



**Person-centered
TB information
for people
from migrant
populations:**

**using artificial intelligence
(AI) to overcoming ...**

**... the language
barriers and stigma
communication on TB.**



Content

Annex 1. Combined source materials TB knowledge chaTBot	3
Annex 2. Post-survey TB knowledge chaTBot	16
Annex 3. Pre-survey TB knowledge chaTBot	24

Annex 1. Combined source materials TB knowledge chaTBot

What is tuberculosis?

Tuberculosis (TB) is an infectious disease caused by a bacterium, *Mycobacterium tuberculosis*. This bacteria causes inflammation in the body. A quarter of the world's population is infected with TB, but fortunately not everyone gets sick. On average, 5-10 percent of infected people develop TB, 80 percent of whom develop the disease within the first two years after infection.

The remaining 20 percent will still become ill later in life. The TB bacillus can survive in a latent (dormant) form in the body for decades and become active again when the immune system of the infected person weakens. For example, due to illness or malnutrition. Persons with HIV infection, diabetes and immunological problems are more likely to become ill after a TB infection.

The TB bacillus can settle in all organs and cause illness. Usually these are the lungs. Patients with a contagious form of pulmonary (lung) tuberculosis can transmit the disease through the air to contact persons mostly by coughing and sneezing. Individuals with a latent infection are not sick yet and cannot spread the disease.

There are effective medications to treat TB and to treat TB Infection. Unfortunately, TB bacilli can mutate, which makes them insusceptible (resistant) to medications. Therefore, a TB patient must always be treated with a combination of medications. Without treatment, TB is a deadly disease.

Common TB Symptoms

The most common symptoms of TB are:

- coughing;
- weight loss or loss of appetite;
- high temperature (fever);
- night sweats.

Screening

Who is invited to be screened?

The letter inviting you to take part in the screening programme explains why you (or your child) have been asked to be screened.

Possible reasons include:

- You (or your child) come from a country with high rates of TB.
- You (or your child) are in or have had contact with someone suffering from TB or who is infected with the TB bacteria.

- You suffer from reduced immunity, for example due to HIV or medication that weakens the immune system. People with a reduced immunity who already have TB bacteria in their body (TB infection) are at a higher risk of developing TB.
- You work with groups of people from areas with high rates of TB.
- You travel to countries with high rates of TB.

How do we screen for TB infection?

You will be asked to fill in a questionnaire about your general health beforehand. A skin test and/or a blood test will then be taken. These tests can show whether your body recognises TB bacteria and whether you may be infected. If necessary, we will take a chest X-ray to be absolutely sure that you do not have TB.

The questionnaire will tell us whether:

- you have any symptoms that could be caused by TB;
- you have an increased risk of developing TB. This is important to assess the test results correctly.

The skin test is safe, also for children and pregnant women.

The tuberculin skin test (TST) (Mantoux test)

For the skin test, we inject a small amount of fluid into the skin on the outside of the left forearm. You will gradually see a small bump develop. This is normal. The bump should disappear after a few minutes, sometimes a little longer.

After the skin test, you will make an appointment to return to the Municipal Public Health Service (GGD). We will then see whether your body has reacted to the test. This will be after two to three days.

It will be two to three days before a possible reaction can be measured. It is important that you do not rub or scratch the site of the injection. You must also not apply a plaster to it.

Go to your appointment at the GGD for the result. An employee will feel whether your skin has reacted. If there is a reaction to the skin test, a blood test will usually be taken. The appointment with the GGD is after two to three days. After that, any reaction can no longer be assessed and the test would have to be repeated, so it is important that you come to the GGD at the agreed time.

If the result of the skin test is positive, a chest X-ray will be taken. This is to rule out TB.

What could the result be?

You can receive one of the following two results:

- The skin test (TST) is negative. No reaction was measured. At this time, there is no evidence of a TB infection.
- The skin test (TST) is positive. A reaction was measured. This means that you may be infected by TB bacteria.

If the skin test is positive, this can mean four things:

1. You are infected with TB bacteria, but are not or not yet ill with the disease.
2. You have TB.
3. You have been infected by bacteria that are very similar to TB bacteria.
4. You have had a vaccination against TB (BCG vaccination).

