PART 2 Evaluation of information resource

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

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)

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

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**Your professional background/organization:**

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**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.