

# FINAL RESIDENT SURVEY

## Residency & Mobility

### Instructions:

To start, I will be asking you some questions about yourself, your living situation, and about the people that you live with. Your answers are very important to our research and will help us understand how to develop better health programs in your community. Some of these questions may be embarrassing and make you feel uncomfortable; however, it is really important that you give the most honest answer that you can. Please remember that all of your answers are confidential. If you do not wish to answer, you can skip any question.

### 1. subject visit

bcpp\_subject\_residencymobility.subject\_visit

- dropdown [SubjectVisit]

### 2. We last visited you on **(INSERT DATE OF LAST VISIT)**. Since then, have you typically spent 14 or more nights per month in this community? In the past 12 months, have you typically spent 14 or more nights per month in this community?

bcpp\_subject\_residencymobility.permanent\_resident

- Yes
- No

*If participant has moved into the community in the past 12 months, then since moving in has the participant typically spent more than 14 nights per month in this community. If NO (or don't want to answer) STOP. Participant cannot be enrolled.*

### 3. Do you intend to move out of the community in the next 12 months

bcpp\_subject\_residencymobility.intend\_residency

- Yes
- No

### 4. We last visited you on **(INSERT DATE OF LAST VISIT)**. Since then, in total how many nights did you spend away from this community, including visits to cattle post and lands? [If you don't know exactly, give your best guess]

bcpp\_subject\_residencymobility.nights\_away

- Zero nights
- 1-6 nights
- 1-2 weeks
- 3 weeks to less than 1 month
- 1-3 months
- 4-6 months
- more than 6 months
- I am not sure
- Don't want to answer

### 5. We last visited you on **(INSERT DATE OF LAST VISIT)**. Since then, during the times you were away from this community, where were you primarily staying?

bcpp\_subject\_residencymobility.cattle\_postlands

- Not Applicable

- Farm/lands
- Cattle post
- Other community, specify:
- Don't want to answer

**6. Give the name of the community**

bcpp\_subject\_residencymobility.cattle\_postlands\_other

## Demographics

**Instructions:** Please complete the questions below.

### 1. subject visit

bcpp\_subject\_demographics.subject\_visit

- dropdown [SubjectVisit]

### 2. What is your current marital status?

bcpp\_subject\_demographics.marital\_status

- Single/never married
- Married (common law/civil or customary/traditional)
- Divorced or formally separated
- Widowed
- Don't want to answer

### 3. WOMEN: How many wives does your husband have (including traditional marriage), including yourself?

bcpp\_subject\_demographics.num\_wives

*Leave blank if participant does not want to respond. (women only)*

### 4. MEN: How many wives do you have, including traditional marriage?

bcpp\_subject\_demographics.husband\_wives

*Leave blank if participant does not want to respond. (men only)*

### 5. Who do you currently live with ?

bcpp\_subject\_demographics.live\_with select multiple options

- Partner or spouse
- Siblings
- Alone
- Extended family
- Other
- Don't want to answer

*[indicate all that apply]*

## Education

**Instructions:** Next, I will ask you some questions about what education and work you may have done or are currently doing.

### 1. subject visit

bcpp\_subject\_education.subject\_visit

- dropdown [SubjectVisit]

### 2. Describe the work that you do or did in your most recent job. If you have more than one profession, choose the one you spend the most time doing.

bcpp\_subject\_education.job\_description

- Farmer (own land)
- Farm work on employers land
- Domestic worker
- Work in bar/ hotel/ guest house/entertainment venue
- Fishing
- Mining
- Tourism/game parks
- Working in shop/small business
- Informal selling
- Commercial sex work
- Transport (trucker/ taxi driver)
- Factory worker
- Guard (security company)
- Police/ Soldier
- Clerical and office work
- Government worker
- Teacher
- Health care worker
- Other professional
- Other

### 3. In the past month, how much money did you earn from work you did or received in payment [retirement benefits, child maintenance, food basket, etc]?

bcpp\_subject\_education.monthly\_income

- No income
- 1-199 pula
- 200-499 pula
- 500-999 pula
- 1000-4999 pula
- 5000-10,000 pula
- More than 10,000 pula
- Don't want to answer

## HIV Testing History

**Instructions:** Do not include documentation of ART/PMTCT/CD4 here; only include actual HIV test results. Many people have had a test to see if they have HIV. I am going to ask you about whether you have been tested for HIV and whether you received the results. Please remember that all of your answers are confidential.

### 1. subject visit

bcpp\_subject\_hivtestinghistory.subject\_visit

- dropdown [SubjectVisit]

### 2. Have you ever been tested for HIV before?

bcpp\_subject\_hivtestinghistory.has\_tested

- Yes
- No
- Don't want to answer

### 3. Have you been tested for HIV since the last time we tested you on (DATE)?

- Yes
- No

### 4. When was the last [most recent] time you were tested for HIV?

bcpp\_subject\_hivtestinghistory.when\_hiv\_test

- None
- In the last month
- 1 to 5 months ago
- 6 to 12 months ago
- More than 12 months ago
- I am not sure
- Don't want to answer

(verbal response)

### 5. Is a record of last [most recent] HIV test [OPD card, Tebelopele, YaTsie, other] available to review?

bcpp\_subject\_hivtestinghistory.has\_record

- None
- Yes
- No
- Don't want to answer
- Participant does not want to provide record

*If no card available for viewing, proceed to next question*

### 6. Please tell me the results of your last [most recent] HIV test?

bcpp\_subject\_hivtestinghistory.verbal\_hiv\_result

- None
- HIV Positive
- HIV Negative
- Indeterminate
- I am not sure
- Don't want to answer

(verbal response)

---

**7. Do you have any other available documentation of positive HIV status?**

bcpp\_subject\_hivtestinghistory.other\_record

- Yes
- No
- Not applicable

*This documentation refers to: PMTCTprescription, ART, CD4 count record, lab result for..etc*

## HIVTest Review

**Instructions:** Please complete the questions below.

**1. subject visit**

bcpp\_subject\_hivtestreview.subject\_visit

- dropdown [SubjectVisit]

**2. What was the recorded date of the last HIVtest?**

bcpp\_subject\_hivtestreview.hiv\_test\_date

*Obtain this information from the card the participant presents to you.*

**3. What was the recorded HIVtest result?**

bcpp\_subject\_hivtestreview.recorded\_hiv\_result

- HIV Positive (Reactive)
- HIV Negative (Non-reactive)
- Indeterminate
- No result recorded

*If the participant and written record differ, the result from the written record should be recorded.*

## HIVresult documentation

**Instructions:** annualbaseline

### 1. Subject visit

bcpp\_subject\_hivresultdocumentation.subject\_visit

- dropdown [SubjectVisit]

### 2. What is the recorded date of this previous HIV test (or of the document that provides supporting evidence of HIV infection)?

bcpp\_subject\_hivresultdocumentation.result\_date

### 3. What is the type of document used?

bcpp\_subject\_hivresultdocumentation.result\_doc\_type

- Tebelopele
- Lab result form
- ART Prescription
- PMTCT Prescription
- Record of CD4 count
- Other OPD card or ANC card documentation
- YaTsie Campaign Test Card



## HIV Tested

### 1. subject visit

bcpp\_subject\_hivtested.subject\_visit

- dropdown [SubjectVisit]

### 2. Where were you tested for HIV, the last [most recent] time you were tested?

bcpp\_subject\_hivtested.where\_hiv\_test

- Tebelopele VCT center
- Antenatal care at healthcare facility (including private clinics)
- Other (not antenatal care) at healthcare facility (including private clinics)
- In my house as part of door-to-door services
- Specify, if YaTsie Campaign
- In a mobile tent or vehicle in my neighborhood
- Specify if YaTsie Campaign
- Other, specify:
- I am not sure
- Don't want to answer

### 3. ...if "Other", specify

bcpp\_subject\_hivtested.where\_hiv\_test\_other

## HIVUntested

**Instructions:** Please complete the questions below.

### 1. subject visit

bcpp\_subject\_hivuntested.subject\_visit

- dropdown [SubjectVisit]

### 2. If you were not tested for HIV in the 12 months prior to today, what is the main reason why not?

bcpp\_subject\_hivuntested.why\_no\_hiv\_test

- I already knew I am HIV positive
- I recently tested (I know my status)
- I didn't believe I was at risk of getting HIV
- I am afraid to find out the result
- I am afraid of what others would think of me
- Family/friends did not want me to get an HIV test
- I didn't have time due to work
- I didn't have time due to family obligations
- My sexual partner did not want me to get an HIV test
- I am not sure
- Don't want to answer

### 3. Have you ever heard about treatment for HIV with pills called antiretroviral therapy or ARVs [or HAART]?

bcpp\_subject\_hivuntested.hiv\_pills

- Yes
- No
- Not Sure

### 4. Do you believe that treatment for HIV with antiretroviral therapy (or ARVs) can help HIV-positive people to live longer?

bcpp\_subject\_hivuntested.arvs\_hiv\_test

- Yes
- No
- Not Sure

## Sexual Behaviour

**Instructions:** In this part of the interview, I will be asking you some questions about your sexual relationships that you might have had, and about sexual practices that you might have engaged in. Please let me know if you feel comfortable answering these questions now or if we should move to a different location. Some of these questions may make you feel uncomfortable; however, it is really important for us to get the most honest answer that you can give us. Please remember that all of your answers are confidential.

