

## **Supplemental Digital Content: the TB Social Survey**

**TB Social Survey: Survey of socio-demographic factors of TB patients in Michigan**

Grace A. Noppert & Philippa Clarke

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The following information needs to be filled out by a representative of the health department:

<b>Patient Name</b>	
<b>Date of Birth:</b>	
<b>Survey ID #:</b>	
<b>Survey administrator:</b>	
<b>Treatment start date</b>	

**INSTRUCTIONS:**

Only those 18 years of age and older who can speak and understand English should be invited to participate. Do not offer the survey to persons not fitting those criteria.

The survey administrator should fill out the top portion of this page which will be used only by the health department. The patient name that corresponds to a given survey ID # will NOT be seen or used by the University of Michigan. The survey ID # is a 4 digit number located in the top right corner of every page.

Upon completion of this survey, the top page will be torn off and retained by the health department.

Once the above information has been filled in please proceed to the following page and read the introduction inviting the patient to participate in the survey. At the end of the survey there are questions to be filled out based on the patient chart. This information need not be obtained from the respondent. If a respondent chooses not to participate in the survey, this information should NOT be filled in.

At any point once the survey has started, a respondent may opt out of finishing the survey and receive full compensation for their time. If this happens, please thank them for their time and give them the incentive.

If at any point during the survey a participant seems upset by the questions, the interviewer may stop the survey. In this case, the participant would receive full compensation.

If the survey needs to be done on 2 separate occasions, please note down the date/time for the start and finish time of the survey.

Unless otherwise noted, all answer choices should be read aloud to the survey participants.

Several questions indicate that you should allow the survey respondent to volunteer information. In this instance, the answer choices do not need to be read aloud.

**SAY:** *To help us better understand how tuberculosis spreads in Michigan, we are asking you to take part in a short survey administered through the University of Michigan. The survey will take about 20 minutes and your participation is completely optional. Information obtained in the survey will be used to inform the care given to future TB patients by the public health department. All information will be kept confidential and will not be traceable to you except through the health department. The information used by the University of Michigan will not include any identifying information that can be linked back to you. We are offering a \$20 gift card for participation. At any point in the survey you may refuse to answer a question or stop the survey altogether and you will still receive the gift card.*

**Are you willing to participate in the survey?**

- No** → Thank subject for their time and stop interview.
- Yes** → Give respondent the consent form and HIPPA release form and ask them to read it. If the respondent has questions, you should answer them. If they agree to participate, they need to sign 2 copies of each of these forms. One copy of the consent form and HIPPA release form should be retained for their records; the other should be submitted to the health department.

**Continue with the survey on the following page.**

	Date	Time
Start of survey administration		
Finish of survey administration		

**SAY: To begin, I am going to ask you a series of basic questions about you currently.**

1. I know this may seem like an obvious question, but what race(s) do you consider yourself to be?  
[LET RESPONDENTS VOLUNTEER INFORMATION. CHECK ALL THAT APPLY]

- African American / Black / Negro [01]     Caucasian / White [02]     Asian Indian [03]  
 American Indian or Alaska Native [04]     Japanese [05]     Chinese [06]     Korean [07]  
 Native Hawaiian [08]     Filipino [09]     Other Pacific Islander [10]  
  
 Some other race [11]
- 

*Refused [999]*

2. What is your ancestry or ethnic origin? [LET RESPONDENTS VOLUNTEER INFORMATION.]

FILL IN RESPONSE:

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Do not know [10]

*Refused [999]*

- 3a. Are you Spanish/Hispanic/Latino? [LET RESPONDENTS VOLUNTEER INFORMATION.]

- No, not Spanish/Hispanic/Latino [01]     Yes, Mexican, Mexican American, Chicano [02]  
 Yes, Puerto Rican [03]     Yes, Cuban [04]  
 Yes, other Spanish/Hispanic/Latino—*Print group* [05]
- 

*Refused [999]*

- 3b. Are you of Middle Eastern or North African descent?

