

| XPHACTOR-MAIN | STUDY IDENTIFIER | | Date of Enrolment |
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| AUR2-6-112- | <input type="text"/> <input type="text"/> <input type="text"/> - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Protocol- | Site code- 533=Mamelodi; 541=Nthabiseng, Baragwanath XXX=Third Site | Participant ID | dd/MMM/yyyy |



Visit 1: Enrolment Visit for Economics Cohort

Complete this CRF for all patients enrolled in the economics cohort. Read questions carefully and ask all questions as specified in the CRF.

Read out: I will now ask you some questions about where you have been receiving health care in the last 3 months and money that you paid to receive the health care. I will ask you some questions about the type of work that you do and who helps you when you are ill.

Health service utilization and costs

Ask each of the highlighted questions, if the answer is No, write 00 and score out until the next highlighted question. If the answer is yes, continue to ask each question.

This public clinic

Instructions: here we are referring to the clinic from which this interview is being conducted.

| | | | | | | | | | | | | | | |
|---|---|---|------------------|--------------------------|------------------|--------------------------|--------------------------|------------------|--------------------------|---------------------------------|---|----------------------|--|-------|
| 1.1 | Is this clinic your usual public clinic? 0=No 1=Yes Your usual public clinic would be the one that you go to most often, and which you go to first when you are feeling ill. | __ | | | | | | | | | | | | |
| 1.2 | How much time did you spend in this clinic on your last visit? Enter answer in hh:mm. | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | | | | | | | | | | | | |
| 1.3 | What was the reason(s) for your last visit to this public clinic? "Symptoms refers to TB related symptoms such as cough, fever, weight loss, or night sweats" <table border="1"> <tbody> <tr> <td>01=Symptoms and collecting ARV medicine</td> <td>06=HIV care only</td> </tr> <tr> <td>02=Symptoms and HIV care</td> <td>07=TB tests only</td> </tr> <tr> <td>03=Symptoms and TB tests</td> <td>08=HIV care and TB tests</td> </tr> <tr> <td>04=Symptoms only</td> <td>09=non-TB HIV services</td> </tr> <tr> <td>05=Collecting ARV medicine only</td> <td>10=HIV care and Collecting ARV medicine</td> </tr> <tr> <td>99=Other combination</td> <td></td> </tr> </tbody> </table> If other combination, please specify | 01=Symptoms and collecting ARV medicine | 06=HIV care only | 02=Symptoms and HIV care | 07=TB tests only | 03=Symptoms and TB tests | 08=HIV care and TB tests | 04=Symptoms only | 09=non-TB HIV services | 05=Collecting ARV medicine only | 10=HIV care and Collecting ARV medicine | 99=Other combination | | __ __ |
| 01=Symptoms and collecting ARV medicine | 06=HIV care only | | | | | | | | | | | | | |
| 02=Symptoms and HIV care | 07=TB tests only | | | | | | | | | | | | | |
| 03=Symptoms and TB tests | 08=HIV care and TB tests | | | | | | | | | | | | | |
| 04=Symptoms only | 09=non-TB HIV services | | | | | | | | | | | | | |
| 05=Collecting ARV medicine only | 10=HIV care and Collecting ARV medicine | | | | | | | | | | | | | |
| 99=Other combination | | | | | | | | | | | | | | |
| 1.4 | Aside from today, how many times, in total, have you visited this clinic in the last 3 months? This includes visits to the clinic pharmacy. Enter 00 if this is first visit. If answer is 00, score out table below. | __ __ | | | | | | | | | | | | |
| 1.5 | What were the reasons for these visits? Ask participant what the reason for each visit mentioned above is and then match this to the categories below. Please specify number of visits for each reason in the last three months, next to each category, and enter 00 if none. If we add up the visits below it should be the same as the number of visits provided in 1.4. | | | | | | | | | | | | | |
| | 1.5a. Symptoms (cough, fever, weight loss, or night sweats) AND Collecting ARV medicine | __ __ | | | | | | | | | | | | |
| | 1.5b. Symptoms AND HIV care (incl. visits for seeing the doctor, blood tests and counselling) | __ __ | | | | | | | | | | | | |
| | 1.5c. Symptoms AND TB tests (incl. chest x-rays, collecting TB screening results) | __ __ | | | | | | | | | | | | |
| | 1.5d. Symptoms only | __ __ | | | | | | | | | | | | |
| | 1.5e. HIV care AND Collecting ARV medicine | __ __ | | | | | | | | | | | | |
| | 1.5f. HIV care AND TB tests | __ __ | | | | | | | | | | | | |
| | 1.5g. Collecting ARV medicine only | __ __ | | | | | | | | | | | | |
| | 1.5h. HIV care only | __ __ | | | | | | | | | | | | |
| | 1.5i. TB tests only | __ __ | | | | | | | | | | | | |
| | 1.5j. Non-TB/HIV services | __ __ | | | | | | | | | | | | |
| | 1.5k. Other combination | __ __ | | | | | | | | | | | | |
| | If other combination, please specify | | | | | | | | | | | | | |

