

表2. 市四半期報告書作成プロセスにおける指標データの誤差と誤差率

関連するプログラム	指標の名称	元データの合計値*1	誤差*2	誤差率*3
妊産婦ケアに関する指標	指標1 "Pregnant women with 3 or more prenatal visits" (3回以上妊婦検診を受けた妊婦の数)	265	14	5.3%
	指標2 "Pregnant women with TT2 plus" (破傷風トキソイドの注射を2回以上受けた妊婦の数)	162	-10	-6.2%
家族計画に関する指標	指標3 家族計画の"New Acceptors" (家族計画を新規に開始した夫婦の数)	0	0	0.0%
	指標4 家族計画の"Current Users" (現在家族計画を実施している夫婦の数)	49	54	110.2%
予防接種(EPI)に関する指標	指標5 "Infant given BCG" (BCGの接種を受けた幼児の数)	186	22	11.8%
	指標6 "Infant given Measles" (麻疹ワクチンの接種を受けた幼児の数)	203	17	8.4%
子どもの感染症に関する指標	指標7 "Fully Immunized Children (9-11 months)" (規定の予防接種を完了した生後9-11ヶ月の幼児の数)	200	20	10.0%
	指標8 "Pneumonia cases seen (0-59 months)" (肺炎で受診した生後0-59ヶ月の小児の数)	11	12	171.4%
小児の栄養に関する指標	指標9 "Pneumonia cases given treatment (0-59 months)" (肺炎で受診した生後0-59ヶ月の小児のうち治療された小児の数)	7	12	171.4%
	指標10 "Diarrhea cases given ORS (0-59 months)" (下痢症で受診しORSを与えられた生後0-59ヶ月の小児の数)	24	3	12.5%
感染症対策に関する指標	指標11 "Severely Underweight Children (6-59 months)" (生後6-59ヶ月の重度低体重児の数)	0	不明†	不明†
	指標12 マラリアの"Confirmed Cases" (検査で確認されたマラリア患者の数)	44	-2	-4.5%
感染症対策に関する指標	指標13 "TB symptomatics with sputum exam" (結核症状を有し喀痰検査を受けた患者の数)	18	7	38.9%
	指標14 狂犬病関連の"Animal bite cases seen" (狂犬病の危険がある動物による咬傷患者の数)	2	4	200.0%
	指標15 性行為感染症の"Vaginal Discharge" (膣分泌物がみられる女性の数)	0	0	0.0%

*1: 市保健局へ報告された2005年4月分、5月分、6月分のバランガイ月次報告書に記入されたデータの合計値を示す。

*2: 市四半期報告書に記入されたデータの値から、元データの合計値*1を差し引いた結果を示す。

*3: 元データの合計値*1から市四半期報告書に記入されたデータの値への変化率を示す。

†: 書式上の該当欄が無記入だったために把握できなかったことを示す。

フィリピン共和国における医療の質管理に関する政策

— 特に結核 DOTS に注目して —

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研究概要

本研究では、フィリピン共和国の医療制度改革の全体像を明らかにするとともに、結核医療の質管理の問題を検討した。フィリピン共和国では、医療制度改革プランとして“Fourmula ONE”が2005年から実施されている。“Fourmula ONE”は大別して、「財政改革」、「質の保障のための法規範の整備」、「医療提供の公平性・近接性の改善」、そして「ガバナンス機能の強化」の4つの分野から構成されている。

フィリピン共和国では、HIV やマラリアが重要な疾患である一方で、結核は罹患率、死亡率が第6位の疾患である(2000年)。結核については全国結核制圧計画(National Tuberculosis Control Program)が30年間以上実施されているにもかかわらず、結核の保健指標の値は好ましくない。問題は、①結核発見率の低さ、②そして治療面では、民間医療機関を中心にDOTSが普及していないという医療の質管理に問題があることが明らかとなった。今後は、平成18年度は結核保健医療、特にDOTSの質管理とそれを支援するための医療制度改革(Fourmula One)の具体的進め方に論点を絞り研究を継続したい。

