**BASELINE AND ENDLINE QUESTIONNAIRE**

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

Day /Month/ Year

Name of healthcare facility: drop-down menu of the 18 healthcare facilities in the study

Study ID-number: |\_\_|\_\_|\_\_|\_\_|

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

First name Second name Last name

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

Hours Minutes

(0-24)

Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name Second name Last name

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

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

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| --- | --- | --- |
| **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  6 |
| **1.4** When did you find out that you are HIV-positive? *Please fill in the date.* | |\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|  Month/ Year  Not HIV-positive (**stop the interview here**).…………. | 1 |
| **1.5** 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 Q1.8** |  |
| **1.6** 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  If “none” 🡪 skip to Q1.8 |  |
| **1.7** For how many months or years have you been attending that clinic to get your ART? | |\_\_|\_\_| years  |\_\_|\_\_| months |  |
| **1.8** 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 |
| **1.9** Have you completed any education after school? *Please circle a number.* | Yes….…….…….…….…….…….…….…….………...  No (**skip to Q1.11**)…….…….…….…….…….…….… | 1  2 |
| **1.10** 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 |
| **1.11** 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 Q1.13**)………………………..…………… | 1  2 |
| **1.12** 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 Q1.16** | |\_\_|\_\_| **skip to Q1.14** |  |
| **1.13** 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 |

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| **1.14** What is the main source of drinking water for members of your household? *Please circle a number.* | **Piped water**  Piped into dwelling ……………………………… 1  Piped to yard/plot …………………………… 2  Public taps/standpipe……………………….. 3  **Borehole** …………………............................. 4  **Dug well**  Protected well ………………………………….. 5  Unprotected well……………………………. 6  **Water from spring**  Protected spring…………………………………. 7  Unprotected spring ……………………………... 8  Rainwater ………………………………………. 9  Tanker truck ………………………………. ………10  Surface water (river/dam/lake/pond/stream/canal/irrigation channel)………………………………………………  11  Bottled water ……………… 12  Other, specify:..... 13 |
| **1.15**Do you do anything to the water to make it safer to drink? Please circle a number. | Yes ………………………………………………..... 1  No…………………………………...……..……….... 2  Don’t know…………………………………...…….……….8 |
| **1.16** What kind of toilet facility do members of your household usually use? *Please circle a number.* | Flush or pour flush toilet …………………….. 1  Pit toilet/latrine  Ordinary pit toilet ………………………….. 2  Ventilated improved privy (VIP) ……… ………… 3  No facility/bush/field ………………………... 4  Other, **specify**… ……………………………………...5 |
| **1.17** Do you share this toilet facility with other households? *Please circle a number*. | Yes ………………………………………………..... 1  No…………………………………...……..……….... 2 |
| **1.18** What type of fuel does your household mainly use for cooking? *Please circle a number.* | Electricity from grid ………………………… 1  Electricity from generator ………………………… 2  Electricity from solar energy…………………... 3  Charcoal ………………………………………... 4  Wood …………………………………………… 5  Gas …………………………………………………... 6  Paraffin ……………………………………………… 7  Coal …………………………………………….. 8  No food cooked in the household…………. 9  Other, specify:……………………………………….10 |
| **1.19** Does your household own or rent your homestead? *Please circle a number.* | Own ............................................................................1  Rent …………………………………………………..2  Other, specify:………………………………………..3 |

**1.20** 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 |
|  |  |  |  |  |  |  |  |  |  |  |

**1.21** 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 |
|  |  |  |  |  |  |  |  |  |  |  |

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| **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. HIV status disclosure and self-reported ART adherence** |

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| --- | --- | --- | --- | --- |
| **2.1** Have you ever informed anyone about your HIV status? *Please circle a number.* | Yes……………………………………………………...  No (**skip to Q2.4**)…………………………………..….. | | | 1  2 |
| **2.2** 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  97 | **No**  2  2  2  2  2  2  2 | |
| **2.3** In total, to how many people have you disclosed your HIV status? *Please enter the number of people.* | |\_\_|\_\_| people | | |  |
| **2.4** When did you first start taking ARVs? *Please enter the month and year.* | |\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|  Month / Year | | |  |
| **2.5** Is the respondent female? *Please circle a number.* | Yes……………………………………………………...  No (**skip to Q2.8**)……………………………………… | | | 1  2 |
| **2.6** Were you pregnant when you first started taking ARVs? *Please circle a number.* | Yes……………………………………………………...  No (**skip to Q2.8**)……………………………………… | | | 1  2 |
| **2.7** Did you continue taking ARVs after pregnancy? *Please circle a number.* | Yes……………………………………………………...  No……………………………………………………… | | | 1  2 |
| **2.8** How would you rate your adherence to ARVs over the last one 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 |
| **2.9** 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 |
| **2.10** 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 |
| **2.11** 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 |
| **2.12** 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 |
| **2.13** 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 |
| **2.14** 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 |
| **2.15** 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 |
| **2.16** Before today,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, ask how many weeks or days ago the respondent picked up the ARVs:**  |\_\_|\_\_| weeks; |\_\_|\_\_| days ago  Never…………………………………………………... | | | 1 |
| **2.17** 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 |

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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**3.2** 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 Q3.5**).... | 2 |

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

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

**3.4** 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.*

**3.4a** Admission 1: |\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_| Number of nights: |\_\_|\_\_| Name of facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month / Year

**3.4b** Admission 2: |\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_| Number of nights: |\_\_|\_\_| Name of facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month / Year

**3.4c** Admission 3: |\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_| Number of nights: |\_\_|\_\_| Name of facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month / Year

