



TAI-NDTBC UNIVERSAL STIGMA SCALE FOR TB

Name: _____ Age: _____ Sex: _____ Mobile: _____ Address (& Landmark): _____
Diagnosis: _____ TB NO: _____ Nikshay No.: _____ Date: _____
Family per Capita Income: _____ Education Level: _____ Marital status: _____ Occupation: _____
Family Size: _____ Accommodation Type: _____

SCORE

S. No.	Questions to Screen for Stigma	2	1	0
1.	Do you know TB is curable with medicines ?	Yes	Maybe	No
2.	Do you know how TB Spreads ?	Hereditary	Not sure	Yes Droplet
3.	Did TB cause fear about death / expense ?	Yes Fearful	Less fear	No fear
4.	Are you Scared to Lose Job & Social Respect	Yes Very scared	Less scared	No
5.	Do you want to isolate yourself from family ? While eating meals / sleeping / Day time	Yes All the time	During Night	No
6.	Did you feel discriminated by HCW at the place of diagnosis / treatment ?	Always	Sometimes	Never
7.	Have you told anyone about your disease ?	Nobody	Only family	Everyone

Score >8 (High Risk of Stigma); Score of 4-8 points (Moderate risk of Stigma); Score < 4 (Low Risk of Stigma)