Yes [01]     No [02]

*Refused [999]*

4. What gender do you consider yourself to be? [LET RESPONDENTS VOLUNTEER INFORMATION]

- Male [01]     Female [02]     Both male and female [03]     Neither male nor female [04]
- Other [05] \_\_\_\_\_

*Refused [999]*

5. Are you currently married, separated, divorced, widowed, living with a partner, or single? [LET RESPONDENTS VOLUNTEER INFORMATION]

- Married [01]             Separated [02]             Divorced [03]             Widowed [04]
- Living with a partner [05]     Single [06]
- Other [07] \_\_\_\_\_

*Refused [999]*

6. What is the highest grade or level of school you have completed or the highest degree you have received?

- Some high school [01]     High school or GED [02]     Some college [03]
- Bachelor or Associate's Degree [04]     Advanced graduate degree [05]
- Other professional degree [06]

*Refused [999]*

***SAY: For the next series of questions, I want you to think back to before you were diagnosed with TB. Answer the questions as you would have before you had TB.***

7. Before you had TB, would you say that your health was excellent, good, fair, or poor compared to other people your age?

- Excellent [01]     Good [02]     Fair [03]     Poor [04]

*Refused [999]*

***SAY: Now I am going to ask you about your personal behaviors before you were diagnosed with TB.***

8a. Did you ever drink beer, wine or liquor?

Yes [01]       No [02]

*Refused [999]*

IF YES → CONTINUE TO #8B

IF NO → CONTINUE TO #8D

8b. In a typical month, about how many days did you drink beer, wine, or liquor?

Days: \_\_\_\_\_

8c. On days that you drank, about how many drinks did you have? By drink we mean a can or bottle of beer, glass of wine, shot of liquor, or a mixed drink.

Drinks: \_\_\_\_\_

IF RESPONDENTS ANSWERED #8B OR #8C, CONTINUE TO #9A.

8d. Have you always abstained from drinking alcohol?

Yes [01]       No [02]

*Refused [999]*

9a. Did you smoke cigarettes before you had TB?

Yes [01]       No [02]

*Refused [999]*

IF YES → CONTINUE TO #9B.

IF NO → CONTINUE TO #9C.

9b. In an average day, how many cigarettes did you usually smoke?

\_\_\_\_\_Cigarettes or \_\_\_\_\_Packs

IF RESPONDENT ANSWERS #9B, CONTINUE TO #10.

9c. Have you ever smoked?

Yes [01]       No [02]

*Refused [999]*

10. Before your diagnosis of TB, how often did you engage in active sports or exercise?

- Never [01]    Less than once a week [02]    Once a week [03]
- Multiple times per week [04]
- Almost every day [05]
  
- Refused [999]*

**SAY: Now I am going to ask you a series of questions about health care. Remember, you are still answering these like you would have before you were diagnosed with TB.**

11a. Suppose you had a health symptom that had been bugging you for a couple of weeks (something like a shooting pain in your back, persistent flu-like symptoms, headache that wouldn't go away), how likely would you be to seek out medical attention?

- Very likely [01]    Somewhat likely [02]    Somewhat unlikely [03]    Unlikely [04]
- Refused [999]*

11b. What are the biggest reasons you wouldn't seek out medical attention? (LET RESPONDENTS VOLUNTEER INFORMATION. ONLY READ ANSWER CHOICES IF RESPONDENT NEEDS PROMPTING)

- Cost [01]    Too far away [02]    Can't take off work [03]    Lack of health insurance [04]
- Time/Inconvenience [05]    Fear of doctors or medical treatments [06]    Quality of care [07]
- Unpleasant interactions with healthcare professionals [08]    No transportation [09]
- Embarrassed to see a doctor [10]
- Other (PLEASE SPECIFY) [11] \_\_\_\_\_
  
- Refused [999]*

12. Now I'm going to list a series of locations in the community. On average, how often did you spend time in these locations before you were diagnosed with TB?