**3.4d** 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 | **3.5** TSh \_\_\_\_\_\_\_\_ | **3.17** TSh \_\_\_\_\_\_\_ | **3.29** TSh \_\_\_\_\_\_\_ | **3.41** TSh \_\_\_\_\_\_\_ |
| Surgery | **3.6** TSh \_\_\_\_\_\_\_\_ | **3.18** TSh \_\_\_\_\_\_\_ | **3.30** TSh \_\_\_\_\_\_\_ | **3.42** TSh \_\_\_\_\_\_\_ |
| Medical tests (e.g. blood tests and X-rays) | **3.7** TSh \_\_\_\_\_\_\_\_ | **3.19** TSh \_\_\_\_\_\_\_ | **3.31** TSh \_\_\_\_\_\_\_ | **3.43** TSh \_\_\_\_\_\_\_ |
| Medicines | **3.8** TSh \_\_\_\_\_\_\_\_ | **3.20** TSh \_\_\_\_\_\_\_ | **3.32** TSh \_\_\_\_\_\_\_ | **3.44** TSh \_\_\_\_\_\_\_ |
| Other hospital fees | **3.9** TSh \_\_\_\_\_\_\_\_ | **3.21** TSh \_\_\_\_\_\_\_ | **3.33** TSh \_\_\_\_\_\_\_ | **3.45** TSh \_\_\_\_\_\_\_ |
| Transport including ambulance charges | **3.10** TSh \_\_\_\_\_\_\_ | **3.22** TSh \_\_\_\_\_\_\_ | **3.34** TSh \_\_\_\_\_\_\_ | **3.46** TSh \_\_\_\_\_\_\_ |
| Payment for someone to look after your child while you were in hospital | **3.11** TSh \_\_\_\_\_\_\_ | **3.23** TSh \_\_\_\_\_\_\_ | **3.35** TSh \_\_\_\_\_\_\_ | **3.47** TSh \_\_\_\_\_\_\_ |
| Payment for someone to look after your house, garden/fields or animals while you were in hospital | **3.12** TSh \_\_\_\_\_\_\_ | **3.24** TSh \_\_\_\_\_\_\_ | **3.36** TSh \_\_\_\_\_\_\_ | **3.48** TSh \_\_\_\_\_\_\_ |
| Food | **3.13** TSh \_\_\_\_\_\_\_ | **3.25** TSh \_\_\_\_\_\_\_ | **3.37** TSh \_\_\_\_\_\_\_ | **3.49** TSh \_\_\_\_\_\_\_ |
| Phone calls/SMS | **3.14** TSh \_\_\_\_\_\_\_ | **3.26** TSh \_\_\_\_\_\_\_ | **3.38** TSh \_\_\_\_\_\_\_ | **3.50** TSh \_\_\_\_\_\_\_ |
| Accomodation if you needed to stay the night nearby | **3.15** TSh \_\_\_\_\_\_\_ | **3.27** TSh \_\_\_\_\_\_\_ | **3.39** TSh \_\_\_\_\_\_\_ | **3.51** TSh \_\_\_\_\_\_\_ |
| Other, **specify**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ | **3.16** TSh \_\_\_\_\_\_\_ | **3.28** TSh \_\_\_\_\_\_\_ | **3.40** TSh \_\_\_\_\_\_\_ | **3.52** TSh \_\_\_\_\_\_\_ |

The following questions ask about healthcare you accessed in the past **SIX months**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | In the past ONE MONTH, have you visited … | | | | | |
| A public primary care clinic | A private doctor | Chemist/pharmacy | Traditional healer | Diviner | A faith healer |
| **3.53** Yes…..1  No…...2 | **3.53** Yes…..1  No…...2 | **3.53** Yes…..1  No…...2 | **3.53** Yes…..1  No…...2 | **3.53** Yes…..1  No…...2 | **3.53** Yes…..1  No…...2 |
| **If yes:**  **3.54** How many times?  |\_\_|\_\_| times  For this health care, how much did you pay (per visit) for: | **If yes:**  **6.61** How many times?  |\_\_|\_\_| times  For this health care, how much did you pay (per visit) for: | **If yes:**  **6.71.** How many times?  |\_\_|\_\_| times  For this health care, how much did you pay (per visit) for: | **If yes:**  **6.81** How many times?  |\_\_|\_\_| times  For this health care, how much did you pay (per visit) for: | **If yes:**  **6.91** How many times?  |\_\_|\_\_| times  For this health care, how much did you pay (per visit) for: | **If yes:**  **6.101** How many times?  |\_\_|\_\_| times  For this health care, how much did you pay (per visit) for: |
| Clinic/consultation fee | **3.55**  TSh \_\_\_\_\_\_\_\_\_ | **3.65**  TSh \_\_\_\_\_\_\_\_\_ | **3.75**  TSh \_\_\_\_\_\_\_\_\_ | **3.85**  TSh \_\_\_\_\_\_\_\_\_ | **3.95**  TSh \_\_\_\_\_\_\_\_\_ | **3.105**  TSh \_\_\_\_\_\_\_ |
| Medical tests (e.g. blood tests and X-rays) | **3.56**  TSh \_\_\_\_\_\_\_\_\_ | **3.66**  TSh \_\_\_\_\_\_\_\_\_ | **3.76**  TSh \_\_\_\_\_\_\_\_\_ | **3.86**  TSh \_\_\_\_\_\_\_\_\_ | **3.96**  TSh \_\_\_\_\_\_\_\_\_ | **3.106**  TSh \_\_\_\_\_\_\_ |
| Medicines | **3.57**  TSh \_\_\_\_\_\_\_\_\_ | **3.67**  TSh \_\_\_\_\_\_\_\_\_ | **3.77**  TSh \_\_\_\_\_\_\_\_\_ | **3.87**  TSh \_\_\_\_\_\_\_\_\_ | **3.97**  TSh \_\_\_\_\_\_\_\_\_ | **3.107**  TSh \_\_\_\_\_\_\_ |
| Transport | **3.58**  TSh \_\_\_\_\_\_\_\_\_ | **3.68**  TSh \_\_\_\_\_\_\_\_\_ | **3.78**  TSh \_\_\_\_\_\_\_\_\_ | **3.88**  TSh \_\_\_\_\_\_\_\_\_ | **3.98**  TSh \_\_\_\_\_\_\_\_\_ | **3.108**  TSh \_\_\_\_\_\_\_ |
| Payment for someone to look after your child while you were gone | **3.59**  TSh \_\_\_\_\_\_\_\_\_ | **3.69**  TSh \_\_\_\_\_\_\_\_\_ | **3.79**  TSh \_\_\_\_\_\_\_\_\_ | **3.89**  TSh \_\_\_\_\_\_\_\_\_ | **3.99**  TSh \_\_\_\_\_\_\_\_\_ | **3.109**  TSh \_\_\_\_\_\_\_ |
| Payment for someone to look after your house, garden/fields or animals while you were gone | **3.60**  TSh \_\_\_\_\_\_\_\_\_ | **3.70**  TSh \_\_\_\_\_\_\_\_\_ | **3.80**  TSh \_\_\_\_\_\_\_\_\_ | **3.90**  TSh \_\_\_\_\_\_\_\_\_ | **3.100**  TSh \_\_\_\_\_\_\_\_\_ | **3.110**  TSh \_\_\_\_\_\_\_ |
| Food | **3.61**  TSh \_\_\_\_\_\_\_\_\_ | **3.71**  TSh \_\_\_\_\_\_\_\_\_ | **3.81**  TSh \_\_\_\_\_\_\_\_\_ | **3.91**  TSh \_\_\_\_\_\_\_\_\_ | **3.101**  TSh \_\_\_\_\_\_\_\_\_ | **3.111**  TSh \_\_\_\_\_\_\_ |
| Phone calls/SMS | **3.62**  TSh \_\_\_\_\_\_\_\_\_ | **3.72**  TSh \_\_\_\_\_\_\_\_\_ | **3.82**  TSh \_\_\_\_\_\_\_\_\_ | **3.92**  TSh \_\_\_\_\_\_\_\_\_ | **3.102**  TSh \_\_\_\_\_\_\_\_\_ | **3.112**  TSh \_\_\_\_\_\_\_ |
| Accomodation if you needed to stay the night nearby | **3.63**  TSh \_\_\_\_\_\_\_\_\_ | **3.73**  TSh \_\_\_\_\_\_\_\_\_ | **3.83**  TSh \_\_\_\_\_\_\_\_\_ | **3.93**  TSh \_\_\_\_\_\_\_\_\_ | **3.103**  TSh \_\_\_\_\_\_\_\_\_ | **3.113**  TSh \_\_\_\_\_\_\_ |
| Other, **specify**:  \_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_ | **3.64**  TSh \_\_\_\_\_\_\_\_\_ | **3.74**  TSh \_\_\_\_\_\_\_\_\_ | **3.84**  TSh \_\_\_\_\_\_\_\_\_ | **3.94**  TSh \_\_\_\_\_\_\_\_\_ | **3.104**  TSh \_\_\_\_\_\_\_\_\_ | **3.114**  TSh \_\_\_\_\_\_\_ |

