APPENDIX 3: QUESTIONNAIRE

PART A: SOCIODEMOGRAPHIC
Date of interview day month year
1.What is your age?
2. What is your date of birth day month year
3. What is your gender? Male Female
4. What is your religion? Protestant Catholic Muslim Seventh day Adventist others
5. What is the highest level of education? Primary Secondary Degree Postgraduate others
6. Have you ever been married? Yes No
7. Are you currently married? Yes No
8. Do you have a sexual partner? Yes No
9. Besides your current sexual partner, do you have other sexual partners? Yes No
10. Do you have a previous spouse or sexual partner who died? Yes No
11. If yes what do you think was the cause of the death? HIV related illness others don't know
PART C: HEALTH AND HEALTH CARE IN THE PAST 3 MONTHS
12. In the past 3 months where you admitted in a hospital for any reason? Yes No
13. In the past 3 months have missed a schedule HIV visit for any reason? Yes No
14. If yes what was the reason for missing the schedule visit? Forgetting No transport others
PART D : HIV TESTING AND SEXUAL BEHAVIOUR
15. When was the first time you tested positive? Month year
16. Before you tested HIV positive when was the last time you remember testing negative? Month year
17. Have ever had any serious condition or illness you felt was caused by HIV/AIDS infection?

Yes No
18. If yes please state the disease and the year Disease Year ☐ Do not know the year ☐
19. How old were you when you had sex for the very first time? Years ☐ Don't know ☐
20. How many different people have you had sex with in your life? One ☐ others ☐ Don't know ☐
21. In the past 3 months how many people did you have sex with? One ☐ others ☐ Don't know ☐
22. Of those with whom you had sex with in the past 3 months, how many were spouses? One ☐ >10 ☐ others ☐
23. Of those with whom you had sex with in the past 3 months, how many were your steady partners? One ☐ >10 ☐ others ☐
24. Of those with whom you had sex with in the past 3 months, how many were your casual partners? One ☐ >10 ☐ others ☐
PART E: ARV HISTORY AND ADHERENCE
25. When did you start taking ARV? Day ☐ Month ☐
26. What ARVS were you initiated on? i)Lamivudine, Nevirapine, Stavudine
ii)Lamivudine, Nevirapine, Zidovudine
iii) Lamivudine, Nevirapine, Tenofovir
iv) Lamivudine, Efavirenz, Zidovudine
v) Lamivudine, Efavirenz, Tenofovir
vi) Others specify
27. Has any clinician ever changed your ARV regime? Yes ☐ No ☐
28. If yes which ones? i) Lamivudine, Nevirapine, Stavudine
ii) Lamivudine, Nevirapine, Zidovudine
iii) Lamivudine, Nevirapine, Tenofovir
iv) Lamivudine, Efavirenz, Zidovudine

v) Lamivudine, Efavirenz, Tenofovir
vi) Others specify
29.What ARVs are you taking now? i) Lamivudine, Nevirapine, Stavudine
ii) Lamivudine, Nevirapine, Zidovudine
iii) Lamivudine, Nevirapine, Tenofovir
iv) Lamivudine, Efavirenz, Zidovudine
v) Lamivudine, Efavirenz, Tenofovir
vi) Others specify
30. Have you ever stopped taking ARVs Yes ☐ No ☐
31. If yes why? Doctor ☐ self ☐ lack of transport ☐ others ☐
32. How often do you take ARVs? Please tick the percentage on the line below at the point showing your best guess about how much current ARVs you have taken in the past 30 days.
0%. ..Means you have taken no current ARVs, 50% ...Means you have taken half of your current ARVs and 100% means you have taken every single dose of current ARVs

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

33.Has any clinician ever changed your ARV regime? Yes ☐ No ☐
34.If yes, why?
PART F: NUTRITIONAL PROFILE
35What types of foods are locally available in your area?
36. Patients on ARVs require a balanced diet to boost their immune system functioning. Kindly describe your day's diet.
37. What challenges do you face in obtaining food?