**Questionnaire STUDY VISIT Date\_\_ \_\_/\_\_ \_\_ \_\_/\_\_ \_\_ \_\_ \_\_**

**DD MMM YYYY**

**Instructions for Interviewer:** Please place a tick in the box or text in the blanks provided (some may have >1 selection). The participant has the right to answer all, some or none of these questions. **Indicate if patient declines questions by lining through it**. Please use day, month and 4-digit year format for the date and write out the month abbreviation (i.e. June as JUN) for all dates. The street and/or flat number should not be put in address. Be sure to have the following on hand: scales (visual analog scales), herbal list, and referral letter.

**Instructions for Participant (please read prior to interview):** The answers you give on this form will be used to plan ways to help people who must take ARVs. Please do the best you can to answer all questions. If you do not wish to answer a question, please do not hesitate to let me know. If a question is not clear please ask me to give you more explanation. All of our discussion and the answers contained in this questionnaire are strictly confidential and will not become part of the medical record unless you request it. Adherence advice will be provided for you during this interview. If you have any questions please ask me. Thank you for helping in this important study.

**Demographics/General Information**

1. Date of Birth \_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

DD MMM YYYY

2. Gender 🞎 Male 🞎 Female

3. How do you describe your race/ethnicity (i.e. Black(1), Colored(2), White(3), Indian(4))?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. If black, what is your ethnic group and/or nationality (i.e. Zulu(1), Xhosa(2), Malawian(3),Other(4))?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(street) (area/suburb) (city/town)

6. What is your last grade of school/education? \_\_\_ Can you read? 🞎Zulu(1) 🞎 English(2) 🞎 Other(3) \_\_\_\_\_\_\_\_ 🞎 No(4)

Can you understand? 🞎Zulu(1) 🞎 English(2) 🞎 Other(3)\_\_\_\_\_\_\_ Can you speak? 🞎Zulu(1) 🞎 English(2) 🞎 Other(3) \_\_\_\_\_\_

7. Do you have any problems with the following? 🞎Hearing(1)🞎 Seeing(2) 🞎 Voice(3) 🞎 None(4)

**SOCIOECONOMIC STATUS/Accessing Healthcare**

1. Do you have an income? 🞎 Yes 🞎 No If yes, how many people (other than yourself) do you support?\_\_\_

2. Are you: 🞎 Employed full time(1) 🞎 Employed part-time(2) 🞎 Self-employed(3) 🞎 Attending school(4) 🞎 Disabled(5) 🞎 Unemployed seeking work(6) 🞎 Unemployed not seeking work(7) 🞎 Retired(8)

If working, what type of work do you do? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3a. Other than a job, do you receive money from someone or somewhere? 🞎 Yes 🞎 No

3b. If yes, what sources? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4a. Where do you stay? 🞎 House (1) 🞎Flat(2) 🞎 Shack(3) 🞎 Other(4)\_\_\_\_\_\_\_\_\_

4b. Have you ever lived in an informal settlement since starting ARVs? 🞎 Yes 🞎 No

4c. If yes, when? FROM: \_\_\_ \_\_ \_\_/\_\_ \_\_ \_\_ \_\_TO: \_\_ \_\_ \_\_/\_\_ \_\_ \_\_ \_\_

MMM YYYY MMM YYYY

5. What is your current living arrangement? 🞎 Own home(1) 🞎 Rent(2) 🞎 Stay with family(3) 🞎 Stay with friends(4)🞎Stay with employer(5)

6. How many people live with you? \_\_\_\_\_\_\_

7. Where you are staying now, do you have (**please read all options and check all that apply**):

🞎Electricity(1)

🞎Television(4)

🞎 Working radio(2)

🞎 Tap water indoors(5)

🞎 Toilet indoors(3)

🞎 None of these(6)

What are the walls made of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is the floor made of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Do you have a (**please read all options and check all that apply**):

🞎 Car or bakkie(1)

🞎Motorcycle(3)

🞎Bicycle(2)

🞎 None of these(4)

9a.In the past 4 weeks did you worry that you and your family would not have enough food?

🞎 Never (1) 🞎Rarely (1-2 times/mo) (2) 🞎 Sometimes (3-10 times/mo) (3) 🞎 Often (>10 times/mo)(4)

9b. In the past 4 weeks, the amount of food you and your family had to eat was:

🞎 Enough to eat (1) 🞎 Sometimes not enough to eat (2) 🞎 Often not enough to eat(3)

9c. In the past 4 weeks how many times did you or anyone in your family go an entire day and night without food because there was not enough food?

