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# PART 2 Evaluation of information resource

## ***TB & substance misuse: Guidance for substance misuse – key workers***

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***Please note that this is not a test – just something to help us develop resources for your benefit.***

Please answer this questionnaire **after** reading the questionnaire: (Kindly tick as many boxes as you think is appropriate)

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### **1. Please indicate whether your answers are based on leaflet for :**

Substance misuse & TB: Key worker  Other

### **2. Which form of TB is infectious?**

Liver  Lung  Lymph Node  Spine  Brain

### **3. Do you think TB is curable?**

Don't know  Yes  No

### **4. How long does TB treatment need to be given?**

Don't know  6 – 9 days  6 – 9 weeks  6-9 months  6 – 9 years

### **5. What are the symptoms of TB affecting the lungs?**

Itchiness   
Persistent high temperature   
Unexpected bone fractures   
Heavy sweating at night   
General & unusual sense of tiredness   
Stomach cramping or bloating   
Loss of weight   
Cough – for a long time (2 -3 weeks or more)   
Coughing up blood

**6. What would you do if you suspected a client in your care has TB?**

- Do nothing
- Refer to their GP or a Specialist healthcare team (if they exist)

**7. What would you do if you suspected a client in your care is diagnosed with TB?**

- Client / relative will be given tablets, and will be responsible for taking them
- You or member of your staff will be asked to watch the clients take their tablets
- Your client's progress will be monitored more closely
- TB treatment will not interfere with any other medication they may be on
- My colleagues will be at higher risk of getting infected
- The client should not share house hold items such as bed linen, crockery and utensils
- Pay for their medication

**12. How can you help the medical services?**

- Transfer the client to another hostel
- Provide information about the client's background
- Support DOT
- Contact the Public Health lab

Your professional background / organization:

**Thank you for your co-operation, your participation is greatly appreciated and your efforts will help us improve the information resources we develop for you**

**Consent:** I agree to take part in the above study and I understand that any information I provide will not be shared on an identifiable form and my participation is voluntary.