**3.115** 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 \_\_\_\_\_\_\_\_\_

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

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

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

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

**3.119** 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 |

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

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

Hours Minutes

(0-24)

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

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

Hours Minutes

(0-24)

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

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

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

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

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

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **3.124a** Earning money…………………………………………………………………………………... | 1 | 2 |
| **3.124b** Doing unpaid community work or volunteer work……………………………………………... | 1 | 2 |
| **3.124c** 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 |
| **3.124d** Taking care of children…………………………………………………………………………. | 1 | 2 |
| **3.124e** Leisure activities (sport, watching TV, listening to music, reading, visiting friends and family, going to movies, etc.).…………………………………………………………………………………... | 1 | 2 |
| **3.124f** Attending school or other educational institution……………………………………………….. | 1 | 2 |
| **3.124g** Nothing………………………………………………………………………………………….. | 1 | 2 |

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

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

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

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

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

|  |
| --- |
| **4. 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.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4.1** 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 4.4**  2 | | | | | | |
| **4.2** Has your **household** ever been visited by a home-based carer? *Please circle a number.* | Yes……………………………………………………  No………………..…………………………………...Don’t know…………………………………………... | 1  **skip to 4.4**  2  98 | | | | | | |
| **4.3** 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 4.17** | | | |
| **4.4** 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 | | | | | | |
| **4.5** Were you present at the time of the last visit?*Please circle a number.* | Yes……………………………………………………  No………………..…………………………………... | 1 **skip to 4.7**  2 | | | | | | |
| **4.6** 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 | | | | | | |
| **4.7** 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 4.9**  Don’t know…………………………………………... | 98 | | | | | | |
| **4.8** 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 | |  |
| **4.9** 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 | | | | | | |
| **4.10** 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 4.12**  2 | | | | | | |
| **4.11** How many different home-based carers have come to visit you in the last six months? *Please enter the number.* | |\_\_|\_\_| home-based carers  Don’t know…………………………………………... | 98 | | | | | | |
| **4.12** 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 | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | |
| **4.13** 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 | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | |
| **4.14** 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 | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | |
| **4.15** 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 | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | |
| **4.16** 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 | | | | | | |
| **4.17** Would you recommend the home-based carer program to other communities? *Please circle a number* | Yes……………………………………………………  No……………….………………..………………….. | 1  2 | | | | | | |
| **4.18** 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 4.21** | | | | | | |
| **4.19** 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  Don’t know………………………………………....... | 98 | | | | | | |
| **4.20** During the last one year, how often did these community health workers come to visit your household? *Please enter a number.* | |\_\_|\_\_| times |  | | | | | | |
| **4.21 Is this the baseline questionnaire? Please circle a number.** | **Yes……………………………………………………**  **No…………………………………………………….** | **1**  **2 skip to 4.28** | | | | | | |
| **4.22** The following questions try to find out if patients are interested in community health worker services. But this does **NOT** influence any care you will receive other than what we have already told you when telling you about this study.  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 4.28** | | | | | | |
| **4.23** 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 | | | | | | |
| **4.24** 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.** | 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…………………………… | **Yes**  1  1  1  1  1  1  1  1  1  1 | **No**  2  2  2  2  2  2  2  2  2  2 | | **DK**  98  98  98  98  98  98  98  98  98  98 | |  | |
| **4.25 Is this a study participant who receives ARVs at home AND is this the study exit questionnaire?** *Please circle a number.* | **Yes……………………………………………………**  **No…………………………………………………….** | **1**  **2 skip to 5.1** | | | | | | |
| **4.26** How often in the last six months did a home-based carer come to deliver your HIV medicines to your home? *Please circle number.* | |\_\_|\_\_| times  Don’t know…………………………………………... | 98 | | | |  | |  |
| **4.27** Did the home-based carer deliver the HIV medicines on time? Please answer with always, usually, sometimes or never. *Please circle a number.* | Always………………………………………………..  Usually……………………………………………….  Sometimes……………………………………………  Never………………………………………………… | 1  2  3  4 | | | |  | |  |
| **4.28** Have you ever had to miss a dose of ARVs because the home-based carer did not deliver the ARVs to your home on time? *Please circle a number.* | Yes……………………………………………………  No (**skip to Q4.30**)………………………..…………. | 1  2 | | | |  | |  |
| **4.29** How many times did this happen? *Please write the number of times.* | |\_\_|\_\_| times |  | | | |  | |  |
| **4.30** If you could choose, would you like to continue receiving HIV medicines brought to your home by a home-based carer, or would you prefer picking them up from the facility yourself? *Please circle a number.* | Delivered by home-based carer (**skip to Q4.32**)……..  Picking up from the facility myself…………………..  Don’t know……………………………………........... | 1  2  98 | | | |  | |  |