🞎Never(1) 🞎 Rarely (1-2 times/mo) (2) 🞎 Sometimes (3-10 times/mo)(3) 🞎 Often (>10 times/mo)(4)

10. What clinic(s) do you currently attend? 🞎Sinikithemba (1) 🞎Other(2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Where did you first start ARVs? 🞎Sinikithemba (Ridge House)(1) 🞎Siyaphila Inpatient Ward(2) 🞎 Private Provider(3) 🞎 DOH Clinic(4) 🞎 Other(5)\_\_\_\_\_\_\_\_\_\_\_\_\_

12. How long does it take to get to clinic? 🞎 Less than 30 min(1) 🞎 30-60 min(2) 🞎 More than 60 min(3)

13. Transport to clinic: 🞎 Your car(1) 🞎 Friend/relative car(2) 🞎 Meter Taxi(3) 🞎 Mini Bus/Bus(4) 🞎 Walk(5) 🞎 Other(6)\_\_\_\_\_\_ (i.e. hired car)

14. How do you pay for clinic and meds? 🞎Sponsor(1) 🞎 Grant(2) 🞎 Employer(3) 🞎 Self-pay(4) 🞎 Family Member(5) 🞎 Spouse(6) 🞎 Other(7)\_\_\_\_\_\_\_\_\_\_

15a. How do you feel about coming to clinic? 🞎Pleased(1) 🞎 Worried(2) 🞎 Ashamed(3) 🞎 Neutral(4) 🞎 Other(5)\_\_\_\_\_

15b. If “Worried” or “Ashamed” from above, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. In the past year, how many times have you heard stories about…

A healthcare worker not wanting to touch someone because they have HIV

🞎Never (0) 🞎 Rarely (1) 🞎 Sometimes (2) 🞎 Frequently (3)

People being treated poorly by hospital/clinic/healthcare workers because of HIV

🞎Never (0) 🞎 Rarely (1) 🞎 Sometimes (2) 🞎 Frequently (3)

People being rejected at hospital/clinic because of HIV

🞎Never (0) 🞎 Rarely (1) 🞎 Sometimes (2) 🞎 Frequently (3)

A healthcare worker talking out loud about a patient with HIV

🞎Never (0) 🞎 Rarely (1) 🞎 Sometimes (2) 🞎 Frequently (3)

17. In the last 6 months, which of the following stop you from getting to the clinic/pharmacy (**show scale and rank 0 never, 1 rarely, 2 sometimes, 3 frequently**)?

\_\_\_ Cost of visit

\_\_\_ Cost of transport

\_\_\_Getting transport

\_\_\_ Time off work

\_\_\_Fear of being seen by someone you know at clinic

\_\_\_ Fear of others knowing you are living with HIV

\_\_\_ Childcare

\_\_\_ Being ill

\_\_\_ Family Circumstances

\_\_\_Receiving treatment from Traditional Healer

\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Adherence**

1. How many doses have you missed in the last week? \_\_\_\_\_\_\_ last month? \_\_\_\_\_\_\_

2. How many doses did you take more than one hour late in the last week? \_\_\_\_\_\_\_ last month? \_\_\_\_\_\_\_\_

3. How do you remember to take your meds? 🞎 Pill box(1) 🞎 Clock/Watch alarm(2) 🞎 Cell phone(3) 🞎 Partner (4) 🞎 Calendar(5) 🞎 Chart(6) 🞎 Media (TV/Radio)(7) 🞎 Daily Schedule(8) 🞎 Other(9)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. How do you remember to come for your drug collection appt? 🞎 Appointment card(1) 🞎 Partner/friend(2) 🞎 Cellphone (3) 🞎 Other(4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. In the past 6 months, which of the following reasons make it difficult for you to take ARVs (**show SCALE and rank 0 never, 1 rarely, 2 sometimes, 3 frequently**)?

\_\_\_You were away from home

\_\_\_ You were busy with other things

\_\_\_ You forgot to take pills

\_\_\_ You had too many pills to take

\_\_\_ You had wanted to avoid side effects

\_\_\_You did not want others to see you taking ARVs

\_\_\_ You had a change in what you do every day

\_\_\_You felt like the drug could hurt/harm you

\_\_\_You fell asleep through dose time

\_\_\_You felt sick or ill

\_\_\_ You felt depressed or stressed

\_\_\_You had a problem taking pills at certain times (with meals, on empty stomach etc.)

