

TB Reach/Find & Treat Anonymous Health Survey

A) Demographics

1 Sex

- Male
 Female

2 Age

- 16-24
 25-34
 35-44
 45-54
 55-64
 >65

3 Place of birth

- UK
 E Europe
 S Asia
 Africa
 Other

4 Time since arrival UK

- UK Born
 <1 year
 1-5 years
 >5 years

B) Health

5 Do you have any of the following health problems? (mark any)

- 5 Asthma
 6 I use an inhaler
 7 Chronic breathing problems
 8 Heart problems
 9 Stroke
 10 Diabetes
 11 Hepatitis
 12 HIV
 13 I was treated previously for TB
 14 Epilepsy
 15 Mobility problems

6 Do you have any of these symptoms at the moment? (mark any)

- 16 Weight loss for no reason
 17 Coughing for more than 3 weeks
 18 Fever or night sweats
 19 Coughing up blood
 20 Shortness of breath
 21 None of these symptoms

7 Are you registered with a GP? (mark one)

- 22 Yes - Local (easy to travel to)
 23 Yes - but not local (hard to travel to)
 24 No

8 When did you last see a GP? (mark one)

- 25 <1 year
 26 <2 years
 27 Should have done but missed appointment
 28 Don't know/remember

9 Have you attended A&E in the last year? (mark one)

- 29 No 30 Once 31 Twice 32 3 times 33 >3 times 34 Don't know/remember

10 Have you been admitted to hospital in the last year? (mark one)

- 35 No 36 Once 37 Twice 38 3 times 39 >3 times 40 Don't know/remember

11 Have you missed any hospital appointments in the last year? (mark one)

- 41 No 42 Once 43 Twice 44 3 times 45 >3 times 46 Don't know/remember

C) Blood Born Viruses

12 Have you been vaccinated against Hepatitis B? (mark one)

- 47 Never 48 Once 49 Twice 50 3 times 51 >3 times 52 Don't know/remember

13 Have you been tested for HIV? (mark one)

- 53 Yes 54 No 55 Don't know/remember

14 Have you been tested for Hepatitis C? (mark one)

- 56 Yes 57 No 58 Don't know/remember

D) Flu Vaccination

15 Did you know there is a seasonal vaccine to prevent influenza?

- 1 Yes
 2 No
 3 Don't know/remember

16 If YES where did you find out about flu vaccine?

- 1 Hostel
 2 GP
 3 Hospital
 4 Pharmacist
 5 Drug service
 6 Other

17 Have you ever been vaccinated against flu?

- 7 Yes - but not last winter
 8 Yes - last winter
 9 Tried to get vaccinated but was refused
 10 No
 11 Don't know / remember

18 If YES where did you get flu vaccine? (mark any)

- 4 Hostel
 5 GP
 6 Hospital
 7 Pharmacist
 8 Drug service
 9 Other

19 Would you get vaccinated against flu if we could offer it?

- 10 Yes 11 No

E) Lifestyle

20 Do you get any state benefits? (mark one)

- 12 Yes 13 No (not applied) 14 No (refused) 15 Not entitled

21 Do you smoke cigarettes? (mark one)

- 16 Yes 17 Yes (want help to stop) 18 No

22 Do you drink alcohol everyday?

- 19 Yes 20 No

23 Do you drink alcohol soon after waking?

- 21 Yes 22 No

24 Have you ever slept rough? (mark one)

- 23 Yes 24 No

25 Have you ever lived in a hostel? (mark one)

- 25 Yes 26 No

26 Have you ever used a day centre? (mark one)

- 27 Yes 28 No

27 Have you been in prison before? (mark one)

- 29 Yes 30 No

28 Have you used heroin? (mark any)

- 31 Previously injected
 32 Previously smoked
 33 Currently inject
 34 Currently smoke
 35 Never

29 Have you used crack/cocaine? (mark any)

- 36 Previously injected
 37 Previously smoked
 38 Currently inject
 39 Currently smoke
 40 Never

30 Have you been prescribed methadone or subutex? (mark one)

- 41 Never 42 Previously 43 Currently

Cepheid Study? (mark one)

- 44 Yes - MXU number _____ 45 No

Referred from MXU? (mark one)

- 46 Yes - MXU number _____ 47 No

LTBI Study? (mark one)

- 48 Yes - Study number _____ 49 No



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By Placing a tick in one box in each group below, please indicate which statement best describes you own health state today.

MOBILITY

- I have no problem in walking about
- I have some problems in walking about
- I am confined to bed

SELF-CARE

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

USUAL ACTIVITIES (e.g. Work, Study, Housework, Family or Leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

PAIN/DISCOMFORT

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

ANXIETY/DEPRESSION

- I am not anxious or depressed
- I am moderatley anxious or depressed
- I am extremely anxious or depressed

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To help people say how good or bad a health state is, we have a scale on which the best state you can imagine is 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by marking one of the boxes in the scale below to indicate how good or bad your health is today

Your own
health state
today

100	<input type="checkbox"/>
95	<input type="checkbox"/>
90	<input type="checkbox"/>
85	<input type="checkbox"/>
80	<input type="checkbox"/>
75	<input type="checkbox"/>
70	<input type="checkbox"/>
65	<input type="checkbox"/>
60	<input type="checkbox"/>
55	<input type="checkbox"/>
50	<input type="checkbox"/>
45	<input type="checkbox"/>
40	<input type="checkbox"/>
35	<input type="checkbox"/>
30	<input type="checkbox"/>
25	<input type="checkbox"/>
20	<input type="checkbox"/>
15	<input type="checkbox"/>
10	<input type="checkbox"/>
5	<input type="checkbox"/>
0	<input type="checkbox"/>

Contact questions

Do you have a mobile phone? YES / NO

Do you have an email address? YES / NO

Are you on facebook? YES / NO

Are you on Twitter? YES / NO