

IeDEA 2020 Site Assessment Survey

The purpose of this survey is to learn about the clinical and support services provided to HIV patients who are enrolled in care at this health facility. This survey is being conducted at all health facilities participating in the International Epidemiology Databases to Evaluate AIDS (IeDEA) network.

This survey is intended to be completed by staff who have in-depth knowledge about the care and services provided to adult and pediatric HIV patients in the HIV clinic or within the health facility or institution. Most questions refer to care and services provided within the HIV clinic. If your health facility does not have a dedicated clinic for HIV care and treatment, please answer for the facility overall, regardless of what unit(s) serves these patients. If your health facility has multiple HIV care and treatment clinics that serve different patient groups, please report on the services provided for adult HIV patients, unless otherwise indicated. A few questions in this survey may require consultation with staff in other units, such as laboratory and pharmacy departments.

The emergence of the COVID-19 pandemic in early 2020 may have resulted in temporary service delivery disruptions and changes in practice. **For Sections 1 – 17 of this survey, please provide information about routine practices and services at your clinic during 2019, prior to the COVID-19 pandemic.** For **Section 18, please provide information about how COVID-19 has affected HIV service delivery.** Remember that there are no incorrect answers to this survey. Your feedback on day-to-day service delivery and routine practices is important for understanding how health facility and service delivery characteristics relate to patient outcomes of interest.

Thank you for your time completing this survey. We are very grateful for your participation.

QUESTIONS	RESPONSES		
1. RESPONDENT INFORMATION			
1.1 Name of person completing this survey			
1.2 Email address of the person completing the survey			
1.3 Please enter the date this survey is being completed	__/__/2020 (DD / MM / YYYY)		
1.4 What is your title?	<input type="checkbox"/> Head Clinician/Clinical Officer In-Charge <input type="checkbox"/> Other clinician <input type="checkbox"/> Site Manager <input type="checkbox"/> Site Data Manager <input type="checkbox"/> Head Nurse <input type="checkbox"/> Other (specify) _____		
2. PATIENT POPULATION			
2.1 How would you describe the residence of the population served by this health facility's HIV clinic(s)? <i>Select one response only</i>	<input type="checkbox"/> Predominantly urban <input type="checkbox"/> Predominantly rural <input type="checkbox"/> Mixed urban/rural		
2.2 What types of patients are served at the HIV clinic(s)? <i>Check all that apply</i>	<input type="checkbox"/> Children (ages 0-9) <input type="checkbox"/> Adolescents / youth (ages 10-24) <input type="checkbox"/> Adults – general population (ages 20+)		
2.3 In 2019, how often were specialized or dedicated HIV clinics held for any of the following patient groups? <i>Check all that apply. If patient groups are served as part of general clinic population, rather than through dedicated clinics, check "Not Available."</i>	Available every day the health facility is open	Available on special/ dedicated days	Not available
a. Pediatric patients (ages 0-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Adolescents/youth (ages 10-24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pregnant/breast-feeding women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Family care clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Patients with comorbidities or opportunistic infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Female sex workers (FSW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Men who have sex with men (MSM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Transgender individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. People with substance use disorders (SUDs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. People who inject drugs (PWID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. People with mental health disorders (MHDs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Mobile populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Incarcerated populations/prisoners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. People living with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS		RESPONSES			
3. STAFFING & COMMUNITY LINKAGES. <i>Please describe staffing situation as it was prior to the COVID-19 pandemic</i>					
3.1 In 2019, how often were the following categories of staff available at this HIV clinic?	Available every day clinic is open	Available some days	Never available		
a. Pediatrician (general)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Internist, family practitioner, generalist (physician)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Infectious disease or HIV specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Mid-level providers (clinical officers, nurses/nurse practitioners, midwives, physician assistants)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. Adherence counselors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. Peer educators/mentors/navigators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. Outreach workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. Nutritionists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.2 In 2019, how often did this HIV clinic work with any of the following community-based partners to promote HIV testing ?	Never	Daily/weekly	Monthly/quarterly	Less than quarterly	
a. Community health committees, village health teams, or voluntary community-based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Community leaders/officials, community health workers, or community health volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. People living with HIV/AIDS (PLWHA) associations or patient support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Other associations/support groups (e.g. addiction or mental health support groups, sexual minority support groups, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Youth groups or peer educator groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3 In 2019, how often did this HIV clinic work with any of the following community-based partners to trace patients ?	Never	Daily/weekly	Monthly/quarterly	Less than quarterly	
a. Community health committees, village health teams, or voluntary community-based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Community leaders/officials, community health workers, or community health volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. People living with HIV/AIDS (PLWHA) associations or patient support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Other associations/support groups (e.g. addiction or mental health support groups, sexual minority support groups, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Youth groups or peer educator groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. HIV TESTING & DIAGNOSIS. <i>Please describe practices/service delivery as offered prior to the COVID-19 pandemic</i>					
4.1 How often were HIV counseling and testing services offered at this health facility?	<input type="checkbox"/> Services available every day clinic is open <input type="checkbox"/> Services available some days <input type="checkbox"/> Services never available {→ SKIP TO 4.3}				
4.2 What types of HIV testing services were offered at this health facility during 2019? <i>Check all that apply.</i>	<input type="checkbox"/> Opt-out testing (provider-initiated) <input type="checkbox"/> Opt-in testing (patient-initiated) <input type="checkbox"/> Partner/couples testing <input type="checkbox"/> "Family tree" testing (testing of family and other household members) <input type="checkbox"/> Early infant diagnosis (EID) <input type="checkbox"/> Rapid HIV tests/Same-day testing <input type="checkbox"/> HIV self-testing kits <input type="checkbox"/> Other (specify) _____				
4.3 Which of the following types of HIV testing services were offered in the catchment area of this health facility during 2019? <i>Check all that apply OR select "None."</i>	<input type="checkbox"/> None <input type="checkbox"/> Voluntary counseling and testing (VCT) at fixed community locations <input type="checkbox"/> Mobile VCT testing <input type="checkbox"/> Home testing <input type="checkbox"/> Self-testing <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Do not know				
4.4 After a positive result on an HIV screening test at this health facility or elsewhere, was additional testing done at this health facility to confirm HIV diagnoses prior to initiating patients on ART?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO 4.5} <input type="checkbox"/> Not applicable (All patients initiate ART prior to enrollment at this site) {→ SKIP TO 4.5}				

QUESTIONS	RESPONSES																														
4.4a. How was the diagnosis of HIV infection confirmed for adult patients enrolling into care at this site in 2019? <i>Check all that apply.</i>	<input type="checkbox"/> Confirmatory antibody test <input type="checkbox"/> Confirmation based on HIV viral load (PCR) test <input type="checkbox"/> Other (specify) _____																														
4.4b. How was the diagnosis of HIV infection confirmed for infants <18 months at this site in 2019? <i>Check all that apply.</i>	<input type="checkbox"/> Not applicable (no infants/pediatric patients) {→ SKIP TO 4.8 } <input type="checkbox"/> Confirmatory antibody test <input type="checkbox"/> Confirmation based on HIV DNA or RNA PCR <input type="checkbox"/> Other (specify) _____																														
4.5 In 2019, how often were early infant diagnosis (EID) services offered at this health facility? <i>Check one best response.</i>	<input type="checkbox"/> Services available every day clinic is open <input type="checkbox"/> Services available some days <input type="checkbox"/> Services never available {→ SKIP TO 4.8 }																														
4.6 Was same-day/point of care (POC) DNA PCR EID testing routinely available at this health facility in 2019? Routinely available means that the test could be requested or performed, when needed.	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
4.7 During 2019, what was the usual turnaround time (in days) for getting early infant diagnosis (EID) test results? Turnaround time means the time from ordering or referring a patient for the test to the time when results are received by the facility/clinic staff.	_____ days <input type="checkbox"/> EID not available																														
4.8 During 2019, where were the following HIV diagnostic tests typically performed for patients at this HIV clinic? <i>Confirm whether diagnostic services were provided in the HIV clinic and/or elsewhere at the same health facility, only off-site, or were not available for routine patient care.</i>	<table border="1"> <thead> <tr> <th></th><th>Provided in HIV Clinic</th><th>In same health facility (but not at HIV clinic)</th><th>Only offsite (referral)</th><th>Not available</th></tr> </thead> <tbody> <tr> <td>a. HIV-1/HIV-2 antigen/antibody immunoassay test for established HIV infection</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>b. HIV p24 antigen test for acute HIV infection (i.e., before HIV antibodies are detectable)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>c. Virologic assay tests (e.g., HIV RNA, nucleic acid test, nucleic acid amplification test,) for acute HIV infection</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>d. Supplemental HIV-1/HIV-2 antibody differentiation immunoassay</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>e. DNA or RNA PCR for early infant diagnosis (EID)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Provided in HIV Clinic	In same health facility (but not at HIV clinic)	Only offsite (referral)	Not available	a. HIV-1/HIV-2 antigen/antibody immunoassay test for established HIV infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. HIV p24 antigen test for acute HIV infection (i.e., before HIV antibodies are detectable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Virologic assay tests (e.g., HIV RNA, nucleic acid test, nucleic acid amplification test,) for acute HIV infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Supplemental HIV-1/HIV-2 antibody differentiation immunoassay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. DNA or RNA PCR for early infant diagnosis (EID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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d. Supplemental HIV-1/HIV-2 antibody differentiation immunoassay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
e. DNA or RNA PCR for early infant diagnosis (EID)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
5. CARE FOR NEW PATIENTS (PATIENTS NEWLY TESTING POSITIVE OR TRANSFERRING FROM ANOTHER SITE)																															
5.1 During 2019, what were the most common entry points into HIV care for patients at this health facility? <i>Check all that apply.</i>	<input type="checkbox"/> Voluntary counseling and testing (VCT) unit <input type="checkbox"/> Maternal and child health services (e.g. Antenatal care, prevention of mother to child transmission, maternity/labor & delivery, under-5 clinic) <input type="checkbox"/> Sexually transmitted infection (STI) treatment unit <input type="checkbox"/> Tuberculosis (TB) unit <input type="checkbox"/> Outpatient department <input type="checkbox"/> Inpatient hospitalization <input type="checkbox"/> Referrals/transfers from other health facilities/sites <input type="checkbox"/> Other (specify) _____																														
5.2 During 2019, what type of support services were routinely provided to patients who receive a positive HIV test result at this health facility? <i>Check all that apply OR select "None." Routinely means provided as the standard of care.</i>	<input type="checkbox"/> None <input type="checkbox"/> Psychosocial support from nurse, social worker, counselor, mentor, etc. <input type="checkbox"/> Partner disclosure counseling and support <input type="checkbox"/> Referral to support groups <input type="checkbox"/> Referral to community-based volunteers/workers <input type="checkbox"/> Other (specify) _____																														
5.3 During 2019, which of the following screenings were routinely done at the time of enrollment into HIV care at this health facility (e.g. newly-diagnosed patients or patients who transfer to this site for HIV care)? <i>Check all that apply OR select "None." Routinely means provided as the standard of care at enrollment.</i>	<input type="checkbox"/> None <input type="checkbox"/> Pregnancy/breastfeeding <input type="checkbox"/> Testing for latent tuberculosis infection (LTBI) <input type="checkbox"/> Screening for tuberculosis (TB) disease <input type="checkbox"/> Sexually-transmitted infection (STI) screening <input type="checkbox"/> Hepatitis B screening <input type="checkbox"/> Substance use disorders (alcohol, smoking, illicit drug use, etc.) <input type="checkbox"/> Mental health disorders (depression, anxiety, post-traumatic stress)																														
5.4 What types of patients received Cotrimoxazole prophylaxis as the standard of care at the HIV clinic? <i>Check all that apply OR select "None."</i>	<input type="checkbox"/> None <input type="checkbox"/> All patients <input type="checkbox"/> Patients who meet a CD4 threshold <input type="checkbox"/> Pregnant women <input type="checkbox"/> Infants/children <18 months <input type="checkbox"/> Infants/children <5 years <input type="checkbox"/> Infants/children <10 years <input type="checkbox"/> TB patients <input type="checkbox"/> Other (specify) _____																														