A. 研究目的

フィリピンでは医療制度改革(Fourmula One)の実践を通じて保健医療の質改善を行う中、医療機関間の結核DOTSの手法・効果の格差が出てきている。本研究では同国の医療制度改革の全体像を明らかにするとともに結核医療の質管理の問題を検討することが研究目的である。

B. 研究方法

フィリピン厚生省の刊行物や統計資料等を用いて医療制度改革(Fourmula One)の特徴及び問題点を整理するとともに、それが保健医療に及ぼした影響を調査した。また、結核を取り巻く保健医療指標を精査し、それを参考に平成18年度に予定しているDOTSを中心とした結核医療の質管理の現状を調査するための質問表を作成した。

C. 結果と考察

フィリピン共和国では、医療制度改革(Health Sector Reform Agenda)が90年代後半にまとめられ実施されてきた。これらの成果を検証するとともに、次期の医療制度改革プランとして“Fourmula ONE”が2005年から実施されている。“Fourmula ONE”は大別して、「財政改革」、「質の保障のための法規範の整備」、「医療提供の公平性・近接性の改善」、そして「ガバナンス機能の強化」の4つの分野から構成されている。これら4つの分野における改革が2010年を目標に進められようとしている(表1)。

保健医療分野の目標としては、1.飢餓と貧困の根絶、2.乳児死亡率を現在の2/3にする、3.妊産婦死亡を現在の3/4にする、4.HIVやマラリア、その他の疾病の増加に歯止めをうち、減少に向かわせる、の4点が定められている。

表1

OBJECTIVES	INDICATORS	TARGET	BASELINE & SOURCE
Reduce maternal mortality	Maternal mortality rate per 100,000 live births	129/100,00 live births	172/100,000 live births Source: NDHS 1998
Reduce perinatal mortality	Perinatal mortality per 1,000 live births	18/1,000 live births	24/1,000 live births Source: NDHS 2003
Reduce low birth weight infants	Percent of low birth weight of total live births	10%	12%

Source: NDHS 2003

フィリピン共和国では、HIVやマラリアが重要な疾患である一方で、結核は罹患率、死亡率が第6位の疾患である(2000年)。新規患者は229千件(2001年)、罹患率は297(対10万人当たり:WHO2003年)、死亡率は56(対10万人:UNDP2003年)とASEAN諸国の中でも結核を取り巻く保健指標は低位にある。

結核については全国結核制圧計画(National Tuberculosis Control Program)が30年間以上実施されているにもかかわらず、結核の保健指標の値は好ましくない。問題は、①結核発見率の低さ、②そして治療面では、民間医療機関を中心にDOTSが普及していないという医療の質管理に問題があることが明らかとなった。

D. 結論

医療制度改革が保健医療事情の劇的な改善にはつなげていない。設定した理念・目標と施策体系の間に乖離があると同時に、結核対策も含めて現在の社会資源の役割・機能分担について再整理が必要である。

今後は、これらの成果を踏まえて、平成18年度は結核保健医療、特にDOTSの質管理とそれを支援するための医療制度改革(Fourmula One)の具体的進め方に論点を絞り研究を継続したい。

本年度において、次年度の核となる質問表の原案は作成済みである(別添)

E. 健康危機管理

特記すべき事項なし

F. 研究発表

1. 論文発表
なし
2. 学会発表
予定している

G. 知的財産権の出願・登録状況

1. 特許取得
なし
2. 実用新案登録
なし

QUESTIONNAIRE FOR TB PATIENTS

Facility Name: _____ Date of Interview: _____

Location: _____

Name of Respondent: _____

Address:

Section 1. Household Background and Assets

101. How many persons usually live with you in your household? (Live with means they sleep and eat with you) _____

102 Name of Usual Residents	103 Relationship to Household (HH) Head	104 Gender	105 Age	106 Education	107 Civil Status	108 Occupation (See attached code)	109 Monthly Income
Please give me the names of the persons in your household who usually live with you for the past	How is (NAME) related to HH head? 1- Head 2- Spouse 3- Son/Daughter 4- Parent	Is (NAME) Male or Female? 1- Male 2- Female	How old is (NAME) on his/her last birthday?	What is the highest grade completed by (NAME)? Grade 1 2 3 4 5 6 HS 1 2 3 4	What is the civil status of (NAME)? 1- Never married 2- Married & living with	What is the current employment status of (NAME)? (See attached code or occupation) NOTE: For children aged 17 years and below,	How much does (NAME) earn monthly?

