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| January 5 2015  Version 2.0 for ODK  **GENERAL SURVEY**  **ENGLISH** | | | | | | | | |
| **SECTION A: ADMINISTRATIVE** | | | | | | | | |
| *A1. Patient name:* |  | | | | | | | |
| *A2. Province* |  | | | *A3. Clinic name:* |  | | | |
| *A4. Patient ART number:* |  | | | | | | | |
| *A5. Date of initial enrollment in clinic (from file)* | -  - | | | *A6. Date interviewed in clinic (from file)* | | -  - | | |
| DAY(*dd*) | MONTH (*mmm*) | YEAR (*yy*) | DAY(*dd*) | MONTH (*mmm*) | YEAR (*yy*) |
| A7. Reviewer’s staff ID number: |  | | | *A8. ART status of patient presently (from client files):* | | | *Never started three drug antiretroviral therapy (excludes limited-duration regimens for pMTCT alone)*  *Previously started* | |
| A9: Have you ever started ART (ask patient) | 🞎 0= Never started (excludes limited-duration regimens for pMTCT alone)  🞎 1= Currently on ART (excludes limited-duration regimens for pMTCT alone)  🞎 2= Previously started, but not currently on ART | | |  | | |  | |
| A10 Start time (record automatically start time) | | | | | | | | |

