**PATIENT EXIT QUESTIONNAIRE**

**(administered at clinics)**

Date: |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|

Day /Month/ Year

Name of health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time at start of interview: |\_\_|\_\_| : |\_\_|\_\_|

Hours Minutes

(0-24)

**For all questions in this questionnaire: write ‘DK’ if the respondent does not know the answer; write ’RF’ if the respondent refuses to answer.**

|  |
| --- |
| **1. Basic identifying & sociodemographic information** |

|  |  |  |
| --- | --- | --- |
| **1.1** *What is the sex of the respondent?* **(only ask if not obvious)** *Please circle a number.* | Female………………………………………………….  Male…………………………………………................. | 1  2 |
| **1.2** How old are you?*Please enter the age in years.* | |\_\_|\_\_| years  **If age less than 18, stop the questionnaire here.** | |
| **1.3** Are you married? *Please circle a number.* | Yes (incl. civil and custom marriage)………………….  No, but I live with my partner………………………….  No, and I live alone or with other family members……  Divorced/separated from husband/wife………………..  Widowed……………………………………………….  Other, **specify:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  3  4  5  97 |
| **1.4** What type of clinic visit did you attend today? *Please circle the number corresponding to the answer that the respondent has selected.* | HIV testing and counseling……………….……………  For Post-Exposure Prophylaxis (PEP)………………....  Pre-ART enrolment…………………………………….  Pre-ART client for follow up visit……………………..  ART initiation………………………………………….  Follow up for existing ART client with ART pick up…  Follow up for existing ART client without ART pickup  PMTCT with ART pick-up…………………………….  PMTCT without ART pick-up…………………………  Other, **specify**: **(stop the questionnaire here if did not come for HIV-related services)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  3  4  5  6  7  8  9  97 |
| **1.5** When did you find out that you are HIV-positive? *Please fill in the date.* | |\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|  Month/ Year  Not HIV-positive………………………………………. | 1 |
| **1.6** When did you first attend an ART clinic? **Ensure that the patient understands that coming to the ART clinic can be for both pre-ART or ART services.** *Please fill in the date.* | |\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|  Month / Year  Only ever came for PMTCT…………………………... | 1 |
| **1.7** Are you currently receiving antiretroviral treatment (ART)? *Please circle a number.* | Yes………...……………..…………………..................  No (**skip to Q1.12**)….....…………...………………….. | 1  2 |
| **1.8** For how many months or years have you been attending this clinic to get your ART? | |\_\_|\_\_| years  |\_\_|\_\_| months  **🡪 If MORE than one year/12 months, skip to Q1.11** |  |
| **1.9** Which clinic were you attending for your ART before? | Drop-down menu of the 18 clinics in the study PLUS an “other” option PLUS a “none” option PLUS a “don’t know” option |  |
| **1.10** For how many months or years have you been attending that clinic to get your ART? | |\_\_|\_\_| years  |\_\_|\_\_| months |  |
| **1.11** When did you first begin receiving ART? *Please enter the date.* | |\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|  Month / Year  **🡪 skip to Q1.15** |  |
| **1.12** Have you been on ART at any time in the past? *Please circle a number.* | Yes……….……………………………………………..  No (**skip to Q1.15**)……..………...……………............. | 1  2 |
| **1.13** Why did you receive ART?**If patient answers for treatment of HIV, probe to ensure that this was not for preventing infection of a baby (i.e. PMTCT).** *Please circle a number.* | For treatment of HIV…………………………………...  For PMTCT……………………………….……………  As Post-Exposure Prophylaxis (PEP) (**skip to Q1.27**)………………………………………………….  Other, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  3  97 |
| **1.14** Why are you not on ART currently? *Please circle the number corresponding to the answer that the respondent has selected.* | Patient choice…………………………………………..  Stopped by doctor……………………………………...  Other, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  97 |
| **1.15** Are you currently in full-time or part-time education? *Please circle a number.* | Yes, full-time.…………………………………………..  Yes, part-time…………….…………………………….  No (**skip to Q1.17**)………………………………..….... | 1  2  3 |
| **1.16** What type of education facility are you attending?  *Please circle a number.* | Lower primary school (Grades 1-2)……………………  Higher primary school (Standard 1-5)…………………  Junior secondary school (Form 1-3)……...……………  Senior secondary school (Form 4-5)………..………….  Teacher-training College ………………………………  Nursing Assistant College……………………………...  Nursing College………………………………………..  Other technical or vocational college…………………..  University (studying towards Bachelor)……………….  University (studying towards Master)………………….  University (studying medicine or law)…..……………..  University (studying towards PhD)…………………….  Other, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  3  4  5  6  7  8  9  10  11  12  97 |
| **1.17** What is the highest level of school you attended: preschool, primary school, secondary school, or high school? *Please circle a number.* | None….…….…….…….…….…….…….…………….  Preschool….…….…….…….…….…….……………...  Primary school….…….…….………………………….  Secondary school….…….……………………………..  High school….…….…….…….……………………….  Other, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  3  4  5  97 |
| **1.18** What is the highest grade/form/standard you completed at that level? *Please circle Grade, Form or Standard, then enter number.* | *Please circle one:* Grade / Form / Standard  *Enter number:* |\_\_|\_\_|  *If completed less than one year at that level, record ‘00’.* |  |
| **1.19** Have you completed any education after school? *Please circle a number.* | Yes….…….…….…….…….…….…….…….………...  No (**skip to Q1.21**)…….…….…….…….…….…….… | 1  2 |
| **1.20** What is the highest level of education you completed after school? *Please circle a number.* | Teacher-training College……………………………….  Nursing Assistant College……………………………...  Nursing College………………………………………..  Other technical or vocational college………………….  University (studying towards Bachelor)….….….….….  University (studying towards Master)………………….  University (studying medicine or law)………………....  University (studying towards PhD)…………………….  Other, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  3  4  5  6  7  8  97 |
| **1.21** Have you done any work in the last six months? With work, we mean any activity to earn money or obtain food. *Please circle a number.* | Yes……………………………………………………...  No (**skip to Q1.23**)………………………..…………… | 1  2 |
| **1.22** What is your occupation? That is, what kind of work do you mainly do? **Please enter a code from Key 1 and then skip to Q1.24** | |\_\_|\_\_| **skip to Q1.24** |  |
| **1.23** Why have you not worked in the last 12 months? *Please circle a number.* | Was in full-time education…………………………......  Unable to work (disabled)……………………………...  Unemployed……………..……………………………..  Homemaker…………………………………………….  Looked after my (grand)children……………...……….  Could not work because of pregnancy…………………  Retired…………………..……………………………...  Sick leave………………………...…………………….  Other leave…………..…………………………………  Other, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  3  4  5  6  7  8  9  97 |