### 1. subject visit

bcpp\_subject\_sexualbehaviour.subject\_visit

- dropdown [SubjectVisit]

### 2. In your lifetime, have you ever had sex with anyone (including your spouse, friends, or someone you have just met)?

bcpp\_subject\_sexualbehaviour.ever\_sex

- Yes
- No
- Don't want to answer

### 3. In your lifetime, how many different people have you had sex with? Please remember to include casual and once-off partners (prostitutes and truck drivers) as well as long-term partners (spouses, boyfriends/girlfriends) [If you can't recall the exact number, please give a best guess]

bcpp\_subject\_sexualbehaviour.lifetime\_sex\_partners

### 4. In the past 12 months, how many different people have you had sex with? Please remember to include casual and once-off partners (prostitutes and truck drivers) as well as long-term partners (spouses, boyfriends/girlfriends) [If you can't recall the exact number, please give a best guess]

bcpp\_subject\_sexualbehaviour.last\_year\_partners

*Note: Leave blank if participant does not want to respond.*

### 5. In the past 12 months, did you have sex with somebody living outside of the community?

bcpp\_subject\_sexualbehaviour.more\_sex

- None
- Yes
- No
- Don't want to answer

### 6. How old were you when you had sex for the first time? [If you can't recall the exact age, please give a best guess]

bcpp\_subject\_sexualbehaviour.first\_sex

*Note: leave blank if participant does not want to respond.*

### 7. How old was your sex partner when you had sex for the first time?

- Less or equal to 18 years old
- 19 years old or older
- If so, specify age in years \_\_\_\_\_
- Not sure

*Note: If participant does not want to answer, leave blank*

### 8. During the last [most recent] time you had sex, did you or your partner use a condom?

bcpp\_subject\_sexualbehaviour.condom

- Yes
- No
- Don't want to answer

**9. During the last [most recent] time you had sex, were you or your partner drinking alcohol?**

bcpp\_subject\_sexualbehaviour.alcohol\_sex

- Neither of us
- My partner
- Myself
- Both of us
- Don't want to answer

## RecentPartner - 12 Months

**Instructions:** Interviewer Note: Ask the respondent to answer the following questions about their most recent sexual partner in the past 12 months. It may be helpful for respondent to give initials or nickname, but **DO NOT** write down or otherwise record this information. Read to Participant: I am now going to ask you about your most recent sexual partners. I will start with your last or most recent sexual partner that you had within the last 12 months.

### 1. subject visit

bcpp\_subject\_monthsrecentpartner.subject\_visit

- dropdown [SubjectVisit]

### 2. Over the past 12 months, where has this sexual partner lived to the best of your knowledge?

bcpp\_subject\_monthsrecentpartner.first\_partner\_live select multiple options

- In this community
- Outside community
- Farm within this community
- Farm outside this community
- Cattle post within this community
- Cattle post outside this community

### 3.Ifoutsidecommunityorfarmoutsidethiscommunityorcattlepostoutsidethiscommunityask:Doesthis sexual partner live in any of the following communities?

bcpp\_subject\_monthsrecentpartner.sex\_partner\_community

- Not Applicable
- Bokaa
- Digawana
- Gumare
- Gweta
- Lentsweletau
- Lerala
- Letlhakeng
- Mmandunyane
- Mmankgodi
- Mmadinare
- Mmathethe
- Masunga
- Maunatlala
- Mathangwane
- Metsimotlhabe
- Molapowabojang
- Nata
- Nkange
- Oodi
- Otse
- Rakops
- Ramokgonami
- Ranaka
- Sebina

- Sefare
- Sefophe
- Shakawe
- Shoshong
- Tati\_Siding
- Tsetsebjwe
- Other non study community

**4. When was the last [most recent] time you had sex with this person (how long ago)?**

bcpp\_subject\_monthsrecentpartner.third\_last\_sex

- Days
- Months
- Don't want to answer

**5. Give the number of days/months since last had sex with this person.**

bcpp\_subject\_monthsrecentpartner.third\_last\_sex\_calc

*e.g. if last sex was last night, then it should be recorded as 1 day*

**6. When was the first time you had sex with this person [how long ago]?**

bcpp\_subject\_monthsrecentpartner.first\_first\_sex

- Days
- Months
- Years
- Don't want to answer

**7. Give the number of days/months/years since first had sex with this person.**

bcpp\_subject\_monthsrecentpartner.first\_first\_sex\_calc

*e.g. if first sex was last night, then it should be recorded as 1 day*

**8. Do you expect to have sex with this person again?**

bcpp\_subject\_monthsrecentpartner.first\_sex\_current

- Yes
- No
- Don't want to answer

**9. What type of relationship do you have with this person?**

bcpp\_subject\_monthsrecentpartner.first\_relationship

- Long-term partner (>2 years) or spouse
- Boyfriend/Girlfriend
- Casual (known) partner
- One time partner (previously unknown)
- Commercial sex worker
- Other, specify:
- Don't want to answer

**10. To the best of your knowledge, how old is this person?**

bcpp\_subject\_monthsrecentpartner.first\_exchange

- less or equal to 18 years old
- 19 years old or older

If so, specify age in years \_\_\_\_\_

- Not sure

*Note: If participant does not want to answer, leave blank.*

**11. Over the past 12 months, during the time you were having a sexual relationship with this person, did YOU have sex with other people (including husband/wife)?**

bcpp\_subject\_monthsrecentpartner.concurrent

- Yes
- No
- Don't want to answer

**12. Have you received money, transport, food/drink, or other goods in exchange for sex from this partner?**

bcpp\_subject\_monthsrecentpartner.goods\_exchange

- Yes
- No
- Don't want to answer

**13. During the last 3 months [of your relationship, if it has ended] how many times did you have sex with this partner?**

bcpp\_subject\_monthsrecentpartner.first\_sex\_freq

**14. What is this partner's HIV status?**

bcpp\_subject\_monthsrecentpartner.first\_partner\_hiv

- HIV-positive
- HIV-negative
- I am not sure HIV status
- Don't want to answer

**15. Has your partner been tested for HIV in last 12 months**

bcpp\_subject\_monthsrecentpartner.partner\_hiv\_test

- Yes
- No
- Not Sure
- Don't want to answer

**16. Is this partner taking antiretroviral treatment?**

bcpp\_subject\_monthsrecentpartner.first\_haart

- Yes
- No
- Not Sure

**17. Have you told this partner your HIV status?**

bcpp\_subject\_monthsrecentpartner.first\_disclose

- Yes
- No
- Did not know my HIV status
- Don't want to answer

**18. When you have [had] sex with this partner, how often do you or your partner use a condom?**

bcpp\_subject\_monthsrecentpartner.first\_condom\_freq

- All of the time
- Sometimes
- Never
- Don't want to answer

**19. To the best of your knowledge, did he/she ever have other sex partners while you two were having a sexual relationship?**

bcpp\_subject\_monthsrecentpartner.first\_partner\_cp

- Yes
- No
- Not Sure



## Second Partner - 12 Months

**Instructions:** Interviewer Note: If the respondent has only had one partner, SKIP to HIV adherence questions if HIV negative. Else go to Reproductive health for women, or circumcision for men. Ask the respondent to answer the following questions about their second most recent sexual partner. It may be helpful for respondent to give initials or nickname, but DO NOT write down or otherwise record this information. Read to Participant: I am now going to ask you about your second most recent sexual partner in the past 12 months, the one before the person we were just talking about.

### 1. subject visit

bcpp\_subject\_monthssecondpartner.subject\_visit

- dropdown [SubjectVisit]

### 2. Over the past 12 months, where has this sexual partner lived to the best of your knowledge?

bcpp\_subject\_monthssecondpartner.first\_partner\_live select multiple options

- In this community
- Outside community
- Farm within this community
- Farm outside this community
- Cattle post within this community
- Cattle post outside this community

### 3. If outside community or farm outside this community or cattle post outside this community ask: Does this sexual partner live in any of the following communities?

bcpp\_subject\_monthssecondpartner.sex\_partner\_community

- Not Applicable
- Bokaa
- Digawana
- Gumare
- Gweta
- Lentsweletau
- Lerala
- Letlhakeng
- Mmandunyane
- Mmankgodi
- Mmadinare
- Mmathethe
- Masunga
- Maunatlala
- Mathangwane
- Metsimotlhabe
- Molapowabojang
- Nata
- Nkange
- Oodi
- Otse
- Rakops
- Ramokgonami

- Ranaka
- Sebina
- Sefare
- Sefophe
- Shakawe
- Shoshong
- Tati\_Siding
- Tsetsebjwe
- Other non study community

**4. When was the last [most recent] time you had sex with this person (how long ago)?**

bcpp\_subject\_monthssecondpartner.third\_last\_sex

- Days
- Months
- Don't want to answer

**5. Give the number of days/months since last had sex with this person.**

bcpp\_subject\_monthssecondpartner.third\_last\_sex\_calc

*e.g. if last sex was last night, then it should be recorded as 1 day*

**6. When was the first time you had sex with this person [how long ago]?**

bcpp\_subject\_monthssecondpartner.first\_first\_sex

- Days
- Months
- Years
- Don't want to answer

**7. Give the number of days/months/years since first had sex with this person.**

Bcpp\_subject\_monthssecondpartner.first\_first\_sex\_calc

*e.g. if first sex was last night, then it should be recorded as 1 day*

**8. Do you expect to have sex with this person again?**

bcpp\_subject\_monthssecondpartner.first\_sex\_current

- Yes
- No
- Don't want to answer

**9. What type of relationship do you have with this person?**

bcpp\_subject\_monthssecondpartner.first\_relationship

- Long-term partner (>2 years) or spouse
- Boyfriend/Girlfriend
- Casual (known) partner
- One time partner (previously unknown)
- Commercial sex worker
- Other, specify:
- Don't want to answer