QUESTIONS		RESPONSES
5.5 In 2019, was CD4 cell count testing done as the standard of care prior to ART initiation (for newly-enrolling patients) or prior to re-starting ART (for patients re-entering care at this health facility)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.6 Where is the laboratory that conducted the majority of the CD4 cell count testing for this HIV clinic in 2019?	<input type="checkbox"/> Onsite, at the same health facility as the HIV clinic <input type="checkbox"/> Offsite <input type="checkbox"/> Not available {→SKIP TO 5.8}	
5.7 In 2019, were same-day/point of care (POC) CD4 count results routinely available at this health facility? <i>Routinely available means that the test could be requested or performed, when needed.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.8 Did this HIV clinic provide care to any pre-ART patients in 2019 (i.e., patients who were enrolled in HIV care but had not initiated ART)?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO 6.1}	
5.9 What medications were routinely provided to pre-ART patients (or routinely prescribed if this clinic does not provide medications directly)? <i>Check all that apply OR select "None." Routinely means provided (or prescribed) as the standard of care.</i>	<input type="checkbox"/> None <input type="checkbox"/> Isoniazid (or other TB preventive therapies, i.e. 3HP, etc.) <input type="checkbox"/> Vitamin supplements (i.e., multivitamins) <input type="checkbox"/> Other (specify) _____	
5.10 What was done if pre-ART patients missed an appointment or did not return for ART services? <i>Check all that apply OR select "Nothing/No routine follow-up tracing."</i>	<input type="checkbox"/> Nothing (No routine follow-up tracing of pre-ART patients) <input type="checkbox"/> Phone call to individual and/or family <input type="checkbox"/> Send message via letter, email, SMS or online patient portal <input type="checkbox"/> Home visit by clinic staff or community outreach worker <input type="checkbox"/> Outreach by peer supporter/mentor <input type="checkbox"/> Other (specify) _____	
5.11 By December 2019, what were the criteria for ART initiation at this health facility? <i>Select all that apply, or select "Start all patients on ART."</i>	<input type="checkbox"/> Start all patients on ART regardless of CD4 or clinical criteria <input type="checkbox"/> Start some patients on ART regardless of CD4/clinical criteria (specify) _____ <input type="checkbox"/> CD4 count ≤500 cells/mm ³ for all or some patients. <input type="checkbox"/> CD4 count ≤350 cells/mm ³ for all or some patients <input type="checkbox"/> Other criteria (specify) _____	
5.12 How soon after confirming HIV diagnoses and/or treatment eligibility did patients generally initiate ART in 2019? <i>Check one best response.</i>	<input type="checkbox"/> Same day that ART eligibility is established <input type="checkbox"/> 1-7 days after establishing ART eligibility <input type="checkbox"/> 8-14 days after establishing ART eligibility <input type="checkbox"/> 2-4 weeks after establishing ART eligibility <input type="checkbox"/> >1 month after establishing ART eligibility	
5.13 At this clinic, how many ART readiness counseling sessions were typically conducted before eligible patients initiated ART in 2019? <i>Check one best response.</i>	<input type="checkbox"/> 0 sessions <input type="checkbox"/> 1 session <input type="checkbox"/> 2 sessions <input type="checkbox"/> 3 sessions <input type="checkbox"/> 4 or more sessions	
6. ART MONITORING, ADHERENCE & RETENTION STRATEGIES. <i>Describe practices/service delivery prior to COVID-19</i>		
6.1 In 2019, what was the standard frequency of refills for patients who are stable on ART? <i>Check one best response.</i>	<input type="checkbox"/> Monthly <input type="checkbox"/> Every 3 months <input type="checkbox"/> Every 6 months <input type="checkbox"/> Other (specify) _____	
6.2 In 2019, how was ART medication adherence routinely monitored in patients at this HIV clinic? <i>Check all that apply OR select "Not applicable." Routinely monitored means monitored as the standard of care.</i>	<input type="checkbox"/> Not applicable (<i>Medication adherence not routinely monitored</i>) <input type="checkbox"/> Unstructured assessment of adherence by clinician <input type="checkbox"/> Structured assessment of adherence by clinician using recall instrument (e.g., recall of missed doses during 24-hour, 3-day, 7-day, 30-day, or other period). <input type="checkbox"/> Pill counts <input type="checkbox"/> Pharmacy refills <input type="checkbox"/> Electronic dose monitoring (MEMS caps) <input type="checkbox"/> Directly observed treatment <input type="checkbox"/> Routine viral loads <input type="checkbox"/> Viral loads for patients suspected of non-adherence. <input type="checkbox"/> Other (specify) _____	