*Note: do not read out nor translate parts in italics*

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| **SECTION B: DEMOGRAPHICS and SES** |
| **DEMOGRAPHICS** | |
| B1*. Observe respondent’s sex* | |
| 🞎 0= Female  🞎 1= Male | |
| B2. How old are you? *[if not known, ask how old are they approximately]* | |
| [enter age]  🞎 -98= Don’t know  🞎 -99= Refused to answer | |
| B3. Are you married? | |
| 🞎 1= Never married, single  🞎 2= Never married, cohabiting with my partner  🞎 3= Married  🞎 4= Married but not living together  🞎 5= Separated or Divorced  🞎 6= Widowed  🞎 -99= Refused to answer | |
| B4. What is the highest level of schooling you have? | |
| 🞎 1= Never attended school or attended some school but never finished primary  🞎 2= I have grade 7 certificate  🞎 3= I have grade 9 certificate  🞎 4= I have grade 12 certificate  🞎 5= I have a certificate or a diploma  🞎 6= I have a Bachelor degree, or more  🞎 -99= Refused to answer | |
| B5. How are you related to the household head?  *Read out loud the possible answers* | |
| 🞎 1= I am the household head  🞎 2= Spouse of the household head  🞎 3= Parent of the household head  🞎 4=Son or daughter of household head  🞎 5= Sister or brother of household head  🞎 6= Sister-in-law or brother-in-law of household head  🞎 7= Cousin of household head  🞎 8= Other (specify) | |
| B6. Can you speak English?  *Read out loud the possible answers* | |
| 🞎 1= Not at all  🞎 2= Just a bit  🞎 3= I speak it well | |
| B6a. Can you read a letter or a newspaper by yourself?  *Read out loud the possible answers* | |
| 🞎 1= No  🞎 2= Yes | |
| B7. How many biological children do you have? | |
| [enter number] | |
| B8. How many people live in your household, including you?  *[*By household I mean how many people usually sleep sharing your roof and eat from the same pot as you*]* | |
| persons in total | |
| B9. How many of these are over 15 years old? | |
| persons in total | |
| B10. How many bedrooms do you have in your household for sleeping? | |
| bedrooms for sleeping | |
| B11. Do you have a separate room which is used as a kitchen? | |
| 🞎 Yes  🞎No | |
| **EMPLOYMENT AND INCOME** | |
| B12. What is your employment status? | |
| 🞎 1= Employed for wages with a steady job  🞎 2= Self-employed with a business or farm  🞎 3= Unemployed  🞎 4= Housewife  🞎 5= Working as a volunteer  🞎 6= Temporal/Occasional /daily worker  🞎 7= Student | |
| B13. [*if unemployed or student or occasional worker*] Were you involved in any casual labor last week? | |
| 🞎 0= No  🞎 1= Yes | |
| B14. [if B12= 1 or 2 or B13=1] What is your **primary** occupation? *(do not prompt, ask for profession and then fill up the appropriate)* | |
| 🞎 1= Professional  🞎 2= Clerical  🞎 3= Sales and services  🞎 4= Skilled manual  🞎 5= Unskilled manual  🞎 6= Domestic service  🞎 7= Farmer (own land)  🞎 8= Agriculture (plantation/other)  🞎 9= Other (specify)  🞎 -99= Refused to answer | |
| B15. Approximately how many days do you typically work in a week? *[ if employed, or if B13=1]* | |
| [enter number] | |
| B16. On days when you work, approximately how many hours do you typically work per day? | |
| [enter number] | |
| B17. *[if B12= 1 or 2 or B13=1]* How often do you typically get paid? | |
| 🞎 1= I get paid at the end of each day  🞎 2= I get paid at the end of the week or every 2 weeks  🞎 3= I get paid at the end of the month  🞎 4= I get paid when the job is done | |
| B18*. [if B12= 1 or 2 or B13=1*] Do you get any paid leave? | |
| 🞎 0= No  🞎 1= Yes | |
| B19. [*if B12= 1 or 2 or B13=1]* How much income did you make last month (*surveyor: ask about the last completed month, so that if today is Aug 12, you ask about July)* | |
| [amount in Kwacha, convert into months if their pay is not monthly]  🞎 -98= don’t know  🞎 -99= refused | |
| B20. [ *ask only if they respond don’t know or refused in the question above*] Can you give us an estimate between the categories below? | |
| 🞎 1= 500K or less  🞎 2= Between 500 and 1000K  🞎 3= Between 1,000 and 2,000K  🞎 4= Between 2,000K and 5,000K  🞎 5= More than 5,000K  🞎 -98= Don’t know  🞎 -99= Refused to answer | |
| B23. Considering the past 3 months, what is the approximate amount of money that all of your household combined made on average in a month?  Please think about all of the working members of your household and add all of their approximate monthly income and routine businesses. | |
| [amount in Kwacha, make sure it is in month]  🞎 -98= don’t know  🞎 -99= refused  *Surveyor: prompt for making sure all adult members of households are accounted. Bring a notebook with you and help respondent adding up.* | |
| **EXPENDITURES** | |