**10. To the best of your knowledge, how old is this person?**

bcpp\_subject\_monthssecondpartner.first\_exchange

- less or equal to 18 years old
- 19 years old or older

- If so, specify age in years \_\_\_\_\_
- Not sure

*Note: If participant does not want to answer, leave blank.*

**11. Over the past 12 months, during the time you were having a sexual relationship with this person, did YOU have sex with other people (including husband/wife)?**

bcpp\_subject\_monthssecondpartner.concurrent

- Yes
- No
- Don't want to answer

**12. Have you received money, transport, food/drink, or other goods in exchange for sex from this partner?**

bcpp\_subject\_monthssecondpartner.goods\_exchange

- Yes
- No
- Don't want to answer

**13. During the last 3 months [of your relationship, if it has ended] how many times did you have sex with this partner?**

bcpp\_subject\_monthssecondpartner.first\_sex\_freq

**14. What is this partner's HIV status?**

bcpp\_subject\_monthssecondpartner.first\_partner\_hiv

- HIV-positive
- HIV-negative
- I am not sure HIV status
- Don't want to answer

**15. Has your partner been tested for HIV in last 12 months**

bcpp\_subject\_monthssecondpartner.partner\_hiv\_test

- Yes
- No
- Not Sure
- Don't want to answer

**16. Is this partner taking antiretroviral treatment?**

bcpp\_subject\_monthssecondpartner.first\_haart

- Yes
- No
- Not Sure

**17. Have you told this partner your HIV status?**

bcpp\_subject\_monthssecondpartner.first\_disclose

- Yes
- No
- Did not know my HIV status
- Don't want to answer

**18. When you have [had] sex with this partner, how often do you or your partner use a condom?**

bcpp\_subject\_monthssecondpartner.first\_condom\_freq

- All of the time
- Sometimes
- Never
- Don't want to answer

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**19. To the best of your knowledge, did he/she ever have other sex partners while you two were having a sexual relationship?**

bcpp\_subject\_monthssecondpartner.first\_partner\_cp

- Yes
- No
- Not Sure

## Third Partner - 12 Months

**Instructions:** If the respondent has only had two partners, SKIP HIV adherence questions if HIV negative, if HIV positive, proceed. Else go to Reproductive health for women, or circumcision for men. Ask the respondent to answer the following questions about their second most recent sexual partner. It may be helpful for respondent to give initials or nickname, but DO NOT write down or otherwise record this information. I am now going to ask you about your second most recent sexual partner in the past 12 months, the one before the person we were just talking about.

### 1. subject visit

bcpp\_subject\_monthsthirdpartner.subject\_visit

- dropdown [SubjectVisit]

### 2. Over the past 12 months, where has this sexual partner lived to the best of your knowledge?

bcpp\_subject\_monthsthirdpartner.first\_partner\_live select multiple options

- In this community
- Outside community
- Farm within this community
- Farm outside this community
- Cattle post within this community
- Cattle post outside this community

### 3. If outside community or farm outside this community or cattle post outside this community ask: Does this sexual partner live in any of the following communities?

bcpp\_subject\_monthsthirdpartner.sex\_partner\_community

- Not Applicable
- Bokaa
- Digawana
- Gumare
- Gweta
- Lentsweletau
- Lerala
- Letlhakeng
- Mmandunyane
- Mmankgodi
- Mmadinare
- Mmathethe
- Masunga
- Maunatlala
- Mathangwane
- Metsimotlhabe
- Molapowabojang
- Nata
- Nkange
- Oodi
- Otse
- Rakops
- Ramokgonami
- Ranaka

- Sebina
- Sefare
- Sefophe
- Shakawe
- Shoshong
- Tati\_Siding
- Tsetsebjwe
- Other non study community

**4. When was the last [most recent] time you had sex with this person (how long ago)?**

bcpp\_subject\_monthsthirdpartner.third\_last\_sex

- Days
- Months
- Don't want to answer

**5. Give the number of days/months since last had sex with this person.**

bcpp\_subject\_monthsthirdpartner.third\_last\_sex\_calc

*e.g. if last sex was last night, then it should be recorded as 1 day*

**6. When was the first time you had sex with this person [how long ago]?**

bcpp\_subject\_monthsthirdpartner.first\_first\_sex

- Days
- Months
- Years
- Don't want to answer

**7. Give the number of days/months/years since first had sex with this person.**

bcpp\_subject\_monthsthirdpartner.first\_first\_sex\_calc

*e.g. if first sex was last night, then it should be recorded as 1 day*

**8. Do you expect to have sex with this person again?**

bcpp\_subject\_monthsthirdpartner.first\_sex\_current

- Yes
- No
- Don't want to answer

**9. What type of relationship do you have with this person?**

bcpp\_subject\_monthsthirdpartner.first\_relationship

- Long-term partner (>2 years) or spouse
- Boyfriend/Girlfriend
- Casual (known) partner
- One time partner (previously unknown)
- Commercial sex worker
- Other, specify:
- Don't want to answer

**10. To the best of your knowledge, how old is this person?**

bcpp\_subject\_monthsthirdpartner.first\_exchange

- less or equal to 18 years old
- 19 years old or older

If so, specify age in years \_\_\_\_\_

- Not sure

*Note: If participant does not want to answer, leave blank.*

**11. Over the past 12 months, during the time you were having a sexual relationship with this person, did YOU have sex with other people (including husband/wife)?**

bcpp\_subject\_monthsthirdpartner.concurrent

- Yes
- No
- Don't want to answer

**12. Have you received money, transport, food/drink, or other goods in exchange for sex from this partner?**

bcpp\_subject\_monthsthirdpartner.goods\_exchange

- Yes
- No
- Don't want to answer

**13. During the last 3 months [of your relationship, if it has ended] how many times did you have sex with this partner?**

bcpp\_subject\_monthsthirdpartner.first\_sex\_freq

**14. What is this partner's HIV status?**

bcpp\_subject\_monthsthirdpartner.first\_partner\_hiv

- HIV-positive
- HIV-negative
- I am not sure HIV status
- Don't want to answer

**15. Has your partner been tested for HIV in last 12 months**

bcpp\_subject\_monthsthirdpartner.partner\_hiv\_test

- Yes
- No
- Not Sure
- Don't want to answer

**16. Is this partner taking antiretroviral treatment?**

bcpp\_subject\_monthsthirdpartner.first\_haart

- Yes
- No
- Not Sure

**17. Have you told this partner your HIV status?**

bcpp\_subject\_monthsthirdpartner.first\_disclose

- Yes
- No
- Did not know my HIV status
- Don't want to answer

**18. When you have [had] sex with this partner, how often do you or your partner use a condom?**

bcpp\_subject\_monthsthirdpartner.first\_condom\_freq

- All of the time
- Sometimes
- Never
- Don't want to answer

**19. To the best of your knowledge, did he/she ever have other sex partners while you two were having a sexual relationship?**

bcpp\_subject\_monthsthirdpartner.first\_partner\_cp

- Yes
- No
- Not Sure



## HIV Linkage to Care and ART Initiation

**1. Report Date**

Date:

Time:

**2. We last spoke with you on INSERT LAST VISIT DATE and scheduled an appointment for you in an HIV care clinic on LAST APPOINTMENT DATE. Did you keep that appointment?**

- Yes, kept appointment
- No, but attended a visit at the HIV care clinic to which they were referred on another date
- No, but attended a visit at a different HIV clinic
- I went to a different clinic
- No, but tried to attend an HIV care clinic and left before I saw a healthcare provider
- I have not been to any HIV care clinic

**3. If went to a different clinic, specify clinic: \_\_\_\_\_**

**4. If you tried to attend an HIV care clinic and left before you saw a healthcare provider, specify the date:**

\_\_\_\_\_

**5. What was the date when you first went to the (INSERT COMMUNITY CLINIC NAME)?**

**6. Type of evidence:**

- Self-report only
- OPD card
- Clinic paperwork
- Other

**7. If Other, specify: \_\_\_\_\_**

**8. [If person was ART naïve or a defaulter at last interview] Since the last time we spoke with you on INSERT LAST VISIT DATE, has a doctor/nurse or other healthcare worker recommended that you start/restart antiretroviral therapy (ARVs), a combination of medicines to treat your HIV infection?**

- Yes
- No

**9. If yes, do you know why ARVs were recommended?**

- None
- Low CD4
- High viral load
- Pregnancy of breastfeeding
- Tuberculosis
- Cancer
- Treat All Guidelines
- Do not know

**10. If Other, specify: \_\_\_\_\_**

**11. [If person was ART naïve or a defaulter at last interview] Did you start/restart ART since we spoke with you on INSERT LAST VISIT DATE?**

- Yes
- No [If no, skip to 18]

**12. When did you [start/restart] ART? \_/\_/\_/\_/\_ [date cannot precede last interview date]**

13. Which clinic facility did you [start/restart] ART at? (clinic name) \_\_\_\_\_

14. If Other, specify: \_\_\_\_\_

15. [If clinic is not the referred clinic] In which community is this clinic located?

16. Type of Evidence

- Self-report only
- OPD Card
- Clinic paperwork
- Other

17. If Other, specify: \_\_\_\_\_

18. What is the main reason you did not start ART since we last spoke? [for respondents who answered “no” to question 11]

- Did not feel sick
- Did not know that I should start ART
- Did not have time due to work responsibilities
- Did not have time due to family/childcare responsibilities
- Transportation costs
- Was afraid of someone (friends/family) seeing me at the HIV clinic
- Traditional healer advised against going
- Religious beliefs
- Cultural beliefs
- Other, Specify:
- I am not sure
- Don't want to answer

## HIVcare & Adherence

**Instructions:** Note to Interviewer: This section is only to be completed by HIV-positive participants who knew that they were HIV-positive before today, but have not previously provided answers to these questions. Section should be skipped for HIV-negative participants and participants who first tested HIV-positive today. Read to Participant: I am now going to ask you some questions about care you may have been given for your HIV infection.

