

## TB REACH evriMED Digital Adherence Survey for Patients

### 1. Project Information

***This interview questionnaire is for patients who are using evriMED as a digital adherence technology for TB treatment support. The interviewer should complete Section 1: Project Information before conducting the interview with the participant.***

1. Grantee Organization

2. Country

3. Name of Health Facility or Clinic

4. Name/ID of Interviewer

5. Date of Interview

DD/MM/YYYY

6. Participant Study ID Number

7. Participant's Type of TB

- Drug Sensitive TB
- Drug Resistant TB

8. Date of Patient Treatment Initiation

DD/MM/YYYY

9. Date patient started using the digital adherence technology

DD/MM/YYYY

10. Month of TB Treatment

- 1     2     3     4     5     6     7     8  
 9     10     11     12     13     14     15     16  
 17     18     19     20     21     22     23     24

11. Digital Adherence Tool Being Used by Patient

- 99DOTs  
 EvriMed (Medicine Boxes)  
 SureAdhere VOT (Video Observed Therapy)  
 Other (please specify, for example Skype, WhatsApp, locally developed VOT, etc...)

12. Has an additional daily treatment reminder been added by the project?

- No, additional reminder added  
 SMS  
 Remote Alarm  
 Family or Friend  
 Other (please specify)

13. Patient Adherence Level (*This should be determined by looking at the patient's dosing/adherence history since the start of treatment*)

- 90-100%
- 80-89%
- 50-79
- <49%

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### 2. Patient Background Information

***Interviewer should read the following information to the patient being interviewed.***

**Thank you for agreeing to participate in our interview. We will be asking you some questions about how you take your medications for TB and about using evriMED. Your opinions and experiences will help us provide better services. This interview will take about 30 to 45 minutes. We would like you to answer the questions as best as you can. There is no right or wrong answer. Your answers will not be linked to your name and will not affect the type of treatment or care you receive. If there are any questions that you are uncomfortable answering, we can skip to the next question or stop the interview.**

**Before we begin, please let me know if you have any questions. If not, we can start the interview.**

14. What is your sex?

- Male
- Female
- Other (please specify)

15. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

16. What is the highest educational level you have completed?

- Have not attended school
- Primary school not completed
- Primary school
- Secondary school
- Post-secondary certificate
- University level courses
- Other (please specify)

17. What is your current occupation?

- Self-employed
- Civil Servant
- Private Organisation
- Student
- Homemaker
- Not Employed
- Other (please specify)

18. What is your total household income? *(use local currency equivalent)*

- Less than \$100 monthly
- \$100-\$500 monthly
- \$501-1000 monthly
- More than \$1000

Please specify currency

19. How many people do you currently live with (i.e. have stayed with you for more than 2 weeks time)?

Adults (18+ years)

Children (6-17 years)

Children (less than 6 years)



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### 3. Questions about Access to Technology

20. Do you have access to or own a mobile phone or computer? (choose as many as apply)

- Yes, I own a phone that no one else uses
- Yes, family shares a phone - I am the primary owner
- Yes, family shares a phone - I am NOT the primary owner
- Yes, project staff gave me a phone
- Yes, I have a computer at home
- No, I do not have a phone or computer
- Other (please specify)

21. Is your phone a smart phone? (i.e. a touch screen phone that has access to the internet, Facebook, and other multimedia applications.)

- Yes
- No
- Don't Know
- Not applicable

22. How many times did you change your phone number/SIM card in the last 12 months?

- 0 times, I have not changed my phone number/SIM card
- 1 time
- 2 times
- 3 or more times
- Not applicable

23. How often do you have airtime credit (calling credit) on your phone?

- Always
- Sometimes
- Never
- Not applicable

24. How often do you have mobile internet credit on your phone?

- Always
- Sometimes
- Never
- Not applicable

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### 4. Questions about evriMED Treatment Experience

***Interviewer should read the following instructions to the participant.***

**I will now ask you some questions about your treatment and using your evriMED medication box. Please choose the response that is most true for you based on your experience. There is no right or wrong answer, so please respond with the answer that best fits your experience.**

25. How often do you take your TB medications?

- Once a day
- Twice a day
- Other (please specify)

26. How do you remember to take your TB medications?

*Interviewer read out each response and check all that apply*

- I get a SMS message
- I set an alarm
- A family member or friend reminds me
- Other (please specify)

27. Do the people you live with know that you use the evriMED box for TB treatment?

- Yes
- No

28. How much time does it take for you to take your medicines using the evriMED box?

- Less than 1 minute
- 1-2 minutes
- 3-5 minutes
- 6+ minutes

29. Has your health care worker shown you how your adherence information looks like (how many doses you have taken)?

- Yes
- No

30. Have you ever missed a dose of TB medicine?

- Yes
- No (if no, skip to question 33)

31. How many doses of your TB medicine did you miss, during the last 30 days?  
(Enter number 0-30)

32. What were the reasons for missing the doses?

*Interviewer read each option below and check all that apply.*

- Side effects
- Forgot to take
- I was too busy (example because of work)
- I did not want to use the evriMED box
- Did not want anyone to see me taking the medicines
- Other (please specify)

33. Have you ever taken your medicine and it was not recorded by the evriMED box?

- No, (0 times) (skip to question 35)
- Yes, a few times (1 to 3 times)
- Yes, many times ( 4 or more times)

34. What were the reasons why?

*Interviewer read out all response and check all that apply.*

- Not able to charge evriMED box battery
- Network connection was poor
- evriMED box was not working
- I did not feel like using evriMED box
- I forgot to use the evriMED box
- I did not keep my medicines in the evriMED box
- Other (please specify)

35. If you missed a dose of your TB medicine or send your video, when did your health care worker contact you?

- Same day
- The next day
- Two days or after
- The health care worker did not contact me
- N/A
- Other (please specify)

36. If you missed a dose of your TB medicine or forgot to take or send your video, how did your health care worker contact you?

