

LABLITE PROJECT

POPULATION BASED SURVEY QUESTIONNAIRE

In Lira Kato sub-county, Agago District, Uganda.

Individual questionnaire

Section A: Identification

- A1 Name of interviewer _____
Nying lapeny peny
- A2 Interviewer code: INT
Alama pa lapeny peny
- A3 Date of interview DINT
Nino dwe me peny
- A4 Time interview begins: TINTBEG
Cawa ma peny ocake kwede
- A5 Village number VNO
Nama me caro
- A6 Household number HNO
Nama me ot
- A7 Name of Participant _____ NAMEC
Nying lagam peny
- A8 Participant's identity number IDNO
Lanyut pa lagam peny

Section B: Socio-demographic characteristics of the participant

NGEC IKOM LA GAM PENY

- B1 Estimated date of birth day month year DOB
Nino me nywal

B2 Sex 1 = male, 2= female **SEX**
Nywal li

B3 Are you in full-time education? Yes = 1, No = 2 **FTED**
I tye ka kwan kom bedi?

B4 What is your highest level of education? **EDUCL**
Kwan ni ma tut ogik iyi adi?

- None (1)
- Pre-primary (2)
- Some primary (3)
- Completed primary (4)
- Some secondary (5)
- Completed secondary (6)
- Higher education (7)
- Vocational (8)
- Don't know (9)

B5 What is your source of livelihood? **LIVELHD**
Ngo ma in itimo me kwo?

- Livestock farmer (1)
- Craftsperson (2)
- Mechanic (3)
- Brick maker (4)

- Subsistence crop/ vegetable cultivator (5)
- Cash crop grower (6)
- Civil servant (7)
- Alcohol brewing (8)
- Tailor (9)
- Miller (10)
- Petty / retail business (11)
- Boda boda cyclist (12)
- Other (13) *specify:* _____

B6 Do you earn a monetary income from this livelihood?

Inwongo cente mo ikom tic me kwo ni?

Yes = 1, No = 2

MINCOME

B7 What is your current partnership?

MSTATUS

Kunyoni kwo ni ma calo dako onyo laco tye ni ning?

- Married (1)
- Living with partner as if married (2)
- Never married (3)
- Widow/widower (4)
- Separated/divorced (5)

B8 If married or living with partner as if married, is your spouse/partner living with you now or staying elsewhere?

Ka inyome onyo itye ka kwo calo jo ma onyome, dako ni onyo cwari tye ka bedo kwedi kombedi onyo tye ka bedo kamo kene?

Yes living with you = 1, No, living elsewhere = 2 **STAYPART**

B9 For men who are married or living with a partner as if married: how many wives/partners do you have who live with you?

Pi coo ma gu nyome onyo tye ka bedo ki lawote calo joo ma: itye ki mon adi ma gitye ka bedo kwedi?

Number **NUMPART**

Section C: Health care (YOT KOME).

C1 When you have fever, where do you normally go for medical care? **FEVERFAC**

Ka itye ki lyeto pol kare i ceto kwene ka nongo yat?

(select one)

- Kalongo mission hospital (1)
- Private local clinic (2)
- Patongo HC IV (3)
- Traditional healers (4)
- Lira Kato HC III (5)
- Other hospital/health centre (6) *specify:* _____
- Herbalists (7)
- Other (8) *specify:* _____

C2 Does seeking this medical care in C1 require you to pay any fees?

Nongo kony me yat magi mite ni i cul pire?

Yes = 1, No = 2

HCFEES

If yes, how much did you pay at your last visit? Shs

HCSHS

Ka eyo, cente adi ma i culu i lim mi me agiki?

C3 What distance in kilometres do you usually have to travel to the facility?

Iwoto boo piny ma rom mene me oo i ot yat en nuni iyi km?

<input type="text"/>	<input type="text"/>	<input type="text"/>	Km
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DISTHC

C4 How long (hours, minutes) does it take you to get to the facility, receive medical care, and return to your home?

Cwali kare ma rom mene(cawa/dekika) me oo i ot yat nongo kony me yat ki dwogo gang?

<input type="text"/>	<input type="text"/>	hours
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HRSHC

<input type="text"/>	<input type="text"/>	minutes
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MINSHC

C5 What mode of transport do you usually use to get to the facility?

TRHC

Kit gin wot mene ma pol kare itiyo kwede me oo i ot yat?

