

# *Mycobacterium tuberculosis* Transmission among Elderly Persons, Yamagata Prefecture, Japan, 2009–2015

## **Technical Appendix 2**

Public health centers in Yamagata Prefecture, Japan, use 2 versions of a questionnaire (1 long and 1 short) to gather data from tuberculosis case-patients. The long version contains multiple-choice and open-ended questions. The short version contains only the multiple-choice questions from the long questionnaire. Public health centers chose which questionnaire to use, depending on the patient's willingness and ability to respond.

## **Long Questionnaire**

## Questionnaire for early findings of tuberculosis

This questionnaire is intended to show us the places where tuberculosis transmissions occur. Please respond with information about your past lifestyle. We would like to use your cooperation to decrease tuberculosis infection in Yamagata.

Please feel free to contact us if you have any questions.

Public health center: \_\_\_\_\_ Tel.: \_\_\_\_\_ Person in charge: \_\_\_\_\_

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### I. General questions

Q1. Did you know about “tuberculosis” before your hospital stay (or visit)?

Please check the box (□).

Yes                       No

Q2. Do you remember any tuberculosis patients around you in the recent past?

Yes                       No

➔ If “Yes,” please explain a little about that patient(s).

( e.g., my grandfather developed tuberculosis in 2015. )

Q3. Before you were diagnosed with tuberculosis, had you experienced any symptom such as cough, retention of sputum, or fever?

Yes                       No

➔ If “Yes,” please write the period that you started to have those symptoms.

➔ If “No,” please write the period that you were diagnosed with tuberculosis.

Year: \_\_\_\_\_, Month: \_\_\_\_\_

### II. Questions about your lifestyle of the last two years

Most patients show onset of tuberculosis (or have it discovered) within two years of their infection.

In this section, please answer about your lifestyle for the last two years.

Q4. Please check all the facilities that you have visited at least once within the last two years.

- |   |  |
|---|--|
| <input type="checkbox"/> Convenience store                                  | <input type="checkbox"/> Drinking spot (e.g., bar, pub)                      |
| <input type="checkbox"/> Pachinko parlor                                    | <input type="checkbox"/> Karaoke bar   |
| <input type="checkbox"/> Parlors of Japanese chess, mah-jong, or game of go | <input type="checkbox"/> Culture lesson (e.g., cooking class, karaoke class) |
| <input type="checkbox"/> Theater  | <input type="checkbox"/> Barber shop   |
| <input type="checkbox"/> Public bathhouse                                   | <input type="checkbox"/> Religious space (e.g., church, temple)              |

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- |   |  |
|---|--|
| <input type="checkbox"/> Internet cafe  | <input type="checkbox"/> Amusement arcade  |
| <input type="checkbox"/> Indoor sports facility   | <input type="checkbox"/> Academy, cram school  |
| <input type="checkbox"/> Welfare facility (e.g., nursing home, facilities for the disabled) | <input type="checkbox"/> Neighborhood meeting (e.g., neighborhood association, volunteer fire company) |
| <input type="checkbox"/> Ceremonial function (e.g., bridal, burial)                         | <input type="checkbox"/> Dormitory for student or office worker  |
| <input type="checkbox"/> Homes of friends, or close relatives                               | <input type="checkbox"/> Other place ( )   |

➔ If you checked more than one place, proceed to Q5.

➔ If you visited none of the places above, proceed to Q6.

Q5. Do you remember meeting someone who had a bad cough or a sudden decrease in weight?

- Yes       No

➔ If "Yes," please write when and where you met them.

Q6. Please answer the top four places where you have stayed for a long period within the last two years. Select the number of places from "1. Home," "2. Company," "3. School," "4. Amusement facility," and "5. Other place." Please answer separately for weekdays and holidays. In this question, "4. Amusement facility" means a place where you feel amused or relaxed (e.g., drinking spot, karaoke bar, and pachinko parlor).

	Weekday	Holiday
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		
4 <sup>th</sup>		

Q7. Within "4. Amusement facility" and "5. Other place" of Q6, please write the top three specific facilities that you have often visited. Please answer separately, divided into weekdays and holidays.

Weekday

	Name of facility	Frequency of visit	Sojourn time per visit, and visited time zone
1 <sup>st</sup>			
2 <sup>nd</sup>			
3 <sup>rd</sup>			



Q13. Within the regions you checked at Q12, please provide details (when and how long did you visit, etc.) of the top three places that you can recall.

