****

Participants Study ID ⬜⬜⬜⬜⬜⬜ File Number: …………………………

Participant’s initials ⬜⬜⬜

Date (dd/mm/yyyy) ⬜⬜/⬜⬜/⬜⬜⬜⬜

Site: ⬜ KCMC ⬜ MRRH ⬜ SJDH ⬜ HDH ⬜ MH ⬜ MJHC ⬜ PHC

**THE EFFECT AND CHALLENGES OF THE IMPLEMENATION OF DIFFERENTIATED HIV AND AIDS SERVICE DELIVERY IN**

**NORTH-EASTERN TANZANIA**

**Cohort Study Questionnaire**

**At Enrollment**

**SECTION A: Demographic data**

**DEM 1** Gender:

⬜ Female

⬜ Male

**DEM 2** Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (dd/mm/yyyy)

**DEM 3** Height \_\_\_\_\_\_ cms

Weight\_\_\_\_\_\_ Kgs

**DEM 4** **Marital status**

⬜ Single

⬜ Married

⬜ Cohabiting

⬜ Divorced/separated

⬜ Widow/Widowed

**DEM 5** **Residence:**

⬜ Moshi municipality

⬜ Moshi rural

⬜ Hai

⬜ Others (Specify:……………………………………………………………………….)

**DEM 6 Level of education:**

⬜ Primary education

⬜ Secondary school

⬜ Post secondary education

⬜ Still in training (Specify: ...............................................................)

**DEM 7** **Current occupation**

⬜ Peasant

⬜ Employed - Civil servant

⬜ Employed – Private

⬜ Unemployed

⬜ Businessman/ woman

⬜ Others (Specify: ……………………………………………………………………….)

|  |
| --- |
| **SECTION B1: HIV diagnosis/ testing** |

**DIA 1** **Clients referred from**

⬜ OPD

⬜ STI clinic

⬜ TB DOTS

⬜ RCH/PMTCT

⬜ Self-referral

⬜ Inpatient

⬜ Index testing – sexual partner

⬜ Index testing – family member

⬜ Index testing – household member

⬜ Others (Specify:…………………………………………………………………………..)

**DIA 2** 1st HIV diagnosis on: \_\_\_/\_\_\_/\_\_\_\_ (dd/mm/yyyy)

**DIA 3** Date verified HIV status \_\_\_/\_\_\_/\_\_\_\_ (dd/mm/yyyy)

**DIA 4** Date enrolled in care \_\_\_/\_\_\_/\_\_\_\_ (dd/mm/yyyy)

**DIA 5 If a woman, HIV was diagnosed during**

⬜ Pregnancy

⬜ Labor and delivery

⬜ Breastfeeding

⬜ None of the above

**DIA 6 How many times were you counseled before starting ART (reported pre-**

**ART counseling sessions)?**

⬜ 1

⬜ 2

⬜ 3

⬜ > 3

⬜ I don’t remember

**DIA 7** Recorded clinical diagnosis at the time of HIV diagnosis? (*CTC2 card or*

*Patients’ file*)

⬜ Tuberculosis

⬜ Kaposis sarcoma

⬜ Oral candidiasis

⬜ None

⬜ Others (Specify:……………………………………………………………………………)

**DIA 8** Recorded WHO HIV/AIDS clinical stage at the time of HIV diagnosis

*(CTC 2 card)*

⬜ 1 ⬜ 2

⬜ 3 ⬜ 4

**DIA 9** Recorded co-morbidities at the time of HIV diagnosis (*the patient, CTC2*

*card or Patients’ file)*

⬜ None

⬜ Diabetes mellitus

⬜ Hypertension

⬜ Others (Specify:…………………………………………………………………………)

|  |
| --- |
| **SECTION B2: Partners testing** |

**PAR 1 Number of sexual partners:**

**⬜ Current (Number:………………….)**

Partner 1: ⬜ Husband/ Wife ⬜ Boyfriend/girl friend ⬜ Casual

Partner 2: ⬜ Husband/ Wife ⬜ Boyfriend/girl friend ⬜ Casual

Partner 3: ⬜ Husband/ Wife ⬜ Boyfriend/girl friend ⬜ Casual

⬜ **Past – within the last 24 months (Number:………………..)**

Partner 1: ⬜ Husband/ Wife ⬜ Boyfriend/girl friend ⬜ Casual

Partner 2: ⬜ Husband/ Wife ⬜ Boyfriend/girl friend ⬜ Casual

Partner 3: ⬜ Husband/ Wife ⬜ Boyfriend/girl friend ⬜ Casual

**⬜ None**

**PAR 2 How long have you been with your current sexual partner?**

⬜ < 1 year ⬜ 1 – 5 years

⬜ 6- 10 years ⬜ > 10 years

⬜ No current partner

**PAR 3 Are you living together with your current sexual partner?**

⬜ Yes ⬜ No ⬜ No current partner

**PAR 4** **Were you asked about sexual partner(s) notification, counseling and testing for HIV at the time of your HIV diagnosis?**

⬜ Yes, and I consented

⬜ Yes, but I didn’t consent

⬜ Yes, but I didn’t/don’t have sexual partner(s) (go to the next section)

⬜ No, but I had sexual partners (go to PAR 7)

⬜ No and I had no sexual partners (go to the next section)

⬜ I don’t remember (go to PAR 5 if had sexual partner otherwise go to the next section)

**PAR 5 Which partner were you asked to bring?**

⬜ Only one current partner

⬜ All current partners

⬜ All partners in the last 24 months

⬜ I had no sexual partners

⬜ I wasn’t asked to bring my partner(s)

**PAR 6** **What method of partner notification was offered to you?**

⬜ I was told to notify my partner(s) and bring him/her to the next clinic visit.