QUESTIONS		RESPONSES			
ART MONITORING, ADHERENCE & RETENTION STRATEGIES (CONTINUED) <i>Describe practices/service delivery prior to COVID-19</i>					
6.3 What ART adherence support services were routinely provided to HIV patients at this HIV clinic in 2019? <i>Check all that apply OR select "None/Not applicable." Routinely provided means provided as the standard of care.</i>		<input type="checkbox"/> None/Not applicable <input type="checkbox"/> One-on-one adherence counseling <input type="checkbox"/> Group adherence counseling <input type="checkbox"/> Individual mental health counseling <input type="checkbox"/> Group mental health counseling <input type="checkbox"/> Referral to peer support or mentor groups <input type="checkbox"/> Other (specify) _____			
6.4. Which of the following types of adherence aids/reminders were routinely provided to ART patients? <i>Check all that apply. Routinely provided means provided as the standard of care.</i>		<input type="checkbox"/> None/Not applicable <input type="checkbox"/> Patient education media (written, pictorial, video, etc.) <input type="checkbox"/> Pill boxes or blister packs <input type="checkbox"/> Calendars, checklists, or other reminders <input type="checkbox"/> Alarm clocks, wrist watches, beepers <input type="checkbox"/> Counseling by pharmacist/pharmacy staff <input type="checkbox"/> Routine review of medication pick-up <input type="checkbox"/> Other (specify) _____			
6.5 In 2019, did this HIV clinic utilize text or voice messaging to support any of the following: <i>Check all that apply.</i>		<input type="checkbox"/> None/Not applicable <input type="checkbox"/> Adherence to medication <input type="checkbox"/> Adherence to appointments <input type="checkbox"/> Follow-up of missed appointments <input type="checkbox"/> Educational messaging			
6.6 During 2019, where were the following tests typically performed for patients enrolled in care at this HIV clinic? <i>Confirm whether diagnostic services are provided in the HIV clinic AND/OR elsewhere at the same health facility, only off-site, or were not available for routine patient care.</i>		Provided in HIV Clinic	In same health facility (but not at HIV clinic)	Only offsite (referral)	Not available
a. Quantitative PCR or HIV viral load assay		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. HIV-1 genotypic drug resistance testing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.7 In 2019, was same-day/point of care (POC) RNA PCR HIV viral load testing routinely available at this health facility? <i>Routinely available means that the test could be requested or performed any time it was needed.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.8 During 2019, what was the usual turnaround time (in days) for getting viral load test results? <i>Turnaround time means the time from ordering or referring a patient for the test to the time when results are received by the facility/clinic staff.</i>			_____ days <input type="checkbox"/> Viral load testing not available		
7. ROUTINE CARE OF ENROLLED HIV PATIENTS. <i>Describe practices/service delivery prior to COVID-19</i>					
ROUTINE SCREENING DURING FOLLOW-UP					
7.1. Which of the following screenings were regularly performed during follow-up visits for enrolled HIV patients and where was screening typically conducted? <i>Select one best response.</i>		Provided in HIV Clinic	In same health facility (but not at HIV clinic)	Only offsite (referral)	Not available
a. Testing for latent tuberculosis infection (LTBI)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Screening for tuberculosis (TB) disease		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Screening for sexually transmitted infections (STIs)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Screening for Hepatitis B virus (HBV)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Screening for Hepatitis C virus (HCV)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Screening for alcohol and substance use disorders		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Screening for mental health disorders		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cervical cancer screening (visual inspection /PAP smear)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Anal PAP screening		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COUNSELING SERVICES FOR HIV POSITIVE PATIENTS <i>Describe practices/service delivery prior to COVID-19</i>					
7.2 Which of the following counseling services were provided to enrolled HIV patients and where were these services typically provided? <i>Select one best response.</i>		Provided in HIV Clinic	In same health facility (but not at HIV clinic)	Only offsite (referral)	Not available
a. Counseling regarding disclosure to sexual partners		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Education on sexual behavior and safer sex practices		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Family planning counseling		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Education on high-risk substance-use behaviors and harm reduction practices		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS	RESPONSES			
OTHER PREVENTIVE AND TREATMENT SERVICES FOR HIV POSITIVE PATIENTS				
7.3 During 2019, which of the following preventive and treatment services were provided to enrolled HIV patients and where were these services typically provided? <i>Select one best response.</i>	Provided in HIV Clinic	In same health facility (but not at HIV clinic)	Only offsite (referral)	Not available
a. Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pre-exposure prophylaxis (PrEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Post-exposure prophylaxis (PEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Voluntary male circumcision services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Family planning/contraceptive methods other than condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Treatment/management of depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Treatment/management of post-traumatic stress disorder (PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Treatment/management of anxiety disorders (other than PTSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Treatment for alcohol use disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Treatment for substance abuse disorders (other than alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. HPV vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Pneumococcal vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Hepatitis A vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Hepatitis B vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABORATORY AND DIAGNOSTIC TESTING SERVICES FOR HIV POSITIVE PATIENTS				
7.4 During 2019, where were the following laboratory and diagnostic tests typically performed for patients enrolled in care at this HIV clinic? <i>Select one best response.</i>	Provided in HIV Clinic	In same health facility (but not at HIV clinic)	Only offsite (referral)	Not available
Routine laboratory monitoring				
a. Complete blood count (e.g., platelets, hematocrit, lymphocytes, hemoglobin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Glucose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Creatinine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. AST (SGOT) and/or ALT (SGPT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease testing				
f. Hepatitis B virus (HBV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Hepatitis C virus (HCV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Syphilis testing (RPR/TPHA/VDRL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. STIs other than syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other screening & diagnostics				
j. Cryptococcal meningitis screening (serum cryptococcal antigen or lateral flow assay)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Cryptococcal meningitis diagnosis by CSF India Ink or latex agglutination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Ultrasound for liver disease management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEES/CHARGES FOR HIV-RELATED CARE AND SERVICES				
7.5 During 2019, did HIV patients typically pay any fees (other than insurance co-pays) for the following types of routine and specialized services? <i>Select one best response.</i>	<i>Please indicate if patients paid fees other than insurance co-pays. Select NA for services not available for routine care.</i>			
a. Routine clinic visits or consultations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know	<input type="checkbox"/> NA
b. Specialty clinic visits or consultations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know	<input type="checkbox"/> NA
c. First line ART regimens	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know	<input type="checkbox"/> NA
d. Second line ART regimens	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know	<input type="checkbox"/> NA
e. TB medications	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know	<input type="checkbox"/> NA
f. Opportunistic infection (OI) medications (e.g. Cotrimoxazole, Bactrim, Septra, TMP-SMX)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know	<input type="checkbox"/> NA
g. Hepatitis C antiviral medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know	<input type="checkbox"/> NA
h. Mental health disorder treatment (e.g. medication, counseling, psychotherapy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know	<input type="checkbox"/> NA
i. Psychiatric medications	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know	<input type="checkbox"/> NA
j. Substance use disorder treatment (e.g. medication, counseling, psychotherapy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know	<input type="checkbox"/> NA

QUESTIONS		RESPONSES
7.6 In 2019, did HIV patients typically pay any fee (other than insurance co-pays) for the following laboratory and diagnostic services? <i>Select one best response.</i>		<i>Please indicate if patients paid fees other than insurance co-pays. Select NA for services not available for routine care.</i>
HIV-related tests		
a. HIV-1/HIV-2 antigen/antibody immunoassay test for established HIV infection		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
b. HIV-1 p24 antigen test for acute HIV-1 infection		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
c. Supplemental HIV-1/HIV-2 antibody differentiation immunoassay		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
d. CD4 testing		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
e. DNA or RNA PCR for early infant diagnosis (EID)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
f. Quantitative PCR for viral load		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
g. HIV-1 genotypic drug resistance testing		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
Routine laboratory monitoring		
h. Complete blood count (e.g., platelets, hematocrit, lymphocytes, hemoglobin etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
i. Glucose		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
j. Creatinine		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
k. Cholesterol		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
l. AST (SGOT) and/or ALT (SGPT)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
Infectious disease testing		
m. Hepatitis B virus (HBV)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
n. Hepatitis C virus (HCV)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
o. Syphilis testing (RPR/TPHA/VDRL)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
p. STIs other than syphilis		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
Other screening & diagnostics		
q. Cryptococcal meningitis screening (serum cryptococcal antigen/lateral flow assay)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
r. Cryptococcal meningitis diagnosis by CSF India Ink or latex agglutination		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
s. Ultrasound for liver disease management		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
t. Cervical cancer screening		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
u. Anal pap screening		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA
8. DIFFERENTIATED HIV CARE (CARE TAILORED TO THE NEEDS OF DIFFERENT PATIENT POPULATIONS) <i>Describe practices/service delivery prior to COVID-19</i>		
8.1 In 2019, did this health facility offer services during extended hours for HIV patients? <i>Check all that apply.</i>	<input type="checkbox"/> No {→SKIP TO 8.3} <input type="checkbox"/> Services offered during extended opening hours <input type="checkbox"/> Services offered during weekends	
8.2 What types of services were available for HIV patients during extended hours in 2019? <i>Check all that apply.</i>	<input type="checkbox"/> HIV testing & counseling <input type="checkbox"/> ART adherence counseling <input type="checkbox"/> ART initiation <input type="checkbox"/> ART refills <input type="checkbox"/> General services (Clinical monitoring, check-ups, etc.) <input type="checkbox"/> Laboratory testing (VL monitoring, CD4 testing, etc.) <input type="checkbox"/> Other (specify) _____	
8.3 In 2019, did this HIV clinic provide differentiated care (i.e., care specifically tailored to the needs of different patient populations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→SKIP TO 9.1}	
8.4 Which of the following HIV-related services were differentiated (i.e., tailored to the needs of different patient populations) in 2019? <i>Check all that apply.</i>	<input type="checkbox"/> HIV testing <input type="checkbox"/> ART initiation <input type="checkbox"/> ART delivery	
8.5 Which of the following types of patients were served via differentiated ART delivery models at this HIV clinic in 2019? <i>Check all that apply for differentiated ART delivery or skip to 9.1.</i>	<input type="checkbox"/> Not applicable (no differentiated ART delivery) {→SKIP TO 9.1} <input type="checkbox"/> Patients presenting/returning to care with advanced HIV disease (CD4<200 cells/mm ³ and/or WHO clinical stage 4 disease) <input type="checkbox"/> Patients presenting/returning to care when clinically well <input type="checkbox"/> Patients clinically stable on ART ("stable patients") <input type="checkbox"/> Patients on ART with virologic/therapeutic failure ("unstable patients", on ART >1 year)	
8.6 Which of the following criteria were used to define patient eligibility for differentiated ART delivery models at this HIV clinic in 2019? <i>Check all that apply.</i>	<input type="checkbox"/> Age thresholds (e.g. minimum or maximum age) <input type="checkbox"/> Time on ART (e.g. minimum time) <input type="checkbox"/> CD4 cell count thresholds (e.g., CD4 >500 or <200, etc.) <input type="checkbox"/> Viral load suppression status <input type="checkbox"/> Current pregnancy or breast-feeding status <input type="checkbox"/> Current status of any opportunistic infection (OIs) <input type="checkbox"/> Patient history of drug reactions or toxicities <input type="checkbox"/> Other (specify) _____	