Further testing is necessary to identify the precise cause. A blood test can show us if you are actually infected with the bacteria. That is why a blood test is usually taken if the result of the skin test is positive. Children aged five or younger and people with a weaker immune system will not always need to have a blood test.

The doctor will discuss with you what should be done.

Chest X-ray

A chest X-ray (of the lungs) can quickly identify any abnormalities that could indicate TB. The result of the X-ray should be available within a few days. Chest X-rays are safe, also for children and pregnant women.

What you should know about the chest X-ray

The test is safe, also for children and pregnant women. It is important that you have the test done. It is important for your own health and that of the people around you.

What should you do before the X-ray?

Remove any jewellery (e.g. necklace, brooch or piercing). Tie up long hair. You will usually not need to remove a hijab. You will usually be asked to strip to the waist.

What happens when a chest X-ray is taken?

You will stand in front of the camera. The assistant will help you stand in the right position.

The assistant will ask you to take a deep breath and hold it for a few seconds. That is when the X-ray is taken.

The assistant will check that the X-ray was taken correctly. If not, a new X-ray will be taken.

What happens after a chest X-ray has been taken?

The Municipal Public Health Service (GGD) TB doctor will assess your chest X-ray within a few days.

The GGD will contact you if further testing is required following examination of your chest X-ray. This does not necessarily mean that you have TB. There could be other causes for abnormalities seen on the X-ray. Further testing as soon as possible is in your own interest. If the GGD invites you for another appointment, it is very important that you attend.

If no abnormalities are identified on your X-ray, you will usually not be notified.

If you have TB, treatment will start as soon as possible. If necessary, the GGD will test your contacts for TB or a TB infection. The GGD TB doctor will notify your general practitioner if you are found to have TB (or any other abnormality).

The X-ray is a 'snapshot' of the situation at that time. You may still develop symptoms that could indicate TB, such as coughing, weight loss, high temperature (fever) or night sweats. In that case, always contact your general practitioner, even if you have recently been tested. You can also contact the TB department of the GGD in your region.

The blood test (IGRA)

This involves taking a blood sample. The blood is sent to a laboratory for testing. This test can indicate whether you are infected with TB bacteria. The results will be available after two to three weeks.

A blood sample must be taken to test for TB.

An employee will put an elastic band round your arm. The employee will now take a few tubes of blood. The employee will then apply a cotton-wool pad/gauze to the skin. The lab will test the blood for a possible TB infection. You will usually get the result two to three weeks after the blood test.

What could the result be? You can receive one of the following two results:

- **The blood test (IGRA) is negative.** No antibodies against TB bacteria were found in your blood. This means that you are not infected with TB bacteria.
- **The blood test (IGRA) is positive.** Antibodies against TB bacteria were found in your blood. If the blood test is positive, this could mean two things: You are infected with TB bacteria, but you are not (yet) ill with the disease. Or you (may) have TB.

TB Infection

What is a TB infection?

You have been screened for TB. This was a skin test or a blood test, or both. The result of the test was positive. That means that you have TB bacteria in your body. Your chest X-ray showed no abnormalities. The bacteria in your body are inactive. They are 'asleep'. You are not ill, you do not have TB and you are not infectious to others, but you do have a TB infection. The bacteria in your body cannot be transmitted to others, not even by sneezing, coughing, shaking hands or kissing.

A TB infection can become active at a later stage. And then you could become ill. About 10% of people with a TB infection later develop TB. Half of them develop the disease within two years after becoming infected. Is your health affected by other diseases, like HIV, or are you taking medication that weakens your immune system? If so, you will be more at risk of developing TB.

Medication to treat cancer, rheumatoid arthritis or skin diseases can weaken your immune system, so you should always tell your general practitioner or specialist if you have a TB infection.

Treating a TB infection

What does the treatment do?

Medication treatment will prevent you from getting ill at a later stage. The medicines kill the 'sleeping' TB bacteria. Your risk of developing TB then becomes very small.

What medication will I be given?

The doctor will tell you about the medication and how long you have to take it. The most commonly used medicines are isoniazid and rifampicin. They are often combined in a single tablet (Rifinah).

How often do I have to take my medication?

You should take your medication once a day. Take your medication at the same time every day, like in the morning or in the evening.

How long do I have to take my medication?

