

MAKERERE UNIVERSITY- UNIVERSITY OF GEORGIA
COMMUNITY HEALTH AND SOCIAL NETWORKS OF TUBERCULOSIS
SOCIAL NETWORK FORM: TB CASE

Network ID

Int Date

Contact serial#

 / /

Explanation: You have given us the names of people you associate with (social contacts). We would like to ask you some questions about the nature of your relationship with those individuals one at a time.

1. What is the nature of your relationship with [Name] now?

01= Spouse

06= Co-worker

02= Child

07= Student colleague

03= Sibling

08= Relative

04= Friend

09= Acquaintance

05= Stranger

88= Other (Specify)

2. Is [Name] a new contact to you? (Became a new contact within the last 3 months.)

01=Yes, 02=No, 77=Don't remember

3. For how long have you known [Name]? Answer in completed days, weeks, months or years.

☐ Days☐ Weeks (Probe for estimate)☐ Months (Probe for estimate)☐ Years (probe for estimate)

4. For how long has [Name] been your contact? Give answer in completed days, weeks, months or years.

☐ Days☐ Weeks (Probe for estimate)☐ Months (Probe for estimate)☐ Years (Probe for estimate)

5. Did you know [Name] before you started to cough?

01=Yes, 02=No, 77=Don't remember

6. Since the onset of your cough, has the nature of your relationship with [Name] changed?

01=Yes, 02=No

7. If "YES" What was the nature of your relationship before the change?

01= Spouse

02 = Co-worker

03= Student colleague

04 = Relative

05= Friend

06 = Acquaintance

88= Other (Specify)

8. Since the onset of your cough, would you say the frequency of contact with [Name] has

01 = Increased

02 = Decreased

03 = Remained the same

9. How well do you know [Name]?

01 = Very well

02 = Moderately well

03 = Somewhat well

04 = Almost do not know him/her

05 = Don't know him/her

10. Do you discuss important life issues with [Name]?

01=Yes, 02=No, 66=No response

11. Do you confide in [Name] with your health concerns?

01=Yes, 02=No, 66=No response

12. Have you shared your TB diagnosis with [Name]?

01=Yes, 02=No

13. Over the past one month, how often do you come into contact with [Name]?

01 = None

02 = Less than a day/week

03 = 1-3 days/week

04 = 4-6 days /week

05 = Daily

77 = Don't recall

14. Over the past one month, on the days you had contact with [Name] how much time did you spend together?

01 = Just a short time (less than or equal to 1hr/day)

02 = Part of the day (2-6 hrs/day)

03 = Part of the day (7-12 hrs/day)

04 = Most of the day (13-18hrs/day)

05 = Over 18 hrs/day

77 = I don't recall

99 = not applicable

Int Initials:

Comp Date:

Rev Initials:

Rev Date:

DMO Initials:

DMO Date:

CD Initials:

CD Date:

Day

Month

Year

MAKERERE UNIVERSITY- UNIVERSITY OF GEORGIA
COMMUNITY HEALTH AND SOCIAL NETWORKS OF TUBERCULOSIS
SOCIAL NETWORK FORM: TB CASE

Network ID

Int Date

 / /

Contact serial#

15a. Since the onset of your cough, have you shared meals with [Name]?

01=Yes, 02=No
77= Dont remember

15b. If "YES", how frequent?

01 = Less than a day/week
02 = 1-3 days/week
03 = 4-6 days /week
04 = Daily
77 = Dont recall
99 = Not applicable

16a. Since the onset of your cough, have you slept in the same room with [Name]?

01= Yes, 02=No,

16b. If "YES", how frequent?

01 = Less than a day/week
02 = 1-3 days/week
03 = 4-6 days /week
04 = Daily
77 = Dont recall
99 = Not applicable

17a. Since the onset of your cough, have you slept on the same bed with [Name]?

01= Yes, 02=No,

17b. If "YES", how frequent?

01 = Less than a day/week
02 = 1-3 days/week
03 = 4-6 days /week
04 = Daily
77 = Dont recall
99 = Not applicable

18a. Since the onset of your cough, has [Name] provided care for you?

01= Yes,

02=No

18b. If "YES", how frequent?