Location	Daily [01]	Weekly [02]	Monthly [03]	Never [06]	<i>Refused [999]</i>
a. Workplace: _____					
b. Place of worship (church, synagogue, mosque, temple)					
c. Schools (grade schools or universities)					
d. Corner stores/convenient stores					
e. Bar (club, nightclub, etc.)					
f. Liquor store					
g. Family member's house					
h. Friend(s) or neighbor's house					
i. Social or athletic clubs					
j. Homeless Shelter					
k. Jail or correctional facility					
l. On public transportation (bus, train)					
m. Long-term care, assisted living facilities, or group homes					
n. Healthcare facilities (doctors' offices, clinics, hospitals)					
o. Other place (define): 1) _____ 2) _____					



**SAY: For the remainder of the survey I want you to answer the questions currently—what I mean is that your responses to the questions should reflect your current status.**

**The next questions are going to ask you about your residence and the area surrounding it.**

13. Do you have a permanent address?

- Yes [01]     No [02]  
 *Refused [999]*

IF YES → CONTINUE TO #14A

IF NO → CONTINUE TO #14B

14a. In the past 12 months are there times when you have been without a permanent address or homeless?

- Yes [01]     No [02]  
 *Refused [999]*

IF YES → CONTINUE TO #14B

IF NO → CONTINUE TO #15.

14b. How many weeks in the past 12 months have you been without a permanent address or homeless?

\_\_\_\_\_ weeks

15. Altogether, how many people have you lived with in the past 12 months either temporarily or permanently (excluding yourself)?

\_\_\_\_\_ people

16. Do you stay in the same place every night?

- All of the time [01]     Most of the time [02]     Some of the time [03]     Rarely [04]  
 Never [05]  
 *Refused [999]*

17. Where do you stay most nights? (LET RESPONDENTS VOLUNTEER INFORMATION. DO NOT READ ANSWER CHOICES UNLESS NEEDED.)

- Their own home [01]     Intimate partner's house [02]     Family member's house [03]  
 Shelter [04]  
 Friend's house [05]     On the street or in an abandoned building [06]  
 Other [07] \_\_\_\_\_  
 *Refused [999]*

18. How many times have you moved in the last 12 months?

0 times [01]    1-2 times [02]    3-4 times [03]    More than 5 times [04]

*Refused [999]*

19. Do you live in public assistance or section 8 housing?

Yes [01]    No [02]

*Refused [999]*

20. How would you rate the condition of where you live?

Excellent [01]    Good [02]    Fair [03]    Poor [04]

*Refused [999]*

21. How would you rate the quality of your neighborhood, that is the area within 2-3 blocks of where you live?

Excellent [01]    Good [02]    Fair [03]    Poor [04]

*Refused [999]*

22. How would you rate the quality of your neighborhood compared to other neighborhoods in your city?

Worse [01]    About the same [02]    Better [3]

*Refused [999]*

23. Next I am going to read you some statements about your neighborhood. For these statements, please indicate if you strongly agree, agree, are neutral, disagree, or strongly disagree with the statement.

Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
a. I feel safe walking in my neighborhood, day or night.					
b. In my neighborhood the buildings and homes are well-maintained.					
c. I live in a close-knit neighborhood.					
d. People in my neighborhood are willing to help each other.					
e. There are many vacant houses or deserted houses or storefronts in my neighborhood.					
f. Vandalism is a big problem in my neighborhood.					

**SAY: For the next set of questions I am going to ask you to compare yourself to the people around you. Remember, you are answering these questions according to how you currently feel.**

**NOTE TO THE INTERVIEWER: The following questions may be uncomfortable for participants to answer. Remind respondents they are welcome to skip any questions they are uncomfortable with.**

Thinking about your life, where would you place yourself among the following groups of people:

24a. Your peers, by this I mean people that you spend time with that are around your age.

Below your peers [01]    Same as your peers [02]    Above your peers [3]

*Refused [999]*

24b. Your neighbors or people in your community

Below your neighbors [01]    Same as your neighbors [02]

Above your neighbors [3]

*Refused [999]*

24c. Other people in the U.S.

Below other people in the U.S. [01]    Same as other people in the U.S. [02]

Above other people in the U.S. [3]

*Refused [999]*

**SAY: The following questions ask about health insurance, your income and the kind of work you do. Please answer them according to your current status.**

**Please indicate which, if any, of the following kinds of health insurance you have?**

25a. Medicare

Yes [01]    No [02]

*Refused [999]*

25b. Medicaid

Yes [01]    No [02]

*Refused [999]*

25c. VA or any other military health care plan

Yes [01]    No [02]

*Refused [999]*

25d. Health insurance through your employer (or spouse's/partner's employer)

Yes [01]     No [02]

*Refused* [999]

25e. Another type of health insurance (FILL IN BELOW)

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25f. No health insurance

Yes [01]     No [02]

*Refused* [999]

IF THERE IS ANY TYPE OF HEALTH INSURANCE, MOVE TO #27A.

