

Patient – Survey

General information through lung association [without patient]

1. Patient-ID:

2. Written consent form:

- ₁ Yes
₂ No → stop the interview

3. Sex:

- ₁ Female
₂ Male

4. Birth date:

5. Canton:

- ₁ Aargau
₂ Basel-Land
₃ Geneva
₄ Solothurn
₅ Vaud
₆ Zurich

6. Language of interview:

- ₁ German
₂ French
₃ English
₄ Other

7. Carried out with translation service:

- ₁ Yes
₂ No

A. Background Data

8. In which country were you born?

₁ Switzerland → Please go to question 12

₂ Other, please specify _____

9. Since when do you live in Switzerland [Date of Entry]?

Day	Month	Year	Don't know
_____	_____	_____	<input type="checkbox"/> ₉₉

1 Beginning
 2 Mid
 3 End

10. Have you ever been an asylum seeker in Switzerland?

₁ Yes

₂ No → Please go to question 12

₉₉ Don't know / Prefers not to answer this question

11. What is the actual situation or result of your asylum seeking request in Switzerland?

₁ Pending

₂ It was accepted

₃ It was denied/rejected

₉₉ Don't know / Prefers not to answer this question

12. What is/are your nationality/-ies?

[Multiple answers]

Nationality/ies _____

13. For how many years did you attend school?

Years	Don't know
_____	<input type="checkbox"/> ₉₉

B. Start of the [Tuberculosis] disease

14. How did you notice your illness?

Interviewer: if the patient has taken note of his illness due to symptoms then go to question 16

15. When did you notice your illness? Please tell me the day, month and year as accurately as possible.

Day	Month	Year	Don't know
_____	_____	_____	<input type="checkbox"/> 99

1 Beginning
 2 Mid
 3 End

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16. Have you had the following symptoms when suffering tuberculosis disease or have these symptoms worsened due to your tuberculosis disease? If yes, when was that?

	Yes	No	Don't know	Date [dd/mm/yyyy]	
16.1 Coughing, with or without sputum from the lung	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉		<input type="checkbox"/> 1 Beginning <input type="checkbox"/> 2 Mid <input type="checkbox"/> 3 End
16.2 Haemoptysis (spitting blood/vomiting blood)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉		<input type="checkbox"/> 1 Beginning <input type="checkbox"/> 2 Mid <input type="checkbox"/> 3 End
16.3 Fever	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉		<input type="checkbox"/> 1 Beginning <input type="checkbox"/> 2 Mid <input type="checkbox"/> 3 End
16.4 Weight loss	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉		<input type="checkbox"/> 1 Beginning <input type="checkbox"/> 2 Mid <input type="checkbox"/> 3 End
16.5 Increased sweating (particularly at night)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉		<input type="checkbox"/> 1 Beginning <input type="checkbox"/> 2 Mid <input type="checkbox"/> 3 End
16.6 Tiredness and/or feeling weak	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉		<input type="checkbox"/> 1 Beginning <input type="checkbox"/> 2 Mid <input type="checkbox"/> 3 End
16.7 Chest pain and/or shortness of breath	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉		<input type="checkbox"/> 1 Beginning <input type="checkbox"/> 2 Mid <input type="checkbox"/> 3 End
16.8 Others; please specify					<input type="checkbox"/> 1 Beginning <input type="checkbox"/> 2 Mid <input type="checkbox"/> 3 End
					<input type="checkbox"/> 1 Beginning <input type="checkbox"/> 2 Mid <input type="checkbox"/> 3 End
					<input type="checkbox"/> 1 Beginning <input type="checkbox"/> 2 Mid <input type="checkbox"/> 3 End

17. When did you realise that you should consult a doctor [because of these symptoms]? Please tell me the day, month and year as accurately as possible.

Day	Month	Year	Don't know
_____	_____	_____	<input type="checkbox"/> ₉₉

1 Beginning
 2 Mid
 3 End

C. Initial contact with doctor and medication to treat the tuberculosis disease

18. Had you consulted a doctor **outside Switzerland** because of the [increasing] symptoms (for instance when travelling, in your home country, at your work place)?

- ₁ Yes
- ₂ No → Please go to question 20
- ₉₉ Don't know / Prefers not to answer this question → Please go to question 20.

19. When was the first time that you consulted a doctor **outside Switzerland** due to your [increasing] symptoms? Please tell me the day, month and year as accurately as possible.