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| Public clinic other than this one | | | |
|--|---|---|---------------------|
| Have you had to visit a public clinic other than this one in the last 3 months? 0=No 1=Yes | | | |
| 2.1 | If answer is No, please score out the rest of the table. | | __ |
| 2.2 | Is the other public clinic your usual clinic? 0=No 1=Yes <i>Your usual public clinic would be the one that you go to most often, and which you go to first when you are feeling ill.</i> | | __ |
| 2.3 | In the last 3 months, how many times, in total, have you visited the other public clinic? <i>This includes visits to the clinic pharmacy.</i> | | __ __ |
| What were the reasons for these visits? <i>Ask participant what the reason for each visit mentioned above is and then match this to the categories below. Please specify number of visits for each reason in the last three months, next to each category, and enter 00 if none. If we add up the visits below it should be the same as the number of visits provided in 2.3.</i> | | | |
| | 2.4a. Symptoms (cough, fever, weight loss, or night sweats) AND Collecting ARV medicine | | __ __ |
| | 2.4b. Symptoms AND HIV care (incl. visits for blood tests and counselling) | | __ __ |
| | 2.4c. Symptoms AND TB tests (incl. chest x-rays, collecting TB screening results) | | __ __ |
| | 2.4d. Symptoms only | | __ __ |
| 2.4 | 2.4e. HIV care AND Collecting ARV medicine | | __ __ |
| | 2.4f. HIV care AND TB tests | | __ __ |
| | 2.4g. Collecting ARV medicine only | | __ __ |
| | 2.4h. HIV care only | | __ __ |
| | 2.4i. TB tests only | | __ __ |
| | 2.4j. Non-TB/HIV services | | __ __ |
| | 2.4k. Other combination | | __ __ |
| | If other combination, please specify | | |
| 2.5 | What was the main mode of transport taken on your last visit to the other public clinic? | | |
| | 01=Walked | 04=Metered Taxi | 07=Train |
| | 02=Bicycle | 05=Own car | 99=Other |
| | 03=Bus / Taxi | 06=Lift in a car | |
| | | | __ __ |
| 2.5a | If Other, please specify _____ | | |
| 2.6 | What was the total cost of transportation (round trip) when you last visited the other public clinic? (0000.00=No cost) | | R__ __ __ __ .__ __ |
| 2.7 | How much time in total did you spend travelling (round trip) when you last visited the other public clinic? <i>Enter hh:mm</i> | | __ __:__ |
| 2.8 | How much time did you spend in the other clinic on your last visit? <i>Enter hh:mm</i> <i>Instruction: include the time from when you first arrived to when you left.</i> | | __ __:__ |
| 2.9 | What was the reason(s) for your last visit to the other public clinic? <i>"Symptoms refers to TB related symptoms such as cough, fever, weight loss, or night sweats"</i> | | |
| | 01=Symptoms and collecting ARV medicine | 06=HIV care only | |
| | 02=Symptoms and HIV care | 07=TB tests only | |
| | 03=Symptoms and TB tests | 08=HIV care and TB tests | |
| | 04=Symptoms only | 09=non-TB HIV services | |
| | 05=Collecting ARV medicine only | 10=HIV care and Collecting ARV medicine | |
| | 99=Other combination | | |
| | If other combination, please specify | | __ __ |
| 2.10 | How many adults accompanied you to the other public clinic on your last visit? <i>00 =none; if 00, score out the table below</i> | | __ __ |

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Public clinic other than this one

For each adult who accompanied you, complete main occupation category and specify if necessary using the code list below.

| | | | | |
|--|--|--|--|--|
| 2.10a. Adult 1 main occupation: <input type="text"/> <input type="text"/> | 2.10b. Adult 2 main occupation: <input type="text"/> <input type="text"/> | 2.10c. Adult 3 main occupation: <input type="text"/> <input type="text"/> | 2.10d. Adult 4 main occupation: <input type="text"/> <input type="text"/> | 2.10e. Adult 5 main occupation: <input type="text"/> <input type="text"/> |
| If other, specify: _____ |

- | | |
|-----------------------------------|--|
| 01 = Employed by government | 02 = Employed by private for profit sector |
| 03 = Employed by NGO | 04 = Self-employed (merchant), business with employees |
| 05 = Self-employed (no employees) | 06 = Self-employed (from home) |
| 07 = Unemployed/looking for work | 08 = Retired |
| 09 = Pupil/student | 10 = Disabled/sick |
| 11 = Home maker (house wife) | 12 = Daily labourer |
| 99 = Other, specify | |

Private Pharmacy

Note that we are **not** talking about the pharmacy in the clinic, those visits should be recorded under "this clinic" or "other public clinic" visits, this section **only** refers to private pharmacies.

3.1 In the last 3 months, how many times, in total, have you visited a private pharmacy?
Enter 00 if not visited a private pharmacy, then score out the rest of the table.

What were the reasons for these visits?
Ask participant what the reason for each visit mentioned above is and then match this to the categories below. Please specify **number of visits** for each reason in the last three months, next to each category, and enter 00 if none. If we add up the visits below it should be the same as the number of visits provided in 3.1

| | |
|--|---|
| 3.2a. Symptoms (cough, fever, weight loss, or night sweats) AND Collecting ARV medicine | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3.2b. Symptoms AND HIV care (incl. visits for blood tests and counselling) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3.2c. Symptoms AND TB tests (incl. chest x-rays, collecting TB screening results) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3.2d. Symptoms only | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3.2e. HIV care AND Collecting ARV medicine | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3.2f. HIV care AND TB tests | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3.2g. Collecting ARV medicine only | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3.2h. HIV care only | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3.2i. TB tests only | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3.2j. Non-TB/HIV services | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3.2k. Other combination | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| If other combination, please specify _____ | |

3.3 What was the main mode of transport taken on your last visit to your usual private pharmacy?

| | | |
|---------------|------------------|----------|
| 01=Walked | 04=Metered Taxi | 07=Train |
| 02=Bicycle | 05=Own car | 99=Other |
| 03=Bus / Taxi | 06=Lift in a car | |

3.4 If Other, please specify _____

3.5 What was the total cost of transportation (round trip) when you last visited your usual private pharmacy? (0000.00=No cost) R.