The treatment lasts for at least three months. This depends on which medication you are given. It is important that you keep taking the medication until the course is finished. The bacteria do not die quickly. That is why you have to take the medication for a long time.

If you do not take the medication properly, or often forget to take it, the treatment will not work. This means the bacteria will not die. It is important that you always take

your medication at the same time every day until the whole course is finished.

What should I do if I forgot to take my medication?

Take it later the same day. If you do not notice until the next day, do not take a double dose. Do mention it to your doctor at your next appointment.

Can I eat as usual during the treatment?

Yes, you can eat whatever you like. Do not drink any alcohol during the treatment. Together with the medication, alcohol can cause liver problems.

Can I take other medication as usual during the treatment?

Always tell the doctor treating you which other medicines you take. That includes any contraceptive you take (such as the pill). The medication can make the pill less effective. So you could get pregnant. If you do not want to get pregnant, you could use condoms, a contraceptive injection or an intra-uterine device.

Does the preventive treatment have any side effects?

The medicines can have side effects. Your urine, faeces, sweat or tears could turn reddish orange. At every check-up, the doctor and/or TB nurse will ask you about any side effects.

TB medication can sometimes have serious side effects. Do you have any of the following?

- skin rash
- nausea
- stomach ache
- jaundice (the whites of your eyes are yellow)

Stop taking the medication and immediately contact your doctor or the nurse at the Municipal Public Health Service (GGD) TB department. You should also contact them if you are in any doubt or have any other symptoms.

If you cannot or do not want to take medication

If there is any reason (medical or otherwise) for you not to take medication, the doctor will discuss this with you. Every six months for the next two years, you will then have a chest X-ray. The doctor will assess the X-ray to see if you have developed TB. You will receive an invitation for the chest X-ray.

If you do not take medication, you will be at more risk of developing TB. The X-rays do not kill the bacteria.

Vaccination

Why vaccinate against TB?

There is a vaccine against TB. It is also known as the BCG (Bacillus Calmette-Guérin) vaccine. The vaccine contains TB bacteria that have been weakened and cannot cause disease. These bacteria train the body to build its own defense against TB. The vaccine can be given at a very early age. The vaccine does not give 100% protection against TB. Still, the risk that vaccinated children develop serious forms of TB, such as TB meningitis, is much lower. The vaccine can be given together with other vaccines.

Who gets a vaccine?

Children with at least one parent from a country with a high rate of TB. The GGD gets information from the municipality if a child is born with at least one parent from a country with a high rate of TB. People who plan to spend a long time in a country with a high rate of TB, or who will be working in such a country in high-risk situations, are also sometimes advised to get vaccinated against TB.

What is the process from the point of receiving an invitation to getting vaccinated?

- A vaccination invitation and an information leaflet about the BCG vaccination will be sent to you by post.
- Please report to the Municipal Public Health Service (GGD) at the time stated. The invitation also tells you what to bring with you to the appointment.
- You will be called in and asked to sit down. The vaccination will be given in the left upper arm. So this upper arm should be bare. The GGD employee will tell you how best to hold your child.
- A little fluid will be injected into the skin on the left upper arm.
- The GGD employee will tell you what you should and should not do and what to keep an eye on after the vaccination. You will be given a separate leaflet about the after-care following the BCG vaccination.

What will your child notice?

The vaccine will not make your child ill. If your child runs a high temperature (fever) immediately after the vaccination, this is not caused by the vaccination but by something else. A red, raised blister will usually appear after one to two months at the injection site. This can sometimes take even longer. Blood and/or pus may come out. There may also be swelling of a gland in the neck or armpit. After about six to 12 months, a scar will form where the blister was. It will take a few weeks for the BCG vaccination to take effect.

Aftercare post a vaccination

- Your child will get an injection in the arm. This injection will not cause high temperature (fever).
- A blister will appear after one to two months. This can sometimes take even longer. Blood and/or pus may come out. This is normal.
- The blister will disappear after six to 12 months. It will leave a small scar.
- Blood or pus may come out of the blister. If this happens, put a gauze dressing on it.
- Your child can bathe or shower as normal.
- Do not apply any ointment, cream, oil or plasters on the blister. Do not squeeze the blister.

More information and support

If your child develops swelling of the glands on the neck or armpit, it is vital that you contact the [TB Department of the](#) Municipal Public Health Service (GGD). You can also contact the GGD if you have any concerns about the blister.