**1.24** Overall, how satisfied or dissatisfied are you with the healthcare services in your area? **Ask the respondent to refer to scale 1.** *Please tick a circle.*

**Very satisfied**

**Very dissatisfied**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |  |

**1.25** How satisfied or dissatisfied are you with the healthcare services **for HIV** in your area? **Ask the respondent to refer to scale 1.** *Please tick a circle.*

**Very satisfied**

**Very dissatisfied**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Key 1:**  1 = Farm work  2 = Domestic work  3 = Construction work  4 = Security work  5 = Cleaning work  6 = Small business owner  7 = Mine work  8 = Teacher  9 = Traditional healer  10 = Nurse or Nurse Assistant  11 = Physician or Surgeon  12 = Other healthcare worker (**write 12 AND specify**)  13 = Game farm/game reserve (e.g., ranger)  14 = Driver  15 = Skilled worker (e.g., plumber, mechanic, electrician)  16 = Cook/ chef/ catering  17 = Unskilled worker (e.g. general labourer) | 18 = Artisan (e.g., carpenter, wood carver, weaver)  19 = Waiter/ barman  20 = Informal selling  21 = Small business assistant  22 = Clerical and office work  23 = Cattle herder  24 = Sewing, hairdressing, baking, brewing  25 = Police, soldier, fireman  26 = Petrol attendant  27 = Timber, sawmill, poles  28 = Gardening services  29 = Fieldworker - NGO or university  30 = Art, craft, photography, fashion design  31 = Senior administrator, manager, professional  32 = Priest/pastor  33 = Other (**write 31 AND specify**)  98 = Don’t know  RF = Refused |

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| **2. Patient Satisfaction** |

The following section asks you about your experience today at the clinic. For these questions, you are asked to rate your experience with very good, good, moderate, bad or very bad. **Ask the patient to refer to scale 2.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very good** | **Good** | **Moderate** | **Bad** | **Very bad** |
| Please think about your visit to the clinic today beginning from the time you arrived up until now.  **2.1** How would you rate your experience with the service you received today?*Please circle a number.* | 1 | 2 | 3 | 4 | 5 |

**2.2** Would you recommend your friend or relative to attend this facility for HIV care? *Please circle a number.*

|  |  |
| --- | --- |
| Yes…………………………………. | 1 |
| No………………………………….. | 2 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very good** | **Good** | **Moderate** | **Bad** | **Very bad** |
| **2.3a** Overall, how would you rate the amount of time you waited before being attended to? *Please circle a number.* | 1 | 2 | 3 | 4 | 5 |
| [Add male Tanzanian name] always attends his visits to the HIV clinic. Each time he visits the clinic he has to wait about 30 minutes before he can see the nurse or doctor.  **2.3b** Overall, how would you rate the amount of time [name] waited before being attended to? *Please circle a number.* | 1 | 2 | 3 | 4 | 5 |
| [Add female Tanzanian name] always attends her visits to the HIV clinic. The clinic is always busy. Each time she visits the clinic she usually has to wait about 1-2 hours before she can see the nurse or doctor. On occasion, she has waited for the whole day and then had to leave without seeing a doctor.  **2.3c** Overall, how would you rate the amount of time [name] waited before being attended to?*Please circle a number.* | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very good** | **Good** | **Moderate** | **Bad** | **Very bad** |
| **2.4a.** Overall, how would you rate your experience of getting involved as much as you wanted to be in making decisions about your care or treatment? *Please circle a number.* | 1 | 2 | 3 | 4 | 5 |
| [Add female Tanzanian name] attends the ART clinic regularly. She has discussed her preference to change one of her ARVs. Her doctor adjusted the prescriptions to take account of her preference. She was also pregnant and concerned about infecting her baby with HIV during delivery. The doctor discussed different delivery options with her and helped her prepare a birth plan.  **2.4b.** Overall, how would you rate [name]’s experience of getting involved as much as she wanted to be in making decisions about her care or treatment? *Please circle a number.* | 1 | 2 | 3 | 4 | 5 |
| [Add male Tanzanian name] attends the ART clinic regularly. On this visit, he complains to the doctor that he wasn’t reacting well to his ARVs and would like them changed. The doctor reassures him but still prescribes the same ARVs. He also asks him to perform some tests without explaining why or asking for his permission. He only tells him that the tests are important.  **2.4c.** Overall, how would you rate [name]’s experience of getting involved as much as he wanted to be in making decisions about his care or treatment? *Please circle a number.* | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very good** | **Good** | **Moderate** | **Bad** | **Very bad** |
| **2.5a** Overall, how would you rate the experience of how much time you spent seeing the health provider? *Please circle a number.* | 1 | 2 | 3 | 4 | 5 |
| [Add male Tanzanian name] goes to the clinic for his regular HIV care visit. When it gets to his turn to see the nurse, the nurse spends over 20 minutes talking with him. The nurse asks him some questions, listens to his answers, and also answers all the questions [name] asks.  **2.5b** Overall, how would you rate the experience of how much time [name] spent seeing the health provider? *Please circle a number.* | 1 | 2 | 3 | 4 | 5 |
| [Add female Tanzanian name] goes to the clinic for her regular HIV care visit. When it gets to her turn, the nurse asks her a few questions without looking up, writes down some notes and dismisses her in less than 10 minutes.  **2.5c** Overall, how would you rate the experience of how much time [name] spent seeing the health provider? *Please circle a number.* | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very good** | **Good** | **Moderate** | **Bad** | **Very bad** |
| **2.6a** Overall, how would you rate your experience of being greeted and talked to respectfully? *Please circle a number.* | 1 | 2 | 3 | 4 | 5 |
| [Add female Tanzanian name] attends the ART clinic for the first time. She didn't know how the clinic worked so she spoke to the first person she saw in nurse uniform. The person greeted her and escorted her to the room where she could receive HIV care. When she got there, she was greeted by a nurse and asked what she wanted. Throughout the discussion, the nurse gave [name] her full attention.  **2.6b** Overall, how would you rate [name]’s experience of being greeted and talked to respectfully? *Please circle a number.* | 1 | 2 | 3 | 4 | 5 |
| [Add male Tanzanian name] attends the ART clinic for the first time. He didn't know how the clinic worked so he spoke to the first person he saw in nurse uniform who told him: "go sit there and wait, we will call you". After a few minutes, the nurse pointed to him and said "come". Without looking at him, the nurse made some notes, and kept on talking to another nurse about something that had happened to a friend of hers.  **2.6c** Overall, how would you rate [name]’s experience of being greeted and talked to respectfully? *Please circle a number.* | 1 | 2 | 3 | 4 | 5 |

