

Annex-1

Questionnaire for interview of clinicians/focal person on follow up of treated VL cases

Form ID:

Country:(Bangladesh-1)

Upazila:

Name of the hospital/office:

ID of the doctor/focal person:.....

Position: Physician/focal person

Date of interview (dd/mm/yyyy):

1. How many years have you been working as clinician/focal person in this hospital?
.....years.....months
2. How many cases of VL have you treated in the last one year?.....cases
3. Which drugs do you administer for the treatment of VL cases?.....
4. Do you follow up treated VL cases?
Yes.....1
No.....2
5. If yes, how many treated VL cases did you follow up this year?.....cases
6. If yes, what is the frequency of follow up?
Monthly.....1
In three months.....2
In six months.....3
In a year.....4
No fixed schedule.....5
7. For how many years do you follow up your treated VL cases?years.....months
8. How do you follow up of the treated VL cases?
The patient comes to hospital for follow up.....1
By telephone call.....2
Through local health worker.....3
Others (specify).....4
.....
9. Which parameters do you monitor during the follow up visit of treated VL case?
Chronic fever.....1
Spleen size.....2
Weight.....3
Haemoglobin.....4
Skin lesions.....5
Any consequences.....6
Others (specify).....7
.....
10. Do you face any problems in follow up of treated VL cases?
Yes.....1
No.....2
11. If yes, what are the problems in follow up of treated VL cases? (in terms of patient side, health service side, logistics, personal time, ...)

.....

12. What are the challenges for follow up of treated VL cases? (from the perspective of program, patient, staff member, geographical area...)

.....

13. In your opinion, how can those challenges be overcome by the program?

.....

14. If you do not follow up the treated VL case, why is that so?

.....

15. Do you have any suggestions for better follow up after VL treatment?

.....

THANK YOU FOR YOUR TIME

Annex-2

Questionnaire for interview of treated VL case on follow up & impact of COVID-19

ID number:

Country:(Bangladesh -1)

Upazila:

ID of the treated VL case:

Age:..... Sex:..... (1-Male; 2-Female)

Education: a. Illiterate
 b. Informal education
 c. Primary education
 d. Secondary education
 e. Higher secondary and above

Occupation: a. Farmer
 b. House wife
 c. Business
 d. Student
 e. Labour
 f. Unemployed
 g. Job in office
 i. Others (specify).....

Palika:.....

Ward No.:.....

Village:.....

Date of interview (dd/mm/yyyy):

1. When did you get treatment of VL?/...../.....(dd/mm/yyyy)
2. When was the treatment completed?/...../.....(dd/mm/yyyy)
Time of completion of treatment:months.....years
3. Where did you get treatment?.....
4. Do you remember the name of the drug for VL treatment (check the medical record of the patient if available)?.....
5. Did your doctor/nurse/health worker during the discharge time tell you to come for follow up after few days/months?
Yes.....1
No.....2
6. Did you go to hospital or doctor/health worker in the community follow up you as a follow up visit after the VL treatment?
Yes.....1
No.....2
7. After how many days/months of the VL treatment did the doctor call you for follow up?
.....days.....months

8. Did you go to hospital for follow up in time?
Yes.....1
No.....2
9. What did the doctor/health worker monitor during the follow up visit (check the prescription/follow up examination findings if available)?
Only ask for health status.....1
Ask for fever.....2
Measure the spleen size.....3
Measure the weight.....4
Measure the haemoglobin.....5
Observe for any skin lesions.....6
Others (specify).....7
.....
.....
.....
.....
10. If you do not go for follow up visit, why did you not go for the follow up visit?
I was healthy.....1
I thought that follow up is not needed.....2
No money for travel to go to follow up.....3
No money for the hospital charge.....4
Others (specify).....5
.....
11. Do you have any suggestions for better follow up after VL treatment?
.....
.....
.....
.....
12. What is your current health status?
No any health problem/healthy.....1
Suffering from health problem.....2
Specify the health
problem.....
13. Did you feel or suffer any illness between now and the discharge time?
Yes.....1
No.....2
If yes, specify the
problem.....
14. Did you go to hospital/health facility for the treatment of that health problem?
Yes.....1
No.....2

If yes, what was done for the treatment of that health problem?

.....

15. During COVID-19 pandemic, did you have any appointments scheduled with a doctor that were cancelled or deferred because of COVID-19? The scheduled appointment might have been at a hospital or in the doctor's private clinic.