| **4.31** Why? **Please read out each option and circle Yes or No.** | I’m afraid that because of the home-based carers’ visits someone may learn about my HIV status whom I don’t want to know……………................................  The home-based carers are unreliable in delivering the HIV medicines on time…………………………...  I would like to be seen by a physician or a nurse rather than a home-based carer……………………….  The home-based carers don’t treat me with respect….  The visits by the home-based carer take up too much of my time……………………………………………  Other, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Yes**  1  1  1  1  1  97 | **No**  2  2  2  2  2 | |  | | | |
| **4.32** Would you recommend this program of home-based carers delivering HIV medicines to people’s homes to other communities? *Please circle a number.* | Yes (**skip to Q4.34)**…………………………………  No…………………………………………………….  Don’t know……………………………………........... | 1  2  98 | | | |  | |  |
| **4.33** Why not? **Please read out each option and circle Yes or No.** | There is a risk of disclosure of my HIV infection to someone who I don’t want to know about my HIV….  The home-based carers are unreliable in delivering the HIV medicines on time…………………………...  The home-based carers are not qualified to provide HIV medicines….…………………………………….  The home-based carers don’t treat me with respect….  Other, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Yes**  1  1  1  1  97 | | | | **No**  2  2  2  2 | |  |
| **4.33** Were you ever worried that the delivery of HIV medicines by home-based carers may disclose your HIV status to people who you do not want to know about your HIV infection? *Please circle a number.* | Yes……………………………………………………  No……………………………………………………. | 1  2 | | | |  | |  |
| **4.34** Has the home-delivery of HIV medicines actually caused a disclosure of your HIV status to people who you do not want to know about your HIV infections? *Please circle a number.* | Yes……………………………………………………  No……………………………………………………. | 1  2 | | | |  | |  |
| **4.35** Are you worried that you may experience any of the following social problems from the home-delivery of HIV medicines by home-based carers? **Please read out each option** *and circle yes or no for each.* | Conflict with spouse or partner………………………  Separation or divorce from spouse or partner………..  Abandonment by spouse or partner…………………..  Beating or other forms of physical violence by spouse or partner……………………………………..  Isolation and/or lack of support from family or friends………………………………………………...  Being a burden or source of worry for others………..  Teasing or insulting…………………………………..  Loss of respect or standing with the family and/or community……………………………………………  Loss of customers…………………………………….  Loss of a job………………………………………….  Taking away of property……………………………..  Taking away of a child………………………………. | **Yes**  1  1  1  1  1  1  1  1  1  1  1  1 | **No**  2  2  2  2  2  2  2  2  2  2  2  2 | |  | | |  |
| **4.36** Have you actually experienced any of these social problems? **Probe with: Any others?** *Circle all that apply.* | Conflict with spouse or partner………………………  Separation or divorce from spouse or partner………..  Abandonment by spouse or partner…………………..  Beating or other forms of physical violence by spouse or partner……………………………………..  Isolation and/or lack of support from family or friends………………………………………………...  Being a burden or source of worry for others………..  Teasing or insulting…………………………………..  Loss of respect or standing with the family and/or community……………………………………………  Loss of customers…………………………………….  Loss of a job………………………………………….  Taking away of property……………………………..  Taking away of a child………………………………. | 1  2  3  4  5  6  7  8  9  10  11  12 | | | |  | |  |

|  |
| --- |
| **5. 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.  **5.1** How would you rate your experience with the service you received today?*Please circle a number.* | 1 | 2 | 3 | 4 | 5 |

**5.2** 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** |
| **5.3a** 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.  **5.3b** 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.  **5.3c** 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** |
| **5.4a.** 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.  **5.4b.** 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.  **5.4c.** 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** |
| **5.5a** 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.  **5.5b** 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.  **5.5c** 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** |
| **5.6a** 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.  **5.6b** 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.  **5.6c** Overall, how would you rate [name]’s experience of being greeted and talked to respectfully? *Please circle a number.* | 1 | 2 | 3 | 4 | 5 |

|  |
| --- |
| **PART 6. HIV knowledge and attitude** |

Now, I would like to talk with you a bit more about HIV or AIDS.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **6.1** Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners? *Please circle a number.* | Yes……………………………………………………...  No………………………………………………………  Don’t know…………………………………………….. | | | | 1  2  98 |
| **6.2** Can people get the AIDS virus because of witchcraft or other supernatural means? *Please circle a number.* | Yes……………………………………………………...  No………………………………………………………  Don’t know…………………………………………….. | | | | 1  2  98 |
| **6.3** Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex? *Please circle a number.* | Yes……………………………………………………...  No………………………………………………………  Don’t know…………………………………………….. | | | | 1  2  98 |
| **6.4** Can people get the AIDS virus from mosquito bites? *Please circle a number.* | Yes……………………………………………………...  No………………………………………………………  Don’t know…………………………………………….. | | | | 1  2  98 |
| **6.7** Can people get the AIDS virus by sharing food with a person who has the AIDS virus? *Please circle a number.* | Yes……………………………………………………...  No………………………………………………………  Don’t know…………………………………………….. | | | | 1  2  98 |
| **6.8** Is it possible for a healthy-looking person to have the AIDS virus? *Please circle a number.* | Yes……………………………………………………...  No………………………………………………………  Don’t know…………………………………………….. | | | | 1  2  98 |
| **6.9** Can the virus that causes AIDS be transmitted from a mother to her baby:  **6.9a** During pregnancy  **6.9b** During delivery  **6.9c** By breastfeeding  *Please circle Yes or No for each a, b & c.* | PREGNANCY………………………...  DELIVERY…………………………...  BREASTFEEDING…………………... | **Yes**  1  1  1 | **No**  2  2  2 | **DK**  98  98  98 | |
| **6.10** In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school? *Please circle a number.* | Yes……………………………………………………...  No………………………………………………………  Don’t know/Not sure/Depends………………………… | | | | 1  2  98 |
| **6.11** If another member of your family got infected with the AIDS virus, would you want it to remain a secret? *Please circle a number.* | Yes……………………………………………………...  No………………………………………………………  Don’t know/Not sure/Depends………………………… | | | | 1  2  98 |
| **6.12** Do you think children living with HIV should be allowed  to attend school with children who do not have HIV? *Please circle a number.* | Yes……………………………………………………...  No………………………………………………………  Don’t know/Not sure/Depends………………………… | | | | 1  2  97 |