Day	Month	Year	Don't know
_____	_____	_____	<input type="checkbox"/> ₉₉

1 Beginning
 2 Mid
 3 End

20. Under which circumstances did the first contact with a doctor **in Switzerland** take place that was related to the symptoms of your [tuberculosis] disease [where? why?]?

21. When was the first time that you consulted a doctor **in Switzerland** due to your [increasing] symptoms? Please tell me the day, month and year as accurately as possible.

<p>Day</p> <p>_____</p>	<p>Month</p> <p>_____</p>	<p>Year</p> <p>_____</p>	<p>Don't know</p> <p style="text-align: right;"><input type="checkbox"/> 99</p>
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 20px; text-align: center;"> <input type="checkbox"/> 1 Beginning <input type="checkbox"/> 2 Mid <input type="checkbox"/> 3 End </div> <div style="width: 80%;"></div> </div>			

22. In which health structure did this first doctors' consultation **in Switzerland** take place?

- ₁ Family doctor
- ₂ Clinic of the Reception Centre or clinic of an institution (jail, prison, nursing home)
- ₃ Medical practice for child and adolescent medicine
- ₄ Medical practice for pulmonary disease (pneumology)
- ₅ Permanence/Ambulatory/Drop in Clinic (24/7)/ Emergency practice
- ₆ Hospital, please specify _____
- ₇ Other, please specify _____
- ₉₉ Don't know / Prefers not to answer this question

23. Which diagnostic tests were conducted during this first consultation with a doctor **in Switzerland**?

	Yes	No	Don't know
23.1 Taking of a blood sample.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉
23.2 Clinical examination (e.g. stethoscope, physical examination).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉
23.3 Palpation of the lymph nodes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉
23.4 Getting an X-ray.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉
23.5 Submission of a sputum sample	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉
23.6 Other, please specify _____			

24. What was the outcome of this first doctor’s consultation **in Switzerland**?

	Yes	No	Don't know
24.1 Prescription of medication.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉
24.2 Wait, if no improvement then 2 nd consultation.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉
24.3 New appointment for 2 nd consultation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉
24.4 Referral for X-ray.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉
24.5 Referral to lung specialist.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉
24.6 Referral to a hospital.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉
24.7 Other, please specify_____			

25. When did you start taking the tuberculosis medication? Please give me the day, month and year as accurately as possible.

Day	Month	Year	Don't know
_____	_____	_____	<input type="checkbox"/> ₉₉

1 Beginning
 2 Mid
 3 End

26. Where have you been prescribed the [tuberculosis] medication?

- ₁ Family doctor
- ₂ Reception Centre (of migrants) or an institution (jail, prison, nursing home)
- ₃ Medical practice for child and adolescent medicine
- ₄ Medical practice for pulmonary disease (pneumology)
- ₅ Permanence/Ambulatory/Drop in Clinic (24/7)/ Emergency practice
- ₆ Hospital, please specify_____
- ₇ Other, please specify_____
- ₉₉ Don't know / Prefers not to answer this question

27. In total, how many doctors did you see **in Switzerland** from the onset of the symptoms of the [tuberculosis] disease until you started treatment with tuberculosis medication?

Number	Don't know
_____	<input type="checkbox"/> ₉₉

28. How many doctors' appointments did you have **in Switzerland** from the onset of the symptoms of the [tuberculosis] disease until you started treatment with tuberculosis medication?

- ₁ 1 or 2 doctor appointments
- ₂ 3 to 5 doctor appointments
- ₃ More than 5 doctor appointments
- ₉₉ Don't know / Prefers not to answer this question

D. Personal situation when the symptoms began

29. Which illnesses did you have when the symptoms began?
[Multiple answers]

- ₁ COPD / bronchitis /asthma
- ₂ Diabetes mellitus
- ₃ Treatment with immune suppressing medication (e.g. rheumatoid arthritis, organ transplantation, multiple sclerosis)
- ₄ Cancer
- ₅ Alcoholism / inappropriate consumption of alcohol
- ₆ Smoker's cough
- ₇ Drug addiction
- ₈ HIV-Infection
- ₉ Others, please specify _____

30. In what type of accommodation did you live when the symptoms began?

- ₁ Flat or house (rented (by themselves) or own property)
- Institution [e.g. Reception Centre (of migrants) (EVZ); Temporary centre for asylum seekers, home for asylum seekers (house or flat); Shelter for homeless]
 - ₂ Single room
 - ₃ Shared room
- ₄ Detention Centre („prison“)
- ₅ Hospital
- ₆ Other, please specify: _____
- ₈₈ Don't know / Prefers not to answer this question

