



Blood Test Results

TasP ID	_ _ _ _ _ _ _ _ _
Clinic	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Test Date	Y _ _ _ Y _ _ Y _ _ M _ _ M _ _ D _ _ D _
Counsellor	_ _ _ _ _ _ _ _ _

1. Identification

Surname |_|_|_|_|_|_|_|_|_|_| First Name(s) 1 |_|_|_|_|_|_|_|_|_|_| 2. |_|_|_|_|_|_|_|_|_|_|

2. Chemical Pathology

	Result	Reference Range
Sodium (Na)	_ _ _ _	136 - 145 mmol/L
Potassium (K)	_ _ _ _	3.5 - 5.1 mmol/L
Chloride (Cl)	_ _ _ _	98 - 107 mmol/L
Bicarbonate	_ _ _ _	23 - 29 mmol/L
Urea	_ _ _ _	2.1 - 7.1 mmol/L
Creatinine	_ _ _ _	45 - 90 umol/L
Calculated Creatinine Clearance	_ _ _ _	90 - 150 ml/min
Total protein (TP)	_ _ _ _	60 - 78 g/L
Albumin (Alb)	_ _ _ _	35 - 52 g/L
Total bilirubin (T bili)	_ _ _ _	5 - 21 umol/L
Conjugated bilirubin (DBil / CBili)	_ _ _ _	0 - 3 umol/L
Alanine transaminase (ALT)	_ _ _ _	7 - 35 U/L
Alkaline phosphatase (ALP)	_ _ _ _	7 - 35 U/L
Gamma-glutamyl transferase (GGT)	_ _ _ _	42 - 98 U/L

3. Haematology

	Result	Reference Range
White Cell Count	_ _ _ _ _ _ _ _ _	4.00 - 10.00 x 10 ⁹ /L
Red Cell Count	_ _ _ _ _ _ _ _ _	3.80 - 4.80 x 10 ¹² /L
Haemoglobin	_ _ _ _ _	12.0 - 15.0 g/dL
Haematocrit	_ _ _ _ _	0.360 - 0.460 L/L
MCV	_ _ _ _ _	83.0 - 101.0 fL
MCH	_ _ _ _ _	27.0 - 32.0 pg
MCHC	_ _ _ _ _	31.5 - 34.5 g/dL
Red Cell Distribution Width	_ _ _ _ _	11.6 - 14.0 %
Platelet Count	_ _ _ _ _	150 - 400 x 10 ⁹ / L
MPV	_ _ _ _ _	7.0 - 11.4 fL

4. Virology

Hepatitis B Investigations

Surface Ag Rapid Test Result Positive Negative

Counsellor: |_|_|_|_|_|_|_|_|_|_|
Print

Signature: |_|_|_|_|_|_|_|_|_|_|

Date completed |Y|_|_|_|Y|_|_|Y|_|_|M|_|_|M|_|_|D|_|_|D|_|

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

BMQ-HAART12

v11 Sept 2014



00448419

Beliefs about medicines questionnaire (BMQ- HAART)-On- ART-12

TasP ID

Clinic

Visit Date | Y | Y | Y | Y | M | M | D | D |

Counsellor | | | |

Individual Identification

Name:

Consent

Counsellor reads:

I would now like to ask you a few questions about your feelings about ARV treatment. I would ask you what your feelings are concerning the benefits of your ARV treatment as well as the concerns you may have about taking them. These are statements other people have made about their antiretroviral medication. Please show how much you agree or disagree with them by ticking the box. We do not believe you will find any of these questions sensitive or intrusive, and we don't think they will cause you stress or upset.

Ngifisa ukukubuza imibuzo embalwa mayelana nendlela ozizwa ngayo ngemishanguzo yesandulela-ngculazi. Ngizothanda ukwazi umuzwa wakho mayelana nobuhle bokusetshenziswa kwemishanguzo kanye nezinkinga ongaba nazo ezimayelana nokusetshenziswa kwayo. Lokhu kumayelana nezinkulumo ezishiwo ngabantu uma bekhuluma ngemishanguzo abayisebenzisayo. Sicela utshengise ukuthi uvumelana noma uphikisana kangakanani nabo ngokuthi ubeke uphawu ebhokisini. Asikholwa-ke ukuthi lemibuzo izozwakala ibucayi noma ingamukelekile kuwena, kanti futhi asicabangi ukuthi lemibuzo isingaba ngecasulayo noma enomthelela ongemuhle empilweni yakho.

2. Views about Antiretroviral Therapy

	(Tick choice)	<u>Strongly Agree</u>	<u>Agree</u>	<u>Uncertain</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
N1	Njengamanje impilo yami incike emishanguzweni.	[5]	[4]	[3]	[2]	[1]
C1	Ukusebenzisa imishanguzo kuyangikhathaza.	[5]	[4]	[3]	[2]	[1]
N2	Impilo yami ingeqhubeke ngaphandle kwemishanguzo.	[5]	[4]	[3]	[2]	[1]
C2	Ngiyakhathazeka ngemithelela yesikhathi eside yalemishanguzo.	[5]	[4]	[3]	[2]	[1]
N3	Ngaphandle kwemishanguzo ngingabangwa nezibi.	[5]	[4]	[3]	[2]	[1]
C3	Imishanguzo yinto engaqondakali kimi.	[5]	[4]	[3]	[2]	[1]
N4	Impilo yami izoncika emishanguzweni ngomuso.	[5]	[4]	[3]	[2]	[1]
C4	Imishanguzo izophazamisa impilo yami.	[5]	[4]	[3]	[2]	[1]
C5	Kuyangikhathaza ukuthi ngingazithola ngincike kakhulu emishanguzweni	[5]	[4]	[3]	[2]	[1]
N5	Imishanguzo izogcina igciwane lesandulela-ngculazi lisezingeni elikahle	[5]	[4]	[3]	[2]	[1]
C6	Imishanguzo ingaba nemithelela engemihle kimi	[5]	[4]	[3]	[2]	[1]
C7	Kungaba yinkinga ukudla imishonguzo ngesikhathi nsukuzonke	[5]	[4]	[3]	[2]	[1]
N6	Imishanguzo iyithemba elingcono kakhulu langomuso	[5]	[4]	[3]	[2]	[1]
C8	Ngikhathazekile ukuthi abantu bazokwazi ukuthi nginegciwane lesandulela-ngculazi uma bengibona ngisebenzisa imishanguzo	[5]	[4]	[3]	[2]	[1]
C9	Ngikuthola kunzima ukugwinya amaphilisi.	[5]	[4]	[3]	[2]	[1]
C10	Ukunambitheka kwamaphilisi kungenza ngingazizwa kahle	[5]	[4]	[3]	[2]	[1]
N7	Imishanguzo ayingisebenzeli kahle mina njengabanye.	[1]	[2]	[3]	[4]	[5]
N8	Ukugeja ukudla imishonguzo ngeke kube yinkinga uma ngithola imiphumela	[1]	[2]	[3]	[4]	[5]
N9	Ukuhlaba ikhefu emishanguzweni kuzoba kuhle for umzimba wami.	[1]	[2]	[3]	[4]	[5]
N10	Umdali uzongilapha kwisandulela-ngculazi.	[1]	[2]	[3]	[4]	[5]
B1	Lemishanguzo inenzuzo kimina kakhulu.	[5]	[4]	[3]	[2]	[1]
B2	Lemishanguzo izoba nenzuzo kakhulu kubalingani bami bezocansi kunakimi.	[5]	[4]	[3]	[2]	[1]
B3	Ngizimisele ukusebenzisa imishanguzo ukuvikela abalingani bami kwezocansi.	[5]	[4]	[3]	[2]	[1]
B4	Kubalulekile ngithathe imishanguzo ukuze ngivikele abalingani bami bezocansi.	[5]	[4]	[3]	[2]	[1]
D1	Ngincamela ukuthemba uNkulunkulu kunokuthatha imishanguzo.	[1]	[2]	[3]	[4]	[5]
D2	Kungcono ukuthemba uNkulunkulu kunokuthatha imishanguzo.	[1]	[2]	[3]	[4]	[5]
D3	Ukudla imishanguzo kuthombisa ukungamethembi uNkulunkulu.	[1]	[2]	[3]	[4]	[5]



Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

BMQ-HAART
v11 Sept 2014

TasP ID
Clinic
Visit Date
Counsellor

Beliefs about medicines questionnaire (BMQ- HAART)-Pre- ART

1. Individual Identification

Surname
Maiden name
First Name(s) 1
2.

Consent

Counsellor reads:

I would now like to ask you a few questions about your feelings about ARV treatment. I would ask you what your feelings are concerning the benefits of your ARV treatment as well as the concerns you may have about taking them. These are statements other people have made about their antiretroviral medication. Please show how much you agree or disagree with them by ticking the box. We do not believe you will find any of these questions sensitive or intrusive, and we don't think they will cause you stress or upset.

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2. Views about Antiretroviral Therapy

	(Tick choice)	<u>Strongly Agree</u>	<u>Agree</u>	<u>Uncertain</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
N1	Impilo yami incike emishanguzweni.	[5]	[4]	[3]	[2]	[1]
C1	Ukusebenzisa imishanguzo kungangikhathaza	[5]	[4]	[3]	[2]	[1]
N2	Impilo yami ingebebikho ngaphandle kwemishanguzo	[5]	[4]	[3]	[2]	[1]
C2	Ingangikhaza imithelela yesikhathi eside yalemishanguzo	[5]	[4]	[3]	[2]	[1]
N3	Ngaphandle kwemishanguzo ngingabangwa nezibi	[5]	[4]	[3]	[2]	[1]
C3	Imishanguzo yinto engaqondakali kimi	[5]	[4]	[3]	[2]	[1]
N4	Impilo yami izoncika emishanguzweni ngomuso.	[5]	[4]	[3]	[2]	[1]
C4	Imishanguzo izophazamisa impilo yami	[5]	[4]	[3]	[2]	[1]
C5	Kuyangikhathaza ukuthi ngingazithola ngincike kakhulu emishanguzweni	[5]	[4]	[3]	[2]	[1]
N5	Imishanguzo izogcina igciwane lesandulela-ngculazi lisezingeni elikahle	[5]	[4]	[3]	[2]	[1]
C6	Imishanguzo ingaba nemithelela engemihle kimi	[5]	[4]	[3]	[2]	[1]
C7	Kungaba yinkinga ukudla imishonguzo ngesikhathi nsukuzonke	[5]	[4]	[3]	[2]	[1]
N6	Imishanguzo iyithemba elingcono kakhulu langomuso	[5]	[4]	[3]	[2]	[1]
C8	Ngikhathazekile ukuthi abantu bazokwazi ukuthi ngenegciwane lesandulela-ngculazi uma bengibona ngisebenzisa imishanguzo	[5]	[4]	[3]	[2]	[1]
C9	Ngikhathazekile ukuthi kuzobanzima ukugwinya amaphilisi	[5]	[4]	[3]	[2]	[1]
C10	Ngikhathazekile ukuthi ukunambitheka kwemishanguzo kuzongenza ngingazi	[5]	[4]	[3]	[2]	[1]
N7	Imishanguzo ngeke ingisebenzele mina njengabanye.	[1]	[2]	[3]	[4]	[5]
N8	Ukugeja ukudla imishonguzo ngeke kube yinkinga uma ngithola imiphumela emihle yokuhlolwa kwegazi	[1]	[2]	[3]	[4]	[5]
N9	Ukuhlaba ikhefu emishanguzweni kuzoba kuhle for umzimba wami.	[1]	[2]	[3]	[4]	[5]
N10	Umdali uzongilapha kwisandulela-ngculazi	[1]	[2]	[3]	[4]	[5]
B1	Lemishanguzo inenzuzo kimina kakhulu	[5]	[4]	[3]	[2]	[1]
B2	Ukusebenzisa imishanguzo kuzoba nenzuzo kakhulu kubalingani bami bezocansi kunakimi	[5]	[4]	[3]	[2]	[1]
B3	Ngizimisele ukusebenzisa imishanguzo ukuvikela abalingani bami kwezocansi	[5]	[4]	[3]	[2]	[1]
B4	Kufanele ngithathe imishanguzo ukuze ngivikele abalingani bami bezocansi	[5]	[4]	[3]	[2]	[1]
D1	Ngincamela ukuthemba uNkulunkulu kunokuthatha imishanguzo	[1]	[2]	[3]	[4]	[5]
D2	Kungcono ukuthemba uNkulunkulu kunokuthatha imishanguzo	[1]	[2]	[3]	[4]	[5]
D3	Ukudla imishanguzo kuthombisa ukungamethembi uNkulunkulu	[1]	[2]	[3]	[4]	[5]



Ukuphila kwami, ukuphila kwethu

BMQ-HAART24

v14 Apr 2015

Africa Centre TasP Trial

Beliefs about medicines questionnaire (BMQ- HAART)-On- ART-24

TasP ID

Clinic

Visit Date | Y | Y | Y | Y | M | M | D | D |

Counsellor | | | |

Individual Identification

Name:

Consent

Counsellor reads:

I would now like to ask you a few questions about your feelings about ARV treatment. I would ask you what your feelings are concerning the benefits of your ARV treatment as well as the concerns you may have about taking them. These are statements other people have made about their antiretroviral medication. Please show how much you agree or disagree with them by ticking the box. We do not believe you will find any of these questions sensitive or intrusive, and we don't think they will cause you stress or upset.

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2. Views about Antiretroviral Therapy

	(Tick choice)	<u>Strongly Agree</u>	<u>Agree</u>	<u>Uncertain</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
N1	Njengamanje impilo yami incike emishanguzweni.	[5]	[4]	[3]	[2]	[1]
C1	Ukusebenzisa imishanguzo kuyangikhathaza.	[5]	[4]	[3]	[2]	[1]
N2	Impilo yami ingeqhubeke ngaphandle kwemishanguzo.	[5]	[4]	[3]	[2]	[1]
C2	Ngiyakhathazeka ngemithelela yesikhathi eside yalemishanguzo.	[5]	[4]	[3]	[2]	[1]
N3	Ngaphandle kwemishanguzo ngingabangwa nezibi.	[5]	[4]	[3]	[2]	[1]
C3	Imishanguzo yinto engaqondakali kimi.	[5]	[4]	[3]	[2]	[1]
N4	Impilo yami izoncika emishanguzweni ngomuso.	[5]	[4]	[3]	[2]	[1]
C4	Imishanguzo izophazamisa impilo yami.	[5]	[4]	[3]	[2]	[1]
C5	Kuyangikhathaza ukuthi ngingazithola ngincike kakhulu emishanguzweni	[5]	[4]	[3]	[2]	[1]
N5	Imishanguzo izogcina igciwane lesandulela-ngculazi lisezingeni elikahle	[5]	[4]	[3]	[2]	[1]
C6	Imishanguzo ingaba nemithelela engemihle kimi	[5]	[4]	[3]	[2]	[1]
C7	Kungaba yinkinga ukudla imishonguzo ngesikhathi nsukuzonke	[5]	[4]	[3]	[2]	[1]
N6	Imishanguzo iyithemba elingcono kakhulu langomuso	[5]	[4]	[3]	[2]	[1]
C8	Ngikhathazekile ukuthi abantu bazokwazi ukuthi nginegciwane lesandulela-ngculazi uma bengibona ngisebenzisa imishanguzo	[5]	[4]	[3]	[2]	[1]
C9	Ngikuthola kunzima ukugwinya amaphilisi.	[5]	[4]	[3]	[2]	[1]
C10	Ukunambitheka kwamaphilisi kungenza ngingazizwa kahle	[5]	[4]	[3]	[2]	[1]
N7	Imishanguzo ayingisebenzeli kahle mina njengabanye.	[1]	[2]	[3]	[4]	[5]
N8	Ukugeja ukudla imishonguzo ngeke kube yinkinga uma ngithola imiphumela	[1]	[2]	[3]	[4]	[5]
N9	Ukuhlaba ikhefu emishanguzweni kuzoba kuhle for umzimba wami.	[1]	[2]	[3]	[4]	[5]
N10	Umdali uzongilapha kwisandulela-ngculazi.	[1]	[2]	[3]	[4]	[5]
B1	Lemishanguzo inenzuzo kimina kakhulu.	[5]	[4]	[3]	[2]	[1]
B2	Lemishanguzo izoba nenzuzo kakhulu kubalingani bami bezocansi kunakimi.	[5]	[4]	[3]	[2]	[1]
B3	Ngizimisele ukusebenzisa imishanguzo ukuvikela abalingani bami kwezocansi.	[5]	[4]	[3]	[2]	[1]
B4	Kubalulekile ngithathe imishanguzo ukuze ngivikele abalingani bami bezocansi.	[5]	[4]	[3]	[2]	[1]
D1	Ngincamela ukuthemba uNkulunkulu kunokuthatha imishanguzo.	[1]	[2]	[3]	[4]	[5]
D2	Kungcono ukuthemba uNkulunkulu kunokuthatha imishanguzo.	[1]	[2]	[3]	[4]	[5]
D3	Ukudla imishanguzo kuthombisa ukungamethembi uNkulunkulu.	[1]	[2]	[3]	[4]	[5]



Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

BMQ-HAART48

v14 April 2015

Beliefs about medicines questionnaire (BMQ- HAART)-On- ART-48

TasP ID

Clinic

Visit Date

| Y | Y | Y | Y | M | M | D | D |

Counsellor

| | | |

Individual Identification

Name:

Consent

Counsellor reads:

I would now like to ask you a few questions about your feelings about ARV treatment. I would ask you what your feelings are concerning the benefits of your ARV treatment as well as the concerns you may have about taking them. These are statements other people have made about their antiretroviral medication. Please show how much you agree or disagree with them by ticking the box. We do not believe you will find any of these questions sensitive or intrusive, and we don't think they will cause you stress or upset.

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2. Views about Antiretroviral Therapy

	(Tick choice)	<u>Strongly Agree</u>	<u>Agree</u>	<u>Uncertain</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
N1	Njengamanje impilo yami incike emishanguzweni.	[5]	[4]	[3]	[2]	[1]
C1	Ukusebenzisa imishanguzo kuyangikhathaza.	[5]	[4]	[3]	[2]	[1]
N2	Impilo yami ingeqhubeke ngaphandle kwemishanguzo.	[5]	[4]	[3]	[2]	[1]
C2	Ngiyakhathazeka ngemithelela yesikhathi eside yalemishanguzo.	[5]	[4]	[3]	[2]	[1]
N3	Ngaphandle kwemishanguzo ngingabangwa nezibi.	[5]	[4]	[3]	[2]	[1]
C3	Imishanguzo yinto engaqondakali kimi.	[5]	[4]	[3]	[2]	[1]
N4	Impilo yami izoncika emishanguzweni ngomuso.	[5]	[4]	[3]	[2]	[1]
C4	Imishanguzo izophazamisa impilo yami.	[5]	[4]	[3]	[2]	[1]
C5	Kuyangikhathaza ukuthi ngingazithola ngincike kakhulu emishanguzweni	[5]	[4]	[3]	[2]	[1]
N5	Imishanguzo izogcina igciwane lesandulela-ngculazi lisezizingeni elikahle	[5]	[4]	[3]	[2]	[1]
C6	Imishanguzo ingaba nemithelela engemihle kimi	[5]	[4]	[3]	[2]	[1]
C7	Kungaba yinkinga ukudla imishanguzo ngesikhathi nsukuzonke	[5]	[4]	[3]	[2]	[1]
N6	Imishanguzo iyithemba elingcono kakhulu langomuso	[5]	[4]	[3]	[2]	[1]
C8	Ngikhathazekile ukuthi abantu bazokwazi ukuthi ngenegciwane lesandulela-ngculazi uma bengibona ngisebenzisa imishanguzo	[5]	[4]	[3]	[2]	[1]
C9	Ngikuthola kunzima ukugwinya amaphilisi.	[5]	[4]	[3]	[2]	[1]
C10	Ukunambitheka kwamaphilisi kungenza ngingazizwa kahle	[5]	[4]	[3]	[2]	[1]
N7	Imishanguzo ayingisebenzeli kahle mina njengabanye.	[1]	[2]	[3]	[4]	[5]
N8	Ukugeja ukudla imishanguzo ngeke kube yinkinga uma ngithola imiphumela	[1]	[2]	[3]	[4]	[5]
N9	Ukuhlaba ikhefu emishanguzweni kuzoba kuhle for umzimba wami.	[1]	[2]	[3]	[4]	[5]
N10	Umdali uzongilapha kwisandulela-ngculazi.	[1]	[2]	[3]	[4]	[5]
B1	Lemishanguzo inenzuzo kimina kakhulu.	[5]	[4]	[3]	[2]	[1]
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B4	Kubalulekile ngithathe imishanguzo ukuze ngivikele abalingani bami bezocansi.	[5]	[4]	[3]	[2]	[1]
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D2	Kungcono ukuthemba uNkulunkulu kunokuthatha imishanguzo.	[1]	[2]	[3]	[4]	[5]
D3	Ukudla imishanguzo kuthombisa ukungamethembi uNkulunkulu.	[1]	[2]	[3]	[4]	[5]



Clinic Baseline Visit (Counsellor)

TasP ID	_____
Clinic	_____
Visit Date	_____
Counsellor	_____

1. Participant Identification

Identity confirmed and fingerprint registered? Yes No

Surname _____ First Name(s) 1 _____ 2. _____

2. Anthropometry and vitals

Weight _____ kg

Pulse _____ per min.

Height _____ cm

Blood pressure _____ / _____
Sys. Dia.

3. HIV Clinical Information

3.1 Date of HIV diagnosis _____

3.2 Are you currently taking ART? Yes →

Date initiated _____

Drug regimen: 1. _____ 2. _____ 3. _____ 4. _____

ART provider: Hlabisa programme → Clinic _____

Other → Specify _____

Do you want to transfer your HIV care to this trial clinic? Yes → *Transfer-in form*

Form complete

No

No

3.3 Have you been on ART at any time in the past? Yes →

What was this for?

HIV treatment

Pregnancy

PEP

Refer to Trial doctor

Why are you not on ART currently?

Patient choice

Stopped by doctor

Other → Specify _____

No

Form must be reviewed and signed by Trial Nurse

Nurse name: _____
Print

Signature: _____

Date reviewed _____

Page intentionally blank

4. Drug Prescriptions

	<u>Drug prescribed</u>	<u>Date prescribed</u>	<u>Dose and frequency</u>	<u>Period covered</u>
1	_____	_____	_____	_____ Days
2	_____	_____	_____	_____ Days
3	_____	_____	_____	_____ Days

5. Action plan

	<u>Yes</u>	<u>No</u>	<u>Not Applic.</u>
a. Referred for ART counselling?	<input type="radio"/>	<input type="radio"/>	
b. Blood taken for Hlabisa Lab? <i>(U&Es, LFTs, glucose, lipids, FBC & HepBsAg if indicated)</i>	<input type="radio"/>	<input type="radio"/>	
c. Blood taken for Africa Centre Durban Lab? <i>20mls for plasma storage and HIV RNA Viral Load</i>	<input type="radio"/>	<input type="radio"/>	
d. Blood taken for genotypic resistance testing (Durban)?	<input type="radio"/>	<input type="radio"/>	
e. Urinalysis?	<input type="radio"/>	<input type="radio"/>	
f. Urine Beta-HCG pregnancy test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Sputum M/C?	<input type="radio"/>	<input type="radio"/>	
h. Pap smear taken? <i>(Take at baseline, then at 12 and 24 months)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6 Referrals

	<u>Yes</u>	<u>No</u>	<u>If Yes, give description and reason</u>
a. Referred to Primary Healthcare Clinic?	<input type="radio"/>	<input type="radio"/>	_____ _____
b. Referred to Hlabisa Hospital?	<input type="radio"/>	<input type="radio"/>	_____ _____
c. Any other actions taken?	<input type="radio"/>	<input type="radio"/>	_____ _____

7. Other comments/observations

Form must be signed by Trial Doctor

Doctor name _____
Print

Signature: _____

Date reviewed _____



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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE1
v20 May 2015



PARTICIPANT SIGNATURE SHEET INDIVIDUAL QUESTIONS AND DBS COLLECTION

BSID _____
TasP ID _____
Visit Date _____
Fieldworker _____

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

Protocol V2.1 - 7 November 2014

Sponsor: ANRS - National AIDS Research Agency, Paris, France
Coordinating Centre: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa

This research study was approved by the Biomedical Research Ethics Committee of the University of KwaZulu-Natal on 2 February 2012 and 6 July 2012.

Age of participant: _____ years If below 18 years, parent or guardian must sign to indicate their consent to the child's participation in the study.

Parent / guardian's name (print)

Parent / guardian's signature

Date

Participation consent:

I have been told about the above research study by a trained counsellor. I understand my participation in this study is voluntary. No one can force me to participate.

I, _____ agree to participate in this research study being done by the Africa Centre. I have received and understood the study information sheet. I understand the benefits, difficulties and the implications for my family and myself of participating in this research study. I understand that the test for HIV is voluntary. I have been told where and when I can see a counsellor and obtain an HIV test if I do not want to have one today.

I consent to the following:

- 1) Answer the counsellor's questions about myself, my general health, my attitudes and beliefs about HIV, my personal relationships and sexual behaviour. This takes about 15 minutes.
- 2) Provide a very small blood specimen - 5 dots dried into a piece of paper. To do this requires a tiny prick of one of my fingers. Once the paper with the bloodspots is dry, the counsellors will place it in an envelope. All the papers collected will be stored in a laboratory and only used for other research studies relating to HIV. I understand that confidentiality is kept about these samples because they are coded and the laboratory does not know my identity.
- 3) Discuss with the counsellor about taking the important step of learning my HIV status through a process of HIV counseling and testing (HCT). I will be counseled separately about this, and asked to sign a separate consent form like the ones used in the Department of Health clinics indicating my agreement to have an HIV test. Having an HIV test today is not obligatory.

I know that I can leave the research study at any time without prejudice and that my treatment by the Health Services and by Africa Centre staff will be exactly the same whether or not I choose to take part. I also understand that I am not giving up any of my legal rights by signing this informed consent document.

Participant's name (print)

Participant's signature
(Persons who cannot write may mark with X)

Date

Name of staff member who administered consent (print)

Staff Member's signature

Date

Witness' name (print) *

Witness' signature

Date

* Witness required only if the participant cannot write or if the participant asks for one.

Stick DBS
Specimen Id
barcode here

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Contact details:

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Ukuphila kwami, ukuphila kwethu
Africa Centre TasP Trial

CE2
v20 May 2015



00420759

PARTICIPANT SIGNATURE SHEET
HOME-BASED HIV TESTING

BSID

TasP ID

Visit Date

Fieldworker

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

Protocol V2.1 - 7 November 2014

Sponsor: ANRS - National AIDS Research Agency, Paris, France
Coordinating Centre: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa

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HIV testing consent:

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I give permission to the study team to work at and capture data from my clinic records for the purpose of this research.

I know that I can leave the research study at any time and refuse to receive my HIV test result without prejudice and that my treatment by the Health Services and by Africa Centre staff will be exactly the same whether or not I choose to take part. I also understand that I am not giving up any of my legal rights by signing this informed consent document.

<hr/> Participant's name (print)	<hr/> Participant's signature (Persons who cannot write may mark with X)	<hr/> Date
<hr/> Name of staff member who administered consent (print)	<hr/> Staff Member's signature	<hr/> Date
<hr/> Witness' name (print) *	<hr/> Witness' signature	<hr/> Date

* Witness required only if the participant cannot write or if the participant asks for one.

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Ukuphila kwami, ukuphila kwethu
Africa Centre TasP Trial

CE2
v20 May 2015



00420760

PARTICIPANT SIGNATURE SHEET
HOME-BASED HIV TESTING

BSID

TasP ID

Visit Date

Fieldworker

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

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Participant's name (print)

Participant's signature
(Persons who cannot write may mark with X)

Date

Name of staff member who administered consent (print)

Staff Member's signature

Date

Witness' name (print) *

Witness' signature

Date

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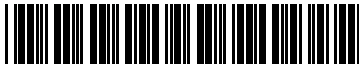


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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE2
v20 May 2015



00420761

PARTICIPANT SIGNATURE SHEET

HOME-BASED HIV TESTING

BSID	_____
TasP ID	_____
Visit Date	_____
Fieldworker	_____

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

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Participant's name (print)

Participant's signature
(Persons who cannot write may mark with X)

Date

Name of staff member who administered consent (print)

Staff Member's signature

Date

Witness' name (print) *

Witness' signature

Date

* Witness required only if the participant cannot write or if the participant asks for one.

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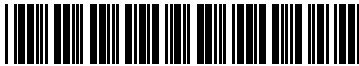


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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE2
v20 May 2015



00420762

PARTICIPANT SIGNATURE SHEET

HOME-BASED HIV TESTING

BSID	_____
TasP ID	_____
Visit Date	_____
Fieldworker	_____

Title of the research study:

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Staff Member's signature

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Witness' signature

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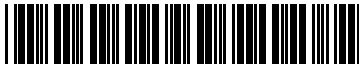


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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE2
v20 May 2015



00420763

PARTICIPANT SIGNATURE SHEET

HOME-BASED HIV TESTING

BSID	_____
TasP ID	_____
Visit Date	_____
Fieldworker	_____

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
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Participant's name (print)

Participant's signature
(Persons who cannot write may mark with X)

Date

Name of staff member who administered consent (print)

Staff Member's signature

Date

Witness' name (print) *

Witness' signature

Date

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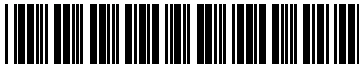


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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE2
v20 May 2015



00420764

PARTICIPANT SIGNATURE SHEET

HOME-BASED HIV TESTING

BSID	_____
TasP ID	_____
Visit Date	_____
Fieldworker	_____

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

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Participant's name (print)

Participant's signature
(Persons who cannot write may mark with X)

Date

Name of staff member who administered consent (print)

Staff Member's signature

Date

Witness' name (print) *

Witness' signature

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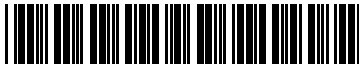


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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE2
v20 May 2015



00420765

PARTICIPANT SIGNATURE SHEET

HOME-BASED HIV TESTING

BSID	_____
TasP ID	_____
Visit Date	_____
Fieldworker	_____

Title of the research study:

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE2
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00420766

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Participant's name (print)

Participant's signature
(Persons who cannot write may mark with X)

Date

Name of staff member who administered consent (print)

Staff Member's signature

Date

Witness' name (print) *

Witness' signature

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE2
v20 May 2015



00420767

PARTICIPANT SIGNATURE SHEET

HOME-BASED HIV TESTING

BSID	_____
TasP ID	_____
Visit Date	_____
Fieldworker	_____

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

Protocol V2.1 - 7 November 2014

Sponsor: ANRS - National AIDS Research Agency, Paris, France
Coordinating Centre: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa

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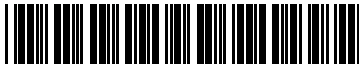


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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE2
v20 May 2015



00420768

PARTICIPANT SIGNATURE SHEET

HOME-BASED HIV TESTING

BSID	_____
TasP ID	_____
Visit Date	_____
Fieldworker	_____

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Africa Centre TasP Trial

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00420769

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BSID

TasP ID

Visit Date

Fieldworker

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Africa Centre TasP Trial

CE2
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00420770

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Fieldworker	_____

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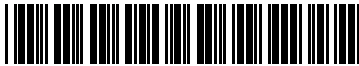


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Africa Centre TasP Trial

CE2
v20 May 2015



00420771

PARTICIPANT SIGNATURE SHEET

HOME-BASED HIV TESTING

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00420772

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Africa Centre TasP Trial

CE2
v20 May 2015



00420775

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TasP ID

Visit Date

Fieldworker

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE2
v20 May 2015



00420777

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HOME-BASED HIV TESTING

BSID	_____
TasP ID	_____
Visit Date	_____
Fieldworker	_____

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

Protocol V2.1 - 7 November 2014

Sponsor: ANRS - National AIDS Research Agency, Paris, France
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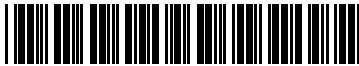


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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE2
v20 May 2015



00420787

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ANRS 12249

Protocol V2.1 - 7 November 2014

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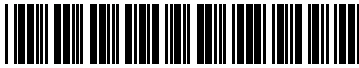


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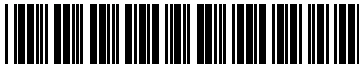


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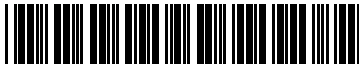


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Sponsor: ANRS - National AIDS Research Agency, Paris, France
Coordinating Centre: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa

This research study was approved by the Biomedical Research Ethics Committee of the University of KwaZulu-Natal on 2 February 2012 and 6 July 2012.

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I give permission to the study team to work at and capture data from my clinic records for the purpose of this research.

I know that I can leave the research study at any time and refuse to receive my HIV test result without prejudice and that my treatment by the Health Services and by Africa Centre staff will be exactly the same whether or not I choose to take part. I also understand that I am not giving up any of my legal rights by signing this informed consent document.

Participant's name (print)

Participant's signature
(Persons who cannot write may mark with X)

Date

Name of staff member who administered consent (print)

Staff Member's signature

Date

Witness' name (print) *

Witness' signature

Date

* Witness required only if the participant cannot write or if the participant asks for one.

This trial is conducted in accordance with international Guidelines for Good Clinical Practice in Clinical Trials and with the approval of both the University of KwaZulu-Natal Biomedical Research Ethics Committee (6 July 2012) and the SA Medicines Control Council (28 June 2012).

Contact details:

Biomedical Research Ethics Administration, University of KwaZulu-Natal, Research Office, Westville Campus, Govan Mbeki Building
Private Bag X 54001, Durban, 4000, KwaZulu-Natal. Tel: 27 31 2604769 - Fax: 27 31 2604609 - Email: BREC@ukzn.ac.za
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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE2
v20 May 2015



00420797

PARTICIPANT SIGNATURE SHEET

HOME-BASED HIV TESTING

BSID	_____
TasP ID	_____
Visit Date	_____
Fieldworker	_____

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

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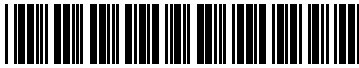


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CE2
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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE3
v20 May 2015



00322758

PARTICIPANT SIGNATURE SHEET

RECEIVE ARV TREATMENT AND CARE

TasP ID

Clinic

Visit Date Y | Y | Y | Y | M | M | D | D

Counsellor

Title of the research study:

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ANRS 12249

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE3
v20 May 2015



00322759

PARTICIPANT SIGNATURE SHEET

RECEIVE ARV TREATMENT AND CARE

TasP ID

Clinic

Visit Date Y | Y | Y | Y | M | M | D | D

Counsellor

Title of the research study:

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Africa Centre TasP Trial

CE3
v20 May 2015



00322760

PARTICIPANT SIGNATURE SHEET

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TasP ID

Clinic

Visit Date Y | Y | Y | Y | M | M | D | D

Counsellor

Title of the research study:

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE3
v20 May 2015



00322761

PARTICIPANT SIGNATURE SHEET

RECEIVE ARV TREATMENT AND CARE

TasP ID

Clinic

Visit Date Y Y Y Y M M D D

Counsellor

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE3
v20 May 2015



00322762

PARTICIPANT SIGNATURE SHEET

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TasP ID

Clinic

Visit Date Y | Y | Y | Y | M | M | D | D

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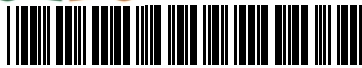


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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE3
v20 May 2015



00322763

PARTICIPANT SIGNATURE SHEET

RECEIVE ARV TREATMENT AND CARE

TasP ID _____
 Clinic _____
 Visit Date Y | Y | Y | Y | M | M | D | D |
 Counsellor _____

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE3
v20 May 2015



00322765

PARTICIPANT SIGNATURE SHEET

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TasP ID

Clinic

Visit Date Y Y Y Y M M D D

Counsellor

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

Protocol V2.1 - 7 November 2014

Sponsor: ANRS - National AIDS Research Agency, Paris, France

Coordinating Centre: Africa Centre for Health and Population Studies,
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Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

Protocol V2.1 - 7 November 2014

Sponsor: ANRS - National AIDS Research Agency, Paris, France

Coordinating Centre: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa

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Participant's signature
(Persons who cannot write may mark with X)

Date

Name of staff member who administered consent (print)

Staff Member's signature

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Witness' name (print) *

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE3
v20 May 2015



00322775

PARTICIPANT SIGNATURE SHEET

RECEIVE ARV TREATMENT AND CARE

TasP ID

Clinic

Visit Date Y Y Y Y M M D D

Counsellor

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Africa Centre TasP Trial

CE3
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Clinic

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00322781

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Clinic _____
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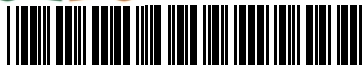


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Africa Centre TasP Trial

CE3
v20 May 2015



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ANRS 12249

Protocol V2.1 - 7 November 2014

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Staff Member's signature

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Witness' name (print) *

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE3
v20 May 2015



00322793

PARTICIPANT SIGNATURE SHEET

RECEIVE ARV TREATMENT AND CARE

TasP ID

Clinic

Visit Date Y Y Y Y M M D D

Counsellor

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

Protocol V2.1 - 7 November 2014

Sponsor: ANRS - National AIDS Research Agency, Paris, France

Coordinating Centre: Africa Centre for Health and Population Studies,
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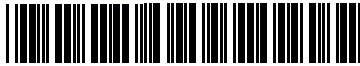


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Africa Centre TasP Trial

CE3
v20 May 2015



00322795

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TasP ID _____
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 Visit Date Y | Y | Y | Y | M | M | D | D |
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00322802

PARTICIPANT SIGNATURE SHEET

RECEIVE ARV TREATMENT AND CARE

TasP ID

Clinic

Visit Date Y Y Y Y M M D D

Counsellor

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

Protocol V2.1 - 7 November 2014

Sponsor: ANRS - National AIDS Research Agency, Paris, France

Coordinating Centre: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa

This research study was approved by the Biomedical Research Ethics Committee of the University of KwaZulu-Natal on 2 February 2012 and 6 July 2012.

Patient Consent Form:

I, _____ have been educated/informed in three (3) ART lessons (literacy sessions), about the importance of taking my treatment appropriately.

I understand that ARVs do not cure HIV but if I take them appropriately they can help me to remain healthy much longer. I understand that I will be given, when possible and appropriate, a new drug combination called *Atripla*, which has been approved by the South African Department of Health. I understand ARV treatment is life-long and that I will need to take appropriate HIV medications for the rest of my life. I understand that the treatment can make certain changes in my body, and might cause side effects. I understand that on a daily basis I must take my treatment for it to be effective. I understand that if I have any problems with taking my ARVs that I should contact the clinic where I can speak to a nurse who will refer me to the clinic doctor if necessary.

I understand that I am free to leave the study at any time and that I will be able to continue to have my care provided at one of the Department of Health clinics. I understand that there is no cost to me for either the care provided by the research study or in the Department of Health clinics. My decision to leave the study will not affect the care I receive in the Department of Health clinic nor prejudice my relationship with the staff of the *Ukuphila kwami, ukuphila kwethu* study or the Africa Centre in any way.

Participant's name (print)

Participant's signature
(Persons who cannot write may mark with X)

Date

Name of staff member who administered consent (print)

Staff Member's signature

Date

Witness' name (print) *

Witness' signature

Date

* Witness required only if the participant cannot write or if the participant asks for one.

This trial is conducted in accordance with international Guidelines for Good Clinical Practice in Clinical Trials and with the approval of both the University of KwaZulu-Natal Biomedical Research Ethics Committee (6 July 2012) and the SA Medicines Control Council (28 June 2012).

Contact details:

Biomedical Research Ethics Administration, University of KwaZulu-Natal, Research Office, Westville Campus, Govan Mbeki Building
Private Bag X 54001, Durban, 4000, KwaZulu-Natal. Tel: 27 31 2604769 - Fax: 27 31 2604609 - Email: BREC@ukzn.ac.za

SA Medicines Control Council, Department of Health, Private Bag X828, PRETORIA 0001. Fax: 27 12 395 8775; Email: nkamp@health.gov.za

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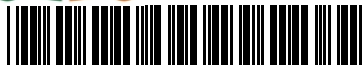


This English version is NOT for use in the field

Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE3
v20 May 2015



00322803

PARTICIPANT SIGNATURE SHEET

RECEIVE ARV TREATMENT AND CARE

TasP ID

Clinic

Visit Date Y Y Y Y M M D D

Counsellor

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

Protocol V2.1 - 7 November 2014

Sponsor: ANRS - National AIDS Research Agency, Paris, France

Coordinating Centre: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa

This research study was approved by the Biomedical Research Ethics Committee of the University of KwaZulu-Natal on 2 February 2012 and 6 July 2012.

Patient Consent Form:

I, _____ have been educated/informed in three (3) ART lessons (literacy sessions), about the importance of taking my treatment appropriately.

I understand that ARVs do not cure HIV but if I take them appropriately they can help me to remain healthy much longer. I understand that I will be given, when possible and appropriate, a new drug combination called *Atripla*, which has been approved by the South African Department of Health. I understand ARV treatment is life-long and that I will need to take appropriate HIV medications for the rest of my life. I understand that the treatment can make certain changes in my body, and might cause side effects. I understand that on a daily basis I must take my treatment for it to be effective. I understand that if I have any problems with taking my ARVs that I should contact the clinic where I can speak to a nurse who will refer me to the clinic doctor if necessary.

I understand that I am free to leave the study at any time and that I will be able to continue to have my care provided at one of the Department of Health clinics. I understand that there is no cost to me for either the care provided by the research study or in the Department of Health clinics. My decision to leave the study will not affect the care I receive in the Department of Health clinic nor prejudice my relationship with the staff of the *Ukuphila kwami, ukuphila kwethu* study or the Africa Centre in any way.

Participant's name (print)

Participant's signature
(Persons who cannot write may mark with X)

Date

Name of staff member who administered consent (print)

Staff Member's signature

Date

Witness' name (print) *

Witness' signature

Date

* Witness required only if the participant cannot write or if the participant asks for one.

This trial is conducted in accordance with international Guidelines for Good Clinical Practice in Clinical Trials and with the approval of both the University of KwaZulu-Natal Biomedical Research Ethics Committee (6 July 2012) and the SA Medicines Control Council (28 June 2012).

Contact details:

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE3
v20 May 2015



00322804

PARTICIPANT SIGNATURE SHEET

RECEIVE ARV TREATMENT AND CARE

TasP ID

Clinic

Visit Date Y Y Y Y M M D D

Counsellor

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

Protocol V2.1 - 7 November 2014

Sponsor: ANRS - National AIDS Research Agency, Paris, France

Coordinating Centre: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa

This research study was approved by the Biomedical Research Ethics Committee of the University of KwaZulu-Natal on 2 February 2012 and 6 July 2012.

Patient Consent Form:

I, _____ have been educated/informed in three (3) ART lessons (literacy sessions), about the importance of taking my treatment appropriately.

I understand that ARVs do not cure HIV but if I take them appropriately they can help me to remain healthy much longer. I understand that I will be given, when possible and appropriate, a new drug combination called *Atripla*, which has been approved by the South African Department of Health. I understand ARV treatment is life-long and that I will need to take appropriate HIV medications for the rest of my life. I understand that the treatment can make certain changes in my body, and might cause side effects. I understand that on a daily basis I must take my treatment for it to be effective. I understand that if I have any problems with taking my ARVs that I should contact the clinic where I can speak to a nurse who will refer me to the clinic doctor if necessary.

I understand that I am free to leave the study at any time and that I will be able to continue to have my care provided at one of the Department of Health clinics. I understand that there is no cost to me for either the care provided by the research study or in the Department of Health clinics. My decision to leave the study will not affect the care I receive in the Department of Health clinic nor prejudice my relationship with the staff of the *Ukuphila kwami, ukuphila kwethu* study or the Africa Centre in any way.

Participant's name (print)

Participant's signature
(Persons who cannot write may mark with X)

Date

Name of staff member who administered consent (print)

Staff Member's signature

Date

Witness' name (print) *

Witness' signature

Date

* Witness required only if the participant cannot write or if the participant asks for one.

This trial is conducted in accordance with international Guidelines for Good Clinical Practice in Clinical Trials and with the approval of both the University of KwaZulu-Natal Biomedical Research Ethics Committee (6 July 2012) and the SA Medicines Control Council (28 June 2012).

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE3
v20 May 2015



00322805

PARTICIPANT SIGNATURE SHEET

RECEIVE ARV TREATMENT AND CARE

TasP ID

Clinic

Visit Date Y Y Y Y M M D D

Counsellor

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

Protocol V2.1 - 7 November 2014

Sponsor: ANRS - National AIDS Research Agency, Paris, France

Coordinating Centre: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa

This research study was approved by the Biomedical Research Ethics Committee of the University of KwaZulu-Natal on 2 February 2012 and 6 July 2012.

Patient Consent Form:

I, _____ have been educated/informed in three (3) ART lessons (literacy sessions), about the importance of taking my treatment appropriately.

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Participant's name (print)

Participant's signature
(Persons who cannot write may mark with X)

Date

Name of staff member who administered consent (print)

Staff Member's signature

Date

Witness' name (print) *

Witness' signature

Date

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE3
v20 May 2015



00322806

PARTICIPANT SIGNATURE SHEET

RECEIVE ARV TREATMENT AND CARE

TasP ID

Clinic

Visit Date Y Y Y Y M M D D

Counsellor

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

Protocol V2.1 - 7 November 2014

Sponsor: ANRS - National AIDS Research Agency, Paris, France

Coordinating Centre: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa

This research study was approved by the Biomedical Research Ethics Committee of the University of KwaZulu-Natal on 2 February 2012 and 6 July 2012.