\_\_\_ You forgot to obtain meds

\_\_\_You ran out of pills

\_\_\_ You did not have money for ARVs

\_\_\_ You were tired of ARVs

\_\_\_ You don’t like taking pills

\_\_\_ You have difficulty swallowing ARVs

\_\_\_You thought you did not need more ARVs because you felt good

\_\_\_ Receiving treatment from Traditional Healer

\_\_\_ You had too much alcohol

\_\_\_ You were taking street drugs

\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i.e. Partner borrows/Someone steals meds)

**ALTERNATIVE TREATMENTS/Spiritual Factors**

1. Do you have a religious faith? 🞎 Yes 🞎No **(If no, then mark N/A for #2 and #3)** If yes, which? 🞎Christian 🞎 Traditional African 🞎Hindu 🞎 Muslim 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Christian, which denomination? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How active are you in practicing your religion? 🞎 Very active (1)🞎 Somewhat active(2) 🞎 Not active(3) 🞎 N/A(4)

3. Have you ever stopped your ARVs because of your religious beliefs or teachings? 🞎 Yes 🞎 No 🞎 N/A

4. Did you EVER take any Traditional Medications or Herbs (African/muthi, Chinese, Indian)? 🞎 Yes 🞎 No

If yes, how long ago? 🞎< 1 week (1) 🞎 1 wk to 1 month(2) 🞎>1 month to 6 mos(3) 🞎> 6 mos(4) 🞎 N/A(5)

5a. **If #4 is yes AND < 6 mos, please answer using Traditional Medicine Sheet. If #4 is no, line through and go to #6.**

(1) Name (2) Form (3) Route (4) Color (5) Reason (6) Where (7) Feel

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

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5b. Did you take these medicines with your ARVs or instead of your ARVs? 🞎with ARVs(1) 🞎 Instead of ARVs(2)

5c. Have you had any side effects/adverse events to any of these remedies? 🞎 Yes 🞎 No 🞎 N/A

If yes, which remedy and side effect? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6a. In the last 6 mos, did you take meds or supplements from a chemist/pharmacist not prescribed by a doctor, herbalist, or healer? 🞎 Yes 🞎 No

6b. If yes, what is/are the name(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e. Immune Boost, Modul8)

6c. How did you feel with this medication? 🞎 The same (1) 🞎Better(2) 🞎 Worse(3) 🞎 N/A(4)

7a. In the last 6 mos, did you use any other alternative treatment (for example but not limited to faith healing/prophet, Reikki, massage, sound/music, thermal, reflexology, chiropractic, acupuncture)? 🞎 Yes 🞎 No

7b. If yes, what is/are the treatment(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7c. How did you feel with this treatment? 🞎 The same(1) 🞎 Better(2) 🞎 Worse(3) 🞎 N/A(4)

8. Who first recommended you to go to an HIV clinic? 🞎 Provider (doctor or nurse)(1) 🞎 Traditional Healer (Isangoma)(2) 🞎 Herbalist (Inyanga)(3) 🞎 Friend(4) 🞎 Family(5) 🞎 Member of religious faith (6) 🞎 Other(7)\_\_\_\_\_\_\_\_\_\_\_\_\_

**Psychosocial Factors**

1a. What is your marital status: 🞎 married(1) 🞎 divorced(2) 🞎 single living with partner(3) 🞎 single not living with partner (4) 🞎 single no partner(5) 🞎 widowed(6)

1b. Which forms of safe sex do you practice?

🞎Abstinence(1) 🞎 Condoms (2)(🞎 Male(a) 🞎 Female(b)) 🞎 Pull out(3) 🞎 None (4) 🞎 Other (5)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1c. In the last 6 months, how often did you practice safe sex? ***If “None” above, must be “Never” here.***

🞎 Always (1) (100%) 🞎Often(2) (>50%) 🞎 Sometimes(3) (less than 50%) 🞎 Rarely(4) (less than 25%) 🞎 Never(4) (0%)

2a. How many current partners do you have? \_\_\_ How many partners are currently living with you? \_\_\_