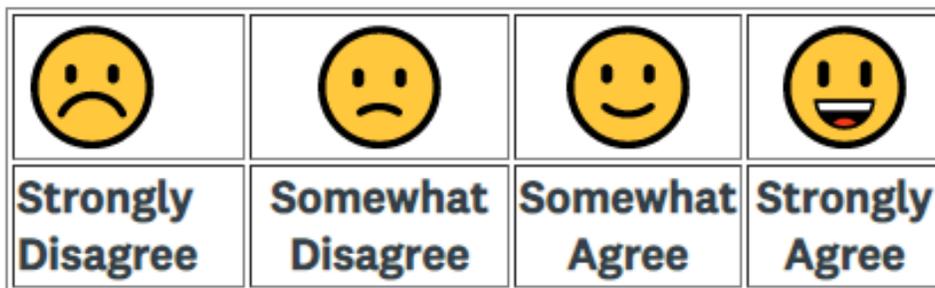
- Sent me a SMS
- Called me by phone
- Came to my house
- The health care worker did not contact me
- N/A
- Other (please specify)

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### 5. Perceptions about Treatment and evriMED

***Interviewer should read the following instructions to the participant. For participants having a difficult time understanding how to respond to questions, a printout of the emojis scale can be used.***

For the following questions, I will now read some statements about taking your TB medicines using evriMED. If you feel that I am too fast or something is unclear, feel free to stop me and I will repeat the statement. If you feel that you understand the statement, I will ask you how much you agree or disagree with the statement. If needed, I will show you some emojis to help you respond to the questions



37. I know how to use the evriMED box.

- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly Agree

38. I feel more connected to my healthcare provider while using evriMED for my TB treatment.

- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly Agree

39. I make less trips to the health clinic for my TB treatment because I am using evriMED.

- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly Agree

40. I am comfortable using evriMED in front of other people.

- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly Agree

41. I am worried that using the evriMED box will make it more likely that others will find out that I have TB.

- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly Agree

42. It takes me too much time to take my TB medicine and using evriMED every day.

- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly Agree

43. Using evriMED will help me complete my TB treatment.

- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly Agree

44. The reminders I receive from evriMED help me to remember to take my medicine.

- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly Agree

45. Using evriMED while taking TB medicines will help me get healthy.

- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly Agree

46. I will recommend using evriMED to my family or friends if they have TB.

- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly Agree

47. The evriMED box makes it easy for me to remember what to do.

- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly Agree

48. I am comfortable using evriMED outside of my home.

- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly Agree

49. I am concerned about the privacy of my health information that is collected by the evriMED device.

- Strongly Disagree
- Somewhat Disagree
- Somewhat Agree
- Strongly Agree

50. If you could change something about evriMED, what would you change?

- Visual appearance of the box
- Make it easier to use
- Make me not have to use it
- The frequency of reminders
- I would use it for all my medications
- I would not change anything
- I would not use evriMED at all
- Other (please specify)

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### 6. Costing

***Interviewer should read the following instructions to the participant.***

**The following questions are about your time and resources that you may have had to spend on TB treatment and using evriMED. Please respond with the answer that best fits your experience.**

51. Did you have to pay for anything extra in the past few months because you are using evriMED for treatment?

- Yes
- No

52. If yes, please describe what you have to pay for with your own money? (check all that apply)

- Phone credit/airtime
- Charges for data or internet package
- New phone
- Upgrade a newer phone (ie. one with a camera)
- Repairs to your device or phone
- Reminder device (e.g. new watch)
- Other (please specify)

53. How many visits did you make to the TB clinic in the last 30 days, to meet with a nurse or health care worker? (Enter in a number)

54. How much time does it take to travel to the TB clinic?

- 0- 30 minutes
- 31- 59 minutes
- 1 hour to 2 hours
- More than 2 hours

Other

55. How much money does it cost you to travel to the TB clinic?

Cost

Indicate Currency Used

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### 7. Open-Ended Questions evriMED

***These questions should be asked to select participants based on project's sampling frame. Interviewer should read the following instructions out loud to the participant.***

**For the following questions, we are interested in learning about your opinions and experiences with TB treatment and evriMED in your own words. Please provide as much detail and examples of your experiences and for why you feel the way you do. There is no right or wrong answer. Your experiences will help us understand how to improve these tools. We may ask you some additional questions to better understand your response.**

56. What do you think evriMED is used for?

57. What have you liked about using evriMED?

58. What have you disliked about using evriMED?

59. What problems or challenges did you have using evriMED?

60. How did you resolve the problems?

61. What would you change about evriMED?

62. What have you told the people you live with about the evriMED box?

63. Do you have any other comments or concerns that you want to share about using the evriMED box?

64. Has your use of the evriMED box changed over time during your treatment? Please describe how so and why? *Probes: are you using it more or less frequently since you started treatment? If so, why? Do you still find it helpful or not for reminding you to take your treatment? If so, why?*