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Participant's name (print)

Participant's signature
(Persons who cannot write may mark with X)

Date

Name of staff member who administered consent (print)

Staff Member's signature

Date

Witness' name (print) *

Witness' signature

Date

* Witness required only if the participant cannot write or if the participant asks for one.

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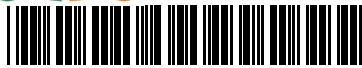


This English version is NOT for use in the field

Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE3
v20 May 2015



00322807

PARTICIPANT SIGNATURE SHEET

RECEIVE ARV TREATMENT AND CARE

TasP ID

Clinic

Visit Date Y Y Y Y M M D D

Counsellor

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249

Protocol V2.1 - 7 November 2014

Sponsor: ANRS - National AIDS Research Agency, Paris, France

Coordinating Centre: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa

This research study was approved by the Biomedical Research Ethics Committee of the University of KwaZulu-Natal on 2 February 2012 and 6 July 2012.

Patient Consent Form:

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I understand that I am free to leave the study at any time and that I will be able to continue to have my care provided at one of the Department of Health clinics. I understand that there is no cost to me for either the care provided by the research study or in the Department of Health clinics. My decision to leave the study will not affect the care I receive in the Department of Health clinic nor prejudice my relationship with the staff of the *Ukuphila kwami, ukuphila kwethu* study or the Africa Centre in any way.

Participant's name (print)

Participant's signature
(Persons who cannot write may mark with X)

Date

Name of staff member who administered consent (print)

Staff Member's signature

Date

Witness' name (print) *

Witness' signature

Date

* Witness required only if the participant cannot write or if the participant asks for one.

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE4
v20 May 2015

PARTICIPANT SIGNATURE SHEET

PARTICIPATE IN CLINIC-BASED RESEARCH (INTERVENTION CLUSTERS)

TasP ID

Clinic

Visit Date Y | Y | Y | Y | M | M | D | D |

Counsellor

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249
Protocol V2.1 - 7 November 2014
Sponsor: ANRS - National AIDS Research Agency, Paris, France
Coordinating Centre: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa
This research study was approved by the Biomedical Research Ethics Committee of the University of KwaZulu-Natal on 2 February 2012 and 6 July 2012.

Participation consent:

I have been told about the above research study by a trained counsellor. I understand my participation in this study is voluntary. No one can force me to participate.

I, _____ agree to be part of the clinic component of this research study being done by the Africa Centre. I have received and understood the study information sheet. I have had the opportunity to ask questions about the study and have had answers to all of my questions.

I understand the implications of joining the study and that I may be asked additional information regarding my health and my treatment during study visits. I understand that the research and clinic study staff may need to look at my clinic records and that information from my clinic records will be used by the study team to answer questions about HIV and HIV treatment. I understand that there are no costs to me for the treatment and care provided either by the research study clinics or the Department of Health clinics.

I understand the benefits, difficulties and the implications for my family and myself of participating in this research study.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting my medical care.

I consent to the following:

- 1) I agree to receive the offer of antiretroviral (ARV) treatment provided at this clinic, which specifically includes using a combination ARV medication called *Atripla*, which has the approval of the National Department of Health. I understand that I may be given ARVs (*Atripla*) at an earlier stage of my infection than might normally be the case in the routine care provided by the Department of Health clinics. I will discuss with the clinic staff whether *Atripla* is the most appropriate ARV medication for me. If it is not, I will be offered an alternative combination that is appropriate to my personal circumstances.
- 2) I agree to allow the nurses at the study clinic to collect a small blood specimen on some occasions (every 3 months) when I visit the clinic. I understand that this blood will be used to monitor how the ARVs are working to see how well my body is coping. I will receive the results of the tests and they will be explained to me.
- 3) I agree that the small amount of blood that remains after these tests are finished may be stored separately and safely in a freezer at the Africa Centre laboratory in Durban and that it may be used in the future for others studies about HIV. I also understand that before any further tests are done on this blood the scientists from the Africa Centre will obtain the permission of the Biomedical Research Ethics Committee of the University of KwaZulu-Natal.

I know that I can leave the research study at any time without prejudice and that I can access treatment and care for HIV at the Department of Health clinics. I understand that if I do this my treatment by the Department of Health Services and by the Africa Centre staff will remain exactly the same, whether or not I choose to take part. I understand that I am not giving up any of my legal rights by signing this informed consent document.

Participant's name (print)

Participant's signature
(Persons who cannot write may mark with X)

Date

Name of staff member who
administered consent (print)

Staff Member's signature

Date

Witness' name (print) *

Witness' signature

Date

* Witness required only if the participant cannot write or if the participant asks for one.

This trial is conducted in accordance with international Guidelines for Good Clinical Practice in Clinical Trials and with the approval of both the University of KwaZulu-Natal Biomedical Research Ethics Committee (6 July 2012) and the SA Medicines Control Council (28 June 2012).

Contact details:

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This English version is NOT for use in the field

Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

PARTICIPANT SIGNATURE SHEET

PARTICIPATE IN CLINIC-BASED RESEARCH (CONTROL CLUSTERS)

CE5
v20 May 2015

Tasp ID

Clinic

Visit Date Y | Y | Y | Y | M | M | D | D

Counsellor

Title of the research study:
Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249
Protocol V2.1 - 7 November 2014
Sponsor: ANRS - National AIDS Research Agency, Paris, France
Coordinating Centre: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa
This research study was approved by the Biomedical Research Ethics Committee of the University of KwaZulu-Natal on 2 February 2012 and 6 July 2012.

Participation consent:

I have been told about the above research study by a trained counsellor. I understand my participation in this study is voluntary. No one can force me to participate.

I, _____ agree to be part of the clinic component of this research study being done by the Africa Centre. I have received and understood the study information sheet. I have had the opportunity to ask questions about the study and have had answers to all of my questions.

I understand the implications of joining the study and that I may be asked additional information regarding my health and my treatment during study visits. I understand that the research and clinic study staff may need to look at my clinic records and that information from my clinic records will be used by the study team to answer questions about HIV and HIV treatment. I understand that there are no costs to me for the treatment and care provided either by the research study clinics or the Department of Health clinics.

I understand the benefits, difficulties and the implications for my family and myself of participating in this research study.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting my medical care.
I consent to the following:

- 1) I agree to discuss with the clinic nurse whether I am eligible to receive the offer of antiretroviral (ARV) treatment provided at this clinic. I understand that treatment at this clinic specifically includes a combination ARV medication called *Atripla*, which has the approval of the National Department of Health. If I am eligible to start treatment now I will discuss with the clinic staff whether Atripla is the most appropriate ARV medication for me. If it is not, I will be offered an alternative combination of that is appropriate to my personal circumstances.
- 2) If I am not eligible to start ARV treatment now: to discuss with the clinic nurse the most appropriate ways that I can benefit from the care available at this research study clinic. This will include all the normal package of care and treatments that are provided at the Department of Health clinics.
- 3) I agree to allow the nurses at the study clinic to collect a small blood specimen on some occasions when I visit the clinic. I understand that this blood will be used either to monitor how the ARVs are working if I am taking ARVs or to see how well my body is coping with HIV (CD4 count). I will receive the results of the tests and they will be explained to me.
- 4) I agree that the small amount of blood that remains after these tests are finished may be stored separately and safely in a freezer at the Africa Centre laboratory in Durban and that it may be used in the future for others studies about HIV. I also understand that before any further tests are done on this blood the scientists from the Africa Centre will obtain the permission of the Biomedical Research Ethics Committee of the University of KwaZulu-Natal.

I know that I can leave the research study at any time without prejudice and that my treatment by the Department of Health Services and by the Africa Centre staff will remain exactly the same, whether or not I choose to take part. I understand that I am not giving up any of my legal rights by signing this informed consent document.

Participant's name (print)

Participant's signature
(Persons who cannot write may mark with X)

Date

Name of staff member who
administered consent (print)

Staff Member's signature

Date

Witness' name (print) *

Witness' signature

Date

* Witness required only if the participant cannot write or if the participant asks for one.

This trial is conducted in accordance with international Guidelines for Good Clinical Practice in Clinical Trials and with the approval of both the University of KwaZulu-Natal Biomedical Research Ethics Committee (6 July 2012) and the SA Medicines Control Council (28 June 2012).

Contact details:

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CE6
v31 Mar 2014

PARTICIPANT SIGNATURE SHEET

Social Science Clinic-based Interviewer-Administered Questionnaire

TasP ID _____
Clinic _____
Visit Date | Y | Y | Y | Y | M | M | D | D |
Interviewer _____

Title of the research study:

Ukuphila kwami, ukuphila kwethu - Antiretroviral Treatment as Prevention (TasP) -A cluster-randomized trial in Hlabisa sub-district, KwaZulu-Natal
ANRS 12249
Protocol V2.0 - 9 January 2014
Sponsor: ANRS - National AIDS Research Agency, Paris, France
Coordinating Centre: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa
This research study was approved by the Biomedical Research Ethics Committee of the University of KwaZulu-Natal on 26th September 2012.

Age of participant: _____ years If below 18 years, parent or guardian must sign to indicate their consent to the child's participation in the study.

Parent / guardian's name (print) Parent / guardian's signature Date

Participation Consent:

I, _____ I have been told about the above research study by a trained counselor. I understand my participation in this study is voluntary. No one can force me to participate.

I agree to participate in this research study being done by the Africa Centre. I have received and understood the study information sheet. I have had the opportunity to ask questions about the study and have had answers to all my questions.

I understand the benefits, difficulties and the implications for my family and myself of participating in this research study.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting my medical care.

I consent to answer the interviewer's questions about myself, my general health, my HIV treatment, my satisfaction with care, my attitude and beliefs about gender and violence, my personal relationships and sexual behaviour. This takes about 30-40 minutes.

I know that this interview will be entirely confidential and will not be shared with people involved in my treatment care at this Clinic.

I know that I can leave the research study at any time without prejudice and that my treatment by the Health Services and by Africa Centre staff will be exactly the same whether or not I choose to take part. I also understand that I am not giving up any of my legal rights by signing this informed consent document.

_____ Participant's name (print)	_____ Participant's signature (Persons who cannot write may mark with X)	_____ Date
_____ Name of staff member who administered consent (print)	_____ Staff Member's signature	_____ Date
_____ Witness' name (print) *	_____ Witness' signature	_____ Date

* Witness required only if the participant cannot write or if the participant asks for one.

The contact details of the Biomedical Research Ethics Committee are:
BIOMEDICAL RESEARCH ETHICS ADMINISTRATION, University of KwaZulu-Natal, Research Office, Westville Campus, Govan Mbeki Building Private Bag X 54001, Durban, 4000, KwaZulu-Natal. Tel: 27 31 2604769 - Fax: 27 31 2604609 - Email: BREC@ukzn.ac.za

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Clinic Follow-up Visit

To be completed by Trial Counsellor

TasP ID

Clinic

Visit Date

Visit Type Protocol Week

Non-protocol

Counsellor

1. Participant Identification

Identity confirmed by fingerprint? Yes No

Surname First Name(s) 1 2.

2. Anthropometry and vitals

Weight kg

Pulse per min.

Blood pressure /
Sys. Dia.

If participant is NOT on ART → Form complete

3. Adherence Checks

Carry out adherence checks monthly i.e. protocol visits

- | | Yes | No |
|---|-----------------------|-----------------------|
| 3.1 When you feel better, do you sometimes stop taking your pills? | <input type="radio"/> | <input type="radio"/> |
| 3.2 Thinking back over the last 4 days, have you missed any of your pills? | <input type="radio"/> | <input type="radio"/> |
| 3.3 Sometimes, if you feel worse when you take your pills, do you stop taking them? | <input type="radio"/> | <input type="radio"/> |

3.4 Adherence Visual Analogue Scale

Ask the patient to reflect on the last 4 days and point to their estimate of level of adherence



3.5 Adherence Pill Identification Test

Ask the participant to identify their pills

Drug <small>use codes AZT, D4T etc</small>	Knows name?		Knows no. of pills		When are pills taken?		Acceptable?	
	Yes	No	Yes	No	Morning time	Evening time	Yes	No
1. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
2. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
3. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
4. <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>

3.6 Adherence pill count.

Did the participant return the pill containers? Yes → % Adherence = $\frac{\text{Dispensed} - \text{Returned}}{\text{Expected to be taken}} \times 100 = \frac{\text{ } - \text{ }}{\text{ }} \times 100 = \text{ } \%$

No

Form must be reviewed by Trial Nurse

Nurse name: Signature: Date reviewed

Page intentionally blank



Clinical History and Examination

To be completed by Trial Nurse

TasP ID

Clinic

Visit Date Y Y Y Y | M M | D D

Visit Type Protocol → Week Non-protocol

Nurse

1. Participant Identification

Surname First Name(s) 1 2.

2. CD4 testing/result

Should a CD4 test be carried out this visit? Yes → *Take blood specimen and start PIMA test machine*

CD4 should normally be taken at Baseline, 3m, 6m, 12m, 18m and 24m, 30m, 36m, 42m, 48m visits

Result CD4 Count

or: Why no result?

No

3. Blood glucose test

Was a blood glucose test carried out? Yes → Result mmol/L

No

4. Past TB Treatment *Ask ONLY at Baseline Visit*

Have you previously been treated for TB? Yes No

→ *Complete details below*

	Date treatment started	TB Site		Regimen				Treatment completed?	
		PTB	EPTB	1	2	MDR	Unk	Yes	No
1.	<input type="text"/> Y <input type="text"/> Y Y <input type="text"/> Y M <input type="text"/> M D <input type="text"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	<input type="text"/> Y <input type="text"/> Y Y <input type="text"/> Y M <input type="text"/> M D <input type="text"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Current TB Treatment

Are you currently on TB treatment? Yes → *Give details. If possible use information from the participant's TB card.*

Date current treatment started	TB Site			Regimen			
	Smear+ PTB	Smear- PTB	EPTB	1	2	MDR	XDR
<input type="text"/> Y <input type="text"/> Y Y <input type="text"/> Y M <input type="text"/> M D <input type="text"/> D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

→ Section 7

No

6. TB Screening

	Yes	No
a. Have you had a cough for 24 hours or longer?	<input type="radio"/>	<input type="radio"/>
b. Have you recently coughed up blood in the sputum?	<input type="radio"/>	<input type="radio"/>
c. Have you experienced loss of appetite?	<input type="radio"/>	<input type="radio"/>
d. Have you lost weight?	<input type="radio"/>	<input type="radio"/>
e. Have you been sweating unusually at night?	<input type="radio"/>	<input type="radio"/>
f. Have you had recurrent fever or chills lasting more than 3 days?	<input type="radio"/>	<input type="radio"/>
g. Have you experienced chest pain?	<input type="radio"/>	<input type="radio"/>
h. Have you had difficulty in breathing or fast breathing?	<input type="radio"/>	<input type="radio"/>
i. Have you experienced swellings in the neck, armpits or elsewhere?	<input type="radio"/>	<input type="radio"/>
j. Are you currently taking Isoniazid Preventive Therapy (IPT)?	<input type="radio"/>	<input type="radio"/>
k. Have you been on IPT in the past?	<input type="radio"/>	<input type="radio"/>

If ALL questions were answered "No" then prescribe IPT as per protocol.

If any TB symptoms are present (i.e. one or more questions a. to i. answered "Yes"), then investigate as per TB guidelines and refer as appropriate.

7. STI Screening

Males		Yes	No	Females		Yes	No
a.	Have you noticed any swelling in your groin?	<input type="radio"/>	<input type="radio"/>	a.	Have you noticed any swelling in your groin?	<input type="radio"/>	<input type="radio"/>
b.	Do you have any ulcers or sores in your genital area?	<input type="radio"/>	<input type="radio"/>	b.	Do you have any ulcers or sores in your genital area?	<input type="radio"/>	<input type="radio"/>
c.	Do you have pain when you pass urine?	<input type="radio"/>	<input type="radio"/>	c.	Do you have pain when you pass urine?	<input type="radio"/>	<input type="radio"/>
d.	Do you have any lower abdominal pain?	<input type="radio"/>	<input type="radio"/>	d.	Do you have any lower abdominal pain?	<input type="radio"/>	<input type="radio"/>
e.	Do you have any discharge from your penis?	<input type="radio"/>	<input type="radio"/>	e.	Do you have a vaginal discharge which is increased in amount or changed in smell or colour?	<input type="radio"/>	<input type="radio"/>
f.	Have you noticed any swelling in your scrotum?	<input type="radio"/>	<input type="radio"/>	f.	Have you experienced vulval itching or burning?	<input type="radio"/>	<input type="radio"/>

8. Other Symptoms

	Yes	No	
a. Do you have diarrhoea today?	<input type="radio"/>	<input type="radio"/>	If "Yes" → Obtain stool sample for microscopy.
b. Have you had generalised itching of the skin for one month or more?	<input type="radio"/>	<input type="radio"/>	
c. Do you have a generalised skin rash?	<input type="radio"/>	<input type="radio"/>	
d. Have you suffered from recurrent blisters or sores on and around the lips?	<input type="radio"/>	<input type="radio"/>	
e. Have you experienced any problems with your vision?	<input type="radio"/>	<input type="radio"/>	
f. Do you have difficulty or pain when swallowing?	<input type="radio"/>	<input type="radio"/>	
g. Do you have a headache that has been getting worse or is persistent?	<input type="radio"/>	<input type="radio"/>	If "Yes" → Consider referral to Hlabisa hospital for lumbar puncture.

9. Hospitalisation etc.

9.1 In the last six months, or since last clinic visit, have you been admitted to hospital (slept there)? Yes → Which hospital? _____
 Details: _____
 No

9.2 In the last six months, or since last clinic visit, have you seen any other healthcare provider? Yes → Details: _____
 State who and where etc.
 No

10. Other Chronic Condition

	Yes	No	
a. Do you suffer from diabetes mellitus? (High blood sugar)	<input type="radio"/>	<input type="radio"/>	
b. Do you suffer from hypertension? (High blood pressure)	<input type="radio"/>	<input type="radio"/>	
c. Do you suffer from epilepsy?	<input type="radio"/>	<input type="radio"/>	
d. Do you suffer from any mental health condition?	<input type="radio"/>	<input type="radio"/>	If "Yes" → Specify: _____
e. Do you suffer from asthma/COPD?	<input type="radio"/>	<input type="radio"/>	
f. Do you suffer from arthritis?	<input type="radio"/>	<input type="radio"/>	
g. Have you ever suffered a stroke?	<input type="radio"/>	<input type="radio"/>	
h. Any other chronic conditions?	<input type="radio"/>	<input type="radio"/>	If "Yes" → Specify: _____

11. Concomitant medication not recorded in ART or TB regimen

Medication	Dose and frequency	Date started <i>If started since last visit</i>	Date stopped <i>If stopped since last visit</i>	or Ongoing?
a. Cotrimoxazole	_____	Y Y Y Y M M D D	Y Y Y Y M M D D	<input type="checkbox"/>
b. Isoniazid	_____	Y Y Y Y M M D D	Y Y Y Y M M D D	<input type="checkbox"/>
c. Pyridoxine	_____	Y Y Y Y M M D D	Y Y Y Y M M D D	<input type="checkbox"/>
d. Others: (specify)	_____	Y Y Y Y M M D D	Y Y Y Y M M D D	<input type="checkbox"/>
e. _____	_____	Y Y Y Y M M D D	Y Y Y Y M M D D	<input type="checkbox"/>
f. _____	_____	Y Y Y Y M M D D	Y Y Y Y M M D D	<input type="checkbox"/>

12. Adverse Events – (only ask people on ART)

Since the last visit, or in last 6 months, have you experienced any symptoms which you feel are caused by your ART drugs? Yes No → Section 12

Symptom	Date started <i>If started since last visit</i>				Date stopped <i>If stopped since last visit</i>				or Ongoing?	Grading <i>1=mildest, 4=severest see ANRS grading scale</i>								
	Y	Y	Y	Y	M	M	D	D			Y	Y	Y	Y	M	M	D	D
a. Nausea / vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Skin rash / itching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Abnormal dreams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Painful feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Change in body shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Pregnancy and contraception (Females only)

13.1 Are you pregnant? Yes → LMP date
 Confirmed by urine test? Yes No
 No → Are you trying to get pregnant now? Yes No

13.2 Do you use any form of contraception? Yes → Which method(s)? Injectables
Tick all that apply
 Oral contraceptive pills
 Condoms
 Others → Specify: _____

No

13.3 Gravida 13.4 Para

14. General examination

	Yes	No
a. Wasting?	<input type="checkbox"/>	<input type="checkbox"/>
b. Jaundice?	<input type="checkbox"/>	<input type="checkbox"/>
c. Anaemia?	<input type="checkbox"/>	<input type="checkbox"/>
d. Clubbing?	<input type="checkbox"/>	<input type="checkbox"/>
e. Cyanosis?	<input type="checkbox"/>	<input type="checkbox"/>
f. Pedal Oedema?	<input type="checkbox"/>	<input type="checkbox"/>
g. Lymphadenopathy > 1cm?	<input type="checkbox"/>	<input type="checkbox"/>

15. Mouth and Skin

Mouth lesions Yes No

a. Herpes simplex?

b. Angular stomatitis?

c. Oral thrush?

d. Kaposi's sarcoma?

e. Oral hairy leukoplakia?

f. Other If 'Yes' → Specify: _____

Any skin lesions? Yes → a. Description _____
 b. Distribution _____
 No

16. Respiratory system

- a. Breathless at rest? Yes No Respiratory rate Breaths / min
- b. Percussion notes Normal Dull
- c. Air entry Normal both sides Reduced left side Reduced right side Reduced both sides
- d. Breath sounds Vesicular Bronchial
- e. Added sounds None Crackles Ronchi

17. Abdomen

Are there any abdominal abnormalities which warrant referral to the Trial doctor? Yes → Details
Refer to doctor in Section 26f

No

18. Genitourinary system - Males

- | | Yes | No | If Yes, describe |
|------------------------|-----------------------|-----------------------|----------------------|
| a. Urethral discharge? | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| b. Inguinal swelling? | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| c. Ulcers? | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| d. Lumps? | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| e. Other | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |

19. Genitourinary system - Females

- | | Yes | No | If Yes, describe or give reasons |
|---|-----------------------|-----------------------|---|
| a. Vulval ulcers? | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| b. Inguinal swelling? | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| c. Vaginal discharge | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| d. Lumps? | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| e. Any pelvic abnormalities which warrant referral to the Trial doctor? | <input type="radio"/> | <input type="radio"/> | <input type="text"/>
<i>Refer to doctor in Section 26f</i> |
| f. Pap smear taken? | <input type="radio"/> | <input type="radio"/> | <i>(Take at baseline, then yearly)</i> |

20. General Clinical impression and diagnoses

Diagnosis	ICD10 code
1. <input type="text"/>	<input type="text"/> . <input type="text"/>
2. <input type="text"/>	<input type="text"/> . <input type="text"/>
3. <input type="text"/>	<input type="text"/> . <input type="text"/>

21. WHO staging

WHO Stage 1 2 3 4

Reasons for staging

22. ART Eligibility For participants who ARE NOT already on ART

Is this participant eligible for ART? Yes → Will Atripla be appropriate if relevant laboratory investigations are normal? Yes → Section 23 No → Why not?
Refer to doctor in Section 26f

No, because participant is in Control Cluster, and their CD4 count is over 350 and clinical criteria are not met.

23. ART Review For participants who ARE already on ART

Is a possible change in ART regimen indicated? Yes or unsure → Details
Refer to doctor in Section 24f

No

24. Drug Prescriptions

A) Prophylaxis		Date prescribed	Dose and frequency	Period covered
1	Cotrimoxazole	Y Y Y Y M M D D		Days
2	Isoniazid	Y Y Y Y M M D D		Days
3	Pyridoxine	Y Y Y Y M M D D		Days
B) STI Treatment				
1		Y Y Y Y M M D D		Days
2		Y Y Y Y M M D D		Days
3		Y Y Y Y M M D D		Days
4		Y Y Y Y M M D D		Days
C) Other				
1		Y Y Y Y M M D D		Days
2		Y Y Y Y M M D D		Days
3		Y Y Y Y M M D D		Days
4		Y Y Y Y M M D D		Days

25. ART (Use codes AZT, d4T, etc)

	Date started/collected <small>(For New/Recurring)</small>	Date stopped <small>(Only if stopping)</small>	Ongoing?	Dose/Freq	Reason for stopping	Period covered <small>(days)</small>
1	Y Y M M D D	Y Y M M D D	<input type="checkbox"/>			
2	Y Y M M D D	Y Y M M D D	<input type="checkbox"/>			
3	Y Y M M D D	Y Y M M D D	<input type="checkbox"/>			
4	Y Y M M D D	Y Y M M D D	<input type="checkbox"/>			

26. Action Plan

	Yes	No	Not Applic.	
a. Referred for ART counselling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
b. Blood taken for Hlabisa Lab? <small>(U&Es, LFTs, glucose, lipids, FBC & HepBsAg if indicated)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
c. Blood taken for Africa Centre Durban Lab? <small>20mls for plasma storage and HIV RNA Viral Load</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Take Viral Load specimen at baseline then, if on ART, at 3, 6, 12, 18 and 24, 30, 36, 42, 48 m
d. Blood taken for genotypic resistance testing (Durban)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
e. Urinalysis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	If Yes → Result: Protein <input type="text"/> (0, 1, 2 or 3) Result: Blood <input type="text"/> (0, 1, 2, 3 or 4)
f. Urine Beta-HGC pregnancy test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
g. Sputum M/C?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
h. Pap smear taken? <small>(Take at baseline, then at 12 and 24 months)</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
i. Blood taken for Hlabisa Lab 10% QC CD4 test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	<u>Yes</u>	<u>No</u>	<u>If Yes, give description and reason</u>	
j. Referred to Primary Healthcare Clinic?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Stick VL Specimen Id barcode here
k. Referred to Hlabisa Hospital?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	
l. Referred to TasP Trial doctor?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	→ CDR referral form
m. Any other actions taken?	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	

27. Comments

Form must be signed by Trial Nurse

Nurse name:
Print

Signature:

Date



Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

PARTICIPANT SIGNATURE SHEET

INDIVIDUAL QUESTIONS AND DBS COLLECTION

Round 1

CZ1

v20 May 2015



00448418

BSID Cluster

TasP ID

Visit Date

Fieldworker Team

Isihloko Socwango:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigidini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu,

KwaZuluNatali

ANRS 12249

Uhlelo lwemithetho V2.1 - 7 November 2014

Umxhasi: ANRS - National AIDS Research Agency, Paris, France

Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies,

University of KwaZulu-Natal, Somkhele, South Africa

Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwango lwezempilo lase

Nyuvesi yakwaZulu-Natali mhlaka - 2 Feb 2012 nangomhlaka 6 July 2012.

Ubudala iminye Uma ingaphansi kuka-18, umzali noma umbheki kumele asayine ukuvumela ingane ukuthi ibambe

Igama lomzali /mbheki (Loba)

Ukusayina komzali / mbheki

Usuku

Iphepha lemvume lokubamba iqhaza:

Sengichazeliwe ngocwango olungenhla ngumaluleki oqeqeshiwe. Ngियाqondisisa ukuthi ukubamba iqhaza kwami kulolucwaningo kungokuzikhethela kwami. Akekho namunye ongangiphoqelela ukubamba iqhaza.

Mina, _____ ngiyavuma ukuba yingxenywe yocwango olwenziwa yi-Africa Centre. Ngilitholile iphepha lolwazi futhi ngaliqondisisa. Ngiyakuqonda ukuhlomula, ubunzima kanye nemthelela okungaba nawo emndenini wami nakimi ukuba yingxenywe yalolucwaningo. Ngियाqonda ukuthi ukuhlololela igciwane le-HIV kungokuzikhethela kwami. Ngichazeliwe ukuthi ngingamubona kuphi nanini umaluleki ngihlola i-HIV uma ngingathandi ukuhlolwa namuhla.

Ngiyavuma kulokhu okulandelayo:

- 1) Ukuphendula umaluleki imibuzo emayelana nami, isimo sempilo yami, indlela engicabanga ngayo, nezinkolelo zami nge-HIV, ubudlelwano enginabo nokuziphatha kwami ngezocansi. Lokhu kuzothatha imizuzu engevile kweyishumi nanhlanu.
- 2) Ukunikizela ngeconsi legazi - amaconsi amahlanu omisiwe esiqeshini esincane sephepha. Ukwenza lokhu kuzodinga ukuthi ngichofozwe kancane emunweni owozwa. Uma iphepha elinamaconsi egazi selomile, umaluleki uyobe eselifaka emvilophini. Wonke amaphepha aqoqiwe azobekwa e-laboratory ayosetshenziselwa kuphela olunye ucwango oluphathelele ne-HIV. Ngियाqonda ukuthi ukuthathwa kwalama sampula egazi kugcineka kuyimfihlo ngoba kusetshenziswa amakhodi ne-laboratory angeke yazi ukuthi yimina.
- 3) Ukuxoxisana nomaluleki ngokuthatha igxathu elibalulekile lokwazi ngesimo sami se-HIV ngohlelo lokwalulekwa nokuhlola i-HIV (HCT). Ngizokwalulekwa ngokwahlukile ngalokhu, ngisayine iphepha lemvume elifana nelisetshenziswa emitholampilo yoMnyango Wezempilo elizoveza ukuvuma kwami ukuhlola i-HIV. Ukuhlola i-HIV namuhla akusiyona impoqo.

Ngियाqonda ukuthi ngingalushiya ucwango noma isiphi isikhathi futhi angeke ngicwaswe ngokwenze njalo kanti futhi nokuphathwa kwami ngabasebenzi bezempilo nabakwa Africa Centre akuzukwehluka uma ngivuma noma ngingqaba ukubamba iqhaza. Ngियाqonda futhi ukuthi alikho ilungelo lami engililahlayo ngokusayina lelifomu lemvume.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhalo noma ecela ukuba nofakazi.

Stick DBS
Specimen Id
barcode here

Lolucwaningo lwenziwa ngokulandela imigomo yomhlaba ye-Good Clinical Practice in Clinical Trials futhi luphasiswe yikomidi elibhekele amalungelo kwezocwango lwezempilo laseNyuvesi yaKwaZulu-Natali (Mhlaka 6 July 2012) nesigungu esilawula ngezemithi eNingizimu Africa (mhlaka 28 June 2012).

Imininingwane yekomidi:

Biomedical Research Ethics Administration, University of KwaZulu-Natal, Research Office, Westville Campus, Govan Mbeki Building

Private Bag X 54001, Durban, 4000, KwaZulu-Natal. Tel: 27 31 2604769 - Fax: 27 31 2604609 - Email: BREC@ukzn.ac.za

SA Medicines Control Council, Department of Health, Private Bag X828, PRETORIA 0001. Fax: 27 12 395 8775; Email: nkambp@health.gov.za

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**Participant's
Copy**

Ukuphila kwami, ukuphila kwethu

**Africa Centre TasP Trial
PARTICIPANT SIGNATURE SHEET****INDIVIDUAL QUESTIONS
AND DBS COLLECTION
Round 1**

BSID	_ _ _ _ _ _ _
TasP ID	_ _ _ _ _ _ _
Visit Date	Y _ _ _ _ Y _ M _ _ D _ D _
Fieldworker	_ _ _ _

CZ1

v31 Mar 2014

Isihloko Socwano:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu,

KwaZuluNatali
ANRS 12249

Uhlelo lwemithetho V2.1 - 7 November 2014

Umxhasi: ANRS - National AIDS Research Agency, Paris, France

Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa

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Usuku

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

PARTICIPANT SIGNATURE SHEET

INDIVIDUAL QUESTIONS AND DBS COLLECTION Round 1

CZ1P

v27 May 2014

WB BSID Household
TasP ID
Visit Date | Y | Y | Y | Y | M | M | D | D |
Fieldworker | | | | |

Isihloko Socwaningo:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu,

KwaZuluNatali
ANRS 12249

Uhlelo lwemithetho V2.0 - 9 January 2014

Umxhasi: ANRS - National AIDS Research Agency, Paris, France

Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies,
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Lolucwaningo luphaziswe ikomidi elibhekelela amalungelo kwezocwaningo lwezempilo lase Nyuvesi yakwaZulu-Natali mhlaka - 2 Feb 2012 nangomhlaka 6 July 2012.

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Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
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Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

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Ufakazi uyasayina

Usuku

Stick DBS
Specimen Id
barcode here

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ1 P

v27 May 2014

**Participant's
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PARTICIPANT SIGNATURE SHEET

INDIVIDUAL QUESTIONS AND DBS COLLECTION Round 1

WB BSID Household

TasP ID

Visit Date | Y | Y | Y | Y | M | M | D | D |

Fieldworker | | | |

Isihloko Socwano: _____

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu,

KwaZuluNatali

ANRS 12249

Uhlelo lwemithetho V2.0 - 9 January 2014

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Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial
PARTICIPANT SIGNATURE SHEET

CZ2
v20 May 2015



HOME-BASED HIV TESTING

BSID	_ _ _ _ _ _ _	Cluster
TasP ID	_ _ _ _ _ _ _ _ _ _ _	
Visit Date	Y Y Y Y _ M _ D D	
Fieldworker	_ _ _	Team _

Isihloko Socwango:

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Iphepha lemvume yokuhlolola i-HIV:

Mina, ngiyavuma ngokuphelele ukuthi ngihlololwe isandulela ngculazi. Sengikhulumile nomaluleki oqeqeshiwe futhi onolwazi nge-HIV. Sixoxisene ngemiphumela yokuhlolwa kwegazi engaba mihle noma ibe mibi ngaqonda ngokuphelele imithelela engabakhona ngokuhlola empilweni yami. Nginyaqonda ukuthi ukuhlololwa i-HIV kungokokuzikhethela kwami futhi ngizothola imiphumela yami namuhlanje uma ngifuna. Ngiyavuma ukulandelelwa uma kunesidingo sokuba ngidluliselwe kwesinye isikhungo noma ngikhuthazwe ukuhambela imitholampilo yocwaningo ukuqinisekisa ukuthi ngikuthola konke ukwesekwa nezinsiza ezikhona. Lokhu kulandelelwa kungaba ngokuvakashelwa noma ukushayelwa ucingo ilungu lethimba locwaningo.

Ngiyalinika ithimba locwaningo imvume yokuthi lingasebenzisa futhi luqophe imininingwane yami yasemtholampilo ngenhloso yalolucwaningo.

Nginyaqonda ukuthi ngingalushiya ucwaningo noma ingasiphi isikhathi futhi nginganqaba ukuthatha imiphumela yami yesandulela ngculaza ngaphandle kokucwaswa ngokwenzenjalo kanti futhi nokuphathwa kwami ngabasebenzi bezempilo nabakwa Africa Centre kuzofana uma ngivuma noma ngingqaba ukubamba iqhaza. Nginyaqonda futhi ukuthi alikho ilungelo engililahlayo ngokusayina lelifomu lemvume.

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Counselling checklist for HIV testing

Pretest HIV counselling

- Explore the participant's understanding of HIV and AIDS

Explain to them about

- HIV Transmission
- Prevention of HIV
- The benefits of treatment and why adherence is important.
- Explain the window period with respect to current test

Assess the participant's risk of HIV.

Find out about:

- Their previous HIV tests
- Their partner history
- Assess their use of condoms

Assess the implications of results for the participant:

- What are the implications of negative, positive, and indeterminate test results for participant, partner and family
- Explore if would disclose, and coping mechanisms and support
- Explore their fears and concerns

Post-test HIV counselling

HIV positive results

- Check participant understands results
- Ask how participant feels
- Check their plans for the day
- Check for mental health risk (some of this is simple observation of body language etc)
- Referral for psychosocial support (e.g support groups)
- Check their plans for disclosure
- Discuss condom use to prevent transmission
- Refer to TasP clinic for CD4 check, further care and support
- Offer revisit for further support

HIV negative results

- Check participant understands results
- Revisit Window period and the need for repeat test 3 months after exposure
- Safer sex, ABC
- Circumcision for males



Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ2

**Participant's
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PARTICIPANT SIGNATURE SHEET HOME-BASED HIV TESTING

v20 May 2015

BSID

TasP ID

Visit Date

Fieldworker

Isihloko Socwango:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu,

KwaZulu-Natali
ANRS 12249

Uhlelo lwemithetho V2.1 - 7 November 2014

Umxhasi: ANRS - National AIDS Research Agency, Paris, France

Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa

Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwango lwezempilo lase Nyuvesi yakwaZulu-Natali mhlaka - 2 Feb 2012 nangomhlaka 6 July 2012.

Iphepha lemvume yokuhlolola i-HIV:

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Ngiyalinika ithimba locwango imvume yokuthi lingasebenzisa futhi luqophe imininingwane yami yasemtholampilo ngenhloso yalolucwango.

Nginyaqonda ukuthi ngingalushiya ucwango noma ingasiphi isikhathi futhi nginganqaba ukuthatha imiphumela yami yesandulela ngculaza ngaphandle kokucwaswa ngokwenzenjalo kanti futhi nokuphathwa kwami ngabasebenzi bezempilo nabakwa Africa Centre kuzofana uma ngivuma noma ngingqaba ukubamba iqhaza. Nginyaqonda futhi ukuthi alikho ilungelo engililahlayo ngokusayina lelifomu lemvume.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Lolucwaningo lwenziwa ngokulandela imigomo yomhlaba ye-Good Clinical Practice in Clinical Trials futhi luphasiswe yikomidi elibhekele amalungelo kwezocwango lwezempilo laseNyuvesi yaKwaZulu-Natali (mhlaka 6 July 2012) nesigungu esilawula ngezemithi eNingizimu Africa (mhlaka 28 June 2012).

Imininingwane yekomidi:

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Private Bag X 54001, Durban, 4000, KwaZulu-Natal. Tel: 27 31 2604769 - Fax: 27 31 2604609 - Email: BREC@ukzn.ac.za

SA Medicines Control Council, Department of Health, Private Bag X828, PRETORIA 0001. Fax: 27 12 395 8775; Email: nkampb@health.gov.za

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ2P
v27 May 2014



PARTICIPANT SIGNATURE SHEET

HOME-BASED HIV TESTING

WB BSID Household
TasP ID
Visit Date Y | Y | Y | Y | M | M | D | D |
Fieldworker | | | |

Isihloko Socwango:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu, KwaZulu-Natali ANRS 12249
Uhlelo lwemithetho V2.0 - 9 January 2014
Umxhasi: ANRS - National AIDS Research Agency, Paris, France
Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies, University of KwaZulu-Natal, Somkhele, South Africa
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Ngiyalinika ithimba locwaningo imvume yokuthi lingasebenzisa futhi luqophe iminingwane yami yasemtholampilo ngenhloso yalolucwaningo.

Nginyaqonda ukuthi ngingalushiya ucwaningo noma ingasiphi isikhathi futhi nginganqaba ukuthatha imiphumela yami yesandulela ngculaza ngaphandle kokucwaswa ngokwenzenjalo kanti futhi nokuphathwa kwami ngabasebenzi bezempilo nabakwa Africa Centre kuzofana uma ngivuma noma ngingqaba ukubamba iqhaza. Nginyaqonda futhi ukuthi alikho ilungelo engililahlayo ngokusayina lelifomu lemvume.

_____ Igama lobamba iqhaza (loba)

_____ Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

_____ Usuku

_____ Igama lomsebenzi onikezele
ngephepha lemvume (loba)

_____ Ukusayina komsebenzi

_____ Usuku

_____ Igama likafakazi (loba) *

_____ Ufakazi uyasayina

_____ Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

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Counselling checklist for HIV testing

Pretest HIV counselling

- Explore the participant's understanding of HIV and AIDS

Explain to them about

- HIV Transmission
- Prevention of HIV
- The benefits of treatment and why adherence is important.
- Explain the window period with respect to current test

Assess the participant's risk of HIV.

Find out about:

- Their previous HIV tests
- Their partner history
- Assess their use of condoms

Assess the implications of results for the participant:

- What are the implications of negative, positive, and indeterminate test results for participant, partner and family
- Explore if would disclose, and coping mechanisms and support
- Explore their fears and concerns

Post-test HIV counselling

HIV positive results

- Check participant understands results
- Ask how participant feels
- Check their plans for the day
- Check for mental health risk (some of this is simple observation of body language etc)
- Referral for psychosocial support (e.g support groups)
- Check their plans for disclosure
- Discuss condom use to prevent transmission
- Refer to TasP clinic for CD4 check, further care and support
- Offer revisit for further support

HIV negative results

- Check participant understands results
- Revisit Window period and the need for repeat test 3 months after exposure
- Safer sex, ABC
- Circumcision for males



Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ2P
v27 May 2014

**Participant's
Copy**

PARTICIPANT SIGNATURE SHEET HOME-BASED HIV TESTING

WB BSID Household
TasP ID
Visit Date | Y | Y | Y | Y | M | M | D | D |
Fieldworker | | | |

Isihloko Socwango:

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Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Lolucwaningo lwenziwa ngokulandela imigomo yomhlaba ye-Good Clinical Practice in Clinical Trials futhi luphasiswe yikomidi elibhekele amalungelo kwezocwango lwezempilo laseNyuvesi yaKwaZulu-Natali (mhlaka 6 July 2012) nesigungu esilawula ngezemithi eNingizimu Africa (mhlaka 28 June 2012).

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ3
v20 May 2015



PARTICIPANT SIGNATURE SHEET

RECEIVE ARV TREATMENT AND CARE

TasP ID

Clinic

Visit Date Y | Y | Y | Y | M | M | D | D |

Counsellor

Isihloko Socwango:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu,

KwaZulu-Natali
ANRS 12249

Uhlelo lwemithetho V2.1 - 7 November 2014

Umxhasi: ANRS - National AIDS Research Agency, Paris, France

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Iphepha lemvume lobambe iqhaza:

Mina, _____ sengifundisiwe/sengichazeliwe ngezifundo ezintathu (3) zakwa ART (isession yokufunda), ngokubaluleka kokuthatha amaphilisi ami ngendlela.

Ngiyaqonda ukuthi imishanguzo ayiyilaphi i-HIV kodwa uma ngiwasebenzisa ngendlela angangisiza ukuthi angigcine ngiphilile isikhathi eside. Ngiyaqonda ukuthi uma kufanele, kungenzeka nginikezwe iphilisi elisha elibizwa ngokuthiwa *i-Atripla*, eliphasiswe uMnyango wezempilo waseNingizimu Africa. Ngiyaqonda ukuthi imishanguzo eyokusetshenziswa impilo yakho yonke, futhi kuzodingeka ukuthi ngiyithathe ngendlela impilo yami yonke. Ngiyazi ukuthi imishanguzo ingadala ushintsho emzimbeni wami, futhi ingadala ukugula. Ngiyazi ukuthi njalo kuzomele ngidle imishanguzo ukuze isebenze kahle. Ngiyazi ukuthi uma ngiba nenkinga ngokudla imishanguzo ngingaxhumana nomtholampilo lapho ngingakhuluma nomhlengikazi ongangidlulisela kudokotela womtholampilo uma kunesidingo.

Ngiyaqonda ukuthi ngikhululekile ukuthi ngingashiya lolucwaningo nanomangasiphi isikhathi nokuthi ngizoqhubeka ngikwazi ukuthola usizo emtholampilo yoMnyango wezempilo. Ngiyaqonda ukuthi angikhokhi lutho ngosizo engiluthola emtholampilo wocwango noma engiluthola emtholampilo yoMnyango wezempilo. Isinqumo sami sokushiya ucwango angeke sibenomthelela omubi osizweni engilutholayo emtholampilo yoMnyango wezempilo noma ukucwaswa kobudlelwano bami nabasebenzi bocwango lwe-Ukuphila kwami, ukuphila kwethu noma base-Africa Centre noma ngayiphi indlela.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
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Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ3
v20 May 2015

**Participant's
Copy**

**PARTICIPANT SIGNATURE SHEET
RECEIVE ARV TREATMENT
AND CARE**

BSID
TasP ID
Visit Date
Fieldworker

Isihloko Socwango:

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ANRS 12249
Uhlelo lwemithetho V2.1 - 7 November 2014
Umxhasi: ANRS - National AIDS Research Agency, Paris, France
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Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwango lwezempilo lase Nyuvesi yakwaZulu-Natali mhlaka - 2 Feb 2012 nangomhlaka 6 July 2012.

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(Kongakwazi ukubhala loba u X)

Usuku

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ngephepha lemvume (loba)

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Ufakazi uyasayina

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ4
v20 May 2015

PARTICIPANT SIGNATURE SHEET

TasP ID	
Clinic	
Visit Date	Y Y Y Y M M D D
Counsellor	

PARTICIPATE IN CLINIC-BASED RESEARCH (INTERVENTION CLUSTERS)

Isihloko Socwango:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu, KwaZulu-Natali

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Iphepha lemvume lobambe iqhaza:

Sengichazeliwe ngocwango olungenhla ngumaluleki oqeqeshiwe. Ngियाqondisisa ukuthi ukubamba iqhaza kwami kulolucwaningo kungokuzikhethela kwami. Akekho namunye ongangiphoqelela ukubamba iqhaza.

Mina, _____ ngiyavuma ukuba yingxenywe yocwango olwenziwa emitholampilo i-Africa Centre. Ngilitholile iphepha lolwazi futhi ngaliqondisisa. Ngilitholile nethuba lokubuza imibuzo mayelana nocwango ngathola izimpendulo futhi zayoyonke imibuzo yami.

Ngियाqonda ukuthi kusho ukuthini ukubayingxenywe yalolucwaningo, nokuthi ngingabuzwa eminye imibuzo ephathelene nesimo sami sezempilo nesimayelana nemishanguzo uma bevekashile abacwangingi. Ngियाqonda ukuthi abasebenzi bocwango nabasemtholampilo bangadinga ukubuka imininingwane yami yezempilo egcinwe emtholampilo ukuphendula imibuzo mayelana ne-HIV nokwelashwa kwe-HIV. Ngियाqonda futhi ukuthi akukho mali engizoyikhokhela ukuthola imishanguzo noma ukukhokhela usizo engiluthola emitholampilo yocwango noma eMnyango wezempilo.