| ***Relevancy skip: only ask the expenditures section to a random subsample of approximately n=500 people out of the total n=1600 (“costing subsample”)***  ***B24a =tablet generates a random number from uniform distribution from 0 to 1***  ***B24b = ask expenditures section only if B24a<=0.25.***  ***This will lead to approximately 25% of the participants to be selected for this subsection)*** | |
| B25. When it comes to expenses of the household, do you have an idea of how much your household spends in food, clothing, school, rent and other? | |
| 🞎 0= No, I don’t have any idea  🞎 1= I have some idea, but I am not the one in charge of these expenses  🞎 2= I have a good idea, I am the one in charge of at least some or most of these expenses | |
| B26. (if B25=1 or 2) If you had to add up the total of all the money that your household spent on average on the last month, how much is the total amount approximately? Think about the total of food, clothing, school, rent, utilities, transport and any other expense that you have to pay regularly. Let’s try to break it up by type: | |
| How much do you think you spend every month in:  🞎 1= rent: [enter amount in Kwacha]  🞎 2= utilities (Zesco and water): [enter amount in Kwacha]  🞎 3= food: [enter amount in Kwacha]  🞎 4= charcoal: [enter amount in Kwacha]  🞎 6= transport: [enter amount in Kwacha]  🞎 7= school fees: [enter amount in Kwacha]  🞎 8= clothing: [enter amount in Kwacha]  🞎 9= beer or other alcohol: [enter amount in Kwacha]  🞎 10= fertilizer or other agricultural inputs: [enter amount in Kwacha]  🞎 11= household help, such as a maid: [enter amount in Kwacha]  🞎 12= talk time: [enter amount in Kwacha]  🞎 13= gifts (including money donations) to your church or to other people: [enter amount in Kwacha]  🞎 14= other household expenses: [enter amount in Kwacha]  (NOTE: *Tablets should be programmed so that the surveyor can see the total amount, and compare to the total amount of expenditures indicated in the question above. The surveyor should compare the two numbers and prompt for corrections, by either adjusting the total amount of expenditures in the question above, or adding more entries in this question, or editing some of the questions. At the end, the total expenditures and the individual expenditures should match)* | |
| B27. (if B25=1 or 2) What you told me above adds up to the following amount: (read the sum) . Does that sound reasonable? Is this what you think you spent on average in the past 3 months? As a reminder you said your household earns on average the following amount: \_\_\_\_Kwacha. | |
| [Total amount in Kwacha per month]  🞎 0= No, that seems too much or too little🡪 go back to question above after verifying again the household income  🞎 1= Yes, that sounds reasonable. | |
| B28. How much money do you save each month, that you put into your bank account or save somewhere else? | |
| [Total amount in Kwacha per month]  🞎 -98= don’t know  🞎 -99= refused | |
| **(here resumes asking to all sample)** | |
| **ASSETS** | |
| B29. What is the main source of drinking water for your household? (do not prompt)  *By household we mean all of the people that share the same pot every day. “fetch from the care=public well”* | |
| 🞎 1= River/stream/pond/lake/rainwater  🞎 2= public well;  🞎 3= private well;  🞎 4= public tap or public pump  🞎 5= Piped water inside house or yard  🞎 6=Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| B30. What type of toilet facilities does the house that you live in have? | |
| 🞎 1= Own Flush toilet  🞎 2= shared flush toilet  🞎 3= private pit latrine  🞎 4= private ventilated improved pit latrine (VIP)  🞎 5= shared pit latrine  🞎 6= shared ventilated improved pit latrine  🞎 7= No modern facility—bush or field  🞎 8= Other \_\_\_\_\_\_\_\_\_\_\_ | |
| B31. What kind of roof does your household have? | |
| 🞎 1= Natural roofing (no roof or thatch)  🞎 2= =wood planks or cardboard or mat  🞎 3= Finished roofing (metal sheets, wood, asbestos, tiles, cement, , mud tiles)  🞎 -99= Refused to answer | |
| B32. What is the main energy you use for cooking? | |
| 🞎 1= Wood  🞎 2= Charcoal  🞎 3= Coal  🞎 4= Kerosene  🞎 5= Gas  🞎 6= Electricity  🞎 7= Other | |
| B33. Do you or any permanent member of your household have: *[for each, enter 0=no, 1=yes, -99= refused to answer]* | |
| 🞎 1= Electricity (solar or grid)  🞎 2= Radio  🞎 3= Television  🞎 4= VCR/DVD  🞎 5= Mobile Phone  🞎 6= Refrigerator  🞎 7= Bed  🞎 8= Chair  🞎 9= Table  🞎 10= Cupboard  🞎 11= Sofa  🞎 12=Sewing machine  🞎 13= Plough  🞎 14= Tractor  🞎 15= Hammer/Mill  🞎 16= Computer | |
| 🞎 17= Microwave  🞎 18= Watch  🞎 19= Bicycle  🞎 20= Motorcycle  🞎 21= Animal-drawn cart  🞎 22= Car or truck  🞎 23= Boat with motor | |