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| **3. Health service utilization and expenditure** |

I would now like to ask you a few questions about the costs you experience to access healthcare. This question is only about the cost for YOUR OWN healthcare, NOT for other people in your household.

**3.1** Are you covered by a scheme, such as an insurance, that helps you pay for healthcare? *Please circle a number.*

|  |  |
| --- | --- |
| Yes.……................... | 1 |
| No……………......... | 2 |

**3.2** For your clinic visit TODAY, what type of expenses did you pay for and the amount? **Ensure that the respondent only counts expenses since he/she started travelling to the clinic until the time of the interview.** *Please circle a number and enter the amounts in Tanzanian Shilling.*

|  |  |
| --- | --- |
| **3.2a** Consultation fee | Yes………...1 How much did you pay? TSh \_\_\_\_\_\_\_\_\_\_\_\_\_\_  No…………2 |
| **3.2b** Medical tests | Yes………...1 How much did you pay? TSh \_\_\_\_\_\_\_\_\_\_\_\_\_\_  No…………2 |
| **3.2c** Medicines | Yes………...1 How much did you pay? TSh \_\_\_\_\_\_\_\_\_\_\_\_\_\_  No…………2 |
| **3.2d** Transport to get to the clinic (one way) | Yes………...1 How much did you pay? TSh \_\_\_\_\_\_\_\_\_\_\_\_\_\_  No…………2 |
| **3.2e** Payment for someone to look after your children while you are gone to the clinic | Yes………...1 How much did you pay? TSh \_\_\_\_\_\_\_\_\_\_\_\_\_\_  No…………2 |
| **3.2f** Food since you started travelling to the clinic until the time of the interview | Yes………...1 How much did you pay? TSh \_\_\_\_\_\_\_\_\_\_\_\_\_\_  No…………2 |
| **3.2g** Phone calls/SMS since you started travelling to the clinic until the time of the interview | Yes………...1 How much did you pay? TSh \_\_\_\_\_\_\_\_\_\_\_\_\_\_  No…………2 |
| **3.2h** Others, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | How much did you pay? TSh \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**3.3** In the past **12 months**, were you admitted to a hospital? With being admitted to a hospital, I mean that you slept in the hospital and did not just come there for a few hours. *Please circle a number.*

|  |  |
| --- | --- |
| Yes …….................. | 1 |
| No (**skip to Q3.54**).. | 2 |

**3.4** How many times were you admitted to hospital in the last 12 months? *Please write the number of times below.*

|\_\_|\_\_| times

**3.5** For each hospital admission in the last 12 months, please write the date, number of nights you spent in hospital, and name of the facility. *Continue on a separate sheet if necessary.*

**3.5a** Admission 1: |\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_| Number of nights: |\_\_|\_\_| Name of facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month / Year

**3.5b** Admission 2: |\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_| Number of nights: |\_\_|\_\_| Name of facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month / Year

**3.5c** Admission 3: |\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_| Number of nights: |\_\_|\_\_| Name of facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month / Year

**3.5d** Admission 4: |\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_| Number of nights: |\_\_|\_\_| Name of facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month / Year

