

Supplementary Questionnaire S1: Knowledge, Attitude and Practice (KAP) Questionnaire

Health facility	
Date of interview/...../.....
Interviewer's full name	
Interviewee's full name	
Study number of interviewee	-----
Did the contact agree to get involved in the survey?	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Can't contact

The study is being conducted by Infectious Disease Society Kota Kinabalu, Sabah in collaboration with Menzies School of Health Research and University Malaysia Sabah. You are invited to complete a questionnaire about knowledge, perception and practices of TB within close contacts of patients who are infected with TB. The purpose of this questionnaire is to find out your opinions about tuberculosis screening. We also want to learn about what factors might make it difficult for you to attend screening, and what can be done to improve your access to tuberculosis screening. This information will be used to help improve the way that the National Tuberculosis Program conducts screening of contacts of tuberculosis patients in the future. This will take about 10 minutes. Thank you for completing this survey!

I. BASIC INFORMATION

#	Question	Answer	Code
Q1.1	What is your relationship with <name of TB patient>? (Check one option)	<input type="checkbox"/> Father/mother <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Siblings <input type="checkbox"/> Other relative <input type="checkbox"/> Other (specify.....)	1 2 3 4 5 88
Q 1.2	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	1 2
Q1.3	What is the highest level of education you have finished? (Check one option)	<input type="checkbox"/> Bachelors' and above <input type="checkbox"/> Diploma <input type="checkbox"/> Form 6/ A Levels/ Matriculation/ HSC Secondary <input type="checkbox"/> SPM/ O Levels <input type="checkbox"/> PMR/ SRP/ LSC <input type="checkbox"/> Primary 6 <input type="checkbox"/> No formal education	1 2 3 4 5 6 7
Q1.4	Currently, which of the following best describes your current main job? (Check one option)	<input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Government employee <input type="checkbox"/> Private employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Housewife	1 2 3 4 5 6

		<input type="checkbox"/> Other (specify.....)	88
Q1.5	What was the average income that you earn each month (including official and other sources)?	<input type="checkbox"/> < RM710 <input type="checkbox"/> RM 710 – RM 1000 <input type="checkbox"/> RM 1001 – RM 2000 <input type="checkbox"/> RM 2001 – RM3000 <input type="checkbox"/> > RM3000	1 2 3 4 5
Q1.6	Race	<input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Bumiputera <input type="checkbox"/> Others (please state).....	1 2 3 4 88
Q1.7	Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Divorced	1 2 3 4
Q1.8	Number of household members	

II. KNOWLEDGE OF HOUSEHOLD CONTACT

#	Question	Answer	Code		
Q2.1	I am going to read a list of possible symptoms. For each one, please tell me if you think it is commonly associated with TB? For each option, say either "yes", "no" or "I don't know". (Check one or more options)	Cough	Yes 1 <input type="checkbox"/>	No 2 <input type="checkbox"/>	Don't know 99 <input type="checkbox"/>
		Fatigue	1 <input type="checkbox"/>	2 <input type="checkbox"/>	99 <input type="checkbox"/>
		Leg pain	1 <input type="checkbox"/>	2 <input type="checkbox"/>	99 <input type="checkbox"/>
		Weight loss	1 <input type="checkbox"/>	2 <input type="checkbox"/>	99 <input type="checkbox"/>
		Night sweats	1 <input type="checkbox"/>	2 <input type="checkbox"/>	99 <input type="checkbox"/>
		Increased appetite	1 <input type="checkbox"/>	2 <input type="checkbox"/>	99 <input type="checkbox"/>
		Cough up blood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	99 <input type="checkbox"/>
		Chest pain	1 <input type="checkbox"/>	2 <input type="checkbox"/>	99 <input type="checkbox"/>
		Dizziness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	99 <input type="checkbox"/>

		Fever	1 <input type="checkbox"/>	2 <input type="checkbox"/>	99 <input type="checkbox"/>
		Difficulty breathing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	99 <input type="checkbox"/>
Q2.2	Which of the following activities causes a person with TB to spread the infection to others? For each option, state "Yes", "No", or "Don't know" <i>(Check one or more options)</i>		Response		
			Yes	No	Don't know
		When patient sneezes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
		When patient talks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
		When eating and drinking using the same utensils (such as bowl, utensils, glass) as the person with TB	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
		When sleeping in the same room as the person with TB	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
		When using same belongings (towels, clothes, napkins)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
		When hugging or kissing the person with TB	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
		When using the same toilet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
		When having sexual intercourse with the person with TB	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
Q2.3	Now I am going to read some statements about natural history of TB. Some of them are true and some are not true. For each option, say if it is "true", "false" or you "Don't know". <i>(Check one or more options)</i>				
		Statement	Response		
			True	False	Don't know
		TB is caused by an infection	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
		TB is caused by living in an unhygienic environment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
		Tuberculosis is acquired by being inherited from your parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
		Some people have extrapulmonary TB which cannot be spread from person to person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
		Smoking increases susceptibility to TB	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99

