Table 2 World Health Organization TB patient cost survey questions and their adaptation to the Egyptian context			
Qu	estions	Original options	Options after adaptation
1.	Type of health facility	- Primary health care facility	- Chest hospital
2.	Diagnostic place	- Public hospital	- Chest clinic
		<ul> <li>Nongovernmental organization / health centre or charitable hospital</li> <li>Hospital or private clinic</li> <li>Other</li> </ul>	- Other
3.	Type of TB	<ul> <li>Pulmonary, bacteriologically confirmed</li> <li>Pulmonary, bacteriologically unconfirmed</li> <li>Extrapulmonary</li> </ul>	<ul> <li>Lung, confirmed by bacteriological analysis</li> <li>Lung, not confirmed by bacteriological analysis</li> <li>Outside the lung</li> </ul>
4.	Is the patient currently in the stage of intensive or complementary treatment?	<ul> <li>Intensive treatment stage, weeks completed</li> <li>Complementary treatment phase, weeks completed</li> </ul>	<ul> <li>Intensive treatment stage, weeks completed</li> <li>Continuation treatment phase, weeks completed</li> </ul>
5.	Before your TB treatment began in this	- Dispensary	- Family health centre
	facility, from which of the following	- Health centre	- Central / public hospitals
	facilities did you seek care or advice for	- Public hospital	- Private clinic / hospital
	symptoms of current illness (including hospitalization; several types of facilities	<ul><li>Pharmacy</li><li>Herbalist/traditional practitioner</li></ul>	<ul><li>District health department</li><li>Chest clinic</li></ul>
	can be mentioned)?	- Private clinic	- Primary health centre
6.	Where did you go first?	- Private hospital	- Health insurance hospital/ clinic
	, ,	<ul><li>Community health worker</li><li>Other facility</li></ul>	·
7.	On a daily basis, are you currently taking	- Self-managed	- Self-managed
	your medications on your own without	- Point	- Point
	supervision or support [self-administered or do you have a supervising or supportive	<ul><li>DOT intensive</li><li>DOT continuation</li></ul>	
0	therapy (DOT)]?		
8.	Did you take your medications in the intensive phase on your own without		
	supervision or support (self-administering) or did you have a supervising or supportive therapy (DOT)?		
9.	Where do you or a family member get your	- Dispensary	- Chest hospital
	TB medicines?	- Health centre	- Chest clinic
		<ul><li>Public hospital</li><li>Pharmacy</li></ul>	<ul><li>Health insurance</li><li>Others, specify</li></ul>
		- Herbalist/traditional practitioner	- Others, specify
		- Private clinic	
		- Private hospital	
		- Community health worker	
	D 1	- Other facility	Q
10.	Do you have any of the following types of health insurance?	<ul><li>Payment scheme</li><li>Medical allowance</li></ul>	<ul><li>Government insurance</li><li>Private insurance</li></ul>
	nearth mourance.	Health insurance from NGOs in the form of	- Donors (e.g., charities)
		donations	(1,8)
		- Family / community fund	
		<ul><li>Private health insurance</li><li>Other</li></ul>	
11	What is your level of education (for the	- No education	- Below education age
11.	patient)?	- Elementary education (up to grade 3)	- Illiterate does not read or write
		- Incomplete high school (up to grade 9)	- Read and write
		- Completion of high school (up to grade 12)	- Elementary
		<ul><li>Professional</li><li>Vocational high school</li></ul>	<ul><li>Preparatory</li><li>Secondary</li></ul>
		- Higher education (university)	<ul><li>Higher education (university)</li></ul>
12.	What is your main job?	- School student	- Student
		- Technical	- Employee
		- Service	- Professional
		<ul><li>Factory worker</li><li>Farmer</li></ul>	<ul><li>Manual worker</li><li>Merchant</li></ul>
		- Government employee	- Housewife
		- Teacher	- Not working
		- Retired	- Retired
		- Housewife	
		<ul><li>Unemployed</li><li>other</li></ul>	
13.	Who did you borrow / receive from?	- the last option "other"	- the respondent was asked to
_3.	(Multiple answers)	1	specify "others"
DOT-	directly observed therapy; TB = tuberculosis.		

 $\overline{DOT} = \overline{directly observed therapy}; TB = tuberculosis.$