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| **PART 7. Family planning** |

|  |  |  |
| --- | --- | --- |
| **7.1** Do you have any children? *Please circle a number.* | Yes……………………………………………………  No (**skip to Q7.3**)….………………………………… | 1  2 |
| **7.2** How many children do you have? *Please enter a number.* | |\_\_|\_\_| children |  |
| **7.3** Now I have some questions about the future. Would you like to have a/another child, or would you prefer not to have any (more) children? *Please circle a number.* | Have (a/another) child………………………………..  No more/none………………………………………...  She/partner/wife can’t get pregnant………………….  Undecided/don’t know………………………………. | 1  2  3  98 |
| **7.4** Are you or your partner currently doing something or using any method to delay or avoid getting pregnant? *Please circle a number.* | Yes……………………………………………………  No (**skip to Q7.7**)…………………………………….  Not currently sexually active (**skip to Q7.7**)………... | 1  2  3 |
| **7.5** Which method are you using? **Probe with: any others?** *Circle all methods mentioned.* | Female sterilization…………………………………..  Male sterilization……………………………………..  IUD…………………………………………………...  Injectables…………………………………………….  Implants………………………………………………  Pill……………………………………………………  Condom………………………………………………  Female condom………………………………………  Emergency contraception…………………………….  Standard days method………………………………..  Lactational amenorrhea method……………………...  Rhythm method………………………………………  Withdrawal…………………………………………...  Other method, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  2  3  4  5  6  7  8  9  10  11  12  13  97 |
| **7.6** Where did you obtain (CURRENT METHODS) the last time?  *If unable to determine if public or private sector, write the name of the place:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Skip to Q7.10 after this question.** | *Public sector*  Government hospital…………………………………  Government health center……………………………  Family planning clinic………………………………..  Mobile clinic…………………………………………  Home-based carer………………………………..  Other community health worker, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_………..  Other public sector, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_………..  *Private medical sector*  Private hospital/clinic………………………………...  Pharmacy……………………………………………..  Private doctor………………………………………...  Mobile clinic…………………………………………  Other private medical sector, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_………..  *Other source*  Shop…………………………………………………..  Church………………………………………………..  Friends/relative………………………………………. | 1  2  3  4  5  6  8  9  10  11  12  13  14  15  16 |
| **7.7** Have you ever used anything or tried in any way to delay or avoid getting pregnant? *Please circle a number.* | Yes……………………………………………………  No (**skip to Q7.9**)……………………………………. | 1  2 |
| **7.8** Where did you get it at that time?  *If unable to determine if public or private sector, write the name of the place:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Public sector*  Government hospital…………………………………  Government health center……………………………  Family planning clinic………………………………..  Mobile clinic…………………………………………  Home-based carer………………………………..  Other community health worker, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_………..  Other public sector, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_………..  *Private medical sector*  Private hospital/clinic………………………………...  Pharmacy……………………………………………..  Private doctor………………………………………...  Mobile clinic…………………………………………  Other private medical sector, **specify**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_………..  *Other source*  Shop…………………………………………………..  Church………………………………………………..  Friends/relative………………………………………. | 1  2  3  4  5  6  8  9  10  11  12  13  14  15  16 |
| **7.9** Do you know of a place where you can obtain a method of family planning? *Please circle a number*. | Yes……………………………………………………  No……………………………………………………. | 1  2 |

I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.

|  |  |  |
| --- | --- | --- |
| **7.10** Contraception is a woman’s concern and a man should not have to worry about it. *Please circle a number.* | Agree…………………………………………………...  Disagree………………………………………………...  Don’t know…………………………………………….. | 1  2  98 |
| **7.11** Women who use contraception may become promiscuous. *Please circle a number.* | Agree…………………………………………………...  Disagree………………………………………………...  Don’t know…………………………………………….. | 1  2  98 |

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| **PART 8. Nutrition-related questions** |

I would now like to ask you a few questions about the kind of foods you eat. But first I’d like to take your weight and height. Would that be okay?