### 1. subject visit

bcpp\_subject\_hivcareadherence.subject\_visit

- dropdown [SubjectVisit]

### 2. When was your first positive HIV test result?

*Note: If participant does not want to answer, leave blank. If participant is unable to estimate date, leave blank.*

### 3. Have you ever received HIV-related medical or clinical care, for such things as a CD4 count (masole), IDCC/PMTCT registration, additional clinic-based counseling?

- None
- Yes
- No
- Don't want to answer

*If 'YES', answer HIV medical care section*

### 4. What is the main reason you have not received HIV-related medical or clinical care?

- None
- Did not feel sick
- Did not know I should get HIV care
- Did not have time due to work responsibilities
- Did not have time due to family/childcare responsibilities
- Transportation costs
- Was afraid of someone (friends/family) seeing me at the HIV clinic
- Traditional healer advised against going
- Religious beliefs
- Cultural beliefs
- Other, Specify:
- I am not sure
- Don't want to answer

### 5. ...if "Other", specify

### 6. Have you ever been recommended by a doctor/nurse or other healthcare worker to start antiretroviral therapy (ARVs), a combination of medicines to treat your HIV infection? [common medicines include: combivir, truvada, atripla, nevirapine, dolutegravir]:

- None
- Yes
- No
- Don't want to answer

### 7. When did you first start taking antiretroviral therapy (ARVs)?

bcpp\_subject\_hivcareadherence.first\_arv

*Note: If participant does not want to answer, leave blank. If participant is unable to estimate date, leave blank.*

### 8. Are you currently taking antiretroviral therapy (ARVs)?

bcpp\_subject\_hivcareadherence.on\_arv

- Yes
- No
- Don't want to answer

*If yes, need to answer next two questions.*

**9. Is there evidence [OPD card, tablets, masa number] that the participant is on therapy?**

bcpp\_subject\_hivcareadherence.arv\_evidence

- Yes
- No

**10. What antiretroviral regimen are you currently prescribed? Check all that apply:**

- Efavirenz/tenofovir/emtricitabine [or lamivudine]=EFV/TDF/FTC[or3TC]: **Atripla** or equivalent (e.g. Trivenz)
- Efavirenz=EFV (Stocrin, Sustiva)
- Dolutegravir=DTG (Tivicay)
- Tenofovir/emtricitabine= TDF/FTC (Truvada) or TDF/3TC=tenofovir/lamivudine
- Nevirapine=NVP (Viramune)
- Zidovudine/lamivudine=ZDV/3TC or AZT/3TC (Combivir)
- Lopinavir/ritonavir=LPV/r (Aluvia, Kaletra)
- Abacavir/lamivudine=ABC/3TC (Epzicom)
- Zidovudine=ZDV or AZT (Retrovir)
- Lamivudine=3TC (EpiVir)
- Abacavir=ABC (Ziagen)
- Atazanavir=ATV (Reyataz)
- Raltegravir=RAL (Isentress)
- Didanosine=ddI (Videx)
- Stavudine=D4T (Zerit)
- Tenofovir=TDF (Viread)
- Darunavir=DRV (Prezista)
- Saquinavir=SQV (Invirase)
- Ritonavir=RTV or r (Norvir)
- Other
  - Specify: \_\_\_\_\_

**11. Is this the first regimen that you were prescribed for your HIV infection?**

- Yes, this is the first regimen
- No, I previously took at least 1 different ARV (and was switched to this regimen)

[If the participant answered NO to the question above, record prior regimen and timing of switch:

**12. Were you admitted to the hospital during the ~6 months following the date on which you started ART?**

- Yes
- No

**13. [If yes to question about hospital admission] About how many weeks or months after starting ART were you admitted to the hospital?**

\_\_\_\_\_ weeks  
 \_\_\_\_\_ months

**14. [If yes to question about hospital admission] What was the primary reason for the hospitalization?**

- Tuberculosis (TB, MTB)
- Pneumonia
- Cryptococcal meningitis
- Immune Reconstitution Inflammatory Syndrome (IRIS)
- Other HIV-related illness
- Pregnancy-related care, including delivery
- Injury or accident
- Chronic disease related care, including high blood pressure, diabetes, cancer, mental illness (specify which)
- Stroke (or suspected stroke)

- Medication toxicity (specify)
- Other (specify)
- Don't know

**15. [If yes to question about hospital admission] What is the source of evidence for reason for the hospitalization?**

- Self-report
- Medical Card
- Both
- Other: specify

**16. Which clinic facility are you already receiving therapy from?**

bcpp\_subject\_hivcareadherence.clinic\_receiving\_from

**17. When is your next appointment at this facility?**

bcpp\_subject\_hivcareadherence.next\_appointment\_date

**18. When did you stop taking ARV's?**

bcpp\_subject\_hivcareadherence.arv\_stop\_date

**19. What was the main reason why you stopped taking ARVs?**

bcpp\_subject\_hivcareadherence.arv\_stop

- Did not feel they were helping
- ARVs made me feel bad or sick
- Difficulty finding someone to go with me for counseling (mopati)
- Hard due to work responsibilities
- Hard due to family/childcare responsibilities
- Doctor or nurse at clinic told me to stop
- Transportation costs
- Was afraid of someone (friends/family) seeing me at the HIV clinic
- Sexual partner advised against taking
- Family or friends advised against taking
- Traditional healer advised against taking
- Religious beliefs
- Cultural beliefs
- Other, specify:
- I am not sure
- Don't want to answer

**20. ...if "Other", specify**

bcpp\_subject\_hivcareadherence.arv\_stop\_other

**21. During the past 4 days, on how many days have you missed taking all your doses of antiretroviral therapy (ART)?**

bcpp\_subject\_hivcareadherence.adherence\_4\_day

- Zero days
- One day
- Two days
- Three days
- Four days
- Don't want to answer

**22. Thinking about the past 4 weeks, on average, how would you rate your ability to take all your medications as prescribed?**

bcpp\_subject\_hivcareadherence.adherence\_4\_wk

- Very poor
- Poor
- Fair
- Good
- Very good
- Don't want to answer

## HIV Medical Care

**Instructions:** Please complete the questions below.

**1. subject visit**

bcpp\_subject\_hivmedicalcare.subject\_visit

- dropdown [SubjectVisit]

**2. When did you first receive HIV-related medical care for such things as a CD4 count (masole), IDCC/PMTCT registration, additional clinic-based counseling?**

bcpp\_subject\_hivmedicalcare.first\_hiv\_care\_pos

*Note: If participant does not want to answer, leave blank. If participant is unable to estimate date, leave blank.*

**3. When did you last (most recently) receive HIV-related medical care for such things as a CD4 count (masole), IDCC/PMTCT registration, additional clinic-based counseling?**

bcpp\_subject\_hivmedicalcare.last\_hiv\_care\_pos

*Note: If participant does not want to answer, leave blank. If participant is unable to estimate date, leave blank.*

**4. What was your lowest CD4 (masole) count that was ever measured?**

bcpp\_subject\_hivmedicalcare.lowest\_cd4

- 0-49
- 50-99
- 100-199
- 200-349
- 350-499
- 500 or more
- I am not sure
- Don't want to answer

*Assist the participant by helping review their outpatient cards if they are available.*

## Circumcision

**Instructions:** Note to Interviewer: This section is to be completed by male participants. SKIP for female participants. Read to Participant: Some men are circumcised. Male circumcision is [enter site specific word] when the foreskin of the man's penis has been cut off. I would like to ask you a few questions regarding male circumcision.

### 1. Subject visit

bcpp\_subject\_circumcision.subject\_visit

- dropdown [SubjectVisit]

### 2. Are you circumcised?

bcpp\_subject\_circumcision.circumcised

- Yes
- No
- Not Sure

### 3. Since we last spoke with you on last\_seen\_circumcised, have you been circumcised?

- Yes
- No

### 4. IF YES, Location?

- None
- Not Applicable
- Bokaa
- Digawana
- Gumare
- Gweta
- Lentsweletau
- Lerala
- Letlhakeng
- Mmandunyane
- Mmankgodi
- Mmadinare
- Mmathethe
- Masunga
- Maunatlala
- Mathangwane
- Metsimotlhabe
- Molapowabojang
- Nata
- Nkange
- Oodi
- Otse
- Rakops
- Ramokgonami
- Ranaka
- Sebina
- Sefare
- Sefophe
- Shakawe
- Shoshong
- Tati\_Siding
- Tsetsebjwe
- Other non study community



**5. If “Other”, specify:**

## Circumcised

**Instructions:** Please complete the questions below.

### 1. subject visit

bcpp\_subject\_circumcised.subject\_visit

- dropdown [SubjectVisit]

### 2. Do you believe that male circumcision has any health benefits for you?

bcpp\_subject\_circumcised.circumcised

- Yes
- No
- Not Sure

### 3. What do you believe are the health benefits of male circumcision? (Indicate all that apply.)

bcpp\_subject\_circumcised.health\_benefits\_smc select multiple options

- Improved hygiene
- Reduced risk of HIV
- Reduced risk of other sexually transmitted diseases
- Reduced risk of cancer
- Other
- I am not sure
- Don't want to answer

### 4. When were you circumcised?

bcpp\_subject\_circumcised.circ\_date

### 5. At what age were you circumcised?

bcpp\_subject\_circumcised.when\_circ

*Note: Leave blank if participant does not want to respond.*

### 6. The unit of age of circumcision is?

bcpp\_subject\_circumcised.age\_unit\_circ

- Days
- Months
- Years
- Don't want to answer

### 7. Where were you circumcised?

bcpp\_subject\_circumcised.where\_circ

- Government clinic or hospital
- Traditional location (Bogerwa)
- Outreach site (mobile or temporary center)
- Private practitioner