Why first do a skin test (tuberculin skin test)

Sometimes, a skin test needs to be done first. This is the case if your child has already been abroad, for example, or if your child is already aged one or above. The skin test reveals whether the child already has antibodies against TB bacteria. The skin test is safe for children.

The reaction to the skin test can be assessed after two to three days. The vaccine may then be given, depending on the result of the skin test.

Data about BCG vaccination are stored by the GGD in the medical file. The GGD follows the rules of the law in how it treats personal data that are stored in the medical file. Your data may be used anonymously to monitor and improve the quality of the programme.

Transmission

Transmission

TB spreads through the air, for example in a cough or sneeze. When you cough or sneeze, tiny droplets are expelled from the lungs into the air. If a patient has ‘open’ pulmonary TB (which affects the lungs), these droplets contain TB bacteria. Anyone who breathes in these bacteria risks becoming infected. The TB bacteria can then multiply in that person’s body and later cause TB.

The people who are most at risk of becoming infected are those you interact with most. These include the people you live with, family, friends and colleagues. The bacteria cannot be spread via surfaces or clothing. They also cannot be spread by kissing. If someone has TB, the Municipal Public Health Service (GGD) will also screen that person’s close contacts.

Coughing hygiene

Covering your nose and mouth when you cough stops the droplets with TB bacteria from spreading through the air. This reduces the risk of people near you breathing in the bacteria. This is also known as coughing hygiene. Good coughing hygiene includes the following measures:

- Turn your face away when you cough or sneeze.
- Cough or sneeze into the fold of your elbow.
- Use paper tissues and then throw them away.

Rules of daily behavior

During the infectious period, it is important to change or limit your contact with others. Most people are no longer infectious after taking medication for about two weeks. The following rules of daily behavior reduce the risk of infecting other people:

1. During the first few weeks of treatment, only interact with the people in your household. You do not have to avoid them. They do not have to avoid you either.
2. Do avoid new contacts, especially with children.
3. Do not visit other people.
4. Anyone who does or must visit you is advised to wear a special face mask. The GGD nurse will explain how it should be used.
5. It is OK to go for a walk outside, but avoid indoor spaces with lots of people, like supermarkets.
6. If you have an urgent reason to go out (e.g. to the hospital to see the doctor), discuss this with your GGD nurse. This is to avoid other people being infected.
7. Make sure the room you are in is well ventilated and has plenty of daylight.

Contact tracing

What is source and contact tracing?

If someone has pulmonary TB (affecting the lungs), they can infect other people. The infection is spread through the air, for example by coughing or sneezing. That is why the GGD tests people who have been in close contact with an infectious person. This is called contact tracing.

The aim of contact tracing is to trace and treat people infected with TB bacteria as quickly as possible. This prevents those people from developing TB. In some cases, one of these close contacts may already have the disease. Early tracing prevents further spreading.

Sometimes, the source of the infection is traced in the same way. This is called source tracing.

Who is tested?

Together with the patient, the GGD nurse draws up a list of people the patient has been in contact with. These could be family, friends, colleagues or people at school or sports clubs. The GGD ensures that the data obtained are treated confidentially.

People who have frequently been in contact with the patient for a longer period of time are tested first. If testing reveals that these contacts are infected with TB bacteria, other contacts, who had less or less frequent contact, are also tested. Do you think you should be tested but you have not been invited for testing? You can contact the GGD yourself.

When are the tests carried out?

TB testing is only reliable if carried out eight weeks after the last contact with a TB patient. Contacts may be invited for a first test if the patient has had a persistent cough for a long time. A second test will then be done eight weeks after the last contact.

For whom is testing important?

TB can develop more rapidly in people with reduced immunity. Always contact the TB department of the GGD in your region if you:

- have any symptoms that could indicate TB;
- have reduced immunity due to illness or medication and have been in contact with someone with TB;
- have children under the age of five who have been in contact with the patient

Immigrants

If you are an immigrant from a country with a high burden of tuberculosis and planning to stay in the Netherlands for more than 3 months, you will be tested for TB upon arrival in the Netherlands. You will be informed about the test by the Immigration and Naturalisation Services (IND). The first test is mandatory under the Aliens Act. The test sometimes has to be repeated. That depends on the rate of TB in the country the immigrant comes from.