IF THERE IS NO INDICATION OF ANY HEALTH INSURANCE, MOVE TO #26.

26. What is the **main** reason that you do not have any health insurance right now? [LET RESPONDENTS VOLUNTEER INFORMATION]

Cannot afford it/too expensive [01]

Just changed jobs [02]

Do not want it [03]

Do not need it [05]

My job doesn't provide it [07]  
[08]

Temporary visitor or refugee status [09]  
insurance [10]

Insurance is outside of the U.S. [11]  
[12]

Don't know what to get [13]

Other reason [14]

Just moved [04]

Unemployed [06]

I'm not full-time

Student without

I'm too ill to get it

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*Refused* [999]

27a. Now I'd like to ask you a few questions about the kind of work you do. First, are you working now for pay, looking for work, retired, a homemaker, a student, or something else? ([LET RESPONDENTS VOLUNTEER INFORMATION—CHECK ALL THAT APPLY])

- Working for pay [01]     Unemployed / Looking for work [02]     Retired [03]  
 Homemaker [04]     Student [05]     Not working [06]  
 Temporarily laid off, sick or maternity leave [07]  
 Unpaid family worker [08]  
 Other (Specify) [09] \_\_\_\_\_

*Refused [999]*

IF ANSWER # 2, 3 → CONTINUE TO #27B.  
ALL OTHER → CONTINUE TO #28.

27b. When did you last work for pay?

[record month/year] \_\_\_\_\_

28. How difficult is it for you to make your monthly bill payments?

- Not difficult at all [01]     Somewhat difficult [02]     Very difficult [3]  
 Extremely difficult [4]  
 *Refused [999]*

**SAY: In order to get an accurate picture of your income, it helps to know the different sources of income you may have had in the past 12 months. We do not need detailed amounts, just whether you had income from the sources I will mention (this could be either you or your spouse/partner's income).**

29a. Income from wages or salary

- Yes [01]     No [02]  
 *Refused [999]*

29b. Unemployment compensations, disability or workers' compensation

- Yes [01]     No [02]  
 *Refused [999]*

29c. Social security payments, including payments for children

- Yes [01]     No [02]  
 *Refused [999]*

29d. Retirement pay, such as pensions or 401 (K) accounts

- Yes [01]    No [02]  
 *Refused* [999]

29e. Public assistance payments such as food stamps or welfare

- Yes [01]    No [02]  
 *Refused* [999]

29f. Any other sources of income (please list)

30. What is your total household yearly income from all sources (including your income from your job, government aid, and your spouse's income)? Is it less than \$15,000 per year, between \$15,000—\$30,000 per year, between \$30,000—\$75,000 per year, or is it more than \$75,000 a year?

- < \$15,000 [01]    \$15,000 – \$30,000 [02]    \$30,000 – \$75,000 [03]  
 > \$75,000 [04]    Do not know [05]  
 *Refused* [999]

**SAY: Now I am going to ask you a series of questions about your social life. Remember, you are answering them according to how you currently feel.**

***People sometimes turn to others for companionship, assistance, or other types of support. How often are the following types of support available to you if need them?***

31. Someone to confide in or talk to about yourself or your problems.

- All of the time [01]    Most of the time [02]    Some of the time [03]  
 None of the time [04]    Don't Know/Not sure [05]  
 *Refused* [999]

32. Someone to take you to the doctor if you had to go.

- All of the time [01]    Most of the time [02]    Some of the time [03]  
 None of the time [04]    Don't Know/Not sure [05]  
 *Refused* [999]

33. Someone to help you with your daily chores if you were sick.

- All of the time [01]    Most of the time [02]    Some of the time [03]  
 None of the time [04]    Don't Know/Not sure [05]  
 *Refused* [999]

34. Someone to loan you \$100 or less, if you needed it?

- All of the time [01]    Most of the time [02]    Some of the time [03]  
 None of the time [04]    Don't Know/Not sure [05]  
 *Refused [999]*

**SAY: *Lastly, I am going to ask you a couple of questions about your food status. Please answer them according to how you currently feel.***

35. How difficult is it for you to make your food last until you have money to buy more?

- Not difficult at all [01]    Somewhat difficult [02]    Very difficult [3]  
 Extremely difficult [4]  
 *Refused [999]*

36. How often are you able to eat fresh fruits and vegetables?

- Everyday [01]    A few times per week [02]    Less than once per week [3]  
 Never [4]  
 *Refused [999]*

37a. Have you had to cut down the number or size of your meals because of money?