6 months. Include those who are temporarily away.	5- Grandchild 6- Grandparent 7- Other relatives 8- Other non-relatives			College 1 2 3 4 Vocational Post Grad	spouse 3- Married and living with spouse 4- Live-in 5- Widowed 6- Separated	ask if enrolled this school year 0- Not enrolled 1- Enrolled	
RESPONDENT							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

HH size _____ Male _____ Female _____
 Total _____

Coding No.	Questions and Filters	Coding Categories	Skip to
110	Do you have health insurance?	Yes.....1 No.....2	111
110a	What kind of health insurance?	PhilHealth GSIS.....1 PhilHealth SSS.....2 OWWA.....3 PhilHealth Individually Paying.....4 PhilHealth Sponsored Program.....5	

Coding No.	Questions and Filters	Coding Categories	Skip to																																	
		PhilHealth Non-Paying Program.....6 Health Maintenance Organization.....7 Others,8 SPECIFY _____																																		
111	How long have you been living in your current residence? If less than 1 year, record the number of months.	Years Months																																		
112	Do you or any member of the household have ➤ Electricity ➤ Radio/radio cassette player ➤ Television ➤ Landline telephone ➤ Cellular phone ➤ Washing machine ➤ Refrigerator/freezer ➤ CD/VCD/DVD player ➤ Component/karaoke ➤ Personal computer	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">YES</th> <th style="width: 25%;">NO</th> </tr> </thead> <tbody> <tr> <td>➤ Electricity</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>➤ Radio/radio cassette player</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>➤ Television</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>➤ Landline telephone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>➤ Cellular phone</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>➤ Washing machine</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>➤ Refrigerator/freezer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>➤ CD/VCD/DVD player</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>➤ Component/karaoke</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>➤ Personal computer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	➤ Electricity	1	2	➤ Radio/radio cassette player	1	2	➤ Television	1	2	➤ Landline telephone	1	2	➤ Cellular phone	1	2	➤ Washing machine	1	2	➤ Refrigerator/freezer	1	2	➤ CD/VCD/DVD player	1	2	➤ Component/karaoke	1	2	➤ Personal computer	1	2	
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113	Do you or any member of your household have ➤ A tractor ➤ Motorized banca ➤ A car/jeep/van ➤ A motorcycle/tricycle ➤ A bicycle/pedicab	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">YES</th> <th style="width: 25%;">NO</th> </tr> </thead> <tbody> <tr> <td>➤ A tractor</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>➤ Motorized banca</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>➤ A car/jeep/van</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>➤ A motorcycle/tricycle</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>➤ A bicycle/pedicab</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	➤ A tractor	1	2	➤ Motorized banca	1	2	➤ A car/jeep/van	1	2	➤ A motorcycle/tricycle	1	2	➤ A bicycle/pedicab	1	2																
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114	What is the main source of drinking water for the members of your household?	Community water system piped into ➤ Dwelling.....11 ➤ Yard/plot.....12 ➤ Public tap.....13 Point Source ➤ Protected well21	115a 115a																																	

