**QUESTIONNAIRE No 5.**

**SURVEY PARENTS LIVING WITH HIV/AIDS**

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| --- | --- |
| 1. What is the travel time in a vehicle from your home to the hospital?
 | ❑<30 min ❑30min-60min ❑>60min |
| 1. What are the reasons for not bringing your child to the hospital for HIV testing?
 | ❑ Lack of transport money❑ Lack of time❑ Children in school❑ Children not living with me❑ Spouse/partner opposed my decision❑ Do not want my child to know I am HIV positive❑ Child too small❑ Others:…………………............................. |
| 1. If applicable, what can be done for you to bring your child in the hospital for HIV testing?
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| 1. Will you be willing for community health workers to come and test your child at home?
 | ❑Yes❑No❑ Undecided❑ I have to ask my spouse/partner |
| 1. Have you disclosed your status to your spouse/partner
 | ❑Yes❑No❑Do not remember❑Choose not to anwser |

Study IDP|\_\_\_|\_\_\_|\_\_\_|\_\_\_|