(select one)

- | | | |
|-----------------------|--------------------------|---------------------------|
| Own bicycle | <input type="checkbox"/> | (1) |
| Bicycle taxi | <input type="checkbox"/> | (2) |
| Own motor bike | <input type="checkbox"/> | (3) |
| Motorbike taxi | <input type="checkbox"/> | (4) |
| Bus | <input type="checkbox"/> | (5) |
| Special hire taxi/cab | <input type="checkbox"/> | (6) |
| Borrowed bicycle | <input type="checkbox"/> | (7) |
| On foot | <input type="checkbox"/> | (8) |
| Other | <input type="checkbox"/> | (9) <i>specify:</i> _____ |

C6 Do you suffer from any of the following conditions; High Blood Pressure, Diabetes or sugar diseases, Arthritis, Asthma, Heart attack, or any other heart disease?

Itye ki peko me two egi ni; Pressure, two cukari, arem me kom, Asthma,two adunu, /kit two cwiny mo?

1=yes,2=no,3=don't know

CHRONIC

If yes where do you usually access care?

HCACC

Ka eyo pol kare i nongo kony me yat ki kwene?

(select one)

- Kalongo mission hospital (1)
- Private local clinic (2)
- Patongo HC IV (3)
- Traditional healers (4)
- Lira Kato HC III (5)
- Other hospital/health centre (6) *specify:* _____
- Herbalists (7)
- Other (8) *specify:* _____

C7 What was the last serious sickness you had which required medical care in the last 12 months?

ILL

Two mene ma oyeli me agiki marac ma oweko inongo kony me yat?

(select one)

- Malaria (1)
- Diabetes M/sugar (2)
- High blood pressure/hypertension (3)
- Heart disease (4)
- Tuberculosis (5)
- None (6)
- Other (7) *specify:* _____

If C7 is NONE then skip to C9

C8 Where did you go for medical care for that illness? **CAREILL**
Ka kwene ma iceto ka nongo yat pi two enoni?

(select one)

- Kalongo mission hospital (1)
Private local clinic (2)
Patongo HC IV (3)
Traditional healers (4)
Lira Kato HC III (5)
Other hospital/health centre (6) *specify:* _____
Herbalists (7)
Other (8) *specify:* _____

C9 Has illness kept you away from your normal work for at least a month in the last one year?
Two ogengi tic ci majwir ma romo pi dwe acel ikin maka acel ma okato ni?

Yes = 1, No = 2

AWAYILL

C10 How long have you spent away from work in the last month as a result of ill health?
I bedo pi kare ma rom mene labongo tic i dwe ma okatoni ma lube ki two ni?

number of days

DAYSILL

C11 Have you had to sell any assets to pay for health care for you or any member of your family in the last 3 months?

Tika dong i cato jami ni ma pire tek me culu pi two ni onyo pa nget mo ma i gangi ikine ka dwe adek ma okato ni?

Yes = 1, No = 2

SELLTOILL

C12 Have you had to borrow money from the community to pay for health care for you or your family in the last 3 months?

Tika dong i deno cente ki ikin gang me culu pi two ni onyo pa ngat mo ma igangi ikine ka dwe adek ma okato ni?

Yes = 1, No = 2

OWETOILL

If yes, have you since repaid this money? Ka eyo, tika dong i culu?

Yes = 1, No = 2

PAIDTOILL

C13 How many times have you visited each of the following health facilities for health care in the last 3 months? Tyen adi ma dong i limo odi yadi egini me nongo kony me yat i kine ka dwe adek ma okato ni?

(Answer for each facility)

Kalongo mission hospital	<input type="text"/> <input type="text"/> number of times/0=none	KAL
Private local clinic	<input type="text"/> <input type="text"/> number of times/0=none	PRIVATE
Patongo HC IV	<input type="text"/> <input type="text"/> number of times/0=none	PAT
Traditional healers	<input type="text"/> <input type="text"/> number of times/0=none	TRAD
Lira Kato HC III	<input type="text"/> <input type="text"/> number of times/0=none	LIRAK
Other hospital/health centre	<input type="text"/> <input type="text"/> number of times/0=none	PUBLIC
Herbalists	<input type="text"/> <input type="text"/> number of times/0=none	HERB
Other	<input type="text"/> <input type="text"/> number of times/0=none	OTHTI

Section D: HIV Knowledge and Prevention

(Ngec ikom kwidi me two jonyo ki yo me gengo)

D1 Have you heard of HIV or AIDS? Yes = 1, No = 2. **KNOWHIV**

Tika dong i winyo pi kwidi me two jonyo onyo two jonyo?

D2 A lot of things have been said about ways of transmitting HIV/AIDS; through which of the following ways do you think HIV/AIDS can be transmitted? Jami ma pol dong ki Waco ikom kit ma kwidi me two jonyo kobo kwede; kit yoo mene ma itamo ni kwidi me two jonyo twero kobo kwede?