QUESTIONS		RESPONSES	
DIFFERENTIATED CARE (CONTINUED) <i>Describe practices/service delivery prior to COVID-19</i>			
8.7 In 2019, which of the following types of differentiated ART delivery models were offered to eligible patients enrolled in care at this HIV clinic, and when were these models introduced at this clinic?	Model offered (YES/NO)	If model offered, specify year of introduction	
a. Patient managed groups (community ART refill group, community patient-led ART delivery, community adherence group, peer support group, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YEAR: _____ <input type="checkbox"/> Do not know	
b. Healthcare worker managed groups (ART adherence clubs, patient adherence club, youth club, teen club, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YEAR: _____ <input type="checkbox"/> Do not know	
c. Facility-based individual models (fast track, quick pick up, pharmacy refill only without clinical consultation, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YEAR: _____ <input type="checkbox"/> Do not know	
d. Out-of-facility individual models (mobile outreach, fixed community ART distribution points, community pharmacy, home delivery, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YEAR: _____ <input type="checkbox"/> Do not know	
8.8 Is there someone at this HIV clinic who may be contacted for additional information about differentiated HIV care?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please provide name and email) Name: _____ Email: _____		
9. HIV CARE FOR PREGNANT AND POSTPARTUM WOMEN. <i>Describe practices/service delivery prior to COVID-19</i>			
9.1 In 2019, did this health facility provide HIV care and treatment to pregnant women living with HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→SKIP TO 9.4}		
9.2 Where was HIV care provided for patients who become pregnant while already enrolled in HIV care at this site? <i>Check all that apply.</i>	<input type="checkbox"/> HIV clinic <input type="checkbox"/> Antenatal/prenatal clinic <input type="checkbox"/> Other (specify) _____		
9.3 Where did pregnant women newly diagnosed with HIV during pregnancy initiate ART at this health facility? <i>Check all that apply.</i>	<input type="checkbox"/> HIV clinic <input type="checkbox"/> Antenatal/prenatal clinic <input type="checkbox"/> Other (specify) _____		
9.4 In 2019, did this health facility provide HIV care and treatment to postpartum women (< 24 months after delivery) living with HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→SKIP TO 10.1}		
9.5 Where was HIV care provided for postpartum women (< 24 months after delivery) at this health facility? <i>Check all that apply.</i>	<input type="checkbox"/> HIV clinic <input type="checkbox"/> Postnatal clinic for postpartum women only <input type="checkbox"/> Maternal and child health (MCH) clinic for women and infants <input type="checkbox"/> Other (specify) _____		
9.6 Where did women newly diagnosed with HIV during the postpartum period initiate ART at this health facility? <i>Check all that apply.</i>	<input type="checkbox"/> HIV clinic <input type="checkbox"/> Postnatal clinic for postpartum women only <input type="checkbox"/> Maternal and child health (MCH) clinic for women and infants <input type="checkbox"/> Other (specify) _____		
10. SERVICES PROVIDED TO PEDIATRIC HIV PATIENTS. <i>Describe practices/service delivery prior to COVID-19</i>			
10.1 In 2019, which of the following services were provided to pediatric HIV patients (<10 years) at this health facility? <i>Check all that apply or select "Not Applicable" if no pediatric patients are served at this health facility.</i>	<input type="checkbox"/> Not applicable (<i>No pediatric patients served at this facility</i>) {→SKIP TO 10.5} <input type="checkbox"/> Postnatal ARV prophylaxis/prevention of mother-to-child transmission services to HIV-exposed infants <input type="checkbox"/> ART initiation <input type="checkbox"/> Infant feeding counseling <input type="checkbox"/> Male circumcision for infants <input type="checkbox"/> Immunizations <input type="checkbox"/> Nutritional support <input type="checkbox"/> Growth monitoring <input type="checkbox"/> Integrated Management of Childhood Illness (IMCI) <input type="checkbox"/> Screening for tuberculosis (TB) disease <input type="checkbox"/> Testing for latent tuberculosis infection (LTBI)		
10.2 In 2019, did this health facility provide HIV care and treatment to infants <24 months of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→SKIP TO 10.5}		
10.3 Where was HIV care provided for HIV-exposed infants (< 24 months) at this health facility? <i>Check all that apply.</i>	<input type="checkbox"/> HIV clinic <input type="checkbox"/> Well-baby clinic (for infants and children only) <input type="checkbox"/> Maternal and child health (MCH) clinic for women and infants <input type="checkbox"/> Other (specify) _____		
10.4 In 2019, where did infants (<24 months) diagnosed with HIV initiate ART at this health facility? <i>Check all that apply.</i>	<input type="checkbox"/> HIV clinic <input type="checkbox"/> Well-baby clinic (for infants and children only) <input type="checkbox"/> Maternal and child health (MCH) clinic for women and infants <input type="checkbox"/> Other (specify) _____		

QUESTIONS	RESPONSES
PEDIATRIC HIV SERVICES (CONTINUED)	
10.5. In 2019, did this health facility offer any of the following services for adolescent/youth HIV patients? <i>Check all that apply or tick "None."</i>	<input type="checkbox"/> None (<i>No dedicated services for adolescent patients</i>) <input type="checkbox"/> Dedicated hours or space for youth/adolescent HIV testing & counseling services <input type="checkbox"/> Dedicated hours or space for youth/adolescent HIV care and treatment services <input type="checkbox"/> Peer counseling for youth/adolescent HIV patients <input type="checkbox"/> Support groups specifically for youth/adolescent HIV patients <input type="checkbox"/> Services to support transition to adult HIV care
11. ROLL-OUT OF DOLUTEGRAVIR (DTG)-BASED ART REGIMENS. Describe current status of DTG roll-out.	
11.1 Have DTG-based regimens been introduced at this HIV clinic as first-line ART regimens ?	<input type="checkbox"/> Yes {→ SKIP TO 11.4 } <input type="checkbox"/> No
11.2 When do you plan to introduce first-line dolutegravir (DTG)-based regimens? <i>Check one best response.</i>	<input type="checkbox"/> No plans for introducing first-line DTG-based regimens <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 <input type="checkbox"/> Do not know
11.3 Have any of the following other integrase strand transfer inhibitor (INSTI)-based regimens been introduced as first-line ART regimens at this HIV clinic? <i>Check all that apply.</i>	<input type="checkbox"/> None {→ SKIP TO 11.6 } <input type="checkbox"/> Elvitegravir (brand name Vitekta) {→ SKIP TO 11.6 } <input type="checkbox"/> Raltegravir (brand name Isentress) {→ SKIP TO 11.6 } <input type="checkbox"/> Bictegravir {→ SKIP TO 11.6 }
11.4 When (which month and year) was DTG introduced as a first-line ART regimen ?	<u>MM / YYYY</u> <input type="checkbox"/> Do not know
11.5 Currently, which of the following patients are eligible for DTG-based first-line regimens ? <i>Check all that apply</i>	<input type="checkbox"/> ART-naïve patients <input type="checkbox"/> Patients with suppressed viral load (as defined locally) <input type="checkbox"/> Patients with unsuppressed viral load (as defined locally) <input type="checkbox"/> Patients without known drug resistance <input type="checkbox"/> Patients with known drug resistance <input type="checkbox"/> Women not of reproductive age (≥50 years) <input type="checkbox"/> Women of reproductive age (15-49 years) <input type="checkbox"/> Pregnant women <input type="checkbox"/> Men <input type="checkbox"/> Adolescents <input type="checkbox"/> Children (specify minimum weight in kg) _____ <input type="checkbox"/> Other types of patients (specify) _____
11.6 Has DTG been introduced as a 2nd-line ART regimen at this site?	<input type="checkbox"/> Yes {→ SKIP TO 11.8 } <input type="checkbox"/> No
11.7 When do you plan to introduce 2 nd -line DTG-based regimens? <i>Check one best response.</i>	<input type="checkbox"/> No plans for introducing 2 nd -line DTG-based regimens {→ SKIP TO 11.10 } <input type="checkbox"/> 2020 {→ SKIP TO 11.10 } <input type="checkbox"/> 2021 {→ SKIP TO 11.10 } <input type="checkbox"/> Do not know {→ SKIP TO 11.10 }
11.8 When (which month and year) was DTG introduced as a 2nd-line ART regimen ?	<u>MM / YYYY</u> <input type="checkbox"/> Do not know
11.9 Currently, which of the following patients are eligible for DTG-based 2nd-line ART regimens ? <i>Check all that apply</i>	<input type="checkbox"/> Patients with suppressed viral load (as defined locally) <input type="checkbox"/> Patients with unsuppressed viral load (as defined locally) <input type="checkbox"/> Patients without known drug resistance <input type="checkbox"/> Patients with known drug resistance <input type="checkbox"/> Women not of reproductive age (≥50 years) <input type="checkbox"/> Women of reproductive age (15-49 years) <input type="checkbox"/> Pregnant women <input type="checkbox"/> Men <input type="checkbox"/> Adolescents <input type="checkbox"/> Children (specify minimum weight in kg) _____ <input type="checkbox"/> Other types of patients (specify) _____
11.10 Has DTG been introduced as a 3rd-line ART regimen at this site?	<input type="checkbox"/> Yes {→ SKIP TO 11.12 } <input type="checkbox"/> No
11.11 When do you plan to introduce 3rd-line DTG-based regimens ? <i>Check one best response.</i>	<input type="checkbox"/> No plans for introducing 3 rd -line DTG-based regimens {→ SKIP TO 11.14 } <input type="checkbox"/> 2020 {→ SKIP TO 11.14 } <input type="checkbox"/> 2021 {→ SKIP TO 11.14 } <input type="checkbox"/> Do not know {→ SKIP TO 11.14 }
11.12 When (which month and year) was DTG introduced as a 3rd-line ART regimen ?	<u>MM / YYYY</u> <input type="checkbox"/> Do not know