Coding No.	Questions and Filters	Coding Categories	Skip to
		➤ Open Dug well22 Developed Spring31 Undeveloped Spring32 River/stream/pond/lake33 Bottled Water/refilling station41 Rainwater51 Tanker truck/water peddler61 Other, SPECIFY71	 115a 115a 115a
115	How long does it take to go to water source, get water and come back?	Minutes On premises99	
115a	In the last month, how frequently is water available from (source in 116)?	Usually always available1 Several hours per day2 Once or twice a week3 Infrequently4	
116	How do you make your water safe to drink? PROBE: anything else? (Note: ENCIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES)	None0 Boiling1 Chlorination2 Filter equipment3 Improvised filter4 Others, SPECIFY5	
117	What kind of toilet facility does your household have?	FLUSHED TOILET ➤ Own toilet11 ➤ Shared toilet12 PIT TOILET/LATRINE ➤ Closed pit21 ➤ Open pit22 Drop /overhang toilet31 No toilet/field/bush41 Other, SPECIFY51	
118	What is the main material of the household floor?	NATURAL FLOOR (earth/sand)11 RUDIMENTARY FLOOR ➤ Wood planks21 ➤ Palm/Bamboo22	

Coding No.	Questions and Filters	Coding Categories	Skip to
		FINISHED FLOOR ➤ Parquet or polished wood31 ➤ Vinyl or asphalt strips32 ➤ Ceramic tiles33 ➤ Cement34 ➤ Marble35 ➤ Other, SPECIFY.....41	
119	What is the main material of household outer walls?	Concrete/brick/stone11 Wood12 Half concrete/brick/stone and half wood13 Galvanized iron/ aluminum14 Bamboo/sawali/cogon/nipa15 Asbestos16 Glass17 Makeshift/ salvaged materials18 No walls19 Others, SPECIFY21	
120	What is the tenure status of your residence?	Owned/ being amortized1 Rented2 Sharing with extended families3 Others, SPECIFY4	

Section 2. Previous TB Infection and Knowledge on Tuberculosis

Coding No.	Questions and Filters	Coding Categories		Skip to
201	Before your present illness, did you ever had the following symptoms? ➤ Cough for 2 weeks or longer? ➤ Fever for 2 weeks or longer? ➤ Chest or back pain? ➤ Coughing up blood? ➤ Sweating at night?	YES 1 1 1 1 1	NO 2 2 2 2 2	

Coding No.	Questions and Filters	Coding Categories	Skip to
202	Check 201	With any symptom (at least one YES to above questions)1 Without any symptom (Not a single YES to above questions)2	209
203	Did you seek consultation or treatment for the symptoms?	Yes1 No2	208
204	Where did you go for advice/consultation/ treatment for your previous symptoms?	Public Sector Government hospital11 Health Center12 Outreach Clinic13 Others, SPECIFY _____ Private Provider Private hospital/clinic21 Pharmacy22 Private doctor23 NGO clinic24 Other Private provider, SPECIFY _____ -	
205	What is the main reason you chose to go to	Distance..... ...1	

Coding No.	Questions and Filters	Coding Categories	Skip to
	<p>_____</p> <p>(answer to question 204)</p> <p>ENCIRCLE ALL ANSWERS</p>	<p>Cost</p> <p>.....2</p> <p>Service.....</p> <p>...3</p> <p>Quality of</p> <p>drugs.....4</p> <p>Others, SPECIFY</p> <p>_____</p>	
206	Were you diagnosed to have tuberculosis for these symptoms?	<p>Yes</p> <p>.....1</p> <p>No</p> <p>.....2</p>	209
207	Have you taken anti-tuberculosis for these symptoms?	<p>Yes</p> <p>.....1</p> <p>No</p> <p>.....2</p>	
207a	Where did you get the anti-TB drugs?	<p>Public Sector</p> <p>Government hospital</p> <p>.....11</p> <p>Health Center</p> <p>.....12</p> <p>Outreach Clinic</p> <p>.....13</p> <p>Others, SPECIFY</p> <p>_____14</p> <p>Private Provider</p> <p>Private hospital/clinic</p> <p>.....21</p> <p>Pharmacy</p> <p>.....22</p> <p>Private doctor</p> <p>.....23</p> <p>NGO clinic</p> <p>.....24</p> <p>Other Private provider, SPECIFY</p> <p>_____</p> <p>25</p>	