3.6 How much time, in total, did you spend travelling (round trip) when you last visited your usual private pharmacy? Enter hh:mm :

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Private Pharmacy

Note that we are **not** talking about the pharmacy in the clinic, those visits should be recorded under "this clinic" or "other public clinic" visits, this section **only** refers to private pharmacies.

| | | | | | | | | | | | | | | | | |
|--|--|---|---|---|------------------|--------------------------|--------------------------|------------------|--------------------------|---------------------------------|---|----------------------|--|--------------------------------------|--|---|
| 3.7 | How much time did you spend in the private pharmacy on your last visit? Enter hh:mm <i>Instruction: include the time from when you first arrived to when you left.</i> | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | |
| 3.8 | What was the reason(s) for your last visit to the private pharmacy? <i>"Symptoms refers to TB related symptoms such as cough, fever, weight loss, or night sweats"</i> | | | | | | | | | | | | | | | |
| | <table border="1"> <tbody> <tr> <td>01=Symptoms and collecting ARV medicine</td> <td>06=HIV care only</td> </tr> <tr> <td>02=Symptoms and HIV care</td> <td>07=TB tests only</td> </tr> <tr> <td>03=Symptoms and TB tests</td> <td>08=HIV care and TB tests</td> </tr> <tr> <td>04=Symptoms only</td> <td>09=non-TB HIV services</td> </tr> <tr> <td>05=Collecting ARV medicine only</td> <td>10=HIV care and Collecting ARV medicine</td> </tr> <tr> <td>99=Other combination</td> <td></td> </tr> <tr> <td colspan="2">If other combination, please specify</td> </tr> </tbody> </table> | 01=Symptoms and collecting ARV medicine | 06=HIV care only | 02=Symptoms and HIV care | 07=TB tests only | 03=Symptoms and TB tests | 08=HIV care and TB tests | 04=Symptoms only | 09=non-TB HIV services | 05=Collecting ARV medicine only | 10=HIV care and Collecting ARV medicine | 99=Other combination | | If other combination, please specify | | <input type="text"/> <input type="text"/> |
| 01=Symptoms and collecting ARV medicine | 06=HIV care only | | | | | | | | | | | | | | | |
| 02=Symptoms and HIV care | 07=TB tests only | | | | | | | | | | | | | | | |
| 03=Symptoms and TB tests | 08=HIV care and TB tests | | | | | | | | | | | | | | | |
| 04=Symptoms only | 09=non-TB HIV services | | | | | | | | | | | | | | | |
| 05=Collecting ARV medicine only | 10=HIV care and Collecting ARV medicine | | | | | | | | | | | | | | | |
| 99=Other combination | | | | | | | | | | | | | | | | |
| If other combination, please specify | | | | | | | | | | | | | | | | |
| 3.9 | How many adults accompanied you to your usual private pharmacy on your last visit? <i>(00 =none; if none, please score out table below)</i> | <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | |
| For each adult accompanied, complete main occupation category and specify if necessary using the code list below. | | | | | | | | | | | | | | | | |
| 3.9a. | 3.9b. | 3.9c. | 3.9d. | 3.9e. | | | | | | | | | | | | |
| Adult 1 main occupation: | Adult 2 main occupation: | Adult 3 main occupation: | Adult 4 main occupation: | Adult 5 main occupation: | | | | | | | | | | | | |
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | | | | | | | | | | | | |
| If other, specify: | If other, specify: | If other, specify: | If other, specify: | If other, specify: | | | | | | | | | | | | |
| 01 = Employed by government 03 = Employed by NGO 05 = Self-employed (no employees) 07 = Unemployed/looking for work 09 = Pupil/student 11 = Home maker/ house wife 99 = Other, specify | | 02 = Employed by private for profit sector 04 = Self-employed (merchant), business with employees 06 = Self-employed (from home) 08 = Retired 10 = Disabled/sick 12 = Daily labourer | | | | | | | | | | | | | | |
| 3.10 | How much have you spent on medications or other consumables in total (for all visits) at the private pharmacy in the last 3 months? <i>0000=No cost; if no cost, please score out the rest of the table</i> <i>Instruction: here you can include costs incurred even if someone else went to the pharmacy for you, but you paid.</i> | R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | |
| 3.10a | Of these costs, how much was for medications or other consumables bought for one/more of the following symptoms (cough, fever, weight loss, night sweats) at the private pharmacy? <i>(0000=No cost)</i> | R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | |

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Private doctor (GP or private clinic)

Instructions: If patient paid a single amount, report the amount paid under consultation fees.