- Yes [01]    No [02]  
 *Refused [999]*

IF ANSWER YES → CONTINUE TO #37B

37b. How often have you had to do this?

- Everyday [01]    A few times per week [02]    Less than once per week [3]  
 Never [4]  
 *Refused [999]*

**SAY: *That concludes the survey. Thank you very much for your time. (Hand participant the gift card)***



**THESE QUESTIONS ARE NOT GOING TO BE ASKED DURING THE SURVEY BUT SHOULD BE EXTRACTED FROM THE PATIENT CHART.**

<b>Information to be extracted from RVCT form</b>	
1. County of residence	
2. Age (in years)	
3. Primary Reason Evaluated for TB	<input type="checkbox"/> TB symptoms [ 01 ] <input type="checkbox"/> Abnormal chest radiograph [ 02 ] <input type="checkbox"/> Contact investigation [ 03 ] <input type="checkbox"/> Immigration medical exam [ 04 ] <input type="checkbox"/> Targeted testing [ 05 ] <input type="checkbox"/> Health care worker [ 06 ] <input type="checkbox"/> Employment/administrative testing [ 07 ] <input type="checkbox"/> Incidental lab report [ 08 ] <input type="checkbox"/> Other [ 09 ]
4. Site of TB disease	<input type="checkbox"/> Pulmonary [ 01 ] <input type="checkbox"/> Extra-pulmonary [ 02 ] <input type="checkbox"/> Unknown [ 03 ]
5. Symptoms at time of diagnosis	<input type="checkbox"/> Chronic cough [ 01 ] <input type="checkbox"/> Weight loss [ 02 ] <input type="checkbox"/> Night sweats [ 03 ] <input type="checkbox"/> Other (please specify below) [ 04 ]
6. HIV Status	<input type="checkbox"/> Negative [ 01 ] <input type="checkbox"/> Positive [ 02 ] <input type="checkbox"/> Indeterminate [ 03 ] <input type="checkbox"/> Refused [ 04 ] <input type="checkbox"/> Not offered [ 05 ] <input type="checkbox"/> Test done, results unknown [ 06 ] <input type="checkbox"/> Unknown [ 07 ]
7. Country of Origin	<input type="checkbox"/> U.S. born [ 01 ] <input type="checkbox"/> Foreign Born [ 02 ]
8. Immigration Status	<input type="checkbox"/> Not applicable/U.S.-born [ 01 ] <input type="checkbox"/> Immigrant Visa [ 02 ] <input type="checkbox"/> Asylee/parolee/refugee [ 03 ] <input type="checkbox"/> Student Visa [ 04 ] <input type="checkbox"/> Tourist Visa [ 05 ] <input type="checkbox"/> Other Immigration Status [ 06 ] <input type="checkbox"/> Unknown [ 07 ]

9. Homeless within past year	<input type="checkbox"/> No [ 01 ] <input type="checkbox"/> Yes [ 02 ] <input type="checkbox"/> Unknown [ 03 ]			
10. Resident of correctional facility at time of diagnosis	<input type="checkbox"/> No [ 01 ] <input type="checkbox"/> Yes [ 02 ] <input type="checkbox"/> Unknown [ 03 ]			
<b>Previous Medical Diagnoses</b>	<b>Currently</b>	<b>Before TB diagnosis</b>	<b>No</b>	<b>Unknown</b>
11a. High blood sugar or diabetes				
11b. Chronic lung condition (i.e. bronchitis, emphysema, or COPD)				
11c. Asthma				
11d. High blood pressure or hypertension				
11e. Cancer				
11f. Arthritis				