Coding No.	Questions and Filters	Coding Categories	Skip to
207b	Did you complete the treatment as advised?	Yes1 No2	
207c	Why did you not complete the treatment? DO NOT READ OUT: The following are the side effects of the anti-TB drugs: <input type="checkbox"/> Skin itchinness <input type="checkbox"/> Deafness <input type="checkbox"/> Dizziness <input type="checkbox"/> Jaundice <input type="checkbox"/> Confusion <input type="checkbox"/> Shock/purpura <input type="checkbox"/> Visual impairment <input type="checkbox"/> Anorexia/nausea/abdominal pain <input type="checkbox"/> Joint pain <input type="checkbox"/> Burning sensation in the feet <input type="checkbox"/> Orange /red urine <input type="checkbox"/> Others, SPECIFY	Cost of treatment1 Felt better already2 Experienced side effects3 Others, SPECIFY _____4	
208	Why did you not seek consultation or treatment for the symptoms (Questions 201)	Symptoms are harmless1 Self-medication2 Cost3 Distance4 Embarassed5 Others, SPECIFY _____6	
209	Have you ever heard of illness called tuberculosis?	Yes1 No	Section 3

Coding No.	Questions and Filters	Coding Categories	Skip to
	2	
210	Can tuberculosis be cured?	Yes1 No2	
211	What signs and symptoms would lead you to think that a person has tuberculosis? PROBE: Any others? RECORD ALL MENTIONED	Coughing1 Coughing with sputum2 Coughing for several weeks3 Fever4 Blood in the sputum5 Loss of appetite6 Night sweating7 Pain in chest or back8 Tiredness/ fatigue9 Weight loss10 Others, SPECIFY _____ 11 Don't know12	
212	What do you think is the cause of tuberculosis? PROBE: Any others? RECORD ALL MENTIONED	Microbes/germs/bacteria1 Inherited2 Lifestyle3 Smoking4 Alcohol drinking	

Coding No.	Questions and Filters	Coding Categories	Skip to
	5 Fatigue/stress6 Don't know7	
213	How does tuberculosis spread from one person to another?	Through the air when coughing1 Sharing eating utensils2 Touching a person with TB3 Others, SPECIFY _____4 Don't know5	

Section 3. Present TB Infection, Diagnosis and Management

Coding No.	Questions and Filters	Coding Categories	Skip to
301	Have you been diagnosed to have TB in this facility?	Yes1 No2	302
301a	How were you diagnosed to have TB?	Through sputum smear1 Chest x-ray2 Others, specify3 _____ -	
302	How soon after symptoms of your present illness started did you seek consultation or	Weeks Days	

Coding No.	Questions and Filters	Coding Categories	Skip to
	treatment?	
303	How soon after consultation were you told of the diagnosis?	Same day as consultation.....1 Not same day 2 SPECIFY Number of days.....	
304	How long was it from the time you were diagnosed and before you started treatment?	Same day as diagnosis.....1 Not same day2 SPECIFY number of days.....	
305	When you were diagnosed to have TB, did the providers in this facility asked if other members of your household have the same symptoms as yours?	Yes1 No2	305
305a	When you were diagnosed to have TB, did the providers in this facility advise you to bring household members with same symptoms to seek consult?	Yes1 No2	
306	Where do you get the anti-TB drugs?	Provided by this facility but I pay1 I was given prescription and I buy from outside pharmacy2 I was given prescription and I get from public health facility 3 Provided by NGO4 Others, SPECIFY 5 _____	
306a	How do you pay for the anti-TB drugs?	Provided free1 Out-of-pocket	

Coding No.	Questions and Filters	Coding Categories	Skip to
		<p>.....2 Paid by employer 3 PhilHealth 4 Health Maintenance Organization.....5 Other health insurance,SPECIFY.....6</p> <hr/> <p>— Others, SPECIFY.....7</p> <hr/> <p>—</p>	
307	Where do you take your anti TB drugs?	<p>In this facility supervised by health worker...1 In this facility without supervision2 At my house, supervised by household member who has been trained3 At my house with no supervision4 Others, SPECIFY5</p> <hr/> <p>—</p>	<p>307 307 307</p>
307a	How often do you come here to take your anti-TB drugs?	<p>Daily1 3 times a week2 Others, SPECIFY3</p> <hr/> <p>—</p>	