Read the list to respondent and code 1=Yes, 2= No, 3=don't know/not sure

- | | | |
|--|--------------------------|------------------|
| Having sex with someone who looks healthy | <input type="checkbox"/> | REASAIDS1 |
| Mosquito/or other insect bites | <input type="checkbox"/> | REASAIDS2 |
| Bewitchment/curses or other supernatural means | <input type="checkbox"/> | REASAIDS3 |
| Sharing food with a person who has the HIV | <input type="checkbox"/> | REASAIDS4 |
| Having sex with someone without a condom | <input type="checkbox"/> | REASAIDS5 |

D3 Do you practise any HIV prevention methods? In ilubu kit yoo mo me gwoke ki two jonyo?

Yes = 1, No = 2, 9 = N/A **PREVHIV**

D4 Which of these HIV prevention practices have you used? Kit yoo mene me gwoke ki two jonyo ma i tiyo kwede?

Read the list to respondent and code each

- | | | | |
|---|--------------------------|-------------------------|----------------|
| Abstinence | <input type="checkbox"/> | 1=yes,2=no,3=don't know | ABST |
| Faithfulness | <input type="checkbox"/> | 1=yes,2=no,3=don't know | FAITH |
| (Limiting sexual intercourse to one uninfected partner) | | | |
| Condom use | <input type="checkbox"/> | 1=yes,2=no,3=don't know | COND |
| Circumcision | <input type="checkbox"/> | 1=yes,2=no,3=don't know | CIRC |
| Other specify | <input type="checkbox"/> | 1=yes,2=no,3=don't know | OTHPREV |

specify: _____

If not used any method above reason for not using? Ka pe otiyo ki yoo moo keken ikin ma malo ni nong pingo ne?

Read the list to respondent and code each

Religious beliefs	<input type="checkbox"/>	1=yes,2=no,3=don't know	REASNUSE1
My partner does not like condoms	<input type="checkbox"/>	1=yes,2=no,3=don't know	REASNUSE2
Cannot afford condoms	<input type="checkbox"/>	1=yes,2=no,3=don't know	REASNUSE3
I cannot stay with one partner only	<input type="checkbox"/>	1=yes,2=no,3=don't know	REASNUSE4
I cannot abstain	<input type="checkbox"/>	1=yes,2=no,3=don't know	REASNUSE5
Other specify	<input type="checkbox"/>	1=yes,2=no,3=don't know	REASNUSE6

specify: _____

D5 Can the HIV be transmitted from the following?

Tika kwidi me two jonyo twero kobo iyo magi?

Mother to child during pregnancy	<input type="checkbox"/>	1=yes,2=no,3=don't know	MTCT1
Mother to child during delivery	<input type="checkbox"/>	1=yes,2=no,3=don't know	MTCT2
Mother to child during breastfeeding	<input type="checkbox"/>	1=yes,2=no,3=don't know	MTCT3

If any yes on MTCT, how can one reduce the risk of transmission from mother to child?

Ka mo tye eyo ki i MTCT, Ngat mo twero dwoko kero me kobo pa two jonyo ninig bot latin?

<input type="checkbox"/>	1=By taking special drugs during pregnancy	PMTCT1
	2=Don't know/not sure	

D6 Can you please tell me where one can get information on prevention of HIV in this parish?

Iromo wac ca kama ngat mo romo nwongo ngec ikom kit me gwoke ki kwidi two jonyo ite mukumu ni?

Read the list and code each 1=Yes, 2= No, 3=don't know/not sure

Govt/mission health unit	<input type="checkbox"/>	INFOR1
Private clinic	<input type="checkbox"/>	INFOR2

Family planning office	<input type="checkbox"/>	INFOR3
Pharmacy / drug shop	<input type="checkbox"/>	INFOR4
Retail shop	<input type="checkbox"/>	INFOR5
Bar	<input type="checkbox"/>	INFOR6
Schools	<input type="checkbox"/>	INFOR7
Other	<input type="checkbox"/> Specify: _____	INFOR8

D7 How many partners have you had sex with without a condom in the last 3 months?
 I butu ki luwoti adi labongo tic ki roc bol ikine me dwe adek angec?
 number NCOND

Section E: Antenatal Care (Pregnancy and child birth). THIS SECTION IS FEMALES ONLY

E1 Have you ever been pregnant? Yes = 1, No = 2. PREG
 In dong iyac?

