Annex I: English Version Questionnaire

Jimma University College of public health and medical sciences

Consent form that certifies the respondent's agreement before the interview on the research entitled **"Adherence to isoniazid and Rifapentine(3HP) preventive therapy for better treatment outcomes among adults living with HIV in Public health facilities in Addis Ababa, Ethiopia: A multicenter study"**

Introduction

My name is _____I am representing the study team of a study that is being coordinated by the department of epidemiology, college of public health and medical science Jimma University and interviewing Adult People Living with Human Immunodeficiency Virus (HIV) receiving 3HP TPT in _____ Hospital/Health center about the adherence of 3HP tuberculosis preventive therapy (TPT) and factors associated with it. You are randomly selected to be one of the participants in the study. The study will be conducted through interview and I will use the information generated while receiving 3HP TPT service (information extracted from Pretest counseling, testing and posttest counseling). Your name is not going to be required (registered) and the information you give us will be kept confidential and will be used only for study purpose. A code number will identify every participant and no names will be used.

If a report of the result is published, only aggregate information of the total group will appear. The interview as well the use of information, which is extracted while providing the service, is voluntary; you have the right to participate, or not to participate (refuse to do so) at any time during the interview. Your refusal will not have any effect on services that you or any member of your family receives. However, your participation is important to fulfill the study and in order to help design appropriate 3HP TB prophylaxis service strategy in health facilities in Addis Ababa and other similar setups.

Was the information/objective clear? Yes ☐ No ☐

Are you willing to participate in the study? Yes ☐ No ☐

Signature_____

Thank you!!

If the study subject agrees to participate in the study, start the interview.

I have been informed about this study and understand its purpose and objective. I understand the details, have been informed about the requirements and here by agree to participate in the study.

Result

A. Completed
B. Refused
C. respondent not available
D. Partially completed
E. Other (please specify) ----------

Checked by supervisor

Name of the supervisor _____ Signature _____ Date _____

NB:

1. No need of enforcing the patients to be included in the study.
2. Please register the age and sex of study subjects who refuse to participate in the study.

Name of health facility_____

Date of data collection /interview: ____/____/2023

Study Identification Number (SIDN): _____

IPT Registration Book Number_____

ART Registration Book Number_____

Dear interviewer, don't forget first to get participant's consent after you tell him/her about the objective and benefits of this study.

Please ask the participants the following and circle for each question or write on the space provided

I. Socio-demographic Variables Questions

Variables		Response	If 'NO'' Skip to__
1.	Age of the participants in year		
2.	Sex of the participants		
3.	Distance in average from home of participant to treatment centre in Km		
4.	How long does it take to you from your home to health facility?	_____hr___minute	
5.	Level of education	1=Illiterate 2=Informal education 3=Elementary 1-8 4=High school 9-12 5=Diploma 6=Degree 7=Master's Degree 8=PHD	
6.	Marital status	1=Single 2=Married 3=Divorced 4=Widowed	
7.	Residence	1=Urban 2=Rural	
8.	Occupation of the participants	1=Farmer 2=Daily Laborer 3= House wife 4=Teacher 5=Student 6=Police/Military 7=Merchant 8=Health Care Worker 9= Employee 10=Self-employed	

II.	**Questions related to TB and isoniazid and Rifapentine (3HP) TB prophylaxis**		
9.	Have you ever heard about TB Disease?	1. Yes 2. No	
10.	Do you think you can acquire TB disease	1. Yes 2. No	
11.	Is TB disease caused by germ/bacteria	1. Yes 2. No	
12.	Is cough > 2 weeks, chest pain, heavy night sweating, appetite loss, weight loss, extreme tiredness or fatigue and coughing up blood with sputum are the main TB symptoms?	1=Yes 2=No	
13.	Is there effective medical treatment for TB disease?	1. Yes 2. No	
14.	Is TB disease curable if treated properly?	1. Yes 2. No	
15.	How do you rate your risk perception of TB infection	1=High 2=Low 3=No risk	
16.	Have you ever heard about TB Prophylaxis	1. Yes 2. No	
17.	If yes, where did you hear it from (about the prophylaxis)	1=Health professionals during health education 2=Health professionals counselling 3=Media 4=My peer/friend 4=Other specify _____	
18.	What is the use of taking prophylaxis	1=It cures from TB disease 2=It prevents from TB disease occurrence 3=Other specify	
19.	For how long isoniazid and Rifapentine (3HP) TB prophylaxis is taken?	1=one month 2=two months 3=three months 4=four months	
20.	When did you start taking 3HP? (Review patient records)	____DD____MM____YY	
21.	For how long did you take 3HP prophylaxis	_____Week_____Month	
22.	Have you got counselling from your health professional about 3HP Prophylaxis	1. Yes 2. No	
23.	Do you think waiting time to get 3HP TB prophylaxis at health	1. Yes 2. No	