The test

Various tests are used for TB screening. The choice of test will depend on person's health, age and the country they come from. To find out which test would be most suitable, the Municipal Health Service (GGD) will first ask some question about person's health.

What happens after the test?

- The TB department will send the Immigration and Naturalisation Service (IND) a certificate confirming that you have been tested for TB. The GGD may also give this certificate to you. You should then send it to the IND yourself.
- The test results will be assessed by the TB doctor at the GGD.

- The test results are never disclosed to the IND.
- If the test result is good (negative), you will not be notified.
- You will be notified if the tests reveal any abnormalities. Additional testing will often be needed to establish whether you have TB or something else. So if the GGD invites you for another appointment, it is important that you go.
- If you do have TB, you will be treated as soon as possible. This is important, both for you and for the people around you. TB and treatment for TB are not reasons to refuse a residence permit. In principle, you will be able to complete the treatment in the Netherlands.
- The chest X-ray is a ‘snapshot’ of the current situation. You may still develop symptoms that could indicate TB, such as coughing, weight loss, high temperature (fever) or night sweats. In that case, contact your general practitioner, even if you have recently been tested. You can also contact the TB department of the GGD in your region.

Travelers

Are you traveling to a country with a high rate of tuberculosis (TB) (countries in Asia, Africa, several countries in South America or Eastern Europe)? You will be at higher risk of becoming infected with TB bacteria.

Make an appointment with the Municipal Public Health Service (GGD) TB department or the travel clinic if:

- you will be working in a hospital, prison or institution for the homeless, addicts, refugees or people infected with HIV for one month or longer;
- you have reduced immunity due to illness or medication;
- you will be staying in a country with a high rate of TB for more than three months. This also applies if you visit these countries for shorter periods totalling more than three months in one year;
- you regularly travel to these areas with children under the age of five who have not been vaccinated against TB (BCG vaccine). ‘Regular travel’ means that you expect the child in question to be in these areas for at least three months before the age of five.

What advice can the GGD’s TB department or travel clinic give you?

- Have a skin test or blood test done after you return from your trip. This test will establish whether you have been infected by TB bacteria. If you have, treatment can prevent you from developing TB. Testing is sometimes also recommended before you travel, such as if you have already travelled a lot.
- Have a vaccination against TB before you travel. For effective protection, this vaccination should preferably be given at least six weeks before departure.

What can you do yourself?

TB bacteria are spread mainly by coughing on other people. If possible, stay away from

anyone with a persistent cough. Avoid small, poorly ventilated rooms. If that is not possible, take precautionary measures yourself. Turn your face away and breathe through your nose as much as possible. You could also cover your nose and mouth with a scarf or wear a close-fitting face mask.

Contact your general practitioner if you have a persistent cough for more than three weeks. Always tell them that you have been abroad.

What do we do with your data?

The GGD follows the rules of the law in handling your personal data that are stored in your medical file. Your data may be used anonymously to monitor and improve the quality of the programme. Please visit www.ggd.nl for further information.

Any questions, tips, complaints or compliments about the screening?

Please contact the TB prevention department of the GGD in your region. You can find the contact details on www.ggd.nl and in the vaccination invitation. GGDs have a complaints procedure.

For more information about TB, go to www.rivm.nl/tuberculose.

FAQs

What is the history of tuberculosis?

In the past doctors were powerless against this disease that slowly caused people to die away. The chance that the patient would die from tuberculosis was high. The strangest diets were devised to combat the disease: from raw meat and breast milk to ground toads.

In the 19th century, tuberculosis was the disease that killed the most people. Especially in the cities where factory workers lived close together in poor houses. At that time it was thought that the disease was hereditary. The mystery of TB was solved in 1882 by the German physician Robert Koch (1843 – 1910). He showed that the disease is not hereditary, but is caused by a bacterium. In 1890 Koch also discovered the substance tuberculin. A substance that is still used for the tuberculin skin test (Mantoux). Robert Koch received the Nobel Prize for his discovery.

How often does tuberculosis still occur in the Netherlands?