Ngiyakuqonda ukuhlomula, ubunzima kanye nomthelela okungaba nawo emndenini wami nakimi ukuba yingxenywe yalolucwaningo.

Ngियाqinisekisa ukuthi ukubamba iqhaza kwami kungokokuzikhethela kwami futhi ngingashiya nanoma yinini lokho kungaphazamisi indlela engithola ngayo usizo kwezempilo.

Ngiyavuma kokulandelayo:

- 1) Ngiyavuma ukuthola imishanguzo (ARVs) enikezelwa kulo mtholampilo, okubalwa umshanguzo oyinhlanganisela obizwa ngokuthiwa *i-Atripla*, ophasiswe uMnyango wezempilo kaZwelonke. Ngियाqonda ukuthi nginganikwa imishanguzo (*Atripla*) nganeno kwesikhathi esijwayelekile sokunikezelwa kwemishanguzo nokunakekelwa okwenziwa emitholampilo yomnyango wezempilo. Ngizoxoxisana nabasebenzi bomtholampilo ukuthola ukuthi *i-Atripla* ingumshanguzo ongangilungela yini mina. Uma ingangilungele, ngizonikezwa elinye eliyinhlanganisela elisilungele isimo sami.
- 2) Ngiyavuma ukuvumela abahlengikazi emtholampilo wocwango ukuthi bathathe isampula elincane legazi ngezinye izikhathi (njalo emva kwezinyanga ezingu-3) uma ngiza emtholampilo. Ngियाqonda ukuthi leligazi lizosetshenziselwa ukubhekisisa ukuthi imishanguzo isebenzakanjani nokuthi umzimba wami uyakwazi yini ukuwabekezelela. Ngizoyithola imiphumela futhi ngizochazelwa ngayo.
- 3) Ngiyavuma ukuthi leligazi elincane elizosala uma lokhu kuhlolwa sekuqediwe lingabekwa lodwa endaweni ephaphile eyisiqandisi e-laboratory yase-Africa Centre eThekwini nokuthi lingasetshenziswa esikhathini esizayo ukwenza olunye ucwango nge-HIV. Ngियाqonda futhi ukuthi ngaphambi kokuthi leligazi lihlolwe ososayensi bakwa-Africa Centre bazocela imvume ekomidini elibhekelene namalungelo kwezocwango lwezempilo lase Nyuvesi yakwaZulu-Natal.

Ngियाqonda ukuthi ngingalushiya ucwango noma isiphi isikhathi futhi angeke ngicwaswe ngokwenze njalo kanti futhi nokuphathwa kwami ngabasebenzi bezempilo nabakwa Africa Centre akuzukwehluka uma ngivuma noma ngingqaba ukubamba iqhaza. Ngियाqonda futhi ukuthi alikho ilungelo lami engililahlayo ngokusayina lelifomu lemvume.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Lolucwaningo lwenziwa ngokulandela imigomo yomhlaba ye-Good Clinical Practice in Clinical Trials futhi luphasiswe yikomidi elibhekele amalungelo kwezocwaningo lwezempilo laseNyuvesi yaKwaZulu-Natali (mhlaka 6 July 2012) nesigungu esilawula ngezemithi eNingizimu Africa (mhlaka 28 June 2012).

Imininingwane yekomidi:

Biomedical Research Ethics Administration, University of KwaZulu-Natal, Research Office, Westville Campus, Govan Mbeki Building
Private Bag X 54001, Durban, 4000, KwaZulu-Natal. Tel: 27 31 2604769 - Fax: 27 31 2604609 - Email: BREC@ukzn.ac.za

SA Medicines Control Council, Department of Health, Private Bag X828, PRETORIA 0001. Fax: 27 12 395 8775; Email: nkamp@health.gov.za



**Participant's
Copy**

Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

PARTICIPANT SIGNATURE SHEET

**PARTICIPATE IN CLINIC-BASED
RESEARCH
(INTERVENTION CLUSTERS)**

BSID

TasP ID

Visit Date Y | Y | Y | Y | M | M | D | D

Fieldworker

CZ4

V20 May 2015

Isihloko Socwango:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu, KwaZulu-Natali ANRS 12249

Uhlelo lwemithetho V2.1 - 7 November 2014

Umxhasi: ANRS - National AIDS Research Agency, Paris, France

Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies, University of KwaZulu-Natal, Somkhele, South Africa

Lolucwaningo luphaziswe ikomidi elibhekelela amalungelo kwezocwango lwezempilo lase Nyuvesi yakwaZulu-Natali mhlaka - 2 Feb 2012 nangomhlaka 6 July 2012.

Iphepha lemvume lobambe iqhaza:

Sengichazeliwe ngocwango olungenhla ngumaluleki oqeqeshiwe. Ngियाqondisa ukuthi ukubamba iqhaza kwami kulolucwaningo kungokuzikhethela kwami. Akekho namunye ongangiphoqelela ukubamba iqhaza.

Mina, _____ ngiyavuma ukuba yingxenywe yocwango olwenziwa emitholampilo i-Africa Centre. Ngilitholile iphepha lolwazi futhi ngaliqondisa. Ngilitholile nethuba lokubuza imibuzo mayelana nocwango ngathola izimpendulo futhi zayoyonke imibuzo yami.

Ngियाqonda ukuthi kusho ukuthini ukubayingxenywe yalolucwaningo, nokuthi ngingabuzwa eminye imibuzo ephathelene nesimo sami sezempilo nesimayelana nemishanguzo uma bevekashile abacwani. Ngियाqonda ukuthi abasebenzi bocwango nabasemtholampilo bangadinga ukubuka imininingwane yami yezempilo egcinwe emtholampilo ukuphendula imibuzo mayelana ne-HIV nokwelashwa kwe-HIV. Ngियाqonda futhi ukuthi akukho mali engizoyikhokhela ukuthola imishanguzo noma ukukhokhela usizo engiluthola emitholampilo yocwango noma eMnyango wezempilo.

Ngiyakuqonda ukuhlomula, ubunzima kanye nomthelela okungaba nawo emndenini wami nakimi ukuba yingxenywe yalolucwaningo.

Ngियाqinisekisa ukuthi ukubamba iqhaza kwami kungokokuzikhethela kwami futhi ngingashiya nanoma yini lokho kungaphazamisi indlela engithola ngayo usizo kwezempilo.

Ngiyavuma kokulandelayo:

- 1) Ngiyavuma ukuthola imishanguzo (ARVs) enikezelwa kulo mtholampilo, okubalwa umshanguzo oyinhlanganisela obizwa ngokuthiwa i-Atripla, ophasiswe uMnyango wezempilo kaZwelonke. Ngियाqonda ukuthi nginganikwa imishanguzo (Atripla) nganeno kwesikhathi esijwayelekile sokunikezelwa kwemishanguzo nokunakekelwa okwenziwa emitholampilo yomnyango wezempilo. Ngizoxoxisana nabasebenzi bomtholampilo ukuthola ukuthi i-Atripla ingumshanguzo ongangilungela yini mina. Uma ingangilungele, ngizonikezwa elinye eliyinhlanganisela elisilungele isimo sami.
- 2) Ngiyavuma ukuvumela abahlengikazi emtholampilo wocwango ukuthi bathathe isampula elincane legazi ngezinye izikhathi (njalo emva kwezinyanga ezingu-3) uma ngiza emtholampilo. Ngियाqonda ukuthi leligazi lizosetshenziselwa ukubhekisa ukuthi imishanguzo isebenzakanjani nokuthi umzimba wami uyakwazi yini ukuwabekezelela. Ngizoyithola imiphumela futhi ngizochazelwa ngayo.
- 3) Ngiyavuma ukuthi leligazi elincane elizosala uma lokhu kuhlolwa sekuqediwe lingabekwa lodwa endaweni ephaphile eyisiquandisi e-laboratory yase-Africa Centre eThekwini nokuthi lingasetshenziswa esikhathini esizayo ukwenza olunye ucwango nge-HIV. Ngियाqonda futhi ukuthi ngaphambi kokuthi leligazi lihlolwe ososayensi bakwa-Africa Centre bazocela imvume ekomidini elibhekelene namalungelo kwezocwango lwezempilo lase Nyuvesi yakwaZulu-Natal.

Ngियाqonda ukuthi ngingalushiya ucwango noma isiphi isikhathi futhi angeke ngicwaswe ngokwenze njalo kanti futhi nokuphathwa kwami ngabasebenzi bezempilo nabakwa Africa Centre akuzukwehluka uma ngivuma noma ngingqaba ukubamba iqhaza. Ngियाqonda futhi ukuthi alikho ilungelo lami engilahlayo ngokusayina lelifomu lemvume.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Lolucwaningo lwenziwa ngokulandela imigomo yomhlaba ye-Good Clinical Practice in Clinical Trials futhi luphasiswe yikomidi elibhekele amalungelo kwezocwaningo lwezempilo laseNyuvesi yaKwaZulu-Natali (mhlaka 6 July 2012) nesigungu esilawula ngezemithi eNingizimu Africa (mhlaka 28 June 2012).

Imininingwane yekomidi:

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Private Bag X 54001, Durban, 4000, KwaZulu-Natal. Tel: 27 31 2604769 - Fax: 27 31 2604609 - Email: BREC@ukzn.ac.za

SA Medicines Control Council, Department of Health, Private Bag X828, PRETORIA 0001. Fax: 27 12 395 8775; Email: nkamp@health.gov.za



Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

PARTICIPANT SIGNATURE SHEET

PARTICIPATE IN CLINIC-BASED
RESEARCH
(CONTROL CLUSTERS)

CZ5
v20 May 2015

TasP ID

Clinic

Visit Date

Counsellor

Isihloko Socwaningo:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu, KwaZulu-Natali ANRS 12249

Uhlelo lwemithetho V2.1 - 7 November 2014

Umxhasi: ANRS - National AIDS Research Agency, Paris, France

Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa

Lolucwaningo luphaphansi ikomidi elibhekelela amalungelo kwezocwaningo lwezempilo lase Nyuvesi yakwaZulu-Natali mhlaka - 2 Feb 2012 nangomhlaka 6 July 2012.

Iphepha lemvume lobambe iqhaza:

Sengichazeliwe ngocwaningo olungenhla ngumaluleki oqeqeshiwe. Ngियाqondisisa ukuthi ukubamba iqhaza kwami kulolucwaningo kungokuzikhethela kwami. Akekho namunye ongangiphoqelela ukubamba iqhaza.

Mina, _____ ngiyavuma ukuba yingxenye yocwaningo olwenziwa i-Africa Centre. Ngilitholile iphepha lolwazi futhi ngaliqondisisa. Ngilitholile nethuba lokubuza imibuzo mayelana nocwaningo ngathola izimpendulo futhi zayoyonke imibuzo yami.

Ngियाqonda ukuthi kusho ukuthini ukubayingxenye yalolucwaningo, nokuthi ngingabuzwa eminye imibuzo ephathelene nesimo sami sezempilo nesimayelana nemishanguzo uma bevakashile abacwaningi. Ngियाqonda ukuthi abasebenzi bocwaningo nabasemtholampilo bangadinga ukubuka imininigwane yami yezempilo egcinwe emtholampilo ukuphendula imibuzo mayelana ne-HIV nokwelashwa kwe-HIV. Ngियाqonda futhi ukuthi akukho mali engizoyikhokhela ukuthola imishanguzo noma ukukhokhela usizo engiluthola emitholampilo yocwaningo noma eMnyango wezempilo.

Ngiyakuqonda ukuhlomula, ubunzima kanye nemthelela okungaba nawo emndenini wami nakimi ukuba yingxenye yalolucwaningo.

Ngियाqinisekisa ukuthi ukubamba iqhaza kwami kungokokuzikhethela kwami futhi ngingashiya nanoma yini lokho kungaphazamisi indlela engithola ngayo usizo kwezempilo.

Ngiyavuma kokulandelayo:

- 1) Ngiyavuma ukuxoxisana nomhlengikazi wasemtholampilo mayelana nokuthi ngikulungele yini ukuthola imishanguzo (ARVs) enikezelwa kulo mtholampilo. Ngियाqonda ukuthi lemishanguzo iyinhlanguanisela ebizwa ngokuthiwa *i-Atripla* ephasiswe umnyango wezempilo. Ngizoxoxisana nabasebenzi bomtholampilo ukuthola ukuthi *i-Atripla* ingumshanguzo ongangilungela yini mina. Uma ingangilungele, ngizonikezwa elinye eliyinhlanguanisela elisilungele isimo sami.
- 2) Uma ngingalungele ukuqala imishanguzo manje: ukuxoxisana nomhlengikazi wasemtholampilo izindlela eziyizo engingazuza ngazo ngosizo olutholakala kulomtholampilo wocwaningo. Lokhu kubala lonke usizo olujwayelekile olutholakala emtholampilo yoMnyango wezempilo.
- 3) Ngiyavuma ukuvumela abahlengikazi emtholampilo wocwaningo ukuthi bathathe isampula elincane legazi ngezinye izikhathi uma ngiza emtholampilo. Ngियाqonda ukuthi leligazi lizosetshenziselwa ukubhekekisa ukuthi imishanguzo isebenzakanjani nokuthi amasosha omzimba wami (CD4 count) ayakwazi yini ukuwabekezelela. Ngizoyithola imiphumela futhi ngizochazelwangayo.
- 4) Ngiyavuma ukuthi leligazi elincane elizosala uma lokhu kuhlolwa sekuqediwe lingabekwa lodwa endaweni ephaphile eyisiqandisi e-laboratory yase-Africa Centre eThekwini nokuthi lingasetshenziswa esikhathini esizayo ukwenza olunye ucwaningo nge-HIV. Ngियाqonda futhi ukuthi ngaphambi kokuthi leligazi lihlolwe ososayensi bakwa-Africa Centre bazocela imvum-e ekomidini elibhekelene namalungelo kwezocwaningo lwezempilo lase Nyuvesi yakwaZulu-Natal.

Ngियाqonda ukuthi ngingalushiya ucwaningo noma isiphi isikhathi futhi angeke ngicwaswe ngokwenze njalo kanti futhi nokuphathwa kwami ngabasebenzi bezempilo nabakwa Africa Centre akuzukwehluka uma ngivuma noma ngingqaba ukubamba iqhaza. Ngियाqonda futhi ukuthi alikho ilungelo lami engililahlayo ngokusayina lelifomu lemvume.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Lolucwaningo lwenziwa ngokulandela imigomo yomhlaba ye-Good Clinical Practice in Clinical Trials futhi luphasiswe yikomidi elibhekele amalungelo kwezocwaningo lwezempilo laseNyuvesi yaKwaZulu-Natali (mhlaka 6 July 2012) nesigungu esilawula ngezemithi eNingizimu Africa (mhlaka 28 June 2012).

Imininingwane yekomidi:

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SA Medicines Control Council, Department of Health, Private Bag X828, PRETORIA 0001. Fax: 27 12 395 8775; Email: nkamp@health.gov.za



Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ5

v20 May 2015

**Participant's
Copy**

PARTICIPANT SIGNATURE SHEET

BSID

TasP ID

Visit Date Y Y Y Y M M D D

Fieldworker

**PARTICIPATE IN CLINIC-BASED
RESEARCH
(CONTROL CLUSTERS)**

Isihloko Socwango:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu,

KwaZulu-Natali
ANRS 12249

Uhlelo lwemithetho V2.0 - 9 January 2014

Umxhasi: ANRS - National AIDS Research Agency, Paris, France

Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa

Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwango lwezempilo lase Nyuvesi yakwaZulu-Natali mhlaka - 2 Feb 2012 nangomhla 6 July 2012.

Iphepha lemvume lobambe iqhaza:

Sengichazeliwe ngocwango olungenhla ngumaluleki oqeqeshiwe. Ngियाqondisa ukuthi ukubamba iqhaza kwami kulolucwaningo kungokuzikhethela kwami. Akekho namunye ongangiphoqelela ukubamba iqhaza.

Mina, _____ ngiyavuma ukuba yingxenywe yocwango olwenziwa i-Africa Centre. Ngilitholile iphepha lolwazi futhi ngaliqondisa. Ngilitholile nethuba lokubuza imibuzo mayelana nocwango ngathola izimpendulo futhi zayoyonke imibuzo yami.

Ngियाqonda ukuthi kusho ukuthini ukubayingxenywe yalolucwaningo, nokuthi ngingabuzwa eminye imibuzo ephathelene nesimo sami sezempilo nesimayelana nemishanguzo uma bevakashile abacwani. Ngियाqonda ukuthi abasebenzi bocwango nabasemtholampilo bangadinga ukubuka imininigwane yami yezempilo egcinwe emtholampilo ukuphendula imibuzo mayelana ne-HIV nokwelashwa kwe-HIV. Ngियाqonda futhi ukuthi akukho mali engizoyikhokhela ukuthola imishanguzo noma ukukhokhela usizo engiluthola emtholampilo yocwango noma eMnyango wezempilo.

Ngiyakuqonda ukuhlomula, ubunzima kanye nemthelela okungaba nawo emndenini wami nakimi ukuba yingxenywe yalolucwaningo.

Ngियाqinisekisa ukuthi ukubamba iqhaza kwami kungokokuzikhethela kwami futhi ngingashiya nanoma yini lokho kungaphazamisi indlela engithola ngayo usizo kwezempilo.

Ngiyavuma kokulandelayo:

- 1) Ngiyavuma ukuxoxisana nomhlengikazi wasemtholampilo mayelana nokuthi ngikulungele yini ukuthola imishanguzo (ARVs) enikezelwa kulo mtholampilo. Ngियाqonda ukuthi lemishanguzo iyinhlanganisela ebizwa ngokuthiwa *i-Atripla* ephasiswe umnyango wezempilo. Ngizoxoxisana nabasebenzi bomtholampilo ukuthola ukuthi *i-Atripla* ingumshanguzo ongangilungela yini mina. Uma ingangilungele, ngizonikezwa elinye eliyinhlanganisela elisilungele isimo sami.
- 2) Uma ngingalungele ukuqala imishanguzo manje: ukuxoxisana nomhlengikazi wasemtholampilo izindlela eziyizo engingazuza ngazo ngosizo olutholakala kulomtholampilo wocwango. Lokhu kubala lonke usizo olujwayelekile olutholakala emtholampilo yoMnyango wezempilo.
- 3) Ngiyavuma ukuvumela abahlengikazi emtholampilo wocwango ukuthi bathathe isampula elincane legazi ngezinye izikhathi uma ngiza emtholampilo. Ngियाqonda ukuthi leligazi lizosetshenziselwa ukubhekekisa ukuthi imishanguzo isebenzakanjani nokuthi amasosha omzimba wami (CD4 count) ayakwazi yini ukuwabekezelela. Ngizoyithola imiphumela futhi ngizochazelwangayo.
- 4) Ngiyavuma ukuthi leligazi elincane elizosala uma lokhu kuhlolwa sekuqediwe lingabekwa lodwa endaweni ephaphile eyisiquandisi e-laboratory yase-Africa Centre eThekwini nokuthi lingasetshenziswa esikhathini esizayo ukwenza olunye ucwango nge-HIV. Ngियाqonda futhi ukuthi ngaphambi kokuthi leligazi liholwe ososayensi bakwa-Africa Centre bazocela imvum-e ekomidini elibhekelene namalungelo kwezocwango lwezempilo lase Nyuvesi yakwaZulu-Natal.

Nginyaqonda ukuthi ngingalushiya ucwaningo noma isiphi isikhathi futhi angeke ngicwaswe ngokwenze njalo kanti futhi nokuphathwa kwami ngabasebenzi bezempilo nabakwa Africa Centre akuzukwehluka uma ngivuma noma ngingqaba ukubamba iqhaza. Nginyaqonda futhi ukuthi alikho ilungelo lami engililahlayo ngokusayina lelifomu lemvume.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Lolucwaningo lwenziwa ngokulandela imigomo yomhlaba ye-Good Clinical Practice in Clinical Trials futhi luphasiswe yikomidi elibhekele amalungelo kwezocwaningo lwezempilo laseNyuvesi yaKwaZulu-Natali (mhlaka 6 July 2012) nesigungu esilawula ngezemithi eNingizimu Africa (mhlaka 28 June 2012).

Imininingwane yekomidi:

Biomedical Research Ethics Administration, University of KwaZulu-Natal, Research Office, Westville Campus, Govan Mbeki Building
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SA Medicines Control Council, Department of Health, Private Bag X828, PRETORIA 0001. Fax: 27 12 395 8775; Email: nkamp@health.gov.za



Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ6 m12
v20 May 2015



PARTICIPANT SIGNATURE SHEET

Social Science Clinic-based Interviewer- Administered Questionnaire (m12)

TasP ID

Clinic

Visit Date | Y | Y | Y | Y | M | M | D | D |

Interviewer | | | |

Isihloko Socwaningo:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu, KwaZulu-Natali

ANRS 12249

Uhlelo lwemithetho V2.1 - 7 November 2014

Umxhasi: ANRS - National AIDS Research Agency, Paris, France

Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies,

University of KwaZulu-Natal, Somkhele, South Africa

Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwaningo lwezempilo lase

Nyuvesi yakwaZulu-Natali nangomhlaka 26th September 2012.

Ubudala | | | iminy

Uma ingaphansi kuka-18, umzali noma umbheki kumele asayine ukuvumela ingane ukuthi ibambe

Igama lomzali /mbheki (Loba)

Ukusayina komzali / mbheki

Usuku

Imvume yokubamba iqhaza:

Mina, _____ ngitsheliwe mayelana nocwaningo olungenhla ngumeluleki oqeqeshiwe. Nginyaqonda ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela. Akekho ongangaphoqa ukuthi ngibambe iqhaza.

Mina ngiyavuma ukubamba iqhaza kulolucwaningo olwenziwa i-Africa Centre. Ngilutholile futhi ngaluqonda ulwazi olumayelana nocwaningo. Ngilitholile ithuba lokubuza imibuzo mayelana nocwaningo futhi ngazithola izimpendulo zayo yonke imibuzo yami.

Nginyaqinisekisa ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela ngokupheleleyo nokuthi ngingayeka noma inini ngaphandle kokubeka ukunakekelwa kwami kwezempilo engcupheni.

Ngiyakvuma ukuphendula imibuzo mayelana nami, isimo sami sezempilo, ukuthola kwami ukwelashwa kwe-HIV, ukugculiseka kwami ngokunakekelwa kwami, imibono yami kanye nenkolelo mayelana nobulili kanye nodlame, ubudlelwano bami kanye nokuzibandakanya kwami ocansini. Loku kuthatha imizuzu engu-30-40.

Ngiyazi ukuthi lokukubuzwa kuyimfihlo ngokupheleleyo futhi angeke kuze kuxoxwe nomuye umuntu osebenza ekunakekelweni kwami kulomtholampilo.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Izindlela ongaxhumana ngazo nekomidi elimele indlela elungile yokwenziwa kocwaningo:

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION, University of KwaZulu-Natal, Research Office, Westville Campus, Govan Mbeki Building Private Bag X 54001, Durban, 4000, KwaZulu-Natal, SOUTH AFRICA. Tel: 27 31 2604769 - Fax: 27 31 2604609 - Email: BREC@ukzn.ac.za

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**Participant's
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Ukuphila kwami, ukuphila kwethu Africa Centre TasP Trial

CZ6 m12
v20 May 2015

PARTICIPANT SIGNATURE SHEET Social Science Clinic-based Interviewer- Administered Questionnaire (m12)

TasP ID _____
Clinic _____
Visit Date | Y | Y | Y | Y | M | M | D | D | _____
Interviewer | | | | | _____

Isihloko Socwaningo:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu, KwaZulu-Natali ANRS 12249
Uhlelo lwemithetho V2.1 - 7 November 2014
Umxhasi: ANRS - National AIDS Research Agency, Paris, France
Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies, University of KwaZulu-Natal, Somkhele, South Africa
Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwaningo lwezempilo lase Nyuvesi yakwaZulu-Natali nangomhlaka 26th September 2012.

Ubudala | | | iminy Uma ingaphansi kuka-18, umzali noma umbheki kumele asayine ukuvumela ingane ukuthi ibambe
Igama lomzali /mbheki (Loba) _____ Ukusayina komzali / mbheki _____ Usuku _____

Imvume yokubamba iqhaza:

Mina, _____ ngitsheliwe mayelana nocwaningo olungenhla ngumeluleki oqeqeshiwe. Nginyaqonda ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela. Akekho ongangiphoqa ukuthi ngibambe iqhaza.

Mina ngiyavuma ukubamba iqhaza kulolucwaningo olwenziwa i-Africa Centre. Ngilutholile futhi ngaluqonda ulwazi olumayelana nocwaningo. Ngilitholile ithuba lokubuza imibuzo mayelana nocwaningo futhi ngazithola izimpendulo zayo yonke imibuzo yami.

Nginyaqinisekisa ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela ngokupheleleyo nokuthi ngingayeka noma inini ngaphandle kokubeka ukunakekelwa kwami kwezempilo engcupheni.

Ngiyakvuma ukuphendula imibuzo mayelana nami, isimo sami sezempilo, ukuthola kwami ukwelashwa kwe-HIV, ukugculiseka kwami ngokunakekelwa kwami, imibono yami kanye nenkolelo mayelana nobulili kanye nodlame, ubudlelwano bami kanye nokuzibandakanya kwami ocansini. Loku kuthatha imizuzu engu-30-40.

Ngiyazi ukuthi lokukubuzwa kuyimfihlo ngokupheleleyo futhi angeke kuze kuxoxwe nomuye umuntu osebenza ekunakekelweni kwami kulomtholampilo.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Izindlela ongaxhumana ngazo nekomidi elimele indlela elungile yokwenziwa kocwaningo:

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION, University of KwaZulu-Natal, Research Office, Westville Campus, Govan Mbeki Building Private Bag X 54001, Durban, 4000, KwaZulu-Natal, SOUTH AFRICA. Tel: 27 31 2604769 - Fax: 27 31 2604609 - Email: BREC@ukzn.ac.za

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ6 m18
v20 May 2015



PARTICIPANT SIGNATURE SHEET

Social Science Clinic-based Interviewer- Administered Questionnaire (m18)

TasP ID

Clinic

Visit Date | Y | Y | Y | Y | M | M | D | D |

Interviewer | | | |

Isihloko Socwaningo:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu, KwaZulu-Natali

ANRS 12249

Uhlelo lwemithetho V2.1 - 7 November 2014

Umxhasi: ANRS - National AIDS Research Agency, Paris, France

Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies,

University of KwaZulu-Natal, Somkhele, South Africa

Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwaningo lwezempilo lase

Nyuvesi yakwaZulu-Natali nangomhlaka 26th September 2012.

Ubudala | | | iminy

Uma ingaphansi kuka-18, umzali noma umbheki kumele asayine ukuvumela ingane ukuthi ibambe

Igama lomzali /mbheki (Loba)

Ukusayina komzali / mbheki

Usuku

Imvume yokubamba iqhaza:

Mina, _____ ngitsheliwe mayelana nocwaningo olungenhla ngumeluleki oqeqeshiwe. Nginyaqonda ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela. Akekho ongangaphoqa ukuthi ngibambe iqhaza.

Mina ngiyavuma ukubamba iqhaza kulolucwaningo olwenziwa i-Africa Centre. Ngilutholile futhi ngaluqonda ulwazi olumayelana nocwaningo. Ngilitholile ithuba lokubuza imibuzo mayelana nocwaningo futhi ngazithola izimpendulo zayo yonke imibuzo yami.

Ngiyaqinisekisa ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela ngokupheleleyo nokuthi ngingayeka noma inini ngaphandle kokubeka ukunakekelwa kwami kwezempilo engcupheni.

Ngiyakvuma ukuphendula imibuzo mayelana nami, isimo sami sezempilo, ukuthola kwami ukwelashwa kwe-HIV, ukugculiseka kwami ngokunakekelwa kwami, imibono yami kanye nenkolelo mayelana nobulili kanye nodlame, ubudlelwano bami kanye nokuzibandakanya kwami ocansini. Loku kuthatha imizuzu engu-30-40.

Ngiyazi ukuthi lokukubuzwa kuyimfihlo ngokupheleleyo futhi angeke kuze kuxoxwe nomuye umuntu osebenza ekunakekelweni kwami kulomtholampilo.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Izindlela ongaxhumana ngazo nekomidi elimele indlela elungile yokwenziwa kocwaningo:

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**Participant's
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Ukuphila kwami, ukuphila kwethu Africa Centre TasP Trial

CZ6 m18
v20 May 2015

PARTICIPANT SIGNATURE SHEET Social Science Clinic-based Interviewer- Administered Questionnaire (m18)

TasP ID

Clinic

Visit Date

| Y | Y | Y | Y | M | M | D | D |

Interviewer

| | | |

Isihloko Socwango:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu,

KwaZulu-Natali

ANRS 12249

Uhlelo lwemithetho V2.1 - 7 November 2014

Umxhasi: ANRS - National AIDS Research Agency, Paris, France

Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies,

University of KwaZulu-Natal, Somkhele, South Africa

Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwango lwezempilo lase

Nyuvesi yakwaZulu-Natali nangomhlaka 26th September 2012.

Ubudala iminy

Uma ingaphansi kuka-18, umzali noma umbheki kumele asayine ukuvumela ingane ukuthi ibambe

Igama lomzali /mbheki (Loba)

Ukusayina komzali / mbheki

Usuku

Imvume yokubamba iqhaza:

Mina, _____ ngitsheliwe mayelana nocwango olungenhla ngumeluleki oqeqeshiwe. Nginyaqonda ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela. Akekho ongangiphoqa ukuthi ngibambe iqhaza.

Mina ngiyavuma ukubamba iqhaza kulolucwaningo olwenziwa i-Africa Centre. Ngilutholile futhi ngaluqonda ulwazi olumayelana nocwango. Ngilitholile ithuba lokubuza imibuzo mayelana nocwango futhi ngazithola izimpendulo zayo yonke imibuzo yami.

Nginyaqinisekisa ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela ngokupheleleyo nokuthi ngingayeka noma inini ngaphandle kokubeka ukunakekelwa kwami kwezempilo engcupheni.

Ngiyakvuma ukuphendula imibuzo mayelana nami, isimo sami sezempilo, ukuthola kwami ukwelashwa kwe-HIV, ukugculiseka kwami ngokunakekelwa kwami, imibono yami kanye nenkolelo mayelana nobulili kanye nodlame, ubudlelwano bami kanye nokuzibandakanya kwami ocansini. Loku kuthatha imizuzu engu-30-40.

Ngiyazi ukuthi lokukubuzwa kuyimfihlo ngokupheleleyo futhi angeke kuze kuxoxwe nomuye umuntu osebenza ekunakekelweni kwami kulomtholampilo.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Izindlela ongaxhumana ngazo nekomidi elimele indlela elungile yokwenziwa kocwango:

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION, University of KwaZulu-Natal, Research Office, Westville Campus, Govan Mbeki Building Private Bag X 54001, Durban, 4000, KwaZulu-Natal, SOUTH AFRICA. Tel: 27 31 2604769 - Fax: 27 31 2604609 - Email: BREC@ukzn.ac.za

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ6 m24
v20 May 2015



PARTICIPANT SIGNATURE SHEET

Social Science Clinic-based Interviewer- Administered Questionnaire (m24)

TasP ID

Clinic

Visit Date | Y | Y | Y | Y | M | M | D | D |

Interviewer | | | |

Isihloko Socwaningo:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu, KwaZulu-Natali
ANRS 12249
Uhlelo lwemithetho V2.1 - 7 November 2014
Umxhasi: ANRS - National AIDS Research Agency, Paris, France
Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa
Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwaningo lwezempilo lase Nyuvesi yakwaZulu-Natali nangomhlaka 26th September 2012.

Ubudala | | | iminy

Uma ingaphansi kuka-18, umzali noma umbheki kumele asayine ukuvumela ingane ukuthi ibambe

Igama lomzali /mbheki (Loba)

Ukusayina komzali / mbheki

Usuku

Imvume yokubamba iqhaza:

Mina, _____ ngitsheliwe mayelana nocwaningo olungenhla ngumeluleki oqeqeshiwe. Nginyaqonda ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela. Akekho ongangaphoqa ukuthi ngibambe iqhaza.

Mina ngiyavuma ukubamba iqhaza kulolucwaningo olwenziwa i-Africa Centre. Ngilutholile futhi ngaluqonda ulwazi olumayelana nocwaningo. Ngilitholile ithuba lokubuza imibuzo mayelana nocwaningo futhi ngazithola izimpendulo zayo yonke imibuzo yami.

Ngiyaqinisekisa ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela ngokupheleleyo nokuthi ngingayeka noma inini ngaphandle kokubeka ukunakekelwa kwami kwezempilo engcupheni.

Ngiyakvuma ukuphendula imibuzo mayelana nami, isimo sami sezempilo, ukuthola kwami ukwelashwa kwe-HIV, ukugculiseka kwami ngokunakekelwa kwami, imibono yami kanye nenkolelo mayelana nobulili kanye nodlame, ubudlelwano bami kanye nokuzibandakanya kwami ocansini. Loku kuthatha imizuzu engu-30-40.

Ngiyazi ukuthi lokukubuzwa kuyimfihlo ngokupheleleyo futhi angeke kuze kuxoxwe nomuye umuntu osebenza ekunakekelweni kwami kulomtholampilo.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Izindlela ongaxhumana ngazo nekomidi elimele indlela elungile yokwenziwa kocwaningo:

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION, University of KwaZulu-Natal, Research Office, Westville Campus, Govan Mbeki Building Private Bag X 54001, Durban, 4000, KwaZulu-Natal, SOUTH AFRICA. Tel: 27 31 2604769 - Fax: 27 31 2604609 - Email: BREC@ukzn.ac.za

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ6 m24
v20 May 2015

**Participant's
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PARTICIPANT SIGNATURE SHEET

Social Science Clinic-based Interviewer- Administered Questionnaire (m24)

TasP ID

Clinic

Visit Date

| Y | Y | Y | Y | M | M | D | D |

Interviewer

| | | |

Isihloko Socwango:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu,

KwaZulu-Natali

ANRS 12249

Uhlelo lwemithetho V2.1 - 7 November 2014

Umxhasi: ANRS - National AIDS Research Agency, Paris, France

Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies,

University of KwaZulu-Natal, Somkhele, South Africa

Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwango lwezempilo lase

Nyuvesi yakwaZulu-Natali nangomhlaka 26th September 2012.

Ubudala | | iminy

Uma ingaphansi kuka-18, umzali noma umbheki kumele asayine ukuvumela ingane ukuthi ibambe

Igama lomzali /mbheki (Loba)

Ukusayina komzali / mbheki

Usuku

Imvume yokubamba iqhaza:

Mina, _____ ngitsheliwe mayelana nocwango olungenhla ngumeluleki oqeqeshiwe. Nginyaqonda ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela. Akekho ongangiphoqa ukuthi ngibambe iqhaza.

Mina ngiyavuma ukubamba iqhaza kulolucwaningo olwenziwa i-Africa Centre. Ngilutholile futhi ngaluqonda ulwazi olumayelana nocwango. Ngilitholile ithuba lokubuza imibuzo mayelana nocwango futhi ngazithola izimpendulo zayo yonke imibuzo yami.

Nginyaqinisekisa ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela ngokupheleleyo nokuthi ngingayeka noma inini ngaphandle kokubeka ukunakekelwa kwami kwezempilo engcupheni.

Ngiyakvuma ukuphendula imibuzo mayelana nami, isimo sami sezempilo, ukuthola kwami ukwelashwa kwe-HIV, ukugculiseka kwami ngokunakekelwa kwami, imibono yami kanye nenkolelo mayelana nobulili kanye nodlame, ubudlelwano bami kanye nokuzibandakanya kwami ocansini. Loku kuthatha imizuzu engu-30-40.

Ngiyazi ukuthi lokukubuzwa kuyimfihlo ngokupheleleyo futhi angeke kuze kuxoxwe nomuye umuntu osebenza ekunakekelweni kwami kulomtholampilo.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Izindlela ongaxhumana ngazo nekomidi elimele indlela elungile yokwenziwa kocwango:

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ6 m30
v15 June2015

TasP ID

Clinic

Visit Date | Y | Y | Y | Y | M | M | D | D |

Intereviewer | | | |

PARTICIPANT SIGNATURE SHEET

Social Science Clinic-based Interviewer-
Administered Questionnaire (m30)

Isihloko Socwaningo:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu,

KwaZulu-Natali

ANRS 12249

Uhlelo lwemithetho V2.1 - 7 November 2014

Umxhasi: ANRS - National AIDS Research Agency, Paris, France

Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies,

University of KwaZulu-Natal, Somkhele, South Africa

Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwaningo lwezempilo lase

Nyuvesi yakwaZulu-Natali nangomhlaka 26th September 2012.

Ubudala | | | iminy

Uma ingaphansi kuka-18, umzali noma umbheki kumele asayine ukuvumela ingane ukuthi ibambe

Igama lomzali /mbheki (Loba)

Ukusayina komzali / mbheki

Usuku

Imvume yokubamba iqhaza:

Mina, _____ ngitsheliwe mayelana nocwaningo olungenhla ngumeluleki oqeqeshiwe. Nginyaqonda ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela. Akekho ongangiphoka ukuthi ngibambe iqhaza.

Mina ngiyavuma ukubamba iqhaza kulolucwaningo olwenziwa i-Africa Centre. Ngilutholile futhi ngaluqonda ulwazi olumayelana nocwaningo. Ngilitholile ithuba lokubuza imibuzo mayelana nocwaningo futhi ngazithola izimpendulo zayo yonke imibuzo yami.

Nginyaqinisekisa ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela ngokupheleleyo nokuthi ngingayeka noma inini ngaphandle kokubeka ukunakekelwa kwami kwezempilo engcupheni.

Ngiyakvuma ukuphendula imibuzo mayelana nami, isimo sami sezempilo, ukuthola kwami ukwelashwa kwe-HIV, ukugculiseka kwami ngokunakekelwa kwami, imibono yami kanye nenkolelo mayelana nobulili kanye nodlame, ubudlelwano bami kanye nokuzibandakanya kwami ocansini. Loku kuthatha imizuzu engu-30-40.

Ngiyazi ukuthi lokukubuzwa kuyimfihlo ngokupheleleyo futhi angeke kuze kuxoxwe nomuye umuntu osebenza ekunakekelweni kwami kulomtholampilo.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhala loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemivume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Izindlela ongaxhumana ngazo nekomidi elimele indlela elungile yokwenziwa kocwaningo:

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ6 m30
v15 June 201

**Participant's
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PARTICIPANT SIGNATURE SHEET

**Social Science Clinic-based Interviewer-
Administered Questionnaire (m30)**

TasP ID

Clinic

Visit Date

Interviewer

| Y | Y | Y | Y | M | M | D | D |

| | | | |

Isihloko Socwango:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu,

KwaZulu-Natali

ANRS 12249

Uhlelo lwemithetho V2.1 - 7 November 2014

Umxhasi: ANRS - National AIDS Research Agency, Paris, France

Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies,

University of KwaZulu-Natal, Somkhele, South Africa

Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwaningo lwezempilo lase

Nyuvesi yakwaZulu-Natali nangomhlaka 26th September 2012.

Ubudala | | iminy

Uma ingaphansi kuka-18, umzali noma umbheki kumele asayine ukuvumela ingane ukuthi ibambe

_____ Igama lomzali /mbheki (Loba)

_____ Ukusayina komzali / mbheki

_____ Usuku

Imvume yokubamba iqhaza:

Mina, _____ ngitsheliwe mayelana nocwaningo olungenhla ngumeluleki oqeqeshiwe. Nginyaqonda ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela. Akekho ongangiphoqa ukuthi ngibambe iqhaza.

Mina ngiyavuma ukubamba iqhaza kulolucwaningo olwenziwa i-Africa Centre. Ngilutholile futhi ngaluqonda ulwazi olumayelana nocwaningo. Ngilitholile ithuba lokubuza imibuzo mayelana nocwaningo futhi ngazithola izimpendulo zayo yonke imibuzo yami.

Nginyaqinisekisa ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela ngokupheleleyo nokuthi ngingayeka noma inini ngaphandle kokubeka ukunakekelwa kwami kwezempilo engcupheni.

Ngiyakvuma ukuphendula imibuzo mayelana nami, isimo sami sezempilo, ukuthola kwami ukwelashwa kwe-HIV, ukugculiseka kwami ngokunakekelwa kwami, imibono yami kanye nenkololo mayelana nobulili kanye nodlame, ubudlelwano bami kanye nokuzibandakanya kwami ocansini. Loku kuthatha imizuzu engu-30-40.

Ngiyazi ukuthi lokukubuzwa kuyimfihlo ngokupheleleyo futhi angeke kuze kuxoxwe nomuye umuntu osebenza ekunakekelweni kwami kulomtholampilo.

_____ Igama lobamba iqhaza (loba)

_____ Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

_____ Usuku

_____ Igama lomsebenzi onikezele
ngephepha lemvolume (loba)

_____ Ukusayina komsebenzi

_____ Usuku

_____ Igama likafakazi (loba) *

_____ Ufakazi uyasayina

_____ Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Izindlela ongaxhumana ngazo nekomidi elimele indlela elungile yokwenziwa kocwaningo:

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION, University of KwaZulu-Natal, Research Office, Westville Campus, Govan Mbeki Building Private Bag X 54001, Durban, 4000, KwaZulu-Natal, SOUTH AFRICA. Tel: 27 31 2604769 - Fax: 27 31 2604609 - Email: BREC@ukzn.ac.za

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ6 m36
v20 May 2015



PARTICIPANT SIGNATURE SHEET

Social Science Clinic-based Interviewer-Administered Questionnaire (m24)

TasP ID

Clinic

Visit Date | Y | Y | Y | Y | M | M | D | D |

Interviewer | | | |

Isihloko Socwaningo:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu, KwaZulu-Natali
ANRS 12249
Uhlelo lwemithetho V2.1 - 7 November 2014
Umxhasi: ANRS - National AIDS Research Agency, Paris, France
Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies, University of KwaZulu-Natal, Somkhele, South Africa
Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwaningo lwezempilo lase Nyuvesi yakwaZulu-Natali nangomhlaka 26th September 2012.

Ubudala | | | iminy

Uma ingaphansi kuka-18, umzali noma umbheki kumele asayine ukuvumela ingane ukuthi ibambe

Igama lomzali /mbheki (Loba)

Ukusayina komzali / mbheki

Usuku

Imvume yokubamba iqhaza:

Mina, _____ ngitsheliwe mayelana nocwaningo olungenhla ngumeluleki oqeqeshiwe. Nginyaqonda ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela. Akekho ongangaphoqa ukuthi ngibambe iqhaza.

Mina ngiyavuma ukubamba iqhaza kulolucwaningo olwenziwa i-Africa Centre. Ngilutholile futhi ngaluqonda ulwazi olumayelana nocwaningo. Ngilitholile ithuba lokubuza imibuzo mayelana nocwaningo futhi ngazithola izimpendulo zayo yonke imibuzo yami.

Ngiyaqinisekisa ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela ngokupheleleyo nokuthi ngingayeka noma inini ngaphandle kokubeka ukunakekelwa kwami kwezempilo engcupheni.

Ngiyakvuma ukuphendula imibuzo mayelana nami, isimo sami sezempilo, ukuthola kwami ukwelashwa kwe-HIV, ukugculiseka kwami ngokunakekelwa kwami, imibono yami kanye nenkolelo mayelana nobulili kanye nodlame, ubudlelwano bami kanye nokuzibandakanya kwami ocansini. Loku kuthatha imizuzu engu-30-40.

Ngiyazi ukuthi lokukubuzwa kuyimfihlo ngokupheleleyo futhi angeke kuze kuxoxwe nomuye umuntu osebenza ekunakekelweni kwami kulomtholampilo.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Izindlela ongaxhumana ngazo nekomidi elimele indlela elungile yokwenziwa kocwaningo:

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION, University of KwaZulu-Natal, Research Office, Westville Campus, Govan Mbeki Building Private Bag X 54001, Durban, 4000, KwaZulu-Natal, SOUTH AFRICA. Tel: 27 31 2604769 - Fax: 27 31 2604609 - Email: BREC@ukzn.ac.za

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**Participant's
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Ukuphila kwami, ukuphila kwethu Africa Centre TasP Trial

CZ6 m36
v20 May 2015

PARTICIPANT SIGNATURE SHEET Social Science Clinic-based Interviewer- Administered Questionnaire (m36)

TasP ID _____
Clinic _____
Visit Date | Y | Y | Y | Y | M | M | D | D | _____
Interviewer | | | | | _____

Isihloko Socwaningo:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu, KwaZulu-Natali ANRS 12249
Uhlelo lwemithetho V2.1 - 7 November 2014
Umxhasi: ANRS - National AIDS Research Agency, Paris, France
Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies, University of KwaZulu-Natal, Somkhele, South Africa
Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwaningo lwezempilo lase Nyuvesi yakwaZulu-Natali nangomhlaka 26th September 2012.

Ubudala | | | iminy Uma ingaphansi kuka-18, umzali noma umbheki kumele asayine ukuvumela ingane ukuthi ibambe
Igama lomzali /mbheki (Loba) _____ Ukusayina komzali / mbheki _____ Usuku _____

Imvume yokubamba iqhaza:

Mina, _____ ngitsheliwe mayelana nocwaningo olungenhla ngumeluleki oqeqeshiwe. Nginyaqonda ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela. Akekho ongangiphoqa ukuthi ngibambe iqhaza.

Mina ngiyavuma ukubamba iqhaza kulolucwaningo olwenziwa i-Africa Centre. Ngilutholile futhi ngaluqonda ulwazi olumayelana nocwaningo. Ngilitholile ithuba lokubuza imibuzo mayelana nocwaningo futhi ngazithola izimpendulo zayo yonke imibuzo yami.