- I am not sure
- Other, specify:
- Don't want to answer

**8. ...if "Other", specify**

bcpp\_subject\_circumcised.where\_circ\_other

**9. What was the main reason why you were circumcised?**

bcpp\_subject\_circumcised.why\_circ

- Prevent HIV/AIDS
- Other medical reason
- Personal preference
- Improved hygiene
- Cultural tradition and/or religion
- Acceptance by sexual partner(s)
- Acceptance by family, friends, and/or community
- I am not sure
- Other, specify:
- Don't want to answer

**10. ...if "Other", specify**

bcpp\_subject\_circumcised.why\_circ\_other

## Uncircumcised

EdcDocstring: Uncircumcised(created, modified, user\_created, user\_modified, hostname\_created, hostname\_modified, revision, id, consent\_version, subject\_visit\_id, report\_datetime, circumcised, reason\_circ, reason\_circ\_other, future\_circ, future\_reasons\_smc, service\_facilities, aware\_free)

**Instructions:** Please complete the questions below.

### 1. subject visit

bcpp\_subject\_uncircumcised.subject\_visit

- dropdown [SubjectVisit]

### 2. Do you believe that male circumcision has any health benefits for you?

bcpp\_subject\_uncircumcised.circumcised

- Yes
- No
- Not Sure

### 3. What do you believe are the health benefits of male circumcision? (Indicate all that apply.)

bcpp\_subject\_uncircumcised.health\_benefits\_smc select multiple options

- Improved hygiene
- Reduced risk of HIV
- Reduced risk of other sexually transmitted diseases
- Reduced risk of cancer
- Other
- I am not sure
- Don't want to answer

### 4. What is the main reason that you have not yet been circumcised?

bcpp\_subject\_uncircumcised.reason\_circ

- Circumcision never offered to me
- Procedure might be painful
- Did not know where to go for circumcision
- Did not have the time or money for circumcision
- I might not be able to work or be active
- My partner might not approve
- My family/friends might not approve
- There might be a medical complication
- The healing time is very long
- It will be hard to not have sex or masturbate for 6 weeks
- Sex might not feel the same
- I may not like the way my penis looks
- I may not like the way my penis feels
- I could die from the procedure
- Other, specify:
- I am not sure

- Don't want to answer

**5. ...if "Other", specify**

bcpp\_subject\_uncircumcised.reason\_circ\_other

**6. Would you ever consider being circumcised in the future?**

bcpp\_subject\_uncircumcised.future\_circ

- Yes
- No
- Not Sure

**7. Which of the following might increase your willingness to be circumcised the most?**

bcpp\_subject\_uncircumcised.future\_reasons\_smc

- More information about benefits
- More information about risks
- If there was no or minimal pain with circumcision
- If circumcision could be done close to my home
- If the kgosi recommended circumcision for all men
- If I received time off work to recover from circumcision
- If my sexual partner encouraged me
- If one or both of my parents encouraged me
- If my friends encouraged me
- I am not sure
- Don't want to answer

**8. Were you aware that circumcision services are provided free of charge at most health facilities?**

bcpp\_subject\_uncircumcised.service\_facilities

- Yes
- No
- Don't want to answer

**9. Where did you learn that circumcision services were available free at most health facilities?**

bcpp\_subject\_uncircumcised.aware\_free

- Radio
- Television
- Friend told me
- Family told me
- Health worker told me
- Kgosi told us
- I heard it at the kgotla
- I read a brochure delivered to my home
- I read it in the newspaper
- Heard it at a community event
- I am not sure
- Don't want to answer

## ReproductiveHealth

EdcDocstring: A model completed by the user on the participant's reproductive health.

**Instructions:** This section is to be completed by female participants. SKIP for male participants. Read to Participant: I am now going to ask you questions about reproductive health and pregnancy.

### 1. subject visit

bcpp\_subject\_reproductivehealth.subject\_visit

- dropdown [SubjectVisit]

### 2. How many children have you given birth to? Please include any children that may have died at (stillbirth) or after birth. Do not include any current pregnancies or miscarriages that occur early in pregnancy (prior to 20 weeks).

bcpp\_subject\_reproductivehealth.number\_children

### 3. Have you given birth since we last spoke with you on INSERT DATE?

- Yes
- No

### 4. Have you reached menopause (more than 12 months without a period) since we last spoke with you on (INSERT DATE)?

bcpp\_subject\_reproductivehealth.menopause

- Yes
- No

*This also refers to pre-menopause*

### 5. In the past 12 months, have you used any methods to prevent pregnancy ?

bcpp\_subject\_reproductivehealth.family\_planning select multiple options

- Condoms, consistent use (male or female)
- Condoms, in-consistent use (male or female)
- Injectable contraceptive
- Oral contraceptive
- IUD
- Diaphragm or cervical cap
- Rhythm or menstrual cycle timing
- Withdrawal
- Other, specify
- Don't want to answer
- NOT APPLICABLE

*Check all that apply*

### 5. ...if "Other", specify

bcpp\_subject\_reproductivehealth.family\_planning\_other

### 6. Are you currently pregnant?

bcpp\_subject\_reproductivehealth.currently\_pregnant

- Yes

- No
- Not Sure

**7. Did you become pregnant since the last interview we had with you?**

bcpp\_subject\_reproductivehealth.when\_pregnant

- Yes
- No

**8. At about what gestational age (in weeks) did you start arv's during this (or your last) pregnancy?**

bcpp\_subject\_reproductivehealth.gestational\_weeks

*Gestational age in WEEKS. Among HIV-infected women who took/started ARVs during their last (or current) pregnancy).*

**9. Were you tested for HIV during your most recent (or this current) pregnancy?**

bcpp\_subject\_reproductivehealth.pregnancy\_hiv\_tested

- Yes
- No
- Not applicable

*Among women who were not known to be HIV-infected prior to the last (or current) pregnancy).*

**10. If you tested HIV-negative during the most recent (or this current) pregnancy, were you re-tested for HIV in the last 3 months of your pregnancy or at delivery?**

bcpp\_subject\_reproductivehealth.pregnancy\_hiv\_retested

- Yes
- No
- Not applicable

*if the respondent has reached that point by the time of the current interview.*

## Pregnancy

EdcDocstring: A model completed by the user for pregnant participants.

**Instructions:** Please complete the questions below.

### 1. subject visit

bcpp\_subject\_pregnancy.subject\_visit

- dropdown [SubjectVisit]

### 2. When did you last (most recently) give birth?

bcpp\_subject\_pregnancy.last\_birth

### 3. During your last pregnancy (not current pregnancy) did you go for antenatal care?

bcpp\_subject\_pregnancy.anc\_last\_pregnancy

- Yes
- No
- Don't want to answer

### 4. During your last pregnancy (not current pregnancy) were you tested for HIV?

bcpp\_subject\_pregnancy.hiv\_last\_pregnancy

- Yes
- No
- Not Sure

*If respondent was aware that she was HIV-positive prior to last pregnancy*

### 5. Were you given antiretroviral medications to protect the baby?

bcpp\_subject\_pregnancy.preg\_arv

- Yes, AZT (single drug, twice a day)
- Yes, HAART [multiple drugs like Atripla, Truvada, or Combivir taken once or twice a day]
- I am not sure
- Don't want to answer
- No ARV's

### 6. Have you registered for antenatal care?

bcpp\_subject\_pregnancy.anc\_reg

- Yes
- No, but I will go for antenatal care
- No and I am not planning on going for antenatal care
- Don't want to answer

### 7. When was the first day of your last normal menstrual period?



## Non-Pregnancy

**Instructions:** Please complete the questions below.

### 1. subject visit

bcpp\_subject\_nonpregnancy.subject\_visit

- dropdown [SubjectVisit]

### 2. When did you last (most recently) give birth?

bcpp\_subject\_pregnancy.last\_birth

### 3. During your last pregnancy (not current pregnancy) did you go for antenatal care?

bcpp\_subject\_pregnancy.anc\_last\_pregnancy

- Yes
- No
- Don't want to answer

### 4. During your last pregnancy (not current pregnancy) were you tested for HIV?

bcpp\_subject\_pregnancy.hiv\_last\_pregnancy

- Yes
- No
- Not Sure

*If respondent was aware that she was HIV-positive prior to last pregnancy*

### 5. Were you given antiretroviral medications to protect the baby?

bcpp\_subject\_pregnancy.preg\_arv

- Yes, AZT (single drug, twice a day)
- Yes, HAART [multiple drugs like Atripla, Truvada, or Combivir taken once or twice a day]
- I am not sure
- Don't want to answer
- No ARV's

### 6. Do you wish to have a child now or in the future?

bcpp\_subject\_nonpregnancy.more\_children

- Yes
- No
- Not Sure

## Medical Diagnoses

**Instructions:** annualbaseline

### 1. Subject visit

bcpp\_subject\_medicaldiagnoses.subject\_visit

- dropdown [SubjectVisit]

### 2. Do you recall or is there a record of having any of the following serious illnesses?

bcpp\_subject\_medicaldiagnoses.diagnoses select multiple options

- Heart Disease or Stroke
- Cancer
- Tuberculosis
- STI (Sexually Transmitted Infection)
- Other serious infection
- None

*Tick all that apply*

### 3. Is a record (OPD card, discharge summary) of a heart disease or stroke diagnosis available to review?

bcpp\_subject\_medicaldiagnoses.heart\_attack\_record

- Yes
- No
- Don't want to answer

*Please review the available OPD card or other medical records, for all participants*

### 4. Is a record (OPD card, discharge summary) of a cancer diagnosis available to review?

bcpp\_subject\_medicaldiagnoses.cancer\_record

- Yes
- No
- Don't want to answer

*Please review the available OPD card or other medical records, for all participants*

### 5. Is a record (OPD card, discharge summary, TB card) of a tuberculosis infection available to review?

bcpp\_subject\_medicaldiagnoses.tb\_record

- Yes
- No
- Don't want to answer

*Please review the available OPD card or other medical records, for all participants*

## HeartAttack or Stroke

**Instructions:** Not to Interviewer: This form is to be filled for all participants even if they do not have a record (on hand) of the diagnosis.