E. Personal situation, when you realised that you should seek medical care from a doctor or when entering into Switzerland¹

31. What were the reasons why you did not immediately seek care from a doctor?
[Multiple answers possible]

Financial Aspects

- ₁ No health insurance /unclear situation with health insurance
- ₂ Unclear situation on who pays for treatment costs
- ₃ Fear of high treatment costs

Other **financial aspects**, please specify

₄

Aspects related to health provider

- ₅ Did not get an appointment with a doctor / The appointment I got with a doctor was not timely, meaning it was only after a rather long time.
- ₆ I did not know to which doctor I should go
- ₇ Bad experience with doctors

Other **aspects related to the health provider**, please specify

₈

¹ In case the patient was aware of the need to seek care before immigrating into Switzerland.

Personal aspects / fears

- ₉ Fear of the diagnosis
- ₁₀ Fear that I could be diagnosed with tuberculosis
- ₁₁ Fear of stigmatisation / exclusion / isolation
- ₁₂ Fear of impact on my [legal] residence status / fear of deportation
- ₁₃ No time
- ₁₄ Language barrier
- ₁₅ Thought that the symptoms might still disappear by themselves

Other **personal aspects**, please specify

₁₆

32. Did you think yourself or did someone else mention to you that you could be sick from tuberculosis?

- ₁ Yes
- ₂ No
- ₉₉ Don't know / Prefers not to answer this question

33. What did you know about tuberculosis at that time or which experiences did you have with tuberculosis?

	Yes	No	Don't know
33.1 I knew that people can die of tuberculosis	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉
33.2 I knew that tuberculosis can be treated	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉
33.3 I knew that tuberculosis is an infectious disease.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉
33.4 I had been sick with tuberculosis previously.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉
33.5 I knew people who had fallen ill of tuberculosis	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉
33.6 I knew people who had died of tuberculosis	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₉₉

Other, please specify _____

33.7

34. What [legal] residence status did you have **when you realised that you should seek medical care from a doctor or when entering into Switzerland**

- ₁ Swiss
- ₂ Residence category: L; B; C; C1; G
- ₃ Residence category: N or F or S
- ₄ Legal stay <3 months („Tourist“)
- ₅ No residence permit (Illegal stay/ *Sans Papiers*)
- ₆ Other, please specify: _____
- ₈₈ Don't know / Prefers not to answer this question

35. I will now read a couple of possible answers. Please tell me which situations applied to you at that time.

[Multiple answers possible]

- ₁ In employment
- ₂ Pupil or student
- ₃ Housewife/househusband
- ₄ In military service/civil service (more than 12 weeks)
- ₅ Retired
- ₆ In receipt of IV or SUVA pension or social support or unemployment support
- ₇ In asylum process
- ₈ Unemployed
- ₉ Contributing family member (in the family business with/without pay)
- ₁₀ Other, please specify _____
- ₈₈ Don't know / Prefers not to answer this question

We are now at the end of the questionnaire.

36. Do you still have a question [for me] or would you still like to share something with me?

Thank you very much for your participation.

F. Information given by Lung Association [without the patient]

37. What is the specialisation of the first consulted doctor?

[Multiple answers possible]

- ₁ GP / General Internal Medicine
- ₂ Child and Adolescent Medicine
- ₃ Lung diseases (pneumology)
- ₄ Infectious diseases (infectiology)
- ₅ Other speciality, please specify _____
- ₉₉ Unclear / unknown

38. What is the specialisation of the doctor who prescribed the tuberculosis medicine?

[Multiple answers possible]

- ₁ GP / General Internal Medicine
- ₂ Child and Adolescent Medicine
- ₃ Lung diseases (pneumology)
- ₄ Infectious diseases (infectiology)
- ₅ Other speciality, please specify _____
- ₉₉ Unclear / unknown

39. Which diagnostic results were available when the medication for the tuberculosis disease was initiated?

[Multiple answers possible]

- ₁ IGRA-Test (i.e. TB-Spot Test) / Tuberculin skin test Mantoux
- ₂ Chest X-ray
- ₃ Microscopy
- ₄ Amplification (PCR)
- ₅ Culture
- ₆ Other, please specify _____
- ₉₉ Unclear / unknown

Other information / summary of health seeking path

Horizontal lines for text entry.

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