In the last 3 months, how many times, in total, have you visited a private doctor?
4.1 Enter 00 if not visited private doctor. If answer is 00, please score out the table below. |_|_|

What were the reasons for each of these visits?
*Ask participant what the reason for each visit mentioned above is and then match this to the categories below. Please specify **number of visits** for each reason in the last three months, next to each category, and enter 00 if none. If we add up the visits below it should be the same as the number of visits provided in 4.1.*

| | |
|---|-----|
| 4.2a. Symptoms (cough, fever, weight loss, or night sweats) AND Collecting ARV medicine | _ _ |
| 4.2b. Symptoms AND HIV care (incl. visits for blood tests and counselling) | _ _ |
| 4.2c. Symptoms AND TB tests (incl. chest x-rays, collecting TB screening results) | _ _ |
| 4.2d. Symptoms only | _ _ |
| 4.2e. HIV care AND Collecting ARV medicine | _ _ |
| 4.2f. HIV care AND TB tests | _ _ |
| 4.2g. Collecting ARV medicine only | _ _ |
| 4.2h. HIV care only | _ _ |
| 4.2i. TB tests only | _ _ |
| 4.2j. Non-TB/HIV services | _ _ |
| 4.2k. Other combination | _ _ |

If other combination, please specify _____

4.3 What is the main mode of transport taken on your last visit to your usual private doctor?

| | | |
|---------------|------------------|----------|
| 01=Walked | 04=Metered Taxi | 07=Train |
| 02=Bicycle | 05=Own car | 99=Other |
| 03=Bus / Taxi | 06=Lift in a car | |

|_|_|

4.3a If other, please specify _____

4.4 What was the total cost of transportation (round trip) when you last visited your usual private doctor? (0000.00=No cost) R|_|_|_|.|_|

4.5 How much time in total did you spend travelling (round trip) when you last visited your usual private doctor? Enter hh:mm |_|:|_|

4.6 How much time did you spend at the private doctor on your last visit?
 Enter hh:mm |_|:|_|
Instruction: include the time from when you first arrived to when you left.

4.7 What was the reason(s) for your last visit to the private doctor?
"Symptoms refers to TB related symptoms such as cough, fever, weight loss, or night sweats"

| | |
|---|---|
| 01=Symptoms and collecting ARV medicine | 06=HIV care only |
| 02=Symptoms and HIV care | 07=TB tests only |
| 03=Symptoms and TB tests | 08=HIV care and TB tests |
| 04=Symptoms only | 09=non-TB HIV services |
| 05=Collecting ARV medicine only | 10=HIV care and Collecting ARV medicine |
| 99=Other combination | |

|_|_|

4.8 How many adults accompanied you to the private doctor on your last visit?
 (00 =none; if none, please score out the table below) |_|_|

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Private doctor (GP or private clinic)

Instructions: If patient paid a single amount, report the amount paid under consultation fees.

For each adult accompanied, complete main occupation category and specify if necessary using the code list below.

| | | | | |
|---|---|---|---|---|
| 4.8a. Adult 1 main occupation: <input type="text"/> <input type="text"/> | 4.8b. Adult 2 main occupation: <input type="text"/> <input type="text"/> | 4.8c. Adult 3 main occupation: <input type="text"/> <input type="text"/> | 4.8d. Adult 4 main occupation: <input type="text"/> <input type="text"/> | 4.8e. Adult 5 main occupation: <input type="text"/> <input type="text"/> |
| If other, specify: _____ |

- | | |
|-----------------------------------|--|
| 01 = Employed by government | 02 = Employed by private for profit sector |
| 03 = Employed by NGO | 04 = Self-employed (merchant), business with employees |
| 05 = Self-employed (no employees) | 06 = Self-employed (from home) |
| 07 = Unemployed/looking for work | 08 = Retired |
| 09 = Pupil/student | 10 = Disabled/sick |
| 11 = Home maker/ house wife | 12 = Daily labourer |
| 99 = Other, specify | |

| | | |
|--------------|--|--|
| 4.9 | How much have you spent on medications or other consumables in total (for all visits) at the private doctor in the last 3 months? <i>(0000.00=No cost, if no cost please score out question directly below)</i> | R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 4.9a | Of these costs, how much was for medications or other consumables bought for one/more of the following symptoms (cough, fever, weight loss, night sweats) at the private doctor? <i>(0000.00=No cost)</i> | R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 4.10 | How much have you spent on consultation fees in total (for all visits) at the private doctor in the last 3 months? <i>(0000.00=No cost, if no cost please score out question directly below)</i> | R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 4.10a | Of these costs, how much was for consultation fees related to any of the following symptoms (cough, fever, weight loss, night sweats) at the private doctor? <i>(0000.00=No cost)</i> | R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 4.11 | How much have you spent on diagnostic tests (including X-rays) in total (for all visits) at the private doctor in the last 3 months? <i>(0000.00=No cost, if no cost please score out question directly below)</i> | R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 4.11a | Of these costs, how much was for diagnostic tests related to any of the following symptoms (cough, fever, weight loss, night sweats) at the private doctor? <i>(0000.00=No cost)</i> | R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |

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Hospital outpatient

Instructions: If patient paid a single amount, report the amount paid under consultation fees.

