Additional file 2: Table S2

DOTS Program Practice: Items of Nurse Assessment

Please circle the number that best reflects your opinion about each of the following statements concerning your provision of DOTS to the patient in question.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly agree** | **Agree** | **Neutral** | **Disagree** | **Strongly disagree** |
| **1** | **I adjust my patient’s care contents (including initiating long-term care and home-visit nursing services) and make lifestyle recommendations to make it easier for them to continue treatment.** | **4** | **3** | **2** | **1** | **0** |
| **2** | **I give a great deal of thought to my patient’s illness (including their symptoms).** | **4** | **3** | **2** | **1** | **0** |
| **3** | **I display a sympathetic attitude toward my patient to help reduce their discomfort.** | **4** | **3** | **2** | **1** | **0** |
| **4** | **I give a good explanation to my patient about aspects of their disease and treatment plan.** | **4** | **3** | **2** | **1** | **0** |
| **5** | **I verbally encourage and recognize my patient’s efforts to continue treatment (e.g., “You’re doing great!”)** | **4** | **3** | **2** | **1** | **0** |
| **6** | **I reach out to my patient’s family and key persons to gain their understanding and cooperation.** | **4** | **3** | **2** | **1** | **0** |
| **7** | **I communicate and coordinate with medical and community institutions to ensure that my patient takes their medication.** | **4** | **3** | **2** | **1** | **0** |
| **8** | **I am available for consultations about my patient’s complaints and concerns.** | **4** | **3** | **2** | **1** | **0** |
| **9** | **I encourage my patient to improve aspects of their lifestyle (e.g., meals, life rhythm, rest).** | **4** | **3** | **2** | **1** | **0** |