If no, go to section F

E2 How many times have you ever become pregnant, including abortions and miscarriages/stillbirths?
 Dong iyac tyen adi, ii oony tyen adi onyo obale onyo inywalo ma oto?
 times PREG1

E3 How many births have you had (include still and live births but not miscarriages or abortions)?
 Dong inywalo odok otino adu? (Jo akwo kede en otoo) Ikare me nywal.

number

BIRTH1

IF NONE SKIP TO SECTION F

E4 What was the outcome of the last birth? Adwogi me yacu no obedo ninig?

Still birth = 1, Live birth = 2

PREGOUTC

If live birth has your child had measles vaccinations in the first year of his/her life?

Ka latin makwo dong i gwero latin ni pi two anyoo imwaka ne me acel?

Yes = 1, No = 2, 3= Don't know/cannot remember, 4=child<1year.

MSVACC

If yes, where did you access this service?

MEASACC

Ka eyo, inongo kony ma ki kwene?

Kalongo mission hospital (1)

Private local clinic (2)

Patongo HC IV (3)

Traditional healers (4)

Lira Kato HC III (5)

Other hospital/health centre (6) *specify:* _____

Herbalists (7)

Other (8) *specify:* _____

E5 In what month and year did you have your last birth?

Nywal li me agiki obedo i mwaka mene ki dwe mene?

month

MTHPREG

year

YRPREG

WE ARE NOW GOING TO ASK A SERIES OF QUESTIONS RELATING TO THIS LAST BIRTH.

KOM BEDI DONG WA BI PENYI LAPENY MA DWONG MA LUBE KI NYWALI ME AGIKI.

If before 2008 skip rest of section go to F

E6 Did you attend antenatal clinic during the pregnancy leading to your last birth?
Ipime iyaco ni ma inywal kede me agiki ni?

Yes = 1, No = 2, 9 = Don't know.

ANC

IF NO GET REASON AND SKIP TO SECTION F

Ka mapud pi 2008 kal lapeny mogo ni weng wa i F

If no, What was the main reason you did not attend antenatal clinic?

REASANC

Ka ku, pi ngo pe ipime?

Clinic too far (1)

Had no money (2)

Had no time (3)

Not aware had to attend (4)

Did not want to attend (5)

Other (6) *specify:* _____

E7 How many months pregnant were you when you first attended ANC during the pregnancy leading to your last birth?

I cako pime ki dwe adi iyaco ni ki nywal ma agiki ni?

months

MTHANC1

E8 How many times did you attend antenatal clinic during the pregnancy leading to your last birth?
Ipime tyen adi iyaco ni ki nywal ma agiki ni?

times

NUMANCV1

E9 Where did you usually attend antenatal clinic? **ANCFAC**

Pol kare ipime kwene?

- Kalongo mission hospital (1)
- Private local clinic (2)
- Patongo HC IV (3)
- Lira Kato HC III (4)
- Other hospital/health centre (5) *specify:* _____

E10 Did you pay fees to attend antenatal clinic? I culu cul mo me pime?

Yes = 1, No = 2, 3 = Don't know. **ANCFEES1**

If yes, how much did you pay for each visit to the antenatal clinic? Ka eyo, i culu ciling adi pi pime acel acel?

Shs. **ANCSHS**

E10 Were you tested for the HIV virus as part of your antenatal care?

Tika ki pimi pi two jonyo ikare me pime?

Yes = 1, No = 2, 8= Don't know/cannot remember. **ANCTEST1**

If Yes, go to E11 (Ka eyo ceti i E11)

If no, were you offered a test for the HIV virus as part of your antenatal care? Ka ku, tika ki pimi pi kwidi me two jonyo calo dul me pime ni?

Yes = 1, No = 2, 8= Don't know/cannot remember. **ANCTEST2**

If yes to offered a test **ie ANTEST2**, (GET REASON WHY AND SKIP TO SECTION F) why did you not take the test? **REASTEST2**

Ka eyo ma onongo kony me pime iye ANTEST2, (Nong pingone ci ikal i F) Pi ngo pe ipime?

(select one)

I don't want to know my HIV results (1)

- I fear being tested for HIV (2)
- I am not at risk (3)
- Counseling offices are too far (4)
- There is no need (5)
- I'm not interested (6)
- I've never thought about it (7)
- Other (8) *specify:* _____

E11 If you had an HIV test done as part of your antenatal care, where was the test done?
 Ka ki pimi pi kwidi me tyo jonyo ikare me pime ni otime ki kwene?