| | | |
|-------------|--|-------------|
| 5.1 | In the last 3 months, how many times, in total, have you visited a hospital outpatient clinic? <i>Enter 00 if not visited a hospital outpatient clinic. If answer is 00, please score out the rest of the table.</i> | _ _ _ |
| | What were the reasons for these visits? <i>Ask participant what the reason for each visit mentioned above is and then match this to the categories below. Please specify number of visits for each reason in the last three months, next to each category, and enter 00 if none. If we add up the visits below it should be the same as the number of visits provided in 5.1.</i> | |
| | 5.2a. Symptoms (cough, fever, weight loss, or night sweats) AND Collecting ARV medicine | _ _ _ |
| | 5.2b. Symptoms AND HIV care (incl. visits for blood tests and counselling) | _ _ _ |
| | 5.2c. Symptoms AND TB tests (incl. chest x-rays, collecting TB screening results) | _ _ _ |
| | 5.2d. Symptoms only | _ _ _ |
| 5.2 | 5.2e. HIV care AND Collecting ARV medicine | _ _ _ |
| | 5.2f. HIV care AND TB tests | _ _ _ |
| | 5.2g. Collecting ARV medicine only | _ _ _ |
| | 5.2h. HIV care only | _ _ _ |
| | 5.2i. TB tests only | _ _ _ |
| | 5.2j. Non-TB/HIV services | _ _ _ |
| | 5.2k. Other combination | _ _ _ |
| | If other combination, please specify | |
| 5.3 | What is the main mode of transport taken on your last visit to your usual hospital outpatient clinic? 01=Walked 04=Metered Taxi 07=Train 02=Bicycle 05=Own car 99=Other 03=Bus / Taxi 06=Lift in a car | _ _ _ |
| 5.3a | If other, please specify _____ | |
| 5.4 | What was the total cost of transportation (round trip) when you last visited your usual hospital outpatient clinic? (0000.00=No cost) | R _ _ _ _ . |
| 5.5 | How much time in total did you spend travelling (round trip) when you last visited your usual hospital outpatient clinic? <i>Enter hh:mm</i> | _ : _ |
| 5.6 | How much time did you spend in the hospital outpatient clinic on your last visit? <i>Enter hh:mm</i> <i>Instruction: include the time from when you first arrived to when you left.</i> | _ : _ |
| 5.7 | What was the reason(s) for your last visit to the hospital outpatient clinic? <i>"Symptoms refers to TB related symptoms such as cough, fever, weight loss, or night sweats"</i> 01=Symptoms and collecting ARV medicine 06=HIV care only 02=Symptoms and HIV care 07=TB tests only 03=Symptoms and TB tests 08=HIV care and TB tests 04=Symptoms only 09=non-TB HIV services 05=Collecting ARV medicine only 10=HIV care and Collecting ARV medicine 99=Other combination If other combination, please specify | _ _ _ |
| 5.8 | How many adults accompanied you to your usual hospital outpatient clinic on your last visit? (00 =none) | _ _ _ |

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Hospital outpatient

Instructions: If patient paid a single amount, report the amount paid under consultation fees.

For each adult accompanied, complete main occupation category and specify if necessary using the code list below.

5.8a. Adult 1 main occupation: 5.8b. Adult 2 main occupation: 5.8c. Adult 3 main occupation: 5.8d. Adult 4 main occupation: 5.8e. Adult 5 main occupation:

If other, specify:

- 01 = Employed by government
- 03 = Employed by NGO
- 05 = Self-employed (no employees)
- 07 = Unemployed/looking for work
- 09 = Pupil/student
- 11 = Home maker/ house wife
- 99 = Other, specify

- 02 = Employed by private for profit sector
- 04 = Self-employed (merchant), business with employees
- 06 = Self-employed (from home)
- 08 = Retired
- 10 = Disabled/sick
- 12 = Daily labourer

5.9 How much have you spent on **medications or other consumables** in total (for all visits) at the hospital outpatient in the last 3 months?
(0000.00=No cost, if no cost score out question directly below) R.

5.9a Of these costs, how much was for medications or other consumables bought for one/more of the following symptoms (cough, fever, weight loss, night sweats at the hospital outpatient)?
(0000.00=No cost) R.

5.10 How much have you spent on **consultation fees** in total (for all visits) at the hospital outpatient clinic in the last 3 months? *(0000.00=No cost, if no cost score out question directly below)* R.

5.10a Of these costs, how much was for consultation fees related to any of the following symptoms (cough, fever, weight loss, night sweats) related visits to the hospital outpatient clinic?
(0000.00=No cost) R.

5.11 How much have you spent on **diagnostic tests (including X-rays)** in total (for all visits) at the hospital outpatient clinic in the last 3 months?
(0000.00=No cost, if no cost score out question directly below) R.

5.11a Of these costs, how much was for diagnostic tests related to any of the following symptoms (cough, fever, weight loss, night sweats) at the hospital outpatient clinic?
(0000.00=No cost) R.

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Treatment Costs: Hospital inpatient

Instructions: If patient paid a single amount, report the amount paid under consultation fees.

6.1 In the last 3 months, how many times, in total, have you been admitted to hospital as an inpatient? Enter 00 if not admitted as an inpatient, then score out the rest of the table. |_|_|_|

6.2 Please complete the table for each of the hospital admissions: (The total number of visits described in the table must add up to the number reported in 6.1)

| Visit number | Were you admitted for one/more of the following symptoms (cough, fever, weight loss, night sweats) [0=No 1=Yes] | Date of admission [mm/yyyy] | How many nights were you in the hospital? | How many friends and relatives accompany you while you were an inpatient at the hospital (multiply number of visitors and number of days visited)? [00=none] | How much have you spent on medications or other consumables at the inpatient department (including its pharmacy) during this admission? [0000.00=no cost] | How much have you spent on admission and consultation fees at the inpatient department during this admission? [0000.00=no cost] | How much have you spent on diagnostic costs (including x-rays) at the inpatient department during this admission? [0000.00=no cost] | How much have you spent on food and other costs in total (for all visits) at the inpatient department in the last 3 months? [0000.00=no cost] |
|--------------|---|-----------------------------|---|--|---|---|---|---|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |

6.3 What is the main mode of transport taken on your last visit to your usual hospital inpatient department?

| | | |
|---------------|------------------|----------|
| 01=Walked | 04=Metered Taxi | 07=Train |
| 02=Bicycle | 05=Own car | 99=Other |
| 03=Bus / Taxi | 06=Lift in a car | |

|_|_|

6.3a If other, please specify _____

6.4 What was the total cost of transportation (round trip) when you last visited your usual hospital inpatient department? (0000.00=No cost) R|_|_|_|_|.||

6.5 How much time in total did you spend travelling (round trip) to hospital when you were last admitted to the hospital as an inpatient? Enter hh:mm |_|_|:|_|

Treatment Costs: Traditional health practitioner

7.1 In the last 3 months, how many times, in total, have you visited a traditional health practitioner? Enter 00 if not visited a traditional health practitioner. If answer is 00, please score out the rest of the table. |_|_|_|

7.2 What was the reason(s) for your visits to the traditional health practitioner?

7.3 What is the main mode of transport taken on your last visit to your usual traditional health practitioner?

| | | |
|---------------|------------------|----------|
| 01=Walked | 04=Metered Taxi | 07=Train |
| 02=Bicycle | 05=Own car | 99=Other |
| 03=Bus / Taxi | 06=Lift in a car | |

|_|_|_|

7.3a If Other, please specify _____

7.4 What was the total cost of transportation (round trip) when you last visited your usual traditional health practitioner? (0000.00=No cost) R|_|_|_|_|_|.||

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Treatment Costs: Traditional health practitioner

7.5 How much time in total did you spend travelling (round trip) when you last visited your usual traditional health practitioner? Enter hh:mm :

7.6 How much time did you spend at the traditional health practitioner on your last visit? Enter hh:mm :
Instruction: include the time from when you first arrived to when you left.

7.7 What was the reason(s) for your last visit to the traditional health practitioner?
"Symptoms refers to TB related symptoms such as cough, fever, weight loss, or night sweats"

| | |
|---|---|
| 01=Symptoms and collecting ARV medicine | 06=HIV care only |
| 02=Symptoms and HIV care | 07=TB tests only |
| 03=Symptoms and TB tests | 08=HIV care and TB tests |
| 04=Symptoms only | 09=non-TB HIV services |
| 05=Collecting ARV medicine only | 10=HIV care and Collecting ARV medicine |
| 99=Other combination | |
| If other combination, please specify | |

|

7.8 How many adults accompanied you on your last visit to your usual traditional health practitioner? (00=none. If none, please score out table below) |

For each adult accompanied, complete main occupation category and specify if necessary using the code list below.

| | | | | |
|---|---|---|---|---|
| 7.8a. Adult 1 main occupation: | 7.8b. Adult 2 main occupation: | 7.8c. Adult 3 main occupation: | 7.8d. Adult 4 main occupation: | 7.8e. Adult 5 main occupation: |
| <input type="text"/> <input type="text"/> |
| If other, specify: _____ |

01 = Employed by government
02 = Employed by private for profit sector
03 = Employed by NGO
04 = Self-employed (merchant), business with employees
05 = Self-employed (no employees)
06 = Self-employed (from home)
07 = Unemployed/looking for work
08 = Retired
09 = Pupil/student
10 = Disabled/sick
11 = Home maker/ house wife
12 = Piece worker (odd jobs)
99 = Other, specify

7.9 How much money have you spent in total (for all visits) at the traditional health practitioner in the last 3 months? (0000.00=No cost) R.

Supplements – complete for all participants

8.1 In the last 3 months, how much money have you spent on **supplements** to your diet to keep your body strong (eg. vitamins, extra meat, energy drinks, fruit or medicines)? (0000.00=No cost) R.

Health Insurance – complete for all participants

9.1 Do you have a medical aid? 0=No 1=Yes
If answer is No, please score out question directly below. It counts as medical aid even if someone else is paying for the medical aid but this participant uses it to pay for medical services.

9.2 If yes, what type of medical cover do you have?
1 = Hospital cover
2 = Hospital cover AND day-to-day expenses (e.g. GP visits, medicine)

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Work and Income – complete for all participants

Instructions: only complete the job categories applicable to this respondent. Please score out job categories not applicable. Each income source should only be reported once.

Government employment

| | | |
|-------------|--|---|
| 10.1 | Three months ago, were you employed by government? 0=No 1=Yes <i>If answer is No, please score out until end of this job category.</i> | __ |
| 10.2 | How many days per month were you working for government? <i>Use 22 days if working every day Monday to Friday; use 27 days if working every day Monday to Saturday; to calculate different combinations multiply number of days worked per week by 4.5.</i> | __ __ |
| 10.3 | What was your income per month from government? <i>(0000.00=No cost)</i> | R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 10.4 | In the last three months, have your number of working days at government changed? 0=No 1=Increase 2=Decrease <i>If no, score out the rest of the table.</i> | __ |
| 10.5 | How many days per month are you working for government now? | __ __ |
| 10.6 | What was the reason for your change in working days? 1=One/more of the following symptoms (cough, fever, weight loss, or night sweats); 2 = Other symptoms; 3=Non-health related reasons | __ |
| 10.7 | What is your income per month from government now? <i>(0000.00=No cost)</i> | R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |

