

# **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?

 Km

**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?

 hours

**HRSHC**

 minutes

**MINSHC**

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

**TRHC**

Kit gin wot mene ma pol kare itiyu kwede 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:* \_\_\_\_\_

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

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

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

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

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

**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	<b>PMTCT1</b>
	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"/>	<b>INFOR1</b>
Private clinic	<input type="checkbox"/>	<b>INFOR2</b>

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 gengo 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?

Km

**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?

hours

**HRSTEST**

minutes

**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	<b>MTHHIVC</b>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> year	<b>YRHIVC</b>

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 angec?

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

**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**