2b. How many partners do you know have been tested for HIV?­­­\_\_\_

How many partners do you know are HIV positive?\_\_\_

2c. How many partners do you know are taking ARVs? \_\_\_\_

3a. How many biological children do you have? \_\_\_ How many children are you currently taking care of? \_\_\_

3b. How many children in your care do you know have been tested for HIV?\_\_\_

How many children in your care do you know are HIV positive?\_\_\_

4. How many additional family members do you know are HIV positive? \_\_\_ How many have died? \_\_\_

5. Who knows you are living with HIV? 🞎 Partner/spouse)(1) 🞎 Family member(s)(2) 🞎 Friends (3) 🞎 Employer(4) 🞎 Other(5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (for example church community, pastor)

6. Who is the person most emotionally supportive to you?\_\_\_\_\_\_\_\_ Do they live with you? 🞎 Yes 🞎 No 🞎 N/A

7a. Do you have someone who is a treatment supporter/partner? 🞎 Yes 🞎 No

7b. If yes, what is your relationship?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8a. Have you ever been hurt by someone **(GIVE EXAMPLES OF ABUSE)**? 🞎Frequently(1) (>3x/wk) 🞎 Sometimes(2) (>1x/mo) 🞎 Rarely (>1x/yr) (3) 🞎 Never(4) **(If “Never” select “N/A” in 8b-8e)**

8b. How have you been hurt: 🞎 physical(1) 🞎 sexual(2) 🞎 verbal(3) 🞎 psychological(4) 🞎 other(5) \_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 N/A(6) **(if “Never” in 8a)**

8c. **If marked “sexual” in 8b**, has anyone ever physically forced you to have sex even when you did not want?

🞎Often(1) 🞎 Sometimes(2) 🞎 Not at all(3) 🞎 N/A (4)**(if “Never” in 8a)** Whom? 🞎Partner(1) 🞎 Other(2)\_\_\_\_\_\_\_\_\_\_

8d. **If marked “sexual” in 8b**, has anyone ever forced you to perform any sexual acts you did not want to do? 🞎Often(1) 🞎 Sometimes (2) 🞎 Not at all(3) 🞎 N/A(4) **(if “Never” in 8a)**

Whom? 🞎Partner(1) 🞎 Other(2)\_\_\_\_\_\_\_\_\_\_

8e. **If marked “sexual” in 8b**, when was the last time you were hurt sexually: 🞎<1 mo(1) 🞎 1-6 mo(2) 🞎>6-12 mo(3) 🞎> 12 mo(4) 🞎 N/A(5) **(if “Never” in 8a)**

9. In the past 4 weeks, did you use street drugs? 🞎 Yes 🞎 No If yes, which?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(These drugs may include woonga, cocaine, heroin, dagga, ecstasy, etc.)

10a. How often do you drink alcohol? 🞎Daily(1) 🞎 4-5 times/week(2) 🞎 Weekends(3) 🞎 3-4 times/month(4) 🞎 Once/month(5) 🞎< Once/month (6) 🞎 Never(7)

10b. What type of alcohol? 🞎Mqombothi(1) 🞎 Cider(2) 🞎 Wine(3) 🞎Spirits(4) 🞎 Beer(5) 🞎 N/A(6)

**If 10a is “Daily” or “4-5 times/week” then ask the following (otherwise check N/A**) **in 10 c-f:**

10c. Have you ever felt you should *cut* down on your drinking? 🞎 Yes 🞎 No 🞎 N/A

10d. Have people *annoyed* you by criticizing your drinking? 🞎 Yes 🞎 No 🞎 N/A

10e. Have you ever felt bad or *guilty* about your drinking? 🞎 Yes 🞎 No 🞎 N/A

10f. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (*eye*-opener)? 🞎 Yes 🞎 No 🞎 N/A

11a. Do you smoke? 🞎 Yes 🞎No

11b. What do you smoke? 🞎Cigarettes(1)\_\_\_ per day 🞎 Cigars(2)\_\_ per day 🞎 Pipe(3)\_\_\_ per day 🞎 Dagga(4) \_\_\_ per day 🞎 N/A(5)

12. How much education do you feel you have received about HIV? 🞎Much(1) 🞎 Some(2) 🞎 Little(3) 🞎 None(4)

13a. How many pre-ARV training sessions did you receive? 🞎 0(1) 🞎 1-2(2) 🞎 3-5(3) 🞎>5(4)