| B34. Does any member of your household own any agricultural land? | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| B35. Does this household own any livestock, herds, other farm animals, or poultry? | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| **HOUSEHOLD HUNGER**  *This section asks about the food situation in the household. Note that I will just ask questions, but not be able to provide any assistance with food.* | |
| B36. In the past [4 weeks/30 days], was there ever no food to eat of any kind in your house because of lack of resources to get food? | |
| 🞎 0= No. If no, skip to next question  🞎 1= Yes | |
| B36a. How often did this happen in the past [4 weeks/30 days]? | |
| 1 = Rarely (1–2 times) 2 = Sometimes (3–10 times) 3 = Often (more than 10 times) | |
| B37. In the past [4 weeks/30 days], did you or any household member go to sleep at night hungry because there was not enough food? | |
| 🞎 0= No. If no, skip to question 38  🞎 1= Yes | |
| B37a. How often did this happen in the past [4 weeks/30 days]? | |
| 1 = Rarely (1–2 times) 2 = Sometimes (3–10 times) 3 = Often (more than 10 times) | |
| B38. In the past [4 weeks/30 days], did you or any household member go a whole day and night without eating anything at all because there was not enough food? | |
| 🞎 0= No. If no, skip to next section.  🞎 1= Yes | |
| B38a. How often did this happen in the past [4 weeks/30 days]? | |
| 1 = Rarely (1–2 times) 2 = Sometimes (3–10 times) 3 = Often (more than 10 times) | |
| **SECTION C: ACCESS and COSTS OF CLINIC SERVICES** | |
| C1. Is this the facility where you usually come for your ART care? | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| C2. Is this the facility closest to your home? | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| C2a, (If yes to C1 and no to C2): “Why is the main reason why you come to this facility rather than the one closest to your house? If you have several reason, select the most important to you”  *To the surveyor: please do not prompt* | |
| 🞎 1= I do not want to be seen by members of my community  🞎 2= In this facility, staff is nicer/more respectful  🞎 3= In this facility, staff is more skillful in caring for my HIV  🞎 4= In this facility, it is faster to get through the visits  🞎 3= In this facility, they don’t have stock-outs  🞎 4= This facility is closer to my work  🞎 5= Other\_(specify)  🞎 -99= Refused to answer | |
| C3. How far is this health facility from your house, in Kms? | |
| Kms  🞎 -98= Don’t know | |
| C4 if there was no transport and you had to walk, how long would it take you? | |
| [enter hours] [enter minutes] | |
| C5. By what means did you come here today? | |
| 🞎 1= On foot  🞎 2= Bicycle  🞎 3= Motorbike  🞎 4= Animal Cart  🞎 5= Minibus or bus  🞎 6= Taxi  🞎 7= Personal vehicle  🞎 8= Hitchhike  🞎 9= Other (specify)\_\_\_\_\_\_\_\_\_\_  🞎 -99= Refused to answer | |
| C6. Did you have to pay for transport to come here? | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| C7. (If C6= yes), how much did you pay to get from your home to the facility? | |
| Kwacha | |
| C8. (If c5=7) If your personal vehicle, how much money did you spend in fuel to come and go back? | |
| Kwacha | |
| C9. How long did it take to come from your home to the health facility? | |
| Hours  Minutes | |
| C10. Where did the money come from to pay for transport? *(if C6=1 , skip)* | |
| 🞎 1= Cutting down other expenses  🞎 2= Using savings  🞎 3= Borrowing  🞎 4= Selling Assets  🞎 5= Asking for donations  🞎 6= Other(specify)\_\_\_\_\_\_\_\_\_  🞎 -99= Refused to answer | |
| C11. If you weren’t here today, what would you be doing? | |
| 🞎 1= Unpaid work at home: laundry, cooking, attending the children  🞎 2= Unpaid work at the community  🞎 3= Paid work  🞎 4= Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| C12. If paid work – even if you are self-employed – do you typically lose pay when you attend the clinics ? | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| C13. [if yes] How much money did you lose for coming to the clinic today?  *(note: make sure you specify that you are asking for lost wages)* | |
| Kwacha  🞎 -99= Refused to answer | |
| This section is only for the costing subsample C14-C22 | |
| C14. Did you have to arrange for anyone to stay with your children today, specifically in order to come to the clinic? *Do not include a maid who comes every day. Count only if they had to call someone who doesn’t usually come, in order to come to the clinic.* | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| C15. [*If C14=yes*] Do you pay that person? | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| C16. If yes, how much will you pay them? | |