### 1. Subject visit

bcpp\_subject\_heartattack.subject\_visit

- dropdown [SubjectVisit]

### 2. Date of the heart disease or stroke diagnosis:

bcpp\_subject\_heartattack.date\_heart\_attack

### 3. [Interviewer:] What is the heart disease or stroke diagnosis as recorded?

bcpp\_subject\_heartattack.dx\_heart\_attack select multiple options

- Myocardial infarction (heart attack)
- Congestive cardiac failure
- Stroke (cerebrovascular accident, CVA)
- Other, specify
- Don't want to answer

*(Tick all that apply)*

### 4. ...if "Other", specify

bcpp\_subject\_heartattack.dx\_heart\_attack\_other

## Cancer

**Instructions:** Not to Interviewer: This form is to be filled for all participant even if they do not have a record (on hand) of the diagnosis.

### 1. subject visit

bcpp\_subject\_cancer.subject\_visit

- dropdown [SubjectVisit]

### 2. Date of the diagnosis of cancer:

bcpp\_subject\_cancer.date\_cancer

### 3. [Interviewer:] What is the cancer diagnosis as recorded?

bcpp\_subject\_cancer.dx\_cancer

- Kaposi's sarcoma (KS)
- Cervical cancer
- Breast cancer
- Non-Hodgkin's lymphoma (NHL)
- Colorectal cancer
- Prostate cancer
- Cancer of mouth, throat, voice box (larynx)
- Cancer of oesophagus
- Other, specify:
- Don't want to answer

## Potentially HIV-related illnesses

**Instructions:** Please complete the questions below.

### 1. subject visit

bcpp\_subject\_sti.subject\_visit

- dropdown [SubjectVisit]

### 2.[Interviewer:]IndicateeachpotentiallyHIV-relatedillnessthat isreportedbytheparticipantand/or recorded in his or her medical records

bcpp\_subject\_sti.sti\_dx select multiple options

- Severe weight loss (wasting) - more than 10% of body weight
- None
- Unexplained diarrhoea for one month
- Yeast infection of mouth or oesophagus
- Severe pneumonia or meningitis or sepsis
- PCP (Pneumocystis pneumonia)
- Herpes infection for more than one month
- Other, specify

*(Tick all that apply)*

### 3. ...if "Other", specify

bcpp\_subject\_sti.sti\_dx\_other

### 4. Wasting diagnosis date

bcpp\_subject\_sti.wasting\_date

*If participant has a record, provide the details on the card. If no card, provide verbal response.*

### 5.Diarrhoea diagnosis date

bcpp\_subject\_sti.diarrhoea\_date

*If participant has a record, provide the details on the card. If no card, provide verbal response.*

### 6. Yeast Infection diagnosis date

bcpp\_subject\_sti.yeast\_infection\_date

*If participant has a record, provide the details on the card. If no card, provide verbal response.*

### 7. Pneumonia diagnosis date

bcpp\_subject\_sti.pneumonia\_date

*If participant has a record, provide the details on the card. If no card, provide verbal response.*

### 8. Date diagnosed with PCP

bcpp\_subject\_sti.pcp\_date

*If participant has a record, provide the details on the card. If no card, provide verbal response.*

### 9. Date diagnosed with herpes

bcpp\_subject\_sti.herpis\_date

*If participant has a record, provide the details on the card. If no card, provide verbal response.*

### 10. Comments

bcpp\_subject\_sti.comments

## Tuberculosis

**Instructions:** Not to Interviewer: This form is to be filled for all participants even if they do not have a record (on hand) of the diagnosis.

### 1. subject visit

bcpp\_subject\_tuberculosis.subject\_visit

- dropdown [SubjectVisit]

### 2. Date of the diagnosis of tuberculosis:

bcpp\_subject\_tuberculosis.date\_tb

### 3. [Interviewer:] What is the tuberculosis diagnosis as recorded?

bcpp\_subject\_tuberculosis.dx\_tb

- Pulmonary tuberculosis
- Extrapulmonary (outside the lungs) tuberculosis
- Other, specify:
- Don't want to answer

### 4. ...if "Other", specify

bcpp\_subject\_tuberculosis.dx\_tb\_other

## TB Symptoms

**Instructions:** Please complete the questions below.

**1. subject visit**

bcpp\_subject\_tbsymptoms.subject\_visit

- dropdown [SubjectVisit]

**2. Does the participant currently have a COUGHthat has lasted for more than 2 weeks?**

bcpp\_subject\_tbsymptoms.cough

- Yes
- No

**3. Inthe last two weeks has the participant had FEVER?**

bcpp\_subject\_tbsymptoms.fever

- Yes
- No

**4. Does the participant currently have ENLARGEDLYMPHNODES?**

bcpp\_subject\_tbsymptoms.lymph\_nodes

- Yes
- No

**5. Inthe last two weeks has the participant COUGHED UP BLOOD?**

bcpp\_subject\_tbsymptoms.cough\_blood

- Yes
- No

**6. Inthe last two weeks has the participant had NIGHTSWEATS?**

bcpp\_subject\_tbsymptoms.night\_sweat

- Yes
- No

**7. Inthe last month has the participant had unexplained WEIGHTLOSS?**

bcpp\_subject\_tbsymptoms.weight\_loss

- Yes
- No

## Hypertension and Cardiovascular Risk

*Administered to participants in community pairs completing T2 regardless of HIV status*

**1. As part of our questions about your health we would like to check your blood pressure and measure your waist and hips. Are you willing to have your blood pressure and body measurements taken today?**

- Yes
- No [if no, skip to next form]

**2. Have you ever been diagnosed with hypertension?**

- Yes
- No

**3. Have you ever taken any of these medications? Tick all that apply:**

- Bisoprolol
- Carvedilol
- Propranolol
- Atenolol
- Enalapril
- Captopril
- Co-Micardis
- Spirinolactone
- Hydrochlorthiazide
- Nifedipine
- Amlodipine
- Furosemide
- Methyldopa
- Doxazosin
- Hydralazine
- Other: \_\_\_\_\_

**3. If yes: Are you still being given this medication (respond for each one ticked):**

- Bisoprolol
- Carvedilol
- Propranolol
- Atenolol
- Enalapril
- Captopril
- Co-Micardis
- Spirinolactone
- Hydrochlorthiazide
- Nifedipine
- Amlodipine
- Furosemide
- Methyldopa
- Doxazosin
- Hydralazine
- Other: \_\_\_\_\_

**4. If yes: Health facility providing care**

- [clinic]
- [primary hospital]
- [district hospital]



- [tertiary hospital]
- [private doctor/hospital]

**For persons who report a prior diagnosis of hypertension and/or receipt of antihypertensive medication (skip logic):**

**5. Have you ever been counselled about salt intake by a health care worker in the past 3 years?**

- Yes
- No

**6. Have you ever smoked tobacco products?**

- Never
- Ever
- Prior
- Current

**7. If yes to any prior smoking of tobacco products, have you been counselled about smoking cessation / not taking up smoking by a healthcare worker in the past 3 years?**

- Yes
- No

**8. Have you ever been counselled about what weight you should aim for by a health care worker in the past 3 years?**

- Yes
- No

**9. Have you ever been counselled about the amount of physical activity (or exercise) to maintain by a healthcare worker in the past 3 years?**

- Yes
- No

**10. Have you ever been counselled about correct alcohol intake by a healthcare worker in the past 3 years?**

- Yes
- No

**11. Have you ever had a blood test for high cholesterol in the past 3 years?**

- Yes
- No
- Don't know

**12. Have you ever had blood test for sugar diabetes in the past 3 years?**

- Yes
- No
- Don't know

*Questions for all participants:*

**13. BP measurement today [Done in seated position, arm at level of the heart, legs not crossed]**

- BP at time 0:
- Right Arm BP 1:
- Left Arm BP 1:
- BP at 5 minutes
- Right Arm BP2:
- Left Arm BP 2:

**14. Waist circumference measurement:**

---

- Waist circumference Measurement today
- Reading 1:
- Reading 2:
  
- Hip circumference measurement today
- Reading 1:
- Reading:

## Quality of Life

**Instructions:** Note to Interviewer: In this section, read the heading (question) and then each of the 5 possible responses for each question. Do not read - Do not want to answer -, but record this if respondent declines to answer. To start, I will ask some questions regarding your overall health. Under each heading, please indicate the ONE statement that best describes your health TODAY.

### 1. subject visit

bcpp\_subject\_qualityoflife.subject\_visit

- dropdown [SubjectVisit]

### 2. Mobility

bcpp\_subject\_qualityoflife.mobility

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about
- Don't want to answer

### 3. Self-Care

bcpp\_subject\_qualityoflife.self\_care

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself
- Don't want to answer

### 4. Usual Activities (e.g. work, study, housework, family or leisure activities)

bcpp\_subject\_qualityoflife.activities

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities
- Don't want to answer

### 5. Pain / Discomfort

bcpp\_subject\_qualityoflife.pain

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort
- Don't want to answer

### 6. Anxiety / Depression

bcpp\_subject\_qualityoflife.anxiety

- I am not anxious or depressed

- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed
- Don't want to answer

**7. We would like to know how good or bad your health is TODAY. This scale is numbered from 0 to 100. 100 means the 'best' health you can imagine. 0 means the 'worst' health you can imagine. Indicate on the scale how your health is TODAY.**

bcpp\_subject\_qualityoflife.health\_today

*Note: Interviewer, please record corresponding number in the boxes. If participant does not want to answer, leave blank*

## Resource Utilization Costs

**Instructions:** Complete this interview with the participant and enter the participant's response for each question. Each question is to be answered by the participant, not the interviewer. Please check only one box for each question. Next, I will ask questions about health care visits over the past three months. Please think about all visits for any health issue, including pregnancy.