**8A. Anthropometry**

**8.A1** **Weigh the individual.** *Record the weight:* \_\_\_\_\_\_\_\_ kg

**8.A2** **Measure the height of the individual.** *Record the height:* \_\_\_\_\_\_\_\_ cm

**8.A3** **Measure the mid upper arm circumference (MUAC) of the individual.** *Record the MUAC:* \_\_\_\_\_\_\_\_ cm

**8B. Dietary intake assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 8B. | In the past 24 hours have you eaten any of the following foods? *Please read out each option PLUS examples, and circle yes or no.* | | | |
|  | **Food group** | **Examples** | **Yes** | **No** |
| 8.B1. | Cereals | corn/maize, rice, wheat, sorghum, millet or any other grains or foods made from these (e.g. bread, noodles, porridge or other grain products) + insert local foods e.g. ugali, nshima, porridge or paste | 1 | 2 |
|  |  |  |  |  |
| 8.B2. | White roots and tubers | white potatoes, white yam, white cassava, or other foods made from roots | 1 | 2 |
|  |  |  |  |  |
| 8.B3. | Vitamin A rich vegetables and tubers | pumpkin, carrot, squash, or sweet potato that are orange inside + other locally available vitamin A rich vegetables (e.g. red sweet pepper) | 1 | 2 |
|  |  |  |  |  |
| 8.B4. | Dark green leafy vegetables | dark green leafy vegetables, including wild forms + locally available vitamin A rich leaves such as amaranth, cassava leaves,  kale, spinach | 1 | 2 |
|  |  |  |  |  |
| 8.B5. | Other vegetables | other vegetables (e.g. tomato, onion, eggplant) + other locally available vegetables | 1 | 2 |
|  |  |  |  |  |
| 8.B6. | Vitamin A rich fruits | ripe mango, cantaloupe, apricot (fresh or dried), ripe papaya, dried peach, and 100% fruit juice made from these + other locally available vitamin A rich fruits | 1 | 2 |
|  |  |  |  |  |
| 8.B7. | Other fruits | other fruits, including wild fruits and 100% fruit juice made from these | 1 | 2 |
|  |  |  |  |  |
| 8.B8. | Organ meat | liver, kidney, heart or other organ meats or blood-based foods | 1 | 2 |
|  |  |  |  |  |
| 8.B9. | Flesh meats | beef, pork, lamb, goat, rabbit, game, chicken, duck, other birds, insects | 1 | 2 |
|  |  |  |  |  |
| 8.B10. | Eggs | eggs from chicken, duck, guinea fowl or any other egg | 1 | 2 |
|  |  |  |  |  |
| 8.B11. | Fish and seafood | fresh or dried fish or shellfish | 1 | 2 |
|  |  |  |  |  |
| 8.B12. | Legumes, nuts and seeds | dried beans, dried peas, lentils, nuts, seeds or foods made from these (eg. hummus, peanut butter) | 1 | 2 |
|  |  |  |  |  |
| 8.B13. | Milk and milk products | milk, cheese, yogurt or other milk products | 1 | 2 |
|  |  |  |  |  |
| 8.B14. | Oils and fats | oil, fats or butter added to food or used for cooking | 1 | 2 |
|  |  |  |  |  |
| 8.B15. | Sweets | sugar, honey, sweetened soda or sweetened juice drinks, sugary foods such as chocolates, candies, cookies and cakes | 1 | 2 |
|  |  |  |  |  |
| 8.B16. | Spices,  Condiments,  Beverages | spices (black pepper, salt), condiments (soy sauce, hot sauce), coffee, tea, alcoholic beverages | 1 | 2 |

**8.B138**  How often do you have a drink containing alcohol? *Please circle a number.*

| Never  Monthly or less  2-4 times a month  2-3 times a week  4 or more times a week | 0  1  2  3  4 |
| --- | --- |

**8.B139** How many standard drinks do you have on a typical day when drinking? *Please circle a number****. (Use the Standard alcohol card provided).***

| 1 or 2  3 or 4  5 or 6  7 or 9  10 or more | 0  1  2  3  4 |
| --- | --- |

**8.B140** How often do you have six or more drinks on one occasion? *Please circle a number.* ***(Use the Standard alcohol card provided).***

| Never  Less than monthly  Monthly  Weekly  Daily or almost daily | 0  1  2  3  4 |
| --- | --- |

*If the total score for the questions* **8.B138** -**8.B138** is ***5 or more*** *the client has risky alcohol intake and should be counseled and encouraged to reduce alcohol consumption on the non-risky alcohol use using the WHO guidelines.*