13b. Were these sessions helpful? 🞎 Yes 🞎 No If no, why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. In the last 12 months, how many 1-on-1 adherence counseling sessions have you received?\_\_\_((1),(2),(3),(4),(5),(6)(5-10),(7)(10+) Were these sessions beneficial? 🞎 Yes 🞎 No If no, why?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15a. Would you like any additional support for your illness (i.e. financial, emotional, spiritual)? 🞎 Yes 🞎 No

15b. If ”Yes”, what other forms of support would you like to receive?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Do you feel you have access to all the services you need? 🞎 Yes 🞎 No

17. If “No”, which services would you like to access more (check all that apply):

🞎 Health Education(1)

🞎 Counseling (2)

🞎Doctors(3)

🞎Pharmacy(4)

🞎Physiotherapy(5)

🞎 Social Work(6)

🞎 Psychiatry/Psychology(7)

🞎 Prayer/Minister(8)

🞎Other(9) \_\_\_\_\_\_\_\_\_\_\_\_\_

18. I am going to ask you some questions about how you have been feeling in the last four weeks, that is, from ***[DATE ONE MONTH AGO]*** to yesterday. I’d like you to respond by giving one of these responses: ***[SHOW SCALE AND RESPONSES]*.**

|  | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
| --- | --- | --- | --- | --- | --- |
| a. During the past month, about how often did you feel tired out for no good reason? | 1 | 2 | 3 | 4 | 5 |
| b. During the past month, about how often did you feel nervous? | 1 | 2 | 3 | 4 | 5 |
| ***IF b ABOVE IS “NONE OF THE TIME” (CHOICE 1), THEN CIRCLE CHOICE 1 HERE, AND SKIP THE QUESTION.***  c. So nervous that nothing could calm you down? | 1 | 2 | 3 | 4 | 5 |
| d. During the past month, about how often did you feel hopeless? | 1 | 2 | 3 | 4 | 5 |
| e. During the past month, about how often did you feel restless or fidgety? | 1 | 2 | 3 | 4 | 5 |
| ***IF e ABOVE IS “NONE OF THE TIME” (CHOICE 1), THEN CIRCLE CHOICE 1 HERE, AND SKIP THE QUESTION.***  f. So restless you could not sit still? | 1 | 2 | 3 | 4 | 5 |
| g. During the past month, about how often did you feel sad or depressed? | 1 | 2 | 3 | 4 | 5 |
| ***IF g ABOVE IS “NONE OF THE TIME” (CHOICE 1), THEN CIRCLE CHOICE 1 HERE, AND SKIP THE QUESTION.***  h. So depressed that nothing could cheer you up? | 1 | 2 | 3 | 4 | 5 |
| i. During the past month, about how often did you feel that everything was an effort? | 1 | 2 | 3 | 4 | 5 |
| j. During the past month, about how often did you feel worthless? | 1 | 2 | 3 | 4 | 5 |
| 30a. TOTAL SCORE ❑❑ 30b. *Is TOTAL SCORE = 20 OR HIGHER,* ❑0 = No  ❑1 = Yes | | | | | |

19. What things do you like or dislike about your clinic experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. What makes it difficult for you to improve your health (i.e. gain weight, think & think at night, worries you)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. What makes it difficult for you to access healthcare (i.e. getting to the clinic/pharmacy, childcare)?

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

ADDITIONAL COMMENTS (PLEASE NOTE QUESTION SECTION/NUMBER)

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*READ THE FOLLOWING IF THE ANSWER TO 30b IS “YES”.*

I’m sorry to hear you’ve been having those problems. I’m not a doctor or a nurse, so I’m not an expert in these things. But according to what you’ve just answered on this last part of the questionnaire, it sounds like you have been feeling sad recently. We don’t want anyone leaving here without getting the help that they might need. So before you leave today we will give you a letter, which you can take to the psychologist, where you can be seen by someone who can help you with these feelings. If you would like to speak to someone today, you can speak to a counselor here about those problems. I can also give you a list of services available in this clinic if you’d like that. I can give you the referral letter and list of services after your interview today.

Again, our discussion and your responses here are confidential. If you would like to have your responses to this questionnaire shared with your adherence counselor or doctor, please let me know.

Would you like me to share your responses with your adherence counselor? 🞎 Yes 🞎 No

Would you like me to share your responses with your doctor? 🞎 Yes 🞎 No

Signature Date