| Kwacha  🞎 -99= Refused to answer | |
| C17. Do you need to arrange for someone to cook for your household when you come here, someone who would otherwise not be cooking for your family on a regular basis? | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| C18*. [If C17=yes]* Do you pay that person? | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| C19. If yes, how much will you pay them? | |
| Kwacha  🞎 -99= Refused to answer | |
| C20. At what time did you arrive at the clinic today? | |
| Hours  Minutes  [This will be compared to start time to generate the time spent at the clinic] | |
| C21. Will you go back to work right now? *[if B12= 1 or 2 or B13=1]* | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| C22. Is there any other expense that you had to pay today because you came to the clinic, that you wouldn’t have had to pay if you stayed home? Ex. Buy food, water , assistance with getting around, security, paying for anything at the pharmacy or at the clinic | |
| 🞎 1= food at the facility: [*enter amount in Kwacha]*  🞎 2= bottled water: *[enter amount in Kwacha*]  🞎 3= airtime*: [enter amount in Kwacha*]—airtime because you are at the clinic and need to communicate, not regular airtime)  🞎 4= other: [specify \_\_\_\_\_\_\_\_\_\_\_\_\_; enter amount in Kwacha]  🞎 -99= Refused to answer | |
| *Return to full sample* | |
| **SECTION D: AVAILABILITY AND ACCOMODATION OF CLINIC SERVICES** | |
| D1. Have you ever skipped an appointment because you had to work or had something else (such as family commitments) that you had to do? |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer |
| D2. If went to clinic because you became ill with a side effect of an ARV medication, were you able to see a doctor or nurse that same day? |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer  🞎 -98= Never got sick with a side effect of an ARV medication |
| D3. Have you ever missed a clinic visit for your HIV care? |
| 🞎 Yes  🞎 No🡪*skip to D5* |
| D4. After missing that visit, were you still able to go to the clinic at a later date and be seen by the Doctor?” |
| 🞎 1= Yes, I was able to be seen on the same day with no problem  🞎 2= Yes, I was able to be seen on the same day, but felt judged  🞎 3= Yes, I was able to be seen on the same day, but had to wait longer than usual  🞎 4= No, I was given another date to return  🞎 -99= Refused to answer |
| **SECTION F: STIGMA** |
| “Now I would like to ask about some of the social and emotional aspects of having HIV. Some people living with HIV may experience stigma or are not treated with respect. I would like to hear your experiences, feelings and opinion as to how people living with HIV feel and how they are treated. Could you please tell me how you think about the following statements?” |
| F1 I have been hurt (physically or psychologically) by how people reacted when they learned that I have HIV |
| 🞎 Disagree 🞎 Agree |
| F1a You said you [agreed/disagreed]. How much? |
| 🞎 Slightly 🞎 Moderately 🞎 Strongly |
| F2 I have stopped socializing with some people because of their reactions to my having HIV. |
| 🞎 Disagree 🞎 Agree |
| F2a You said you [agreed/disagreed]. How much? |
| 🞎 Slightly 🞎 Moderately 🞎 Strongly |
| F3 I have lost friends by telling them I have HIV. |
| 🞎 Disagree 🞎 Agree 🞎 Neither, I have not disclosed [in that case skip to F4] |
| F3a You said you [agreed/disagreed]. How much? |
| 🞎 Slightly 🞎 Moderately 🞎 Strongly |
| F4 I am very careful who I tell that I have HIV. |
| 🞎 Disagree 🞎 Agree |
| F4a You said you [agreed/disagreed]. How much? |
| 🞎 Slightly 🞎 Moderately 🞎 Strongly |
| F5 I worry that people who know I have HIV will tell others. |
| 🞎 Disagree 🞎 Agree |
| F5a You said you [agreed/disagreed]. How much? |
| 🞎 Slightly 🞎 Moderately 🞎 Strongly |
| F6 I feel that I am not as good a person as others because I have HIV. |
| 🞎 Disagree 🞎 Agree |
| F6a You said you [agreed/disagreed]. How much? |
| 🞎 Slightly 🞎 Moderately 🞎 Strongly |
| F7 Having HIV makes me feel unclean. |
| 🞎 Disagree 🞎 Agree |
| F7a You said you [agreed/disagreed]. How much? |
| 🞎 Slightly 🞎 Moderately 🞎 Strongly |
| F8 Having HIV makes me feel like I’m a bad person. |
| 🞎 Disagree 🞎 Agree |
| F8a You said you [agreed/disagreed]. How much? |
| 🞎 Slightly 🞎 Moderately 🞎 Strongly |
| F9 Most people think that a person with HIV is disgusting. |
| 🞎 Disagree 🞎 Agree |
| F9a You said you [agreed/disagreed]. How much? |
| 🞎 Slightly 🞎 Moderately 🞎 Strongly |
| F10 Most people with HIV are rejected when others find out. |
| 🞎 Disagree 🞎 Agree |
| F10a You said you [agreed/disagreed]. How much? |
| 🞎 Slightly 🞎 Moderately 🞎 Strongly |