For each hospital admission in the last 12 months, how much did you pay for: *Continue on a separate sheet if necessary.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Admission 1 | Admission 2 | Admission 3 | Admission 4 |
| Hospital/consultation fees | **3.6** TSh \_\_\_\_\_\_\_\_ | **3.18** TSh \_\_\_\_\_\_\_ | **3.30** TSh \_\_\_\_\_\_\_ | **3.42** TSh \_\_\_\_\_\_\_ |
| Surgery | **3.7** TSh \_\_\_\_\_\_\_\_ | **3.19** TSh \_\_\_\_\_\_\_ | **3.31** TSh \_\_\_\_\_\_\_ | **3.43** TSh \_\_\_\_\_\_\_ |
| Medical tests (e.g. blood tests and X-rays) | **3.8** TSh \_\_\_\_\_\_\_\_ | **3.20** TSh \_\_\_\_\_\_\_ | **3.32** TSh \_\_\_\_\_\_\_ | **3.44** TSh \_\_\_\_\_\_\_ |
| Medicines | **3.9** TSh \_\_\_\_\_\_\_\_ | **3.21** TSh \_\_\_\_\_\_\_ | **3.33** TSh \_\_\_\_\_\_\_ | **3.45** TSh \_\_\_\_\_\_\_ |
| Other hospital fees | **3.10** TSh \_\_\_\_\_\_\_ | **3.22** TSh \_\_\_\_\_\_\_ | **3.34** TSh \_\_\_\_\_\_\_ | **3.46** TSh \_\_\_\_\_\_\_ |
| Transport including ambulance charges | **3.11** TSh \_\_\_\_\_\_\_ | **3.23** TSh \_\_\_\_\_\_\_ | **3.35** TSh \_\_\_\_\_\_\_ | **3.47** TSh \_\_\_\_\_\_\_ |
| Payment for someone to look after your child while you were in hospital | **3.12** TSh \_\_\_\_\_\_\_ | **3.24** TSh \_\_\_\_\_\_\_ | **3.36** TSh \_\_\_\_\_\_\_ | **3.48** TSh \_\_\_\_\_\_\_ |
| Payment for someone to look after your house, garden/fields or animals while you were in hospital | **3.13** TSh \_\_\_\_\_\_\_ | **3.25** TSh \_\_\_\_\_\_\_ | **3.37** TSh \_\_\_\_\_\_\_ | **3.49** TSh \_\_\_\_\_\_\_ |
| Food | **3.14** TSh \_\_\_\_\_\_\_ | **3.26** TSh \_\_\_\_\_\_\_ | **3.38** TSh \_\_\_\_\_\_\_ | **3.50** TSh \_\_\_\_\_\_\_ |
| Phone calls/SMS | **3.15** TSh \_\_\_\_\_\_\_ | **3.27** TSh \_\_\_\_\_\_\_ | **3.39** TSh \_\_\_\_\_\_\_ | **3.51** TSh \_\_\_\_\_\_\_ |
| Accomodation if you needed to stay the night nearby | **3.16** TSh \_\_\_\_\_\_\_ | **3.28** TSh \_\_\_\_\_\_\_ | **3.40** TSh \_\_\_\_\_\_\_ | **3.52** TSh \_\_\_\_\_\_\_ |
| Other, **specify**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **3.17** TSh \_\_\_\_\_\_\_ | **3.29** TSh \_\_\_\_\_\_\_ | **3.41** TSh \_\_\_\_\_\_\_ | **3.53** TSh \_\_\_\_\_\_\_ |