	Place	Details of visit
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		

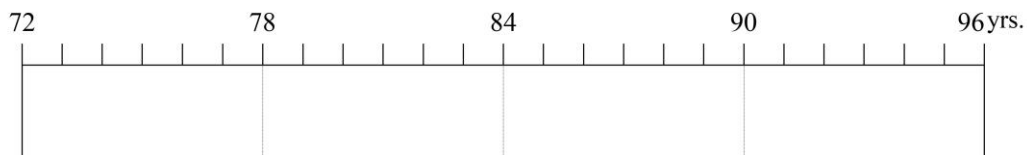
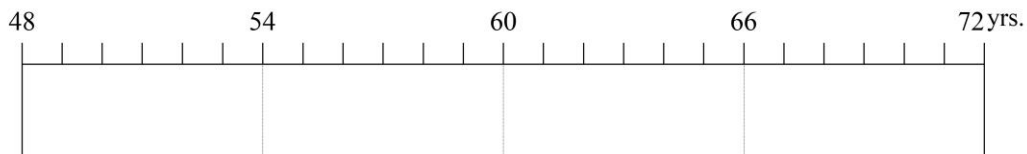
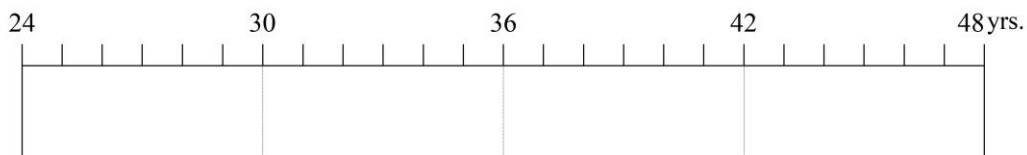
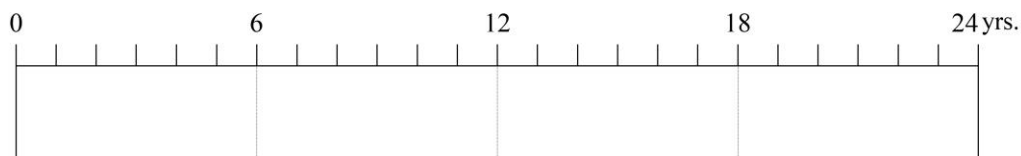
### III. Questions about your lifestyle since you were born

Some people show onset of tuberculosis after a lapse of more than two years (sometimes after many decades) following an earlier tuberculosis infection. For tuberculosis control, it is very important for us to consider the places of tuberculosis infection. In this section, please answer about your lifestyle since you were born.

Q14. Where did you live after you were born? Please mark the undernoted figure after reading the following notes.

- Separate the figure by a vertical line, and write the name of your city (e.g., Tendo, Yamagata).
- If you have stayed at foreign countries, write the name of the province (e.g., Yunnan, China).
- If you have stayed at a facility such as a nursing home, write the facility address.

Current age \_\_\_\_\_ years old



Q15. Please check all the workplaces at which you have worked.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Medical agency        | <input type="checkbox"/> Welfare facility  | <input type="checkbox"/> Restaurant, drinking spot |
| <input type="checkbox"/> Pachinko parlor       | <input type="checkbox"/> School            | <input type="checkbox"/> Cram school               |
| <input type="checkbox"/> Construction industry | <input type="checkbox"/> Delivery business | <input type="checkbox"/> Hotel business            |

Q16. Have you ever gone abroad?

- Yes       No

→ If “Yes,” please provide some details about when and where you went abroad.

( )

Q17. Please write the schools and workplaces that you attended (or worked). Please turn off an undernoted figure separating the figure by a vertical line. Write the specific names of schools and workplaces (e.g., X kindergarten, Y corporation).

0	6	12	18	24 yrs.
24	30	36	42	48 yrs.
48	54	60	66	72 yrs.

The questionnaire is finished. Thank you for your cooperation. We would appreciate your further cooperation with any additional questions.



WHO, 2016

## Short Questionnaire

### Questionnaire for early findings of tuberculosis

This questionnaire is intended to show us the places where tuberculosis transmissions occur. Please respond with information about your past lifestyle. We would like to use your cooperation to decrease tuberculosis infection in Yamagata.