In 2023, tuberculosis (TB) was diagnosed in 710 people in the Netherlands. This is 12 percent more than in 2022, when there were 634 TB patients. In 2023 there were 471 patients with TB in the lungs. Of these, 213 had open TB, the most contagious form. This is evident from the figures from the National Institute for Public Health and the Environment (RIVM).

The number of reports of TB in the Netherlands in 2023 is higher than in the years during

the corona pandemic (average 643), but lower than in the years before that (average 777).

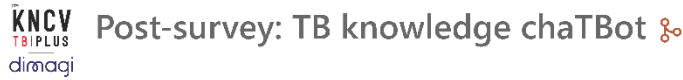
After the measures taken during the corona pandemic, TB can now spread more easily again. More people also came to the Netherlands from countries where TB is common. Upon entering the Netherlands, these people are obliged to be tested for TB. These are two reasons why more people will become ill in 2023.

About 80 percent of TB patients in the Netherlands in 2023 were born abroad.

In 2023, 1,419 people with dormant tuberculosis infection were reported. Of these, 42 percent were detected by examining people from countries where TB is common. 29 percent were found through source and contact investigation of a patient with TB.

More information about TB in the Netherlands can be found [here](#). Figures on how often TB occurs in Europe and the world can be found [here](#) and [here](#).

Annex 2. Post-survey TB knowledge chaTBot



* Vereist

Welcome to the chaTBot post-survey! We hope you had an interesting conversation with the chaTBot. In this survey we would like to understand how your experience was, so we can improve the chaTBot.
The first 3 questions are the same as in the pre-survey form, we use the answers to these questions to link your pre-survey, post-survey and your conversation with the chaTBot.
This survey can take up to 15-20 minutes.

1. **Please, write your name here:** (not mandatory)

2. **What is your email address?** (We use your email address to link the pre-survey, post-survey and your conversation with the chaTBot) *

3. **What is your phone number?** (Only applicable if you are going to use the Whatsapp based chaTBot)

4. **Did you interact with the chaTBot via a webbrowser on laptop/pc or mobile device?**
(Please, note that this does not refer to WhatsApp interaction. Please, select one) *

Yes

No

5. **Was the chaTBot easy to navigate in your webbrowser?** (Please, select one) *

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

6. **Were the chaTBot responses easy to read in your webbrowser?** For example, the length of the responses (Please, select one) *

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

7. **Did you interact with the chatBot via WhatsApp?** (Please, select one) *

Yes

No

8. **Was the chatBot easy to navigate on WhatsApp?** (Please, select one) *

Strongly disagree ☆ ☆ ☆ ☆ ☆ Strongly agree

9. **Were the chatBot responses easy to read in WhatsApp?** For example, the lenght of the responses (Please, select one) *

Strongly disagree ☆ ☆ ☆ ☆ ☆ Strongly agree

10. **Was the chaTBot able to communicate accurately in the following languages?** (Please select one option per language. Choose 'Not applicable' if you didn't converse in the mentioned language) *

	Strongly disagree	Disagree	Neither agree nor disagree	Agree
Arabic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bulgarian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dari	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dutch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romanian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Russian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somali	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tigrinya	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. **Was the chaTBot's grammatically correct in the following languages?** (Please select one option per language. Choose 'Not applicable' if you didn't converse in the mentioned language) *

	Strongly disagree	Disagree	Neither agree nor disagree	Agree
Arabic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bulgarian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dari	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dutch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romanian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Russian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somali	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tigrinya	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. **Was the chaTBot's spelling correct in the following languages?** (Please select one option per language. Choose 'Not applicable' if you didn't converse in the mentioned language) *

	Strongly disagree	Disagree	Neither agree nor disagree	Agree
Arabic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bulgarian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dari	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dutch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romanian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Russian	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somali	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tigrinya	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Please provide any additional comments on the chaTBot's language ability, grammar and spelling:

14. Are you a TB professional? (E.g. TB nurse, doctor, assistant)?

- Yes
- No

15. **Please rate the chatbot's responses on the accuracy of the responses for the following topics.** (Please select one option per topic. Choose 'Not applicable' if you didn't converse on the mentioned topic)

	Strongly disagree	Disagree	Neither agree or disagree	Agree
Travelling to (or from) a high TB burden country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB screening for migrants or asylumseeker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TB contact investigation or close contact diagnosed with TB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General TB information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. **Did the chaTBot say inaccurate things about TB in your conversation?** (Please, select one)

