**QUESTIONNAIRE No 1 : PARENTS LIVING WITH HIV/AIDS**

*(Each parent/guardian should have only one form, irrespective of the number of children brought to the hospital)*

Study IDP| | | | | I I

Health Facility : ……………………………………………………..Date of encounter:…….../ …./…….

|  |  |
| --- | --- |
| 1. Full name |  |
| 2. Residence (village/quarter) |  |
| 3. Phone number |  |
| **The section above should be detached from this form prior to data entry**  |
| **ASPA QUESTIONNAIRE No 1: PLHIV Study IDP**| | | | | I I I  |
| 4. Age | | | | | 5. Sex | Male Female |
| 6. Education level |  None nursery primary secondary higher level | 7. Occupation | farmingtradingoffice work studentOthers, specify:………………….. |
| 8. Marital status | MarriedSingleCohabitatingDivorced/separatedWidow/widower |
| 9. Have you ever had TB | yesno | 10. Are you currently onTB treatment? | yesno |
| 11. Are you on ARVdrugs? | yesno | 12.If yes, for how longhave you been on ARVdrugs | | | | |
| 13. How many children below 19 years do you have? | | | | | 14. Have you disclose your HIV status to your children? | yes, to all of themyes, to some of them, specify why?..........................................................No, to none of them, specify why?.......................................................... |
| 15. How many of your children less than 19 years have been tested for HIV?If =0, go to no 19 | | | | |
| 16. How many of them have tested HIV positive?If =0, go to no 19 | | | | |
| 17. How many of your HIVpositive children are receiving the following services? | CD4 countmonitoring | | | | |
| Antiretroviral drugs(ARVs) | | | | |

|  |  |  |
| --- | --- | --- |
|  | Cotrimoxazoleprophylaxis | | | | |
| nutritional support | | | | |
| home visits bycommunity health workers | | | | |
| 18. Are you | receiving nutritionalsupport from the treatment center? | yesno |
| receiving homevisits by community health workers | yesno |
| a member of anassociation of people living with HIV/AIDS | yesno |
| are you on antiretroviral drugs (ARV) | yesno |
| 19. How many of your childrenless than 19 years have not been tested for HIV? (this can be calculated = 13-15)If = 0, end of questionnaire | | | | don’t have children less than 19 years that have not been tested for HIV |
| 20. Are you willing to havethese children tested for HIV? |  No Yes (go to 22 and then enrolment form for children) |
| 21. Why don’t you want tohave them tested for HIV? |  |
| 22. Where will you like to have your children tested? | hospitalcommunityindifferentother, specify:………………………………… | 23. How many children did this parent enrolled inthe study for HIV testing? (this question should be answered at the end of the enrolment period) | | | | |

Comments:………………………………………………………………………………………………………………………………

Interviewed by:………………………………………….Signature……………………………….Date……………………………..

Checked by:……………………………………………..Signature………………………………..Date……………………………

**QUESTIONNAIRE No 2: PARENTS/GUARDIANS ACCOMPANYING CHILDREN TO HOSPITAL**

 *(Each parent/guardian should have only one form, irrespective of*

 *the number of children brought to the hospital)*

Study IDP| | | | | I I I I

Health Facility : …………………………………………... Date of encounter:…….../ …./…….

|  |  |
| --- | --- |
| 1.Full name |  |
| 2. Residence (village/quarter) |  |
| 3. Phone number |  |
| **The section above should be detached from this form prior to data entry** |
| **ASPA QUESTIONNAIRE NO 1: Parents at OPD Study IDP**| | | | | I I I  |
| 4. Age | | | | | 5. Sex |  Male  Female |
| 6. Education level |  None nursery primary secondary higher level | 7. Occupation | farmingtradingoffice work studentOthers, specify: ………………… |
| 8. Marital status | MarriedSingleCohabitatingDivorced/separatedWidow/widower |
| 9. What is your HIV status? | positivenegativeunknown |
| 10. How many children have you brought to the hospital today? | | | | |
| 11. Are you willing to have these children tested forHIV today? | yes , go to children enrollment formno if no, go to Q21 |
| 12. Why don’t you want to have them tested for HIVtoday? | ……………………………………………………… |

Comments:………………………………………………………………………………………………………………………………...

Interviewed by:………………………………….Signature………..…………………………..Date…………………………………..

Checked by:……………………………………..Signature…………………………………...Date…………………………………...

**QUESTIONNAIRE No 3: ENROLLMENT FORM FOR CHILDREN BORN TO HIV POSITIVE PARENT(S)**

 *(Each child should have a separate form)*

Health Facility:………………….………. Date of encounter:…………../..…./…………….