The following questions ask about healthcare you accessed other than today’s visit. Here, we are asking about healthcare you accessed in the past **SIX months**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | In the past SIX MONTHS, have you visited … | | | | | |
| A public primary care clinic | A private doctor | Chemist/pharmacy | Traditional healer | Diviner | A faith healer |
| **3.54** Yes…..1  No…...2 | **3.66** Yes…..1  No…...2 | **3.78** Yes…..1  No…...2 | **3.90** Yes…..1  No…...2 | **3.102** Yes…..1  No…...2 | **3.114** Yes..1  No...2 |
| **If yes:**  **3.55** How many times?  |\_\_|\_\_| times  For this health care, how much did you pay (per visit) for: | **If yes:**  **3.67** How many times?  |\_\_|\_\_| times  For this health care, how much did you pay (per visit) for: | **If yes:**  **3.79** How many times?  |\_\_|\_\_| times  For this health care, how much did you pay (per visit) for: | **If yes:**  **3.91** How many times?  |\_\_|\_\_| times  For this health care, how much did you pay (per visit) for: | **If yes:**  **3.103** How many times?  |\_\_|\_\_| times  For this health care, how much did you pay (per visit) for: | **If yes:**  **3.115** How many times?  |\_\_|\_\_| times  For this health care, how much did you pay (per visit) for: |
| Clinic/consultation fee | **3.56**  TSh \_\_\_\_\_\_\_\_\_ | **3.68**  TSh \_\_\_\_\_\_\_\_\_ | **3.80**  TSh \_\_\_\_\_\_\_\_\_ | **3.92**  TSh \_\_\_\_\_\_\_\_\_ | **3.104**  TSh \_\_\_\_\_\_\_\_\_ | **3.116**  TSh \_\_\_\_\_\_\_ |
| Medical tests (e.g. blood tests and X-rays) | **3.57**  TSh \_\_\_\_\_\_\_\_\_ | **3.69**  TSh \_\_\_\_\_\_\_\_\_ | **3.81**  TSh \_\_\_\_\_\_\_\_\_ | **3.93**  TSh \_\_\_\_\_\_\_\_\_ | **3.105**  TSh \_\_\_\_\_\_\_\_\_ | **3.117**  TSh \_\_\_\_\_\_\_ |
| Medicines | **3.58**  TSh \_\_\_\_\_\_\_\_\_ | **3.70**  TSh \_\_\_\_\_\_\_\_\_ | **3.82**  TSh \_\_\_\_\_\_\_\_\_ | **3.94**  TSh \_\_\_\_\_\_\_\_\_ | **3.106**  TSh \_\_\_\_\_\_\_\_\_ | **3.118**  TSh \_\_\_\_\_\_\_ |
| Transport | **3.59**  TSh \_\_\_\_\_\_\_\_\_ | **3.71**  TSh \_\_\_\_\_\_\_\_\_ | **3.83**  TSh \_\_\_\_\_\_\_\_\_ | **3.95**  TSh \_\_\_\_\_\_\_\_\_ | **3.107**  TSh \_\_\_\_\_\_\_\_\_ | **3.119**  TSh \_\_\_\_\_\_\_ |
| Payment for someone to look after your child while you were gone | **3.60**  TSh \_\_\_\_\_\_\_\_\_ | **3.72**  TSh \_\_\_\_\_\_\_\_\_ | **3.84**  TSh \_\_\_\_\_\_\_\_\_ | **3.96**  TSh \_\_\_\_\_\_\_\_\_ | **3.108**  TSh \_\_\_\_\_\_\_\_\_ | **3.120**  TSh \_\_\_\_\_\_\_ |
| Payment for someone to look after your house, garden/fields or animals while you were gone | **3.61**  TSh \_\_\_\_\_\_\_\_\_ | **3.73**  TSh \_\_\_\_\_\_\_\_\_ | **3.85**  TSh \_\_\_\_\_\_\_\_\_ | **3.97**  TSh \_\_\_\_\_\_\_\_\_ | **3.109**  TSh \_\_\_\_\_\_\_\_\_ | **3.121**  TSh \_\_\_\_\_\_\_ |
| Food | **3.62**  TSh \_\_\_\_\_\_\_\_\_ | **3.74**  TSh \_\_\_\_\_\_\_\_\_ | **3.86**  TSh \_\_\_\_\_\_\_\_\_ | **3.98**  TSh \_\_\_\_\_\_\_\_\_ | **3.110**  TSh \_\_\_\_\_\_\_\_\_ | **3.122**  TSh \_\_\_\_\_\_\_ |
| Phone calls/SMS | **3.63**  TSh \_\_\_\_\_\_\_\_\_ | **3.75**  TSh \_\_\_\_\_\_\_\_\_ | **3.87**  TSh \_\_\_\_\_\_\_\_\_ | **3.99**  TSh \_\_\_\_\_\_\_\_\_ | **3.111**  TSh \_\_\_\_\_\_\_\_\_ | **3.123**  TSh \_\_\_\_\_\_\_ |
| Accomodation if you needed to stay the night nearby | **3.64**  TSh \_\_\_\_\_\_\_\_\_ | **3.76**  TSh \_\_\_\_\_\_\_\_\_ | **3.88**  TSh \_\_\_\_\_\_\_\_\_ | **3.100**  TSh \_\_\_\_\_\_\_\_\_ | **3.112**  TSh \_\_\_\_\_\_\_\_\_ | **3.124**  TSh \_\_\_\_\_\_\_ |
| Other, **specify**:  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_ | **3.65**  TSh \_\_\_\_\_\_\_\_\_ | **3.77**  TSh \_\_\_\_\_\_\_\_\_ | **3.89**  TSh \_\_\_\_\_\_\_\_\_ | **3.101**  TSh \_\_\_\_\_\_\_\_\_ | **3.113**  TSh \_\_\_\_\_\_\_\_\_ | **3.125**  TSh \_\_\_\_\_\_\_ |

**3.126** How much did you spend on other health care in the past SIX months, such as traditional medicines, medicines from a convenience store, special food, etc.? *Please circle a number.*

TSh \_\_\_\_\_\_\_\_\_

**3.128** In the last SIX months did you have to borrow money to pay for healthcare? *Please circle a number.*

|  |  |
| --- | --- |
| Yes.……................... | 1 |
| No…………………. | 2 |

**3.129** How much money did you borrow? *Please circle a number.*

TSh \_\_\_\_\_\_\_\_\_

**3.130** In the last SIX months did you have to sell personal or household items in order to pay for healthcare? *Please circle a number.*

|  |  |
| --- | --- |
| Yes.……................... | 1 |
| No…………………. | 2 |

**3.131** At what time did you arrive at the clinic today? *Please enter the time.*

|\_\_|\_\_| : |\_\_|\_\_|

Hours Minutes

(0-24)

**3.132** How much time did it take you today to get to the clinic? *Please enter the time.*

|\_\_|\_\_| : |\_\_|\_\_|

Hours Minutes

(0-24)

**3.133** Approximately how many minutes did you spend waiting to be seen by a nurse or physician today? *Please enter the number of minutes.*

|\_\_|\_\_|\_\_| minutes

**3.134** Approximately how many minutes did you spend with the nurse or physician today? *Please enter the number of minutes.*

|\_\_|\_\_|\_\_| minutes

**3.135** What would you have been doing if you had not come to the clinic today? **Read out each option and circle Yes or No for each.**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **3.135a** Earning money…………………………………………………………………………………... | 1 | 2 |
| **3.135b** Doing unpaid community work or volunteer work……………………………………………... | 1 | 2 |
| **3.135c** Doing household chores such as cleaning, cooking, shopping for food, maintenance and repairs, working in the garden, gathering wood, gathering water, housework, etc.…………………….. | 1 | 2 |
| **3.135d** Taking care of children…………………………………………………………………………. | 1 | 2 |
| **3.135e** Leisure activities (sport, watching TV, listening to music, reading, visiting friends and family, going to movies, etc.).…………………………………………………………………………………... | 1 | 2 |
| **3.135f** Attending school or other educational institution……………………………………………….. | 1 | 2 |
| **3.135g** Nothing………………………………………………………………………………………….. | 1 | 2 |