	facility long?		
24.	In average how long do you wait to take your drugs?	_____Hr____minute	
25.	Do you think your privacy ensured at the time you take your TB prophylaxis in the health facility?	1. Yes 2. No	
26.	How did you start the 3HP TB prophylaxis?	1= Self initiation 2=parent counselling 3= health worker counselling 4=other specify _____	
27.	Do you feel comfortable to take 3HP prophylaxis	1. Yes 2. No	
28.	Do you attend clinic for 3HP TB prophylaxis regularly	1. Yes 2. No	
29.	Do you use one of the following	1=Khat 2=Alcohol 3=Cigarette 4= Other recreational drugs, specify_____	
30.	How do you see the frequency of receiving 3HP (once weekly)?	1=Difficult 2=Satisfactory 3=Good 4=Very good 5= Excellent	
31.	How do you see the duration of 3HP (3 months)?	1=Difficult 2=Satisfactory 3=Good 4=Very good 5=Excellent	
32.	What is your belief in efficacy of 3HP in TB prevention?	1=Very strong 2=Strong 3=Weak 4=No belief	
33.	How is your interaction with health care workers in ART clinic?	1=Good 2=Fair 3=Poor	
34.	Have you experienced one of the following side effects?	1= No 2 =Vomiting 3=Jaundice 4=Numbness 5=Seizure 6=Skin rash 7 = Gastritis 8 = Other: specify_____	

35.	Have you ever discontinued your 3HP TB prophylaxis	1. Yes 2. No	
36.	If yes for how long did you discontinue the 3HP prophylaxis?	_____day/s_____week/s	
37.	Check discontinuation from patient monitoring card	____days _____weeks	
38.	Reason for discontinuing the 3HP TB prophylaxis	1=side effect 2=stigma 3=pill burden 4=peer burden 5=lack of cost for transport 6=long waiting time to take drug 7. I do not like to take the drug 7= (Other)specify_____ _____	
39.	Are you initiated Cotrimoxazole preventive therapy (CPT)?	1. Yes 2. No	
40.	When did you start CPT? (***Review patient chart***)	___/____/____dd/mm/yy	
41.	For how long did you take CPT? (Review patient chart)	_____/_____/ mm/yy	
42.	Have you ever discontinued your CPT drugs?	1. Yes 2. No	
43.	Have you been initiated on ART drugs?	1. Yes 2. No	
44.	When did you start taking ART?	_____/_____/ mm/yy	
45.	How long have you been taking ART? (**Review patient chart**)	_____/_____/ mm/yy	
46.	Have you ever discontinued your ART drugs?	1. Yes 2. No	
47.	If yes for how long did you discontinue the ART treatment?(***Check patient folder or ART registration book***)	___/____/____dd/mm/yy	
48.	Do you have the history of opportunistic infection before?	1. Yes 2. No	50
49.	If yes for Q no 48, what types of Opportunistic infection does they experienced?(*review the patient registration also*)	_____ _____ _____	
50.	Are you taking medications other than 3HP and ART?	1. Yes 2. No	52
51.	If ''yes'' to Q50, what type of medication (Review patient card)	_____ _____ _____	
III.	**Questions to assess the participants Knowledge about Tuberculosis**		
52.	TB can transmit from infected person to uninfected person.	1= Correct 2=Not correct	

		3=I don't know	
53.	TB is transmitted by infectious droplet spread by infected person, during coughing.	1= Correct 2=Not correct 3=I don't know	
54.	TB is transmitted by infectious droplet spread by infected person, during sneezing.	1= Correct 2=Not correct 3=I don't know	
55.	TB is transmitted by infectious droplet spread by infected person, during singing and talking.	1= Correct 2=Not correct 3=I don't know	
56.	Status of patient knowledgeable about TB transmission	1=Good 2=Fair 3=Poor	
IV.	**Questions used to assess knowledge about TB prevention**		
57.	TB disease can be caused by hard work	1= Correct 2=Not correct 3=I don't know	
58.	TB disease can be caused by alcohol consumption	1= Correct 2=Not correct 3=I don't know	
59.	TB can transmit through, sharing eating utensil and kissing	1= Correct 2=Not correct 3=I don't know	
60.	Holy water can cure TB disease correctly without medical treatment	1= Correct 2=Not correct 3=I don't know	
61.	Traditional drugs are effective to cure TB disease without medical treatment.	1= Correct 2=Not correct 3=I don't know	
62.	Only eating good food can cure TB disease without medical treatment.	1= Correct 2=Not correct 3=I don't know	
63.	Is the patient has misconception?		

V.	Isoniazid and Rifapentine (3HP) adherence level assessing questions		
64.	ART Registration Book Identification Number (ARTRBN)	_____	
65.	Ask the participant to base on how much he/she has been taken his/her 3HP drug medication correctly (without missing) in the past 4 weeks. NB: T*ell the participant 0% means he/she has not taken his/her 3HP drug medication, 50% means he/she has taken half of his/her 3HP drug medication and 100% means he/she has taken every single dose of his/her 3HP drug medication*	1=0% 6=50% 2=10% 7= 60% 3=20% 8=70% 4=30% 9= 80% 5=40% 10=90% 11=100%	
66.	Please see the participant's follow up card or 3HP registration book, to find how many week/s the participant has not taken the medication/ miss an appointment and then register the sum count	_____	

Data collector

Name: _____ Signature: _____Date:_____/_____/____

Data quality Checked by;

Name: _____ Signature: _____Date:_____/_____/____