Questionnaire: Determinants of Tuberculosis Treatment Adherence among patients taking anti-TB drugs in Borama, Somaliland

Participant ID: _____
Date of Interview: _____
Interviewer Name: _____

Introduction:
Hello, my name is Ubah Mohamed Ileye. We are conducting a study from Amoud University and Borama Regional Hospital to understand the experiences of patients undergoing Tuberculosis treatment and factors that help or hinder taking medication regularly. Your participation involves answering questions about yourself, your health, your treatment, and your daily life. This will take approximately [Estimate Time] minutes. Your answers will be kept confidential, and your name will not be recorded on the questionnaire. Participation is voluntary; you can choose not to answer questions or stop the interview anytime. Your decision will not affect the care you receive at this hospital. Do you have any questions? May I proceed with the interview?"

Section A: Socio-Demographic Information

1. **Sex:**
   [ ] Male
   [ ] Female

2. **Age:** How old are you? _____ years

Marital Status: What is your current marital status?
[ ] Single
[ ] Married
[ ] Divorced
[ ] Separated
[ ] Widowed

3. **Area of Residence:** Where do you currently live?
   [ ] Borama town
   [ ] Outside Borama town (Other area)

4. **Level of Education:** What is the highest level of education you have completed?
   [ ] No formal education
   [ ] Primary education
   [ ] Secondary education

[ ] University/College education

5. **Current Employment Status:** What is your current main employment status?
   [ ] Non-employed (Not working)
   [ ] Employed (Salaried job)
   [ ] Self-employed (Own business/farm)
   [ ] Casual employed (Occasional/day labor)
6. **Primary Source of Income:** What is your main source of financial support?
   [ ] Self (from own work/business)
   [ ] Assistance from relatives
   [ ] Support from parents/children
   [ ] Other (Specify: _____) *(Added for completeness, though not in Table 1)*
7. **Housing Conditions:** How would you describe your current housing conditions?
   [ ] Good (e.g., solid structure, adequate space, basic amenities)
   [ ] Not Good (e.g., poor structure, overcrowded, lacking basic amenities)

Section B: TB History and Treatment Factors

1. **Previous TB Treatment:** Before this current illness, have you ever taken anti-TB drugs?
   [ ] No
   [ ] Yes
2. **Distance to Health Facility:** Is the distance from your home to this health facility (Borama Regional Hospital) long?
   [ ] No
   [ ] Yes
3. **Knowledge of TB:**
   - How is TB spread? _____
   - How long does TB treatment usually last? _____
   - Why is it important to take all TB medicines as prescribed? _____
4. **Perceived Side Effects:**
   - Have you experienced any side effects from your TB medication? [ ] No [ ] Yes (If Yes, specify: _____)

Section C: Psychosocial Factors

1. **Reaction to TB Diagnosis:** How did you react when you were first told you had TB? (Select the main reaction)
   [ ] Accepted it
   [ ] Scared
   [ ] Depressed
   [ ] Refused to believe it / Denial

2. **Stigma:** Do you feel there is stigma (negative beliefs or discrimination) associated with having TB in your community?
   [ ] No
   [ ] Yes

3. **Discrimination:** Have you personally experienced discrimination from people in your community (family, friends, neighbours) because you have TB?
   [ ] No
   [ ] Yes

4. **Following Medical Advice:** Do you feel you correctly follow the medical advice given to you by the health workers regarding your TB treatment?
   [ ] No
   [ ] Yes

5. **Social Support:** Do you receive support from your family or friends regarding your TB treatment? [ ] No [ ] Little [ ] Yes, sufficient support

Section D: Health Status & Habits

1. **Current Appetite:** Have you noticed a decrease in your appetite recently?
   [ ] No
   [ ] Yes

2. **Unintentional Weight Loss:** Have you experienced unintentional weight loss recently (losing weight without trying)?
   [ ] No
   [ ] Yes

3. **Khat Use:** Do you currently use khat?
   [ ] No
   [ ] Yes

Section E: Adherence Assessment

1. **Self-Reported Missed Doses:** In the **past 30 days**, on how many days did you miss taking your prescribed TB medication?
   _____ days

Section F: Anthropometric Measurements & Pill Count (To be completed by Data Collector)

1. **Height:** _____ cm
2. **Weight:** _____ kg
3. **Pill Count:**
   - Date of last medication dispensing: _____
   - Number of doses prescribed since last dispensing: _____
   - Number of pills remaining: _____
   - Number of doses expected to be taken: _____
   - Number of doses actually taken (Calculated): _____
   - Adherence % (Calculated): _____ %