**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:…….../ …./…….

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 on  TB treatment? | | | yes  no | |
| 11. Are you on ARV  drugs? | | yes  no | | | 12.If yes, for how long  have you been on ARV  drugs | | | | | | | |
| 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 HIV  positive children are receiving the following services? | | | CD4 count  monitoring | | | | | | | | | |
| Antiretroviral drugs  (ARVs) | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Cotrimoxazole  prophylaxis | | | | | | |
| nutritional support | | | | | | |
| home visits by  community health workers | | | | | | |
| 18. Are you | receiving nutritional  support from the treatment center? | yes  no | | |
| receiving home  visits by community health workers | yes  no | | |
| a member of an  association of people living with HIV/AIDS | yes  no | | |
| are you on antiretroviral drugs (ARV) | yes  no | | |
| 19. How many of your children  less 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 have  these children tested for HIV? |  No   Yes (go to 22 and then enrolment form for children) | | | |
| 21. Why don’t you want to  have 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 in  the 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 for  HIV today? | | | | | yes , go to children enrollment form  no if no, go to Q21 | |
| 12. Why don’t you want to have them tested for HIV  today? | | | | | ……………………………………………………… | |

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 HIV  testing 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 ever  tested 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 receiving  ARVs? | 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 education  level |  None   nursery   primary   secondary   higher level   unknown | 19. Father’s occupation | | |  farming   trading   office work   Others,specify: ………………… | | | | |
| 20. Father’s HIV  status |  Negative   Positive   unknown | 21. Is father on  ART? | | |  yes   no   unknown | | | | |
| 22. Mode of recruitment | Parents from:   ARVs   VCT   PTMCT   TB unit   LTF  Others….. | 23. Did the mother take  ARVs drugs during  the pregnancy of this child? | | | |  yes   no   unknown | | | |
| 24. Preferred site for HIV testing? |  Hospital   Community   Indifferent | 25. Actual site for HIV  testing? | | | | |  Hospital   community | | |
| 26. 1st rapid HIV  test result |  Negative   Positive  Indeterminate | 27. 2nd rapid HIV test  result | | | | | 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.Laboratory  Assessment | | 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 the  reasons 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 the  hospital 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 HIV  status of the child? | | |  negative (go to  Q9)   positive   unknown |
| 9. If positive, is the  child on ARVs | |  Yes ( go to Q9)   No | | | | 10. Why is the  child not on  ART | | |  |
| 11. Is the mother alive? | | |  yes   no | | 12. Mother’s  education level | | |  none   nursery   primary   secondary   higher level   Unknown | |
| 1. 13. Mother’s occupation | | |  farming   trading   office work   Others, specify:…… | | 14. Is the  father 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.Laboratory  Assessment | | 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 regimen  prescribed | |  NVP-based   EFV-based   PI-based | |
| 26. Registration in  pre-ART  register |  Yes   No | 27. specify the  reasons for the non registration in pre-ART register | |  Lost to follow up   No register   Others, specify: ………...... | |
| 28. Cotrimoxazole  prescribed |  yes   no, specify reasons: ………............................................. | | | | |

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

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

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