Yes.....1 No.....2

16. What was the reason for cancellation of appointments?

- a. Because of COVID-19, the hospital/clinic was closed at that time
- b. The doctor was in isolation
- c. Patients were not cared except COVID-19 in that hospital
- d. Others (specify).....

17. Why were you not be able to go to hospital in time?

- a. No transport available
- b. No money
- c. Nobody available to go with
- d. Fear of COVID-19 in the hospital
- e. Others (specify).....

18. Did you have to face shortage of diagnostics and drugs for VL treatment?

- a. Yes.....1
- b. No.....2

19. Has COVID-19 affected your health care at all? If yes, in what way? (Anxiety, stress, etc. or indirect effects of the pandemic due to reduced earning, loss of family support, isolation etc. on health and health care seeking behavior)

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THANK YOU FOR YOUR TIME

Annex-3 Questionnaire for follow up of treated VL cases

Visit Name: Enrolment Visit
Subject Initial:

Site No:.....
Subject ID:.....

INFORMED VOLUNTARY WRITTEN CONSENT OBTAINED

YES

NO

Participant Initials:

Participant ID:

Consent/Assent Date (dd/mm/yyyy):

Participant age: years

Gender: Male.....1 Female.....2

INFORMATION FOR PAST VL TREATMENT (Will be obtained from clinical history)

Participant Initials as in baseline study:.....

Participant ID as in baseline study:.....

Participant age while suffering from VL for the first time:years

VL treatment regimen:

SSG monotherapy

SDLAmB monotherapy

MF monotherapy

PMIM+MF Combination therapy

PMIM monotherapy

PMIM+LAmB Combination therapy

MDLAmB monotherapy

LAmB+MF Combination therapy

Treatment start date: (dd/mm/yyyy).....

No. of dose(s) taken:

Treatment Status: Completed Withdrawn

Date of completion:/...../.....(dd/mm/yyyy)

RETROSPECTIVE INFORMATION

Did the participant report VL relapse or PKDL from the end of treatment?

Yes No

If Yes, participant reported of

VL Relapse PKDL Both

Onset date as reported by participant (VL Relapse) Date (dd/mm/yyyy)/...../.....

Onset date as reported by participant (PKDL) Date (dd/mm/yyyy)/...../.....

DEMOGRAPHICS AND OTHER DETAILS:

Education (in years):years

Monthly household expenditure:.....

Number of family members in the household:.....

Any other family members affected with VL in the past?.....Yes No

Type of house? Kuccha Pucca Tin house

Presence of cattle shed? Yes No

Number of bed nets in the house?

How often is the bed net used?

Frequently ☐ Sometimes ☐ Not at all ☐ N/A ☐

CURRENT MEDICAL CONDITION (AT THE TIME OF ENROLLMENT):

SYMPTOMS OF VL

a) Fever > 2 weeks	Yes	No
b) Loss of appetite	Yes	No
c) Loss of weight since completion of treatment	Yes	No
d) Abdominal enlargement/splenomegaly	Yes	No

If "a" is Yes and either of b, c, or d are yes, then please refer to VL treatment hospital.

SYMPTOMS OF PKDL

a) Lesion on face, neck, upper and lower limbs or other parts of body

Yes No

b) Discoloration/ papules/nodules of skin on face, neck, upper and lower limbs or other parts of body

Yes No

If either "a" or "b" is Yes, then please refer to VL treatment hospital

Referred? Yes No NA

If no, why?.....

Weight:(Kg)

Haemoglobin:mg/dl

Status at first follow up: Alive.....1 Dead.....2

Does the VL treated case have any health problems after VL treatment?

Yes.....1 No.....2

If yes, what are the problems?

.....

FOLLOW- UP VISIT

Follow –up visit: Visit No..... Date/...../.....

CURRENT MEDICAL CONDITION (AT THE TIME OF FOLLOW- UP VISIT):

SYMPTOMS OF VL

a) Fever > 2 weeks	Yes	No
b) Loss of appetite	Yes	No
c) Loss of weight	Yes	No
d) Abdominal enlargement / Splenomegaly	Yes	No

If "a" is Yes and either of b, c, or d are yes, then please refer to VL treatment hospital.

SYMPTOMS OF PKDL

a) Lesion on face, neck, upper and lower limbs or other parts of body

Yes No

b) Discoloration/ papules/nodules of skin on face, neck, upper and lower limbs or other parts of body

Yes No