Private for profit (private company) employment

| | | |
|-------------|---|---|
| 11.1 | Three months ago, were you employed by a private company? 0=No 1=Yes <i>If answer is No, please score out until end of this job category.</i> | __ |
| 11.2 | How many days per month were you working for the private company? <i>Use 22 days if working every day Monday to Friday; use 27 days if working every day Monday to Saturday; to calculate different combinations multiply number of days worked per week by 4.5.</i> | __ __ |
| 11.3 | What was your income per month from the private company? <i>(0000.00=No cost)</i> | R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 11.4 | In the last three months, have your number of working days at the private company changed? 0=No 1=Increase 2=Decrease. <i>If no, score out the rest of the table.</i> | __ |
| 11.5 | How many days per month are you working for the private company now? | __ __ |
| 11.6 | What was the reason for your change in working days? 1=One/more of the following symptoms (cough, fever, weight loss, or night sweats); 2 = Other symptoms; 3=Non-health related reasons | __ |
| 11.7 | What is your income per month from the private company now? | R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |

NGO employment

| | | |
|-------------|---|---|
| 12.1 | Three months ago, were you employed by a NGO? 0=No 1=Yes <i>If answer is No, please score out until end of this job category.</i> | __ |
| 12.2 | How many days per month were you working for a NGO? <i>Use 22 days if working every day Monday to Friday; use 27 days if working every day Monday to Saturday; to calculate different combinations multiply number of days worked per week by 4.5.</i> | __ __ |
| 12.3 | What was your income per month from a NGO? | R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 12.4 | In the last three months, have your number of working days at a NGO changed? 0=No 1=Increase 2=Decrease. <i>If no, score out the rest of the table.</i> | __ |

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| | | |
|-------------|---|-------------|
| 12.5 | How many days per month are you working for a NGO now? | _ _ _ |
| 12.6 | What was the reason for your change in working days? 1=One/more of the following symptoms (cough, fever, weight loss, or night sweats); 2 = Other symptoms; 3=Non-health related reasons | _ |
| 12.7 | What is your income per month from the NGO now? | R _ _ _ _ . |

Self-employed business with employees

| | | |
|-------------|--|-------------|
| 13.1 | Three months ago, were you self-employed (with employees)? 0=No 1=Yes <i>If answer is No, please score out until end of this job category.</i> | _ |
| 13.2 | How many days per month were you self-employed (with employees)? <i>Use 22 days if working every day Monday to Friday; use 27 days if working every day Monday to Saturday; to calculate different combinations multiply number of days worked per week by 4.5.</i> | _ _ _ |
| 13.3 | What was your income per month from being self-employed (with employees)? | R _ _ _ _ . |
| 13.4 | In the last three months, have your number of working days at government changed? 0=No 1=Increase 2=Decrease. <i>If no, score out the rest of the table.</i> | _ |
| 13.5 | How many days per month are you working as self-employed (with employees) now? | _ _ _ |
| 13.6 | What was the reason for your change in working days? 1=One/more of the following symptoms (cough, fever, weight loss, or night sweats); 2 = Other symptoms; 3=Non-health related reasons | _ |
| 13.7 | What is your income per month from self-employment (with employees) now? | R _ _ _ _ . |

Self-employed with no employees

| | | |
|-------------|--|-------------|
| 14.1 | Three months ago, were you self-employed (no employees)? 0=No 1=Yes <i>If answer is No, please score out until end of this job category.</i> | _ |
| 14.2 | How many days per month were you self-employed (no employees)? <i>Use 22 days if working every day Monday to Friday; use 27 days if working every day Monday to Saturday; to calculate different combinations multiply number of days worked per week by 4.5.</i> | _ _ _ |
| 14.3 | What was your income per month from being self-employed (no employees)? | R _ _ _ _ . |
| 14.4 | In the last three months, have your number of working days as self-employed (no employees)? 0=No 1=Increase 2=Decrease <i>If no, score out to the end of this table.</i> | _ |
| 14.5 | How many days per month are you working as self-employed (no employees) now? | _ _ _ |
| 14.6 | What was the reason for your change in working days? 1=One/more of the following symptoms (cough, fever, weight loss, or night sweats); 2 = Other symptoms; 3=Non-health related reasons | _ |
| 14.7 | What is your income per month from self-employment (no employees) now? | R _ _ _ _ . |

Self-employed from home

| | | |
|-------------|---|---|
| 15.1 | Three months ago, were you self-employed (from home)? 0=No 1=Yes <i>If answer is No, please score out until end of this job category.</i> | _ |
| 15.2 | If you are self-employed from home, what type of work do you do? 1=computer based 2=growing vegetables for own use 3=looking after the home (and looking after children) | |

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| | | |
|-------------|---|-------------|
| 15.3 | How many days per month were you self-employed (from home)? <i>Use 22 days if working every day Monday to Friday; use 27 days if working every day Monday to Saturday; to calculate different combinations multiply number of days worked per week by 4.5.</i> | _ _ _ |
| 15.4 | What was your income per month from being self-employed (from home)? | R _ _ _ _ . |
| 15.5 | In the last three months, have your number of working days as self-employed (from home) changed? 0=No 1=Increase 2=Decrease <i>If no, score out to the end of this table.</i> | _ |
| 15.6 | How many days per month are you working as self-employed (from home) now? | _ _ _ |
| 15.7 | What was the reason for your change in working days? 1=One/more of the following symptoms (cough, fever, weight loss, or night sweats); 2 = Other symptoms; 3=Non-health related reasons | _ |
| 15.8 | What is your income per month from self-employment (from home) now? | R _ _ _ _ . |