	Children are at a greater risk of developing TB than adults	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
	People with HIV/AIDS have a higher risk of developing TB than a person without HIV	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
	Pregnant women are at a greater risk of developing TB than people who are not pregnant	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
	People with weakened immune system due to chronic disease such as diabetes are at a higher risk of developing TB	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
	People with poor nutrition have a higher risk of developing TB	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
	TB can be completely cured if a patient takes treatment.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99
	Traditional medicine can be used to cure tuberculosis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 99

III. PERCEPTION OF HOUSEHOLD CONTACT TOWARD TB CONTACT INVESTIGATION

#	Question	Answer	Code	
Q3.1	Do you think that there is discrimination against people with TB? (Check one option)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	1 2 88	
Q3.2	How would you rate your risk of developing TB compared to a member of the general population? (Check one option)	<input type="checkbox"/> Much lower risk <input type="checkbox"/> Lower risk <input type="checkbox"/> Similar risk <input type="checkbox"/> Higher risk <input type="checkbox"/> Much higher risk	1 2 3 4 5	
Q3.3	For defaulters only: State whether you agree or disagree with each of the following statements (Check one or more options)	I did not attend my clinic appointment because:	Agree	Disagree
		The distance to travel from my home to preventative district health center is too far	1 <input type="checkbox"/>	2 <input type="checkbox"/>
		I worry about the harmful effect of an Xray	1 <input type="checkbox"/>	2 <input type="checkbox"/>
		I wanted to be examined in a private health clinic instead	1 <input type="checkbox"/>	2 <input type="checkbox"/>

		I am worried about discrimination from other people toward myself and my family	1 <input type="checkbox"/>	2 <input type="checkbox"/>
		The patient in my household recovered, so it is unnecessary to follow up the screening anymore	1 <input type="checkbox"/>	2 <input type="checkbox"/>
		I didn't remember the appointment date	1 <input type="checkbox"/>	2 <input type="checkbox"/>
		It is time-consuming. It was difficult to get time off work or study	1 <input type="checkbox"/>	2 <input type="checkbox"/>
		I was pregnant	1 <input type="checkbox"/>	2 <input type="checkbox"/>
		Others, please specify :		
3.4	I am going to read a statement, and I would like you to choose one option that reflects your opinion. "Overall, the TB screening program is beneficial for me and my family"	<input type="checkbox"/> Strongly disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly agree	1 2 3 4 5	

IV. PRACTICE OF HOUSEHOLD CONTACTS IN TB CONTACT INVESTIGATION

#	Question	Answer	Code
Q 4.1	Who would you talk to about your illness if you had TB?	<input type="checkbox"/> Doctor or other medical worker <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child(ren) <input type="checkbox"/> Other family member <input type="checkbox"/> Close friend <input type="checkbox"/> No one <input type="checkbox"/> Other (please specify):	1 2 3 4 5 6 7 88
Q 4.2	What would you do if you thought you had symptoms of TB?	<input type="checkbox"/> Go to health facility <input type="checkbox"/> Go to pharmacy <input type="checkbox"/> Go to traditional healer <input type="checkbox"/> Pursue other self-treatment options (eg. Herbs,etc) <input type="checkbox"/> Other (please specify):	1 2 3 4 88
Q 4.3	If you had symptoms of TB, when would you go to the health facility?	<input type="checkbox"/> When treatment on my own does not work <input type="checkbox"/> When symptoms that look like TB signs last for 3–4 weeks	1 2 3

		<input type="checkbox"/> As soon as I realize that my symptoms might be related to TB <input type="checkbox"/> I would not go to the doctor	4
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V. ACCESSIBILITY OF HOUSEHOLD CONTACTS TO TB CONTACT INVESTIGATION

#	Question	Answer	Code
Q 5.1	How did the health care worker inform you about your contact screening appointment?	<input type="checkbox"/> Telephone <input type="checkbox"/> Visit to my house <input type="checkbox"/> Sent a letter to my house <input type="checkbox"/> They did not contact me to remind me <input type="checkbox"/> Other (specify.....)	1 2 3 4 88
Q 5.2	How far do you live from the District clinic? (Check the one answer that is most suitable)	<input type="checkbox"/> Less than 2 km from the Clinic <input type="checkbox"/> Between 2 km and 9km from the Clinic <input type="checkbox"/> From 10 km to 15 km <input type="checkbox"/> 16km or above	1 2 3 4
Q 5.3	How would you usually get to the district health clinic? (Check the one answer that is most suitable)	<input type="checkbox"/> Walking <input type="checkbox"/> Car <input type="checkbox"/> Motorbike <input type="checkbox"/> Bus <input type="checkbox"/> Other (specify.....)	1 2 3 4 88