01 = Less than a day/week
02 = 1-3 days/week
03 = 4-6 days /week
04 = Daily
77 = Dont recall
99 = Not applicable

19. Since the onset of your cough, is there a usual place where you meet [Name]?

01=Yes, 02=No,

If "YES", Ask questions 20-22 OR ELSE skip to 23

20. Where do you usually meet [Name]?

01 = Your home
02 = Friend's home
03 = Relative's home
04 = Work place
05 = School
06 = Worship Center
07 = Club/Association
08 = Bar
09 = Saloon
10 = Gym
11 = Trading Center/Shop
12 = In transit(specify)

88 = Elsewhere(specify)

21. Since the onset of your cough, how many days per week do you spend with [Name] at this location?

01 = None
02 = Less than a day/week
03 = 1-3 days/week
04 = 4-6 days /week
05 = Daily
77 = Dont recall

22. When you meet with [Name] at this location, how much time do you usually spend with him/her?

01 = Just a short time (less than or equal to 1 hr/day)
02 = Part of the day (2-6 hrs/day)
03 = Part of the day (7-12 hrs/day)
04 = Most of the day (13-18hrs/day)
05 = Over 18 hrs/day
77 = I don't recall

Int Initials:

Comp Date:

Rev Initials:

Rev Date:

DMO Initials:

DMO Date:

CD Initials:

CD Date:

Day

Month

Year



40782

COMMUNITY HEALTH AND SOCIAL NETWORKS OF TUBERCULOSIS

SOCIAL NETWORK FORM_TB CASE

Network ID

Int Date

 / /

Contact serial#

23. Where did you **most recently** meet [Name]?

01 = Your home

02 = Friend's home

03 = Relative's home

04 = Work place

05 = School

06 = Worship Center

07 = Club/Association

08 = Bar

09 = Saloon

10 = Gym

11 = Trading Center/Shop

12 = In transit(specify)

88 = Elsewhere(specify)

24. During this meeting, how much time did you spend with [Name]?

01 = Just a short time (less than or equal to 1 hr/day)

02 = Part of the day (2-6 hrs/day)

03 = Part of the day (7-12 hrs/day)

04 = Most of the day (13-18hrs/day)

05 = Over 18 hrs/day

77 = I don't recall

25. Do you meet in doors or outdoors?

01=Mostly Indoors, 02=Mostly Outdoors
03=Equally inside and outside

26. Reflect on this place where you usually meet. How would you characterize the ventilation of this place?

01 = POOR: Completely enclosed (all windows & doors closed)

02 = MINIMAL: Partially closed (some windows and doors closed)

03 = FAIR: structure has roof, enclosed in four walls with windows and doors open, typical of a retail shop

04 = FULL: Completely outdoors, under a tree, under a roof supported by poles

77 = Dont Know

27. When you meet with [Name] are there other people you know/interact with at this location?

01=Yes, 02=No,

If "YES", ask question 28 OR ELSE Skip to 29

28. How many other people?

29. Do you meet with [Name] at other locations?

01=Yes, 02=No,

If "YES", Ask question 29 OR ELSE skip to 31

30. How often do you meet at other locations?

01 = None
02 = Less than a day/week
03 = 1-3 days/week
04 = 4-6 days /week
05 = Daily
77 = Dont recall

31. Since you started to cough, which of the following means of transportation do you share with [Name]?
Cross all that apply

☐ Motor bike ☐ Train
☐ Bodaboda ☐ Plane
☐ Private vehicle ☐ Boat
☐ Taxi ☐ None
☐ Lorry
☐ Bus
☐ Other

32. Which means of transportation do you use most often with [Name]?

01 = Motorcycle
02 = Bodaboda
03 = Private vehicle
04 = Taxi
05 = Lorry
06 = Bus
07 = Train
08 = Plane
09 = Boat
10= None
88= Other

33. To your knowledge, does [Name] have cough?

01=Yes, 02=No, 77=Dont know

34. To your knowledge, does [Name] have TB?

01=Yes, 02=No, 77=Dont know

Int Initials:

Comp Date:

 / /

Rev Initials:

Rev Date:

 / /

DMO Initials:

DMO Date:

 / /

CD Initials:

CD Date:

 / /

Day

Month

Year