

**A STUDY TO EVALUATE THE EFFECTIVENESS OF THE “SAFECARE” MODEL  
IN TANZANIA**

**STANDARDISED PATIENT SCRIPT  
CASE OF TB**

Opening statement:

*Doctor, I have had a cough that is not getting better.*

How long have you had a cough for?

*About 3 weeks*

Do you cough up mucus/sputum?

*Yes, some yellow mucus*

Is there blood in the sputum?

*No*

Have you seen a doctor already?

*Yes, and he gave me some medicines*

Which health facility?

*[Name facility in another town]*

How long did you have your cough for when you saw the doctor?

*One week*

Did the doctor do any tests?

*Yes, he did a malaria test but it was negative*

What medicine did you take?

*Amoxicillin*

How long have you been taking the medicine for?

*One week*

Did you finish all the medicine?

*Yes*

Have your symptoms improved?

*No, they haven't gone away at all.*

Have you ever been tested for TB?

*No*

Have you ever been diagnosed with TB?

*No*

Has anyone in your family had TB?

*No*

Has anyone in your family had a cough like this?

*No*

Have you had any contact with any TB patients?

*No*

Do you have the cough throughout the day?

*Yes, all day, but it comes and goes*

Have you had a fever?

*Yes, some fever*

Was your fever very high?

*Not especially*

Do you have chest pain?

*Yes.*

Whereabouts in your chest is the pain?

*All over*

Have you lost your appetite?

*Yes.*

Have you had difficulty breathing?

*No.*

Have you had any wheezing?

*No.*

Are you losing weight?

*Yes.*

How much?

*I don't know, just a little. My clothes feel a little looser.*

How much did you weigh the last time that you weighed yourself?

*I can't remember*

Are you having night sweats?

*Yes.*

Have you had any throat pain or upper respiratory symptoms (cold, sneezing, stuffiness)?

*No.*

Do you smoke?

*No*

Do you drink?

*No*

Do you have diabetes?

*No*

Have you had diabetes in the past?

*No*

Have you been tested for diabetes?

*No*

Have you ever taken an HIV test/do you know your HIV status?

*No*

Are you allergic to any medicines?

*No*

Do you have any other problems?

*No*

When was your last period?

*About two weeks ago*

Are you/could you be pregnant?

*No*