Nginyaqinisekisa ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela ngokupheleleyo nokuthi ngingayeka noma inini ngaphandle kokubeka ukunakekelwa kwami kwezempilo engcupheni.

Ngiyakvuma ukuphendula imibuzo mayelana nami, isimo sami sezempilo, ukuthola kwami ukwelashwa kwe-HIV, ukugculiseka kwami ngokunakekelwa kwami, imibono yami kanye nenkolelo mayelana nobulili kanye nodlame, ubudlelwano bami kanye nokuzibandakanya kwami ocansini. Loku kuthatha imizuzu engu-30-40.

Ngiyazi ukuthi lokukubuzwa kuyimfihlo ngokupheleleyo futhi angeke kuze kuxoxwe nomuye umuntu osebenza ekunakekelweni kwami kulomtholampilo.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Izindlela ongaxhumana ngazo nekomidi elimele indlela elungile yokwenziwa kocwaningo:

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION, University of KwaZulu-Natal, Research Office, Westville Campus, Govan Mbeki Building Private Bag X 54001, Durban, 4000, KwaZulu-Natal, SOUTH AFRICA. Tel: 27 31 2604769 - Fax: 27 31 2604609 - Email: BREC@ukzn.ac.za

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ6 m42
v23 June 2015



PARTICIPANT SIGNATURE SHEET

Social Science Clinic-based Interviewer-Administered Questionnaire (m42)

TasP ID

Clinic

Visit Date

Interviewer

| Y | Y | Y | Y | M | M | D | D |

| | | |

Isihloko Socwango:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu,

KwaZulu-Natali

ANRS 12249

Uhlelo lwemithetho V2.1 - 7 November 2014

Umxhasi: ANRS - National AIDS Research Agency, Paris, France

Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies,

University of KwaZulu-Natal, Somkhele, South Africa

Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwango lwezempilo lase

Nyuvesi yakwaZulu-Natali nangomhlaka 26th September 2012.

Ubudala iminy

Uma ingaphansi kuka-18, umzali noma umbheki kumele asayine ukuvumela ingane ukuthi ibambe

Igama lomzali /mbheki (Loba)

Ukusayina komzali / mbheki

Usuku

Imvume yokubamba iqhaza:

Mina, ngitsheliwe mayelana nocwango olungenhla ngumeluleki oqeqeshiwe. Nginyaqonda ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela. Akekho ongangiphoqa ukuthi ngibambe iqhaza.

Mina ngiyavuma ukubamba iqhaza kulolucwaningo olwenziwa i-Africa Centre. Ngilutholile futhi ngaluqonda ulwazi olumayelana nocwango. Ngilitholile ithuba lokubuza imibuzo mayelana nocwango futhi ngazithola izimpendulo zayo yonke imibuzo yami.

Nginyaqinisekisa ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela ngokupheleleyo nokuthi ngingayeka noma inini ngaphandle kokubeka ukunakekelwa kwami kwezempilo engcupheni.

Ngiyakvuma ukuphendula imibuzo mayelana nami, isimo sami sezempilo, ukuthola kwami ukwelashwa kwe-HIV, ukugculiseka kwami ngokunakekelwa kwami, imibono yami kanye nenkolelo mayelana nobulili kanye nodlame, ubudlelwano bami kanye nokuzibandakanya kwami ocansini. Loku kuthatha imizuzu engu-30-40.

Ngiyazi ukuthi lokukubuzwa kuyimfihlo ngokupheleleyo futhi angeke kuze kuxoxwe nomuye umuntu osebenza ekunakekelweni kwami kulomtholampilo.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhala loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Izindlela ongaxhumana ngazo nekomidi elimele indlela elungile yokwenziwa kocwango:

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ6 m42
v20 May 2015

**Participant's
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PARTICIPANT SIGNATURE SHEET

Social Science Clinic-based Interviewer- Administered Questionnaire (m42)

TasP ID _____
Clinic _____
Visit Date | Y | Y | Y | Y | M | M | D | D | _____
Interviewer | | | | | _____

Isihloko Socwango:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu,
KwaZulu-Natali
ANRS 12249
Uhlelo lwemithetho V2.1 - 7 November 2014
Umxhasi: ANRS - National AIDS Research Agency, Paris, France
Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa
Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwaningo lwezempilo lase
Nyuvesi yakwaZulu-Natali nangomhlaka 26th September 2012.

Ubudala _____ iminye Uma ingaphansi kuka-18, umzali noma umbheki kumele asayine ukuvumela ingane ukuthi ibambe

Igama lomzali /mbheki (Loba) _____ Ukusayina komzali / mbheki _____ Usuku _____

Imvume yokubamba iqhaza:

Mina, _____ ngitsheliwe mayelana nocwaningo olungenhla ngumeluleki oqeqeshiwe. Nginyaqonda ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela. Akekho ongangiphoqa ukuthi ngibambe iqhaza.

Mina ngiyavuma ukubamba iqhaza kulolucwaningo olwenziwa i-Africa Centre. Ngilutholile futhi ngaluqonda ulwazi olumayelana nocwaningo. Ngilitholile ithuba lokubuza imibuzo mayelana nocwaningo futhi ngazithola izimpendulo zayo yonke imibuzo yami.

Nginyaqinisekisa ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela ngokupheleleyo nokuthi ngingayeka noma inini ngaphandle kokubeka ukunakekelwa kwami kwezempilo engcupheni.

Ngiyakvuma ukuphendula imibuzo mayelana nami, isimo sami sezempilo, ukuthola kwami ukwelashwa kwe-HIV, ukugculiseka kwami ngokunakekelwa kwami, imibono yami kanye nenkolelo mayelana nobulili kanye nodlame, ubudlelwano bami kanye nokuzibandakanya kwami ocansini. Loku kuthatha imizuzu engu-30-40.

Ngiyazi ukuthi lokukubuzwa kuyimfihlo ngokupheleleyo futhi angeke kuze kuxoxwe nomuye umuntu osebenza ekunakekelweni kwami kulomtholampilo.

_____ Igama lobamba iqhaza (loba)	_____ Obamba iqhaza uyasayina (Kongakwazi ukubhalo loba u X)	_____ Usuku
_____ Igama lomsebenzi onikezele ngephepha lemvume (loba)	_____ Ukusayina komsebenzi	_____ Usuku
_____ Igama likafakazi (loba) *	_____ Ufakazi uyasayina	_____ Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Izindlela ongaxhumana ngazo nekomidi elimele indlela elungile yokwenziwa kocwaningo:

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION, University of KwaZulu-Natal, Research Office, Westville Campus, Govan Mbeki Building Private Bag X 54001, Durban, 4000, KwaZulu-Natal, SOUTH AFRICA. Tel: 27 31 2604769 - Fax: 27 31 2604609 - Email: BREC@ukzn.ac.za

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ6 m6
v20 May 2015



PARTICIPANT SIGNATURE SHEET

Social Science Clinic-based Interviewer- Administered Questionnaire (m6)

TasP ID

Clinic

Visit Date | Y | Y | Y | Y | M | M | D | D |

Interviewer | | | |

Isihloko Socwaningo:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu, KwaZulu-Natali
ANRS 12249
Uhlelo lwemithetho V2.1 - 7 November 2014
Umxhasi: ANRS - National AIDS Research Agency, Paris, France
Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies,
University of KwaZulu-Natal, Somkhele, South Africa
Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwaningo lwezempilo lase Nyuvesi yakwaZulu-Natali nangomhlaka 26th September 2012.

Ubudala | | | iminy

Uma ingaphansi kuka-18, umzali noma umbheki kumele asayine ukuvumela ingane ukuthi ibambe

Igama lomzali /mbheki (Loba)

Ukusayina komzali / mbheki

Usuku

Imvume yokubamba iqhaza:

Mina, _____ ngitsheliwe mayelana nocwaningo olungenhla ngumeluleki oqeqeshiwe. Nginyaqonda ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela. Akekho ongangaphoqa ukuthi ngibambe iqhaza.

Mina ngiyavuma ukubamba iqhaza kulolucwaningo olwenziwa i-Africa Centre. Ngilutholile futhi ngaluqonda ulwazi olumayelana nocwaningo. Ngilitholile ithuba lokubuza imibuzo mayelana nocwaningo futhi ngazithola izimpendulo zayo yonke imibuzo yami.

Ngiyaqinisekisa ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela ngokupheleleyo nokuthi ngingayeka noma inini ngaphandle kokubeka ukunakekelwa kwami kwezempilo engcupheni.

Ngiyakvuma ukuphendula imibuzo mayelana nami, isimo sami sezempilo, ukuthola kwami ukwelashwa kwe-HIV, ukugculiseka kwami ngokunakekelwa kwami, imibono yami kanye nenkolelo mayelana nobulili kanye nodlame, ubudlelwano bami kanye nokuzibandakanya kwami ocansini. Loku kuthatha imizuzu engu-30-40.

Ngiyazi ukuthi lokukubuzwa kuyimfihlo ngokupheleleyo futhi angeke kuze kuxoxwe nomuye umuntu osebenza ekunakekelweni kwami kulomtholampilo.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Izindlela ongaxhumana ngazo nekomidi elimele indlela elungile yokwenziwa kocwaningo:

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

CZ6 m6
v20 May 2015

**Participant's
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PARTICIPANT SIGNATURE SHEET

Social Science Clinic-based Interviewer- Administered Questionnaire (m6)

TasP ID

Clinic

Visit Date

| Y | Y | Y | Y | M | M | D | D |

Interviewer

| | | |

Isihloko Socwango:

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwemishanguzo (TasP) -Ucwaningo olwenziwa ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu,

KwaZulu-Natali

ANRS 12249

Uhlelo lwemithetho V2.1 - 7 November 2014

Umxhasi: ANRS - National AIDS Research Agency, Paris, France

Isikhungo esixhumanisayo: Africa Centre for Health and Population Studies,

University of KwaZulu-Natal, Somkhele, South Africa

Lolucwaningo luphasiswe ikomidi elibhekelela amalungelo kwezocwango lwezempilo lase

Nyuvesi yakwaZulu-Natali nangomhlaka 26th September 2012.

Ubudala iminy

Uma ingaphansi kuka-18, umzali noma umbheki kumele asayine ukuvumela ingane ukuthi ibambe

Igama lomzali /mbheki (Loba)

Ukusayina komzali / mbheki

Usuku

Imvume yokubamba iqhaza:

Mina, _____ ngitsheliwe mayelana nocwango olungenhla ngumeluleki oqeqeshiwe. Nginyaqonda ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela. Akekho ongangiphoqa ukuthi ngibambe iqhaza.

Mina ngiyavuma ukubamba iqhaza kulolucwaningo olwenziwa i-Africa Centre. Ngilutholile futhi ngaluqonda ulwazi olumayelana nocwango. Ngilitholile ithuba lokubuza imibuzo mayelana nocwango futhi ngazithola izimpendulo zayo yonke imibuzo yami.

Ngiyaqinisekisa ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela ngokupheleleyo nokuthi ngingayeka noma inini ngaphandle kokubeka ukunakekelwa kwami kwezempilo engcupheni.

Ngiyakvuma ukuphendula imibuzo mayelana nami, isimo sami sezempilo, ukuthola kwami ukwelashwa kwe-HIV, ukugculiseka kwami ngokunakekelwa kwami, imibono yami kanye nenkolelo mayelana nobulili kanye nodlame, ubudlelwano bami kanye nokuzibandakanya kwami ocansini. Loku kuthatha imizuzu engu-30-40.

Ngiyazi ukuthi lokukubuzwa kuyimfihlo ngokupheleleyo futhi angeke kuze kuxoxwe nomuye umuntu osebenza ekunakekelweni kwami kulomtholampilo.

Igama lobamba iqhaza (loba)

Obamba iqhaza uyasayina
(Kongakwazi ukubhalo loba u X)

Usuku

Igama lomsebenzi onikezele
ngephepha lemvume (loba)

Ukusayina komsebenzi

Usuku

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Izindlela ongaxhumana ngazo nekomidi elimele indlela elungile yokwenziwa kocwango:

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION, University of KwaZulu-Natal, Research Office, Westville Campus, Govan Mbeki Building Private Bag X 54001, Durban, 4000, KwaZulu-Natal, SOUTH AFRICA. Tel: 27 31 2604769 - Fax: 27 31 2604609 - Email: BREC@ukzn.ac.za

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Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

PARTICIPANT SIGNATURE SHEET

Beliefs about medicine questionnaire (BMQ- HAART)

CZ7

v20 May 2015

TasP ID

Clinic

Visit Date

Counsellor



Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwenishanguzo (TasP)-Ucwaningo olwenziwa Ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu, KwaZulu-Natali ANRS 12249

Uhlelo lwemithetho V2.1 - 7 November 2014

Umxhasi: ANRS - National AIDS Research Agency, Paris, France *Isikhungo*
esixhumanisayo: Africa Centre for Health and Population Studies, University of KwaZulu-Natal, Somkhele, South Africa
 Lolucwaningo luphaziswe ikomidi elibhekelela amalungelo kwezocwaningo lwezempilo lase Nyuvesi yakwaZulu-Natali nangomhlaka 2 February 2012 nangomhlaka 6 July 2012.

Ubudala iminye Uma ingaphansi kuka-18, umzali noma umbheki kumele asayine ukuvumela ingane ukuthi ibambe

Igama lomzali /mbheki (Loba)

Ukusayina komzali / mbheki

Usuku

Imvume yokubamba iqhaza:

Mina, ngitsheliwe mayelana nocwaningo olungenhla ngumeluleki oqeqeshiwe. Ngityaqonda ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela. Akekho ongangiphoqa ukuthi ngibambe iqhaza.

Mina ngiyavuma ukubamba iqhaza kulolucwaningo olwenziwa i-Africa Centre. Ngilutholile futhi ngaluqonda ulwazi olumayelana nocwaningo. Ngilitholile ithuba lokubuza imibuzo mayelana nocwaningo futhi ngazithola izimpendulo zayo yonke imibuzo yami.

Ngityayiqonda inzuzo, izingqinamba nemithelela emndenini wami nakimi ngokubamba iqhaza kulolucwaningo.

Ngityaqinisekisa ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela ngokupheleleyo nokuthi ngingayeka noma inini ngaphandle kokubeka ukunakekelwa kwami kwezempilo engcupheni.

Ngityakvuma ukuphendula imibuzo mayelana nami nokuthola kwami ukwelashwa kwe-HIV, ukugculiseka kwami. Lokhu kuzothatha imizuzu engu-5-10.

Ngityazi ukuthi lokukubuzwa kuyimfihlo ngokupheleleyo futhi angeke kuze kuxoxwe nomuye umuntu osebenza ekunakekelweni kwami kulomtholampilo.

Ngityazi ukuthi ngingashiya nanoma ngasiphi isikhathi ocwaningweni ngaphandle kokucwasa nokwelashwa kwami ngabasebenzi bezempilo nabakwa Africa Centre kuzofana noma ngabe ngiyalibamba iqhaza noma angilibambi. Ngityaqonda futhi ukuthi alikho ilungelo lami langokomthetho engililahlayo ngokusayina lemvume.

Igama lobamba iqhaza (loba)
(Kongakwazi ukubhalo loba u X)

Obamba iqhaza uyasayina

Usuku

Igama lomsebenzi onikezele
lemvume (loba)

Ukusayina komsebenzi

Usuku ngephepha

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Izindlela ongaxhumana ngazo nekomidi elimele indlela elungile yokwenziwa kocwaningo:

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**Participant's
Copy**

Ukuphila kwami, ukuphila kwethu

**Africa Centre TasP Trial
PARTICIPANT SIGNATURE SHEET**

CZ7
v20 May 2015

Beliefs about medicine questionnaire (BMQ- HAART)

Ukuphila kwami, ukuphila kwethu - Ukuvikela ngokusetshenziswa kwenishanguzo (TasP)-Ucwaningo olwenziwa Ezigodini ezingaphansi kwesifunda sakwaHlabisa lungekho uhlelo oluqondile lokukhetha abantu, KwaZulu-Natali ANRS 12249

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Igama lomzali /mbheki (Loba)

Ukusayina komzali / mbheki

Usuku

Imvume yokubamba iqhaza:

Mina, _____ ngitsheliwe mayelana nocwaningo olungenhla ngumeluleki oqeqeshiwe. Ngityaqonda ukuthi ukubamba kwami iqhaza kulolucwaningo kungokokuzikhethela. Akekho ongangiphoqa ukuthi ngibambe iqhaza.

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Ngityazi ukuthi lokukubuzwa kuyimfihlo ngokupheleleyo futhi angeke kuze kuxoxwe nomuye umuntu osebenza ekunakekelweni kwami kulomtholampilo.

Igama lobamba iqhaza (loba)
(Kongakwazi ukubhalo loba u X)

Obamba iqhaza uyasayina

Usuku

Igama lomsebenzi onikezele
lemvume (loba)

Ukusayina komsebenzi

Usuku ngephepha

Igama likafakazi (loba) *

Ufakazi uyasayina

Usuku

* Ufakazi udingeka kuphela uma obambe iqhaza engakwazi ukubhala noma ecela ukuba nofakazi.

Izindlela ongaxhumana ngazo nekomidi elimele indlela elungile yokwenziwa kocwaningo:

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ClinicExit Form

BSID _____
TasP ID _____
Visit Date Y Y Y Y M M D D |
Fieldworker _____



Participant Identification

Surname _____ First Name(s) 1 _____ 2. _____

Exit Type Death Lost to follow-up Transfer Out Duplicate registration

Informant or other source of information

- Household Head
 - Other Household Member
 - Other individual (e.g. neighbour)
 - Clinic staff
 - Hospital records
 - Other
 - Participant
 - Telephonic Visit?
- Give details in Notes at bottom of form.*

1. Death

1a. Date of death Y Y Y Y M M D D |

1b. What was the cause of death? ICD10 Code

Immediate cause _____

Underlying cause _____

Associated cause a. _____

b. _____

c. _____

2. Loss to Follow-up

2a. Date of last visit Y Y Y Y M M D D |

2b. What was the reason for LFU

3. Transfer Out

3a. Date of last visit Y Y Y Y M M D D |

3b. What was the reason for transferring out

4. Is this a clinic out-migration? (Tracker to visit household)

Yes No

Notes

Page intentionally blank



Household Exit Form

BSID _____
TasP ID _____
Visit Date YYYYMMDD
Fieldworker _____



Participant Identification

Surname _____ First Name(s) 1 _____ 2. _____

Exit Type Death Out-migration Duplicate Registration No Mental Capacity

Informant or other source of information

- Household Head Clinic staff
- Other Household Member Hospital records
- Other individual (e.g. neighbour) Other

*Give details in Notes
at bottom of form.*

1. Death

1a. Date of death reported YYYYMMDD
1b. What was the reported cause of death? _____

2. Out migration (Only use for migration outside of trial clusters)

2a. Date of migration YYYYMMDD
2b. What was the reason for out migration?

2c. Where did they migrate to (Outsidee Isigodi)? Code _____

3. Duplicate Registration

4a 'Good' TasPID retained _____
4b. Notes

4. Mental Capacity (Unable to consent anymore e.g neurological problem, deaf).

Notes

Page intentionally blank

Page intentionally blank



Household Information / Assets

BSID _____
HH ID _____
Visit Date | Y | Y | Y | Y | M | M | D | D | _____
Fieldworker _____
Informant TasP ID _____

1. What is the most often used source of drinking water in the household?

- Piped - internal
- Piped - Public tap
- Borehole
- Protected spring
- Rainwater
- Dam / stagnant water
- Flowing river / stream
- Other
- Don't know
- Refused

2. What kind of toilet does the household use?

- Flush toilet
- VIP
- Other pit latrine
- Other
- Nothing
- Don't know
- Refused

3. Is the Household connected to an electricity supply?

- Yes
- No
- Don't know
- Refused

4. What is the main fuel used for cooking?

- Wood
- Gas (LPG)
- Coal
- Electricity from grid
- Electricity from generator
- Electricity from solar energy
- Other
- Don't know
- Refused

5. Is the owner of this Homestead a member of this Household?

- Yes
- No
- Don't know
- Refused

6. Does the Household have any of the following items in good working order?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Cellphone | <input type="checkbox"/> Telephone | <input type="checkbox"/> Radio / stereo | <input type="checkbox"/> Television |
| <input type="checkbox"/> Video recorder / DVD player | <input type="checkbox"/> Sofa or sofa set | <input type="checkbox"/> Bed | <input type="checkbox"/> Bed nets |
| <input type="checkbox"/> Table and chairs | <input type="checkbox"/> Sewing machine | <input type="checkbox"/> Kitchen sink | <input type="checkbox"/> Primus cooker, Sikeni |
| <input type="checkbox"/> Electric hotplate | <input type="checkbox"/> Electric stove with oven | <input type="checkbox"/> Gas cooker | <input type="checkbox"/> Electric kettle |
| <input type="checkbox"/> Fridge or freezer | <input type="checkbox"/> Car battery for electricity | <input type="checkbox"/> Car / Bakkie | <input type="checkbox"/> Motorcycle or scooter |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Kombi, lorry or tractor | <input type="checkbox"/> Block maker | <input type="checkbox"/> Wheelbarrow |
| <input type="checkbox"/> Hoe, spade or fork | <input type="checkbox"/> Cattle | <input type="checkbox"/> Other livestock (i.e. not cattle) | |

7. How would this household classify its financial status these days?

Would you say it is very comfortable, comfortable, just getting by, poor or extremely poor?

- Very comfortable
- Comfortable
- Just getting by
- Poor
- Extremely poor
- Don't know
- Refused

8. In the last 12 months (since current month/year) did you or any other adults ever cut the size of your meals or skip meals because there wasn't enough money to buy food?

- Yes
- No → Q9
- Don't know
- Refused

8a. How often did this happen?

- Almost every month
- Some months, but not every month
- Only one or two months
- Refused

9. In the last 12 months (since current month/year) did you ever cut the size of the children's meals or did the children ever skip a meal because there wasn't enough money for food?

- Yes
- No
- Don't know
- Refused

9a. How often did this happen?

- Almost every month
- Some months, but not every month
- Only one or two months
- Refused

List of Household Members

First list here ALL adult (i.e. aged 16 and over) members of the Household, whether normally resident or not.
Then tick those who ARE resident. Then assign all the residents a TasPID and register them in the Netbook.

	<u>Name</u>	<u>Currently resident?</u>	<u>TasP Id</u>	<u>Comment</u>
1.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
2.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
3.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
4.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
5.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
6.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
7.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
8.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
9.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
10.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
11.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
12.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
13.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
14.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
15.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
16.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
17.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
18.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
19.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____
20.	_____	<input type="checkbox"/>	_ _ _ _ _ _ _ _ _ _	_____



Household Information / Assets

Pre-printed

WB BSID
HH ID
Visit Date | Y | Y | Y | Y | M | M | D | D |
Fieldworker | | | | | | | | | |
Informant TasP ID | | | | | | | | | |

1. What is the most often used source of drinking water in the household?
 Piped - internal Rainwater Don't know
 Piped - Public tap Dam / stagnant water Refused
 Borehole Flowing river / stream
 Protected spring Other

2. What kind of toilet does the household use?
 Flush toilet Other pit latrine Nothing Don't know
 VIP Other Refused

3. Is the Household connected to an electricity supply?
 Yes No Don't know Refused

4. What is the main fuel used for cooking?
 Wood Electricity from grid Other Don't know
 Gas (LPG) Electricity from generator Refused
 Coal Electricity from solar energy

5. Is the owner of this Homestead a member of this Household?
 Yes No Don't know Refused

6. Does the Household have any of the following items in good working order?

<input type="checkbox"/> Cellphone	<input type="checkbox"/> Telephone	<input type="checkbox"/> Radio / stereo	<input type="checkbox"/> Television
<input type="checkbox"/> Video recorder / DVD player	<input type="checkbox"/> Sofa or sofa set	<input type="checkbox"/> Bed	<input type="checkbox"/> Bed nets
<input type="checkbox"/> Table and chairs	<input type="checkbox"/> Sewing machine	<input type="checkbox"/> Kitchen sink	<input type="checkbox"/> Primus cooker, Sikeni
<input type="checkbox"/> Electric hotplate	<input type="checkbox"/> Electric stove with oven	<input type="checkbox"/> Gas cooker	<input type="checkbox"/> Electric kettle
<input type="checkbox"/> Fridge or freezer	<input type="checkbox"/> Car battery for electricity	<input type="checkbox"/> Car / Bakkie	<input type="checkbox"/> Motorcycle or scooter
<input type="checkbox"/> Bicycle	<input type="checkbox"/> Kombi, lorry or tractor	<input type="checkbox"/> Block maker	<input type="checkbox"/> Wheelbarrow
<input type="checkbox"/> Hoe, spade or fork	<input type="checkbox"/> Cattle	<input type="checkbox"/> Other livestock (i.e. not cattle)	

7. How would this household classify its financial status these days?
Would you say it is very comfortable, comfortable, just getting by, poor or extremely poor?
 Very comfortable Just getting by Poor Don't know
 Comfortable Extremely poor Refused

8. In the last 12 months (since current month/year) did you or any other adults ever cut the size of your meals or skip meals because there wasn't enough money to buy food?
 Yes No → Q9 Don't know Refused
 ↳ 8a. How often did this happen?
 Almost every month Some months, but not every month Only one or two months Refused

9. In the last 12 months (since current month/year) did you ever cut the size of the children's meals or did the children ever skip a meal because there wasn't enough money for food?
 Yes No Don't know Refused
 ↳ 9a. How often did this happen?
 Almost every month Some months, but not every month Only one or two months Refused

List of Household Members

*First, go through this list ticking each member who is currently resident.
 For those previously resident (i.e. already with a TasPID) administer their preprinted CZ1P, CZ2P and IQP forms.
 For those previously non-resident who ARE now resident, assign them a TasPID and register them in the Netbook.
 Then, for those NEW residents who are present, administer forms CZ1, CZ2 and IQ.*

<u>Name</u>	<u>Currently resident?</u>	<u>TasP Id</u>	<u>LastStatus</u>	<u>Comment</u>
-------------	--------------------------------	----------------	-------------------	----------------

	<input type="checkbox"/>			
--	--------------------------	--	--	--

New Household Members

<u>Name</u>	<u>Resident?</u>	<u>TasP Id</u>	<u>Comment</u>
-------------	------------------	----------------	----------------

1.		<input type="checkbox"/>		
2.		<input type="checkbox"/>		
3.		<input type="checkbox"/>		
4.		<input type="checkbox"/>		
5.		<input type="checkbox"/>		

3. Education and Marital Status

3.1 What is the highest level of education you have completed?

- None Completed Primary Completed Secondary Don't know
 Some Primary Some secondary Higher Refused

3.2 What is your current marital status?

- Never been married Married (monogamous) Divorced/Separated Refused
 Engaged Married (polygamous) Widowed

3.3 Are you currently living with a husband/wife/partner?

- Yes No Refused

4. Employment and Income

I would now like to ask you about your employment status, any social grants that you receive, and any regular income you receive each month.

4.1 Are you currently in employment?

- Yes, full-time Yes, Part-time No → 4.3 Don't know
 Refused

4.2 Are you self-employed or an employee?

- Self-employed → 4.4 Employee → 4.4 Don't know Refused

4.3 If you are not currently doing anything to earn money, then are you:

- Studying Looking for work Nothing (not looking) Retired / Old age Don't know
 Pregnant Other Sick or injured Refused

→ Please specify _____

4.4 Do you receive any Government Grant for yourself or on behalf of someone else?

- Yes No, None Don't know Refused
→ How many of each type of grant do you receive? Child support _____ grants Old age pension _____ grants
If none put zero Foster care _____ grants Other _____ grants
Disability (Care Dependency) _____ grants → Specify _____

4.5 Do you receive a regular income (money) other than a government grant. For example money you receive from an employer?

- Yes No Don't know Refused
→ 4.6 How much? R _____ Don't know Refused

5. Attitudes towards HIV testing

5.1 There are many places to get an HIV test. Which is the best place to get tested?

- Home
- Hospital
- Counselling Centre
- Clinic
- Private Doctor
- Mobile testing unit
- Other
- Don't know
- Refused

5.2 Do you know your HIV status?

- Yes
- No
- Not sure
- Refused

5.3 When was the last time you had an HIV test? (Explain we are NOT asking about the test result)

- In the last 6 months
- 6 months to 1 year ago
- More than a year ago
- Never HIV-tested → Q5.7
- Refused

5.4 Where did you test the last time you had an HIV test?

- Home
- Hospital
- Counselling Centre
- Ante-natal clinic
- Other Clinic
- Private Doctor
- Mobile testing unit
- Other
- Don't know
- Refused

5.5 Would you be willing to share your HIV test results with this study?

- Yes
 - No
 - Not sure
 - Refused
- ↳ Q5.6

5.6 What is your HIV status?

- Positive
- Negative
- Not sure
- Refused

5.7 According to you, when do you think people should test for HIV?

- Tick all that apply*
- When they feel sick
 - When suggested by a counsellor or healthcare professional
 - When they have had unprotected sex
 - Regularly, as part of looking after their health → 5.6 How often?
 - Don't know
 - Refused

5.6 How often?

- Once a year
- More often than once every 6 months
- Refused
- Every six months
- Don't know

<i>Please tell me whether you agree or disagree with the following statements.</i>	<u>Agree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
5.8 People in your community do not blame people for having HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.9 People in your community avoid people with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.10 I believe antiretroviral drugs make people with HIV less infectious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.11 I am less worried about HIV now treatments have improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.12 If I were HIV-positive, I would want to start taking ARVs as soon as possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.13 People in my community are more willing to talk openly about HIV than they were a year or so ago.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.14 People in this community are less worried about HIV than they were a year or so ago.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.15 Do you know someone with HIV? (Explain that we're NOT asking for their names)

- Yes
 - No → Section 6
 - Not sure
 - Refused
- ↳ 5.13 Who do you know? *Tick all that apply*
- I am HIV-positive myself
 - One of my friends
 - Someone in my family
 - Someone in my community

6. Alcohol

6.1 Do you ever drink alcohol?

- Yes
- No
- Refused

↳ 6.2 How many times in the past six months, have you had more than three big bottles of beer and/or more than 6 glasses of other alcoholic drinks to drink on one occasion?

- Never or only once
- Every or nearly every week
- Less than once a month
- Every or nearly every day
- Once monthly
- Refused
- Once weekly

7. Safety and security.

I shall now ask about safety and security in your community.

Please tell me whether you agree or disagree with the following statements.	Agree	Disagree	Don't know	Refused
7.1 Safety and security are major issues in this community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.2 I always feel safe in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.3 I have been a victim of crime in the last 12 months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.4 I have been a victim of a sexual crime in the last 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.5 In the last 12 months I have been forced to have sex that I didn't want, either by my regular partner or by someone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.6 I would feel able to report a crime of a sexual nature to the police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Health care Expenditure

I shall now ask about how you provide for your own health care and how much you had to pay for that. In the LAST FOUR WEEKS, have you used any of the following healthy services?

8.1 Ask about each one, record how many visits (or inpatient days) and the cost. (Don't know=96/9996, 98/9998=Refused)

Type of facility or service	Visits/inpatient days (if none, put zero)	Cost (If none, put zero)
Primary care clinic	(times) <input type="text"/> <input type="text"/> <input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Chemist/pharmacy	(times) <input type="text"/> <input type="text"/> <input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A hospital emergency/outpatient department	(times) <input type="text"/> <input type="text"/> <input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Inpatient stay in hospital	(days) <input type="text"/> <input type="text"/> <input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A private doctor	(times) <input type="text"/> <input type="text"/> <input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A traditional healer	(times) <input type="text"/> <input type="text"/> <input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

9. Sexual Relationships

9.1 Have you ever had sex? (Explain what is meant by 'Having sex')

- Yes No → Section 10 Refused

→ 9.2 How old were you when you first had sex?

years If under 12, comment:

- Don't know
 Refused

9.3 How many sexual partners have you had in your lifetime? partners

9.4 How many sexual partners, in total, have you had in the last 12 months? partners

Sometimes people have more than one relationship at the same time

9.5 How many relationships are you in at the moment? relationships

9.6 In the last 12 months have you had sex with someone who you know for certain was HIV Positive?

- Yes No Refused

The following questions are about sexual partners in the last year. (If no partners in the last 12 months reported then ask only about the most recent partner only to be sure to indicate carefully the time since that partner in item 45). No names will be used during analysis and only group data will be presented

	<u>Most Recent Partner</u>	<u>Previous Partner 1</u>	<u>Previous Partner 2</u>
9.7 Remembering the most recent/previous time you had sex, what was your relationship to that partner at the time?	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other

9.8	Did you know this partner's HIV status?	<input type="radio"/> Yes → 9.9 <input type="radio"/> No → 9.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 9.9 <input type="radio"/> No → 9.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 9.9 <input type="radio"/> No → 9.11 <input type="radio"/> Don't know <input type="radio"/> Refused
9.9	Are you willing to share this partner's HIV status	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
9.10	What is this partner's HIV status?	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused
9.11	Are you still in a sexual relationship with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
9.12	When was the last time you had sex with this partner?	<input type="text"/> <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	<input type="text"/> <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	<input type="text"/> <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
9.13	Is this partner older, younger or about the same age?	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know
9.14	About how many years [older / younger]? <i>(Record actual number or 98=Don't know)</i>	<input type="text"/> years younger/older	<input type="text"/> years younger/older	<input type="text"/> years younger/older
9.15	Where does this partner normally reside?	<input type="radio"/> With Member <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused
<i>Always enter local area</i>		<input type="text"/> His/Her Isigodi <input type="text"/> Local area <input type="text"/>	<input type="text"/> His/Her Isigodi <input type="text"/> Local area <input type="text"/>	<input type="text"/> His/Her Isigodi <input type="text"/> Local area <input type="text"/>
9.16	Did you use a condom the last time you had sex with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
9.17	How long were you / have you been sexually involved with this partner?	<input type="text"/> <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	<input type="text"/> <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	<input type="text"/> <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
9.18	How many times have you had sexual intercourse with this partner in the last three months?	No. of times <input type="text"/> Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times <input type="text"/> Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times <input type="text"/> Don't know <input type="radio"/> Refused <input type="radio"/>

9.19 On how many of these occasions did you and your partner use condoms	No. of times	<input type="text"/>	No. of times	<input type="text"/>	No. of times	<input type="text"/>
	Don't know	<input type="radio"/>	Don't know	<input type="radio"/>	Don't know	<input type="radio"/>
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>

10. Parenthood and Pregnancy (Females only)

10.1 Have you ever been pregnant?

- Yes No → 10.4 Refused

→ 10.2 How many children have you had? (include those that have died)

- children Don't know Refused

10.3 Some women have children with more than one man. How many fathers do your children have?

- fathers Don't know Refused

10.4 Do you plan to have a(nother) child?

- Yes, I would like another child one day No Don't know
 Yes, I am trying to have another child now No, I can no longer have children Refused
 Yes, I am already pregnant

Skip to Section 12

11. Parenthood and circumcision (Males only)

11.1 Have you fathered any children?

- Yes No → 11.4 Don't know → 11.4 Refused → 11.4

→ 11.2 How many children have you fathered (include those that have died)

- children Don't know Refused

11.3 Some men have children with more than one woman. How many mothers do your children have?

- mothers Don't know Refused

11.4 Do you plan to have a(nother) child?

- Yes, I would like another child one day No Don't know Refused
 Yes, I am trying to have another child now
 Yes, my wife/partner is already pregnant

11.5 Are you circumcised?

- Yes No → Section 12 Refused

→ 11. Where was the circumcision carried out?

- Government hospital Other Don't know
 Private clinic / hospital → Specify Refused
 Dept. of Health camp (MCC)

11.7 When was the circumcision carried out?

- As an infant Don't know Refused
 As a child or teenager
 As an adult

11.8 Was this for cultural and/or health reasons?

- Cultural reasons Don't know Refused
 Health reasons
 Both
 Neither

12. Quality of Life

12.1 Which of the following best describes your mobility today?

- I have no problems in walking about.
- I have some problems walking about.
- I am confined to bed.

Refused

12.2 Which of the following best describes your ability to care for yourself today?

- I have no problems with self-care
- I have some problems with washing or dressing myself
- I am unable to wash or dress myself

Refused

12.3 Which of the following best describes your ability to do your usual activities today?
(e.g. work, study, housework, family or leisure activities)

- I have no problems performing my usual activities.
- I have some problems performing my usual activities.
- I am unable to perform my usual activities.

Refused

12.4 Which of the following best describes your level of pain or discomfort today?

- I have no pain or discomfort.
- I have moderate pain or discomfort.
- I have extreme pain or discomfort.

Refused

12.5 Which of the following best describes your level of anxiety or depression today?

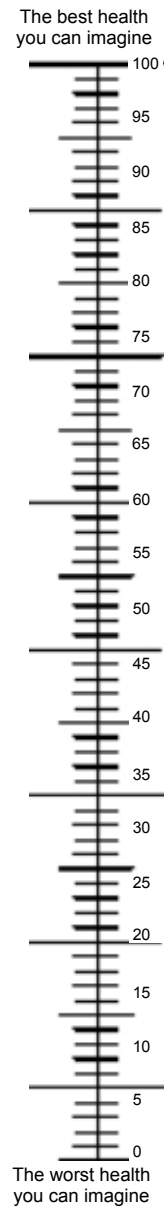
- I am not anxious or depressed.
- I am moderately anxious or depressed.
- I am extremely anxious or depressed.

Refused

12.6 I would like to know how good or bad you rate your health TODAY

- This scale is numbered from 0 to 100
- 100 means the BEST health you can imagine.
- 0 means the WORST health you can imagine.
- Mark an X on the scale to indicate how your health is today.
- Now please write the number you marked on the scale in the box below

Your health today =



13. HIV Testing

13.1 Do you wish to consider HIV testing with one of the Ukuphila kwami, ukuphila kwethu staff today?

Yes

No



13.2 Why not?

Tick all that apply

- I know my status is positive
- I know my status is negative
- I don't want to disclose my status to anyone
- I am afraid to know my status
- I can only test with my partner
- I would be afraid if my partner knew my status
- Other
- Refused



Ukuphila kwami, ukuphila kwethu

Africa Centre TasP Trial

IQP
v27 May 2014



Individual Questionnaire, pre-printed

WB	BSID	Household
TasP ID		
Visit Date	Y Y Y Y M M D D	
Fieldworker		

Individual Identification

Name:

SA Id. No.:

Sex:

Cell 1.

Date of Birth:

2.

1. Individual Identification Corrections / Additions

Complete items here ONLY if there are errors or omissions in the details above.

Surname | | | | |

Sex Male

Cell 1. | | | | |

Maiden name | | | | |

Female

2. | | | | |

First Name(s) 1 | | | | |

Date of Birth | Y | Y | Y | Y | M | M | D | D |

2. | | | | |

South African ID | Y | Y | M | M | D | D | | | | | | | | | | N/A

2. Operational Details

A. Fieldworker attempts

	<u>Staff member</u>	<u>Attempt Date</u>	<u>Comment</u>
1.			
2.			
3.			
4.			

B. Tracker / Special Task Team Attempts

1.		Y Y Y Y M M D D	
2.		Y Y Y Y M M D D	
3.		Y Y Y Y M M D D	

3. Education and Marital Status

3.1 What is the highest level of education you have completed?

- None Completed Primary Completed Secondary Don't know
 Some Primary Some secondary Higher Refused

3.2 What is your current marital status?

- Never been married Married (monogamous) Divorced/Separated Refused
 Engaged Married (polygamous) Widowed

3.3 Are you currently living with a husband/wife/partner?

- Yes No Refused

4. Employment and Income

I would now like to ask you about your employment status, any social grants that you receive, and any regular income you receive each month.

4.1 Are you currently in employment?

- Yes, full-time Yes, Part-time No → 4.3 Don't know
 Refused

4.2 Are you self-employed or an employee?

- Self-employed → 4.4 Employee → 4.4 Don't know Refused

4.3 If you are not currently doing anything to earn money, then are you:

- Studying Looking for work Nothing (not looking) Retired / Old age Don't know
 Pregnant Other Sick or injured Refused

→ Please specify _____

4.4 Do you receive any Government Grant for yourself or on behalf of someone else?

- Yes No, None Don't know Refused
→ How many of each type of grant do you receive? Child support _____ grants Old age pension _____ grants
If none put zero Foster care _____ grants Other _____ grants
Disability (Care Dependency) _____ grants → Specify _____

4.5 Do you receive a regular income (money) other than a government grant. For example money you receive from an employer?

- Yes No Don't know Refused
→ 4.6 How much? R _____ Don't know Refused

5. Attitudes towards HIV testing

5.1 There are many places to get an HIV test. Which is the best place to get tested?

- Home Clinic Other Refused
 Hospital Private Doctor Don't know
 Counselling Centre Mobile testing unit

5.2 Do you know your HIV status?

- Yes No Not sure Refused

5.3 When was the last time you had an HIV test? (Explain we are NOT asking about the test result)

- In the last 6 months More than a year ago Refused
 6 months to 1 year ago Never HIV-tested → Q5.7

5.4 Where did you test the last time you had an HIV test?

- Home Ante-natal clinic Mobile testing unit Refused
 Hospital Other Clinic Other
 Counselling Centre Private Doctor Don't know

5.5 Would you be willing to share your HIV test results with this study?

- Yes No Not sure Refused

↳ Q5.6

5.6 What is your HIV status?

- Positive Negative Not sure Refused

5.7 According to you, when do you think people should test for HIV?

When they feel sick

Tick all that apply When suggested by a counsellor or healthcare professional

When they have had unprotected sex

Regularly, as part of looking after their health → 5.6 How often?

Don't know

Refused

- 5.6 How often?
- Once a year Every six months
 More often than once every 6 months Don't know
 Refused

Please tell me whether you agree or disagree with the following statements.

	Agree	Disagree	Don't know	Refused
5.8 People in your community do not blame people for having HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.9 People in your community avoid people with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.10 I believe antiretroviral drugs make people with HIV less infectious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.11 I am less worried about HIV now treatments have improved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.12 If I were HIV-positive, I would want to start taking ARVs as soon as possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.13 People in my community are more willing to talk openly about HIV than they were a year or so ago.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.14 People in this community are less worried about HIV than they were a year or so ago.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.15 Do you know someone with HIV? (Explain we're NOT asking for their names)

- Yes No → Section 6 Not sure Refused

↳ 5.13 Who do you know? I am HIV-positive myself

Tick all that apply

One of my friends

Someone in my family

Someone in my community

6. Alcohol

6.1 Do you ever drink alcohol?

- Yes No Refused

↳ 6.2 How many times in the past six months, have you had more than three big bottles of beer and/or more than 6 glasses of other alcoholic drinks to drink on one occasion?

- Never or only once Less than once a month Once monthly Once weekly
 Every or nearly every week Every or nearly every day Refused

7. Safety and security.

I shall now ask about safety and security in your community.

Please tell me whether you agree or disagree with the following statements.	Agree	Disagree	Don't know	Refused
7.1 Safety and security are major issues in this community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.2 I always feel safe in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.3 I have been a victim of crime in the last 12 months.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.4 I have been a victim of a sexual crime in the last 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.5 In the last 12 months I have been forced to have sex that I didn't want, either by my regular partner or by someone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.6 I would feel able to report a crime of a sexual nature to the police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Health care Expenditure

I shall now ask about how you provide for your own health care and how much you had to pay for that. In the LAST FOUR WEEKS, have you used any of the following healthy services?