Coding No.	Questions and Filters	Coding Categories	Skip to
308	Do you have experienced any side effects from the drugs? NOTE: ENCIRCLE ALL MENTIONED BUT DO NOT READ THE RESPONSES	Skin,itchiness1 Deafness2 Dizziness3 Jaundice4 Confusion.....5 Shock/purpura6 Visualimpairment7 Anorexia/nausea/abdominalpain8 Jointpain9 Burning sensation in the feet10 Orange /redurine11 Others,SPECIFY12 _____ -	
309	Did any of the health providers in this facility explain possible side effects of anti-TB drugs?	Yes1 No2	
310	Were you told what to do in case you develop side effects?	Yes1 No2	

Coding No.	Questions and Filters	Coding Categories	Skip to
311	What is the main reason you chose to come to this facility?	Distance.....1 Cost.....2 Service.....3 Quality of drugs.....4 Others, SPECIFY _____	
312	Are you aware of the Directly Observed Treatment Shortcourse Chemotherapy (DOTS) program for TB?	Yes.....1 No.....2	
313	Are you aware that PhilHealth has a benefit package for treatment of TB	Yes.....1 No.....2	Section 4
313a	If you are aware of the PhilHealth TB package, will you go to the PhilHealth-accredited facility to avail of this benefit?	Yes.....1 No.....2	

Section 4. Patient's Satisfaction

Coding No.	Questions and Filters	Coding Categories	Skip to
	FOR NUMBERS 401 TO 411, ASK THE PATIENT TO WHAT EXTENT DOES HE /SHE AGREE /DISAGREE WITH THE FOLLOWING	Strongly agree1 Agree2 Not sure3 Disagree4 Strongly disagree5	
401	The doctor clearly explains what is my illness before giving any	1 2 3 4 5	

Coding No.	Questions and Filters	Coding Categories	Skip to
	treatment		
402	Coming to this facility is convenient for me	1 2 3 4 5	
403	The doctor does not tell me enough about my treatment and its side effects.	1 2 3 4 5	
404	I will come back to this facility for my other medical needs	1 2 3 4 5	
405	The doctor fully explains how my illness will affect my work and my family if left untreated.	1 2 3 4 5	
406	I am satisfied with the service hours of this facility	1 2 3 4 5	
407	I sometimes feel that I have not given enough information about my illness.	1 2 3 4 5	
408	I intend to follow the advice I received from this facility	1 2 3 4 5	
409	The health professionals are warm and friendly	1 2 3 4 5	
410	If I know somebody with similar health problem as mine, I would ask her to seek consultation in this facility	1 2 3 4 5	
411	I intend to come back for follow up	1 2 3 4 5	
412	I find the TB treatment here affordable	1 2 3 4 5	
413	Waiting for the doctor takes so much of my time.	1 2 3 4 5	
414	The health professionals can readily be trusted	1 2 3 4 5	
415	I feel better with the treatment that my doctor prescribed.	1 2 3 4 5	
415	FOR DOTS CLINIC ONLY I understand the reason for directly observed treatment	1 2 3 4 5	

THANK YOU VERY MUCH!

****END OF INTERVIEW****

Comments about Respondent

Comments on Specific Questions:

Other Comments:

CODES FOR RESPONSES ON QUESTION 108

VARIABLE DESCRIPTION	CODES
Occupation	MAJOR CATEGORIES
	10 Government officials and employees, police, military

	11 - 12 -
	20- Corporate managers, supervisors and employees 21- 22-
	30- Academic faculty and staff 31- 32-
	40- Medical and health workers, scientists, laboratory staff 41- 42-
	50 - Clerk, technician, plant and machine operators, construction workers 51- 52
	60- Agriculture, fishery, forestry, mining 61- 62-
	70- Craft, service-related, shop/market sales workers 71- 72-
	80 - businessmen, self-employed/sales group 81- 82-
	90- Others 91- Missionary/clergy/priest 92- OFW
	00 No occupation