Strongly disagree ☆☆☆☆ Strongly agree

17. **Did the chaTBot produce responses with errors regarding TB guidance?** (Please, select one)

Strongly disagree ☆☆☆☆ Strongly agree

18. **Was the chaTBot able to communicate effectively about TB in an easy to understand manner?** (Please, select one)

Strongly disagree ☆☆☆☆ Strongly agree

19. **Please provide any additional comments on the accuracy of the chaTBot's answers:**

20. **Please rate the chaTBot on the following characteristics?** (Please, select one option per line) *

	Strongly disagree	Disagree	Neither agree nor disagree
The chaTBot's personality was realistic and engaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The chaTBot understood me well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The chaTBot clearly explained it's purpose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The chaTBot said things that could be harmful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The chaTBot's responses were useful, appropriate and informative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The chaTBot's responses were relevant to the overall conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The chaTBot was trustworthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The chaTBot used an appropriate tone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. **How would you rate your overall experience using the chaTBot?** (Please, rate from 1 to 10, with 1 being poor and 10 being perfect) *

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	<input type="radio"/> 10
Poor									Perfect

22. **Please provide any additional comments on your overall experience with using the chaTBot:**

23. **Do you have any additional recommendations to improve the use of the chaTBot?**


24. **Do you have any additional recommendations to improve your experience as a participant in this pilot?**

25. **We will continue working to improve this digital resource for making TB information widely available! Please, indicate if you would like to continue participating in follow-up sessions deriving from this pilot project if needed. ***

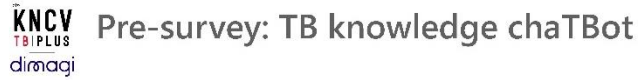
Yes

No

Deze inhoud is niet door Microsoft gemaakt noch goedgekeurd. De gegevens die u verzendt, zal worden gestuurd naar de eigenaar van het formulier.

 Microsoft Forms

Annex 3. Pre-survey TB knowledge chaTBot



* Vereist

Demographics

Welcome to the chaTBot pre-survey! We have a couple questions for you before you can get started with the chaTBot. If you have signed up via the recruitment form, some of the questions in this form might resemble questions you answered in the recruitment form before. Sorry about that, we want to make sure we capture the some information for all participants. This questionnaire wont take more then 2-3 minutes.

1. **Please, write your name here:** (not mandatory)

2. **What is your email address?** (We use your email adress to link the pre-survey, post-survey and your conversation with the chaTBot) *

3. **What is your phone number?** (Only applicable if you are going to use the Whatsapp based chaTBot)

4. **Based on your age, in which age group do you fit?** (Please, select one) *

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 and up
- Prefer not to say

5. **To address you properly, could you tell us your preferred pronouns?** (For example, she/her, they/them, he/him, etc) *

6. **How do you identify in terms of biological sex category?** (Please, select one) *

- Female
- Male
- Intersex
- Prefer not to say

7. **What is your mother tongue/native language?** (Please, select all that apply) *

- Arabic
- Bulgarian
- Dari
- Dutch
- English
- Polish
- Romanian
- Russian
- Somali
- Tigrinya
- Andere

8. **Were you born in the Netherlands?** (Please, select one) *

- Yes
- No

9. **From the options below, which option reflects your level of education more accurately?**

(Please, select one) *

- No formal education
- Primary education
- Secondary education
- Post-secondary/Higher education
- Vocational/Technical education
- Other
- Prefer not to say

10. **Do you know anything about Tuberculosis?** (Please, select one) *

- Yes, a lot (I am a TB professional)
- Yes, a little bit
- No, nothing at all


11. **During the time you have been living in the Netherlands, have you received any information concerning Tuberculosis such as: request to be tested, preventive treatment for TB, or what to do if you come in contact with someone with TB, etc?** (Please, select one) *

- Yes
- No
- Not sure

12. **Do you agree, that your data from the pre-survey, conversation with the chaTBot and the post-survey can be used for research purposes?** (data analysis and publication will be done anonymous) *

- I agree
- I don't agree

Deze inhoud is niet door Microsoft gemaakt noch goedgekeurd. De gegevens die u verzendt, zal worden gestuurd naar de eigenaar van het formulier.

 Microsoft Forms