8.1 Ask about each one, record how many visits (or inpatient days) and the cost. (Don't know=96/9996, 98/9998=Refused)

Type of facility or service	Visits/inpatient days (if none, put zero)	Cost (If none, put zero)
Primary care clinic	(times) <input type="text"/> <input type="text"/> <input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Chemist/pharmacy	(times) <input type="text"/> <input type="text"/> <input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A hospital emergency/outpatient department	(times) <input type="text"/> <input type="text"/> <input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Inpatient stay in hospital	(days) <input type="text"/> <input type="text"/> <input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A private doctor	(times) <input type="text"/> <input type="text"/> <input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A traditional healer	(times) <input type="text"/> <input type="text"/> <input type="text"/>	R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

9. Sexual Relationships

9.1 Have you ever had sex? (Explain what is meant by 'Having sex')

- Yes No → Section 10 Refused

→ 9.2 How old were you when you first had sex?

years If under 12, comment:

- Don't know
 Refused

9.3 How many sexual partners have you had in your lifetime? partners

9.4 How many sexual partners, in total, have you had in the last 12 months? partners

Sometimes people have more than one relationship at the same time

9.5 How many relationships are you in at the moment? relationships

9.6 In the last 12 months have you had sex with someone who you know for certain was HIV Positive?

- Yes No Refused

The following questions are about sexual partners in the last year. (If no partners in the last 12 months reported then ask only about the most recent partner only to be sure to indicate carefully the time since that partner in item 45). No names will be used during analysis and only group data will be presented

	<u>Most Recent Partner</u>	<u>Previous Partner 1</u>	<u>Previous Partner 2</u>
9.7 Remembering the most recent/previous time you had sex, what was your relationship to that partner at the time?	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other

9.8	Did you know this partner's HIV status?	<input type="radio"/> Yes → 9.9 <input type="radio"/> No → 9.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 9.9 <input type="radio"/> No → 9.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 9.9 <input type="radio"/> No → 9.11 <input type="radio"/> Don't know <input type="radio"/> Refused
9.9	Are you willing to share this partner's HIV status	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
9.10	What is this partner's HIV status?	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused
9.11	Are you still in a sexual relationship with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
9.12	When was the last time you had sex with this partner?	<input type="text"/> <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	<input type="text"/> <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	<input type="text"/> <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
9.13	Is this partner older, younger or about the same age?	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know
9.14	About how many years [older / younger]? <i>(Record actual number or 98=Don't know)</i>	<input type="text"/> years younger/older	<input type="text"/> years younger/older	<input type="text"/> years younger/older
9.15	Where does this partner normally reside?	<input type="radio"/> With Member <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused
<i>Always enter local area</i>		<input type="text"/> His/Her Isigodi <input type="text"/> Local area <input type="text"/>	<input type="text"/> His/Her Isigodi <input type="text"/> Local area <input type="text"/>	<input type="text"/> His/Her Isigodi <input type="text"/> Local area <input type="text"/>
9.16	Did you use a condom the last time you had sex with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
9.17	How long were you / have you been sexually involved with this partner?	<input type="text"/> <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	<input type="text"/> <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	<input type="text"/> <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
9.18	How many times have you had sexual intercourse with this partner in the last three months?	No. of times <input type="text"/> Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times <input type="text"/> Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times <input type="text"/> Don't know <input type="radio"/> Refused <input type="radio"/>

9.19 On how many of these occasions did you and your partner use condoms	No. of times	<input type="text"/>	No. of times	<input type="text"/>	No. of times	<input type="text"/>
	Don't know	<input type="radio"/>	Don't know	<input type="radio"/>	Don't know	<input type="radio"/>
	Refused	<input type="radio"/>	Refused	<input type="radio"/>	Refused	<input type="radio"/>

10. Parenthood and Pregnancy (Females only)

10.1 Have you ever been pregnant?

- Yes No → 10.4 Refused

→ 10.2 How many children have you had? (include those that have died)

- children Don't know Refused

10.3 Some women have children with more than one man. How many fathers do your children have?

- fathers Don't know Refused

10.4 Do you plan to have a(nother) child?

- Yes, I would like another child one day No Don't know
 Yes, I am trying to have another child now No, I can no longer have children Refused
 Yes, I am already pregnant

Skip to Section 12

11. Parenthood and circumcision (Males only)

11.1 Have you fathered any children?

- Yes No → 11.4 Don't know → 11.4 Refused → 11.4

→ 11.2 How many children have you fathered (include those that have died)

- children Don't know Refused

11.3 Some men have children with more than one woman. How many mothers do your children have?

- mothers Don't know Refused

11.4 Do you plan to have a(nother) child?

- Yes, I would like another child one day No Don't know Refused
 Yes, I am trying to have another child now
 Yes, my wife/partner is already pregnant

11.5 Are you circumcised?

- Yes No → Section 12 Refused

→ 11. Where was the circumcision carried out?

- Government hospital Other Don't know
 Private clinic / hospital → Specify Refused
 Dept. of Health camp (MCC)

11.7 When was the circumcision carried out?

- As an infant Don't know Refused
 As a child or teenager
 As an adult

11.8 Was this for cultural and/or health reasons?

- Cultural reasons Don't know Refused
 Health reasons
 Both
 Neither

12. Quality of Life

12.1 Which of the following best describes your mobility today?

- I have no problems in walking about.
 I have some problems walking about.
 I am confined to bed.

Refused

12.2 Which of the following best describes your ability to care for yourself today?

- I have no problems with self-care
 I have some problems with washing or dressing myself
 I am unable to wash or dress myself

Refused

12.3 Which of the following best describes your ability to do your usual activities today?
(e.g. work, study, housework, family or leisure activities)

- I have no problems performing my usual activities.
 I have some problems performing my usual activities.
 I am unable to perform my usual activities.

Refused

12.4 Which of the following best describes your level of pain or discomfort today?

- I have no pain or discomfort.
 I have moderate pain or discomfort.
 I have extreme pain or discomfort.

Refused

12.5 Which of the following best describes your level of anxiety or depression today?

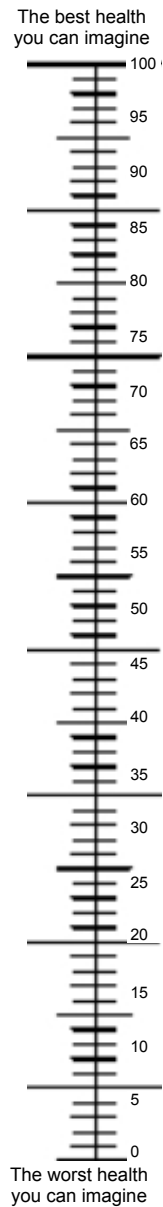
- I am not anxious or depressed.
 I am moderately anxious or depressed.
 I am extremely anxious or depressed.

Refused

12.6 I would like to know how good or bad you rate your health TODAY

- This scale is numbered from 0 to 100
- 100 means the BEST health you can imagine.
- 0 means the WORST health you can imagine.
- Mark an X on the scale to indicate how your health is today.
- Now please write the number you marked on the scale in the box below

Your health today =



13. HIV Testing

13.1 Do you wish to consider HIV testing with one of the Ukuphila kwami, ukuphila kwethu staff today?

Yes

No



13.2 Why not?

Tick all that apply

- I know my status is positive
 I know my status is negative
 I don't want to disclose my status to anyone
 I am afraid to know my status
 I can only test with my partner
 I would be afraid if my partner knew my status
 Other
 Refused



Refusal

BSID



Complete only if access is refused to either a whole Homestead, or a whole Household.

1. Refusal details (to be completed by fieldworker)

Whole Homestead

Visit Date

One Household →

HH ID

Fieldworker

Name of Head

Reasons for, and circumstances of, refusal

.....
.....
.....

2. TasP Fieldwork Supervisor visit details

Informant

Homestead owner

Supervisor Visit Date

Household head

Supervisor

Another Household member

Other → Specify

Visit Narrative

.....
.....
.....

3. TasP Fieldwork Supervisor Recommendation / Decision

Revisit now for data collection

Pass on to Community Engagement Office → Description of Homestead and directions, to assist CEO to find it.

.....
.....
.....

4. Community Engagement Office (CEO) Visit details

Informant

Homestead owner

CEO Visit Date

Household head

CEO Staff member

Another Household member

Other → Specify

Visit Narrative

.....
.....
.....

5. Community Engagement Office (CEO) Recommendation / Decision

Revisit now for data collection

Skip Round 2, but try again in Round 3

Avoid for remainder of Trial i.e. skip both Rounds 2 and 3

Page intentionally blank

Serious Adverse Event Reporting



ANRS 12249 Complementary SAE Notification

Completed forms must be sent to ANRS within 8 days.
Email: pharmacovigilance@anrs.fr
Fax: +33 153 946 002

SAE No. Initial Notification Date i.e. Date of original Initial Notification Form
Complementary Notification Date

1. Patient details

TasP ID

Name

Sex Male Female

Date of birth

Enrolment date

2. Description of the reported SAE

Date of SAE onset

3. Complementary information

4. New diagnosis?

Yes → Describe
 No

Date of new diagnosis

5. Patient treatment

a) Did the event resolve after discontinuation of treatment? Yes No N/A
Which treatment?
Date discontinued

b) Did the event reappear after reintroduction of treatment? Yes No N/A
Which treatment?
Date reintroduced

c) Has the complementary information mentioned above modified your judgement of causality regarding one or more treatments compared to your initial notification? Yes → Section 6 No → Section 7

6. Medications

List all drugs taken (or prescribed) before occurrence of SAE

	<u>Generic Name</u>	<u>Dose</u>	<u>Frequency</u>	<u>New judgement of causality</u>
1.	_____	_____	_____	<input type="radio"/> Unrelated <input type="radio"/> Poss. related <input type="radio"/> Cannot be assessed
2.	_____	_____	_____	<input type="radio"/> Unrelated <input type="radio"/> Poss. related <input type="radio"/> Cannot be assessed
3.	_____	_____	_____	<input type="radio"/> Unrelated <input type="radio"/> Poss. related <input type="radio"/> Cannot be assessed
4.	_____	_____	_____	<input type="radio"/> Unrelated <input type="radio"/> Poss. related <input type="radio"/> Cannot be assessed

7. Other causes of SAE, if unrelated to drugs mentioned in Section 6 above

^{a.} According to the physician, is this SAE likely to be related to participation in the research? Yes No

^{b.} According to the physician, is this SAE related to any causes other than the research? Yes No
This includes the patient's medical history

↳ Describe _____

8. SAE Outcome

Death → Date of death Y | Y | Y | Y | M | M | D | D Probable Diagnosis _____
 Unknown to date
 Ongoing
 Improved
 Worsened
 Recovered → Date of recovery Y | Y | Y | Y | M | M | D | D

Another complementary SAE notification form must be submitted.

Recovered without sequelae
 or
 Recovered with sequelae
 ↳ Describe _____

Physician reporting SAE Complementary Notification

Name

Signature

Date form completed Y | Y | Y | Y | M | M | D | D

Serious Adverse Event Reporting

ANRS 12249 Initial SAE Notification

Completed forms must be sent to ANRS within 48 hrs.
Email: pharmacovigilance@anrs.fr
Fax: +33 153 946 002



SAE No.

SAE Visit Date |||||||||||||||||||||

Initial Notification Date ||||||||||||||||||||

Notification time ||||||||||||||||||||

1. Patient details

TasP ID

Name

Sex Male Female

Date of birth ||||||||||||||||||||

Enrolment date ||||||||||||||||||||

2. Measurements

Height Cms

Last known: Weight Kgs Weight Date ||||||||||||||||||||

CD4 count CD4 Date ||||||||||||||||||||

Viral Load Viral Load Date ||||||||||||||||||||

3. By which criteria is this adverse event considered to be "Serious"?

Tick all that apply

Resulted in death → Date of death |||||||||||||||||||| Probable cause

Life threatening (i.e. at risk of death at time of event)

Caused or prolonged hospitalisation (not elective hospitalisation for a pre-existing condition)

Persistent or significant disability / incapacity

Congenital abnormality / birth defect

Grade 4 clinical and biological events

Other serious, medically-important condition → Specify

4. Details of SAE

Enter each adverse event (e.g. symptom, sign, syndrome or diagnosis) on a separate line

<u>Event Name</u>	<u>Date investigator became aware</u>	<u>Date of onset of SAE</u>
1. <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

5. Description of SAE

Include details of body site, relevant laboratory tests, treatments received and relevant medical history. Attach copies of any relevant hospital records, laboratory test results etc.

6. Medications

List all drugs taken (or prescribed) before occurrence of SAE

	<u>Generic Name</u>	<u>Daily dose</u>	<u>Route of administration</u>	<u>Indication</u>	<u>Date started</u> <u>Date stopped</u>	<u>Causality assessment</u>	<u>Expected reaction?</u> (BNF/SPC)	<u>Action taken</u>
1.					Y Y Y Y M M D D Y Y Y Y M M D D	<input type="radio"/> Unrelated <input type="radio"/> Poss. related <input type="radio"/> Cannot be assessed	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> None <input type="radio"/> Reduce <input type="radio"/> Interrupt <input type="radio"/> Stop
2.					Y Y Y Y M M D D Y Y Y Y M M D D	<input type="radio"/> Unrelated <input type="radio"/> Poss. related <input type="radio"/> Cannot be assessed	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> None <input type="radio"/> Reduce <input type="radio"/> Interrupt <input type="radio"/> Stop
3.					Y Y Y Y M M D D Y Y Y Y M M D D	<input type="radio"/> Unrelated <input type="radio"/> Poss. related <input type="radio"/> Cannot be assessed	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> None <input type="radio"/> Reduce <input type="radio"/> Interrupt <input type="radio"/> Stop
4.					Y Y Y Y M M D D Y Y Y Y M M D D	<input type="radio"/> Unrelated <input type="radio"/> Poss. related <input type="radio"/> Cannot be assessed	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> None <input type="radio"/> Reduce <input type="radio"/> Interrupt <input type="radio"/> Stop
5.					Y Y Y Y M M D D Y Y Y Y M M D D	<input type="radio"/> Unrelated <input type="radio"/> Poss. related <input type="radio"/> Cannot be assessed	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> None <input type="radio"/> Reduce <input type="radio"/> Interrupt <input type="radio"/> Stop
6.					Y Y Y Y M M D D Y Y Y Y M M D D	<input type="radio"/> Unrelated <input type="radio"/> Poss. related <input type="radio"/> Cannot be assessed	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> None <input type="radio"/> Reduce <input type="radio"/> Interrupt <input type="radio"/> Stop

7. Other causes of SAE, if unrelated to drugs mentioned in Section 6 above

^{a.} According to the physician, is this SAE likely to be related to participation in the research? Yes No

^{d.} According to the physician, is this SAE related to any causes other than the research?
This includes the patient's medical history Yes No
 Describe _____

8. SAE Outcome

Died
 Unknown to date
 Ongoing
 Improved
 Recovered

Ongoing
 Improved
 Recovered
 } → A complementary SAE notification must be submitted within 8 days

Recovered → Date of recovery | Y | Y | Y | Y | M | M | D | D |

Recovered without sequelae
 or
 Recovered with sequelae
 Describe _____

Physician reporting SAE

Name

Signature

Date form completed | Y | Y | Y | Y | M | M | D | D |



**Social science baseline
clinic-based, counsellor-
administered questionnaire**

To be completed at baseline clinic visit by ALL participants.

TasP ID	_____
Clinic	_____
Visit Date	_____
Counsellor	_____

Participant Identification

Surname _____ First Name(s) 1 _____ 2. _____

Consent

Counsellor reads:

I would now like to ask you a few questions about how you are feeling today, your visit to the clinic, your feelings about ARV treatment and your social circumstances. We do not believe you will find any of these questions sensitive or intrusive, and we don't think they will cause you stress or upset. However, you are not obliged to answer these questions and if you choose not to, this will not affect the treatment you receive here.

Ngizocela ukukubuzwa imibuzo embalwa mayelana nokuthi uzizwa unjani namhlanje, namayelana nokuvakashela kwakho emtholampilo, imizwa yakho mayelana nemishanguzo yegciwane lesandulela-ngculazi kanye nemibuzo emayelana nesimo senhlalakahle yakho. Asikholwa ukuthi kukhona imibuzo ozoyithola ikuphatha kabi noma igxambukela empilweni yakho, futhi asicabangi ukuthi lemibuzo izokufakela ingcindezi noma ikuphathe kabi. Kepha, awuphoqelekile ukuyiphendula lemibuzo futhi uma ukhetha ukungayiphenduli, lokho ngeke kube nomthelela endleleni ozophathwa ngayo.

Participant response:

Either

I AGREE to answer a small number of questions about myself and my circumstances and how these may have changed during my participation in the TasP trial. I understand that answering these questions is not compulsory.

Ngiyavuma ukuphendula imibuzo embalwa emayelana nami nenhlalakahle yami nokuthi ngabe lokhu sekushintshe kangakanani seloku ngiqalile ukubamba iqhaza ocwaningweni luka-TasP. Nginyaqonda ukuthi ukuphendula lemibuzo akuphoqelekile.

Participant signature: _____

or

I DECLINE to answer a small number of questions about myself and my circumstances and how these may have changed during my participation in the TasP trial. I understand I shall not be penalised by this decision and that it will not affect the care I receive here.

Angivumi ukuphendula imibuzo embalwa mayelana nami nenhlalakahle yami nokuthi ngabe lokhu sekushintshe kangakanani seloku ngiqalile ukubamba iqhaza ocwaningweni luka-TasP. Nginyaqonda ukuthi angeke ngijeziswe ngokuthatha lesinqumo futhi ngeke kube nomthelela endleleni engithola ngayo ukunakekelwa lapha.

Participant signature: _____ → Form complete

1. Today's clinic visit

1.1 How long did it take for you to come to the clinic today? |_|_|_| hours |_|_|_| minutes

1.2 How much did it cost you to come to the clinic today?

- a) Transport (return journey)? R |_|_|_|_| *Put zero if nothing*
 b) Food? R |_|_|_|_|
 c) Other? R |_|_|_|_| → Specify: |_|_|_|_|_|_|_|_|

1.3 How long did you wait before being seen today |_|_|_| hours |_|_|_| minutes

1.4 Did you feel self-conscious, or that people in the community would judge you, for attending this clinic? Yes No Don't know Refused

2. HIV Status disclosure and social support

2.1 Have you disclosed to anyone that you are HIV-positive? Yes No → Q2.2 Don't know → Q2. Refused → Q2.

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
To your current partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your former partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any male relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any female relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any of your children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any of your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your employer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To a Traditional Healer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any neighbours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To an Education Institution?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To anyone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

→ Specify: |_|_|_|_|_|_|_|_|

2.2 Does anyone provide you with social support to help you cope with your HIV infection? Yes No → Q3 Don't know → Q3 Refused → Q3

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
Your current partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Household members?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other family members?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends and neighbours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Regular partner

3.1 Do you have a regular partner or a spouse at the moment? Yes → Q3.2 No → Q3.3 Refused → Q4

If 'Yes': 3.2 Do they live with you in the same household? Yes No Refused
 How long have you been in a relationship with them? |_|_|_| years |_|_|_| months
 Are they aware of your HIV status? Yes No Don't know Refused
 Have they had an HIV test? Yes No → Q4 Don't know Refused
 If 'Yes': What was the result? Positive Negative Don't know Refused
 → Q4

If 'No': 3.3 Did you have a regular partner/spouse in the past? Yes No Refused
 If 'Yes': When did the breakup occur? |_|_|_| years |_|_|_| months
 Was it related to your HIV status? Yes No Don't know Refused

4. ARV treatment perception

4.1 Do you know anyone living with HIV and taking ARVs?

Yes No → Q4.2 Refused

Family? *Tick all that apply*
 Friends?
 Other Community members

4.2 Do you believe that:

Yes No Don't know

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| a) Taking ARVs will improve your health? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Taking ARVs will reduce the risk of transmitting HIV to your sexual partners? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) If taken during pregnancy, ARVs will reduce the risk of having a baby infected with HIV? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) People taking ARVs can live a normal life? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) You might experience side-effects if/when you start(ed) taking ARVs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. Government Grants

Do you receive any Government Grant for yourself or on behalf of someone else?

Yes No, None → Q6 Don't know → Q6 Refused

How many of each type of grant do you receive? *If none put zero*

Child support	<input type="text"/>	grants	Old age pension	<input type="text"/>	grants
Foster care	<input type="text"/>	grants	Other	<input type="text"/>	grants
Disability (Care Dependency)	<input type="text"/>	grants	Specify	<input type="text"/>	

6. Employment

6.1 Are you currently in employment?

Yes, full-time → Q6.2 Yes, part-time → Q6.2 No, not employed → Q6.3 Refused → Q7

If 'Yes': 6.2 Are you an employee or self-employed? Employee Self-employed Refused

In the past month, how many days did you work? days Refused

How much pay did you receive? R Refused

In the past month, have you been prevented by illness from:

a) doing home activities (cooking, childcare etc)? Yes → days No Refused

b) working, even for just one day? Yes → days No Refused

→ Q7

If 'No': 6.3 If you are not currently doing anything to earn money, then are you:

- | | | |
|---|---------------------------------------|---|
| <input type="radio"/> Studying | <input type="radio"/> Sick or injured | <input type="radio"/> Retired / Old age |
| <input type="radio"/> Looking for work | <input type="radio"/> Pregnant | <input type="radio"/> Don't know |
| <input type="radio"/> Nothing (not looking) | <input type="radio"/> Other | <input type="radio"/> Refused |

→ Please specify:

In the past month, have you been prevented by illness from doing home activities (self-care, cooking, childcare etc)? Yes → days No Refused

7. Food availability

In the last 12 months did you, or any other adults ever cut the size of your meals, or skip meals, because there wasn't enough money for food?

Yes No, None Don't know Refused

How often did this happen? Almost every month Only 1 or 2 months
 Some months, but not every month Refused

8. Health expenditure

I would now like to ask how much you have spent on health care in the last month. This is over and above anything you have spent visiting this clinic.

In the LAST FOUR WEEKS, have you used any of the following health services?

Ask about each one, record how many visits (or inpatient days) and the cost. (Don't know=96/9996, 98/9998=Refused)

	<u>Visits/days</u> <small>(If none, put zero)</small>	<u>Cost</u> <small>(If none, put zero)</small>
8.1 A Primary Care Clinic?	_ _ times	R _ _ _ _
8.2 A Chemist / Pharmacy?	_ _ times	R _ _ _ _
8.3 A hospital emergency / outpatient department?	_ _ times	R _ _ _ _
8.4 A hospital as an inpatient?	_ _ days	R _ _ _ _
8.5 A private doctor?	_ _ times	R _ _ _ _
8.6 A traditional healer?	_ _ times	R _ _ _ _
8.7 In the LAST MONTH have you spent money on any other healthcare (Traditional medicines, special food etc)	<input type="radio"/> Yes → amount R _ _ _ _	<input type="radio"/> No <input type="radio"/> Refused
8.8 In the LAST MONTH did you have to borrow money to pay for healthcare?	<input type="radio"/> Yes → amount R _ _ _ _	<input type="radio"/> No <input type="radio"/> Refused
8.9 In the LAST MONTH did you have to sell any personal or household items to pay for healthcare?	<input type="radio"/> Yes → amount R _ _ _ _	<input type="radio"/> No <input type="radio"/> Refused

9. Alcohol

We would like to be able to help with appropriate referrals for counselling, so can you tell me:

How many days in the LAST SIX MONTHS have you drunk more than 3 big bottles of beer and/or more than 6 glasses of other alcoholic drink?

- | | | |
|--|---|----------------------------------|
| <input type="radio"/> Never, or only once | <input type="radio"/> Every, or nearly every week | <input type="radio"/> Don't know |
| <input type="radio"/> Less than once a month | <input type="radio"/> Once a week | <input type="radio"/> Refused |
| <input type="radio"/> Once a month | <input type="radio"/> Every, or nearly every day | |

10. Anxiety and Depression

10.1 Over the past TWO WEEKS have you been bothered by any of the following problems?

	<u>Not at all</u>	<u>Several days</u>	<u>More than half the days</u>	<u>Nearly every day</u>	<u>Refused</u>
a) Feeling nervous, anxious or on edge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Not being able to stop worrying or control it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Feeling down, depressed or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.2 Have you ever thought of harming yourself? Yes No Refused

11. Comments

Counsellor name
Print

Signature:



Social science clinic-based 12m follow-up counsellor - administered questionnaire

TasP ID
Clinic
Visit Date
Counsellor

To be completed at about 12m after baseline clinic visit by ALL participants.

Participant Identification

Name:

Consent

Counsellor reads:

I would now like to ask you a few questions about how you are feeling today, your visit to the clinic, your feelings about ARV treatment and your social circumstances. We do not believe you will find any of these questions sensitive or intrusive, and we don't think they will cause you stress or upset. However, you are not obliged to answer these questions and if you choose not to, this will not affect the treatment you receive here.

Ngizocela ukukubuzwa imibuzo embalwa mayelana nokuthi uzizwa unjani namhlanje, namayelana nokuvakashela kwakho emtholampilo, imizwa yakho mayelana nemishanguzo yegciwane lesandulela-ngculazi kanye nemibuzo emayelana nesimo senhlahakahle yakho. Asikholwa ukuthi kukhona imibuzo ozoyithola ikuphatha kabi noma igxambukela empilweni yakho, futhi asicabangi ukuthi lemibuzo izokufakela ingcindezi noma ikuphathe kabi. Kepha, awuphoqelekile ukuyiphendula lemibuzo futhi uma ukhetha ukungayiphenduli, lokho ngeke kube nomthelela endleleni ozophathwa ngayo.

Participant response:

Either

I AGREE to answer a small number of questions about myself and my circumstances and how these may have changed during my participation in the TasP trial. I understand that answering these questions is not compulsory.

Ngiyavuma ukuphendula imibuzo embalwa emayelana nami nenhlahakahle yami nokuthi ngabe lokhu sekushintshe kangakanani seloku ngiqalile ukubamba iqhaza ocwaningweni luka-TasP. Ngियाqonda ukuthi ukuphendula lemibuzo akuphoqelekile.

Participant signature:

or

I DECLINE to answer a small number of questions about myself and my circumstances and how these may have changed during my participation in the TasP trial. I understand I shall not be penalised by this decision and that it will not affect the care I receive here.

Angivumi ukuphendula imibuzo embalwa mayelana nami nenhlahakahle yami nokuthi ngabe lokhu sekushintshe kangakanani seloku ngiqalile ukubamba iqhaza ocwaningweni luka-TasP. Ngियाqonda ukuthi angeke ngijeziswe ngokuthatha lesinqumo futhi ngeke kube nomthelela endleleni engithola ngayo ukunakekelwa lapha.

Participant signature: Form complete

1. Today's clinic visit

1.1 How long did it take for you to come to the clinic today? hours minutes

1.2 How much did it cost you to come to the clinic today?

- a) Transport (return journey)? R Put zero if nothing
b) Food? R
c) Other? R Specify:

1.3 How long did you wait before being seen today hours minutes

1.4 Did you feel self-conscious, or that people in the community would judge you, for attending this clinic? Yes No Don't know Refused

2. Social support

Does anyone provide you with social support to help you cope with your HIV infection? Yes No Don't know Refused

Table with 3 columns: Question, Yes, No, Don't know. Rows include: Your current partner?, Other Household members?, Other family members?, Your friends and neighbours?

3. Government Grants

Do you receive any Government Grant for yourself or on behalf of someone else?

- Yes No, None → Q4 Don't know → Q4 Refused

→ How many of each type of grant do you receive?

*If none
put zero*

Child support	_____ grants	Old age pension	_____ grants
Foster care	_____ grants	Other	_____ grants
Disability (Care Dependency)	_____ grants	→ Specify	_____

4. Employment

4.1 Are you currently in employment?

- Yes, full-time → Q4.2 Yes, part-time → Q4.2 No, not employed → Q4.3 Refused → Q5

If 'Yes': 4.2 Are you an employee or self-employed?

- Employee Self-employed Refused

In the past month, how many days did you work? _____ days

Refused

How much pay did you receive?

R _____

Refused

In the past month, have you been prevented by illness from:

a) doing home activities (cooking, childcare etc)? Yes → _____ days No Refused

b) working, even for just one day? Yes → _____ days No Refused

→ Q5

If 'No': 4.3 If you are not currently doing anything to earn money, then are you:

- Studying Sick or injured Retired / Old age
 Looking for work Pregnant Don't know
 Nothing (not looking) Other Refused

→ Please specify: _____

In the past month, have you been prevented by illness from doing home activities (self-care, cooking, childcare etc)?

Yes → _____ days No Refused

5. Food availability

In the last 12 months did you, or any other adults ever cut the size of your meals, or skip meals, because there wasn't enough money for food?

- Yes No, None Don't know Refused

→ How often did this happen?

- Almost every month Only 1 or 2 months
 Some months, but not every month Refused

6. Alcohol

We would like to be able to help with appropriate referrals for counselling, so can you tell me:

How many days in the LAST SIX MONTHS have you drunk more than 3 big bottles of beer and/or more than 6 glasses of other alcoholic drink?

- Never, or only once Every, or nearly every week Don't know
 Less than once a month Once a week Refused
 Once a month Every, or nearly every day

7. Comments

Counsellor name _____
Print

Signature: _____



Social science clinic-based 18m follow-up counsellor - administered questionnaire

TasP ID
Clinic
Visit Date
Counsellor

To be completed at about 18m after baseline clinic visit by ALL participants.

Participant Identification

Name:

Consent

Counsellor reads:

I would now like to ask you a few questions about how you are feeling today, your visit to the clinic, your feelings about ARV treatment and your social circumstances. We do not believe you will find any of these questions sensitive or intrusive, and we don't think they will cause you stress or upset. However, you are not obliged to answer these questions and if you choose not to, this will not affect the treatment you receive here.

Ngizocela ukukubuzwa imibuzo embalwa mayelana nokuthi uzizwa unjani namhlanje, namayelana nokuvakashela kwakho emtholampilo, imizwa yakho mayelana nemishanguzo yegciwane lesandulela-ngculazi kanye nemibuzo emayelana nesimo senhlalakahle yakho. Asikholwa ukuthi kukhona imibuzo ozoyithola ikuphatha kabi noma igxambukela empilweni yakho, futhi asicabangi ukuthi lemibuzo izokufakela ingcindezi noma ikuphathe kabi. Kepha, awuphoqelekile ukuyiphendula lemibuzo futhi uma ukhetha ukungayiphenduli, lokho ngeke kube nomthelela endleleni zophathwa ngayo.

Participant response:

Either

I AGREE to answer a small number of questions about myself and my circumstances and how these may have changed during my participation in the TasP trial. I understand that answering these questions is not compulsory.

Ngiyavuma ukuphendula imibuzo embalwa emayelana nami nenhlalakahle yami nokuthi ngabe lokhu sekushintshe kangakanani seloku ngiqalile ukubamba iqhaza ocwaningweni luka-TasP. Nginyaqonda ukuthi ukuphendula lemibuzo akuphoqelekile.

Participant signature:

or

I DECLINE to answer a small number of questions about myself and my circumstances and how these may have changed during my participation in the TasP trial. I understand I shall not be penalised by this decision and that it will not affect the care I receive here.

Angivumi ukuphendula imibuzo embalwa mayelana nami nenhlalakahle yami nokuthi ngabe lokhu sekushintshe kangakanani seloku ngiqalile ukubamba iqhaza ocwaningweni luka-TasP. Nginyaqonda ukuthi angeke ngijeziswe ngokuthatha lesinqumo futhi ngeke kube nomthelela endleleni engithola ngayo ukunakekelwa lapha.

Participant signature: -> Form complete

1. Today's clinic visit

1.1 How long did it take for you to come to the clinic today? hours minutes

1.2 How much did it cost you to come to the clinic today?

- a) Transport (return journey)? R Put zero if nothing
b) Food? R
c) Other? R -> Specify:

1.3 How long did you wait before being seen today hours minutes

1.4 Did you feel self-conscious, or that people in the community would judge you, for attending this clinic? Yes No Don't know Refused

2. Social support

Does anyone provide you with social support to help you cope with your HIV infection? Yes No -> Q3 Don't know -> Q3 Refused -> Q3

Table with 3 columns: Yes, No, Don't know. Rows: Your current partner?, Other Household members?, Other family members?, Your friends and neighbours?

3. Government Grants

Do you receive any Government Grant for yourself or on behalf of someone else?

- Yes No, None → Q4 Don't know → Q4 Refused

→ How many of each type of grant do you receive?

*If none
put zero*

Child support	_____ grants	Old age pension	_____ grants
Foster care	_____ grants	Other	_____ grants
Disability (Care Dependency)	_____ grants	→ Specify	_____

4. Employment

4.1 Are you currently in employment?

- Yes, full-time → Q4.2 Yes, part-time → Q4.2 No, not employed → Q4.3 Refused → Q5

If 'Yes':

4.2 Are you an employee or self-employed? Employee Self-employed Refused

In the past month, how many days did you work? _____ days Refused

How much pay did you receive? R _____ Refused

In the past month, have you been prevented by illness from:

a) doing home activities (cooking, childcare etc)? Yes → _____ days No Refused

b) working, even for just one day? Yes → _____ days No Refused

→ Q5

If 'No':

4.3 If you are not currently doing anything to earn money, then are you:

Studying Sick or injured Retired / Old age

Looking for work Pregnant Don't know

Nothing (not looking) Other Refused

→ Please specify: _____

In the past month, have you been prevented by illness from doing home activities (self-care, cooking, childcare etc)? Yes → _____ days No Refused

5. Food availability

In the last 12 months did you, or any other adults ever cut the size of your meals, or skip meals, because there wasn't enough money for food?

- Yes No, None Don't know Refused

→

How often did this happen? Almost every month Only 1 or 2 months

Some months, but not every month Refused

6. Alcohol

We would like to be able to help with appropriate referrals for counselling, so can you tell me:

How many days in the LAST SIX MONTHS have you drunk more than 3 big bottles of beer and/or more than 6 glasses of other alcoholic drink?

- Never, or only once Every, or nearly every week Don't know
- Less than once a month Once a week Refused
- Once a month Every, or nearly every day

7. Comments

Counsellor name _____
Print

Signature: _____



Social science clinic-based 24m follow-up counsellor - administered questionnaire

TasP ID
Clinic
Visit Date
Counsellor

To be completed at about 24m after baseline clinic visit by ALL participants.

Participant Identification

Name:

Consent

Counsellor reads:

I would now like to ask you a few questions about how you are feeling today, your visit to the clinic, your feelings about ARV treatment and your social circumstances. We do not believe you will find any of these questions sensitive or intrusive, and we don't think they will cause you stress or upset. However, you are not obliged to answer these questions and if you choose not to, this will not affect the treatment you receive here.

Ngizocela ukukubuzwa imibuzo embalwa mayelana nokuthi uzizwa unjani namhlanje, namayelana nokuvakashela kwakho emtholampilo, imizwa yakho mayelana nemishanguzo yegciwane lesandulela-ngculazi kanye nemibuzo emayelana nesimo senhlalakahle yakho. Asikholwa ukuthi kukhona imibuzo ozoyithola ikuphatha kabi noma igxambukela empilweni yakho, futhi asicabangi ukuthi lemibuzo izokufakela ingcindezi noma ikuphathe kabi. Kepha, awuphoqelekile ukuyiphendula lemibuzo futhi uma ukhetha ukungayiphenduli, lokho ngeke kube nomthelela endleleni zophathwa ngayo.

Participant response:

Either

I AGREE to answer a small number of questions about myself and my circumstances and how these may have changed during my participation in the TasP trial. I understand that answering these questions is not compulsory.

Ngiyavuma ukuphendula imibuzo embalwa emayelana nami nenhlalakahle yami nokuthi ngabe lokhu sekushintshe kangakanani seloku ngiqalile ukubamba iqhaza ocwaningweni luka-TasP. Nginyaqonda ukuthi ukuphendula lemibuzo akuphoqelekile.

Participant signature:

or

I DECLINE to answer a small number of questions about myself and my circumstances and how these may have changed during my participation in the TasP trial. I understand I shall not be penalised by this decision and that it will not affect the care I receive here.

Angivumi ukuphendula imibuzo embalwa mayelana nami nenhlalakahle yami nokuthi ngabe lokhu sekushintshe kangakanani seloku ngiqalile ukubamba iqhaza ocwaningweni luka-TasP. Nginyaqonda ukuthi angeke ngijeziswe ngokuthatha lesinqumo futhi ngeke kube nomthelela endleleni engithola ngayo ukunakekelwa lapha.

Participant signature: -> Form complete

1. Today's clinic visit

1.1 How long did it take for you to come to the clinic today? hours minutes

1.2 How much did it cost you to come to the clinic today?

- a) Transport (return journey)? R Put zero if nothing
b) Food? R
c) Other? R -> Specify:

1.3 How long did you wait before being seen today hours minutes

1.4 Did you feel self-conscious, or that people in the community would judge you, for attending this clinic? Yes No Don't know Refused

2. Social support

Does anyone provide you with social support to help you cope with your HIV infection? Yes No -> Q3 Don't know -> Q3 Refused -> Q3

Table with 3 columns: Yes, No, Don't know. Rows: Your current partner?, Other Household members?, Other family members?, Your friends and neighbours?

3. Government Grants

Do you receive any Government Grant for yourself or on behalf of someone else?

- Yes No, None → Q4 Don't know → Q4 Refused

→ How many of each type of grant do you receive?

*If none
put zero*

Child support	_____ grants	Old age pension	_____ grants
Foster care	_____ grants	Other	_____ grants
Disability (Care Dependency)	_____ grants	→ Specify	_____

4. Employment

4.1 Are you currently in employment?

- Yes, full-time → Q4.2 Yes, part-time → Q4.2 No, not employed → Q4.3 Refused → Q5

If 'Yes':

4.2 Are you an employee or self-employed? Employee Self-employed Refused

In the past month, how many days did you work? _____ days Refused

How much pay did you receive? R _____ Refused

In the past month, have you been prevented by illness from:

a) doing home activities (cooking, childcare etc)? Yes → _____ days No Refused

b) working, even for just one day? Yes → _____ days No Refused

→ Q5

If 'No':

4.3 If you are not currently doing anything to earn money, then are you:

Studying Sick or injured Retired / Old age

Looking for work Pregnant Don't know

Nothing (not looking) Other Refused

→ Please specify: _____

In the past month, have you been prevented by illness from doing home activities (self-care, cooking, childcare etc)? Yes → _____ days No Refused

5. Food availability

In the last 12 months did you, or any other adults ever cut the size of your meals, or skip meals, because there wasn't enough money for food?

- Yes No, None Don't know Refused

→

How often did this happen? Almost every month Only 1 or 2 months

Some months, but not every month Refused

6. Alcohol

We would like to be able to help with appropriate referrals for counselling, so can you tell me:

How many days in the LAST SIX MONTHS have you drunk more than 3 big bottles of beer and/or more than 6 glasses of other alcoholic drink?

- Never, or only once Every, or nearly every week Don't know
- Less than once a month Once a week Refused
- Once a month Every, or nearly every day

7. Comments

Counsellor name _____
Print

Signature: _____



Social science clinic-based 30m follow-up counsellor - administered questionnaire

TasP ID
Clinic
Visit Date
Counsellor

To be completed at about 30m after baseline clinic visit by ALL participants.

Participant Identification

Name:

Consent

Counsellor reads:

I would now like to ask you a few questions about how you are feeling today, your visit to the clinic, your feelings about ARV treatment and your social circumstances. We do not believe you will find any of these questions sensitive or intrusive, and we don't think they will cause you stress or upset. However, you are not obliged to answer these questions and if you choose not to, this will not affect the treatment you receive here.

Ngizocela ukukubuza imibuzo embalwa mayelana nokuthi uzizwa unjani namhlanje, namayelana nokuvakashela kwakho emtholampilo, imizwa yakho mayelana nemishanguzo yegciwane lesandulela-ngculazi kanye nemibuzo emayelana nesimo senhlalakahle yakho. Asikholwa ukuthi kukhona imibuzo ozoyithola ikuphatha kabi noma igxambukela empilweni yakho, futhi asicabangi ukuthi lemibuzo izokufakela ingcindezi noma ikuphathe kabi. Kepha, awuphoqelekile ukuyiphendula lemibuzo futhi uma ukhetha ukungayiphenduli, lokho ngeke kube nomthelela endleleni ozophathwa ngayo.

Participant response:

Either

I AGREE to answer a small number of questions about myself and my circumstances and how these may have changed during my participation in the TasP trial. I understand that answering these questions is not compulsory.

Ngiyavuma ukuphendula imibuzo embalwa emayelana nami nenhlalakahle yami nokuthi ngabe lokhu sekushintshe kangakanani seloku ngiqalile ukubamba iqhaza ocwaningweni luka-TasP. Ngियाqonda ukuthi ukuphendula lemibuzo akuphoqelekile.

Participant signature:

or

I DECLINE to answer a small number of questions about myself and my circumstances and how these may have changed during my participation in the TasP trial. I understand I shall not be penalised by this decision and that it will not affect the care I receive here.

Angivumi ukuphendula imibuzo embalwa mayelana nami nenhlalakahle yami nokuthi ngabe lokhu sekushintshe kangakanani seloku ngiqalile ukubamba iqhaza ocwaningweni luka-TasP. Ngियाqonda ukuthi angeke ngijeziswe ngokuthatha lesinqumo futhi ngeke kube nomthelela endleleni engithola ngayo ukunakekelwa lapha.

Participant signature: -> Form complete

1. Today's clinic visit

1.1 How long did it take for you to come to the clinic today? hours minutes

1.2 How much did it cost you to come to the clinic today?

- a) Transport (return journey)? R Put zero if nothing
b) Food? R
c) Other? R -> Specify:

1.3 How long did you wait before being seen today hours minutes

1.4 Did you feel self-conscious, or that people in the community would judge you, for attending this clinic? Yes No Don't know Refused

2. Social support

Does anyone provide you with social support to help you cope with your HIV infection? Yes No -> Q3 Don't know -> Q3 Refused -> Q3

Table with 3 columns: Yes, No, Don't know. Rows: Your current partner?, Other Household members?, Other family members?, Your friends and neighbours?

3. Government Grants

Do you receive any Government Grant for yourself or on behalf of someone else?

- Yes No, None → Q4 Don't know → Q4 Refused

How many of each type of grant do you receive? *If none put zero*

Child support	_____ grants	Old age pension	_____ grants
Foster care	_____ grants	Other	_____ grants
Disability (Care Dependency)	_____ grants	→ Specify	_____

4. Employment

4.1 Are you currently in employment?

- Yes, full-time → Q4.2 Yes, part-time → Q4.2 No, not employed → Q4.3 Refused → Q5

If 'Yes': 4.2 Are you an employee or self-employed? Employee Self-employed Refused

In the past month, how many days did you work? _____ days Refused

How much pay did you receive? R _____ Refused

In the past month, have you been prevented by illness from:

a) doing home activities (cooking, childcare etc)? Yes → _____ days No Refused

b) working, even for just one day? Yes → _____ days No Refused

→ Q5

If 'No': 4.3 If you are not currently doing anything to earn money, then are you:

Studying Sick or injured Retired / Old age

Looking for work Pregnant Don't know

Nothing (not looking) Other Refused

→ Please specify: _____

In the past month, have you been prevented by illness from doing home activities (self-care, cooking, childcare etc)? Yes → _____ days No Refused

5. Food availability

In the last 12 months did you, or any other adults ever cut the size of your meals, or skip meals, because there wasn't enough money for food?

- Yes No, None Don't know Refused

How often did this happen? Almost every month Only 1 or 2 months

Some months, but not every month Refused

6. Alcohol

We would like to be able to help with appropriate referrals for counselling, so can you tell me:

How many days in the LAST SIX MONTHS have you drunk more than 3 big bottles of beer and/or more than 6 glasses of other alcoholic drink?

- Never, or only once Every, or nearly every week Don't know
- Less than once a month Once a week Refused
- Once a month Every, or nearly every day

7. Comments

Counsellor name _____
Print

Signature: _____



Social science clinic-based 36m follow-up counsellor - administered questionnaire

TasP ID
Clinic
Visit Date
Counsellor

To be completed at about 36m after baseline clinic visit by ALL participants.

Participant Identification

Name:

Consent

Counsellor reads:

I would now like to ask you a few questions about how you are feeling today, your visit to the clinic, your feelings about ARV treatment and your social circumstances. We do not believe you will find any of these questions sensitive or intrusive, and we don't think they will cause you stress or upset. However, you are not obliged to answer these questions and if you choose not to, this will not affect the treatment you receive here.

Ngizocela ukukubuzwa imibuzo embalwa mayelana nokuthi uzizwa unjani namhlanje, namayelana nokuvakashela kwakho emtholampilo, imizwa yakho mayelana nemishanguzo yegciwane lesandulela-ngculazi kanye nemibuzo emayelana nesimo senhlahakahle yakho. Asikholwa ukuthi kukhona imibuzo ozoyithola ikuphatha kabi noma igxambukela empilweni yakho, futhi asicabangi ukuthi lemibuzo izokufakela ingcindezi noma ikuphathe kabi. Kepha, awuphoqelekile ukuyiphendula lemibuzo futhi uma ukhetha ukungayiphenduli, lokho ngeke kube nomthelela endleleni zophathwa ngayo.

Participant response:

Either

I AGREE to answer a small number of questions about myself and my circumstances and how these may have changed during my participation in the TasP trial. I understand that answering these questions is not compulsory.

Ngiyavuma ukuphendula imibuzo embalwa emayelana nami nenhlahakahle yami nokuthi ngabe lokhu sekushintshe kangakanani seloku ngiqalile ukubamba iqhaza ocwaningweni luka-TasP. Nginyaqonda ukuthi ukuphendula lemibuzo akuphoqelekile.

Participant signature:

or

I DECLINE to answer a small number of questions about myself and my circumstances and how these may have changed during my participation in the TasP trial. I understand I shall not be penalised by this decision and that it will not affect the care I receive here.

Angivumi ukuphendula imibuzo embalwa mayelana nami nenhlahakahle yami nokuthi ngabe lokhu sekushintshe kangakanani seloku ngiqalile ukubamba iqhaza ocwaningweni luka-TasP. Nginyaqonda ukuthi angeke ngijeziswe ngokuthatha lesinqumo futhi ngeke kube nomthelela endleleni engithola ngayo ukunakekelwa lapha.

Participant signature: -> Form complete

1. Today's clinic visit

1.1 How long did it take for you to come to the clinic today? hours minutes

1.2 How much did it cost you to come to the clinic today?

- a) Transport (return journey)? R Put zero if nothing
b) Food? R
c) Other? R -> Specify:

1.3 How long did you wait before being seen today hours minutes

1.4 Did you feel self-conscious, or that people in the community would judge you, for attending this clinic? Yes No Don't know Refused

2. Social support

Does anyone provide you with social support to help you cope with your HIV infection? Yes No -> Q3 Don't know -> Q3 Refused -> Q3

Table with 3 columns: Yes, No, Don't know. Rows: Your current partner?, Other Household members?, Other family members?, Your friends and neighbours?

3. Government Grants

Do you receive any Government Grant for yourself or on behalf of someone else?

- Yes No, None → Q4 Don't know → Q4 Refused

→ How many of each type of grant do you receive?

*If none
put zero*

Child support	_____ grants	Old age pension	_____ grants
Foster care	_____ grants	Other	_____ grants
Disability (Care Dependency)	_____ grants	→ Specify	_____

4. Employment

4.1 Are you currently in employment?

- Yes, full-time → Q4.2 Yes, part-time → Q4.2 No, not employed → Q4.3 Refused → Q5

If 'Yes':

4.2 Are you an employee or self-employed? Employee Self-employed Refused

In the past month, how many days did you work? _____ days Refused

How much pay did you receive? R _____ Refused

In the past month, have you been prevented by illness from:

a) doing home activities (cooking, childcare etc)? Yes → _____ days No Refused

b) working, even for just one day? Yes → _____ days No Refused

→ Q5

If 'No':

4.3 If you are not currently doing anything to earn money, then are you:

Studying Sick or injured Retired / Old age

Looking for work Pregnant Don't know

Nothing (not looking) Other Refused

→ Please specify: _____

In the past month, have you been prevented by illness from doing home activities (self-care, cooking, childcare etc)? Yes → _____ days No Refused

5. Food availability

In the last 12 months did you, or any other adults ever cut the size of your meals, or skip meals, because there wasn't enough money for food?