QUESTIONS	RESPONSES						
ROLL-OUT OF DTG-BASE REGIMENS (CONTINUED)							
11.13 Currently, which of the following patients are eligible for DTG-based 3rd-line regimens ? <i>Check all that apply</i>	<input type="checkbox"/> Patients with suppressed viral load (as defined locally) <input type="checkbox"/> Patients with unsuppressed viral load (as defined locally) <input type="checkbox"/> Patients without known drug resistance <input type="checkbox"/> Patients with known drug resistance <input type="checkbox"/> Women not of reproductive age (≥ 50 years) <input type="checkbox"/> Women of reproductive age (15-49 years) <input type="checkbox"/> Pregnant women <input type="checkbox"/> Men <input type="checkbox"/> Adolescents <input type="checkbox"/> Children (specify minimum weight in kg) _____ <input type="checkbox"/> Other types of patients (specify) _____						
11.14 Have DTG-based regimens been rolled out at this HIV clinic as part of a national initiative or an institutional or practice-level initiative? <i>Select one best response.</i>	<input type="checkbox"/> National roll-out of DTG-based regimens <input type="checkbox"/> Institutional/practice-level roll-out of DTG-based regimens <input type="checkbox"/> Not applicable (no introduction of DTG-based regimens) {→ SKIP TO 12.1 }						
11.15 Is the transition of patients to DTG-based regimens based on viral load monitoring?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO Q11.17 }						
11.16 How recent a viral load measure is a patient required to have before transitioning to DTG-based regimens? <i>Select one best response.</i>	<input type="checkbox"/> Viral load measure within previous 6 months <input type="checkbox"/> Viral load measure within previous 12 months <input type="checkbox"/> Viral load monitoring criteria varies by patient group						
11.17 Is HIV genotypic drug resistance testing performed at the time of switching to DTG-based regimen?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO Q12.1 }						
11.18 For which types of patients is HIV genotypic drug resistance testing performed at the time of switching to DTG-based regimen? <i>Check all that apply</i>	<input type="checkbox"/> Adult patients starting on or switching 1 st -line DTG-based regimens <input type="checkbox"/> Adult patients switching to a 2 nd -line DTG-based regimen <input type="checkbox"/> Adult patients switching to a 3 rd -line DTG-based regimen <input type="checkbox"/> Children switching from a PI to a DTG-based regimen <input type="checkbox"/> Children switching from a NNRTI to a DTG-based regimen <input type="checkbox"/> Other (specify) _____						
12. TB SCREENING, DIAGNOSIS AND PREVENTIVE THERAPY. Describe practices/service delivery prior to COVID-19							
12.1 Did this HIV clinic have a TB disease screening algorithm for adult and/or pediatric patients in 2019?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO 12.4 }						
12.2 For each of the following symptoms, please indicate whether it was included in the TB disease screening algorithm at this HIV clinic for adult patients, pediatric patients, adult and pediatric patients, or for none.	Symptom included in TB screening algorithm for,,,,						
a. Cough	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None						
b. Fever	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None						
c. Night sweats	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None						
d. Weight loss	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None						
e. History of contact with a case of TB	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None						
f. Poor weight gain/failure to thrive	<input type="checkbox"/> Children <input type="checkbox"/> None						
g. Fatigue/decreased playfulness	<input type="checkbox"/> Children <input type="checkbox"/> None						
h. Other (Specify) _____	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None						
12.3 For what ages are these screening algorithms used? <i>Please provide <u>minimum age for adult algorithm</u> and <u>maximum age for child algorithm</u></i>	<table border="1"> <thead> <tr> <th>Adult TB screening algorithm</th><th>Child TB screening algorithm</th></tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Minimum age _____ (years)</td><td><input type="checkbox"/> Maximum age _____ (years)</td></tr> <tr> <td><input type="checkbox"/> NA (no adult patients)</td><td><input type="checkbox"/> NA (no pediatric patients)</td></tr> </tbody> </table>	Adult TB screening algorithm	Child TB screening algorithm	<input type="checkbox"/> Minimum age _____ (years)	<input type="checkbox"/> Maximum age _____ (years)	<input type="checkbox"/> NA (no adult patients)	<input type="checkbox"/> NA (no pediatric patients)
Adult TB screening algorithm	Child TB screening algorithm						
<input type="checkbox"/> Minimum age _____ (years)	<input type="checkbox"/> Maximum age _____ (years)						
<input type="checkbox"/> NA (no adult patients)	<input type="checkbox"/> NA (no pediatric patients)						
12.4 Did this HIV clinic diagnose TB disease in adult and/or pediatric HIV patients in 2019?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO 12.7 }						
12.5 For each of the following diagnostic tools, please indicate whether it was used in 2019 to evaluate TB disease or infection in adult patients, children, adults and children, or for none.	TB diagnostics used to evaluate....						
a. AFB Smear	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None						
b. Gene Xpert	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None						
c. Chest X-ray	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None						
d. Culture	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None						
e. Urine LAM	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None						
f. TB drug resistance testing	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None						
g. Tuberculin skin testing (TST)/PPD for latent TB infection (LTBI)	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None						
h. IGRA (e.g., Quantiferon Gold, T-spot) for latent TB infection (LTBI)	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None						
i. Other (Specify) _____	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None						

QUESTIONS		RESPONSES			
TB SCREENING, DIAGNOSIS AND PREVENTIVE THERAPY (CONTINUED) <i>Describe practices/service delivery prior to COVID-19</i>					
12.6 For each of the following types of samples used for microbiological diagnosis of TB , please indicate whether they were collected in 2019 for adult patients, children, adults and children, or for none.					
Samples collected for					
a. Expectorated sputum	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None				
b. Induced sputum	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None				
c. Gastric aspirates	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None				
d. Urine	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None				
e. Biopsy	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None				
f. "String test"	<input type="checkbox"/> Children <input type="checkbox"/> None				
g. Other (Specify)	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None				
12.7 During 2019, where were the following TB diagnostic tests typically performed for adult and/or pediatric patients enrolled in care at this HIV clinic? <i>Confirm whether specimen collection/diagnostics were performed in the HIV clinic, elsewhere at the same health facility, only off-site or are not available for routine patient care. Select one best response.</i>					
		Provided in HIV Clinic	Elsewhere in health facility	Only offsite (referral)	Not available
a. AFB Smear		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gene Xpert		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chest X-ray		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Culture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Urine LAM		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. TB drug resistance testing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tuberculin skin testing (TST)/PPD for latent TB infection (LTBI)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. IGRA (e.g., Quantiferon Gold, T-spot) for latent TB infection (LTBI)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.8 In 2019, did HIV patients typically pay any fee (other than insurance co-pays) for the following screening/diagnostics for TB? <i>Select one best response.</i>		Please indicate if patients pay fees other than insurance co-pays. Select NA for services not available for routine care.			
a. AFB Smear	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA				
b. Gene Xpert	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA				
c. Chest X-ray	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA				
d. Culture	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA				
e. Urine LAM	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA				
f. TB drug resistance testing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA				
g. Tuberculin skin testing (TST)/PPD for latent TB infection (LTBI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA				
h. IGRA (e.g., Quantiferon Gold, T-spot) for latent TB infection (LTBI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> NA				
12.9 Which types of HIV patients can be treated for TB disease at this health facility (either within the HIV clinic or in a co-located TB clinic)? <i>Check all that apply. If patients are referred elsewhere for TB treatment, select "None."</i>		<input type="checkbox"/> None (all patients referred offsite for TB treatment) {→SKIP TO Q12.15} <input type="checkbox"/> Adult patients <input type="checkbox"/> Pediatric patients			
12.10 In 2019, what type of tracing was performed for the household contacts of HIV patients diagnosed with active TB ? <i>Select one best response.</i>	<input type="checkbox"/> No tracing or systematic documentation of contacts of active TB cases <input type="checkbox"/> Site staff performed contact tracing and maintain a TB contact register <input type="checkbox"/> Site staff recorded information about contacts of TB cases, but no dedicated register <input type="checkbox"/> Contact tracing performed, but not by HIV clinic staff (e.g. performed by health department or a separate public health team)				
12.11 In 2019, did this site (either the HIV clinic or a co-located TB clinic) confirm whether household contacts of active TB cases were screened for TB and provided tuberculosis preventive therapy (TPT) , if TB was ruled out? <i>Select one best response.</i>	<input type="checkbox"/> Yes, the site maintained this information in a TB contact register <input type="checkbox"/> Yes, the site documented this information, but not in a dedicated register <input type="checkbox"/> No, this was done by a separate public health team (e.g. health department) <input type="checkbox"/> No systematic documentation done for contacts of active TB cases				
12.12 Did this site (either the HIV clinic or a co-located TB clinic) confirm whether household contacts of active TB cases completed tuberculosis preventive therapy (TPT) ? <i>Select one best response.</i>	<input type="checkbox"/> Yes, the site maintained this information a TB contact register <input type="checkbox"/> Yes, the site documented this information, but not in a dedicated register <input type="checkbox"/> No, this was done by a separate public health team (e.g. health department) <input type="checkbox"/> No, systematic documentation done for contacts of active TB cases				