### 1. subject visit

bcpp\_subject\_resourceutilization.subject\_visit

- dropdown [SubjectVisit]

### 2. In the last 3 months, have you sought outpatient medical care for yourself? Not including any visits for which you were hospitalized.

bcpp\_subject\_resourceutilization.out\_patient

- Yes
- No
- Refused to answer

IF YES, please enter answers to the following questions, using both participant self-report, as well as review of any available participant medical records:

2a. In the last 3 months, how many times did you seek care at a Government Primary Health Clinic/Post?

2b. Of the [X] times you sought care, how many times were you able to obtain care?

2c. Of the [X] times you sought care, how many times were you seeking care for...

- Routine HIV-related care (such as ART start or refill, routine monitoring) \_\_\_\_
- TB diagnosis or treatment
- Diagnosis or treatment of HIV-related illness other than TB (e.g. ARV toxicity, illness) \_\_\_\_\_
- Pregnancy-related care (antenatal, postnatal care) \_\_\_\_\_
- Injury or accident \_\_\_\_\_
- Chronic disease-related care (e.g. high blood pressure, diabetes, depression) \_\_\_\_
- Cancer care (diagnosis, treatment) \_\_\_\_
- Other (specify) \_\_\_\_\_

2d. For the most recent time that you sought care, were any lab tests ordered? Yes/no

If yes, indicate which of the following were ordered (choose all relevant answers):

- Hematology
- Chemistry
- CD4 count
- HIV-1 RNA (viral load)
- Microbiology

- Radiology
- Pathology
- Other (specify)

2e. For the most recent time that you sought care, were any procedures performed? Yes/no. If yes, describe (text field)

2f. For the most recent time that you sought care, were any medications prescribed? Yes/no

If yes, indicate which of the following were prescribed (choose all relevant answers):

- Antiretroviral medications
- Antituberculosis treatment
- Isoniazid preventive therapy
- Cotrimoxazole prophylaxis
- Antibiotic treatment
- Antihypertensive
- Diabetes treatment
- Prenatal vitamin
- Paracetamol, profen, or other medicine for treating pain
- Other (specify)

2g. For the most recent time that you sought care, were you referred for further evaluation or treatment? Yes/no

If yes, describe what you were referred for, and to whom you were referred.

2h. For HIV-infected participants:

- Date of most recent CD4 count
- Result of most recent CD4 count

**3. In the last 3 months, how many times were you admitted to hospital or other types of inpatient care and stayed one or more nights? This could be a government, private, or church/mission hospital.**

bcpp\_subject\_resourceutilization.hospitalized

**4. In the last 3 months, how much money in total have you spent on medicines for yourself?**

bcpp\_subject\_resourceutilization.money\_spent

**5. Were any of these costs for medicines or special foods covered by anyone else, such as your medical aid or employer?**

bcpp\_subject\_resourceutilization.medical\_cover

- Yes
- No
- Refused to answer

## Outpatient care

Form Status	
For T2 in the 20%	

EdcDocstring: A model completed by the user to capture information about any outpatient care obtained by the participant.

**Instructions:** Please complete the questions below.

### 1. subject visit

bcpp\_subject\_outpatientcare.subject\_visit

- dropdown [SubjectVisit]

### 2. In the last 3 months, did you seek care at a Government Primary Health Clinic/Post? Not including any visits for which you were hospitalized.

bcpp\_subject\_outpatientcare.govt\_health\_care

- Yes
- No
- Refused to answer

### 3. In the last 3 months, did you seek care at a Hospital Outpatient Department, including Govt, private and church/mission hospitals? Not including any visits for which you were hospitalized.

bcpp\_subject\_outpatientcare.dept\_care

- Yes
- No
- Refused to answer

### 4. In the last 3 months, did you seek care from a Private Doctor?

bcpp\_subject\_outpatientcare.prvt\_care

- Yes
- No
- Refused to answer

### 5. In the last 3 months, did you seek care from a Traditional or Faith Healer?

bcpp\_subject\_outpatientcare.trad\_care

- Yes
- No
- Refused to answer

### 6. In the last 3 months, how many total outpatient visits have you to all of the above places?

bcpp\_subject\_outpatientcare.care\_visits

*Note: If participant does not want to answer, leave blank.*

### 7. For the most recent outpatient medical care visit in the past 3 months, which type of facility did you visit?

bcpp\_subject\_outpatientcare.facility\_visited

- Government Primary Health Clinic/Post
- Chemist/Pharmacy
- Hospital Outpatient Department (including government and private)
- Private Doctor
- Traditional or Faith Healer
- No visit in past 3 months
- Don't want to answer

*if 'NOT Government Primary Health Clinic/Post' go to question Q9.*

**8. For this most recent visit to a Government Primary Health Clinic/Post, which clinic did you visit?**

bcpp\_subject\_outpatientcare.specific\_clinic

*Note: If participant does not want to answer, leave blank***9. For this most recent medical care visit, what was the primary reason you sought care?**

bcpp\_subject\_outpatientcare.care\_reason

- HIV-related care, including TB and other opportunistic infections
- Pregnancy-related care, including delivery
- Injuries or accidents
- Chronic disease related care, including high blood pressure, diabetes, cancer, mental illness
- Other
- Don't want to answer
- None

**10. ...if "Other", specify**

bcpp\_subject\_outpatientcare.care\_reason\_other

**11. For this most recent outpatient medical care visit, how much did you have to pay to the healthcare provider, including any medicines?**

bcpp\_subject\_outpatientcare.outpatient\_expense

*If participant has not paid anything for outpatient medical care, please enter 0.00***12. For this most recent outpatient medical care visit, how long did it take you to get to the clinic?**

bcpp\_subject\_outpatientcare.travel\_time

- None
- Under 0.5 hour
- 0.5 to under 1 hour
- 1 to under 2 hours
- 2 to under 3 hours
- More than 3 hours
- Don't want to answer

**13. For this most recent outpatient medical care visit, how much did you have to pay for transport, food and accommodation? [include cost for fuel if using a private car]**

bcpp\_subject\_outpatientcare.transport\_expense

*If participant has not paid anything for outpatient medical care, please enter 0.00***14. For this most recent outpatient medical care visit, were any of these costs covered by anyone else, such as your medical aid or employer?**

bcpp\_subject\_outpatientcare.cost\_cover

- Yes
- No
- Refused to answer

**15. For this most recent outpatient medical care visit, how long did you have to wait before you were seen, from when you arrived at the facility?**

bcpp\_subject\_outpatientcare.waiting\_hours

- None
- Under 0.5 hour
- 0.5 to under 1 hour
- 1 to under 2 hours
- 2 to under 3 hours
- More than 3 hours
- Don't want to answer



## Hospital Admission

**Instructions:** Read to Participant: For the next set of questions please think about times you were admitted to a hospital in the last 3 months

### 1. subject visit

bcpp\_subject\_hospitaladmission.subject\_visit

- dropdown [SubjectVisit]

### 2. How many total nights did you spend in the hospital in the past 3 months?

bcpp\_subject\_hospitaladmission.admission\_nights

*Note: If participant does not want to answer, leave blank*

### 3. What was the primary reason for the most recent hospitalization in the past 3 months?

bcpp\_subject\_hospitaladmission.reason\_hospitalized

- HIV-related care, including TB and other opportunistic infections
- Pregnancy-related care, including delivery
- Injuries or accidents
- Chronic disease related care, including high blood pressure, diabetes, cancer, mental illness
- Other
- Don't want to answer
- None

### 4. For this most recent hospitalization, where were you hospitalized?

bcpp\_subject\_hospitaladmission.facility\_hospitalized

### 5. For this most recent hospitalization, how many nights total did you spend in the hospital?

bcpp\_subject\_hospitaladmission.nights\_hospitalized

### 6. How much did you have to pay to the healthcare provider for the entire stay, including any medicines?

bcpp\_subject\_hospitaladmission.healthcare\_expense

*Pula*

### 7. For this most recent hospitalization, how long did it take you to get to the hospital?

bcpp\_subject\_hospitaladmission.travel\_hours

- None
- Under 0.5 hour
- 0.5 to under 1 hour
- 1 to under 2 hours
- 2 to under 3 hours
- More than 3 hours
- Don't want to answer

### 8. For this most recent hospitalization, how much did you have to pay for transport, food and accommodation, including fuel if you used your own car?

bcpp\_subject\_hospitaladmission.total\_expenses

*Note: If participant does not want to answer, leave blank. Currency is Pula*

### 9. For this most recent hospitalization, were any of these costs covered by anyone else, such as your medical aid or employer?

bcpp\_subject\_hospitaladmission.hospitalization\_costs

- Yes
- No

- 
- Refused to answer

## HIVhealth care costs

**Instructions:** Please complete the questions below.

### 1. subject visit

bcpp\_subject\_hivhealthcarecosts.subject\_visit

- dropdown [SubjectVisit]