- Yes No, None Don't know Refused

→

How often did this happen? Almost every month Only 1 or 2 months

Some months, but not every month Refused

6. Alcohol

We would like to be able to help with appropriate referrals for counselling, so can you tell me:

How many days in the LAST SIX MONTHS have you drunk more than 3 big bottles of beer and/or more than 6 glasses of other alcoholic drink?

- Never, or only once Every, or nearly every week Don't know
- Less than once a month Once a week Refused
- Once a month Every, or nearly every day

7. Comments

Counsellor name _____
Print

Signature: _____



Social science clinic-based 42m follow-up counsellor - administered questionnaire

TasP ID
Clinic
Visit Date
Counsellor

To be completed at about 24m after baseline clinic visit by ALL participants.

Participant Identification

Name:

Consent

Counsellor reads:

I would now like to ask you a few questions about how you are feeling today, your visit to the clinic, your feelings about ARV treatment and your social circumstances. We do not believe you will find any of these questions sensitive or intrusive, and we don't think they will cause you stress or upset. However, you are not obliged to answer these questions and if you choose not to, this will not affect the treatment you receive here.

Ngizocela ukukubuzwa imibuzo embalwa mayelana nokuthi uzizwa unjani namhlanje, namayelana nokuvakashela kwakho emtholampilo, imizwa yakho mayelana nemishanguzo yegciwane lesandulela-ngculazi kanye nemibuzo emayelana nesimo senhlalakahle yakho. Asikholwa ukuthi kukhona imibuzo ozoyithola ikuphatha kabi noma igxambukela empilweni yakho, futhi asicabangi ukuthi lemibuzo izokufakela ingcindezi noma ikuphathe kabi. Kepha, awuphoqelekile ukuyiphendula lemibuzo futhi uma ukhetha ukungayiphenduli, lokho ngeke kube nomthelela endleleni ozophathwa ngayo.

Participant response:

Either

I AGREE to answer a small number of questions about myself and my circumstances and how these may have changed during my participation in the TasP trial. I understand that answering these questions is not compulsory.

Ngiyavuma ukuphendula imibuzo embalwa emayelana nami nenhlalakahle yami nokuthi ngabe lokhu sekushintshe kangakanani seloku ngiqalile ukubamba iqhaza ocwaningweni luka-TasP. Nginyaqonda ukuthi ukuphendula lemibuzo akuphoqelekile.

Participant signature:

or

I DECLINE to answer a small number of questions about myself and my circumstances and how these may have changed during my participation in the TasP trial. I understand I shall not be penalised by this decision and that it will not affect the care I receive here.

Angivumi ukuphendula imibuzo embalwa mayelana nami nenhlalakahle yami nokuthi ngabe lokhu sekushintshe kangakanani seloku ngiqalile ukubamba iqhaza ocwaningweni luka-TasP. Nginyaqonda ukuthi angeke ngijeziswe ngokuthatha lesinqumo futhi ngeke kube nomthelela endleleni engithola ngayo ukunakekelwa lapha.

Participant signature: -> Form complete

1. Today's clinic visit

1.1 How long did it take for you to come to the clinic today? hours minutes

1.2 How much did it cost you to come to the clinic today?

- a) Transport (return journey)? R Put zero if nothing
b) Food? R
c) Other? R -> Specify:

1.3 How long did you wait before being seen today hours minutes

1.4 Did you feel self-conscious, or that people in the community would judge you, for attending this clinic? Yes No Don't know Refused

2. Social support

Does anyone provide you with social support to help you cope with your HIV infection? Yes No -> Q3 Don't know -> Q3 Refused -> Q3

Table with 3 columns: Yes, No, Don't know. Rows: Your current partner?, Other Household members?, Other family members?, Your friends and neighbours?

3. Government Grants

Do you receive any Government Grant for yourself or on behalf of someone else?

- Yes No, None → Q4 Don't know → Q4 Refused

How many of each type of grant do you receive?

*If none
put zero*

Child support	_____ grants	Old age pension	_____ grants
Foster care	_____ grants	Other	_____ grants
Disability (Care Dependency)	_____ grants	↳ Specify	_____

4. Employment

4.1 Are you currently in employment?

- Yes, full-time → Q4.2 Yes, part-time → Q4.2 No, not employed → Q4.3 Refused → Q5

If 'Yes': 4.2 Are you an employee or self-employed?

- Employee Self-employed Refused

In the past month, how many days did you work? _____ days

- Refused

How much pay did you receive? R _____

- Refused

In the past month, have you been prevented by illness from:

- a) doing home activities (cooking, childcare etc)? Yes → _____ days No Refused
- b) working, even for just one day? Yes → _____ days No Refused

→ Q5

If 'No': 4.3 If you are not currently doing anything to earn money, then are you:

- Studying Sick or injured Retired / Old age
 Looking for work Pregnant Don't know
 Nothing (not looking) Other Refused

↳ Please specify: _____

In the past month, have you been prevented by illness from doing home activities (self-care, cooking, childcare etc)?

- Yes → _____ days No Refused

5. Food availability

In the last 12 months did you, or any other adults ever cut the size of your meals, or skip meals, because there wasn't enough money for food?

- Yes No, None Don't know Refused

↳ How often did this happen?

- Almost every month Only 1 or 2 months
 Some months, but not every month Refused

6. Alcohol

We would like to be able to help with appropriate referrals for counselling, so can you tell me:

How many days in the LAST SIX MONTHS have you drunk more than 3 big bottles of beer and/or more than 6 glasses of other alcoholic drink?

- Never, or only once Every, or nearly every week Don't know
 Less than once a month Once a week Refused
 Once a month Every, or nearly every day

7. Comments

Counsellor name _____
Print

Signature: _____



Social science clinic-based 6m follow-up counsellor - administered questionnaire

TasP ID
Clinic
Visit Date
Counsellor

To be completed at about 6m after baseline clinic visit by ALL participants.

Participant Identification

Name:

Consent

Counsellor reads:

I would now like to ask you a few questions about how you are feeling today, your visit to the clinic, your feelings about ARV treatment and your social circumstances. We do not believe you will find any of these questions sensitive or intrusive, and we don't think they will cause you stress or upset. However, you are not obliged to answer these questions and if you choose not to, this will not affect the treatment you receive here.

Ngizocela ukukubuzwa imibuzo embalwa mayelana nokuthi uzizwa unjani namhlanje, namayelana nokuvakashela kwakho emtholampilo, imizwa yakho mayelana nemishanguzo yegciwane lesandulela-ngculazi kanye nemibuzo emayelana nesimo senhlahakahle yakho. Asikholwa ukuthi kukhona imibuzo ozoyithola ikuphatha kabi noma igxambukela empilweni yakho, futhi asicabangi ukuthi lemibuzo izokufakela ingcindezi noma ikuphathe kabi. Kepha, awuphoqelekile ukuyiphendula lemibuzo futhi uma ukhetha ukungayiphenduli, lokho ngeke kube nomthelela endleleni ozophathwa ngayo.

Participant response:

Either

I AGREE to answer a small number of questions about myself and my circumstances and how these may have changed during my participation in the TasP trial. I understand that answering these questions is not compulsory.

Ngiyavuma ukuphendula imibuzo embalwa emayelana nami nenhlahakahle yami nokuthi ngabe lokhu sekushintshe kangakanani seloku ngiqalile ukubamba iqhaza ocwaningweni luka-TasP. Ngियाqonda ukuthi ukuphendula lemibuzo akuphoqelekile.

Participant signature:

or

I DECLINE to answer a small number of questions about myself and my circumstances and how these may have changed during my participation in the TasP trial. I understand I shall not be penalised by this decision and that it will not affect the care I receive here.

Angivumi ukuphendula imibuzo embalwa mayelana nami nenhlahakahle yami nokuthi ngabe lokhu sekushintshe kangakanani seloku ngiqalile ukubamba iqhaza ocwaningweni luka-TasP. Ngियाqonda ukuthi angeke ngijeziswe ngokuthatha lesinqumo futhi ngeke kube nomthelela endleleni engithola ngayo ukunakekelwa lapha.

Participant signature: Form complete

1. Today's clinic visit

1.1 How long did it take for you to come to the clinic today? hours minutes

1.2 How much did it cost you to come to the clinic today?

- a) Transport (return journey)? R Put zero if nothing
b) Food? R
c) Other? R Specify:

1.3 How long did you wait before being seen today hours minutes

1.4 Did you feel self-conscious, or that people in the community would judge you, for attending this clinic? Yes No Don't know Refused

2. Social support

Does anyone provide you with social support to help you cope with your HIV infection? Yes No Don't know Refused

Table with 3 columns: Yes, No, Don't know. Rows: Your current partner?, Other Household members?, Other family members?, Your friends and neighbours?

3. Government Grants

Do you receive any Government Grant for yourself or on behalf of someone else?

- Yes No, None → Q4 Don't know → Q4 Refused

→ How many of each type of grant do you receive?

*If none
put zero*

Child support	_____ grants	Old age pension	_____ grants
Foster care	_____ grants	Other	_____ grants
Disability (Care Dependency)	_____ grants	→ Specify	_____

4. Employment

4.1 Are you currently in employment?

- Yes, full-time → Q4.2 Yes, part-time → Q4.2 No, not employed → Q4.3 Refused → Q5

If 'Yes': 4.2 Are you an employee or self-employed?

- Employee Self-employed Refused

In the past month, how many days did you work? _____ days

- Refused

How much pay did you receive? R _____

- Refused

In the past month, have you been prevented by illness from:

a) doing home activities (cooking, childcare etc)? Yes → _____ days No Refused

b) working, even for just one day? Yes → _____ days No Refused

→ Q5

If 'No': 4.3 If you are not currently doing anything to earn money, then are you:

- Studying Sick or injured Retired / Old age
 Looking for work Pregnant Don't know
 Nothing (not looking) Other Refused

→ Please specify: _____

In the past month, have you been prevented by illness from doing home activities (self-care, cooking, childcare etc)?

- Yes → _____ days No Refused

5. Food availability

In the last 12 months did you, or any other adults ever cut the size of your meals, or skip meals, because there wasn't enough money for food?

- Yes No, None Don't know Refused

→ How often did this happen?

- Almost every month Only 1 or 2 months
 Some months, but not every month Refused

6. Alcohol

We would like to be able to help with appropriate referrals for counselling, so can you tell me:

How many days in the LAST SIX MONTHS have you drunk more than 3 big bottles of beer and/or more than 6 glasses of other alcoholic drink?

- Never, or only once Every, or nearly every week Don't know
 Less than once a month Once a week Refused
 Once a month Every, or nearly every day

7. Comments

Counsellor name _____
Print

Signature: _____



Social science clinic-based 12m interviewer-administered questionnaire

TasP ID
Clinic
Visit Date
Interviewer

To be completed at about 12m after baseline clinic visit by ALL participants.

Participant Identification

Id. No.

Interview start time
Use 24h clock

Introduction

Interviewer to read:

Siyabonga ukuthi uvume ukubamba iqhaza kulengxenywe yocwaningo loKuphila kwami ukuphila kwethu. Njengoba sengikuchazele kulengxenywe sifisa ukuthola ukuthi uzizwa kanjani, ukuthi ukutholeleka ngegcwane leHIV kube nomthelela ongakanani empilweni yakho yansukuzonke nokuthi ukukwazi ukuthola ukunakekelwa emtholampilo kuzishintshe kanjani izinto empilweni yakho yansukuzonke.

Kubalulekile ukukhumbula ukuthi lengxoxo iyimfihlo ngokuphelele. Igama lakho alibhaliwe kuleliform. Inombolo ykho yocwaningo lwakwaTasP nekamazisi ezibhalwe kuleliform. Yilokho kuphela okuxhumene nezimpendulo zalemibuzo. Kuyadingeka ukuthi sibe nalokhu ukuze sikwazi ukuhlenganisa lonke ulwazi olubalulekile osusinike lona ocwaningweni Ukuphila kwami ukuphila kwethu ngale kokuthi kube khona owazi igama lakho nokuthi uhlalaphi. Kubalulekile futhi ukukhumbuzwa ukuthi izimpendulo onginika zona zizogcina phakathi kwethu. Ngeke ngizixoxele muntu futhi ngeke zikhonjiswe muntu oyingxenywe yokunakekelwa nokwelashwa kwakho kulomtholampilo. Zizoxhunyaniswa ngenombolo-mfihlo (code) kolunye ulwazi osulunikezile ocwaningweni.

Thank you for agreeing to participate in this part of the Ukuphila kwami ukuphila kwethu Study. As was explained to you, in this part of the study we would like to learn how you are feeling, in general, about how having HIV has impacted on your daily-life, and about how being able to access care at this Clinic influences things in your daily life.

It is important to remember that this interview is entirely confidential. Your name is not written down on this form. Your TasP study number and your Id. Number are written on the top of this form. That is the only identifying data that we will collect that is linked to your answers to the questions here. It is necessary to have this so that all the important information you have already provided to the Ukuphila kwami ukuphila kwethu study team can be linked without anyone knowing your name or where exactly you live. It is also important that you remember that the answers you give to me stay just between the two of us. I will not share them with anyone and they will never be shared with anyone who is involved in your treatment and care, at this Clinic. They will only be linked by a code to other information you have already provided to the study.

1. Adherence

I'd like to begin by asking about any ARV pills you are receiving from this clinic, and any problems you may be having with them.

1.1 Do you currently receive ARVs from this clinic?

- Yes, No, None, Don't know, Refused

How many pills did you take:

Table with columns: Pill, Pills per day, Yesterday, The day before yesterday, Three days ago, Four days ago. Includes example row for Atripla and rows a-d for listing all pills.

Notes/comments

Large empty box for notes and comments.

1 Adherence (Contd)

It is known that people often find it difficult to take their pills during weekends

- 1.2 Did you miss taking any ARV pills LAST WEEKEND? Yes No Don't know Refused
- 1.3 During the 4 DAYS BEFORE TODAY did you take the dose of your ARV treatments as instructed? No, never Yes, several times Don't know
 Yes, once Yes, always Refused
- 1.4 During the 4 DAYS BEFORE TODAY did you forget to take your ARV treatment or did you take it several hours after the prescribed time? No, never Yes, several times Don't know
 Yes, once Yes, always Refused
- 1.5 During the 4 DAYS BEFORE TODAY, concerning your ARV treatment, did you: Stop taking your pills at the request of health staff? Don't know
 Stop taking your pills for personal reasons? Refused
 Partially take your pills?
 Fully take all your pills?
- 1.6 IN GENERAL do you respect medical prescriptions? On a scale from one, never, up to six, always, which number is closest to what you think? Never 1 2 3 4 5 Always 6 Don't know
 Refused
- 1.7 During the LAST 4 WEEKS have you: Scrupulously followed all your prescriptions? Don't know
 On the whole followed your prescriptions, but with some deviations? Refused
 Often modified the timing or the doses?
 Almost never followed your prescriptions?
 Completely stopped taking ALL your prescriptions?
- 1.8 During the LAST 4 WEEKS did you ever stop taking your ARV treatment completely for more than 2 days? No, never Yes, once Don't know
 Yes, several times Refused
- 1.9 Since you started ARV treatment did you ever stop taking your pills for more than one month? No, never → Section 2 Yes, once Don't know → Section 2
 Yes, several times Refused → Section 2

If "Yes": 1.10 For how many months did you stop taking your pills THE LAST TIME? months

2. HIV Treatment Knowledge

I shall now read some statements about ARV treatment. Please tell me whether or not you agree with each one..

	<u>Agree</u>	<u>Both agree and disagree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
2.1 The risk of falling ill is reduced with ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2 When someone who takes ARV treatment feels better they can stop the treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.3 The CD4 count indicates how well the body can fight against diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.4 The goal of ARV treatment is to increase the ability of the body to fight against diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.5 Having an undetectable viral load means that the virus has stopped multiplying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.6 When the viral load is very low there is almost no risk of transmitting the virus during sexual intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Healthcare Expenditure

It is important that we provide the best possible services in the Ukuphila kwami ukuphila kwethu Study Clinics. I would like to ask you some questions about how you provide for your own health care and whether you have sought health care from any other sources and how much you paid for that.

In the LAST MONTH, have you used any of the following health services?

Ask about each one, record how many visits (or inpatient days) and the cost. (Don't know=96/9996, 98/9998=Refused)

Facility or service	Number of visits / days (If none put zero)	Cost (If none put zero)
3.1 A primary care clinic other than this one.	_____ times	R _____
3.2 A chemist / pharmacy	_____ times	R _____
3.3 A hospital emergency or outpatient dept.	_____ times	R _____
3.4 A hospital in-patient stay	_____ days	R _____
3.5 A private doctor	_____ times	R _____
3.6 A traditional healer	_____ times	R _____

3.7 In the LAST MONTH have you spent any other money on healthcare (e.g. traditional medicines, spaza shops, special food)?

Yes → amount R _____ No Refused

3.8 In the LAST MONTH did you have to borrow any money to pay for healthcare?

Yes → amount R _____ No Refused

3.9 In the LAST MONTH did you have to sell any personal or household items to pay for healthcare?

Yes → amount R _____ No Refused

4. HIV Status Disclosure

Have you disclosed to anyone that you are HIV-positive?

Yes No → Section 5 Don't know → Section 5 Refused → Section 5

	Yes	No	Don't know
To your current partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your former partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any male relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any female relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any of your children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any of your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your employer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To a Traditional Healer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any neighbours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To an Education Institution?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To anyone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify to whom: _____

5. Social Support

I shall now ask about the people who support you in your daily life. By this we mean all aspects of your life, not JUST the parts dealing with HIV and perhaps taking your ARV treatment.

	<u>As much as I would like</u>	<u>Less than I would like</u>	<u>Much less than I would like</u>	<u>Never</u>
5.1 I get visits from friends and relatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2 I get useful advice about important things in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3 I can talk to someone about problems at work or with housework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.4 I can talk to someone I trust about my personal problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.5 I get help with childcare.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.6 I have people around me who care what happens to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.7 I get love and affection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.8 I get help around the homestead.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.9 I can borrow money in an emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.10 I can get help when I need transport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.11 I can get help when I am sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Perceived Stigmas (HASI P)

I shall now read a list of events that may have happened to you during the LAST 3 MONTHS. For each one, please tell me how often it happened to you BECAUSE OF YOUR HIV STATUS.

	<u>Never</u>	<u>Once or twice</u>	<u>Several times</u>	<u>Many times</u>
6.1 I was told to use my own eating utensils.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.2 I was asked not to touch someone's child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3 I was made to drink last from the cup.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.4 Someone mocked me when I passed by.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.5 I stopped eating with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.6 I was asked to leave because I was coughing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.7 Someone stopped being my friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.8 A friend would not chat with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.9 I was called bad names.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.10 People sang offensive songs when I passed by	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.11 I was told that I have no future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.12 Someone scolded me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.13 I was told that God is punishing me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.14 I was made to eat alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.15 Someone insulted me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.16 People avoided me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.17 People cut down visiting me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.18 People ended their relationships with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.19 I was blamed for my HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.20 Someone tried to get me fired from my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.21 My employer denied me opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Regular partner

7.1 Do you have a regular partner or a spouse at the moment? Yes → Q7.2 No → Q7.3 Refused → Q8

If 'Yes': 7.2 Do they live with you in the same household? Yes No Refused

How long have you been in a relationship with them? _____ years _____ months

Are they aware of your HIV status? Yes No Don't know Refused

Have they had an HIV test? Yes No → Q8 Don't know Refused

If 'Yes': What was the result? Positive Negative Don't know Refused
→ Q8

If 'No': 7.3 Did you have a regular partner/spouse in the past? Yes No Refused

If 'Yes': When did the relationship end? _____ years _____ months

Was it related to your HIV status? Yes No Don't know Refused

8. Sexual Relationships

8.1 Have you ever had sex? (Explain what is meant by 'Having sex')

Yes No → Section 9 Refused

→ 8.2 How old were you when you first had sex?

_____ years If under 12, comment: _____

Don't know

Refused

8.3 How many sexual partners have you had in your lifetime? _____ partners

8.4 How many sexual partners, in total, have you had in the last 12 months? _____ partners

Sometimes people have more than one relationship at the same time

8.5 How many relationships are you in at the moment? _____ relationships

8.6 In the last 12 months have you had sex with someone who you know for certain was HIV Positive?

Yes No Refused

The following questions are about sexual partners in the last year. (If no partners in the last 12 months reported then ask only about the most recent partner only to be sure to indicate carefully the time since that partner in item 45). No names will be used during analysis and only group data will be presented

	Most Recent Partner	Previous Partner 1	Previous Partner 2
8.7 Remembering the most recent/previous time you had sex, what was your relationship to that partner at the time?	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other
8.8 Did you know this partner's HIV status?	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused
8.9 Are you willing to share this partner's HIV status	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.10 What is this partner's HIV status?	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused

8.11 Are you still in a sexual relationship with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.12 When was the last time you had sex with this partner?	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
8.13 Is this partner older, younger or about the same age?	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know
8.14 About how many years [older / younger]? (Record actual number or 98=Don't know)	_ _ _ years younger/older	_ _ _ years younger/older	_ _ _ years younger/older
8.15 Where does this partner normally reside?	<input type="radio"/> With Member <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused
<i>Always enter local area</i>	His/Her _ _ _ Isigodi _ _ _ Local area _ _ _	His/Her _ _ _ Isigodi _ _ _ Local area _ _ _	His/Her _ _ _ Isigodi _ _ _ Local area _ _ _
8.16 Did you use a condom the last time you had sex with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.17 How long were you / have you been sexually involved with this partner?	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
8.18 How many times have you had sexual intercourse with this partner in the last three months?	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>
8.19 On how many of these occasions did you and your partner use condoms?	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>

9. Gender attitudes and violence

People have different ideas about families and what is acceptable behaviour for men and women in the home. And of course when two people marry or live together, they usually share both good and bad moments. It is not uncommon for couples to quarrel or disagree, even fight, about things sometimes. If I may, I would like to read some statements to you and ask you to reply whether or not you agree with them. Some of these statements concern violence between you and your partner that you may have experienced. If anyone interrupts us I will change the topic of conversation. I would like to assure again you that your answers will be kept secret, and that you do not have to answer any question that you do not want to.

Please tell me whether or not you agree with these statements.

	<u>Agree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
9.1 A good wife obeys her partner even if she disagrees with him.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.2 It is important for a man to show his wife/partner that he is in charge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.3 A woman is obliged to have sex with her husband even if she doesn't feel like it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Remember all these statements concern things that may have happened IN THE LAST 12 MONTHS</i>				
9.4 I have been involved in a physical fight with someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.5 I know that my partner has been involved in a physical fight with someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.6 My partner and I quarrel often about things that affect our daily lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.7 My partner and I have quarrelled about the following: Money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.8 Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.9 Other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.10 My HIV-positive status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.11 My partner's HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.12 My partner and I have argued to the point where one of us physically hit the other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.13 I have had sexual intercourse when I did not want to because I was afraid of what my partner might do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.14 My partner physically forced me to have sexual intercourse when I did not want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.15 Someone physically hit, slapped or kicked me because of my HIV positive status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.16 My partner physically hit, slapped or kicked me because of my HIV positive status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Quality of Life

We are nearing the end now. I shall now ask you some general questions about how you have been feeling. We would like to know this to ensure that our counselors at the Ukuphila kwami ukhupila kwethu Study Clinics provide the best possible support to people. These questions ask you how HIV and its treatment have affected your health and your life. I would like you to think about your life during the last two weeks. When you don't know how to reply, give what you consider to be the most appropriate answer.

	<u>Very good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very poor</u>	<u>Refused</u>
10.1 During the LAST TWO WEEKS, my overall health (both HIV and non-HIV related) has been:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the LAST TWO WEEKS, because I am HIV positive...	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Refused</u>
10.2 I have felt tired.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3 I have had difficulty sleeping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.4 I have had difficulty concentrating or paying attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.5 I have had problems with my memory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.6 I have had difficulties with daily activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.7 I have had difficulty with strenuous physical activities such as carrying heavy objects, running, or walking a long distance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.8 I have been bothered by digestive problems. (stomach ache, bloating, diarrhea, nausea or vomiting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.9 I have been bothered by pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.10 I have had a poor appetite.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.11 I have felt sleepy during the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.12 I have had dizziness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.13 I have had nightmares.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Quality of Life (Continued)

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Refused</u>
During the LAST TWO WEEKS, because I am HIV positive...						
10.14 I have been bothered by a change in weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.15 I have been bothered by skin problems. (dry skin, itching, rash).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.16 I have been bothered by the changes in my body shape (sunken cheeks, thinner legs or arms, smaller buttocks, larger chest or breasts, fat belly, fat at the back of the neck).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.17 I have been unhappy with my physical appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.18 I have avoided going out with my friends or my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.19 I have felt restricted in my relationships with family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.20 I have had difficulties with my love life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.21 My sexual desire has diminished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.22 I have felt restricted in my sexual activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.23 I have been afraid of disclosing that I am HIV positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.24 I have been afraid of infecting others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.25 I have been sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.26 I have been anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.27 I have been more irritable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.28 I have been depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.29 HIV was on my mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.30 I have worried about the results of my follow-up tests such as viral load or CD4 cells count.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.31 I have been afraid that my disease will get worse one day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.32 I have been afraid of catching infections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.33 My spiritual or religious beliefs have helped me to live with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.34 I have been satisfied with the health care I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.35 I have had financial difficulties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.36 The thought that it will be difficult for me to have a child has worried me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>If the patient is NOT taking ARV treatment. —> Section 11</i>						
10.37 Having to take my ARV treatment everyday has bothered me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.38 I have been satisfied with my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.39 I have been bothered by the side effects of my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.40 The size of the pills has bothered me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.41	The number of pills per day has bothered me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.42	I have been bothered by the number of times I have had to take my ARV treatment each day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.43	I have had to hide in order to take my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.44	I have felt like changing my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.45	Because of my ARV treatment, I have had difficulty going out with my friends or family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.46	I have forgotten to take my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Depression and Anxiety (PHQ-9)

Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?		<u>Not at all</u>	<u>Several days</u>	<u>More than half the days</u>	<u>Nearly every day</u>	<u>Refused</u>
11.1	Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.2	Feeling down, depressed, or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.3	Trouble falling asleep, staying asleep, or sleeping too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.4	Feeling tired or having little energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.5	Poor appetite or overeating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.6	Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.7	Trouble concentrating on things such as reading the newspaper or watching television.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.8	Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.9	Thinking that you would be better off dead or that you want to hurt yourself in some way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>If any of these problems is checked (i.e. unless ALL are answered "Not at all")</i>		<u>Not difficult at all</u>	<u>Somewhat difficult</u>	<u>Very difficult</u>	<u>Extremely difficult</u>	<u>Refused</u>
11.10	How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Satisfaction with care provided

It is important that we provide the best possible services in the Ukuphila kwami ukuphila kwethu Study, so I shall now ask you some questions about how satisfied you are with the care that you have received at this Study Clinic.

Please tell me whether you agree or disagree with these statements when thinking about your experience in this clinic.

		<u>Agree</u>	<u>Both agree and disagree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
12.1	The queues to see a nurse are too long at this facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.2	The health workers (doctors and/or nurses) discussed the treatment fully with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.3	It is a problem when the health workers DO NOT speak my language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.4	I find it easy to tell the health workers when I have missed taking my tablets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.5	The health workers are too busy to listen to my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.6	Patient information is kept confidential in this clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.7	Some staff DO NOT treat patients with sufficient respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.8	The health workers I see respect me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.9	The facilities (including waiting area and toilets) are dirty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.10	I feel comfortable to ask questions to the health workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<u>Satisfied</u>	<u>Neither satisfied nor dissatisfied</u>	<u>Dissatisfied</u>	<u>Don't know</u>	<u>Refused</u>
12.11	How satisfied were you with the service today?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are finished now. Thank you for helping us. I appreciate the time you have taken. I realise some questions may have been difficult to answer. But it is only by hearing the voices of people living with HIV that we can make sure the best possible services are made available to people in this community. If it was distressing or upsetting to answer some of these questions, I may be able to help by arranging for you to speak to one of the counsellors from one of the other Clinics about any of the issues that you found troubling. I can also give you the names of other organisations that work in this community and provide support to people living with HIV. Would you like me to do that?

Offer of referral was made? Yes No → Finish

↳ Referral accepted? Yes No

Referral plan discussed? Yes No

Details of Referral plan _____

Interviewer name _____
Print

Signature: _____

Interview end time | | | : | | | |
Use 24h clock



Social science clinic-based 18m interviewer-administered questionnaire

TasP ID
Clinic
Visit Date
Interviewer

To be completed at about 18m after baseline clinic visit by ALL participants.

Participant Identification

Id. No.

Interview start time
Use 24h clock

Introduction

Interviewer to read:

Siyabonga ukuthi uvume ukubamba iqhaza kulengxenywe yocwaningo loKuphila kwami ukuphila kwethu. Njengoba sengikuchazele kulengxenywe sifisa ukuthola ukuthi uzizwa kanjani, ukuthi ukutholeleka ngegcwane leHIV kube nomthelela ongakanani empilweni yakho yansukuzonke nokuthi ukukwazi ukuthola ukunakekelwa emtholampilo kuzishintshe kanjani izinto empilweni yakho yansukuzonke.

Kubalulekile ukukhumbula ukuthi lengxoxo iyimfihlo ngokuphelele. Igama lakho alibhaliwe kuleliform. Inombolo ykho yocwaningo lwakwaTasP nekamazisi ezibhalwe kuleliform. Yilokho kuphela okuxhumene nezimpendulo zalemibuzo. Kuyadingeka ukuthi sibe nalokhu ukuze sikwazi ukuhlenganisa lonke ulwazi olubalulekile osusinike lona ocwaningweni Ukuphila kwami ukuphila kwethu ngale kokuthi kube khona owazi igama lakho nokuthi uhlalaphi. Kubalulekile futhi ukukhumbuzwa ukuthi izimpendulo onginika zona zizogcina phakathi kwethu. Ngeke ngizixoxele muntu futhi ngeke zikhonjiswe muntu oyingxenywe yokunakekelwa nokwelashwa kwakho kulomtholampilo. Zizoxhunyaniswa ngenombolo-mfihlo (code) kolunye ulwazi osulunikezile ocwaningweni.

Thank you for agreeing to participate in this part of the Ukuphila kwami ukuphila kwethu Study. As was explained to you, in this part of the study we would like to learn how you are feeling, in general, about how having HIV has impacted on your daily-life, and about how being able to access care at this Clinic influences things in your daily life.

It is important to remember that this interview is entirely confidential. Your name is not written down on this form. Your TasP study number and your Id. Number are written on the top of this form. That is the only identifying data that we will collect that is linked to your answers to the questions here. It is necessary to have this so that all the important information you have already provided to the Ukuphila kwami ukuphila kwethu study team can be linked without anyone knowing your name or where exactly you live. It is also important that you remember that the answers you give to me stay just between the two of us. I will not share them with anyone and they will never be shared with anyone who is involved in your treatment and care, at this Clinic. They will only be linked by a code to other information you have already provided to the study.

1. Adherence

I'd like to begin by asking about any ARV pills you are receiving from this clinic, and any problems you may be having with them.

1.1 Do you currently receive ARVs from this clinic?

- Yes, No, None, Don't know, Refused

How many pills did you take:

Table with columns: Pill, Pills per day, Yesterday, The day before yesterday, Three days ago, Four days ago. Includes example row for Atripla and rows a, b, c, d for listing all pills.

Notes/comments

Large empty box for notes and comments.

1 Adherence (Contd)

It is known that people often find it difficult to take their pills during weekends

- 1.2 Did you miss taking any ARV pills LAST WEEKEND? Yes No Don't know Refused
- 1.3 During the 4 DAYS BEFORE TODAY did you take the dose of your ARV treatments as instructed? No, never Yes, several times Don't know
 Yes, once Yes, always Refused
- 1.4 During the 4 DAYS BEFORE TODAY did you forget to take your ARV treatment or did you take it several hours after the prescribed time? No, never Yes, several times Don't know
 Yes, once Yes, always Refused
- 1.5 During the 4 DAYS BEFORE TODAY, concerning your ARV treatment, did you: Stop taking your pills at the request of health staff? Don't know
 Stop taking your pills for personal reasons? Refused
 Partially take your pills?
 Fully take all your pills?
- 1.6 IN GENERAL do you respect medical prescriptions? On a scale from one, never, up to six, always, which number is closest to what you think? Never 1 2 3 4 5 Always 6 Don't know
 Refused
- 1.7 During the LAST 4 WEEKS have you: Scrupulously followed all your prescriptions? Don't know
 On the whole followed your prescriptions, but with some deviations? Refused
 Often modified the timing or the doses?
 Almost never followed your prescriptions?
 Completely stopped taking ALL your prescriptions?
- 1.8 During the LAST 4 WEEKS did you ever stop taking your ARV treatment completely for more than 2 days? No, never Yes, once Don't know
 Yes, several times Refused
- 1.9 Since you started ARV treatment did you ever stop taking your pills for more than one month? No, never → Section 2 Yes, once Don't know → Section 2
 Yes, several times Refused → Section 2

If "Yes": 1.10 For how many months did you stop taking your pills THE LAST TIME? months

2. HIV Treatment Knowledge

I shall now read some statements about ARV treatment. Please tell me whether or not you agree with each one..

	<u>Agree</u>	<u>Both agree and disagree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
2.1 The risk of falling ill is reduced with ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2 When someone who takes ARV treatment feels better they can stop the treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.3 The CD4 count indicates how well the body can fight against diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.4 The goal of ARV treatment is to increase the ability of the body to fight against diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.5 Having an undetectable viral load means that the virus has stopped multiplying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.6 When the viral load is very low there is almost no risk of transmitting the virus during sexual intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Healthcare Expenditure

It is important that we provide the best possible services in the Ukuphila kwami ukuphila kwethu Study Clinics. I would like to ask you some questions about how you provide for your own health care and whether you have sought health care from any other sources and how much you paid for that.

In the LAST MONTH, have you used any of the following health services?

Ask about each one, record how many visits (or inpatient days) and the cost. (Don't know=96/9996, 98/9998=Refused)

Facility or service	Number of visits / days (If none put zero)	Cost (If none put zero)
3.1 A primary care clinic other than this one.	_____ times	R _____
3.2 A chemist / pharmacy	_____ times	R _____
3.3 A hospital emergency or outpatient dept.	_____ times	R _____
3.4 A hospital in-patient stay	_____ days	R _____
3.5 A private doctor	_____ times	R _____
3.6 A traditional healer	_____ times	R _____

3.7 In the LAST MONTH have you spent any other money on healthcare (e.g. traditional medicines, spaza shops, special food)?

Yes → amount R _____ No Refused

3.8 In the LAST MONTH did you have to borrow any money to pay for healthcare?

Yes → amount R _____ No Refused

3.9 In the LAST MONTH did you have to sell any personal or household items to pay for healthcare?

Yes → amount R _____ No Refused

4. HIV Status Disclosure

Have you disclosed to anyone that you are HIV-positive?

Yes No → Section 5 Don't know → Section 5 Refused → Section 5

	Yes	No	Don't know
To your current partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your former partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any male relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any female relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any of your children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any of your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your employer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To a Traditional Healer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any neighbours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To an Education Institution?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To anyone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify to whom: _____

5. Social Support

I shall now ask about the people who support you in your daily life. By this we mean all aspects of your life, not JUST the parts dealing with HIV and perhaps taking your ARV treatment.

	<u>As much as I would like</u>	<u>Less than I would like</u>	<u>Much less than I would like</u>	<u>Never</u>
5.1 I get visits from friends and relatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2 I get useful advice about important things in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3 I can talk to someone about problems at work or with housework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.4 I can talk to someone I trust about my personal problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.5 I get help with childcare.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.6 I have people around me who care what happens to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.7 I get love and affection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.8 I get help around the homestead.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.9 I can borrow money in an emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.10 I can get help when I need transport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.11 I can get help when I am sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Perceived Stigmas (HASI P)

I shall now read a list of events that may have happened to you during the LAST 3 MONTHS. For each one, please tell me how often it happened to you BECAUSE OF YOUR HIV STATUS.

	<u>Never</u>	<u>Once or twice</u>	<u>Several times</u>	<u>Many times</u>
6.1 I was told to use my own eating utensils.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.2 I was asked not to touch someone's child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3 I was made to drink last from the cup.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.4 Someone mocked me when I passed by.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.5 I stopped eating with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.6 I was asked to leave because I was coughing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.7 Someone stopped being my friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.8 A friend would not chat with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.9 I was called bad names.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.10 People sang offensive songs when I passed by	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.11 I was told that I have no future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.12 Someone scolded me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.13 I was told that God is punishing me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.14 I was made to eat alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.15 Someone insulted me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.16 People avoided me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.17 People cut down visiting me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.18 People ended their relationships with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.19 I was blamed for my HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.20 Someone tried to get me fired from my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.21 My employer denied me opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Regular partner

7.1 Do you have a regular partner or a spouse at the moment? Yes → Q7.2 No → Q7.3 Refused → Q8

If 'Yes': 7.2 Do they live with you in the same household? Yes No Refused

How long have you been in a relationship with them? _____ years _____ months

Are they aware of your HIV status? Yes No Don't know Refused

Have they had an HIV test? Yes No → Q8 Don't know Refused

If 'Yes': What was the result? Positive Negative Don't know Refused

→ Q8

If 'No': 7.3 Did you have a regular partner/spouse in the past? Yes No Refused

If 'Yes': When did the relationship end? _____ years _____ months

Was it related to your HIV status? Yes No Don't know Refused

8. Sexual Relationships

8.1 Have you ever had sex? (Explain what is meant by 'Having sex')

Yes No → Section 9 Refused

→ 8.2 How old were you when you first had sex?

_____ years If under 12, comment: _____

Don't know

Refused

8.3 How many sexual partners have you had in your lifetime? _____ partners

8.4 How many sexual partners, in total, have you had in the last 12 months? _____ partners

Sometimes people have more than one relationship at the same time

8.5 How many relationships are you in at the moment? _____ relationships

8.6 In the last 12 months have you had sex with someone who you know for certain was HIV Positive?

Yes No Refused

The following questions are about sexual partners in the last year. (If no partners in the last 12 months reported then ask only about the most recent partner only to be sure to indicate carefully the time since that partner in item 45). No names will be used during analysis and only group data will be presented

	Most Recent Partner	Previous Partner 1	Previous Partner 2
8.7 Remembering the most recent/previous time you had sex, what was your relationship to that partner at the time?	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other
8.8 Did you know this partner's HIV status?	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused
8.9 Are you willing to share this partner's HIV status	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.10 What is this partner's HIV status?	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused

8.11 Are you still in a sexual relationship with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.12 When was the last time you had sex with this partner?	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
8.13 Is this partner older, younger or about the same age?	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know
8.14 About how many years [older / younger]? <i>(Record actual number or 98=Don't know)</i>	_ _ _ years younger/older	_ _ _ years younger/older	_ _ _ years younger/older
8.15 Where does this partner normally reside?	<input type="radio"/> With Member <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused
<i>Always enter local area</i>	His/Her _ _ _ Isigodi _ _ _ Local area _ _ _	His/Her _ _ _ Isigodi _ _ _ Local area _ _ _	His/Her _ _ _ Isigodi _ _ _ Local area _ _ _
8.16 Did you use a condom the last time you had sex with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.17 How long were you / have you been sexually involved with this partner?	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
8.18 How many times have you had sexual intercourse with this partner in the last three months?	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>
8.19 On how many of these occasions did you and your partner use condoms?	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>

9. Gender attitudes and violence

People have different ideas about families and what is acceptable behaviour for men and women in the home. And of course when two people marry or live together, they usually share both good and bad moments. It is not uncommon for couples to quarrel or disagree, even fight, about things sometimes. If I may, I would like to read some statements to you and ask you to reply whether or not you agree with them. Some of these statements concern violence between you and your partner that you may have experienced. If anyone interrupts us I will change the topic of conversation. I would like to assure again you that your answers will be kept secret, and that you do not have to answer any question that you do not want to.

Please tell me whether or not you agree with these statements.

	<u>Agree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
9.1 A good wife obeys her partner even if she disagrees with him.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.2 It is important for a man to show his wife/partner that he is in charge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.3 A woman is obliged to have sex with her husband even if she doesn't feel like it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Remember all these statements concern things that may have happened IN THE LAST 12 MONTHS</i>				
9.4 I have been involved in a physical fight with someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.5 I know that my partner has been involved in a physical fight with someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.6 My partner and I quarrel often about things that affect our daily lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.7 My partner and I have quarrelled about the following: Money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.8 Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.9 Other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.10 My HIV-positive status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.11 My partner's HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.12 My partner and I have argued to the point where one of us physically hit the other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.13 I have had sexual intercourse when I did not want to because I was afraid of what my partner might do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.14 My partner physically forced me to have sexual intercourse when I did not want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.15 Someone physically hit, slapped or kicked me because of my HIV positive status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.16 My partner physically hit, slapped or kicked me because of my HIV positive status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Quality of Life

We are nearing the end now. I shall now ask you some general questions about how you have been feeling. We would like to know this to ensure that our counselors at the Ukuphila kwami ukhupila kwethu Study Clinics provide the best possible support to people. These questions ask you how HIV and its treatment have affected your health and your life. I would like you to think about your life during the last two weeks. When you don't know how to reply, give what you consider to be the most appropriate answer.

	<u>Very good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very poor</u>	<u>Refused</u>
10.1 During the LAST TWO WEEKS, my overall health (both HIV and non-HIV related) has been:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the LAST TWO WEEKS, because I am HIV positive...	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Refused</u>
10.2 I have felt tired.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3 I have had difficulty sleeping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.4 I have had difficulty concentrating or paying attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.5 I have had problems with my memory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.6 I have had difficulties with daily activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.7 I have had difficulty with strenuous physical activities such as carrying heavy objects, running, or walking a long distance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.8 I have been bothered by digestive problems. (stomach ache, bloating, diarrhea, nausea or vomiting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.9 I have been bothered by pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.10 I have had a poor appetite.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.11 I have felt sleepy during the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.12 I have had dizziness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.13 I have had nightmares.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Quality of Life (Continued)

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Refused</u>
During the LAST TWO WEEKS, because I am HIV positive...						
10.14 I have been bothered by a change in weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.15 I have been bothered by skin problems. (dry skin, itching, rash).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.16 I have been bothered by the changes in my body shape (sunken cheeks, thinner legs or arms, smaller buttocks, larger chest or breasts, fat belly, fat at the back of the neck).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.17 I have been unhappy with my physical appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.18 I have avoided going out with my friends or my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.19 I have felt restricted in my relationships with family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.20 I have had difficulties with my love life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.21 My sexual desire has diminished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.22 I have felt restricted in my sexual activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.23 I have been afraid of disclosing that I am HIV positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.24 I have been afraid of infecting others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.25 I have been sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.26 I have been anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.27 I have been more irritable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.28 I have been depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.29 HIV was on my mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.30 I have worried about the results of my follow-up tests such as viral load or CD4 cells count.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.31 I have been afraid that my disease will get worse one day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.32 I have been afraid of catching infections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.33 My spiritual or religious beliefs have helped me to live with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.34 I have been satisfied with the health care I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.35 I have had financial difficulties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.36 The thought that it will be difficult for me to have a child has worried me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If the patient is NOT taking ARV treatment. —> Section 11

10.37 Having to take my ARV treatment everyday has bothered me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.38 I have been satisfied with my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.39 I have been bothered by the side effects of my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.40 The size of the pills has bothered me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.41	The number of pills per day has bothered me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.42	I have been bothered by the number of times I have had to take my ARV treatment each day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.43	I have had to hide in order to take my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.44	I have felt like changing my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.45	Because of my ARV treatment, I have had difficulty going out with my friends or family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.46	I have forgotten to take my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Depression and Anxiety (PHQ-9)

Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?		<u>Not at all</u>	<u>Several days</u>	<u>More than half the days</u>	<u>Nearly every day</u>	<u>Refused</u>
11.1	Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.2	Feeling down, depressed, or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.3	Trouble falling asleep, staying asleep, or sleeping too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.4	Feeling tired or having little energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.5	Poor appetite or overeating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.6	Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.7	Trouble concentrating on things such as reading the newspaper or watching television.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.8	Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.9	Thinking that you would be better off dead or that you want to hurt yourself in some way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>If any of these problems is checked (i.e. unless ALL are answered "Not at all")</i>		<u>Not difficult at all</u>	<u>Somewhat difficult</u>	<u>Very difficult</u>	<u>Extremely difficult</u>	<u>Refused</u>
11.10	How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Satisfaction with care provided

It is important that we provide the best possible services in the Ukuphila kwami ukuphila kwethu Study, so I shall now ask you some questions about how satisfied you are with the care that you have received at this Study Clinic.

Please tell me whether you agree or disagree with these statements when thinking about your experience in this clinic.