Please feel free to contact us if you have any questions.

Public health center: \_\_\_\_\_ Tel.: \_\_\_\_\_ Person in charge: \_\_\_\_\_

#### I. Questions about your lifestyle of the last two years

Most patients show onset of tuberculosis (or have it discovered) within two years of their infection. In this section, please answer about your lifestyle for the last two years.

Q1. Please check the box () to all the facilities that you have visited at least once within the last two years.

- |   |  |
|---|--|
| <input type="checkbox"/> Convenience store  | <input type="checkbox"/> Drinking spot (e.g., bar, pub)  |
| <input type="checkbox"/> Pachinko parlor  | <input type="checkbox"/> Karaoke bar   |
| <input type="checkbox"/> Parlors of Japanese chess, mah-jong, or game of go                 | <input type="checkbox"/> Culture lesson (e.g., cooking class, karaoke class)                           |
| <input type="checkbox"/> Theater  | <input type="checkbox"/> Barber shop   |
| <input type="checkbox"/> Public bathhouse   | <input type="checkbox"/> Religious space (e.g., church, temple)  |
| <input type="checkbox"/> Internet cafe  | <input type="checkbox"/> Amusement arcade  |
| <input type="checkbox"/> Indoor sports facility   | <input type="checkbox"/> Academy, cram school  |
| <input type="checkbox"/> Welfare facility (e.g., nursing home, facilities for the disabled) | <input type="checkbox"/> Neighborhood meeting (e.g., neighborhood association, volunteer fire company) |
| <input type="checkbox"/> Ceremonial function (e.g., bridal, burial)                         | <input type="checkbox"/> Dormitory for student or office worker  |
| <input type="checkbox"/> Homes of friends, or close relatives                               | <input type="checkbox"/> Other place ( _____ )   |

Q2. Did you change your residence within the last two years?

- Yes       No

Q3. Have you stayed more than one month at a facility other than your home (e.g., nursing home, training institute) within the last two years?

- Yes       No

Q4. Please check all the transportation that you have used at least once within the last two years.

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Family car  | <input type="checkbox"/> Bus                    | <input type="checkbox"/> Train            |
| <input type="checkbox"/> Taxi        | <input type="checkbox"/> Chauffeur service      | <input type="checkbox"/> Plane            |
| <input type="checkbox"/> Company car | <input type="checkbox"/> Car of welfare service | <input type="checkbox"/> Others ( _____ ) |

Q5. Please check all the clinical departments where you have visited (including visit the office, attendance, and see someone) at least once within the last two years.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Internal medicine         | <input type="checkbox"/> Surgery                         | <input type="checkbox"/> Dermatology            |
| <input type="checkbox"/> Dentistry                 | <input type="checkbox"/> Ophthalmology                   | <input type="checkbox"/> Urinology              |
| <input type="checkbox"/> Otorhinolaryngology       | <input type="checkbox"/> Orthopedics                     | <input type="checkbox"/> Plastic surgery        |
| <input type="checkbox"/> Psychiatry                | <input type="checkbox"/> Radiology                       | <input type="checkbox"/> Psychosomatic medicine |
| <input type="checkbox"/> Obstetrics and Gynecology | <input type="checkbox"/> Others (                      ) |   |

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## II. Questions about your lifestyle since you were born

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Q6. Please check all the workplaces at which you have worked.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Medical agency        | <input type="checkbox"/> Welfare facility  | <input type="checkbox"/> Restaurant, drinking spot |
| <input type="checkbox"/> Pachinko parlor       | <input type="checkbox"/> School            | <input type="checkbox"/> Cram school               |
| <input type="checkbox"/> Construction industry | <input type="checkbox"/> Delivery business | <input type="checkbox"/> Hotel business            |

Q7. Have you ever gone abroad?

- Yes                       No

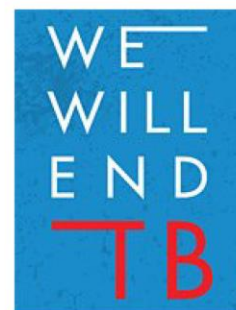
Q8. Do you remember any tuberculosis patients around you in the recent past?

(e.g., my grandfather developed tuberculosis)

- Yes                       No

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The questionnaire is finished. Thank you for your cooperation. We would appreciate your further cooperation with any additional questions.



WHO, 2016