Consent, registration, interview and questionnaires for Ethiopian National TB Prevalence Survey

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Survey Coordinator
Outline of Presentation

• Registration
• Consent
• Interview
Participant flow in the survey camp site

For morning

Exit

IN

Group instruction

Reception

Interviewer \(^1\)

Interviewer \(^2\)

Interviewee \(^3\)

Laboratory Personnel

Team leader

Data Checker

X-ray Reader

X-ray

Exit
Group instruction

Group instruction include information on

- Information on procedure of the survey
- Participation is voluntary
Registration of date of attendance

- The receptionist check the invitation card against census
- Record the date of attendance on the census form
**National TB Prevalence Survey**

**Form 1: Census Form (House Hold Registry)**

Cluster Name_____________________________________ Cluster Number___ House Hold Number______.

Address:_______________________________________ Preparation Date:__/__/______ Census Date:__/__/______

<table>
<thead>
<tr>
<th>Individual Survey Number</th>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Occupation</th>
<th>Resident Status</th>
<th>Duration of stay for visitors</th>
<th>Eligible</th>
<th>Attendance</th>
<th>Consent</th>
<th>Remarks (reason of absence)</th>
</tr>
</thead>
<tbody>
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</table>

The shaded region will be filled by Census team.

Total Eligible ____ Total age<15_______

Name and Signature of Person who filled the Pre list__________________________ Date____________________

Name and signature of Person who checked census______________________________ Date____________________
Consent

• Check age
• Age greater 18 and above: adult consent
• Age 15-17: guardian consent
• Age 15-17 but live independently: use the adult consent form
• Receptionist ask each participant for their consent to participate
Interview

- It has three major component
- Individual Survey form by interviewer
- Re interview by team leader
- KAP 10% of participants by interviewer
- Receptionist record the top part of the each form: Name, sex, cluster number, ISN and pass the form to interviewer
National TB Prevalence Survey

FORM 4: Individual Survey Form          Date: ___ / ___ / ____

Cluster Name_________________________ Cluster Number ___ / ___ / S.No..

Decisions: after completing each section of the form check the following

1. KAP: □ Yes □ No
2. Take sputum: □ Symptoms □ Abnormal X-ray □ Refuse X-ray and
   have symptom other than cough □ Not eligible for sputum
3. Re-interview: □ LN □ History Current treatment □ No
   re-interview _____

Fill by receptionist:

1. Individual Survey Number (ISN) /_ _ /_ _ /_ _ /

2. Name ________________________________

3. Sex □ Male □ Female

4. Age in Year _____ check if estimated
1. Current illness and Duration: *(present symptoms at the survey time)*

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes(Y)</th>
<th>No(N)</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the individual had cough? if yes duration of cough in days _______</td>
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<tr>
<td>Cough 14 days or more</td>
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<td>Fever &gt; 2 weeks</td>
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<td>Weight loss &gt; 3kg in last 4 weeks</td>
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<tr>
<td>Night sweats &gt; 2 weeks</td>
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<td>Did you live with or had close contact with known TB patients in the last one year?</td>
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<tr>
<td>Do you have cervical lymph node swelling?</td>
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<tr>
<td>Check Presence of cervical lymphadenitis regardless of the response in 5.7 (Physical examination)</td>
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</table>

By MO or Team Leader

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes(Y)</th>
<th>No(N)</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of cervical lymph node swelling palpable Rt. / ______ / If no; Record &quot;0&quot;</td>
<td></td>
<td></td>
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<tr>
<td>No. of cervical lymph node swelling palpable Lt. / ______ /</td>
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<tr>
<td>Maximum Size of lymph nodes / ______ / mm</td>
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</table>

6. Symptoms Eligible For Sputum Examinations ☐ Yes ☐ No
7 History of TB treatment
7.1 Are you currently on anti-TB treatment: □ Yes □ No

7.2 Have you ever been treated for TB in the past 5 years: □ Yes □ No
   if yes: go to Q 7.3
7.3 When did you start the anti-TB treatment: MM/YY

If answer yes to Q7.1 or Q 7.2: go for separate interview (form 5) after chest X-Ray (by MO)

7.4 Re-interview □ Yes □ No

When the participant is not willing to take CXR, refer to the team leader

8 Chest X-ray
8. □ Performed □ Exempted (reason: ______________________) □ Rejected
   If the response for 8.1 is 2 or 3 refer the participant to team leader
8.2 Chest X-Ray result by field screening
   □ No abnormality
   □ Abnormal condition of lungs or mediastinum (including healed TB) eligible for sputum examination
   □ Other abnormalities not eligible for sputum examination ___(bone, goiter, heart disease etc)______________

Conditions which require urgent/not urgent referral

(Please, consult the list of conditions which require urgent/ referral for medical management)
9  Sputum Requested  □ Yes  □ No

10. Sputum collection

SP1 spot collection date  __/__/__
SP2 morning collection date  __/__/__

If not collected, reason
_____________________________________________________

Remarks: Any advice given to the participant
FORM 5: Re-interview

1. Individual Survey Number  □□□□
2. Name ______________________

SIDE A: FOR SYMPTOMATICs
You said you have cough 14 days or more. Could you tell me a bit more about your cough?

1. How are you? Are you sick? Which condition is nearest to your condition?
   a. I am fine. ............?
   b. There is something wrong. But I am OK ............?
   c. I am a little sick ............?
   d. I am very sick ............?
   e. I don't know ............?

2. If you are sick, for how many days have you been sick? _______________ Days

3. Did you seek any treatment for your cough or illness. _ Yes ? _ No. ?
   If yes, go to Q4-6, If No go to Q7

4. Where have you visited for consultation about your cough?
   a. Public Hospital (Y, N)
   b. Health Centre (Y, N)
   c. Health Post/Extension Health Worker (Y, N)
   d. Private hospitals (Y, N)
   e. Private Clinic, _ (Y, N)
   f. Pharmacy, _ (Y, N)
   g. NGOs (Y, N)
5. Have you had an X-ray examination for these symptoms? Yes? No?
6. Have you had a sputum examination for these symptoms? Yes? No?
7. If Q5 is no, why didn’t you seek treatment? Which is the nearest to your situation?
   a. Because I don’t feel I am sick?
   b. Because it is not serious?
   c. Because I am busy?
   d. Because I don’t know where I need to consult?
   e. Because I don’t have enough money?
   f. Because the medical facility is too far?

Current Tobacco Smoking Status
8. Do you currently smoke tobacco on a daily basis, less than daily, or not at all?
   a. Daily________________________?
   b. Less than daily______________?
   c. Not at all____________________?
   d. Don’t know__________________?
9. If the answer in Q8 is a or b, Do you think your cough is due to smoking?
   a. Yes, I believe so................?
   b. Yes, but partially..............?
   c. Yes, but a little.................?
   d. Not at all........................?
   e. Don’t know.......................?
Challenges

• Language barrier
• Some times local people words that the central team could not know even though the same language of communication
• KAP took log time to interview
• Uninvited community member come to attend
• Family strongly request to include their children in the study
• Some times data checker miss tracking of missed questions
• Miss recording of individual survey number on the interview form
• Giving invitation card to other
Action taken

- Review meeting at the end of the day and correct missed ones
- Retraining of data checker
- Use of local people to know local words that the interviewer may not know even though the participant language is the same with the interviewer
- Feedback from central data management unit