		<u>Agree</u>	<u>Both agree and disagree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
12.1	The queues to see a nurse are too long at this facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.2	The health workers (doctors and/or nurses) discussed the treatment fully with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.3	It is a problem when the health workers DO NOT speak my language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.4	I find it easy to tell the health workers when I have missed taking my tablets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.5	The health workers are too busy to listen to my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.6	Patient information is kept confidential in this clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.7	Some staff DO NOT treat patients with sufficient respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.8	The health workers I see respect me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.9	The facilities (including waiting area and toilets) are dirty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.10	I feel comfortable to ask questions to the health workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<u>Satisfied</u>	<u>Neither satisfied nor dissatisfied</u>	<u>Dissatisfied</u>	<u>Don't know</u>	<u>Refused</u>
12.11	How satisfied were you with the service today?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are finished now. Thank you for helping us. I appreciate the time you have taken. I realise some questions may have been difficult to answer. But it is only by hearing the voices of people living with HIV that we can make sure the best possible services are made available to people in this community. If it was distressing or upsetting to answer some of these questions, I may be able to help by arranging for you to speak to one of the counsellors from one of the other Clinics about any of the issues that you found troubling. I can also give you the names of other organisations that work in this community and provide support to people living with HIV. Would you like me to do that?

Offer of referral was made? Yes No → Finish

↳ Referral accepted? Yes No

Referral plan discussed? Yes No

Details of Referral plan _____

Interviewer name _____
Print

Signature: _____

Interview end time | | | : | | | |
Use 24h clock



Social science clinic-based 24m interviewer-administered questionnaire

TasP ID
Clinic
Visit Date
Interviewer

To be completed at about 6m after baseline clinic visit by ALL participants.

Participant Identification

Id. No.

Interview start time
Use 24h clock

Introduction

Interviewer to read:

Siyabonga ukuthi uvume ukubamba iqhaza kulengxenywe yocwaningo loKuphila kwami ukuphila kwethu. Njengoba sengikuchazele kulengxenywe sifisa ukuthola ukuthi uzizwa kanjani, ukuthi ukutholeleka ngegcwane leHIV kube nomthelela ongakanani empilweni yakho yansukuzonke nokuthi ukukwazi ukuthola ukunakekelwa emtholampilo kuzishintshe kanjani izinto empilweni yakho yansukuzonke.

Kubalulekile ukukhumbula ukuthi lengxoxo iyimfihlo ngokuphelele. Igama lakho alibhaliwe kuleliform. Inombolo ykho yocwaningo lwakwaTasP nekamazisi ezibhalwe kuleliform. Yilokho kuphela okuxhumene nezimpendulo zalemibuzo. Kuyadingeka ukuthi sibe nalokhu ukuze sikwazi ukuhlenganisa lonke ulwazi olubalulekile osusinike lona ocwaningweni Ukuphila kwami ukuphila kwethu ngale kokuthi kube khona owazi igama lakho nokuthi uhlalaphi. Kubalulekile futhi ukukhumbuzwa ukuthi izimpendulo onginika zona zizogcina phakathi kwethu. Ngeke ngizixoxele muntu futhi ngeke zikhonjiswe muntu oyingxenywe yokunakekelwa nokwelashwa kwakho kulomtholampilo. Zizoxhunyaniswa ngenombolo-mfihlo (code) kolunye ulwazi osulunikezile ocwaningweni.

Thank you for agreeing to participate in this part of the Ukuphila kwami ukuphila kwethu Study. As was explained to you, in this part of the study we would like to learn how you are feeling, in general, about how having HIV has impacted on your daily-life, and about how being able to access care at this Clinic influences things in your daily life.

It is important to remember that this interview is entirely confidential. Your name is not written down on this form. Your TasP study number and your Id. Number are written on the top of this form. That is the only identifying data that we will collect that is linked to your answers to the questions here. It is necessary to have this so that all the important information you have already provided to the Ukuphila kwami ukuphila kwethu study team can be linked without anyone knowing your name or where exactly you live. It is also important that you remember that the answers you give to me stay just between the two of us. I will not share them with anyone and they will never be shared with anyone who is involved in your treatment and care, at this Clinic. They will only be linked by a code to other information you have already provided to the study.

1. Adherence

I'd like to begin by asking about any ARV pills you are receiving from this clinic, and any problems you may be having with them.

1.1 Do you currently receive ARVs from this clinic?

- Yes, No, None, Don't know, Refused

How many pills did you take:

Table with columns: Pill, Pills per day, Yesterday, The day before yesterday, Three days ago, Four days ago. Includes example row for Atripla and rows a, b, c, d for listing all pills.

Notes/comments

Large empty box for notes and comments.

1 Adherence (Contd)

It is known that people often find it difficult to take their pills during weekends

- 1.2 Did you miss taking any ARV pills LAST WEEKEND? Yes No Don't know Refused
- 1.3 During the 4 DAYS BEFORE TODAY did you take the dose of your ARV treatments as instructed? No, never Yes, several times Don't know
 Yes, once Yes, always Refused
- 1.4 During the 4 DAYS BEFORE TODAY did you forget to take your ARV treatment or did you take it several hours after the prescribed time? No, never Yes, several times Don't know
 Yes, once Yes, always Refused
- 1.5 During the 4 DAYS BEFORE TODAY, concerning your ARV treatment, did you: Stop taking your pills at the request of health staff? Don't know
 Stop taking your pills for personal reasons? Refused
 Partially take your pills?
 Fully take all your pills?
- 1.6 IN GENERAL do you respect medical prescriptions? On a scale from one, never, up to six, always, which number is closest to what you think? Never 1 2 3 4 5 Always 6 Don't know
 Refused
- 1.7 During the LAST 4 WEEKS have you: Scrupulously followed all your prescriptions? Don't know
 On the whole followed your prescriptions, but with some deviations? Refused
 Often modified the timing or the doses?
 Almost never followed your prescriptions?
 Completely stopped taking ALL your prescriptions?
- 1.8 During the LAST 4 WEEKS did you ever stop taking your ARV treatment completely for more than 2 days? No, never Yes, once Don't know
 Yes, several times Refused
- 1.9 Since you started ARV treatment did you ever stop taking your pills for more than one month? No, never → Section 2 Yes, once Don't know → Section 2
 Yes, several times Refused → Section 2

If "Yes": 1.10 For how many months did you stop taking your pills THE LAST TIME? months

2. HIV Treatment Knowledge

I shall now read some statements about ARV treatment. Please tell me whether or not you agree with each one..

	<u>Agree</u>	<u>Both agree and disagree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
2.1 The risk of falling ill is reduced with ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2 When someone who takes ARV treatment feels better they can stop the treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.3 The CD4 count indicates how well the body can fight against diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.4 The goal of ARV treatment is to increase the ability of the body to fight against diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.5 Having an undetectable viral load means that the virus has stopped multiplying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.6 When the viral load is very low there is almost no risk of transmitting the virus during sexual intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Healthcare Expenditure

It is important that we provide the best possible services in the Ukuphila kwami ukuphila kwethu Study Clinics. I would like to ask you some questions about how you provide for your own health care and whether you have sought health care from any other sources and how much you paid for that.

In the LAST MONTH, have you used any of the following health services?

Ask about each one, record how many visits (or inpatient days) and the cost. (Don't know=96/9996, 98/9998=Refused)

<u>Facility or service</u>	<u>Number of visits / days</u> (If none put zero)	<u>Cost</u> (If none put zero)
3.1 A primary care clinic other than this one.	_____ times	R _____
3.2 A chemist / pharmacy	_____ times	R _____
3.3 A hospital emergency or outpatient dept.	_____ times	R _____
3.4 A hospital in-patient stay	_____ days	R _____
3.5 A private doctor	_____ times	R _____
3.6 A traditional healer	_____ times	R _____

3.7 In the LAST MONTH have you spent any other money on healthcare (e.g. traditional medicines, spaza shops, special food)?

Yes → amount R _____ No Refused

3.8 In the LAST MONTH did you have to borrow any money to pay for healthcare?

Yes → amount R _____ No Refused

3.9 In the LAST MONTH did you have to sell any personal or household items to pay for healthcare?

Yes → amount R _____ No Refused

4. HIV Status Disclosure

Have you disclosed to anyone that you are HIV-positive?

Yes No → Section 5 Don't know → Section 5 Refused → Section 5

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
To your current partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your former partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any male relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any female relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any of your children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any of your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your employer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To a Traditional Healer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any neighbours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To an Education Institution?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To anyone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify to whom: _____

5. Social Support

I shall now ask about the people who support you in your daily life. By this we mean all aspects of your life, not JUST the parts dealing with HIV and perhaps taking your ARV treatment.

	<u>As much as I would like</u>	<u>Less than I would like</u>	<u>Much less than I would like</u>	<u>Never</u>
5.1 I get visits from friends and relatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2 I get useful advice about important things in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3 I can talk to someone about problems at work or with housework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.4 I can talk to someone I trust about my personal problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.5 I get help with childcare.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.6 I have people around me who care what happens to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.7 I get love and affection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.8 I get help around the homestead.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.9 I can borrow money in an emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.10 I can get help when I need transport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.11 I can get help when I am sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Perceived Stigmas (HASI P)

I shall now read a list of events that may have happened to you during the LAST 3 MONTHS. For each one, please tell me how often it happened to you BECAUSE OF YOUR HIV STATUS.

	<u>Never</u>	<u>Once or twice</u>	<u>Several times</u>	<u>Many times</u>
6.1 I was told to use my own eating utensils.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.2 I was asked not to touch someone's child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3 I was made to drink last from the cup.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.4 Someone mocked me when I passed by.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.5 I stopped eating with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.6 I was asked to leave because I was coughing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.7 Someone stopped being my friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.8 A friend would not chat with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.9 I was called bad names.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.10 People sang offensive songs when I passed by	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.11 I was told that I have no future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.12 Someone scolded me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.13 I was told that God is punishing me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.14 I was made to eat alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.15 Someone insulted me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.16 People avoided me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.17 People cut down visiting me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.18 People ended their relationships with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.19 I was blamed for my HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.20 Someone tried to get me fired from my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.21 My employer denied me opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Regular partner

7.1 Do you have a regular partner or a spouse at the moment? Yes → Q7.2 No → Q7.3 Refused → Q8

If 'Yes': 7.2 Do they live with you in the same household? Yes No Refused

How long have you been in a relationship with them? _____ years _____ months

Are they aware of your HIV status? Yes No Don't know Refused

Have they had an HIV test? Yes No → Q8 Don't know Refused

If 'Yes': What was the result? Positive Negative Don't know Refused
→ Q8

If 'No': 7.3 Did you have a regular partner/spouse in the past? Yes No Refused

If 'Yes': When did the relationship end? _____ years _____ months

Was it related to your HIV status? Yes No Don't know Refused

8. Sexual Relationships

8.1 Have you ever had sex? (Explain what is meant by 'Having sex')

Yes No → Section 9 Refused

→ 8.2 How old were you when you first had sex?

_____ years If under 12, comment: _____

Don't know

Refused

8.3 How many sexual partners have you had in your lifetime? _____ partners

8.4 How many sexual partners, in total, have you had in the last 12 months? _____ partners

Sometimes people have more than one relationship at the same time

8.5 How many relationships are you in at the moment? _____ relationships

8.6 In the last 12 months have you had sex with someone who you know for certain was HIV Positive?

Yes No Refused

The following questions are about sexual partners in the last year. (If no partners in the last 12 months reported then ask only about the most recent partner only to be sure to indicate carefully the time since that partner in item 45). No names will be used during analysis and only group data will be presented

	<u>Most Recent Partner</u>	<u>Previous Partner 1</u>	<u>Previous Partner 2</u>
8.7 Remembering the most recent/previous time you had sex, what was your relationship to that partner at the time?	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other
8.8 Did you know this partner's HIV status?	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused
8.9 Are you willing to share this partner's HIV status	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.10 What is this partner's HIV status?	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused

8.11 Are you still in a sexual relationship with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.12 When was the last time you had sex with this partner?	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
8.13 Is this partner older, younger or about the same age?	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know
8.14 About how many years [older / younger]? (Record actual number or 98=Don't know)	_ _ _ years younger/older	_ _ _ years younger/older	_ _ _ years younger/older
8.15 Where does this partner normally reside?	<input type="radio"/> With Member <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused
<i>Always enter local area</i>	His/Her _ _ _ Isigodi _ _ _ Local area _ _ _	His/Her _ _ _ Isigodi _ _ _ Local area _ _ _	His/Her _ _ _ Isigodi _ _ _ Local area _ _ _
8.16 Did you use a condom the last time you had sex with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.17 How long were you / have you been sexually involved with this partner?	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
8.18 How many times have you had sexual intercourse with this partner in the last three months?	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>
8.19 On how many of these occasions did you and your partner use condoms?	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>

9. Gender attitudes and violence

People have different ideas about families and what is acceptable behaviour for men and women in the home. And of course when two people marry or live together, they usually share both good and bad moments. It is not uncommon for couples to quarrel or disagree, even fight, about things sometimes. If I may, I would like to read some statements to you and ask you to reply whether or not you agree with them. Some of these statements concern violence between you and your partner that you may have experienced. If anyone interrupts us I will change the topic of conversation. I would like to assure again you that your answers will be kept secret, and that you do not have to answer any question that you do not want to.

Please tell me whether or not you agree with these statements.

	<u>Agree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
9.1 A good wife obeys her partner even if she disagrees with him.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.2 It is important for a man to show his wife/partner that he is in charge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.3 A woman is obliged to have sex with her husband even if she doesn't feel like it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Remember all these statements concern things that may have happened IN THE LAST 12 MONTHS</i>				
9.4 I have been involved in a physical fight with someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.5 I know that my partner has been involved in a physical fight with someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.6 My partner and I quarrel often about things that affect our daily lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.7 My partner and I have quarrelled about the following: Money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.8 Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.9 Other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.10 My HIV-positive status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.11 My partner's HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.12 My partner and I have argued to the point where one of us physically hit the other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.13 I have had sexual intercourse when I did not want to because I was afraid of what my partner might do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.14 My partner physically forced me to have sexual intercourse when I did not want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.15 Someone physically hit, slapped or kicked me because of my HIV positive status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.16 My partner physically hit, slapped or kicked me because of my HIV positive status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Quality of Life

We are nearing the end now. I shall now ask you some general questions about how you have been feeling. We would like to know this to ensure that our counselors at the Ukuphila kwami ukhupila kwethu Study Clinics provide the best possible support to people. These questions ask you how HIV and its treatment have affected your health and your life. I would like you to think about your life during the last two weeks. When you don't know how to reply, give what you consider to be the most appropriate answer.

	<u>Very good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very poor</u>	<u>Refused</u>
10.1 During the LAST TWO WEEKS, my overall health (both HIV and non-HIV related) has been:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the LAST TWO WEEKS, because I am HIV positive...	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Refused</u>
10.2 I have felt tired.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3 I have had difficulty sleeping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.4 I have had difficulty concentrating or paying attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.5 I have had problems with my memory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.6 I have had difficulties with daily activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.7 I have had difficulty with strenuous physical activities such as carrying heavy objects, running, or walking a long distance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.8 I have been bothered by digestive problems. (stomach ache, bloating, diarrhea, nausea or vomiting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.9 I have been bothered by pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.10 I have had a poor appetite.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.11 I have felt sleepy during the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.12 I have had dizziness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.13 I have had nightmares.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Quality of Life (Continued)

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Refused</u>
During the LAST TWO WEEKS, because I am HIV positive...						
10.14 I have been bothered by a change in weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.15 I have been bothered by skin problems. (dry skin, itching, rash).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.16 I have been bothered by the changes in my body shape (sunken cheeks, thinner legs or arms, smaller buttocks, larger chest or breasts, fat belly, fat at the back of the neck).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.17 I have been unhappy with my physical appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.18 I have avoided going out with my friends or my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.19 I have felt restricted in my relationships with family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.20 I have had difficulties with my love life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.21 My sexual desire has diminished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.22 I have felt restricted in my sexual activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.23 I have been afraid of disclosing that I am HIV positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.24 I have been afraid of infecting others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.25 I have been sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.26 I have been anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.27 I have been more irritable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.28 I have been depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.29 HIV was on my mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.30 I have worried about the results of my follow-up tests such as viral load or CD4 cells count.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.31 I have been afraid that my disease will get worse one day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.32 I have been afraid of catching infections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.33 My spiritual or religious beliefs have helped me to live with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.34 I have been satisfied with the health care I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.35 I have had financial difficulties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.36 The thought that it will be difficult for me to have a child has worried me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If the patient is NOT taking ARV treatment. —> Section 11

10.37 Having to take my ARV treatment everyday has bothered me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.38 I have been satisfied with my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.39 I have been bothered by the side effects of my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.40 The size of the pills has bothered me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.41	The number of pills per day has bothered me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.42	I have been bothered by the number of times I have had to take my ARV treatment each day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.43	I have had to hide in order to take my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.44	I have felt like changing my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.45	Because of my ARV treatment, I have had difficulty going out with my friends or family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.46	I have forgotten to take my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Depression and Anxiety (PHQ-9)

Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?		<u>Not at all</u>	<u>Several days</u>	<u>More than half the days</u>	<u>Nearly every day</u>	<u>Refused</u>
11.1	Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.2	Feeling down, depressed, or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.3	Trouble falling asleep, staying asleep, or sleeping too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.4	Feeling tired or having little energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.5	Poor appetite or overeating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.6	Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.7	Trouble concentrating on things such as reading the newspaper or watching television.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.8	Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.9	Thinking that you would be better off dead or that you want to hurt yourself in some way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>If any of these problems is checked (i.e. unless ALL are answered "Not at all")</i>		<u>Not difficult at all</u>	<u>Somewhat difficult</u>	<u>Very difficult</u>	<u>Extremely difficult</u>	<u>Refused</u>
11.10	How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Satisfaction with care provided

It is important that we provide the best possible services in the Ukuphila kwami ukuphila kwethu Study, so I shall now ask you some questions about how satisfied you are with the care that you have received at this Study Clinic.

Please tell me whether you agree or disagree with these statements when thinking about your experience in this clinic.

		<u>Agree</u>	<u>Both agree and disagree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
12.1	The queues to see a nurse are too long at this facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.2	The health workers (doctors and/or nurses) discussed the treatment fully with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.3	It is a problem when the health workers DO NOT speak my language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.4	I find it easy to tell the health workers when I have missed taking my tablets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.5	The health workers are too busy to listen to my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.6	Patient information is kept confidential in this clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.7	Some staff DO NOT treat patients with sufficient respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.8	The health workers I see respect me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.9	The facilities (including waiting area and toilets) are dirty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.10	I feel comfortable to ask questions to the health workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<u>Satisfied</u>	<u>Neither satisfied nor dissatisfied</u>	<u>Dissatisfied</u>	<u>Don't know</u>	<u>Refused</u>
12.11	How satisfied were you with the service today?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are finished now. Thank you for helping us. I appreciate the time you have taken. I realise some questions may have been difficult to answer. But it is only by hearing the voices of people living with HIV that we can make sure the best possible services are made available to people in this community. If it was distressing or upsetting to answer some of these questions, I may be able to help by arranging for you to speak to one of the counsellors from one of the other Clinics about any of the issues that you found troubling. I can also give you the names of other organisations that work in this community and provide support to people living with HIV. Would you like me to do that?

Offer of referral was made? Yes

No → Finish



Referral accepted?

Yes

No

Referral plan discussed?

Yes

No

Details of Referral plan

Interviewer name _____

Print

Signature: _____

Interview end time :

Use 24h clock



Social science clinic-based 36m interviewer-administered questionnaire

TasP ID
Clinic
Visit Date
Interviewer

To be completed at about 36m after baseline clinic visit by ALL participants.

Participant Identification

Id. No.

Interview start time
Use 24h clock

Introduction

Interviewer to read:

Siyabonga ukuthi uvume ukubamba iqhaza kulengxenywe yocwaningo loKuphila kwami ukuphila kwethu. Njengoba sengikuchazele kulengxenywe sifisa ukuthola ukuthi uzizwa kanjani, ukuthi ukutheleleka ngegciwane leHIV kube nomthelela ongakanani empilweni yakho yansukuzonke nokuthi ukukwazi ukuthola ukunakekelwa emtholampilo kuzishintshe kanjani izinto empilweni yakho yansukuzonke.

Kubalulekile ukukhumbula ukuthi lengxoxo iyimfihlo ngokuphelele. Igama lakho alibhaliwe kuleliform. Inombolo ykho yocwaningo lwakwaTasP nekamazisi ezibhalwe kuleliform. Yilokho kuphela okuxhumene nezimpendulo zalemibuzo. Kuyadingeka ukuthi sibe nalokhu ukuze sikwazi ukuhlanganisa lonke ulwazi olubalulekile osusinike lona ocwaningweni Ukuphila kwami ukuphila kwethu ngale kokuthi kube khona owazi igama lakho nokuthi uhlalaphi. Kubalulekile futhi ukukhumbuzwa ukuthi izimpendulo onginika zona zizogcina phakathi kwethu. Ngeke ngizixoxele muntu futhi ngeke zikhonjiswe muntu oyingxenywe yokunakekelwa nokwelashwa kwakho kulomtholampilo. Zizoxhunyaniswa ngenombolo-mfihlo (code) kolunye ulwazi osulunikezile ocwaningweni.

Thank you for agreeing to participate in this part of the Ukuphila kwami ukuphila kwethu Study. As was explained to you, in this part of the study we would like to learn how you are feeling, in general, about how having HIV has impacted on your daily-life, and about how being able to access care at this Clinic influences things in your daily life.

It is important to remember that this interview is entirely confidential. Your name is not written down on this form. Your TasP study number and your Id. Number are written on the top of this form. That is the only identifying data that we will collect that is linked to your answers to the questions here. It is necessary to have this so that all the important information you have already provided to the Ukuphila kwami ukuphila kwethu study team can be linked without anyone knowing your name or where exactly you live. It is also important that you remember that the answers you give to me stay just between the two of us. I will not share them with anyone and they will never be shared with anyone who is involved in your treatment and care, at this Clinic. They will only be linked by a code to other information you have already provided to the study.

1. Adherence

I'd like to begin by asking about any ARV pills you are receiving from this clinic, and any problems you may be having with them.

1.1 Do you currently receive ARVs from this clinic?

- Yes, No, None, Don't know, Refused

How many pills did you take:

Table with columns: Pill, Pills per day, Yesterday, The day before yesterday, Three days ago, Four days ago. Includes example row for Atripla and rows a, b, c, d for listing all pills.

Notes/comments

Large empty box for notes and comments.

1 Adherence (Contd)

It is known that people often find it difficult to take their pills during weekends

- 1.2 Did you miss taking any ARV pills LAST WEEKEND? Yes No Don't know Refused
- 1.3 During the 4 DAYS BEFORE TODAY did you take the dose of your ARV treatments as instructed? No, never Yes, several times Don't know
 Yes, once Yes, always Refused
- 1.4 During the 4 DAYS BEFORE TODAY did you forget to take your ARV treatment or did you take it several hours after the prescribed time? No, never Yes, several times Don't know
 Yes, once Yes, always Refused
- 1.5 During the 4 DAYS BEFORE TODAY, concerning your ARV treatment, did you: Stop taking your pills at the request of health staff? Don't know
 Stop taking your pills for personal reasons? Refused
 Partially take your pills?
 Fully take all your pills?
- 1.6 IN GENERAL do you respect medical prescriptions? On a scale from one, never, up to six, always, which number is closest to what you think? Never 1 2 3 4 5 6 Always Don't know
 Refused
- 1.7 During the LAST 4 WEEKS have you: Scrupulously followed all your prescriptions? Don't know
 On the whole followed your prescriptions, but with some deviations? Refused
 Often modified the timing or the doses?
 Almost never followed your prescriptions?
 Completely stopped taking ALL your prescriptions?
- 1.8 During the LAST 4 WEEKS did you ever stop taking your ARV treatment completely for more than 2 days? No, never Yes, once Don't know
 Yes, several times Refused
- 1.9 Since you started ARV treatment did you ever stop taking your pills for more than one month? No, never → Section 2 Yes, once Don't know → Section 2
 Yes, several times Refused → Section 2
- If "Yes": 1.10 For how many months did you stop taking your pills THE LAST TIME? months

2. HIV Treatment Knowledge

I shall now read some statements about ARV treatment. Please tell me whether or not you agree with each one..

	<u>Agree</u>	<u>Both agree and disagree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
2.1 The risk of falling ill is reduced with ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2 When someone who takes ARV treatment feels better they can stop the treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.3 The CD4 count indicates how well the body can fight against diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.4 The goal of ARV treatment is to increase the ability of the body to fight against diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.5 Having an undetectable viral load means that the virus has stopped multiplying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.6 When the viral load is very low there is almost no risk of transmitting the virus during sexual intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Healthcare Expenditure

It is important that we provide the best possible services in the Ukuphila kwami ukuphila kwethu Study Clinics. I would like to ask you some questions about how you provide for your own health care and whether you have sought health care from any other sources and how much you paid for that.

In the LAST MONTH, have you used any of the following health services?

Ask about each one, record how many visits (or inpatient days) and the cost. (Don't know=96/9996, 98/9998=Refused)

Facility or service	Number of visits / days (If none put zero)	Cost (If none put zero)
3.1 A primary care clinic other than this one.	_____ times	R _____
3.2 A chemist / pharmacy	_____ times	R _____
3.3 A hospital emergency or outpatient dept.	_____ times	R _____
3.4 A hospital in-patient stay	_____ days	R _____
3.5 A private doctor	_____ times	R _____
3.6 A traditional healer	_____ times	R _____

3.7 In the LAST MONTH have you spent any other money on healthcare (e.g. traditional medicines, spaza shops, special food)?

Yes → amount R _____ No Refused

3.8 In the LAST MONTH did you have to borrow any money to pay for healthcare?

Yes → amount R _____ No Refused

3.9 In the LAST MONTH did you have to sell any personal or household items to pay for healthcare?

Yes → amount R _____ No Refused

4. HIV Status Disclosure

Have you disclosed to anyone that you are HIV-positive?

Yes No → Section 5 Don't know → Section 5 Refused → Section 5

	Yes	No	Don't know
To your current partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your former partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any male relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any female relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any of your children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any of your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your employer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To a Traditional Healer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any neighbours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To an Education Institution?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To anyone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify to whom: _____

5. Social Support

I shall now ask about the people who support you in your daily life. By this we mean all aspects of your life, not JUST the parts dealing with HIV and perhaps taking your ARV treatment.

	<u>As much as I would like</u>	<u>Less than I would like</u>	<u>Much less than I would like</u>	<u>Never</u>
5.1 I get visits from friends and relatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2 I get useful advice about important things in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3 I can talk to someone about problems at work or with housework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.4 I can talk to someone I trust about my personal problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.5 I get help with childcare.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.6 I have people around me who care what happens to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.7 I get love and affection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.8 I get help around the homestead.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.9 I can borrow money in an emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.10 I can get help when I need transport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.11 I can get help when I am sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Perceived Stigmas (HASI P)

I shall now read a list of events that may have happened to you during the LAST 3 MONTHS. For each one, please tell me how often it happened to you BECAUSE OF YOUR HIV STATUS.

	<u>Never</u>	<u>Once or twice</u>	<u>Several times</u>	<u>Many times</u>
6.1 I was told to use my own eating utensils.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.2 I was asked not to touch someone's child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3 I was made to drink last from the cup.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.4 Someone mocked me when I passed by.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.5 I stopped eating with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.6 I was asked to leave because I was coughing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.7 Someone stopped being my friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.8 A friend would not chat with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.9 I was called bad names.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.10 People sang offensive songs when I passed by	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.11 I was told that I have no future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.12 Someone scolded me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.13 I was told that God is punishing me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.14 I was made to eat alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.15 Someone insulted me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.16 People avoided me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.17 People cut down visiting me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.18 People ended their relationships with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.19 I was blamed for my HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.20 Someone tried to get me fired from my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.21 My employer denied me opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Regular partner

7.1 Do you have a regular partner or a spouse at the moment? Yes → Q7.2 No → Q7.3 Refused → Q8

If 'Yes': 7.2 Do they live with you in the same household? Yes No Refused

How long have you been in a relationship with them? _____ years _____ months

Are they aware of your HIV status? Yes No Don't know Refused

Have they had an HIV test? Yes No → Q8 Don't know Refused

If 'Yes': What was the result? Positive Negative Don't know Refused

→ Q8

If 'No': 7.3 Did you have a regular partner/spouse in the past? Yes No Refused

If 'Yes': When did the relationship end? _____ years _____ months

Was it related to your HIV status? Yes No Don't know Refused

8. Sexual Relationships

8.1 Have you ever had sex? (*Explain what is meant by 'Having sex'*)

Yes No → Section 9 Refused

8.2 How old were you when you first had sex?

_____ years If under 12, comment: _____

Don't know
 Refused

8.3 How many sexual partners have you had in your lifetime? _____ partners

8.4 How many sexual partners, in total, have you had in the last 12 months? _____ partners

Sometimes people have more than one relationship at the same time

8.5 How many relationships are you in at the moment? _____ relationships

8.6 In the last 12 months have you had sex with someone who you know for certain was HIV Positive?

Yes No Refused

The following questions are about sexual partners in the last year. (If no partners in the last 12 months reported then ask only about the most recent partner only to be sure to indicate carefully the time since that partner in item 45). No names will be used during analysis and only group data will be presented

	Most Recent Partner	Previous Partner 1	Previous Partner 2
8.7 Remembering the most recent/previous time you had sex, what was your relationship to that partner at the time?	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other
8.8 Did you know this partner's HIV status?	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused
8.9 Are you willing to share this partner's HIV status	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.10 What is this partner's HIV status?	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused

8.11 Are you still in a sexual relationship with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.12 When was the last time you had sex with this partner?	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
8.13 Is this partner older, younger or about the same age?	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know
8.14 About how many years [older / younger]? <i>(Record actual number or 98=Don't know)</i>	_ _ _ years younger/older	_ _ _ years younger/older	_ _ _ years younger/older
8.15 Where does this partner normally reside?	<input type="radio"/> With Member <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused
<i>Always enter local area</i>	_ _ _ His/Her Isigodi _ _ _ Local area _ _ _	_ _ _ His/Her Isigodi _ _ _ Local area _ _ _	_ _ _ His/Her Isigodi _ _ _ Local area _ _ _
8.16 Did you use a condom the last time you had sex with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.17 How long were you / have you been sexually involved with this partner?	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
8.18 How many times have you had sexual intercourse with this partner in the last three months?	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>
8.19 On how many of these occasions did you and your partner use condoms	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>

9. Gender attitudes and violence

People have different ideas about families and what is acceptable behaviour for men and women in the home. And of course when two people marry or live together, they usually share both good and bad moments. It is not uncommon for couples to quarrel or disagree, even fight, about things sometimes. If I may, I would like to read some statements to you and ask you to reply whether or not you agree with them. Some of these statements concern violence between you and your partner that you may have experienced. If anyone interrupts us I will change the topic of conversation. I would like to assure again you that your answers will be kept secret, and that you do not have to answer any question that you do not want to.

Please tell me whether or not you agree with these statements.

	<u>Agree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
9.1 A good wife obeys her partner even if she disagrees with him.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.2 It is important for a man to show his wife/partner that he is in charge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.3 A woman is obliged to have sex with her husband even if she doesn't feel like it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Remember all these statements concern things that may have happened IN THE LAST 12 MONTHS</i>				
9.4 I have been involved in a physical fight with someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.5 I know that my partner has been involved in a physical fight with someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.6 My partner and I quarrel often about things that affect our daily lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.7 My partner and I have quarrelled about the following: Money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.8 Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.9 Other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.10 My HIV-positive status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.11 My partner's HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.12 My partner and I have argued to the point where one of us physically hit the other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.13 I have had sexual intercourse when I did not want to because I was afraid of what my partner might do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.14 My partner physically forced me to have sexual intercourse when I did not want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.15 Someone physically hit, slapped or kicked me because of my HIV positive status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.16 My partner physically hit, slapped or kicked me because of my HIV positive status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Quality of Life

We are nearing the end now. I shall now ask you some general questions about how you have been feeling. We would like to know this to ensure that our counselors at the Ukuphila kwami ukhupila kweethu Study Clinics provide the best possible support to people.

These questions ask you how HIV and its treatment have affected your health and your life. I would like you to think about your life during the last two weeks. When you don't know how to reply, give what you consider to be the most appropriate answer.

	<u>Very good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very poor</u>	<u>Refused</u>
10.1 During the LAST TWO WEEKS, my overall health (both HIV and non-HIV related) has been:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the LAST TWO WEEKS, because I am HIV positive...	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Refused</u>
10.2 I have felt tired.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3 I have had difficulty sleeping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.4 I have had difficulty concentrating or paying attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.5 I have had problems with my memory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.6 I have had difficulties with daily activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.7 I have had difficulty with strenuous physical activities such as carrying heavy objects, running, or walking a long distance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.8 I have been bothered by digestive problems. (stomach ache, bloating, diarrhea, nausea or vomiting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.9 I have been bothered by pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.10 I have had a poor appetite.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.11 I have felt sleepy during the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.12 I have had dizziness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.13 I have had nightmares.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Quality of Life (Continued)

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Refused</u>
During the LAST TWO WEEKS, because I am HIV positive...						
10.14 I have been bothered by a change in weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.15 I have been bothered by skin problems. (dry skin, itching, rash).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.16 I have been bothered by the changes in my body shape (sunken cheeks, thinner legs or arms, smaller buttocks, larger chest or breasts, fat belly, fat at the back of the neck).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.17 I have been unhappy with my physical appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.18 I have avoided going out with my friends or my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.19 I have felt restricted in my relationships with family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.20 I have had difficulties with my love life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.21 My sexual desire has diminished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.22 I have felt restricted in my sexual activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.23 I have been afraid of disclosing that I am HIV positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.24 I have been afraid of infecting others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.25 I have been sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.26 I have been anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.27 I have been more irritable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.28 I have been depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.29 HIV was on my mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.30 I have worried about the results of my follow-up tests such as viral load or CD4 cells count.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.31 I have been afraid that my disease will get worse one day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.32 I have been afraid of catching infections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.33 My spiritual or religious beliefs have helped me to live with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.34 I have been satisfied with the health care I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.35 I have had financial difficulties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.36 The thought that it will be difficult for me to have a child has worried me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If the patient is NOT taking ARV treatment. —> Section 11

10.37 Having to take my ARV treatment everyday has bothered me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.38 I have been satisfied with my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.39 I have been bothered by the side effects of my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.40 The size of the pills has bothered me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.41	The number of pills per day has bothered me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.42	I have been bothered by the number of times I have had to take my ARV treatment each day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.43	I have had to hide in order to take my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.44	I have felt like changing my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.45	Because of my ARV treatment, I have had difficulty going out with my friends or family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.46	I have forgotten to take my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Depression and Anxiety (PHQ-9)

Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?		<u>Not at all</u>	<u>Several days</u>	<u>More than half the days</u>	<u>Nearly every day</u>	<u>Refused</u>
11.1	Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.2	Feeling down, depressed, or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.3	Trouble falling asleep, staying asleep, or sleeping too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.4	Feeling tired or having little energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.5	Poor appetite or overeating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.6	Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.7	Trouble concentrating on things such as reading the newspaper or watching television.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.8	Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.9	Thinking that you would be better off dead or that you want to hurt yourself in some way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>If any of these problems is checked (i.e. unless ALL are answered "Not at all")</i>		<u>Not difficult at all</u>	<u>Somewhat difficult</u>	<u>Very difficult</u>	<u>Extremely difficult</u>	<u>Refused</u>
11.10	How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Satisfaction with care provided

It is important that we provide the best possible services in the Ukuphila kwami ukuphila kwethu Study, so I shall now ask you some questions about how satisfied you are with the care that you have received at this Study Clinic.

Please tell me whether you agree or disagree with these statements when thinking about your experience in this clinic.

		<u>Agree</u>	<u>Both agree and disagree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
12.1	The queues to see a nurse are too long at this facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.2	The health workers (doctors and/or nurses) discussed the treatment fully with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.3	It is a problem when the health workers DO NOT speak my language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.4	I find it easy to tell the health workers when I have missed taking my tablets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.5	The health workers are too busy to listen to my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.6	Patient information is kept confidential in this clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.7	Some staff DO NOT treat patients with sufficient respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.8	The health workers I see respect me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.9	The facilities (including waiting area and toilets) are dirty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.10	I feel comfortable to ask questions to the health workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<u>Satisfied</u>	<u>Neither satisfied nor dissatisfied</u>	<u>Dissatisfied</u>	<u>Don't know</u>	<u>Refused</u>
12.11	How satisfied were you with the service today?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are finished now. Thank you for helping us. I appreciate the time you have taken. I realise some questions may have been difficult to answer. But it is only by hearing the voices of people living with HIV that we can make sure the best possible services are made available to people in this community. If it was distressing or upsetting to answer some of these questions, I may be able to help by arranging for you to speak to one of the counsellors from one of the other Clinics about any of the issues that you found troubling. I can also give you the names of other organisations that work in this community and provide support to people living with HIV. Would you like me to do that?

Offer of referral was made? Yes No → Finish

↳ Referral accepted? Yes No

Referral plan discussed? Yes No

Details of Referral plan _____

Interviewer name _____
Print

Signature: _____

Interview end time | | | : | | | |
Use 24h clock



Social science clinic-based 36m interviewer-administered questionnaire

TasP ID
Clinic
Visit Date
Interviewer

To be completed at about 36m after baseline clinic visit by ALL participants.

Participant Identification

Id. No.

Interview start time
Use 24h clock

Introduction

Interviewer to read:

Siyabonga ukuthi uvume ukubamba iqhaza kulengxenywe yocwaningo loKuphila kwami ukuphila kwethu. Njengoba sengikuchazele kulengxenywe sifisa ukuthola ukuthi uzizwa kanjani, ukuthi ukutholeleka ngegcwane leHIV kube nomthelela ongakanani empilweni yakho yansukuzonke nokuthi ukukwazi ukuthola ukunakekelwa emtholampilo kuzishintshe kanjani izinto empilweni yakho yansukuzonke.

Kubalulekile ukukhumbula ukuthi lengxoxo iyimfihlo ngokuphelele. Igama lakho alibhaliwe kuleliform. Inombolo ykho yocwaningo lwakwaTasP nekamazisi ezibhalwe kuleliform. Yilokho kuphela okuxhumene nezimpendulo zalemibuzo. Kuyadingeka ukuthi sibe nalokhu ukuze sikwazi ukuhlenganisa lonke ulwazi olubalulekile osusinike lona ocwaningweni Ukuphila kwami ukuphila kwethu ngale kokuthi kube khona owazi igama lakho nokuthi uhlalaphi. Kubalulekile futhi ukukhumbuzwa ukuthi izimpendulo onginika zona zizogcina phakathi kwethu. Ngeke ngizixoxele muntu futhi ngeke zikhonjiswe muntu oyingxenywe yokunakekelwa nokwelashwa kwakho kulomtholampilo. Zizoxhunyaniswa ngenombolo-mfihlo (code) kolunye ulwazi osulunikezile ocwaningweni.

Thank you for agreeing to participate in this part of the Ukuphila kwami ukuphila kwethu Study. As was explained to you, in this part of the study we would like to learn how you are feeling, in general, about how having HIV has impacted on your daily-life, and about how being able to access care at this Clinic influences things in your daily life.

It is important to remember that this interview is entirely confidential. Your name is not written down on this form. Your TasP study number and your Id. Number are written on the top of this form. That is the only identifying data that we will collect that is linked to your answers to the questions here. It is necessary to have this so that all the important information you have already provided to the Ukuphila kwami ukuphila kwethu study team can be linked without anyone knowing your name or where exactly you live. It is also important that you remember that the answers you give to me stay just between the two of us. I will not share them with anyone and they will never be shared with anyone who is involved in your treatment and care, at this Clinic. They will only be linked by a code to other information you have already provided to the study.

1. Adherence

I'd like to begin by asking about any ARV pills you are receiving from this clinic, and any problems you may be having with them.

1.1 Do you currently receive ARVs from this clinic?

- Yes, No, None, Don't know, Refused

How many pills did you take:

Table with columns: Pill, Pills per day, Yesterday, The day before yesterday, Three days ago, Four days ago. Includes example row for Atripla and rows a-d for listing all pills.

Notes/comments

Large empty box for notes and comments.

1 Adherence (Contd)

It is known that people often find it difficult to take their pills during weekends

- 1.2 Did you miss taking any ARV pills LAST WEEKEND? Yes No Don't know Refused
- 1.3 During the 4 DAYS BEFORE TODAY did you take the dose of your ARV treatments as instructed? No, never Yes, several times Don't know
 Yes, once Yes, always Refused
- 1.4 During the 4 DAYS BEFORE TODAY did you forget to take your ARV treatment or did you take it several hours after the prescribed time? No, never Yes, several times Don't know
 Yes, once Yes, always Refused
- 1.5 During the 4 DAYS BEFORE TODAY, concerning your ARV treatment, did you: Stop taking your pills at the request of health staff? Don't know
 Stop taking your pills for personal reasons? Refused
 Partially take your pills?
 Fully take all your pills?
- 1.6 IN GENERAL do you respect medical prescriptions? On a scale from one, never, up to six, always, which number is closest to what you think? Never 1 2 3 4 5 Always 6 Don't know
 Refused
- 1.7 During the LAST 4 WEEKS have you: Scrupulously followed all your prescriptions? Don't know
 On the whole followed your prescriptions, but with some deviations? Refused
 Often modified the timing or the doses?
 Almost never followed your prescriptions?
 Completely stopped taking ALL your prescriptions?
- 1.8 During the LAST 4 WEEKS did you ever stop taking your ARV treatment completely for more than 2 days? No, never Yes, once Don't know
 Yes, several times Refused
- 1.9 Since you started ARV treatment did you ever stop taking your pills for more than one month? No, never → Section 2 Yes, once Don't know → Section 2
 Yes, several times Refused → Section 2

If "Yes": 1.10 For how many months did you stop taking your pills THE LAST TIME? months

2. HIV Treatment Knowledge

I shall now read some statements about ARV treatment. Please tell me whether or not you agree with each one..

	<u>Agree</u>	<u>Both agree and disagree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
2.1 The risk of falling ill is reduced with ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2 When someone who takes ARV treatment feels better they can stop the treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.3 The CD4 count indicates how well the body can fight against diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.4 The goal of ARV treatment is to increase the ability of the body to fight against diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.5 Having an undetectable viral load means that the virus has stopped multiplying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.6 When the viral load is very low there is almost no risk of transmitting the virus during sexual intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Healthcare Expenditure

It is important that we provide the best possible services in the Ukuphila kwami ukuphila kwethu Study Clinics. I would like to ask you some questions about how you provide for your own health care and whether you have sought health care from any other sources and how much you paid for that.

In the LAST MONTH, have you used any of the following health services?

Ask about each one, record how many visits (or inpatient days) and the cost. (Don't know=96/9996, 98/9998=Refused)

<u>Facility or service</u>	<u>Number of visits / days</u> (If none put zero)	<u>Cost</u> (If none put zero)
3.1 A primary care clinic other than this one.	_____ times	R _____
3.2 A chemist / pharmacy	_____ times	R _____
3.3 A hospital emergency or outpatient dept.	_____ times	R _____
3.4 A hospital in-patient stay	_____ days	R _____
3.5 A private doctor	_____ times	R _____
3.6 A traditional healer	_____ times	R _____

3.7 In the LAST MONTH have you spent any other money on healthcare (e.g. traditional medicines, spaza shops, special food)?

Yes → amount R _____ No Refused

3.8 In the LAST MONTH did you have to borrow any money to pay for healthcare?

Yes → amount R _____ No Refused

3.9 In the LAST MONTH did you have to sell any personal or household items to pay for healthcare?

Yes → amount R _____ No Refused

4. HIV Status Disclosure

Have you disclosed to anyone that you are HIV-positive?

Yes No → Section 5 Don't know → Section 5 Refused → Section 5

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
To your current partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your former partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any male relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any female relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any of your children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any of your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your employer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To a Traditional Healer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any neighbours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To an Education Institution?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To anyone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify to whom: _____

5. Social Support

I shall now ask about the people who support you in your daily life. By this we mean all aspects of your life, not JUST the parts dealing with HIV and perhaps taking your ARV treatment.

	<u>As much as I would like</u>	<u>Less than I would like</u>	<u>Much less than I would like</u>	<u>Never</u>
5.1 I get visits from friends and relatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2 I get useful advice about important things in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3 I can talk to someone about problems at work or with housework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.4 I can talk to someone I trust about my personal problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.5 I get help with childcare.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.6 I have people around me who care what happens to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.7 I get love and affection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.8 I get help around the homestead.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.9 I can borrow money in an emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.10 I can get help when I need transport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.11 I can get help when I am sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Perceived Stigmas (HASI P)

I shall now read a list of events that may have happened to you during the LAST 3 MONTHS. For each one, please tell me how often it happened to you BECAUSE OF YOUR HIV STATUS.