QUESTIONS	RESPONSES
TB SCREENING, DIAGNOSIS, AND PREVENTIVE THERAPY (CONTINUED) <i>Describe practices/service delivery prior to COVID-19</i>	
12.13 What is done to track patients with TB disease who miss appointments ? <i>Check all that apply, OR select "Nothing /No follow-up"</i>	<input type="checkbox"/> Nothing/No follow-up with patients with TB disease who miss appointments <input type="checkbox"/> Phone call to individual and/or family <input type="checkbox"/> Send message via letter, email, SMS, or online patient portal <input type="checkbox"/> Home visit by clinic staff <input type="checkbox"/> Home visit by community outreach worker <input type="checkbox"/> Outreach by peer supporter/mentor <input type="checkbox"/> Other (specify) _____
12.14 How are patients defined as lost to follow-up from TB treatment ? <i>Select one best response.</i>	<input type="checkbox"/> Do not know <input type="checkbox"/> Treatment interruption for more than 2 weeks <input type="checkbox"/> Treatment interruption for more than 1 month <input type="checkbox"/> Treatment interruption for more than 2 months <input type="checkbox"/> Treatment interruption for more than 3 months <input type="checkbox"/> Other, specify: _____
12.15 In 2019, did this HIV clinic (or a co-located TB clinic) provide TB preventive therapy (TPT) for patients who screened negative for TB disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO Q12.22 }
12.16 Please indicate whether the following TB preventive therapy (TPT) eligibility criteria were used in 2019 with adult patients, children, or adults & children, or with none. TPT eligibility criteria used for	
a. Patients newly diagnosed with HIV	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
b. Patients currently receiving ART	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
c. Patients with history of contact with TB case	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
d. Patients who have not previously received TPT	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
e. Patients who have previously been treated for TB disease	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
f. Among non-pregnant adults, TST or IGRA positive only	<input type="checkbox"/> Adults <input type="checkbox"/> None
g. All pregnant women	<input type="checkbox"/> Adults <input type="checkbox"/> None
h. Among pregnant women, TST or IGRA positive only	<input type="checkbox"/> Adults <input type="checkbox"/> None
i. Children under 5 years	<input type="checkbox"/> Children <input type="checkbox"/> None
j. Children ages 6-15 years	<input type="checkbox"/> Children <input type="checkbox"/> None
k. Among children, TST or IGRA positive only	<input type="checkbox"/> Children <input type="checkbox"/> None
l. Children who are household contacts, regardless of TST or IGRA status	<input type="checkbox"/> Children <input type="checkbox"/> None
m. Other (Specify) _____	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
12.17 Please indicate whether the following TB preventive therapy (TPT) regimens were provided in 2019 to adult patients, children, adults & children, or to none? TPT regimens provided for	
a. 6-month isoniazid (6H)	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
b. 9-month isoniazid (9H)	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
c. 12-month isoniazid (12H)	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
d. 36/Lifetime isoniazid (36/Lifetime H)	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
e. 3-month rifampicin (3R)	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
f. 4-month rifampicin (4R)	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
g. 3-month isoniazid-rifampicin (3HR)	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
h. 4-month isoniazid-rifampicin (4HR)	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
i. Once-weekly isoniazid-rifapentine for 12 weeks (3HP)	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
j. Once-daily isoniazid-rifapentine for 1 month (1HP)	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
k. Regimens for MDR-TB exposure (Specify) _____	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
l. Other (Specify) _____	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Adults & children <input type="checkbox"/> None
12.18 Which contraindications are patients screened for prior to TPT initiation? <i>Check all that apply, OR select "Not applicable"</i>	<input type="checkbox"/> Not applicable (patients are not screened for TPT contraindications) <input type="checkbox"/> Jaundice, liver disease <input type="checkbox"/> Numbness, tingling (peripheral neuropathy) <input type="checkbox"/> Previous adverse reaction (e.g. hypersensitivity/flu-like symptoms, rash) <input type="checkbox"/> Alcohol misuse <input type="checkbox"/> Age <input type="checkbox"/> TB disease <input type="checkbox"/> Other (Specify) _____
12.19 Are HIV patients receiving TPT eligible for differentiated service delivery of HIV care?	<input type="checkbox"/> Yes <input type="checkbox"/> No

QUESTIONS	RESPONSES
TB SCREENING, DIAGNOSIS, AND PREVENTIVE THERAPY (CONTINUED)	
12.20 Which signs/symptoms of adverse events are monitored in patients receiving TPT? <i>Check all that apply, OR select "Not applicable."</i>	<input type="checkbox"/> Not applicable (patients receiving TPT are not monitored for adverse events) <input type="checkbox"/> Hepatitis symptoms (nausea, vomiting, abdominal pain) <input type="checkbox"/> Numbness, tingling (peripheral neuropathy) <input type="checkbox"/> Elevated liver enzymes <input type="checkbox"/> Flu-like symptoms <input type="checkbox"/> Rash <input type="checkbox"/> Other (Specify) _____
12.21 In 2019 what was done to track TPT patients with HIV who missed appointments? <i>Check all that apply, OR select "Nothing/No follow-up."</i>	<input type="checkbox"/> Nothing/No follow-up with TPT patients who miss appointments <input type="checkbox"/> Phone call to individual and/or family <input type="checkbox"/> Send message via letter, email, SMS, or online patient portal <input type="checkbox"/> Home visit by clinic staff <input type="checkbox"/> Home visit by community outreach worker <input type="checkbox"/> Outreach by peer supporter/mentor <input type="checkbox"/> Other (specify) _____
12.22 Is there someone at this site who can be contacted for additional information about treatment of TB at this at this health facility?	<input type="checkbox"/> No {→ SKIP TO 13.1 } <input type="checkbox"/> Yes (please provide name and email) Name: _____ Email: _____
13. PATIENT SCREENING AND TREATMENT FOR SUBSTANCE USE DISORDERS. Describe practices prior to COVID-19	
13.1 Are any HIV patients screened for alcohol use disorders ? <i>Screening refers to any type of structured or unstructured assessment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO 13.6 }
13.2 Which HIV patients are screened for alcohol use disorders ? <i>Check all that apply.</i>	<input type="checkbox"/> All patients <input type="checkbox"/> Patients with symptoms of possible alcohol use disorders <input type="checkbox"/> Patients with therapeutic failure <input type="checkbox"/> Patients who are not adherent to ART <input type="checkbox"/> Other types of patients (specify) _____
13.3 Which structured instrument(s) are used to screen patients for alcohol use disorders ? <i>Check all that apply.</i>	<input type="checkbox"/> None (no structured or standardized screening tool used) <input type="checkbox"/> Alcohol Use Disorders Identification Test (AUDIT) <input type="checkbox"/> Alcohol Use Disorders Identification Test-C (AUDIT-C) <input type="checkbox"/> Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) <input type="checkbox"/> Cut down, Annoyed, Guilty, Eye-opener (CAGE) <input type="checkbox"/> Other (specify) _____
13.4 Which of the following biomarkers can be assessed at this health facility in screening for alcohol use disorders? <i>Check all that apply.</i>	<input type="checkbox"/> None – biomarkers not used in screening for alcohol use disorders <input type="checkbox"/> Aspartate transaminase (AST) <input type="checkbox"/> Aspartate transaminase, Alanine transaminase ratio (AST/ALT) <input type="checkbox"/> Blood alcohol concentration (BAC) <input type="checkbox"/> Ethyl glucuronide (EtG) <input type="checkbox"/> Other (specify) _____
13.5 For patients who screen positive for alcohol use disorders , what treatment interventions are available at this health facility? <i>Check all that apply.</i>	<input type="checkbox"/> None (no treatment available at this health facility) <input type="checkbox"/> Counseling <input type="checkbox"/> Brief Intervention <input type="checkbox"/> Detox hospitalization <input type="checkbox"/> Pharmacological treatment (Disulfiram, Naltrexone, Acamprosate) <input type="checkbox"/> Psychotherapy (motivational interview, cognitive-behavioral therapy (CBT), relapse prevention) <input type="checkbox"/> Screening, Brief Intervention, and Referral to Treatment (SBIRT) <input type="checkbox"/> Other (specify) _____
13.6 Which of the following other substance use disorders are patients screened for in the HIV clinic? <i>Screening refers to any type of structured or unstructured assessment.</i> <i>Check all that apply.</i>	<input type="checkbox"/> None {→ SKIP TO 14.1 } <input type="checkbox"/> Cannabis (marijuana) <input type="checkbox"/> Cocaine/crack <input type="checkbox"/> Ecstasy and other club drugs <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opioids <input type="checkbox"/> Other (specify): _____

