



TAI-NDTBC STIGMA SELF-ASSESSMENT 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: _____

S. No.	Questions to Screen for Stigma	Yes	No
1.	Do you know TB is curable with medicines ?		
2.	Do you know how TB Spreads ?		
3.	Did TB cause fear about death / expense ?		
4.	Are you Scared to Lose Job & Social Respect		
5.	Do you want to isolate yourself from family ? While eating meals / sleeping / Day time		
6.	Did you feel discriminated by HCW at the place of diagnosis / treatment ?		
7.	Have you told anyone about your disease ?		

If the answer to any question from Q3 to Q7 is YES; Then Stigma to TB is likely.

Then find out the "Stigma Score" with help of Scoring from zero to two.