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| **SECTION G: DEPRESSION** |
| “Now I am going to ask you some questions about your feelings and moods.” |
| G1 Over the last 2 weeks, how often have you been bothered by any of the following problems? Read each item carefully, and circle your response. |
| G1.a Little interest or pleasure in doing things |
| 🞎 Not at all 🞎 some days, but less than half of the days 🞎 More than half the days 🞎 Nearly every day |
| G1.b Feeling down, depressed, or hopeless |
| 🞎 Not at all 🞎 some days, but less than half of the days 🞎 More than half the days 🞎 Nearly every day |
| *If respondent responded “not at all” in both questions, skip to the next section. Otherwise continue below.* |
| G1.c Trouble falling asleep, staying asleep, or sleeping too much |
| 🞎 Not at all 🞎 some days, but less than half of the days 🞎 More than half the days 🞎 Nearly every day |
| G1.d Feeling tired or having little energy |
| 🞎 Not at all 🞎 some days, but less than half of the days 🞎 More than half the days 🞎 Nearly every day |
| G1.e Poor appetite or overeating |
| 🞎 Not at all 🞎 some days, but less than half of the days 🞎 More than half the days 🞎 Nearly every day |
| G1.f Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down |
| 🞎 Not at all 🞎 some days, but less than half of the days 🞎 More than half the days 🞎 Nearly every day |
| G1.g Trouble concentrating on simple things *(give examples such as making nshima, plowing, transporting things)* |
| 🞎 Not at all 🞎 some days, but less than half of the days 🞎 More than half the days 🞎 Nearly every day |
| G1.h 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 |
| 🞎 Not at all 🞎 some days, but less than half of the days 🞎 More than half the days 🞎 Nearly every day |
| G1.i Thinking that you would be better off dead or that you want to hurt yourself in some way |
| 🞎 Not at all 🞎 some days, but less than half of the days 🞎 More than half the days 🞎 Nearly every day |
| G.2 *[Ask only if respondent has respondent “several days” or more to at least one question]* 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? |
| 🞎 Not difficult at all 🞎 Somewhat difficult 🞎 Very difficult 🞎 Extremely difficult |
| **SECTION H. ALCOHOL CONSUMPTION** |
| *“Now I am going to ask you some questions about your use of alcoholic beverages during this past year.”* |
| |  | | --- | | F.I. H1 How often did you have a drink containing alcohol in the past 12 moths? | | 🞎 🞎 0= Never  🞎 1= Monthly or less  🞎 2= 2-4 times a month  🞎 3= 2-3 times a week  🞎 4= 4 or more times a week | | F.I. H2 How many drinks containing alcohol did you have on a typical day when you were drinking in the past year? (if H1>0) | | 🞎 🞎 0= no drinks on a typical day  🞎 1= 1 or 2 drinks  🞎 🞎 2= 3 or 4 drinks  🞎 🞎 3= 5 or 6 drinks  🞎 🞎 4= 7 to 9 drinks  🞎 🞎 5= 10 or more drinks | | F.I. H3 How often did you have six or more drinks containing alcohol on one occasion in the past year? (if H1>0) *Surveyor: refer to table to understand units*  pr | | 🞎 0= Never  🞎 1= Less than monthly  🞎 2= Monthly  🞎 3= Weekly  🞎 4= Daily or almost daily | |
| **SECTION I: DOMESTIC VIOLENCE** |
| “Could you please give your opinion on the following statements?” |
| I1 If someone in the household misuses money it is acceptable to beat him/her. |
| 🞎 Yes  🞎No |
| I2 In my household if a wife comes home late without the permission of the husband, she will be beaten. |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer |

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| *From now on: Relevancy skip: ask this only if:*   * *Person is on ART (A8=previously started or currently on ART)*   *AND*   * *Generate random number J0 from a uniform (0,1), and ask only if J0<=0.5*   *Patients not meeting these two conditions: END OF SURVEY* |
| **SECTION J: PREFERENCES FOR DIFFERENTIATED CARE** | |
| “I will now ask you about what things do you like and what things would you like to change in your HIV care.” | |
| J1. Are your currently taking any medications or ARVs as part of care for your HIV? | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| J1a. (*if J1=yes)* If you could choose only one thing to change from the four choices below, what is the main thing that you would like to change about your HIV care? | |
| 🞎 1=I would like to speed up my clinic visit(s)  🞎 2=I would like to receive more medications at each visit, so that they last longer and I don’t have to come get them as often as I do now  🞎 3=I would like to have a place to collect medications closer to home  🞎 4=I would like to have more support and encouragement to take my medications regularly than what I am receiving now | |
| J2. How important is your waiting time in the clinic?] | |
| 🞎 Very important 🞎 A little important 🞎 Not important | |
| J3. How would you feel about a change to your HIV care and treatment if you were asked to return to the clinic less frequently? | |
| 🞎 Good/positive 🞎 Neutral/nothing 🞎 Suspicious/Negative | |
| J4. How would you feel about having most of your HIV care through a lay worker rather than a health professional? | |
| 🞎 Good/positive 🞎 Neutral/nothing 🞎 Suspicious/Negative | |
| J5. How would you feel if you received your drugs in the community rather than at the health facility? | |
| 🞎 Good/positive 🞎 Neutral/nothing 🞎 Suspicious/Negative | |
| J6. How many other people from this community do you know who are on ART? | |
| 🞎 0=None  🞎 1=1  🞎 2=2-5  🞎 3=6-10  🞎 4=more than 10 | |
| J7. Would you feel comfortable to meet and receive ARVs, together with other people on ART that you know? | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| J8. If yes, is there a place in your community where you would feel comfortable meeting? ( | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| J9. If yes, which one? (do not prompt) | |
| 🞎1=Church  🞎 2=Community Centre  🞎 3=School  🞎 4=Someone’s house  🞎 5=Other (specify) | |
| If J9=4🡪J9a. Do you feel comfortable meeting in your home | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| J10. Do you think a system where people meet and receive their ARVs as a group in the community would work in your community? | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| J11a. How would you feel about a buddy system with the other ART patients, where you take turns to pick up your own as well as your buddy’s drugs? | |
| 🞎 1=I like it  🞎 0=I do not like it | |
| J11b. How much do you like it/dislike it? | |
| 🞎 A little bit  🞎 A lot | |
| J12. Have you ever picked up ARVs for someone else who is an adult? | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| J13. If yes, who? *[if multiple, just the main one]* | |
| 🞎 1=Spouse  🞎 2=Parent  🞎 3=Sibling  🞎 4=Son or daughter  🞎 5=Friend  🞎 6=Other\_\_\_\_\_\_\_\_\_ | |
| J14. Has anyone ever picked up ART for you? | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| J14a. If yes, who? *[if multiple, just the main one]* | |
| 🞎 1=Spouse  🞎 2=Parent  🞎 3=Sibling  🞎 4=Son or daughter  🞎 5=Friend  🞎 6=Other\_\_\_\_\_\_\_\_\_ | |
| J14b. (if yes) How often does that person pick up ARVs for you | |
| 🞎 0= Almost every time I have an appointment  🞎 1= About half of the times I have an appointment  🞎 2= Only sometimes, less than half of the times  🞎 3= It only happened once. | |
| J15. If the health facility allowed, would you be willing to pick up ARVs for someone else? | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| J16. Do you feel like you can trust other ART clients whom you know, in this community, to pick up ART for you? | |
| 🞎 0= No  🞎 1= Yes  🞎 -99= Refused to answer | |
| J17. How comfortable do you feel about having group adherence counseling rather than individual counseling at the facility? | |
| 🞎 3=Very comfortable  🞎 2=A bit comfortable, but some concerns  🞎 1=Not comfortable. Would prefer individual adherence counseling. | |
| J18. How do you feel about the group being formed only by clients on ARV from the community and no counselor? | |
| 🞎 Good/positive 🞎 Neutral/nothing 🞎 Suspicious/Negative | |
| J19. Imagine that the facility was accepting patients in the afternoon up to 18hrs. Would you start arriving at the facility in the afternoon? | |
| 🞎 0=No, could continue going in the morning  🞎 1=Would arrive in the afternoon most times | |
| J20. Imagine that the facility was accepting patients on Saturday mornings as well. Would you be more likely to go on Saturday or would you still go during the week? | |
| 🞎 0=Would be more likely to go on Saturday.  🞎 1=Would be more likely to still go in the morning. | |