QUESTIONS		RESPONSES
PATIENT SCREENING AND TREATMENT FOR SUBSTANCE USE DISORDERS (CONTINUED) <i>Describe practices prior to COVID-19</i>		
13.7 Which patients are screened for other substance use disorders ? <i>Check all that apply.</i>	<input type="checkbox"/> All patients <input type="checkbox"/> Patients with symptoms of possible drug use disorders <input type="checkbox"/> Patients with therapeutic failure <input type="checkbox"/> Patients who are not adherent to ART <input type="checkbox"/> Other types of patients (specify) _____	
13.8 Which structured instrument(s) are used to screen patients for substance use disorders (other than alcohol use)? <i>Check all that apply.</i>	<input type="checkbox"/> None (no structured or standardized screening tool used) <input type="checkbox"/> Addiction Severity Index (ASI) <input type="checkbox"/> Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) <input type="checkbox"/> Drug Abuse Screening Test (DAST) <input type="checkbox"/> Other (specify) _____	
13.9 For patients who screen positive for substance use disorders (other than alcohol use) what treatment interventions are available at this health facility? <i>Check all that apply.</i>	<input type="checkbox"/> None (no treatment available at this health facility) <input type="checkbox"/> Counseling <input type="checkbox"/> Brief Intervention <input type="checkbox"/> Detox hospitalization <input type="checkbox"/> Methadone replacement therapy <input type="checkbox"/> Pharmacological treatment <input type="checkbox"/> Psychotherapy (motivational interview, cognitive-based therapy (CBT), relapse prevention) <input type="checkbox"/> Screening, Brief Intervention, and Referral to Treatment (SBIRT) <input type="checkbox"/> Syringe exchange <input type="checkbox"/> Other (specify) _____	
14. PATIENT SCREENING AND TREATMENT FOR MENTAL HEALTH DISORDERS. <i>Describe practices prior to COVID-19</i>		
14.1 Are any HIV patients screened for depression ? <i>Screening refers to any type of structured or unstructured assessment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No {→SKIP TO 14.5}	
14.2 Which patients are screened for depression ? <i>Check all that apply.</i>	<input type="checkbox"/> All patients, including those not presenting with mental health symptoms <input type="checkbox"/> Patients presenting with mental health symptoms <input type="checkbox"/> Patients with therapeutic failure <input type="checkbox"/> Patients who are not adherent to ART <input type="checkbox"/> Other types of patients (specify) _____	
14.3 Which structured instrument(s) are used to screen patients for depression ? <i>Check all that apply.</i>	<input type="checkbox"/> None (no structured or standardized depression screening tool used) <input type="checkbox"/> Beck Depression Inventory (BDI) <input type="checkbox"/> Center for Epidemiologic Studies Depression Scale (CES-D) <input type="checkbox"/> Hamilton Rating Scale for Depression (HAM-D) <input type="checkbox"/> Hospital Anxiety and Depression Scale (HAD) <input type="checkbox"/> Patient Health Questionnaire-2 (PHQ-2) <input type="checkbox"/> Patient Health Questionnaire-9 (PHQ-9) <input type="checkbox"/> Other (specify) _____	
14.4 For patients who screen positive for depression, what treatment interventions are available at this health facility? <i>Check all that apply.</i>	<input type="checkbox"/> None (no treatment available at this health facility) <input type="checkbox"/> Individual counseling or psychotherapy <input type="checkbox"/> Group counseling or psychotherapy <input type="checkbox"/> Medication <input type="checkbox"/> Peer support <input type="checkbox"/> Psychosocial support <input type="checkbox"/> Other (specify) _____	
14.5 Are any HIV patients screened for post-traumatic stress disorder (PTSD) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→SKIP TO 14.9}	
14.6 Which patients are screened for PTSD ? <i>Check all that apply.</i>	<input type="checkbox"/> All patients, including those not presenting with mental health symptoms <input type="checkbox"/> Patients presenting with mental health symptoms <input type="checkbox"/> Patients with therapeutic failure <input type="checkbox"/> Patients who are not adherent to ART <input type="checkbox"/> Other types of patients (specify) _____	
14.7 Which structured instrument(s) are used to screen patients for PTSD ? <i>Check all that apply.</i>	<input type="checkbox"/> None (no structured or standardized PTSD screening tool used) <input type="checkbox"/> Life Event Checklist <input type="checkbox"/> Primary Care PTSD Screen (PC-PTSD) <input type="checkbox"/> PTSD Checklist – Civilian version (PCL-C) <input type="checkbox"/> PTSD Checklist for DSM-5 (PCL-5) <input type="checkbox"/> Short PTSD Rating Interview (SPRINT) <input type="checkbox"/> Trauma Screening Questionnaire (TSQ) <input type="checkbox"/> Other (specify) _____	

QUESTIONS	RESPONSES																									
PATIENT SCREENING AND TREATMENT FOR MENTAL HEALTH DISORDERS (CONTINUED) <i>Describe practices prior to COVID-19</i>																										
14.8 For patients who screen positive for PTSD , what treatment interventions are available at this health facility? <i>Check all that apply.</i>	<input type="checkbox"/> None (no treatment available at this health facility) <input type="checkbox"/> Individual counseling or psychotherapy <input type="checkbox"/> Group counseling or psychotherapy <input type="checkbox"/> Medication <input type="checkbox"/> Peer support <input type="checkbox"/> Psychosocial support <input type="checkbox"/> Other (specify) _____																									
14.9 Are any HIV patients screened for anxiety disorders (other than PTSD)?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO 14.13 }																									
14.10 Which patients are screened for anxiety disorders ? <i>Check all that apply.</i>	<input type="checkbox"/> All patients, including those not presenting with mental health symptoms <input type="checkbox"/> Patients presenting with mental health symptoms <input type="checkbox"/> Patients with therapeutic failure <input type="checkbox"/> Patients who are not adherent to ART <input type="checkbox"/> Other types of patients (specify) _____																									
14.11 Which structured instrument(s) are used to screen patients for anxiety disorders ? <i>Check all that apply.</i>	<input type="checkbox"/> None (no structured or standardized screening tool used) <input type="checkbox"/> Beck Anxiety Inventory (BAI) <input type="checkbox"/> Generalized Anxiety Disorder 7-item scale (GAD-7) <input type="checkbox"/> Hospital Anxiety and Depression Scale (HAD) <input type="checkbox"/> State-Trait Anxiety Inventory (STAI) <input type="checkbox"/> Other (specify) _____																									
14.12 For patients who screen positive for anxiety disorders (other than PTSD), what treatment interventions are available at this health facility? <i>Check all that apply.</i>	<input type="checkbox"/> None (no treatment available at this health facility) <input type="checkbox"/> Individual counseling or psychotherapy <input type="checkbox"/> Group counseling or psychotherapy <input type="checkbox"/> Medication <input type="checkbox"/> Peer support <input type="checkbox"/> Psychosocial support <input type="checkbox"/> Other (specify) _____																									
14.13 Are HIV patients screened for any of the following mental health conditions? <i>Check all that apply.</i>	<input type="checkbox"/> Other mental health disorders (bipolar, schizophrenia, etc.) <input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Suicide risk <input type="checkbox"/> None of the above																									
14.14 Is there a standard safety protocol for responding to patients with suicidal or homicidal intentions?	<input type="checkbox"/> Yes <input type="checkbox"/> No																									
15. DIAGNOSIS OF KAPOSI'S SARCOMA. <i>Describe practices/service delivery prior to COVID-19.</i>																										
15.1 During 2019, were any patients diagnosed with Kaposi's sarcoma at this site (either the HIV clinic or another unit of the health facility)?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO 16.1 }																									
15.2 During 2019, which of the following procedures were used to diagnose Kaposi's sarcoma and where was the procedure performed for HIV patients? <i>Check all that apply.</i>	<table border="1"> <thead> <tr> <th></th><th>In HIV Clinic</th><th>Outpatient or inpatient ward</th><th>Operating theatre</th><th>Not available</th></tr> </thead> <tbody> <tr> <td>a. Clinical exam (visual inspection of skin or mucosal surfaces)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>b. Skin punch biopsy</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>c. Surgical wedge/excision</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>d. Other (specify):</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		In HIV Clinic	Outpatient or inpatient ward	Operating theatre	Not available	a. Clinical exam (visual inspection of skin or mucosal surfaces)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Skin punch biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Surgical wedge/excision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In HIV Clinic	Outpatient or inpatient ward	Operating theatre	Not available																						
a. Clinical exam (visual inspection of skin or mucosal surfaces)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
b. Skin punch biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
c. Surgical wedge/excision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
d. Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
15.3 In 2019, did HIV patients typically pay any fee (other than insurance co-pays) for the following procedures for diagnosing Kaposi's sarcoma?	Please indicate if patients paid fees other than insurance co-pays. Select NA for services not available for routine care.																									
a. Clinical exam (visual inspection of skin or mucosal surfaces)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know	<input type="checkbox"/> NA																						
b. Skin punch biopsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know	<input type="checkbox"/> NA																						
c. Surgical wedge/excision	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know	<input type="checkbox"/> NA																						
d. Other (specify):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not know	<input type="checkbox"/> NA																						
15.4. Is there someone who can be contacted for additional information about diagnosis and treatment of Kaposi's sarcoma at this health facility?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please provide name and email) Name: Email:																									