### 2. Haveyou ever received HIVrelated medical/clinical care?

bcpp\_subject\_hivhealthcarecosts.hiv\_medical\_care

- Yes
- No
- Refused to answer

### 3. If you have never received HIV related medical/clinical care, why not?

bcpp\_subject\_hivhealthcarecosts.reason\_no\_care

- I am not thinking about HIV related medical/clinical care at this time
- HIV related medical/clinical care for my HIV infection is important to me but I am not ready to start it yet
- I have thought about starting HIV related medical/clinical care but have not yet tried to find a doctor or clinic
- I have found a doctor or clinic for HIV related medical/clinical care but have not yet tried to make an appointment
- I have tried to obtain HIV related medical/clinical care from a doctor or clinic but have not been successful yet
- I have an appointment for HIV related medical/clinical care for my HIV infection but have not been for it yet
- I don't know where to go for HIV related medical/clinical care
- I do not have the money for HIV related medical/clinical care
- Don't want to answer

### 4. Where do you receive most of your HIV related health care?

bcpp\_subject\_hivhealthcarecosts.place\_care\_received

- None
- Government dispensary
- Government health center
- Government hospital
- Christian/mission health center
- Islamic health center
- Private health center for all illnesses
- Private health center for HIV/AIDS
- Mobile services
- Plantation health center
- NGO clinic
- Don't want to answer

### 5. In the past 3 months, how many times did you have clinic visits to see a health care worker, a nurse, or doctor?

bcpp\_subject\_hivhealthcarecosts.care\_regularity

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times

- 6-10 times
- More than 10 times
- Don't want to answer

*Do not include medicine re-fill visits.*

**6. In the last 3 months, how often did someone take you to the doctor?**

bcpp\_subject\_hivhealthcarecosts.doctor\_visits

- All of the time (always)
- Most of the time (almost always)
- Some of the time (sometimes)
- Almost none of the time (rarely)
- None of the time (never)
- Don't want to answer

## LabourMarket & LostWages

**Instructions:** Please complete the questions below.

### 1. subject visit

bcpp\_subject\_labourmarketwages.subject\_visit

- dropdown [SubjectVisit]

### 2. Are you currently employed?

bcpp\_subject\_labourmarketwages.employed

- Yes, In the government sector
- Yes, in the private sector
- Yes, self-employed working on my own
- Yes, self-employed with own employees
- No, not working
- Don't want to answer

### 3. What is your primary occupation?

bcpp\_subject\_labourmarketwages.occupation

- Farmer (own land)
- Farm worker (work on employers land)
- Domestic Worker
- Work at Tavern/Bar/Entertainment Venue
- Mining
- Tourism/game parks
- Informal vendors
- Commercial sex work
- Transport (e.g., trucker)
- Factory worker
- Informal vendors
- Clerical and office work
- Small business/shop work
- Professional
- Fishing
- Uniformed services
- Other, specify:
- Don't want to answer

*main source of income.*

### 4. ...if "Other", specify

bcpp\_subject\_labourmarketwages.occupation\_other

### 5. In the past 3 months, how many times have you changed your job? For example, changed your type of work or your employer.

bcpp\_subject\_labourmarketwages.job\_description\_change

*Note: Enter number of times. If participant does not want to answer, leave blank*

### 6. In the past month, how many days did you work?.

bcpp\_subject\_labourmarketwages.days\_worked

*Note: Enter number of times. If participant does not want to answer, leave blank*

### 7. In the past month, what was your income?

bcpp\_subject\_labourmarketwages.monthly\_income

- No income

- 1-199 pula
- 200-499 pula
- 500-999 pula
- 1000-4999 pula
- 5000-10,000 pula
- More than 10,000 pula
- Don't want to answer

**8. How were you paid for your work?**

bcpp\_subject\_labourmarketwages.salary\_payment

- Fixed salary
- Paid daily
- Paid hourly
- Don't want to answer

**9. In the past month, what was the income of your household?**

bcpp\_subject\_labourmarketwages.household\_income

- None
- 1-200 pula
- 200-499 pula
- 500-999 pula
- 1000-4999 pula
- 5000-10,000 pula
- 10,000-20,000 pula
- More than 20,000 pula
- I am not sure
- Don't want to answer

**10. If you are not currently doing anything to earn money, then are you:**

bcpp\_subject\_labourmarketwages.other\_occupation

- None
- Studying
- Doing housework
- Looking for work
- Doing nothing (not looking for paid work)
- Retired/old age
- Pregnant or recently pregnant
- Sick or injured
- Other, specify:
- Don't want to answer

**11. ...if "Other", specify**

bcpp\_subject\_labourmarketwages.other\_occupation\_other

**12. Do you receive any government grant for yourself or on behalf of someone else?**

bcpp\_subject\_labourmarketwages.govt\_grant

- Yes
- No
- Refused to answer

**13. In the past month, how many nights did you spend away from home?.**

bcpp\_subject\_labourmarketwages.nights\_out

*Note: Enter number of nights. If participant does not want to answer, leave blank*

**14. In the last 12 months, have you spent more than 2 weeks away?**

bcpp\_subject\_labourmarketwages.weeks\_out

- Yes
- No
- Refused to answer

**15. How many days have you been prevented from working because of sickness or visits to seek healthcare in the last 3 months.**

bcpp\_subject\_labourmarketwages.days\_not\_worked

*Note: Enter number of days including zero. If participant does not want to answer, leave blank***16. How many days have you been prevented by illness from doing the things you normally do (studying, housework etc.) because of sickness or visits to seek healthcare in the last 3 months?**

bcpp\_subject\_labourmarketwages.days\_inactive

*Note: Enter number of days including zero. If participant does not want to answer, leave blank*

## Today's HIVResult

**Instructions:** Please complete the questions below.

### 1. subject visit

bcpp\_subject\_hivresult.subject\_visit

- dropdown [SubjectVisit]

### 2. Today's HIVtest result

bcpp\_subject\_hivresult.hiv\_result

- HIV Positive (Reactive)
- HIV Negative (Non-reactive)
- Indeterminate
- Participant declined testing
- Test could not be performed (e.g. supply outage, technical problem)

*If participant declined HIV testing, please select a reason below.*

### 3. Today's HIV test result date and time

bcpp\_subject\_hivresult.hiv\_result\_datetime

### 4. What type of blood was used for the test

bcpp\_subject\_hivresult.blood\_draw\_type

- Capillary
- Venous
- Not applicable

### 5. If capillary, is the volume less than 350uL?

bcpp\_subject\_hivresult.insufficient\_vol

- Yes
- No
- Not applicable

*Note: if capillary blood and less than 350uL, an additional venous blood draw is required. Question only asked to HIV positive participants*

### 6. What was the main reason why you did not want HIV testing as part of today's visit?

bcpp\_subject\_hivresult.why\_not\_tested

- None
- I already knew I am HIV positive
- I recently tested (I know my status)
- I didn't believe I was at risk of getting HIV
- I am afraid to find out the result
- I am afraid of what others would think of me
- Family/friends did not want me to get an HIV test
- I didn't have time due to work
- I didn't have time due to family obligations
- My sexual partner did not want me to get an HIV test
- I am not sure
- Don't want to answer

*Note: Only asked of individuals declining HIV testing during this visit.*



## Elisa's HIVResult

**Instructions:** Please complete the questions below.

### 1. subject visit

bcpp\_subject\_elisahivresult.subject\_visit

- dropdown [SubjectVisit]

### 2. HIVtest result from the Elisa

bcpp\_subject\_elisahivresult.hiv\_result

- HIV Positive (Reactive)
- HIV Negative (Non-reactive)

### 3. HIV test result from the Elisa date and time

bcpp\_subject\_elisahivresult.hiv\_result\_datetime

## PIMACD4 count

**Instructions:** Please complete the questions below.

**1. subject visit**

bcpp\_subject\_pima.subject\_visit

- dropdown [SubjectVisit]

**2. Was a PIMACD4 done today?**

bcpp\_subject\_pima.pima\_today

- Yes
- No

**3. If no PIMA CD4 today, please explain why**

bcpp\_subject\_pima.pima\_today\_other

- Participant Declined
- Multiple PIMA malfunction
- Failed Blood Collection
- Other, specify:

**4. ...if "Other", specify**

bcpp\_subject\_pima.pima\_today\_other\_other

**5. PIMA CD4 machine ID?**

bcpp\_subject\_pima.pima\_id

*type this id directly from the machine as labeled*

**6. PIMA CD4 count**

bcpp\_subject\_pima.cd4\_value

**7. PIMA CD4 Date and time**

bcpp\_subject\_pima.cd4\_datetime

## Subject Referral

**Instructions:** Please complete the questions below.

### 1. subject visit

bcpp\_subject\_subjectreferral.subject\_visit

- dropdown [SubjectVisit]

### 2. ReportDate

bcpp\_subject\_subjectreferral.report\_datetime

*If reporting today, use today's date/time, otherwise use the date/time this information was reported.*

### 3. subject referred

bcpp\_subject\_subjectreferral.subject\_referred

- Yes, subject has been handed a referral letter
- No, subject has not been handed a referral letter
- Subject refused referral the referral letter

### 4. Previously scheduled clinic appointment date in this BHS community

bcpp\_subject\_subjectreferral.scheduled\_appt\_date

*Use the IDCC date. If subject is pregnant, use the ANC date instead of the IDCC date. If the subject does not have a scheduled appointment, leave blank*

### 5. Reason for not attending suggested appointment date

bcpp\_subject\_subjectreferral.referral\_appt\_comment

- not applicable
- have another commitment
- prefer another health facility than the local clinic
- prefer to come on my own convenient time
- have to think about it
- need time to accept my HIV status
- have already registered with ANC and have another appointment
- personal reasons

*If subject is unsure about attending the suggested appointment date, indicate the reason.*

### 6. Comment

bcpp\_subject\_subjectreferral.comment

**IMPORTANT:** Do not include any names or other personally identifying information in this comment