ANCTFAC

(select one)

- Kalongo mission hospital (1)
- Private local clinic (2)
- Patongo HC IV (3)
- Lira Kato HC III (4)
- Other hospital/health centre (5) *specify:* _____

E12 When was the test done? Ki pimi awene?

month
 year

MTHATEST

YRANTEST

Check If done at ANC (E9 and E11 same) clinic ignore question below on distance SKIP TO E16

Ngii ka kitimo i ANC (E7 ki E11 rom) kilinic wek lapeny ma pinyi ci ikale i E16

E13 What distance in kilometres did you have to travel to the facility that did your HIV test?
 Iwoto boo piny ma rom mene iyi (km) me oo kama inong kony me pime pi kwidi two jonyo?

km

DISTANC

E14 How long (hours, minutes) did it take you to get to the facility, to have an HIV test medical care, and return to your home? Ocwali kare marom mene (cawa, dekada) me oo i ot yat, pime pi kwidi me two jonyo ki dwogo gang?

hours

HRSANC

minutes

MINSHC1

E15 What mode of transport did you use to get to the facility?

TRANC

Itiyo ki gin wot ango?

(select one)

Own bicycle (1)

Bicycle taxi (2)

Own motor bike (3)

Motorbike taxi (4)

Bus (5)

Special hire taxi/cab (6)

Borrowed bicycle (7)

On foot (8)

Other (9)

specify: _____

E16 Did you get the result of the test? Inongo adwoki me pime ni?

Yes = 1, No = 2

GETRES

If No, (GET REASON WHY AND SKIP TO SECTION F) why did you not get the result? Ka ku, (nong tyen lok ke ci kale i SECTION F) pi ngo pe igamo adwoki me pime ni?

REASNRES

I didn't want to know my HIV results (1)

- I feared being tested for HIV (2)
- I was not at risk (3)
- Counseling offices were too far (4)
- There was no need (5)
- I was not interested (6)
- I've never thought about it (7)
- Other (8) *specify:* _____

If yes, what was the result of the test? ka eyo, adwoki ne obedo ninig?

Positive = 1, Negative = 2, 3=Refused to answer **PREGRES**

If positive, following this test were you referred to a health facility for HIV care for your own health? Ka tye, ma lube ki pime eni tika ki cwali i ot yat pi nongo kony pi kwidi me two jonyo pi yot komi?

Yes = 1, No = 2 **ANREFER**

If negative, have you had another test since this one?

Ka ku, tika dak inongo pime mukene inge eni?

Yes = 1, No = 2 **OTHTEST**

IF NO STOP, (ka ku gik kany,)

IF YES SKIP TO SECTION F, QUESTION 2 (ka eyo cet i section f, lapeny me 2)

PLEASE ONLY ASK IF TESTED POSITIVE(E16) AND LIVE BIRTH (E9)

PENY KEKEN KA KIPIMO KI NONGO TYE KI KWIDI ME TWO JONYO (E16) DOK ONYWALO LATIN MA KWO (E9)

E17 If positive (including women who had previously tested positive): During the pregnancy or during labour and delivery, were you offered anti-retroviral medicines (ARVs) to reduce the risk of

passing on the AIDS virus to your unborn baby?

Ka tye (wa mon ma con ma tye ki two jonyo): ikare me yacu, arem ki nywali , ki mini yat
lagin me dwoko kero me kobo pa kwidi two jonyo ikom latin ma iyic?

Yes = 1, No = 2

OFFMTCT

If yes, did you take the drugs? Ka eyo, i mwunyu yat te?

Yes = 1, No = 2

ARTMTCT

E18 Was your baby also given treatment to prevent HIV infection? Latin ni bene ki mine yat me
genko kwidi me two jonyo?

Yes = 1, No = 2

ARTTOBABY

FOR WOMEN WHO TESTED POSITIVE SKIP TO SECTION G

Pi mon ma dong tye ki kwidi me two jonyo cet i G

Section F: HIV TESTING AND UPTAKE OF SERVICES.

Can skip all this section for women who've already reported testing positive under ANC questions

F1 Have you ever taken an HIV test? In dong tika i pime pi kwidi me two jonyo?

Yes = 1, No = 2, 3 = Refused to answer

EVERTEST

If not, collect reason then stop interview

REASNT1

Ka ku, nong tyen lok ke ci juk lapeny

(select one)

I don't want to know my HIV results (1)

I fear being tested for HIV (2)

I am not at risk (3)

Counseling offices are too far (4)

There is no need (5)

I'm not interested (6)

I've never thought about it (7)
 Other (8) *specify:* _____

F2 When was the last time you were tested? Ipime me agiki awene?

month **MTHTES**

year **YRTEST**

Month and year if within the last 2 years OR year if more than 2 years ago

F3 Where did you have your most recent test? **RECTEST**

Kwene ma ipime iye me agiki?