QUESTIONS	RESPONSES																																										
16. PHARMACY. Describe service delivery prior to COVID-19.																																											
16.1. Is there a pharmacy located at this health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO 17.1}																																										
16.2 For each of the following medications, please indicate whether they were dispensed/available at this health facility during 2019 and whether there were supply disruptions/stock-outs lasting at least one week during 2019	<table border="1"> <thead> <tr> <th>Medication dispensed in 2019</th><th>Stock-out lasting at least 1 week in 2019. Select NA if not dispensed</th></tr> </thead> <tbody> <tr><td>a. First-line HIV antiretroviral medications (ARVs)</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</td></tr> <tr><td>b. Second-line HIV ARVs</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</td></tr> <tr><td>c. Third-line HIV ARVs</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</td></tr> <tr><td>d. Isoniazid</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</td></tr> <tr><td>e. Rifapentine</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</td></tr> <tr><td>f. TB medications other than isoniazid and rifapentine</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</td></tr> <tr><td>g. Cotrimoxazole (Bactrim, Septra, TMP-SMX)</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</td></tr> <tr><td>h. Malaria treatment</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</td></tr> <tr><td>i. Fluconazole</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</td></tr> <tr><td>j. Amphotericin B</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</td></tr> <tr><td>k. Flucytosine (5FC)</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</td></tr> <tr><td>l. Short-acting contraceptives (pills, injectables, condoms)</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</td></tr> <tr><td>m. Long-acting reversible contraceptives (implants, intrauterine devices)</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</td></tr> <tr><td>n. Selective serotonin reuptake inhibitors (SSRIs: e.g., Prozac, Zoloft, Paxil)</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</td></tr> <tr><td>o. Serotonin and norepinephrine reuptake inhibitors (SNRIs: e.g., Cymbalta, Effexor, Fetzima)</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</td></tr> <tr><td>p. Tricyclic Antidepressants (e.g., amitriptyline, amoxapine, doxepin)</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</td></tr> <tr><td>q. 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First-line HIV antiretroviral medications (ARVs)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	b. Second-line HIV ARVs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	c. Third-line HIV ARVs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	d. Isoniazid	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	e. Rifapentine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	f. TB medications other than isoniazid and rifapentine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	g. Cotrimoxazole (Bactrim, Septra, TMP-SMX)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	h. Malaria treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	i. 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16.3 In 2019, did this HIV clinic have patients on a waiting list to receive ART ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know																																										
17. MEDICAL RECORDS AND PATIENT TRACKING. Describe practices prior to COVID-19.																																											
17.1. In 2019, did this clinic track the outcomes of HIV patients who were lost to follow-up (e.g. outcomes such as patient deaths, transfers to other facilities, ART status, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO 18.1}																																										
17.2 Were the outcomes of tracked patients recorded in electronic databases?	<input type="checkbox"/> Yes <input type="checkbox"/> No {→ SKIP TO 18.1}																																										
17.3. After tracking patients lost to follow-up at this HIV clinic, what information was recorded in electronic databases? <i>Check all that apply.</i>	<input type="checkbox"/> Transfers to other facilities <input type="checkbox"/> Loss to follow-up <input type="checkbox"/> Deaths <input type="checkbox"/> Other (specify) _____																																										
18. COVID-19 RESPONSE & IMPACT ON HIV CARE AND TREATMENT. <i>Describe how COVID-19 has affected HIV service delivery at this clinic.</i>																																											
18.1 Was the geographic location surrounding this HIV clinic subject to any form of COVID-19 restrictions on travel, service provision, or business operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No {SKIP TO Q18.2}																																										
18.1a When were COVID-19-related restrictions first issued for the geographic location surrounding this HIV clinic? <i>Please provide month. If unknown, select DO NOT KNOW.</i>	<input type="checkbox"/> MM/ 2020 <input type="checkbox"/> Do not know																																										
18.1b When were COVID-19-related restrictions first lifted or eased? <i>Please provide month. If unknown, select DO NOT KNOW. If restrictions remain in place, record NA - not applicable.</i>	<input type="checkbox"/> MM/ 2020 <input type="checkbox"/> Do not know <input type="checkbox"/> NA (not applicable)																																										
18.2 Did this HIV clinic suspend the provision of HIV services in response to COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No {SKIP TO Q18.3}																																										
18.2a When were HIV-related services first suspended at this hospital/clinic? <i>Please provide month. If unknown, select DO NOT KNOW.</i>	<input type="checkbox"/> MM/ 2020 <input type="checkbox"/> Do not know																																										
18.2b When were HIV-related services first resumed at this hospital/clinic? <i>Please provide month. If unknown, select DO NOT KNOW. If HIV-related services remain suspended, record NA - not applicable.</i>	<input type="checkbox"/> MM/ 2020 <input type="checkbox"/> Do not know <input type="checkbox"/> NA (not applicable)																																										

QUESTIONS	RESPONSES
COVID-19 RESPONSE & IMPACT (continued)	
<p>18.3 At any time since the start of the pandemic, has the COVID-19 response resulted in any of the following changes in the operations of the HIV clinic, and are any of these changes currently in effect?</p> <p><i>Please indicate whether the following changes are currently, previously, or never in effect at this HIV clinic. Select NA (not applicable) for operations (e.g. HIV testing, research, etc.) that were not in place prior to the COVID-19 pandemic.</i></p>	
a. Suspension or postponement of the enrollment of new patients in HIV care	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never
b. Suspension or postponement of non-urgent appointments for HIV patients	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never
c. Decreases in the number of hours or days of service delivery for HIV patients	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never
d. Re-assignment of HIV care providers to assist with the COVID-19 response	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never
e. Reduced availability of HIV care providers due to COVID-19-related illness, self-isolation, or quarantine	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never
f. Reconfiguration of hospital/clinic space to accommodate COVID-19-related services	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never
g. Increased use of personal protective equipment (masks, gloves, gowns, etc.) by HIV clinic staff	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never
h. Increased use of telemedicine (i.e., consultations by phone/web) in HIV-related care	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never
i. Interruptions or changes in recording of data (either paper or electronic records) related to clinical management of patients	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never
j. Suspension or decreases in the availability of HIV testing/diagnostic services	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
k. Suspension or postponement of ongoing research activities (e.g., enrollment or follow-up of patients in ongoing research studies)	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
l. Interruptions or changes in recording of data (either paper or electronic records) for ongoing research	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
m. Interruptions or delays in initiation of or planning for new research activities unrelated to COVID-19	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
n. Withdrawal/suspension of activities of non-governmental partners that support care provision in the clinic	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
<p>18.4 At any time since the start of the pandemic, has the COVID-19 response resulted in partial or complete suspension of any of the following community-based HIV services (i.e., services provided in community settings outside the hospital/clinic) for patients referred to or enrolled in care at this HIV clinic?</p> <p><i>Please indicate whether the following community-based services are currently, previously or never suspended. Select NA (not applicable) for community activities that were not in place prior to the COVID-19 pandemic.</i></p>	
a. Community-based HIV testing	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
b. Community-based ART refills	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
c. Community-based support group meetings/activities	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
d. Community-based tracing of patients who are lost to follow-up (LTFU)	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
e. Withdrawal/suspension of activities of non-governmental partners that support community-based programs for patients enrolled in HIV care at this clinic	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
<p>18.5 At any time since the start of the pandemic, have routine ART services at this HIV clinic been impacted by COVID-19?</p> <p><i>Please indicate whether the following changes are currently, previously, or never experienced at this HIV clinic. Select NA (not applicable) for services that were not in place prior to the COVID-19 pandemic.</i></p>	
a. ART clinics have been suspended or shut down	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
b. ART pick-up points have been designated in the community	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
c. Patients are being given extra supplies/refills of ART to reduce the frequency of refills.	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
d. Other (specify) _____	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
<p>18.6 At any time since the start of the pandemic, have ART initiation services at this HIV clinic been impacted by COVID-19?</p> <p><i>Please indicate whether the following impacts are currently, previously, or never experienced at this HIV clinic. Select NA (not applicable) for services that were not available prior to the COVID-19 pandemic.</i></p>	
a. ART initiation services have been suspended	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
b. Same-day or rapid ART initiation services introduced or expanded	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
c. Adherence counseling requirements prior to ART initiation reduced or streamlined.	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
d. Other (specify) _____	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA

QUESTIONS	RESPONSES
COVID-19 RESPONSE & IMPACT (continued)	
18.7 At any time since the start of the pandemic, have HIV viral load testing services at this HIV clinic been impacted by COVID-19? <i>Please indicate whether the following impacts are currently, previously, or never experienced at this HIV clinic. Select NA (not applicable) for services that were not available prior to the COVID-19 pandemic.</i>	
a. Sample collection for HIV viral load testing has been suspended	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
b. Laboratory not accepting HIV viral load samples	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
c. Turnaround time for HIV viral load testing is longer	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
d. Other (specify) _____	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
18.8 At any time since the start of the pandemic, have, has the HIV clinic experienced stockouts of any of the following for care of HIV patients? <i>Please indicate whether the following stockouts are currently and/or previously experienced, or never experienced. Select NA (not applicable) for commodities and supplies that were not routinely available/provided at this clinic prior to the start of the COVID-19 pandemic.</i>	
a. HIV test kits	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
b. PrEP medications	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
c. First-line antiretroviral regimens	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
d. Second-line antiretroviral regimens	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
e. Third-line antiretroviral regimens	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
f. Supplies for viral load testing	<input type="checkbox"/> Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> NA
19. ACKNOWLEDGEMENTS (OPTIONAL)	
19.1. We would like to acknowledge clinic team members who participated in the completion of this survey. If your team members would like their names included, please enter their full names, separated by commas, so we can acknowledge their contribution.	

9-SEP-20

Thank you for your participation.