Only for a subset of ART patients

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| Same relevancy skip at Section J |
| **SECTION K: DISCRETE CHOICE SURVEYS** | |

*Preliminary questions:*

K1. How many months of refill do you typically get when you get your ARVs?

🞎 1= 1 month

🞎 2= 2 months

🞎 3= 3 months

🞎 4= 6 months

🞎 -8= other [\_specify]

🞎 -98= no typical amount

🞎 -99= Refused to answer

K2. How often do you typically see the Doctor?

🞎 1= every 1 month

🞎 2= every 2 months

🞎 3= every 3 months

🞎 4= every 6 months

🞎 -98= no typical amount

🞎 -99= Refused to answer

DCE

*In each question of this section, the asking sentence will be the same:*

“I will now present you with two types of HIV care. Imagine that they were both available at 2 different clinics, clinic A and clinic B, and that you can choose the clinic that offers what you prefer. For your HIV care, would you go to clinic A or clinic B?”

*After this question, we will present two models of HIV care. Each model is defined by mixing the levels of each of the attributes in the table below.*

***LIST OF POSSIBLE ATTRIBUTES:***

|  |  |
| --- | --- |
| *Location of ARV pickup* | *Level 1: Facility*  *Level 2: Community* |
| *Frequency of ARVs pick up* | *Level 1: Every month*  *Level 3: Every 3 months* |
| *Time spent in picking up ARVs* | *Level 1: 1 hour total*  *Level 2: 2 hours total*  *Level 3: 3 hours total*  *Level 4: 4 hours total*  *Level 5: 6 hours total* |
| *Location for seeing Dr & Frequency of seeing the Dr.* | *Level 1: Facility, every 6 months (presumed frequency)* |
| *Time spent in seeing the doctor. (how long you wait to see the doctor on a clinical visit)* | *Level 1: 1 hour total*  *Level 3: 3 hours total*  *Level 5: 5 hours total* |
| *Counseling* | *Level 1: individual counseling*  *Level 2: small group counseling (< 6 people)*  *Level 3: large group counseling (>15 people)* |
| *Buddy System [means someone can pick up your meds for you some of the time]* | *Level 1: buddy system in place*  *Level 2: no buddy system in place* |

In all questions the possible answers will be the same:

🞎 1=I would prefer clinic A

🞎 2=I would prefer clinic B

*A specific example is the following:*

“I will now present you with two types of HIV care. Imagine that they were both available at 2 different clinics, clinic A and clinic B, and that you can choose the clinic that offers what you prefer. For your HIV care, would you go to clinic A or clinic B?”

|  |  |
| --- | --- |
| HIV care at Clinic A | HIV care at Clinic B |
| Get ARVs at the **Community, every month**  **1 hour** time spent to **get ARV** | Get ARVs at the **Facility**, every **3 months**  **2 hours** time spent to **get ARV** |
| See Doctor at the **Facility** every **6 months**  **3 hours** time spent to **see the Dr.** | See Doctor at the **Facility** every 6 months  **6 hours** time spent to see **the Dr.** |
| Individual adherence counseling | Group adherence counseling with 6 people |
| Buddy system is routine | No buddy system |

🞎 1=I would prefer clinic A

🞎 2=I would prefer clinic B