|  |
| --- |
| Child’ full names: ……………………………………………………………………………………………Study IDC| | | | | I I I I |
| **Parent’ details** |
| Full names |  |
| Phone number |  |
| Residence |  |
| **The section above should be detached from this form prior to data entry** |
| **ASPA QUESTIONNAIRE No 3: Children of PLHIV Study IDP| | | | | I I I**  |
| ***A. Socio-demographic and HIV status of the child*** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Age | | | | | 2. Sex |  Male  Female |
| 3. Identify for HIVtesting through | MotherFather |
| 4. Education level |  none nursery primary secondary higher level |
| 5. Did the mother attended antenatal consultations (ANC) during the pregnancy of this child? | YesNoUnknown  |
| 6. Where was the child born?  | Hospital Home Unknown  | 7. Was the mother received ARVs (PMTCT) drugs during pregnancy? |  Yes  No  Unknown |
| 8. Has the child evertested for HIV? |  yes  no (go to 9) unknown (go to 9) | 9. What is the HIV status of the child? |  Positive Negative unknown |
| 10. Is the child receivingARVs? | Yes(go to Q10)No | 11. Why is the child not in care? |  |
| 12. Is the mother alive? |  yes no | 13. Mother’s education level |  none nursery primary secondary higher level Unknown |
| 14. Mother’s occupation |  farming trading office work others, specify:……..................... | 15. Mother's HIV status |  negative positive unknown |
| 16. Is mother on ART? |  yes no unknown | 17. Is the father alive? |  yes no |
| 18. Father’s educationlevel |  None nursery primary secondary higher level unknown | 19. Father’s occupation |  farming trading office work Others,specify: ………………… |
| 20. Father’s HIVstatus |  Negative Positive unknown | 21. Is father onART? |  yes no unknown |
| 22. Mode of recruitment | Parents from: ARVs VCT PTMCT TB unit LTF Others….. | 23. Did the mother takeARVs drugs duringthe pregnancy of this child? |  yes no unknown |
| 24. Preferred site for HIV testing? |  Hospital Community Indifferent | 25. Actual site for HIVtesting? |  Hospital community |
| 26. 1st rapid HIVtest result |  Negative PositiveIndeterminate | 27. 2nd rapid HIV testresult | NegativePositiveIndeterminate |
| 28. PCR testing(if child <18 months) | NegativePositive | 29. Final HIV results | NegativePositiveIndeterminate |

**B. ART ELIGIBILITY ASSESSMENT AND LINKAGE TO CARE (*only for HIV+ children*)**

|  |  |  |  |
| --- | --- | --- | --- |
| 30. Clinical assessment | Weight: . (kg) Height: . (cm)Head Circumference: . (cm) WHO Staging: Stage 1  Stage 2 Stage 3  Stage 4 | 31.LaboratoryAssessment | Hb (g/dl): . TLC: CD4:%CD4: |
| 32. Immunological Classification: |  No evidence of suppression (%CD4≥25) Evidence of moderate suppression (15≤%CD4≤24) Severe suppression (%CD4<15) |
| 33. Eligible to ART |  No*(go to Q31)* Yes | 34. ART regimen prescribed |  NVP-based EFV-based PI-based |
| 35. Registration in pre-ART register |  Yes No | 36. specify thereasons for the non registration in pre-ART register |  Lost to follow up No register Others, specify: ………...... |
| 37. Cotrimoxazole prescribed |  yes no, specify reasons: ……….......................................................................................... |

Comments:………………………………………………………………………………………………………………………………...

Interviewed by:………………………………….Signature………..…………………………..Date…………………………………..

Checked by:……………………………………..Signature…………………………………...Date…………………………………...

**QUESTIONNAIRE No 4: ENROLMENT FORM FOR CHILDREN SEEN AT THE OUTPATIENT DEPARTMENT**

*(Each child should have a separate form)*

|  |
| --- |
|  Child’ full names: ………………………………………………………………………………………....Study IDC| | | | | I I I I |
| Parent’ details |
| Full names |  |
| Phone number |  |
| Residence |  |
| The section above should be detached from this form prior to data entry |
| ASPA QUESTIONNAIRE No 4: Children of PLHIV Study IDP| | | | | I I I  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Age | | | | | 2. Sex |  Male  Female |
| 3. Brought to thehospital by | MotherFatherGrand-motherGrand-fatherOthers, specify: ………................................................ |
| 4. Education level |  none nursery primary secondary higher level |
| 5. Did the mother attended antenatal consultations (ANC) during the pregnancy of this child? | YesNoUnknown |  6. Where was the child born? |  Hospital Home Unknown |
| 7. Has the child ever tested for HIV? |  yes no (go to no 7) unknown (go to no 7) | 8. What is the HIVstatus of the child? |  negative (go toQ9) positive unknown |
| 9. If positive, is thechild on ARVs |  Yes ( go to Q9) No | 10. Why is thechild not onART |  |
| 11. Is the mother alive? |  yes no | 12. Mother’seducation level |  none nursery primary secondary higher level Unknown |
| 1. 13. Mother’s occupation
 |  farming trading office work Others, specify:…… | 14. Is thefather alive? |  yes no |
| 15. Father’s education level |  None nursery primary secondary higher level unknown | 16. Father’s occupation |  farming trading office work Others, specify:………………… |
| 17. 1st rapid HIV test result |  Negative Positive Indeterminate | 18. 2nd rapid HIV test result | NegativePositiveIndeterminate |
| 19. PCR (if child<18 months) | NegativePositive | 20. Final HIV status |  Negative (stop here) Positive Indeterminate |

**B. ART ELIGIBILITY ASSESSMENT AND LINKAGE TO CARE (*only for HIV+ children*)**

|  |  |  |  |
| --- | --- | --- | --- |
| 21. Clinical Assessment | Weight: . (kg)Height: . (cm)Head Circumference: . (cm) WHO Staging: Stage 1  Stage 2 Stage 3  Stage 4 | 22.LaboratoryAssessment | Hb (g/dl): . TLC: CD4: %CD4:  |
| 23. Immunological Classification: |  No evidence of suppression (%CD4≥25) Evidence of moderate suppression (15≤%CD4≤25) Severe suppression (%CD4<15) |
| 24. Eligible to ART |  No*(go to Q26)* Yes | 25. ART regimenprescribed |  NVP-based EFV-based PI-based |
| 26. Registration inpre-ARTregister |  Yes No | 27. specify thereasons for the non registration in pre-ART register |  Lost to follow up No register Others, specify: ………...... |
| 28. Cotrimoxazoleprescribed |  yes no, specify reasons: ………............................................. |

Comments:………………………………………………………………………………………………………………………………...

Interviewed by:………………………………….Signature………..…………………………..Date…………………………………..

Checked by:……………………………………..Signature…………………………………...Date…………………………………...