1. Introduction

We want to ask you some questions about your experiences with managing TB patients and using VOT. Your feedback will help us provide better services for patients and help us design and improve technologies for health care providers to manage their patients. Please 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 your employment. If there are any questions that you are uncomfortable answering, you can skip to the next question or stop the interview. It will take about 30 to 45 minutes to complete this survey.

1. TB REACH Implementing Organization

2. Country

3. Name of health facility or clinic that you work at

Stop B Partnership

TB REACH Survey for Health Care Workers Using VOT

- 2. Background Information
 - 4. What is your gender?
- Female
- \bigcirc Male
- Other (please specify)

5. What is your age?

- 18 to 24
- \bigcirc 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- \bigcirc 65 to 74
- \bigcirc 75 or older
 - 6. What is your role in TB care?
- O Doctor
- O Clinical Officer
- O Nurse
- Counselor
- O Pharmacist/ Pharmacy Technician
- Laboratory technician
- \bigcirc Community or Village Health Worker
- Other (please specify)

- 7. What is your highest level of education you completed?
- \bigcirc Did not attend any school
- O Primary school
- Secondary school
- Post-secondary certificate
- O Bachelor's degree (University) or higher
- Other (please specify)

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TB REACH Survey for Health Care Workers Using VOT
3. Access to Technology
8. Do you have access to or own a mobile phone or a 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 access to a computer No. I do not have access to a machile phase on computer Other (alcose an exit)
No, I do not have access to a mobile phone or computer Other (please specify)
9. 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
O Don't know
○ Not applicable
10. 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
11. How often do you have airtime credit (calling credit) on your phone?
⊖ Always
⊖ Sometimes
○ Never

- 12. How often do you have mobile internet credit on your phone?
- Always
- ⊖ Sometimes
- \bigcirc Never

4. Experiences using VOT

The following questions are about your use of VOT to manage your TB patients. Please choose the answer(s) that best reflects your experiences and opinion. There are no right or wrong answers.

- 13. How many TB patients receiving treatment do you see each day, on average?
- 0 0
- 0 1-2
- 0 3-5
- 0 6-10
- O More than 10

14. Do you receive data from the VOT on all your patients?

- ⊖ Yes
- \bigcirc No
 - 15. How often do you receive data from VOT?
- Daily
- \bigcirc 3 to 5 times a week
- \bigcirc less than 3 times a week

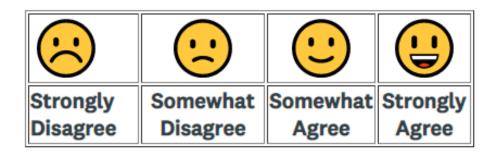
16. How do you receive data from the VOT? (check all that apply)

- □ SMS
- □ Mobile app
- Computer
- □ Other (please specify)

17. How do you assess your patient's adherence to TB medicine? [check all that apply]
 I ask them if they take their pills when I see them I tell them to come to the clinic so I can watch them take their pills. I talk to their family members I talk to them on the phone I use the app or software platform to see if they are taking their medication Other (please specify)
 18. Has there ever been a time that you did not use VOT to track your patients' adherence? Yes No (if no, skip to next section)
 19. What were the reasons you were not able to use VOT? [check all that apply] N/A There was no electricity/power Poor network connection The VOT application or software stopped working I did not have access to a computer or my phone I did not have time to review the videos I just did not want to use the VOT app Other (please specify)

5. Perceptions about using VOT

The following questions are about your opinions about using VOT to manage your patients. Please read each statement and decide how much you agree or disagree with the statement. There are no right or wrong answers.



- 20. I understand the VOT system and how it works
- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly Agree
 - 21. I received adequate training to use VOT
- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly Agree

22. It is easy for me to explain how to use VOT to my patients

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

23. The reminders I receive from VOT help me to remember to check on patients who are not taking their medicines

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

24. It is easy for me to identify which patients are not taking their TB medicine using VOT

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

25. I remember to check my patients VOT adherence data when they come in for a refill visit

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

26. VOT adherence data helps me provide better support and counseling to my patients

- 1. Strongly Disagree
- 2. Somewhat Disagree
- O 3. Somewhat Agree
- 4. Strongly Agree
 - 27. My patients like using VOT
- 1. Strongly Disagree
- 2. Somewhat Disagree
- O 3. Somewhat Agree
- O 4. Strongly Agree

- 28. Using VOT improves the care I provide to my patients
 - 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly agree

29. It is easy for me or my co-workers to contact patients who have not taken their medicine

- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly agree
- 30. Using VOT helps to reduce my workload
- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly agree

31. My patients who are using VOT for TB treatment visit the clinic less times than those who are not

- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly agree
- 32. I believe that VOT data accurately reflects if my patients took their TB medicines or not
- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- ○4. Strongly agree

- 33. I would recommend using VOT to my patients
- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly agree
- 34. I have enough time in my day to review all the videos that my patients send me.
- 1. Strongly Disagree
- 2. Somewhat Disagree
- 3. Somewhat Agree
- 4. Strongly Agree

5. Open-Ended Questions

For the following questions please provide as much description as possible about your experiences and opinions using VOT.

35. What is your opinion about your training on using VOT? Please describe what you liked about it or what you didn't like about it.

36. What would you change about the training?

37. Since VOT has been used at your site, how has it changed the work that you (specifically) do?

38. Describe the process of receiving and reviewing the videos. Include information on when, where and how do you review the videos? (For example, do you review all the videos received in a day at the same time or one at a time as the patient sends. Do you review at work or at home or elsewhere? Do you watch the videos in their entirety?)

39. Describe how you use VOT adherence data to manage and counsel your patients?

40. In what ways has VOT been useful for you? Please describe what do you like about it.

41. So far, what challenges or problems have you had using VOT?

42. If you could, what would you change about VOT?

43. Do you have any other thoughts or concerns that you want to share about using VOT for TB patient treatment? Please describe