Piece work (Odd jobs)

| | | |
|-------------|--|-------------|
| 16.1 | Three months ago, were you doing piece work? 0=No 1=Yes <i>If the answer is No, please score out until the end of this job category.</i> | _ |
| 16.2 | How many days per month were you doing piece work? <i>Use 22 days if working every day Monday to Friday; use 27 days if working every day Monday to Saturday; to calculate different combinations multiply number of days worked per week by 4.5.</i> | _ _ _ |
| 16.3 | What was your income per month from doing piece work? | R _ _ _ _ . |
| 16.4 | In the last three months, have your number of working days doing piece work changed? 0=No, 1=Increase, 2=Decrease <i>If no, score out to the end of this table.</i> | _ |
| 16.5 | How many days per month are you doing piece work now? | _ _ _ |
| 16.6 | What was the reason for your change in working days? 1=One/more of the following symptoms (cough, fever, weight loss, or night sweats); 2 = Other symptoms; 3=Non-health related reasons | _ |
| 16.7 | What is your income per month from doing piece work now? | R _ _ _ _ . |

Other employment

Use this section if participant is employed in a type of job not already covered, including domestic workers and/or child minders employed on a regular basis.

| | | |
|-------------|--|-------------|
| 17.1 | Three months ago, were you employed (other)? 0=No 1=Yes <i>If the answer is No, please score out until the end of this job category.</i> | _ |
| 17.2 | If yes, what type of work did/ are you doing? _____ | |
| 17.3 | How many days per month were you employed (other)? <i>Use 22 days if working every day Monday to Friday; use 27 days if working every day Monday to Saturday; to calculate different combinations multiply number of days worked per week by 4.5.</i> | _ _ _ |
| 17.4 | What was your income per month from employed (other)? | R _ _ _ _ . |
| 17.5 | In the last three months, have your number of working days at employed (other) changed? 0=No, 1=Increase, 2=Decrease <i>If no, score out to the end of this table.</i> | _ |
| 17.6 | How many days per month are you working for employed (other) now? | _ _ _ |

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17.7 What was the reason for your change in working days?
1=One/more of the following symptoms (cough, fever, weight loss, or night sweats); 2 = Other symptoms; 3=Non-health related reasons |_|

17.8 What is your income per month from employed (other) now? R.

Other income – complete for all participants

18.1 Are you a pensioner? 0=No 1=Yes |_|
If no, score out to the next highlighted question.

18.1a If yes, what is your monthly pension? R.

18.2 Do you receive any grants? 0=No 1=Yes |_|
If no, score out to the next highlighted question.

Do you receive any of the following grants? 00=No, If yes, please specify number received.

Unemployment insurance (UIF) |_|

Worker's compensation |_|

Grant for older persons |_|

Disability grant |_|

18.3 War veteran's grant |_|

Child grant/ foster child grant |_|

Care dependency grant |_|

Child support grant |_|

Grant in aid |_|

Other |_|

18.3a If other, please specify _____

18.4 Do you receive a disability grant as a result of one/more of the following symptoms (cough, fever, weight loss, or night sweats)? 0=No 1=Yes |_|||_|

18.5 What is the total income from these grants? R.

18.6 Do you receive income from an investment? 0=No 1=Yes |_|||_|
If no, score out to the next highlighted question.

18.6a How much do you receive per month? R.

18.7 In the last 3 months, did you receive any non-monetary payments for your work (incl. food, clothes, and accommodation)?
0=No 1=Yes |_|||_|
If no, score out to the next highlighted question.

18.7a How much would it have cost you if you had to buy these yourself? R.

18.7b In the last 3 months, did you receive less such non-monetary payments due to a reduction in working hours because you were ill or as a result of seeking treatment? 0=No 1=Yes |_|
If no, score out to the next highlighted question.

18.7c What is the estimated monetary value of the loss of non-monetary payments you would have received? R.

Completed By: Verified By: Entered By: Date Entered: / /

| XPHACTOR-MAIN | STUDY IDENTIFIER | | Date of Enrolment |
|------------------|---|---|--|
| AUR2-6-112- | <input type="text"/> <input type="text"/> <input type="text"/> - | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Protocol- | Site code- 533=Mamelodi; 541=Nthabiseng, Baragwanath XXX=Third Site | Participant ID | dd/MMM/yyyy |



| Care | |
|---------------|---|
| 19.12 | What is the main occupation of the person who takes care of you? |
| | 01=Employed by government |
| | 02=Employed by private for profit sector |
| | 03=Employed by NGO |
| | 04=Self-employed (merchant), business with employees |
| | 05=Self-employed (merchant), business no employees |
| | 06=Self-employed/ from home, farmer/ fishing/ agriculture |
| | 07=Unemployed/looking for work |
| 19.12a | If other, please specify <input type="text"/> |
| 19.13 | Did the person caring for you have to take time off their own work to help you? 0=No 1=Yes <input type="text"/> |

| Impact | |
|--------------|---|
| 20.1 | In the last 3 months, did you have to borrow any money? 0=No 1=Yes <i>If answer is No, please score out up to the next highlighted section.</i> <input type="text"/> |
| 20.1a | How much did you have to borrow? R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 20.1b | How much do you have to pay back on this loan in total ? <i>The amount to be paid back cannot be less than the amount borrowed, otherwise it should be considered a gift/donation.</i> R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| 20.2 | In the last 3 months, did you have to sell property (such as TV, fridge, car etc.) as a result of income losses associated with your symptoms or seeking treatment for them? 0=No 1=Yes <i>If the answer is no, score out the rest of this table.</i> <input type="text"/> |
| 20.2a | What is the estimated value of the assets sold? R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |

Read out: Thank you for your time and for participating in this study, we will ask you more questions about your health service use at your next visit.

Completed By: Verified By: Entered By: Date Entered: / /