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APPENDICES

Check list for data collection

Background and Guidelines for Data Collectors:

This checklist is prepared for the master's thesis, entitled *Effectiveness of Directly Observed Therapy (DOT) on Treatment Outcome Among New Smear-Positive Pulmonary Tuberculosis Patients in Bangkok, Thailand*, by Dr. Kim Sung Chol, Master of Public Health (MPH) student, College of Public Health, Chulalongkorn University. All data will be kept strictly confidential, and be used solely for the purpose of this study. Therefore, please fill the blank spaces complete and accurate. Thank you very much.

Subject ID Number: ___/___/___/___ (The column 1 :Number of health center, column 2-4: serial number of subject). This part will be filled by researcher.

Please fill or tick (✓) in the blank spaces:

Date of data collection: _____/_____/_____ (dd/mm/yy)

Name of data collector: _____ (Code: _____)

The location of data collection

- 1) Chest clinic of TB cluster
- 2) Health center 7 of BMA
- 3) Health center 16 of BMA
- 4) Health center 23 of BMA

Date registered at the health center: _____/_____/_____ (dd/mm/yy)

Date started treatment: _____/_____/_____ (dd/mm/yy)

Date completed treatment: _____/_____/_____ (dd/mm/yy)

I. Socio-demographic characteristics of The patient

1. Birth date: _____/_____/_____ (dd/mm/yy)

2. Age at the registration: _____years

3. Gender

- 1 = male
- 2 = female

4. Marital status

- 1 = Unmarried (single)
- 2 = Married
- 3 = Widow/widower/separate

5. Occupation

- 1 = Government officer
- 2 = Employee (own business)
- 3 = unemployed
- 4 = housewife
- 5 = Farmer/Labor
- 6 = other (such as student, children, street trader, please specify)_____

II Behavior of patients (Whenever this data is possible to obtain from the medical records, please fill in the information)

1. Compliance (Please check the TB treatment card)

Did the patient ever miss the drug intake ?

- 1) Yes. If yes, how many times _____?
- 2) no

2. Alcohol

1) = yes

2) = no

3) = Not available

3. Smoking

1) = yes

2) = no

3) = Not available

III DOT observer

1. Treatment under DOT and non-DOT

1) DOT

2) non-DOT(self-administration)

2. Type of DOT observer

1) Family member

2) Health worker

3) Community member

4) Self administration

5) Mixed(health worker, family member, community volunteer)

If mixed group, then answer the following questions

1) family member + health worker

2) family member + self administration

3) health personnel + self administration

4) other (please specify_____)

IV. Health service related factors

1. Drug supply interval
 - 1) daily supply
 - 2) weekly supply
 - 3) monthly supply
 - 4) other (Please specify _____)
2. Treatment regimen assigned by health center
 - 1) Daily regimen(once a day)
 - 2) Intermittent regimen (once every other day or 3 times per week)
3. Formulation of tuberculosis drugs
 - 1) Single drugs (no combination with other drug)
 - 2) Isoniazide and Rifampicine combination drugs(HR)
 - 3) Combination of 3-4 drugs
4. DOT duration(directly observed treatment) assigned by health center
 - 1) The 1st two or three months
 - 2) The whole course of treatment (6-8 month)
 - 3) Never do DOT

V. Clinical information

1. Initial AFB status
 - 1) + -
 - 2) +
 - 3) ++
 - 4) +++

2. Sputum status at the end of the 2nd month of treatment

1 = AFB negative (If negative, Please skip to number 4)

2 = AFB positive (If positive, Please answer No. 3)

3 = no tested

If positive or not tested, Sputum status at the end of the 3rd month of treatment

1 = AFB negative (If negative, Please skip to number 4)

2 = AFB positive (If positive, Please answer No. 3)

3. Drug resistance (* Normally resistance is checked when sputum was not converted at the 2nd or 3rd months after starting treatment)

Was drug resistance tested for this patient?

1) No

2) Yes

The result of testing

1) No resistant

2) Resistant to some TB drugs, but not both rifampicine and Isoniazide (non MDR TB)

3) Resistant both Rifampicine and Isoniazide(mult-drug resistant TB- MDRTB)

4. Side effect of drug

1) Yes. Please specify it _____

2) No

5. Other co-morbidities (Diabetes, Asthma, Hypertension, Chronic liver, renal diseases. Allergy),

1) yes. If yes, please specify it _____

2) no

6. Symptoms

- 6.1 Cough: (1) Yes (2) No
- 6.2 Chest pain: (1) Yes (2) No
- 6.3 Dyspnoea: (1) Yes (2) No
- 6.4 Fever: (1) Yes (2) No
- 6.5 Night sweats: (1) Yes (2) No
- 6.6 Loss of appetite: (1) Yes (2) No
- 6.7 Loss of weight: (1) Yes (2) No
- 6.8 Blood stained sputum: (1) Yes (2) No
- 6.9 Hemoptysis: (1) Yes (2) No
- 6.10 others (specify) _____

7. Duration of symptoms _____ days /Months /Years

8. Treatment outcome

- [] 1 = cured
- [] 2 = completed treatment
- [] 3 = Failure
- [] 4 = Default (Please see the remark column of the treatment card to answer the question, when: [] 1) intensive phase or [] 2) continuous phase)
- [] 5 = Transferred out (Where _____)
- [] 6 = Death (Cause: _____)

BIOGRAPHY

Mr. Sungchol, Kim was born on 3 December, 1965 in Pyongyang, DPR Korea. He completed the secondary education at the Pyongyang in 1982 and studied his bachelor degree of Western medicine at Pyongyang Medical University for four years and then further studied Chinese Traditional Medicine at the Guangzhou University of Chinese Traditional Medicine in the Guangdong province, People's Republic of China until 1992 for the bachelor degree as well. He first started his profession as a professional traditional doctor at the Central Hospital of Korean Traditional Koryo Medicine in Pyongyang since October, 1992, and then He moved to the Ministry of Public Health as a medical officer from September 1999 until December 2001. Since then, He has been working as a national program officer for TB and HIV/AIDS program in World Health Organization (WHO) country office in Pyongyang, DPR of Korea, until now.