(select one)

- Kalongo mission hospital (1)
- Private local clinic (2)
- Patongo HC IV (3)
- Traditional healers (4)
- Lira Kato HC III (5)
- Other hospital/health centre (6) *specify:* _____
- Herbalists (7)
- Other (8) *specify:* _____

F4 Did you have to pay for the test? Iculu cul mo pi pime?

Yes = 1, No = 2 **PAIDTEST**

If yes, how much did you pay for the test in Shillings? Ka eyo, i culu cente adi?

Shs. **TESTCOST**

F5 What distance in kilometres did you have to travel to the facility?
I woto boo piny ma rom mene i (km) me oo i ot yat?

<input type="text"/>	<input type="text"/>	<input type="text"/>	Km
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DISTEST

F6 How long (hours, minutes) did it take you to get to the facility for an HIV test, have an HIV test, and return to your home? Ocwali kare marom mene (cawa, dekika) me oo i ot yat, pime pi kwidi me two jonyo ki dwogo gang?

<input type="text"/>	<input type="text"/>	hours
<input type="text"/>	<input type="text"/>	minutes

HRSTEST

MINSTEST

F7 What mode of transport did you use to get to the facility?

TRTEST

Itiyo ki gin wot ango me oo i ot yat?

(select one)

- Own bicycle (1)
- Bicycle taxi (2)
- Own motor bike (3)
- Motorbike taxi (4)
- Bus (5)
- Special hire taxi/cab (6)
- Borrowed bicycle (7)
- On foot (8)

Other (8) **specify:** _____

F8 Did you receive your HIV test results? Inongo adwoki me pime ni?

Yes = 1, No = 2, 3= Refused to answer

RECTRES

If no, why not? IF NO GET REASONS AND STOP HERE

REASNTR1

Ka ku pi ngo, ka ku nong tyen lok ke ci i gik kany

(select one)

- I changed my mind (1)
- Results did not come back (2)
- I already knew my HIV results (3)
- Counseling offices were too far (4)
- Results took too long, became irrelevant (5)
- Other (6) *specify:* _____

If yes, what was the result of the test?

Positive = 1, Negative = 2, 3= Refused to answer

TESTRES

IF NEGATIVE STOP HERE

KA PEKE KI TWO GIK KO

Section G: HIV POSITIVES.

G1 Have you ever enrolled in HIV care, for treatment with Septrin or ART?

Tika dong I coo ne pi kony me kwidi two jonyo, nwongo yat septrin onyo lagiin?

Yes = 1, No = 2

ENROLHIV

If never attended a health facility for HIV care, why not? **ie IF NEVER ATTENDED GET REASON AND STOP HERE** (Ka pud piya i oo i ot yat pi nwongo kony pi kwidi me two jonyo, nong pingo ne ci gik kany)

REASNENR1

(select one)

Transport costs (1)

- Lack of drugs (2)
- Stigma (3)
- Copayments/user fees (4)
- Never referred to a health facility (5)
- I feel healthy (6)
- Other (7) *specify:* _____

G2 When did you last attend a health facility for HIV care? Ki pimi me agiki awene?

<input type="text"/> <input type="text"/>	month	MTHHIVC
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	year	YRHIVC

G3 Have you attended a health facility for HIV care in the last 12 months?

Tika I nwongo kony me ot yat ikom kwidi mw two jonyo ikine me dwe apararyo ni?

Yes = 1, No = 2 **HIVC12M**

If no, why not? ie IF NO, GET REASONS AND STOP HERE

REASNATT1

Ka ku, pi ngo, nwong pi ngo ne ci gik lapeny

- Transport costs (1)
- Lack of drugs (2)
- Stigma (3)
- Co-payments/user fees (4)
- Other (5) *specify:* _____

G4 Name of facility where you currently receive care?

HFAC12

Ot yat mene ma kunyoni i nwongo iye kony me yat?

- Lira kato HC III (1)
- Patongo HC IV (2)
- Kalongo mission hospital (3)
- Other** (4) *specify:* _____

G5 At your last visit to this health facility did you have to pay fees?

Ilim mi ma agiki i ot yat i culu cente moo?

Yes = 1, No = 2

HIVCFEES

If yes, how much did you pay in Shillings? Ka eyo,i culu cente adi?

Shs.

HIVCCOST

G6 What distance in kilometres do you have to travel to this health facility to receive HIV care?

I woto boo piny ma rom mene i (km) me oo i ot yat?