**If the respondent answered that he/she would have been earning money, ask:**

|  |  |
| --- | --- |
| Yes ………….............. | 1 |
| No (**skip to Q4.1**)…… | 2 |

**3.136** Did you lose any money from the time you took to come to the clinic? *Please circle a number.*

**3.137** How much money did you lose? *Please enter the amount in Shilling.*

Tsh\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **4. Self-reported ART adherence** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4.1** Have you ever informed anyone about your HIV status? *Please circle a number.* | Yes……………………………………………………...  No (**skip to Q4.4**)…………………………………..….. | | | 1  2 |
| **4.2** To whom did you inform about your HIV status? **Read out each option and circle Yes/No for each.** *Circle all that apply.* | Spouse/Current partner………………………. Girlfriend/boyfriend………………………….. Parent………………………………………… Brother/Sister…………………………………  Someone else in the family…………………... Friend…………………………………………  Religious leader……………………………… Other, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Yes**  1  1  1  1  1  1  1 | **No**  2  2  2  2  2  2  2  97 | |
| **4.3** In total, to how many people have you disclosed your HIV status? *Please enter the number of people.* | |\_\_|\_\_| people | | | |
| **4.4** Are you currently taking ARVs? *Please circle a number.* | Yes……………………………………………………... No (**skip to Q5.1**)……………………………………… | | | 1  2 |
| **4.5** How would you rate your adherence to ARVs over the last month? Please answer with very poor, poor, fair, good, very good, or excellent.*Please circle a number.* | Very poor………………………………………………  Poor…………………………………………………….  Fair…………………………………………………......  Good……………………………………………………  Very good………………………………………………  Excellent……………………………………………...... | | | 1  2  3  4  5  6 |
| **4.6** Please answer the next five questions with ‘very often’, ‘often’, ‘sometimes’ ‘rarely’, or ‘never’. Some people forget to take their ARVs. In the last one month, how often did this happen to you? *Please circle a number.* | Very often……………………………………………… Often…………………………………………………… Sometimes……………………………………………... Rarely………………………………………………….. Never…………………………………………………... | | | 1  2  3  4  5 |
| **4.7** Some people miss out a dose of their ARVs or adjust it to suit their own needs. In the last one month, how often did you do this? *Please circle a number.* | Very often……………………………………………… Often…………………………………………………… Sometimes……………………………………………... Rarely………………………………………………….. Never…………………………………………………... | | | 1  2  3  4  5 |
| **4.8** Some people stop taking their ARVs when they feel better. In the last one month, how often did you do this? *Please circle a number.* | Very often……………………………………………… Often…………………………………………………… Sometimes……………………………………………... Rarely………………………………………………….. Never…………………………………………………... | | | 1  2  3  4  5 |
| **4.9** Some people stop taking their ARVs when they feel worse. In the last one month, how often did you do this? *Please circle a number.* | Very often……………………………………………… Often…………………………………………………… Sometimes……………………………………………... Rarely………………………………………………….. Never…………………………………………………... | | | 1  2  3  4  5 |
| **4.10** Some people miss their clinic appointment to pick up their ARVs. In the last **six** months, how often did you do this? *Please circle a number.* | Very often……………………………………………… Often…………………………………………………… Sometimes……………………………………………... Rarely………………………………………………….. Never…………………………………………………... | | | 1  2  3  4  5 |
| **4.11** In the last **six** months, how many times did you miss your appointment to pick up your ARVs? *Please circle a number.* | One…………………………………………………......  Two…………………………………………………..... Three…………………………………………………...  Four…………………………………………………….  Five……………………………………………………..  Six or more……………………………………………..  None……………..…………………………………….. | | | 1  2  3  4  5  6  7 |
| **4.12** What was the reason or the reasons for missing the visits? **Do not read the list aloud; probe with: “Anything else?”.** *Circle all that apply.* | Lack of money………………………………………….  Lack of time……………………………………………  I felt better……………………………………………...  I could not take time off from work……………………  No transport…………………………………………….  Too ill to travel…………………………………………  Other responsibilities…………………………………..  The treatment is not effective / does not make me feel better……………………………………………………  The queues in the facility are too long…………………  The staff are rude or uncaring………………………….  I have had bad experiences with staff in the past………  Other, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t know…………………………………………….. | | | 1  2  3  4  5  6  7  8  9  10  11  12  97  98 |
| **4.13** When did you last pick up your ARVs from the healthcare facility?*Please enter the date.* | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|  Day / Month / Year  **If the respondent does not know the date, enter how many weeks and days ago the respondent picked up the ARVs:**  |\_\_|\_\_| weeks and |\_\_|\_\_| days ago  Never…………………………………………………... | | | 1 |
| **4.14** How frequently are you supposed to go to the healthcare facility to pick up your ARVs? *Please circle a number.* | Once a month………………………………………......  Once every 3 months…………………………………...  Once every 6 months…………………………………...  My ARVs are brought to my home by a home-based carer…………………………………………………….  Other, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 1  2  3  4  97 |
| **4.15** A home-based carer is someone from the community who regularly visits households. Home-based carers provide information on how to stay healthy and help care for ill people at their home.  Imagine there are two options to get your ARVs. The first option is to continue having to attend the healthcare facility on a regular basis to pick up ARVs. The second option is for a home-based carers to bring the ARVs to your home free of charge. If you had the choice, which option would you prefer? *Please circle a number.* | Continue picking up ARVs from a healthcare facility…  Receiving ARVs at home from a home-based carer…...  Don’t know…………………………………………….. | | | 1  2  98 |