⬜ I wasn’t able to bring my partner so the health care worker assisted me.

⬜ Other (specify:………………………………………………………………………………….)

⬜ I had no sexual partners

⬜ I wasn’t asked to bring my partner(s)

**PAR 7** **Have you disclosed your HIV status to your partner(s)?**

⬜ Yes - to all my partners (go to PAR 9)

⬜ Yes – but not to all partners

⬜ No

⬜ I had no sexual partners

**PAR 8 Do you plan to disclose your HIV status to your partner(s)/ other partner(s)?**

⬜ Yes

⬜ No (Specify reason:……………………………………………………………………………)

⬜ I had no sexual partners

⬜ My partner has died

**PAR 9 IF YOU HAVE NOT YET NOTIFIED your partner, which method will you prefer**

**for notification?**

⬜ I will notify them myself

⬜ I will be ready to give their contact address or phone numbers so

they can be notified by the health care workers without mentioning me

⬜ I will be ready to give their contact address so they can be notified by

the health care workers and they can mention me

⬜ I had no sexual partners

⬜ I am not planning to bring my partner

**PAR 10 After how long do you think you will be able to notify and bring your partner for testing?**

⬜ 1 week ⬜ 2 weeks ⬜ 4 weeks ⬜ > 4 weeks

⬜ I had no sexual partners

⬜ He/she refused to come for testing

⬜ I am not planning to bring my partner

**PAR 11 Was/were your partner(s) tested for HIV?**

⬜ Yes Specify when: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

⬜ No Specify reason:…………………………………………………………………)

(go to ART 1)

⬜ I don’t know (go to ART 1)

⬜ I had no sexual partners

**PAR 12** **What were your partner(s) HIV testing results?**

(Indicate the status of each partner if more than 1 partner was tested)

Partner 3: ⬜ HIV positive

⬜ HIV negative

⬜ I don’t know

Partner 2: ⬜ HIV positive

⬜ HIV negative

⬜ I don’t know

Partner 1: ⬜ HIV positive

⬜ HIV negative

⬜ I don’t know

**If the patient had a sexual partner and the partner tested positive for HIV continue to the next question otherwise go to the next section:**

**PAR 13** **Was/Were your partner(s) initiated on cART?**

⬜ Yes (Specify when: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

⬜ No (Specify reason:…………………………………….) (go to the next section)

⬜ I don’t know (go to the next section)

⬜ He/she wasn’t HIV positive

**PAR 14 Is/are your partner(s) attending this CTC?**

⬜ Yes If Yes name of the partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ No

⬜ I don’t know

⬜ No, he/she wasn’t HIV positive

**PAR 15 If you have previous partners: do you have their contact information example phone number or physical address?**

⬜ Yes

⬜ No

|  |
| --- |
| **SECTION C: cART initiation** |

**ART 1** cART initiated?

⬜ Yes (If yes go to ART 3)

⬜ No

**ART 2** Reason for not being initiated on cART? (go to ART 5)

⬜ Patient not ready

⬜ Patient is ready but on treatment for OIs i.e Cryptococcus meningitis

⬜ Patient LTFU

**ART 3** Ready to start cART on: \_\_\_/\_\_\_/\_\_\_\_ (dd/mm/yyyy)

**ART 4** cART initiation on: \_\_\_/\_\_\_/\_\_\_\_ (dd/mm/yyyy)

**ART 5** Treatment supporters identified?

⬜ Yes

⬜ No (go to ART 7)

**ART 6 Who is the identified treatment supporter?**

⬜ Partner

⬜ Parent

⬜ Sibling

⬜ Grandparent

⬜ Friend/neighbor

⬜ Others (Specify………………………………………………………)

**ART 7** cART regimen initiated

⬜ TLE (1g-A)

⬜ Atripla (1e)

⬜ CBV/EFV (1c)

⬜ DUOVIR-N (1b)

⬜ ABC/3TC/EFV (2k)

⬜ Other (Specify:……………………………………………………………………………..……)

**ART 8** Clinical diagnosis at the time of cART initiation

⬜ Tuberculosis

⬜ Kaposis sarcoma

⬜ Oral candidiasis

⬜ Others (Specify:………………………………………………………………………………….)

**ART 9** Recorded WHO HIV/AIDS clinical stage at the time of cART initiation

⬜ 1 ⬜ 2

⬜ 3 ⬜ 4

**ART 10** Baseline CD4+ T cell count at the time of cART initiation

⬜ Available CD4+ T cell count: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Not available.

Filled by: (initials) ⬜ ⬜ ⬜ Date: (dd/mm/yyyy) ⬜⬜/⬜⬜/⬜⬜⬜⬜

Verified by: (initials) ⬜ ⬜ ⬜ Date: (dd/mm/yyyy) ⬜⬜/⬜⬜/⬜⬜⬜⬜