	<u>Never</u>	<u>Once or twice</u>	<u>Several times</u>	<u>Many times</u>
6.1 I was told to use my own eating utensils.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.2 I was asked not to touch someone's child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3 I was made to drink last from the cup.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.4 Someone mocked me when I passed by.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.5 I stopped eating with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.6 I was asked to leave because I was coughing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.7 Someone stopped being my friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.8 A friend would not chat with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.9 I was called bad names.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.10 People sang offensive songs when I passed by	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.11 I was told that I have no future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.12 Someone scolded me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.13 I was told that God is punishing me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.14 I was made to eat alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.15 Someone insulted me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.16 People avoided me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.17 People cut down visiting me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.18 People ended their relationships with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.19 I was blamed for my HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.20 Someone tried to get me fired from my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.21 My employer denied me opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Regular partner

7.1 Do you have a regular partner or a spouse at the moment? Yes → Q7.2 No → Q7.3 Refused → Q8

If 'Yes': 7.2 Do they live with you in the same household? Yes No Refused
 How long have you been in a relationship with them? _____ years _____ months
 Are they aware of your HIV status? Yes No Don't know Refused
 Have they had an HIV test? Yes No → Q8 Don't know Refused
 If 'Yes': What was the result? Positive Negative Don't know Refused
 → Q8

If 'No': 7.3 Did you have a regular partner/spouse in the past? Yes No Refused
 If 'Yes': When did the relationship end? _____ years _____ months
 Was it related to your HIV status? Yes No Don't know Refused

8. Sexual Relationships

8.1 Have you ever had sex? (Explain what is meant by 'Having sex')

Yes No → Section 9 Refused

→ 8.2 How old were you when you first had sex?
 _____ years If under 12, comment: _____
 Don't know
 Refused

8.3 How many sexual partners have you had in your lifetime? _____ partners

8.4 How many sexual partners, in total, have you had in the last 12 months? _____ partners

Sometimes people have more than one relationship at the same time

8.5 How many relationships are you in at the moment? _____ relationships

8.6 In the last 12 months have you had sex with someone who you know for certain was HIV Positive?
 Yes No Refused

The following questions are about sexual partners in the last year. (If no partners in the last 12 months reported then ask only about the most recent partner only to be sure to indicate carefully the time since that partner in item 45). No names will be used during analysis and only group data will be presented

	Most Recent Partner	Previous Partner 1	Previous Partner 2
8.7 Remembering the most recent/previous time you had sex, what was your relationship to that partner at the time?	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other
8.8 Did you know this partner's HIV status?	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused
8.9 Are you willing to share this partner's HIV status	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.10 What is this partner's HIV status?	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused

8.11 Are you still in a sexual relationship with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.12 When was the last time you had sex with this partner?	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
8.13 Is this partner older, younger or about the same age?	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know
8.14 About how many years [older / younger]? (Record actual number or 98=Don't know)	_ _ _ years younger/older	_ _ _ years younger/older	_ _ _ years younger/older
8.15 Where does this partner normally reside?	<input type="radio"/> With Member <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused
<i>Always enter local area</i>	His/Her _ _ _ Isigodi _ _ _ Local area _ _ _	His/Her _ _ _ Isigodi _ _ _ Local area _ _ _	His/Her _ _ _ Isigodi _ _ _ Local area _ _ _
8.16 Did you use a condom the last time you had sex with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.17 How long were you / have you been sexually involved with this partner?	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
8.18 How many times have you had sexual intercourse with this partner in the last three months?	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>
8.19 On how many of these occasions did you and your partner use condoms?	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>

9. Gender attitudes and violence

People have different ideas about families and what is acceptable behaviour for men and women in the home. And of course when two people marry or live together, they usually share both good and bad moments. It is not uncommon for couples to quarrel or disagree, even fight, about things sometimes. If I may, I would like to read some statements to you and ask you to reply whether or not you agree with them. Some of these statements concern violence between you and your partner that you may have experienced. If anyone interrupts us I will change the topic of conversation. I would like to assure again you that your answers will be kept secret, and that you do not have to answer any question that you do not want to.

Please tell me whether or not you agree with these statements.

	<u>Agree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
9.1 A good wife obeys her partner even if she disagrees with him.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.2 It is important for a man to show his wife/partner that he is in charge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.3 A woman is obliged to have sex with her husband even if she doesn't feel like it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Remember all these statements concern things that may have happened IN THE LAST 12 MONTHS</i>				
9.4 I have been involved in a physical fight with someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.5 I know that my partner has been involved in a physical fight with someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.6 My partner and I quarrel often about things that affect our daily lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.7 My partner and I have quarrelled about the following: Money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.8 Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.9 Other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.10 My HIV-positive status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.11 My partner's HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.12 My partner and I have argued to the point where one of us physically hit the other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.13 I have had sexual intercourse when I did not want to because I was afraid of what my partner might do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.14 My partner physically forced me to have sexual intercourse when I did not want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.15 Someone physically hit, slapped or kicked me because of my HIV positive status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.16 My partner physically hit, slapped or kicked me because of my HIV positive status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Quality of Life

We are nearing the end now. I shall now ask you some general questions about how you have been feeling. We would like to know this to ensure that our counselors at the Ukuphila kwami ukhupila kwethu Study Clinics provide the best possible support to people. These questions ask you how HIV and its treatment have affected your health and your life. I would like you to think about your life during the last two weeks. When you don't know how to reply, give what you consider to be the most appropriate answer.

	<u>Very good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very poor</u>	<u>Refused</u>
10.1 During the LAST TWO WEEKS, my overall health (both HIV and non-HIV related) has been:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the LAST TWO WEEKS, because I am HIV positive...	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Refused</u>
10.2 I have felt tired.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3 I have had difficulty sleeping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.4 I have had difficulty concentrating or paying attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.5 I have had problems with my memory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.6 I have had difficulties with daily activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.7 I have had difficulty with strenuous physical activities such as carrying heavy objects, running, or walking a long distance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.8 I have been bothered by digestive problems. (stomach ache, bloating, diarrhea, nausea or vomiting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.9 I have been bothered by pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.10 I have had a poor appetite.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.11 I have felt sleepy during the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.12 I have had dizziness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.13 I have had nightmares.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Quality of Life (Continued)

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Refused</u>
During the LAST TWO WEEKS, because I am HIV positive...						
10.14 I have been bothered by a change in weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.15 I have been bothered by skin problems. (dry skin, itching, rash).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.16 I have been bothered by the changes in my body shape (sunken cheeks, thinner legs or arms, smaller buttocks, larger chest or breasts, fat belly, fat at the back of the neck).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.17 I have been unhappy with my physical appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.18 I have avoided going out with my friends or my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.19 I have felt restricted in my relationships with family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.20 I have had difficulties with my love life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.21 My sexual desire has diminished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.22 I have felt restricted in my sexual activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.23 I have been afraid of disclosing that I am HIV positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.24 I have been afraid of infecting others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.25 I have been sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.26 I have been anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.27 I have been more irritable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.28 I have been depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.29 HIV was on my mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.30 I have worried about the results of my follow-up tests such as viral load or CD4 cells count.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.31 I have been afraid that my disease will get worse one day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.32 I have been afraid of catching infections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.33 My spiritual or religious beliefs have helped me to live with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.34 I have been satisfied with the health care I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.35 I have had financial difficulties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.36 The thought that it will be difficult for me to have a child has worried me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If the patient is NOT taking ARV treatment. —> Section 11

10.37 Having to take my ARV treatment everyday has bothered me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.38 I have been satisfied with my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.39 I have been bothered by the side effects of my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.40 The size of the pills has bothered me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.41	The number of pills per day has bothered me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.42	I have been bothered by the number of times I have had to take my ARV treatment each day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.43	I have had to hide in order to take my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.44	I have felt like changing my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.45	Because of my ARV treatment, I have had difficulty going out with my friends or family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.46	I have forgotten to take my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Depression and Anxiety (PHQ-9)

Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?		<u>Not at all</u>	<u>Several days</u>	<u>More than half the days</u>	<u>Nearly every day</u>	<u>Refused</u>
11.1	Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.2	Feeling down, depressed, or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.3	Trouble falling asleep, staying asleep, or sleeping too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.4	Feeling tired or having little energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.5	Poor appetite or overeating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.6	Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.7	Trouble concentrating on things such as reading the newspaper or watching television.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.8	Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.9	Thinking that you would be better off dead or that you want to hurt yourself in some way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>If any of these problems is checked (i.e. unless ALL are answered "Not at all")</i>		<u>Not difficult at all</u>	<u>Somewhat difficult</u>	<u>Very difficult</u>	<u>Extremely difficult</u>	<u>Refused</u>
11.10	How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Satisfaction with care provided

It is important that we provide the best possible services in the Ukuphila kwami ukuphila kwethu Study, so I shall now ask you some questions about how satisfied you are with the care that you have received at this Study Clinic.

Please tell me whether you agree or disagree with these statements when thinking about your experience in this clinic.

		<u>Agree</u>	<u>Both agree and disagree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
12.1	The queues to see a nurse are too long at this facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.2	The health workers (doctors and/or nurses) discussed the treatment fully with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.3	It is a problem when the health workers DO NOT speak my language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.4	I find it easy to tell the health workers when I have missed taking my tablets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.5	The health workers are too busy to listen to my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.6	Patient information is kept confidential in this clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.7	Some staff DO NOT treat patients with sufficient respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.8	The health workers I see respect me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.9	The facilities (including waiting area and toilets) are dirty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.10	I feel comfortable to ask questions to the health workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<u>Satisfied</u>	<u>Neither satisfied nor dissatisfied</u>	<u>Dissatisfied</u>	<u>Don't know</u>	<u>Refused</u>
12.11	How satisfied were you with the service today?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are finished now. Thank you for helping us. I appreciate the time you have taken. I realise some questions may have been difficult to answer. But it is only by hearing the voices of people living with HIV that we can make sure the best possible services are made available to people in this community. If it was distressing or upsetting to answer some of these questions, I may be able to help by arranging for you to speak to one of the counsellors from one of the other Clinics about any of the issues that you found troubling. I can also give you the names of other organisations that work in this community and provide support to people living with HIV. Would you like me to do that?

Offer of referral was made? Yes No → Finish

↳ Referral accepted? Yes No

Referral plan discussed? Yes No

Details of Referral plan _____

Interviewer name _____
Print

Signature: _____

Interview end time | | | : | | | |
Use 24h clock



Social science clinic-based 42m interviewer-administered questionnaire

TasP ID
Clinic
Visit Date
Interviewer

To be completed at about 6m after baseline clinic visit by ALL participants.

Participant Identification

Id. No.

Interview start time
Use 24h clock

Introduction

Interviewer to read:

Siyabonga ukuthi uvume ukubamba iqhaza kulengxenywe yocwaningo loKuphila kwami ukuphila kwethu. Njengoba sengikuchazele kulengxenywe sifisa ukuthola ukuthi uzizwa kanjani, ukuthi ukutheleleka ngegciwane leHIV kube nomthelela ongakanani empilweni yakho yansukuzonke nokuthi ukukwazi ukuthola ukunakekelwa emtholampilo kuzishintshe kanjani izinto empilweni yakho yansukuzonke.

Kubalulekile ukukhumbula ukuthi lengxoxo iyimfihlo ngokuphelele. Igama lakho alibhaliwe kuleliform. Inombolo ykho yocwaningo lwakwaTasP nekamazisi ezibhalwe kuleliform. Yilokho kuphela okuxhumene nezimpendulo zalemibuzo. Kuyadingeka ukuthi sibe nalokhu ukuze sikwazi ukuhlanganisa lonke ulwazi olubalulekile osusinike lona ocwaningweni Ukuphila kwami ukuphila kwethu ngale kokuthi kube khona owazi igama lakho nokuthi uhlalaphi. Kubalulekile futhi ukukukhumbuza ukuthi izimpendulo onginika zona zizogcina phakathi kwethu. Ngeke ngizixoxele muntu futhi ngeke zikhonjiswe muntu oyingxenywe yokunakekelwa nokwelashwa kwakho kulomtholampilo. Zizoxhunyaniswa ngenombolo-mfihlo (code) kolunye ulwazi osulunikezile ocwaningweni.

Thank you for agreeing to participate in this part of the Ukuphila kwami ukuphila kwethu Study. As was explained to you, in this part of the study we would like to learn how you are feeling, in general, about how having HIV has impacted on your daily-life, and about how being able to access care at this Clinic influences things in your daily life.

It is important to remember that this interview is entirely confidential. Your name is not written down on this form. Your TasP study number and your Id. Number are written on the top of this form. That is the only identifying data that we will collect that is linked to your answers to the questions here. It is necessary to have this so that all the important information you have already provided to the Ukuphila kwami ukuphila kwethu study team can be linked without anyone knowing your name or where exactly you live. It is also important that you remember that the answers you give to me stay just between the two of us. I will not share them with anyone and they will never be shared with anyone who is involved in your treatment and care, at this Clinic. They will only be linked by a code to other information you have already provided to the study.

1. Adherence

I'd like to begin by asking about any ARV pills you are receiving from this clinic, and any problems you may be having with them.

1.1 Do you currently receive ARVs from this clinic?

- Yes, No, None, Don't know, Refused

How many pills did you take:

Table with columns: Pill, Pills per day, Yesterday, The day before yesterday, Three days ago, Four days ago. Includes example row for Atripla and rows a, b, c, d for listing pills.

Notes/comments

Large empty box for notes and comments.

1 Adherence (Contd)

It is known that people often find it difficult to take their pills during weekends

- 1.2 Did you miss taking any ARV pills LAST WEEKEND? Yes No Don't know Refused
- 1.3 During the 4 DAYS BEFORE TODAY did you take the dose of your ARV treatments as instructed? No, never Yes, several times Don't know
 Yes, once Yes, always Refused
- 1.4 During the 4 DAYS BEFORE TODAY did you forget to take your ARV treatment or did you take it several hours after the prescribed time? No, never Yes, several times Don't know
 Yes, once Yes, always Refused
- 1.5 During the 4 DAYS BEFORE TODAY, concerning your ARV treatment, did you: Stop taking your pills at the request of health staff? Don't know
 Stop taking your pills for personal reasons? Refused
 Partially take your pills?
 Fully take all your pills?
- 1.6 IN GENERAL do you respect medical prescriptions? On a scale from one, never, up to six, always, which number is closest to what you think? Never 1 2 3 4 5 6 Always Don't know
 Refused
- 1.7 During the LAST 4 WEEKS have you: Scrupulously followed all your prescriptions? Don't know
 On the whole followed your prescriptions, but with some deviations? Refused
 Often modified the timing or the doses?
 Almost never followed your prescriptions?
 Completely stopped taking ALL your prescriptions?
- 1.8 During the LAST 4 WEEKS did you ever stop taking your ARV treatment completely for more than 2 days? No, never Yes, once Don't know
 Yes, several times Refused
- 1.9 Since you started ARV treatment did you ever stop taking your pills for more than one month? No, never → Section 2 Yes, once Don't know → Section 2
 Yes, several times Refused → Section 2
- If "Yes": 1.10 For how many months did you stop taking your pills THE LAST TIME? months

2. HIV Treatment Knowledge

I shall now read some statements about ARV treatment. Please tell me whether or not you agree with each one..

	<u>Agree</u>	<u>Both agree and disagree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
2.1 The risk of falling ill is reduced with ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2 When someone who takes ARV treatment feels better they can stop the treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.3 The CD4 count indicates how well the body can fight against diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.4 The goal of ARV treatment is to increase the ability of the body to fight against diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.5 Having an undetectable viral load means that the virus has stopped multiplying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.6 When the viral load is very low there is almost no risk of transmitting the virus during sexual intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Healthcare Expenditure

It is important that we provide the best possible services in the Ukuphila kwami ukuphila kwethu Study Clinics. I would like to ask you some questions about how you provide for your own health care and whether you have sought health care from any other sources and how much you paid for that.

In the LAST MONTH, have you used any of the following health services?

Ask about each one, record how many visits (or inpatient days) and the cost. (Don't know=96/9996, 98/9998=Refused)

Facility or service	Number of visits / days (If none put zero)	Cost (If none put zero)
3.1 A primary care clinic other than this one.	_____ times	R _____
3.2 A chemist / pharmacy	_____ times	R _____
3.3 A hospital emergency or outpatient dept.	_____ times	R _____
3.4 A hospital in-patient stay	_____ days	R _____
3.5 A private doctor	_____ times	R _____
3.6 A traditional healer	_____ times	R _____

3.7 In the LAST MONTH have you spent any other money on healthcare (e.g. traditional medicines, spaza shops, special food)?

Yes → amount R _____ No Refused

3.8 In the LAST MONTH did you have to borrow any money to pay for healthcare?

Yes → amount R _____ No Refused

3.9 In the LAST MONTH did you have to sell any personal or household items to pay for healthcare?

Yes → amount R _____ No Refused

4. HIV Status Disclosure

Have you disclosed to anyone that you are HIV-positive?

Yes No → Section 5 Don't know → Section 5 Refused → Section 5

	Yes	No	Don't know
To your current partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your former partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any male relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any female relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any of your children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any of your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your employer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To a Traditional Healer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any neighbours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To an Education Institution?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To anyone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify to whom: _____

5. Social Support

I shall now ask about the people who support you in your daily life. By this we mean all aspects of your life, not JUST the parts dealing with HIV and perhaps taking your ARV treatment.

	<u>As much as I would like</u>	<u>Less than I would like</u>	<u>Much less than I would like</u>	<u>Never</u>
5.1 I get visits from friends and relatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2 I get useful advice about important things in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3 I can talk to someone about problems at work or with housework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.4 I can talk to someone I trust about my personal problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.5 I get help with childcare.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.6 I have people around me who care what happens to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.7 I get love and affection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.8 I get help around the homestead.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.9 I can borrow money in an emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.10 I can get help when I need transport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.11 I can get help when I am sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Perceived Stigmas (HASI P)

I shall now read a list of events that may have happened to you during the LAST 3 MONTHS. For each one, please tell me how often it happened to you BECAUSE OF YOUR HIV STATUS.

	<u>Never</u>	<u>Once or twice</u>	<u>Several times</u>	<u>Many times</u>
6.1 I was told to use my own eating utensils.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.2 I was asked not to touch someone's child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3 I was made to drink last from the cup.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.4 Someone mocked me when I passed by.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.5 I stopped eating with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.6 I was asked to leave because I was coughing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.7 Someone stopped being my friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.8 A friend would not chat with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.9 I was called bad names.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.10 People sang offensive songs when I passed by	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.11 I was told that I have no future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.12 Someone scolded me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.13 I was told that God is punishing me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.14 I was made to eat alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.15 Someone insulted me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.16 People avoided me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.17 People cut down visiting me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.18 People ended their relationships with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.19 I was blamed for my HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.20 Someone tried to get me fired from my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.21 My employer denied me opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Regular partner

7.1 Do you have a regular partner or a spouse at the moment? Yes → Q7.2 No → Q7.3 Refused → Q8

If 'Yes': 7.2 Do they live with you in the same household? Yes No Refused
 How long have you been in a relationship with them? _____ years _____ months
 Are they aware of your HIV status? Yes No Don't know Refused
 Have they had an HIV test? Yes No → Q8 Don't know Refused
 If 'Yes': What was the result? Positive Negative Don't know Refused
 → Q8

If 'No': 7.3 Did you have a regular partner/spouse in the past? Yes No Refused
 If 'Yes': When did the relationship end? _____ years _____ months
 Was it related to your HIV status? Yes No Don't know Refused

8. Sexual Relationships

8.1 Have you ever had sex? (*Explain what is meant by 'Having sex'*)

Yes No → Section 9 Refused

8.2 How old were you when you first had sex?

_____ years If under 12, comment: _____

Don't know
 Refused

8.3 How many sexual partners have you had in your lifetime? _____ partners

8.4 How many sexual partners, in total, have you had in the last 12 months? _____ partners

Sometimes people have more than one relationship at the same time

8.5 How many relationships are you in at the moment? _____ relationships

8.6 In the last 12 months have you had sex with someone who you know for certain was HIV Positive?

Yes No Refused

The following questions are about sexual partners in the last year. (If no partners in the last 12 months reported then ask only about the most recent partner only to be sure to indicate carefully the time since that partner in item 45). No names will be used during analysis and only group data will be presented

	Most Recent Partner	Previous Partner 1	Previous Partner 2
8.7 Remembering the most recent/previous time you had sex, what was your relationship to that partner at the time?	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other
8.8 Did you know this partner's HIV status?	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused
8.9 Are you willing to share this partner's HIV status	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.10 What is this partner's HIV status?	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused

8.11 Are you still in a sexual relationship with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.12 When was the last time you had sex with this partner?	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
8.13 Is this partner older, younger or about the same age?	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know
8.14 About how many years [older / younger]? <i>(Record actual number or 98=Don't know)</i>	_ _ _ years younger/older	_ _ _ years younger/older	_ _ _ years younger/older
8.15 Where does this partner normally reside?	<input type="radio"/> With Member <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused
<i>Always enter local area</i>	_ _ _ His/Her Isigodi _ _ _ Local area _ _ _	_ _ _ His/Her Isigodi _ _ _ Local area _ _ _	_ _ _ His/Her Isigodi _ _ _ Local area _ _ _
8.16 Did you use a condom the last time you had sex with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.17 How long were you / have you been sexually involved with this partner?	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
8.18 How many times have you had sexual intercourse with this partner in the last three months?	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>
8.19 On how many of these occasions did you and your partner use condoms	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>

9. Gender attitudes and violence

People have different ideas about families and what is acceptable behaviour for men and women in the home. And of course when two people marry or live together, they usually share both good and bad moments. It is not uncommon for couples to quarrel or disagree, even fight, about things sometimes. If I may, I would like to read some statements to you and ask you to reply whether or not you agree with them. Some of these statements concern violence between you and your partner that you may have experienced. If anyone interrupts us I will change the topic of conversation. I would like to assure again you that your answers will be kept secret, and that you do not have to answer any question that you do not want to.

Please tell me whether or not you agree with these statements.

	<u>Agree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
9.1 A good wife obeys her partner even if she disagrees with him.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.2 It is important for a man to show his wife/partner that he is in charge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.3 A woman is obliged to have sex with her husband even if she doesn't feel like it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Remember all these statements concern things that may have happened IN THE LAST 12 MONTHS</i>				
9.4 I have been involved in a physical fight with someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.5 I know that my partner has been involved in a physical fight with someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.6 My partner and I quarrel often about things that affect our daily lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.7 My partner and I have quarrelled about the following: Money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.8 Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.9 Other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.10 My HIV-positive status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.11 My partner's HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.12 My partner and I have argued to the point where one of us physically hit the other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.13 I have had sexual intercourse when I did not want to because I was afraid of what my partner might do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.14 My partner physically forced me to have sexual intercourse when I did not want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.15 Someone physically hit, slapped or kicked me because of my HIV positive status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.16 My partner physically hit, slapped or kicked me because of my HIV positive status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Quality of Life

We are nearing the end now. I shall now ask you some general questions about how you have been feeling. We would like to know this to ensure that our counselors at the Ukuphila kwami ukhupila kweethu Study Clinics provide the best possible support to people.

These questions ask you how HIV and its treatment have affected your health and your life. I would like you to think about your life during the last two weeks. When you don't know how to reply, give what you consider to be the most appropriate answer.

	<u>Very good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very poor</u>	<u>Refused</u>
10.1 During the LAST TWO WEEKS, my overall health (both HIV and non-HIV related) has been:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the LAST TWO WEEKS, because I am HIV positive...	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Refused</u>
10.2 I have felt tired.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3 I have had difficulty sleeping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.4 I have had difficulty concentrating or paying attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.5 I have had problems with my memory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.6 I have had difficulties with daily activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.7 I have had difficulty with strenuous physical activities such as carrying heavy objects, running, or walking a long distance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.8 I have been bothered by digestive problems. (stomach ache, bloating, diarrhea, nausea or vomiting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.9 I have been bothered by pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.10 I have had a poor appetite.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.11 I have felt sleepy during the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.12 I have had dizziness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.13 I have had nightmares.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Quality of Life (Continued)

During the LAST TWO WEEKS, because I am HIV positive...	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Refused</u>
10.14 I have been bothered by a change in weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.15 I have been bothered by skin problems. (dry skin, itching, rash).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.16 I have been bothered by the changes in my body shape (sunken cheeks, thinner legs or arms, smaller buttocks, larger chest or breasts, fat belly, fat at the back of the neck).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.17 I have been unhappy with my physical appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.18 I have avoided going out with my friends or my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.19 I have felt restricted in my relationships with family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.20 I have had difficulties with my love life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.21 My sexual desire has diminished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.22 I have felt restricted in my sexual activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.23 I have been afraid of disclosing that I am HIV positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.24 I have been afraid of infecting others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.25 I have been sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.26 I have been anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.27 I have been more irritable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.28 I have been depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.29 HIV was on my mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.30 I have worried about the results of my follow-up tests such as viral load or CD4 cells count.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.31 I have been afraid that my disease will get worse one day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.32 I have been afraid of catching infections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.33 My spiritual or religious beliefs have helped me to live with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.34 I have been satisfied with the health care I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.35 I have had financial difficulties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.36 The thought that it will be difficult for me to have a child has worried me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If the patient is NOT taking ARV treatment. —→ Section 11

10.37 Having to take my ARV treatment everyday has bothered me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.38 I have been satisfied with my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.39 I have been bothered by the side effects of my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.40 The size of the pills has bothered me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.41	The number of pills per day has bothered me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.42	I have been bothered by the number of times I have had to take my ARV treatment each day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.43	I have had to hide in order to take my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.44	I have felt like changing my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.45	Because of my ARV treatment, I have had difficulty going out with my friends or family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.46	I have forgotten to take my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Depression and Anxiety (PHQ-9)

Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?	<u>Not at all</u>	<u>Several days</u>	<u>More than half the days</u>	<u>Nearly every day</u>	<u>Refused</u>
11.1 Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.2 Feeling down, depressed, or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.3 Trouble falling asleep, staying asleep, or sleeping too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.4 Feeling tired or having little energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.5 Poor appetite or overeating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.6 Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.7 Trouble concentrating on things such as reading the newspaper or watching television.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.8 Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.9 Thinking that you would be better off dead or that you want to hurt yourself in some way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>If any of these problems is checked (i.e. unless ALL are answered "Not at all")</i>	<u>Not difficult at all</u>	<u>Somewhat difficult</u>	<u>Very difficult</u>	<u>Extremely difficult</u>	<u>Refused</u>
11.10 How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Satisfaction with care provided

It is important that we provide the best possible services in the Ukuphila kwami ukuphila kwethu Study, so I shall now ask you some questions about how satisfied you are with the care that you have received at this Study Clinic.

Please tell me whether you agree or disagree with these statements when thinking about your experience in this clinic.

	<u>Agree</u>	<u>Both agree and disagree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
12.1 The queues to see a nurse are too long at this facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.2 The health workers (doctors and/or nurses) discussed the treatment fully with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.3 It is a problem when the health workers DO NOT speak my language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.4 I find it easy to tell the health workers when I have missed taking my tablets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.5 The health workers are too busy to listen to my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.6 Patient information is kept confidential in this clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.7 Some staff DO NOT treat patients with sufficient respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.8 The health workers I see respect me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.9 The facilities (including waiting area and toilets) are dirty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.10 I feel comfortable to ask questions to the health workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<u>Satisfied</u>	<u>Neither satisfied nor dissatisfied</u>	<u>Dissatisfied</u>	<u>Don't know</u>	<u>Refused</u>
12.11 How satisfied were you with the service today?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are finished now. Thank you for helping us. I appreciate the time you have taken. I realise some questions may have been difficult to answer. But it is only by hearing the voices of people living with HIV that we can make sure the best possible services are made available to people in this community. If it was distressing or upsetting to answer some of these questions, I may be able to help by arranging for you to speak to one of the counsellors from one of the other Clinics about any of the issues that you found troubling. I can also give you the names of other organisations that work in this community and provide support to people living with HIV. Would you like me to do that?

Offer of referral was made? Yes

No → Finish



Referral accepted?

Yes

No

Referral plan discussed?

Yes

No

Details of Referral plan

Interviewer name _____

Print

Signature: _____

Interview end time :

Use 24h clock



Social science clinic-based 6m interviewer-administered questionnaire

TasP ID
Clinic
Visit Date
Interviewer

To be completed at about 6m after baseline clinic visit by ALL participants.

Participant Identification

Id. No.

Interview start time
Use 24h clock

Introduction

Interviewer to read:

Siyabonga ukuthi uvume ukubamba iqhaza kulengxenywe yocwaningo loKuphila kwami ukuphila kwethu. Njengoba sengikuchazele kulengxenywe sifisa ukuthola ukuthi uzizwa kanjani, ukuthi ukutholeleka ngegcwane leHIV kube nomthelela ongakanani empilweni yakho yansukuzonke nokuthi ukukwazi ukuthola ukunakekelwa emtholampilo kuzishintshe kanjani izinto empilweni yakho yansukuzonke.

Kubalulekile ukukhumbula ukuthi lengxoxo iyimfihlo ngokuphelele. Igama lakho alibhaliwe kuleliform. Inombolo ykho yocwaningo lwakwaTasP nekamazisi ezibhalwe kuleliform. Yilokho kuphela okuxhumene nezimpendulo zalemibuzo. Kuyadingeka ukuthi sibe nalokhu ukuze sikwazi ukuhlenganisa lonke ulwazi olubalulekile osusinike lona ocwaningweni Ukuphila kwami ukuphila kwethu ngale kokuthi kube khona owazi igama lakho nokuthi uhlalaphi. Kubalulekile futhi ukukhumbuzwa ukuthi izimpendulo onginika zona zizogcina phakathi kwethu. Ngeke ngizixoxele muntu futhi ngeke zikhonjiswe muntu oyingxenywe yokunakekelwa nokwelashwa kwakho kulomtholampilo. Zizoxhunyaniswa ngenombolo-mfihlo (code) kolunye ulwazi osulunikezile ocwaningweni.

Thank you for agreeing to participate in this part of the Ukuphila kwami ukuphila kwethu Study. As was explained to you, in this part of the study we would like to learn how you are feeling, in general, about how having HIV has impacted on your daily-life, and about how being able to access care at this Clinic influences things in your daily life.

It is important to remember that this interview is entirely confidential. Your name is not written down on this form. Your TasP study number and your Id. Number are written on the top of this form. That is the only identifying data that we will collect that is linked to your answers to the questions here. It is necessary to have this so that all the important information you have already provided to the Ukuphila kwami ukuphila kwethu study team can be linked without anyone knowing your name or where exactly you live. It is also important that you remember that the answers you give to me stay just between the two of us. I will not share them with anyone and they will never be shared with anyone who is involved in your treatment and care, at this Clinic. They will only be linked by a code to other information you have already provided to the study.

1. Adherence

I'd like to begin by asking about any ARV pills you are receiving from this clinic, and any problems you may be having with them.

1.1 Do you currently receive ARVs from this clinic?

- Yes, No, None, Don't know, Refused

How many pills did you take:

Table with columns: Pill, Pills per day, Yesterday, The day before yesterday, Three days ago, Four days ago. Includes example row for Atripla and rows a, b, c, d for listing all pills.

Notes/comments

Large empty box for notes and comments.

1 Adherence (Contd)

It is known that people often find it difficult to take their pills during weekends

- 1.2 Did you miss taking any ARV pills LAST WEEKEND? Yes No Don't know Refused
- 1.3 During the 4 DAYS BEFORE TODAY did you take the dose of your ARV treatments as instructed? No, never Yes, several times Don't know
 Yes, once Yes, always Refused
- 1.4 During the 4 DAYS BEFORE TODAY did you forget to take your ARV treatment or did you take it several hours after the prescribed time? No, never Yes, several times Don't know
 Yes, once Yes, always Refused
- 1.5 During the 4 DAYS BEFORE TODAY, concerning your ARV treatment, did you: Stop taking your pills at the request of health staff? Don't know
 Stop taking your pills for personal reasons? Refused
 Partially take your pills?
 Fully take all your pills?
- 1.6 IN GENERAL do you respect medical prescriptions? On a scale from one, never, up to six, always, which number is closest to what you think? Never 1 2 3 4 5 Always 6 Don't know
 Refused
- 1.7 During the LAST 4 WEEKS have you: Scrupulously followed all your prescriptions? Don't know
 On the whole followed your prescriptions, but with some deviations? Refused
 Often modified the timing or the doses?
 Almost never followed your prescriptions?
 Completely stopped taking ALL your prescriptions?
- 1.8 During the LAST 4 WEEKS did you ever stop taking your ARV treatment completely for more than 2 days? No, never Yes, once Don't know
 Yes, several times Refused
- 1.9 Since you started ARV treatment did you ever stop taking your pills for more than one month? No, never → Section 2 Yes, once Don't know → Section 2
 Yes, several times Refused → Section 2

If "Yes": 1.10 For how many months did you stop taking your pills THE LAST TIME? months

2. HIV Treatment Knowledge

I shall now read some statements about ARV treatment. Please tell me whether or not you agree with each one..

	<u>Agree</u>	<u>Both agree and disagree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
2.1 The risk of falling ill is reduced with ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2 When someone who takes ARV treatment feels better they can stop the treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.3 The CD4 count indicates how well the body can fight against diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.4 The goal of ARV treatment is to increase the ability of the body to fight against diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.5 Having an undetectable viral load means that the virus has stopped multiplying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.6 When the viral load is very low there is almost no risk of transmitting the virus during sexual intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Healthcare Expenditure

It is important that we provide the best possible services in the Ukuphila kwami ukuphila kwethu Study Clinics. I would like to ask you some questions about how you provide for your own health care and whether you have sought health care from any other sources and how much you paid for that.

In the LAST MONTH, have you used any of the following health services?

Ask about each one, record how many visits (or inpatient days) and the cost. (Don't know=96/9996, 98/9998=Refused)

<u>Facility or service</u>	<u>Number of visits / days</u> (If none put zero)	<u>Cost</u> (If none put zero)
3.1 A primary care clinic other than this one.	_____ times	R _____
3.2 A chemist / pharmacy	_____ times	R _____
3.3 A hospital emergency or outpatient dept.	_____ times	R _____
3.4 A hospital in-patient stay	_____ days	R _____
3.5 A private doctor	_____ times	R _____
3.6 A traditional healer	_____ times	R _____

3.7 In the LAST MONTH have you spent any other money on healthcare (e.g. traditional medicines, spaza shops, special food)?

Yes → amount R _____ No Refused

3.8 In the LAST MONTH did you have to borrow any money to pay for healthcare?

Yes → amount R _____ No Refused

3.9 In the LAST MONTH did you have to sell any personal or household items to pay for healthcare?

Yes → amount R _____ No Refused

4. HIV Status Disclosure

Have you disclosed to anyone that you are HIV-positive?

Yes No → Section 5 Don't know → Section 5 Refused → Section 5

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
To your current partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your former partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any male relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any female relatives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any of your children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any of your friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To your employer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To a Traditional Healer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To any neighbours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To an Education Institution?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To anyone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify to whom: _____

5. Social Support

I shall now ask about the people who support you in your daily life. By this we mean all aspects of your life, not JUST the parts dealing with HIV and perhaps taking your ARV treatment.

	<u>As much as I would like</u>	<u>Less than I would like</u>	<u>Much less than I would like</u>	<u>Never</u>
5.1 I get visits from friends and relatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2 I get useful advice about important things in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3 I can talk to someone about problems at work or with housework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.4 I can talk to someone I trust about my personal problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.5 I get help with childcare.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.6 I have people around me who care what happens to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.7 I get love and affection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.8 I get help around the homestead.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.9 I can borrow money in an emergency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.10 I can get help when I need transport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.11 I can get help when I am sick.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Perceived Stigmas (HASI P)

I shall now read a list of events that may have happened to you during the LAST 3 MONTHS. For each one, please tell me how often it happened to you BECAUSE OF YOUR HIV STATUS.

	<u>Never</u>	<u>Once or twice</u>	<u>Several times</u>	<u>Many times</u>
6.1 I was told to use my own eating utensils.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.2 I was asked not to touch someone's child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3 I was made to drink last from the cup.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.4 Someone mocked me when I passed by.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.5 I stopped eating with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.6 I was asked to leave because I was coughing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.7 Someone stopped being my friend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.8 A friend would not chat with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.9 I was called bad names.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.10 People sang offensive songs when I passed by	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.11 I was told that I have no future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.12 Someone scolded me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.13 I was told that God is punishing me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.14 I was made to eat alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.15 Someone insulted me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.16 People avoided me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.17 People cut down visiting me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.18 People ended their relationships with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.19 I was blamed for my HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.20 Someone tried to get me fired from my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.21 My employer denied me opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Regular partner

7.1 Do you have a regular partner or a spouse at the moment? Yes → Q7.2 No → Q7.3 Refused → Q8

If 'Yes': 7.2 Do they live with you in the same household? Yes No Refused

How long have you been in a relationship with them? _____ years _____ months

Are they aware of your HIV status? Yes No Don't know Refused

Have they had an HIV test? Yes No → Q8 Don't know Refused

If 'Yes': What was the result? Positive Negative Don't know Refused

→ Q8

If 'No': 7.3 Did you have a regular partner/spouse in the past? Yes No Refused

If 'Yes': When did the relationship end? _____ years _____ months

Was it related to your HIV status? Yes No Don't know Refused

8. Sexual Relationships

8.1 Have you ever had sex? (Explain what is meant by 'Having sex')

Yes No → Section 9 Refused

8.2 How old were you when you first had sex?

_____ years If under 12, comment: _____

Don't know
 Refused

8.3 How many sexual partners have you had in your lifetime? _____ partners

8.4 How many sexual partners, in total, have you had in the last 12 months? _____ partners

Sometimes people have more than one relationship at the same time

8.5 How many relationships are you in at the moment? _____ relationships

8.6 In the last 12 months have you had sex with someone who you know for certain was HIV Positive?

Yes No Refused

The following questions are about sexual partners in the last year. (If no partners in the last 12 months reported then ask only about the most recent partner only to be sure to indicate carefully the time since that partner in item 45). No names will be used during analysis and only group data will be presented

	Most Recent Partner	Previous Partner 1	Previous Partner 2
8.7 Remembering the most recent/previous time you had sex, what was your relationship to that partner at the time?	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other	<input type="radio"/> Current spouse (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former spouse / regular partner <input type="radio"/> Casual partner <input type="radio"/> Other
8.8 Did you know this partner's HIV status?	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes → 8.9 <input type="radio"/> No → 8.11 <input type="radio"/> Don't know <input type="radio"/> Refused
8.9 Are you willing to share this partner's HIV status	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.10 What is this partner's HIV status?	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Refused

8.11 Are you still in a sexual relationship with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.12 When was the last time you had sex with this partner?	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
8.13 Is this partner older, younger or about the same age?	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know	<input type="radio"/> Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> Don't know
8.14 About how many years [older / younger]? (Record actual number or 98=Don't know)	_ _ _ years younger/older	_ _ _ years younger/older	_ _ _ years younger/older
8.15 Where does this partner normally reside?	<input type="radio"/> With Member <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> At this homestead <input type="radio"/> Elsewhere in this Isigodi <input type="radio"/> Outside this Isigodi <input type="radio"/> Don't know <input type="radio"/> Refused
<i>Always enter local area</i>	His/Her _ _ _ Isigodi _ _ _ Local area _ _ _	His/Her _ _ _ Isigodi _ _ _ Local area _ _ _	His/Her _ _ _ Isigodi _ _ _ Local area _ _ _
8.16 Did you use a condom the last time you had sex with this partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused
8.17 How long were you / have you been sexually involved with this partner?	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years	_ _ _ <input type="radio"/> Days <input type="radio"/> DK Number <input type="radio"/> Months <input type="radio"/> Rfs <input type="radio"/> Weeks <input type="radio"/> Years
8.18 How many times have you had sexual intercourse with this partner in the last three months?	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>
8.19 On how many of these occasions did you and your partner use condoms?	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>	No. of times _ _ _ Don't know <input type="radio"/> Refused <input type="radio"/>

9. Gender attitudes and violence

People have different ideas about families and what is acceptable behaviour for men and women in the home. And of course when two people marry or live together, they usually share both good and bad moments. It is not uncommon for couples to quarrel or disagree, even fight, about things sometimes. If I may, I would like to read some statements to you and ask you to reply whether or not you agree with them. Some of these statements concern violence between you and your partner that you may have experienced. If anyone interrupts us I will change the topic of conversation. I would like to assure again you that your answers will be kept secret, and that you do not have to answer any question that you do not want to.

Please tell me whether or not you agree with these statements.

	<u>Agree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
9.1 A good wife obeys her partner even if she disagrees with him.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.2 It is important for a man to show his wife/partner that he is in charge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.3 A woman is obliged to have sex with her husband even if she doesn't feel like it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Remember all these statements concern things that may have happened IN THE LAST 12 MONTHS</i>				
9.4 I have been involved in a physical fight with someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.5 I know that my partner has been involved in a physical fight with someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.6 My partner and I quarrel often about things that affect our daily lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.7 My partner and I have quarrelled about the following: Money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.8 Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.9 Other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.10 My HIV-positive status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.11 My partner's HIV status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.12 My partner and I have argued to the point where one of us physically hit the other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.13 I have had sexual intercourse when I did not want to because I was afraid of what my partner might do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.14 My partner physically forced me to have sexual intercourse when I did not want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.15 Someone physically hit, slapped or kicked me because of my HIV positive status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.16 My partner physically hit, slapped or kicked me because of my HIV positive status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Quality of Life

We are nearing the end now. I shall now ask you some general questions about how you have been feeling. We would like to know this to ensure that our counselors at the Ukuphila kwami ukhupila kwethu Study Clinics provide the best possible support to people. These questions ask you how HIV and its treatment have affected your health and your life. I would like you to think about your life during the last two weeks. When you don't know how to reply, give what you consider to be the most appropriate answer.

	<u>Very good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very poor</u>	<u>Refused</u>
10.1 During the LAST TWO WEEKS, my overall health (both HIV and non-HIV related) has been:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the LAST TWO WEEKS, because I am HIV positive...	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Refused</u>
10.2 I have felt tired.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3 I have had difficulty sleeping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.4 I have had difficulty concentrating or paying attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.5 I have had problems with my memory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.6 I have had difficulties with daily activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.7 I have had difficulty with strenuous physical activities such as carrying heavy objects, running, or walking a long distance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.8 I have been bothered by digestive problems. (stomach ache, bloating, diarrhea, nausea or vomiting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.9 I have been bothered by pain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.10 I have had a poor appetite.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.11 I have felt sleepy during the day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.12 I have had dizziness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.13 I have had nightmares.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Quality of Life (Continued)

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>	<u>Refused</u>
During the LAST TWO WEEKS, because I am HIV positive...						
10.14 I have been bothered by a change in weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.15 I have been bothered by skin problems. (dry skin, itching, rash).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.16 I have been bothered by the changes in my body shape (sunken cheeks, thinner legs or arms, smaller buttocks, larger chest or breasts, fat belly, fat at the back of the neck).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.17 I have been unhappy with my physical appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.18 I have avoided going out with my friends or my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.19 I have felt restricted in my relationships with family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.20 I have had difficulties with my love life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.21 My sexual desire has diminished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.22 I have felt restricted in my sexual activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.23 I have been afraid of disclosing that I am HIV positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.24 I have been afraid of infecting others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.25 I have been sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.26 I have been anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.27 I have been more irritable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.28 I have been depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.29 HIV was on my mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.30 I have worried about the results of my follow-up tests such as viral load or CD4 cells count.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.31 I have been afraid that my disease will get worse one day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.32 I have been afraid of catching infections.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.33 My spiritual or religious beliefs have helped me to live with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.34 I have been satisfied with the health care I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.35 I have had financial difficulties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.36 The thought that it will be difficult for me to have a child has worried me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If the patient is NOT taking ARV treatment. —> Section 11

10.37 Having to take my ARV treatment everyday has bothered me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.38 I have been satisfied with my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.39 I have been bothered by the side effects of my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.40 The size of the pills has bothered me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.41	The number of pills per day has bothered me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.42	I have been bothered by the number of times I have had to take my ARV treatment each day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.43	I have had to hide in order to take my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.44	I have felt like changing my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.45	Because of my ARV treatment, I have had difficulty going out with my friends or family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.46	I have forgotten to take my ARV treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Depression and Anxiety (PHQ-9)

Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?		<u>Not at all</u>	<u>Several days</u>	<u>More than half the days</u>	<u>Nearly every day</u>	<u>Refused</u>
11.1	Little interest or pleasure in doing things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.2	Feeling down, depressed, or hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.3	Trouble falling asleep, staying asleep, or sleeping too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.4	Feeling tired or having little energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.5	Poor appetite or overeating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.6	Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.7	Trouble concentrating on things such as reading the newspaper or watching television.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.8	Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.9	Thinking that you would be better off dead or that you want to hurt yourself in some way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>If any of these problems is checked (i.e. unless ALL are answered "Not at all")</i>		<u>Not difficult at all</u>	<u>Somewhat difficult</u>	<u>Very difficult</u>	<u>Extremely difficult</u>	<u>Refused</u>
11.10	How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Satisfaction with care provided

It is important that we provide the best possible services in the Ukuphila kwami ukuphila kwethu Study, so I shall now ask you some questions about how satisfied you are with the care that you have received at this Study Clinic.

Please tell me whether you agree or disagree with these statements when thinking about your experience in this clinic.

		<u>Agree</u>	<u>Both agree and disagree</u>	<u>Disagree</u>	<u>Don't know</u>	<u>Refused</u>
12.1	The queues to see a nurse are too long at this facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.2	The health workers (doctors and/or nurses) discussed the treatment fully with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.3	It is a problem when the health workers DO NOT speak my language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.4	I find it easy to tell the health workers when I have missed taking my tablets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.5	The health workers are too busy to listen to my problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.6	Patient information is kept confidential in this clinic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.7	Some staff DO NOT treat patients with sufficient respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.8	The health workers I see respect me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.9	The facilities (including waiting area and toilets) are dirty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.10	I feel comfortable to ask questions to the health workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<u>Satisfied</u>	<u>Neither satisfied nor dissatisfied</u>	<u>Dissatisfied</u>	<u>Don't know</u>	<u>Refused</u>
12.11	How satisfied were you with the service today?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We are finished now. Thank you for helping us. I appreciate the time you have taken. I realise some questions may have been difficult to answer. But it is only by hearing the voices of people living with HIV that we can make sure the best possible services are made available to people in this community. If it was distressing or upsetting to answer some of these questions, I may be able to help by arranging for you to speak to one of the counsellors from one of the other Clinics about any of the issues that you found troubling. I can also give you the names of other organisations that work in this community and provide support to people living with HIV. Would you like me to do that?

Offer of referral was made? Yes

No → Finish



Referral accepted?

Yes

No

Referral plan discussed?

Yes

No

Details of Referral plan

Interviewer name
Print

Signature:

Interview end time | | | : | | |
Use 24h clock