|  |
| --- |
| **5. Coverage of, and satisfaction with HBC services** |

I would now like to ask you a few questions about home-based carers. Please bear in mind that all your answers will be treated as highly confidential. No one outside the immediate study team will be told about any answers you gave.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5.1** A home-based carer is someone from the community who regularly visits households. Home-based carers provide information on how to stay healthy and help care for ill people at their home. Have you ever been visited by a home-based carer? *Please circle a number.* | Yes……………………………………………………  No………………..…………………………………... | 1 **skip to 5.4**  2 | | | | | | | |
| **5.2** Has your **household** ever been visited by a home-based carer? *Please circle a number.* | Yes……………………………………………………  No………………..…………………………………...Don’t know…………………………………………... | 1  **skip to 5.4**  2  98 | | | | | | | |
| **5.3** In your opinion, why has your household never been visited by a home-based carer? **Read out each option and circle ‘yes’ or ‘no’ for each.** | The home-based carer has got too many households to take care of………………………………………...  We have asked the home-based carer not to visit this household……………………………………….........  No one in our household has been ill………………...  The home-based carer mostly visits wealthy households……………………………………………  This community does not have a home-based carer………………………………..............................  We have personal differences with the home-based carer…………………………………………………..  The home-based carer is too old or sick to do his/her job…………………….................................................  The home-based carer died…………………………..  The home-based carer only visits his/her friends…….  The home-based carer only visits his/her neighbors……………………………………………..  The home-based carer is lazy………...........................  Other, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I don’t know…………………………………………. | **Yes**  1  1  1  1  1  1  1  1  1  1  1  97  98 | **No**  2  2  2  2  2  2  2  2  2  2  2 | | **Skip to 5.17** | | | | |
| **5.4** When was the last time that a home-based carer came to visit your household? *Please enter the month and year.* | |\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|  Month / Year  Don’t know…………………………………………... | 98 | | | | | | | |
| **5.5** Were you present at the time of the last visit?*Please circle a number.* | Yes……………………………………………………  No………………..…………………………………... | 1 **skip to 5.7**  2 | | | | | | | |
| **5.6** When was the last time you were present during a visit by a home-based carer? *Please enter the month and year.* | |\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|  Month / Year  Don’t know…………………………………………... | 98 | | | | | | | |
| **5.7** During the last six months, how often did a home-based carer visit your household? *Please circle a number.* | |\_\_|\_\_| times  **If more than 5 times skip to 5.9**  Don’t know…………………………………………... | 98 | | | | | | | |
| **5.8** In your opinion, why does the home-based carer not visit your household more frequently? *Read out each option and circle ‘yes’ or ‘no’ for each.* | The home-based carer has got too many households to take care of………………………………………………………….  We have asked the home-based carer not to visit this household………………………………………........................  No one in our household has been ill……………….................  The home-based carer mostly visits wealthy households……...  This community does not have a home-based carer…………...  We have personal differences with the home-based carer.........  The home-based carer is too old or sick to do his/her job..........  The home-based carer died…………………………………….  The home-based carer only visits his/her friends……………...  The home-based carer only visits his/her neighbors…………..  The home-based carer is lazy………...………………………..  Other, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I don’t know…………………………………………………... | | | **Yes**  1  1  1  1  1  1  1  1  1  1  1  97  98 | | **No**  2  2  2  2  2  2  2  2  2  2  2 | | |  |
| **5.9** During the last six months, on average, how much time did the home-based carer spend on one visit to your household?*Please enter the number of minutes.* | |\_\_|\_\_| minutes  Don’t know…………………………………………... | 98 | | | | | | | |
| **5.10** In the last six months, have you always been visited by the same home-based carer? *Please circle a number.* | Yes……………….……………………………….......  No…………………………………………………..... | 1 **skip to 5.12**  2 | | | | | | | |
| **5.11** How many different home-based carers have come to visit you in the last six months? *Please enter the number.* | |\_\_|\_\_|  Don’t know…………………………………………... | 98 | | | | | | | |
| **5.12** Which services has your household received from a home-based carer in the last six months? **Read out each option and circle ‘yes’ or ‘no’ for each.** | Advice on how to stay healthy……………………….  Information on immunizations for children………….  Information and advice on feeding of babies………...  Measuring a child’s height and weight………………  Information on pregnancy and childbirth…………….  Checking if a pregnancy is going well……………….  Delivery of a baby at home…………………………..  Checking if a newborn is healthy…………………….  Distributing food……………………………………..  Advice or help with sanitation, such as toilets……….  Referral to a healthcare facility when someone was ill  Care at home when someone was ill…………………  Care at home when someone was dying……………..  First aid in an emergency…………………………….  Observing someone taking their medication…………  Information on family planning……………………...  Carrying out a pregnancy test………………………..  Providing contraceptives……………….…………….  Providing condoms……………………..…………….  Providing HIV medicines…...………………………..  Providing medication for tuberculosis……………….  Providing other medication…………………..………  HIV-testing………………………………..………….  Screening for tuberculosis……………………………  Other, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Yes**  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  97 | **No**  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2 | | **DK**  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98 | | |  | |
| **5.13** Overall, how satisfied or dissatisfied are you with the services provided by the home-based carers in your community?  **Ask the respondent to refer to scale 1.** *Please tick a circle.*  **Very satisfied**  **Very dissatisfied**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | |
| **5.14** How satisfied or dissatisfied are you with the **accessibility** of the home-based carers in your community? With accessibility we mean your ability to see a home-based carer when you are ill or looking for advice.  **Ask the respondent to refer to scale 1.** *Please tick a circle.*  **Very satisfied**  **Very dissatisfied**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | |
| **5.15** How satisfied or dissatisfied are you with the **quality** of the advice and care given by the home-based carers in your community?  **Ask the respondent to refer to scale 1.** *Please tick a circle.*  **Very satisfied**  **Very dissatisfied**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | |
| **5.16** How satisfied or dissatisfied are you with being treated **respectfully** by home-based carers?  **Ask the respondent to refer to scale 1.** *Please tick a circle.*  **Very satisfied**  **Very dissatisfied**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | |
| **5.17** Do you trust the home-based carers in your area to keep information about your health confidential? With confidential, we mean that the home-based carer does not tell other people about your health without your permission. *Please circle a number.* | Yes, I trust the home-based carers with my medical information…………………………………………...  No, I don’t trust the home-based carers with my medical information………………………………….  I can’t answer this question because I don’t know who the home-based carers are……………………… | 1  2  3 | | | | | | | |
| **5.18** Would you recommend the home-based carer program to other communities? *Please circle a number* | Yes……………………………………………………  No……………….………………..………………….. | 1  2 | | | | | | | |
| **5.19** Apart from home-based carers, have any other people come to your house to provide information about health, to offer testing for an illness, or to ask you to come to a healthcare facility? *Please circle a number.* | Yes...………………………………………………….  No………………...………………..………………… | 1  2 **skip to 5.22** | | | | | | | |
| **5.20** Let us refer to this person or these people as “community health workers” in the next few questions. Other than home-based carers, how many community health workers have come to visit you at your home in the last one year? *Please enter a number.* | |\_\_|\_\_| community health workers |  | | | | | | | |
| **5.21** During the last one year, how often did these community health workers come to visit your household? *Please enter a number.* | |\_\_|\_\_| times |  | | | | | | | |
| **5.22** The following questions try to find out if patients are interested in community health worker services. But this does **NOT** mean that we will offer community health worker services to you.  Please think of a community health worker as someone who visits households on a regular basis to provide advice on health issues or to care for those who are ill. Would you like to receive home visits from a community health worker? *Please circle a number.* | Yes…………………..………………………………..  No……………………………………………………. | 1  2 **skip to 5.25** | | | | | | | |
| **5.23** If you had the choice,would you like to receive these home visits by a community health worker once a week, once a month, once every 3 months, or once a year?*Please circle a number.* | Once a week………………………………………….  Once a month………………………………………...  Once every 3 months…………………………………  Once a year…………………………………………... | 1  2  3  4 | | | | | | | |
| **5.24** If you had the choice, which of the following services would you like to receive from a community health worker who visits your household? **Read out each option and circle ‘yes’ or ‘no’ for each.** | Advice on how to stay healthy……………………….  Information on immunizations for children………….  Information and advice on feeding of babies………...  Measuring a child’s height and weight………………  Information on pregnancy and childbirth…………….  Checking if a pregnancy is going well……………….  Delivery of a baby at home…………………………..  Checking if a newborn is healthy……………………  Distributing food……………………………………..  Advice or help with sanitation, such as toilets……….  Referral to a healthcare facility when someone is ill...  An injection to treat illnesses………………………...  Care at home when someone is ill……………………  Care at home when someone is dying………………..  First aid in an emergency…………………………….  Observing someone taking their medication…………  Information on family planning……………………...  Providing contraceptives……………….…………….  Injections for contraception…………………………..  Providing condoms……………………..…………….  Providing a pregnancy test…………………………...  Providing medication for HIV………………………..  Providing medication for tuberculosis……………….  Providing other medication…………………..………  HIV-testing………………………………..………….  Screening for tuberculosis……………………………  Other, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Yes**  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  98 | **No**  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2  2 | | **DK**  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98  98 | |  | | |
| **5.25** Would you like to receive home visits from a community health worker when you are ill? *Please circle a number.* | Yes……………………………………………………  No………………..…………………………………... | 1  2 | | | | | | | |
| **5.26** Would you like to receive home visits from a community health worker when you are not able to care for yourself? *Please circle a number.* | Yes……………………………………………………  No………………..…………………………………... | 1  2 | | | | | | | |
| **5.27** Would you like to receive home visits from a community health worker when you are dying? *Please circle a number.* | Yes……………………………………………………  No………………..…………………………………... | 1  2 | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **A.1**Has this participant been receiving ART for at least 6 months? | Yes……………………………………………………...  No (**skip to lab page**).…….…………........................... | 1  2 |
| **A.2** Does this patient have a viral load taken in the last 12 months? | Yes……………………………………………………...  No (**skip to QA.5**)………….………….......................... | 1  2 |
| **A.3** Is the viral load suppressed? | Yes……………………………………………………...  No (**skip to Q.A5**)………….………….......................... | 1  2 |
| **A.4** Had the participant been receiving ART for at least 6 months when the most current viral load was measured? | Yes (**skip to lab page**)…………...………………….…  No……………………………………………………… | 1  2 |
| **A.5** Does this patient have a CD4-count taken in the last 12 months? | Yes……………………………………………………...  No (**skip to lab page**)……..…………........................... | 1  2 |
| **A.6** Is the most current CD4-count greater than 350? | Yes……………………………………………………...  No (**skip to lab page**)………….………........................ | 1  2 |
| **A.7** Had the participant been receiving ART for at least 6 months when the most current CD4-count was measured? | Yes……………………………………………………...  No……………………………………………………… | 1  2 |

**Could we add here the laboratory results page we have in the baseline questionnaire with the exception of 1) study ID (but do keep the CTC2 number), 2) haemoglobin, and 3) HBC name.**

**Time at end of interview: |\_\_|\_\_| : |\_\_|\_\_|**

**Hours Minutes**

**(0-24)**

**Thank you very much for your effort and time!**

**Do you have any comments or feedback for us?**

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