided by my employer
 I live in a shared apartment

4.7 How many household members do you share your residential with before diagnosis of MDR-TB?

- 0 (live alone) 1 person 2 persons more than 2 persons

4.8 Do you have your own room after being diagnosed with MDR-TB?

- Yes No

4.9 Do you consider your room well-ventilated?

- Yes No

4.10 Does your room provide suitable ventilation conditions?

- Yes (please choose Fan Air-conditioning Air purifier)
 No

4.11 Did you handle your sputum properly?

- No sputum production
 No
 Yes (please choose wrapped with a tissue paper and threw in trash

- coughed it into the toilet basin and flushed it
- 4.12 Who takes care of your everyday meals during your home quarantine period?
- Cooked by myself
 - Cooked by household members
 - Ordered food delivery service
- 4.13 Did you go out during the home-quarantine period?
- Yes No (Go to question 4.17)
- 4.14 Did you wear a mask when you go out? Yes No
- 4.15 Did you bring pocket tissue paper / napkins with you when you go out to handle your sputum properly? Yes No
- 4.16 What time did you usually go out?
- Morning Noon Evening or at night
- Places you visited when you go out?
- Place of work Supermarket Restaurants
 - Others (please specify) _____
- How long did you usually go out?
- <1hr 1-2hrs > 2hrs
- 4.17 Did you take your medications on time after discharge?
- Yes No
- 4.18 Who reminded you on taking your medications on time?
- myself
 - family members
 - my attending clinician
 - Public health personnel from community care
- 4.19 Was injection in your treatment regimen?
- Yes No (Go to question 4.23)
- 4.20 Where did you get your injection?
- Private clinics Community center
 - Designated TB-treatment hospital Others (pls specify) _____
- 4.21 How do you get to the injection place?
- On foot Cycling Drive Public transport
- 4.22 How long did it take to get to the injection place from home?
- < 0.5hr > 0.5hr
- 4.23 Did you attend the follow-up checks as scheduled?
- Yes No
- 4.24 Proximity of the follow-up centers from your home?
- < 10km >10km
- 4.25 How did you get to the place for your follow-up checks?
- On foot Drive Public transport Taxi Trains
 - Airplanes
- 4.26 Are you confident that you can fully recovered from MDR-TB?
- Yes No
- 4.27 What was the biggest difficulty you faced during home-quarantine?
- Repulsiveness to injections Adverse drug reactions

- Financial hardship
- Psychological stress
- Inconvenience in attending follow-up visits

4.28 What kind of help would you prefer?

- Free drugs
- Financial support
- Others (please specify) _____

4.29 Would you be willing to participate if the Government implements free hospitalization until treatment + quarantine completion?

- Yes
- No

4.30 What is your current monthly out-of-pocket expenses on treating MDR-TB?

- < CNY1000
- CNY1000-2000
- > CNY2000

This is the end of the questionnaire. Thank you very much for your time and cooperation!

Date of questionnaire:

Name & Signature of the interviewing clinician:

Checked and approved by: