

**EVALUATION OF SURVIVAL OF HIV POSITIVE PATIENTS FOLLOWING
STANDARD TREATMENT FOR CRYPTOCOCCAL MENINGITIS (CCM) IN
UGANDA.**

Questionnaire (English)

1) Demographics

i) Patient ID

ii) Gender

1) Male

2) Female

iii) D.O.B / Age (dd/mm/yyyy):

.....

iv) Maximum education attained (class) /number of years in school:

v) Marital status

a) Married

b) Separated

c) Single.

2) Is the patient still alive?

a) Yes

b) No.

3) If Dead,

i) What was the date of death?

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ii) If records available,
what was the diagnosis at time of death?

.....

Or, if records not available,
what were the 5 most remarkable symptoms prior to death?

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.....
.....
.....
.....

iii) Where did the patient die from?

- a) Home
- b) Hospital/health facility (Write hospital / health centre name here
.....)

iv) Was the patient taking fluconazole prior to death?

- a) No
- b) Yes, but inconsistently
- c) Yes and consistently

v) Was patient taking ART?

- a) No
- b) Yes, but inconsistently
- c) yes and consistently.

vi) How often was a caretaker available during a week?

- a) 5-7 days a week
- b) 2-4 days a week
- c) Less than 2 days a week.

vii) How was the care taker related to the patient?

- a) Wife/Husband
- b) Mother/Father
- c) Sibling
- d) Other, specify.....

viii) Was the patient ever readmitted since the initial treatment for meningitis to the time of completion of 10 weeks' of treatment?

- a) No
- b) Yes

ix) If answer to viii) is (yes), how many times was the patient readmitted?

- a) Once
- b) 2 times
- c) 3 times
- d) More than 3 times.

4) If the patient is still alive,

i) Is the patient still taking fluconazole?

- a) No
- b) Yes, but inconsistently
- c) Yes and consistently

ii) If answer to i) above is no, why is patient not taking fluconazole

- a) Stopped by clinician
- b) Drugs not available at HIV clinic
- c) Patient choice

iii) Is patient taking ART?

- a) No
- b) Yes, but inconsistently
- c) Yes and consistently.

iv) Does the patient have a caretaker?

- a) Yes
- b) No

If answer is (No), go to (vii)

v) How is the caretaker related to the patient?

- a) Wife/Husband
- b) Mother/Father
- c) Sibling
- d) Other, specify.....

vi) How often is a caretaker available during a week?

- vi) 5-7 days a week
- vii) 2-4 days a week
- viii) Less than 2 days a week.

vii) Has the patient ever been readmitted?

- a) Yes
- b) No

viii) If yes, how many times?

.....

ix) Has the patient resumed work? (This could be the work he/she used to do prior to being admitted or any new activity that supports their livelihood).

- a) Yes
- b) No

x) If answer to (viii) above is “yes”, what type of work does the patient do?

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