

## IVth Month - Questionnaire on health and welfare

Suggested revisions by BIT, 23<sup>rd</sup> January 2017

### Part A – For all patients (DOT and VOT)

#### A.1 General Information:

A.1.1 Date of interview:

A.1.2 Code:

A.1.3 Treatment:  VOT

DOT

A.1.4 Gender:  F

M

A.1.5 Polyclinic:

A.1.6 Are you presently employed?  Yes

No

#### A.2 Wellbeing & satisfaction

A.2.1 Read the following statements and circle the box that best describes your thoughts and feelings in the past two weeks:

1. I have optimistic visions about my future*	Never	Rarely	Sometimes	Often	Always
2. I am interested in other people	Never	Rarely	Sometimes	Often	Always
3. I get along well with other people *	Never	Rarely	Sometimes	Often	Always
4. I feel good about myself*	Never	Rarely	Sometimes	Often	Always
5. I feel close to other people*	Never	Rarely	Sometimes	Often	Always

A.2.2 To what extent do you agree with the following statement?

I am satisfied with the treatment I received in the continuation phase	I don't agree at all	Somewhat disagree	Neither nor	Somewhat agree	Absolutely agree
--	----------------------	-------------------	-------------	----------------	------------------

**A.2.3** To help our patients state how good or bad their health is, we drew a scale (like a thermometer), where the best condition that you can imagine is 100, and the worst condition is marked 0.

Please mark on this scale how good or bad your health is today, in your opinion, drawing an X on the scale (from 0 to 100) \_\_\_\_\_

**A.2.4** Which of the following side effects did you experience during the continuation phase of your treatment? (Select all that apply)

Unusual tiredness / appetite loss	Pain / inflammations in the region of the face or joints
Fever / shivering / headaches / dizziness	Problems with eyes / blurred vision
Rash, severe itching	Stomach pain, nausea, vomiting
Numbness, tingling in hands or feet	Jaundice or dark-colored urine

### A.3 Time use and cost

*I now want you to think about how much time and money you spend on receiving TB treatment, including on travel to and from the clinic, taking your medication etc.*

#### Transport cost

**A.3.1** Please estimate the total transport cost (in lei) for an average trip to the polyclinic. This can be money spent on gas for the car, bus tickets, taxi or any other transport. \_\_\_\_\_ (Lei).

*Note for interviewer: if different modes of transport are used, ask the patient to estimate an average.*

#### Travel time

**A.3.2** In minutes how long does it take you, on a normal day, to get to the polyclinic from the place you usually travel from? This could, for example, be either your home or your place of work/ study.

\_\_\_\_\_ (min)

**A.3.3.a** [*DOT patients*] How many times did you go to the clinic last week, i.e. in the last 7 days?

\_\_\_\_\_

**A.3.3.b** [*VOT patients*] How many times did you go to the clinic last month, i.e. in the last 30 days?

\_\_\_\_\_

#### Time spent on treatment

**A.3.4** In minutes, how much time do you spend in the clinic for one normal visit? Please include the time spent waiting, the time speaking to and being examined by a doctor or a nurse as well as the time it takes to administer the medicine or pick up new medication. \_\_\_\_\_ min

**A.3.5.a [DOT patients]** In minutes, how much time do you spend on your TB treatment at home on one day when you do not go to the clinic, e.g. on weekends or public holidays? \_\_\_\_\_min

**A.3.5.b [VOT patients]** How much time do you spend, in one normal day, on taking your TB treatment at home? Please include the time spent on taking the medication, filming yourself and submitting the video, but exclude any time spent on going to the clinic. \_\_\_\_\_min

**Part B – Only for the VOT patients**

Code:

**B.1 Device**

**B.1.1** Over the past four months, what device did you use most often for the VOT messages?

	PC
	Tablet
	Mobile phone
	Other, specify: _____

**B.1.2** Over the past four months, which of the following devices did you use to send video messages for TVO (select all that apply)?

	PC
	Tablet
	Mobile phone
	Other, specify: _____

**B.1.3** Did you already have a computer, phone or tablet or did you have to borrow a tablet to send the VOT messages?

	I borrowed a tablet
	I used my own device

**B.2 Comparison VOT - DOT**

**B.2.1** What method of adherence monitoring do you prefer?

	VOT (M-Health)
	DOT (polyclinic)

**B.2.2** What method of adherence monitoring do you think is best for most patients?

	VOT (M-Health)
	DOT (polyclinic)

**B.2.3** What, in your opinion, are the main advantages of VOT compared to DOT?

**B.2.4** What, in your opinion, are the main disadvantages of the VOT compared to DOT?

**B.2.5** What, in your opinion, are the main advantages of DOT compared to VOT?

**B.2.6** What, in your opinion, are the main disadvantages of the DOT compared to VOT?

**B.2.7** Do you have any suggestions on how to improve the VOT procedures in the future?