Km

DISTHIVC

G7 How long (hours, minutes) does it usually take you to get to this health facility, receive HIV care at the facility, and travel back to your home? Ocwali kare marom mene (cawa, dekika) me oo i ot yat, pime pi kwidi me two jonyo ki dwogo gang?

hours

HRSHIVC

minutes

MINSHIVC

G8 What mode of transport do you usually use to get to this health facility?

TRHIVC

Itiyo ki gin wot ango me oo i ot yat?

(select one)

- Own bicycle (1)
- Bicycle taxi (2)
- Own motor bike (3)
- Motorbike taxi (4)
- Bus (5)

- Special hire taxi/cab (6)
- Borrowed bicycle (7)
- On foot (8)
- Other** (9) *specify:* _____

G9 At your last visit to this health facility, did someone travel with you?
 Ilim mi me agiki i ot yat i woto ki gat mo?

Yes = 1, No = 2

HIVCPART1

If YES, who travelled with you to this health facility?

HIVCPART2

Ka eyo, nga ma wu woto kwede i ot yat?

- Spouse (1)
- Child (2)
- Brother (3)
- Sister (4)
- Father (5)
- Mother (6)
- Friend (7)
- Neighbour (8)
- Other** (9) *specify:* _____

G10 Do you know any of these drugs? **GET PICTURES** Ingeyo kwai yadi egi ni nyut cal gi?

SEPTRIN Yes = 1, No = 2

COTOX

ISONIAZIDE Yes = 1, No = 2

INH

(Lajin) **ART OR ARVS?** Yes = 1, No = 2

ART

G11 Which of these drugs are you taking/have you taken?

Ikin yadi ni mene ma itye ka mwunyo/onyo ma imwunyo?

SEPTRIN Never taken = 1,
Taken in the past but not currently taking = 2,
Currently taking =3

ONCOTOX

ISONIAZIDE Never taken = 1,
Taken in the past but not currently taking = 2,
Currently taking =3

ONINH

ARVS Never taken = 1,
Taken in the past but not currently taking = 2,
Currently taking =3

ONART

If currently taking Septrin, when did you start Septrin?

Ka itye ka mwunyo Septrin, awene ma icako mwunyo Septrin?

month
year

MTHCOT

YRCOT

If currently taking Isoniazide, when did you start Isoniazide?

Ka itye ka mwunyo Isoniazide, awene ma icako mwunyo Isoniazide?

month
year

MTHINH

YRINH

If currently taking ARV's, when did you start **ARVs**?

Ka itye ka mwunyo lajin, awene ma icako mwunyo lajin?

month
year

MTHART

YRART

G12 How often do you (actually) go to pick up your drugs?
Pol kare i ceto ka gamo yat ti inge kare marom mene?

months SEPTRIN

MTHPCOT

months ISONIAZIDE **MTHPINH**
 months ARV's **MTHPART**

G13 Does anyone else pick up your drugs for you? Tika ngat ti mo gamo yat ti?

Yes = 1, No = 2 **OTHPICK**

If Yes, number of times someone has picked up drugs for you in the last 12 months

Ka eyo, tyen adi ma ogami yat ti ikin dwe apararyo ma okato anegec?

Number of times **TIMESP**

G14 For how many **days/weeks=MONTH** supply of drugs are you given at each clinic visit?

Pi nino ma rom mene/cabit onyo dwe ma ki mi ni yat ti ki i ot yat?

months SEPTRIN **MTHCOTSS**

months ISONIAZIDE **MTHINHSS**

months ARV's **MTHARTSS**

IF NOT ON ART SKIP TO G16 (KA PEKE IYI LAJIN KAL I G16)

G15 If on ART, in the past year have you missed going to the clinic to pick up ARVs due to distance or cost? Ka tye ka mwunyo lajin, i mwaka ma okato ni tika ikeng ceto i ot yat ka gamo yat lajin ni pi boo piny onyo pi wele matek?

Yes = 1, No = 2 **MISSART12**

If YES, how many times? Ka eyo, tyen adi?

Number of times **TIMESMIS**

G16 In the last year have you gone to the facility where you currently receive care and been unable to pick up drugs? imwaka acel ma okato ni nino mo tye ma i ceto ka nwongo kony me yat ci pe inongo?

Yes = 1, No = 2 **NTPICK**

If yes, how many times? Ka eyo, tyen adi?

Number of times	<input type="text"/>	<input type="text"/>	SEPTRIN	UNPSEP
Number of times	<input type="text"/>	<input type="text"/>	ISONIAZIDE	UNPISO
Number of times	<input type="text"/>	<input type="text"/>	ARV's	UNSART

If unable to pick up drugs, what is the main reason you've been unable to collect drugs?