**8C. Questions assessing food security, current food sources, current status of own-production of nutritious foods, and willingness to produce food for own-consumption**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **8.C1** In the past four weeks, did you worry that your household would not have enough food? *Please circle a number.* | Never……………………………………………………..  Rarely (once or twice in the past four weeks)……………  Sometimes (three to ten times in the past four weeks)…..  Often (more than ten times in the past four weeks)……... | | 1  2  3  4 | | |
| **8.C2** In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources? *Please circle a number.* | Never……………………………………………………..  Rarely (once or twice in the past four weeks)……………  Sometimes (three to ten times in the past four weeks)…..  Often (more than ten times in the past four weeks)……... | | 1  2  3  4 | | |
| **8.C3** In the past four weeks, did you or any household member have to eat a limited variety of foods due to a lack of resources? *Please circle a number.* | Never……………………………………………………..  Rarely (once or twice in the past four weeks)……………  Sometimes (three to ten times in the past four weeks)…..  Often (more than ten times in the past four weeks)……... | | 1  2  3  4 | | |
| **8.C4** In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food? *Please circle a number.* | Never……………………………………………………..  Rarely (once or twice in the past four weeks)……………  Sometimes (three to ten times in the past four weeks)…..  Often (more than ten times in the past four weeks)……... | | 1  2  3  4 | | |
| **8.C5** In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food? *Please circle a number.* | Never……………………………………………………..  Rarely (once or twice in the past four weeks)……………  Sometimes (three to ten times in the past four weeks)…..  Often (more than ten times in the past four weeks)……... | | 1  2  3  4 | | |
| **8.C6** In the past four weeks, did you or any household member have to eat fewer meals in a day because there was not enough food? *Please circle a number.* | Never……………………………………………………..  Rarely (once or twice in the past four weeks)……………  Sometimes (three to ten times in the past four weeks)…..  Often (more than ten times in the past four weeks)……... | | 1  2  3  4 | | |
| **8.C7** In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food? *Please circle a number.* | Never……………………………………………………..  Rarely (once or twice in the past four weeks)……………  Sometimes (three to ten times in the past four weeks)…..  Often (more than ten times in the past four weeks)……... | | 1  2  3  4 | | |
| **8.C8** In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food? *Please circle a number.* | Never……………………………………………………..  Rarely (once or twice in the past four weeks)……………  Sometimes (three to ten times in the past four weeks)…..  Often (more than ten times in the past four weeks)……... | | 1  2  3  4 | | |
| **8.C9** In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food? *Please circle a number.* | Never……………………………………………………..  Rarely (once or twice in the past four weeks)……………  Sometimes (three to ten times in the past four weeks)…..  Often (more than ten times in the past four weeks)……... | | 1  2  3  4 | | |
| **8.C10** Could you please tell me the primary source for obtaining grain foods or cereals like rice, millet, or maize for your household to consume? *Please circle a number.* | Own production, gathering, hunting, fishing….…………  Purchased……...…………………………………………  Borrowed, bartered, exchanged for labor, gift from friends or relatives…………………………………..........  Food aid…..……………………………………………...  Other.…………………………………………………….  We do not have a means of obtaining this food……….....  Don’t know……………………………………………… | | 1  2  3  4  5  6  98 | | |
| **8.C11** Could you please tell me the primary source for obtaining tubers and roots like potatoes, cassava or taro for your household to consume? *Please circle a number.* | Own production, gathering, hunting, fishing….…………  Purchased……...…………………………………………  Borrowed, bartered, exchanged for labor, gift from friends or relatives…………………………………..........  Food aid…..……………………………………………...  Other.…………………………………………………….  We do not have a means of obtaining this food……….....  Don’t know……………………………………………… | | 1  2  3  4  5  6  98 | | |
| **8.C12** Could you please tell me the primary source for obtaining legumes like beans, lentils, or groundnuts for your household to consume? *Please circle a number.* | Own production, gathering, hunting, fishing….…………  Purchased……...…………………………………………  Borrowed, bartered, exchanged for labor, gift from friends or relatives…………………………………..........  Food aid…..……………………………………………...  Other.…………………………………………………….  We do not have a means of obtaining this food……….....  Don’t know……………………………………………… | | 1  2  3  4  5  6  98 | | |
| **8.C13** Could you please tell me the primary source for obtaining fruits and vegetables for your household to consume? *Please circle a number.* | Own production, gathering, hunting, fishing….…………  Purchased……...…………………………………………  Borrowed, bartered, exchanged for labor, gift from friends or relatives…………………………………..........  Food aid…..……………………………………………...  Other.…………………………………………………….  We do not have a means of obtaining this food……….....  Don’t know……………………………………………… | | 1  2  3  4  5  6  98 | | |
| **8.C14** Could you please tell me the primary source for obtaining meat, poultry or fish for your household to consume? *Please circle a number.* | Own production, gathering, hunting, fishing….…………  Purchased……...…………………………………………  Borrowed, bartered, exchanged for labor, gift from friends or relatives…………………………………..........  Food aid…..……………………………………………...  Other.…………………………………………………….  We do not have a means of obtaining this food……….....  Don’t know……………………………………………… | | 1  2  3  4  5  6  98 | | |
| **8.C15** Could you please tell me the primary source for obtaining eggs, milk and other dairy products for your household to consume? *Please circle a number.* | Own production, gathering, hunting, fishing….…………  Purchased……...…………………………………………  Borrowed, bartered, exchanged for labor, gift from friends or relatives…………………………………..........  Food aid…..……………………………………………...  Other.…………………………………………………….  We do not have a means of obtaining this food……….....  Don’t know……………………………………………… | | 1  2  3  4  5  6  98 | | |
| **8.C16** Does any member of this household own any agricultural land? *Please circle a number.* | Yes ………………………………………………………  No (**skip to Q8.C18**).…………..………………………...  Don’t know (**skip to Q8.C18)**…………………….…..… | | 1  2  98 | | |
| **8.C17** How many acres of agricultural land do members of this household own? *Please write the number given by the respondent* **AND THEN SKIP TO Q.C20.** | |\_\_|\_\_|\_\_| . |\_\_| acres  *If the respondent prefers to answer in hectares, then enter the number of hectares here:*  |\_\_|\_\_|\_\_| . |\_\_| hectares  *If the respondent owns less than 1 acre, then enter the number of square meters here:*  |\_\_|\_\_|\_\_|\_\_| . |\_\_| square meters  *If the respondent answers ≥1000 acres or ≥400 hectares, then please write ‘999.9’ acres.* | | | | |
| **8.C18** Do you have access to a garden or a plot of land where you could grow vegetables or fruits? *Please circle a number.* | Yes………………………………………………………..  No (**skip to Q8.C21**).…………..………………………... | | | | 1  2 |
| **8.C19** Approximately how many acres or square meters is this plot of land? *Please write the number given by the respondent.* | |\_\_|\_\_|\_\_| . |\_\_| acres  *If the plot of land/garden is less than 1 acre, then enter the number of square meters here:*  |\_\_|\_\_|\_\_|\_\_| . |\_\_| square meters  *If the respondent prefers to answer in hectares, then enter the number of hectares here:*  |\_\_|\_\_|\_\_| . |\_\_| hectares  *If the respondent answers ≥1000 acres or ≥400 hectares, then please write ‘999.9’ acres.* | | | | |
| **8.C20** In the last **six** months, did you grow any of the following for your own consumption:  *Please read out each option and circle yes or no.* | Cereals (e.g. maize, sorghum, millet, rice, amaranth grain, etc.)?……………………….......  Bananas or plantains?………………………….. Tubers or roots (e.g. cassava, Irish potato, sweet potato, yam, etc.)?………………….…………...  Legumes (e.g. beans, soybeans, cowpea, groundnuts, etc.)?............……………………….  Vegetables (e.g. tomato, pepper, pumpkin, carrot, onion, okra, cabbage, dark green leafy vegetables, etc.)?……..…………………............  Fruits (e.g. mangoes, pawpaw, avocado, oranges, pineapple, watermelon, etc.)?.......................…… | **Yes No**  1 2  1 2  1 2  1 2  1 2  1 2 | | | |
| **8.C21** On a scale from 0 to 4, with 0 meaning you are very unwilling and 4 meaning you are very willing, how willing are you to grow your own food, fruits and vegetables for your household to consume? *Please tick a circle.* | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 0 | 1 | 2 | 3 | 4 | |  |  |  |  |  |   **Very unwilling** **Neutral**  **Very willing** | | | | |
| **8.C22** Does this household own any livestock, herds, other farm animals, or poultry? *Please circle a number.* | Yes………………………………………………………..  No…………….....…………..……………………………  Don’t know…………………….………………………… | | | 1  2  98 | |
| **8.C23** On a scale from 0 to 4, with 0 meaning you are very unwilling and 4 meaning you are very willing, how willing are you to raise livestock or poultry for your household to consume? *Please tick a circle.* | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 0 | 1 | 2 | 3 | 4 | |  |  |  |  |  |   **Very unwilling** **Neutral**  **Very willing** | | | | |
| **8.C24** Have you contacted an agricultural extension worker in the last 12 months? *Please circle a number.* | Yes………………………………………………………..  No………………………………………………………... | | | | 1  2 |
| **8.C25** Have you used any services from an agricultural extension worker in the last 12 months? *Please circle a number.* | Yes………………………………………………………..  No………………………………………………………... | | | | 1  2 |
|  |  | | | | |