Ka pe onongo yat, tyen lok ango kikome ma ogengi nongo yat?

REASUNP1

Drugs out of stock	<input type="checkbox"/>	(1)	
ART clinic was closed	<input type="checkbox"/>	(2)	
Referred to another facility to change treatment	<input type="checkbox"/>	(3)	
No health workers at facility	<input type="checkbox"/>	(4)	
Other	<input type="checkbox"/>	(5)	<i>specify:</i> _____

G17 Has your blood been taken in the last 12 months as part of your HIV care?

Tika remoni kipimo i kine dwe apararyo macalo yoo me gwoke ni i kom two jonyo?

Yes = 1, No = 2

BLDTAKE

If yes, do you know why your blood was taken? Ka eyo, inyeyo piongo kikwanyo remoni?

REASBLD1

CD4 COUNT	<input type="checkbox"/>	(1)
Referred to another facility to change treatment	<input type="checkbox"/>	(2)
Malaria	<input type="checkbox"/>	(3)
Don't know	<input type="checkbox"/>	(4)

G18 Was your blood taken at the facility where you currently receive care the last time your blood was taken? I agiki ma kikwanyo remoni ni tika remoni kicwalo i ot yat kama kunyoni itye kanongo kony me yat iiye ni?

Yes = 1, No = 2

BLDATFAC

If no, where was your blood taken the last time you had a blood test?

BLDHFAC

Ka kukwene makikwanyo remoni i me agiki maipime,?

- Kalongo mission hospital (1)
- Lira Kato HC III (2)
- Patongo HC IV (3)
- Other (4) *specify:* _____

G19 At your last visit to this health facility did you have to pay fees?

Ilim mi ma agiki i ot yat t ii culu cente moo?

Yes = 1, No = 2

BLDFEES

If yes, how much did you pay in Shillings? Ka eyo,i culu ciling adi

Shs.

OTHCOST

G20-G22 only apply if not at current facility ie G18 IS No. (G20-G22 rwate keken ka peke i ot yat ma kom bedi en aye G18 ku)

G20-G22 all refer to last blood test (G20-G22 weng loko ikom pimo remo me agiki)

G20 What distance in kilometres do you have to travel to this health facility to receive a blood test?

I woto boo piny ma rom mene i (km) me oo i ot yat?

Km

DISTBLD

G21 How long (hours, minutes) did it take you to get to this health facility have a blood test, and travel back to your home? Ocwali kare marom mene (cawa, dekika) me oo i ot yat, pime pi kwidi me two jonyo ki dwogo gang?

hours

HRSBLD

minutes

MINSBLD

G22 What mode of transport did you use to get to this health facility?

TRBLD

Itiyo ki gin wot ango me oo i ot yat?

- Own bicycle (1)
- Bicycle taxi (2)
- Own motor bike (3)
- Motorbike taxi (4)
- Bus (5)
- Special hire taxi/cab (6)
- Borrowed bicycle (7)
- On foot (8)

Other (9) *specify:* _____

G23 Did you go to this facility (that you are currently receiving care) the first time you enrolled into HIV care? Tika i ceto i ot yat ma kunyoni i gamo iye yat ti iacaki ma icone pi kony me kwidi two jonyo?

Yes = 1, No = 2

ENROLFAC

If YES, SKIP to G24, (Ka eyo, cet i G24)

If NO, collect the reason why moved

REASMOVEC1

Ka ku, nong pi ngo okobo

- Transferred (1)
- Lack of drugs (2)
- Other (3) *specify:* _____

If reason is transfer, collect reason for transfer

REASTRANS

Ka okobo, pi ngo okobo

- Moved nearer to home (1)
- Lack of drugs (2)
- Other (3) *specify:* _____

What is the name of facility you attended prior to this one?
Ot yat mene ma i oo iye ma pud piya i oo kany?

FACNAME

Kalongo mission hospital (1)

Lira Kato HC III (2)

Patongo HC IV (3)

Other (4)

specify: _____

G24 In the last year (after enrolling at this facility) have you been to any other health facilities for HIV care NOT TRANSFERS? I mwaka ma okato ni tika i oo i ot yat mukene pi kony me kwidi two jonyo ma pe ki kobi akoba?

Yes = 1, No = 2

COENR

If YES, give reasons why,
Ka eyo, pi ngo

REASCOENR1

Closer to home (1)

Stigma (2)

Lack of drugs (3)

Referred by health workers from primary facility (4)

Other (5)

specify: _____

END OF INTERVIEW