**8D. Physical activity**

Now I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person. Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, farming, harvesting food/crops, fishing or hunting for food, or seeking employment. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

|  |  |  |
| --- | --- | --- |
| **8.D1** Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like carrying or lifting heavy loads, digging or construction work, for at least 10 minutes continuously? (*Use showcard*) *Please circle a number.* | Yes……………………………………………………...  No (**skip to Q8.D4**).…………..…………..…………… | 1  2 |
| **8.D2** In a typical week, on how many days do you do vigorous-intensity activities as part of your work? | |\_\_| Number of days | |
| **8.D3** How much time do you spend doing vigorous-intensity activities at work on a typical day? | Hours : minutes |\_\_|\_\_| : |\_\_|\_\_|  hrs mins | |
| **8.D4** Does your work involve moderate-intensity activity, that causes small increases in breathing or heart rate such as brisk walking or carrying light loads for at least 10 minutes continuously? (*Use Showcard*) *Please circle a number.* | Yes……………………………………………………...  No (**skip to Q8.D7**).…………..…………..…………… | 1  2 |
| **8.D5** In a typical week, on how many days do you do moderate-intensity activities as part of your work? | |\_\_| Number of days | |
| **8.D6** How much time do you spend doing moderate-intensity activities at work on a typical day? | Hours : minutes |\_\_|\_\_| : |\_\_|\_\_|  hrs mins | |
| The next questions exclude the physical activities at work that you have already mentioned.  Now I would like to ask you about the usual way you travel to and from places. For example to work, for shopping, to market, to place of worship. | | |
| **8.D7** Do you walk or use a bicycle for at least 10 minutes continuously to get to and from places? *Please circle a number.* | Yes……………………………………..……………….  No (**skip to Q8.D10**).…………..…………..………….. | 1  2 |
| **8.D8** In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places? | |\_\_| Number of days | |
| **8.D9** How much time do you spend walking or bicycling for travel on a typical day? | Hours : minutes |\_\_|\_\_| : |\_\_|\_\_|  hrs mins | |
| The next questions exclude the work and transport activities that you have already mentioned.  Now I would like to ask you about sports, fitness, leisure and recreational activities. | | |
| **8.D10** Do you do any vigorous-intensity sports, fitness or recreational or leisure activities that cause large increases in breathing or heart rate, like running or football, for at least 10 minutes continuously? (*Use Showcard*) *Please circle a number.* | Yes……………………………………………………...  No (**skip to Q8.D13**).…………..…………..………….. | 1  2 |
| **8.D11** In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational activities? | |\_\_| Number of days | |
| **8.D12** How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day? | Hours : minutes |\_\_|\_\_| : |\_\_|\_\_|  hrs mins | |
| **8.D13** Do you do any moderate-intensity sports, fitness or recreational or leisure activities that cause a small increase in breathing or heart rate such as brisk walking, cycling, swimming, volleyball, for at least 10 minutes continuously? (*Use Showcard*) *Please circle a number.* | Yes…...………………………………………………….  No (**skip to Q8.D16**).…………..…………..…………... | 1  2 |
| **8.D14** In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational activities? | |\_\_| Number of days | |
| **8.D15** How much time do you spend doing moderate-intensity sports, fitness or recreational activities on a typical day? | Hours : minutes |\_\_|\_\_| : |\_\_|\_\_|  hrs mins | |
| The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, traveling in a car or bus, reading, playing cards or watching television, but do not include time spent sleeping. | | |
| **8.D16** How much time do you usually spend sitting or reclining on a typical day? | Hours : minutes |\_\_|\_\_| : |\_\_|\_\_|  hrs mins | |

**Eligibility assessment**

|  |  |  |
| --- | --- | --- |
| **A.1**Has this participant been receiving ART for at least 6 months? | Yes……………………………………………………...  No (**skip to A.11**)………….…………........................... | 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 A.8**)…………………………………….…  No……………………………………………………… | 1  2 |
| **A.5** Does this patient have a CD4-count taken in the last 12 months? | Yes……………………………………………………...  No (**skip to A.11**)………….…………........................... | 1  2 |
| **A.6** Is the most current CD4-count greater than 350? | Yes……………………………………………………...  No (**skip to A.11**)………….…………........................... | 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 (**skip to A.11**)………….…………........................... | 1  2 |
| **A.8** Has this healthcare facility been assigned to ART home delivery? | Yes……………………………………………………...  No (**skip to A.11**)………….…………........................... | 1  2 |
| **A.9** This participant is eligible to receive ART at home. Please explain to the participant the ART home delivery program.  Does this patient want to receive ART at home? | Yes (**skip to A.11**)…...………………………………...  No…………………………............................................ | 1  2 |
| **A.10** Why does the participant NOT want to receive ART at home? *Please type the answer given by the respondent VERBATIM into the provided space.* |  |  |

**A.11. Please give the patient an appointment to be seen by you and the nurse in SIX MONTHS’ time. For patients not receiving home-delivery of ARVs, make sure the patient understands that he/she will need to continue attending the healthcare facility as per their normal schedule.**

**Please enter the date of the appointment here:**

|\_\_|\_\_| / |\_\_|\_\_|

Day / Month

|  |  |  |
| --- | --- | --- |
| **A.12** Has this healthcare facility been assigned to enhanced nutrition counseling? | Yes……………………………………………………...  No (**skip to lab page**)………….………….................... | 1  2 |
| **A.13** Does the patient have access to a plot of land or garden for growing vegetables? | Yes……………………………………………………...  No (**skip to lab page**)………….………….................... | 1  2 |
| **A.14** This patient is eligible to receive seeds. Did the patient accept the seeds? | Yes (**skip to lab page**)………….…………...................  No……………………………………………………… | 1  2 |
| **A.15** Why did the patient not accept the seeds? | Patient is already growing something else in the garden/land  Patient does not have time for growing vegetables  Patient does not want to use garden/land for growing vegetables  Other reason, specify: \_\_\_\_\_\_\_\_\_ | 1  2  3  4 |

**To be added on the same page the viral load, CD4 and haemoglobin measurements:**

Please enter the name of the HBC allocated to the patient:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name Second name Last name

|  |  |  |
| --- | --- | --- |
| Is the HBC aware that he/she should visit this patient? | Yes……………………………………..……………….  No…………………..…………..…………..………….. | 1  2 |

**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?**

|  |
| --- |
|  |