



Life on antiretroviral therapy

Adaptive coping and adjustment to living with HIV as a chronic condition in Wakiso District, Uganda

Survey questionnaire for 260 people living with HIV

CASES

Date this questionnaire was verified by supervisor

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DVER

Signature of supervisor

.....

Section A: Identification

A1 Name of interviewer _____

A2 Interviewer code: **INT**

A3 Respondent identity number **IDNO**

A4 Date of interview (date, month, year) **DINT**

A5 Time interview begins: **TINTBEG**

A6 Place of interview: **PLINT**
 Home ☐ (1) Health facility ☐ (2) Elsewhere ☐ (3) *Specify place.....*

A7 Does the respondent live in an urban, semi-urban or rural setting? **LOC**
 Urban ☐ (1) Semi-urban ☐ (2) Rural ☐ (3)

A8 Where does the respondent live?
 Village: Ekyalo _____ **RESVILL**
 Parish: Muluka _____ **RESPAR**
 Sub-county: Gombolola _____ **RESSUB**
 District: _____ **RESDIS**

A9 What relationship does the respondent have to the head of this household **RELHH**

Nannyini mu omuyita otya?

1 = head of household

2 = spouse/partner

3 = parent

4 = brother /sister

5 = child

6 = grandchild

7 = other *specify* _____

8 = no relationship

Section B: Socio-demographic characteristics of the participant (CONTROL GROUP ALSO)

B1 **Wazaalibwa ddi ?** Date of birth day month year **DOB**

99 = Don't Know if don't know, estimate age in B2

B2 **Gerageranya emyaka gyo** Estimation of Age **AGE**

B3 Sex 1 = male, 2 = female **SEX**

B4 **Olina buyigirize ki?** What level of education did you reach?

00 = nil 20 = pre-primary 01 = P1-P3 02 = P4-P7 03 = J1-J3 04 = S1-S3 05 = S4-S6

06 = further/higher 99 = Don't Know **EDU**

Religion

B5 **Oli wa ddini ki?** What is your religion? **RLG**

01 = Christian, Catholic

02 = Christian, Protestant

03 = Christian, Born Again

04 = Christian, SDA

05 = Christian, Jehova's Witness

06 = Muslim

07 = Hindu

08 = *other specify* _____

09 = no religion

Marital status

Kati ngenda kukubuuza ku bikwata ku mbeera y'ebyo bufumbo. I am going to ask about your marital status

B6 Do you live with a partner in this house? **PARTNER**

Obeera n'omwagalwa/omubeezi mu nnyumba eno?

1 = Yes **If Yes, go to B7**

2 = No **If No, go to B8**

B7 Do you regard this person to be your husband/wife Yes = 1, No = 2 **HUSWIFE**
Ono omutwala nga mwami/mukyala wo?

- B8 Do you have a partner who lives elsewhere? **PARTElse**
Olina omwagalwa/omubeezi abeera awalala?
- 01 = Yes ☐ **If Yes, go to B9 + to B10**
 02 = No ☐ **If No, go to B11 + to B12**
- B9 Do you regard this person to be your husband/wife ☐ Yes = 01, No = 02 **HUSWIFEELSE**
Ono omutwala ng'omwami/mukyala wo?
- B10 For how many years have you been together or married? **Mubadde mwena kumala bbanga ki?**
- Partner - Home: months years **PARTDURHO**
 Partner – Elsewhere: months years **PARTDUREL**
- B11 So do you regard yourself as single? ☐ Yes = 01, No = 02 **SINGLE**
Wetwala nga atalina mubeezi/mwagalwa?
- B12 Are you a widow/widower? ☐ Yes = 01, No = 02 **WIDOW**
Oli Namwandu/ Ssemwandu?

If a woman:

- B13 Does your husband / partner have other wives / partners?
Omwami/omwagalwa wo alina abakyala/abagalwa abalala?

☐ Yes = 01, No = 02, Don't Know 99 **POLYGF**

GO TO B15

If a man:

- B14 Do you have more than one wife / partner? **Olina omukyala /omwagalwa asukka ku omu?**

☐ Yes = 01, No = 02 **POLYGM**

GO TO B15

- B15** Do you have children? ☐ Yes = 01, No = 02 **CHHOME**
Olina Abaana?

- B16 Number of your own children who live with you **CHHOME1**
Abaana bo bameka ababeera nawe?

- B17 Number of your children who live elsewhere **CHNOHOME**
Abaana bo bameka ababeera awalala?

B18 Do you have other children who live with you ☐ Yes = 1, No = 2 **OTHCHILD**
Abaana abalala ababeera nawe

B19 If yes, how many? **CHHOME2**
Oba Yee, bali bameka?

Household composition

I would like you to think about **all** the people who are part of your household. **How many** people live in, OR share, this household?

Nsaba olowooze ku bantu bonna abomumakaago.

B20 Total number of people living in this household **HHTOT**
Omuwendo gw'abantu bonna ababeera mu maaka gano. Abantu bameka ababeera mu maka gano?

OF THESE, HOW MANY ARE: Bameka ku bantu bomumaka go nga:

B21 Children under 10 years of age **HH10**
Baana abali wansi w'emyaka ekkumi

B22 Children aged 11-17 years **HH17**
Baana abalina emyaka okuva ku kkumi nagumu okutuuka ku kumi namusanvu

B23 Adults aged 18-35 years **HH35**
Bantu bakulu okuva ku myaka kkumi na munaana okutuuka kwasatu mw'etaano

B24 Adults aged 36-49 years **HH49**
Abantu bakulu okuva ku myaka asatu mu mukagga okutuuka ku ana mu mwenda

B25 Adults aged 50-59 years **HH59**
Bantu bakulu okuva ku myaka ataano okutuuka ku ataano mu mwenda

B26 Adults aged 60 years and older **HH60**
Bantu bakulu okuva ku myaka nkaaga n'okusoba

Definition of household: Two of the following: - Share same food

Living in same residence for the past month, or return regularly from migratory work

Contribute to the household economy and activities (includes lodgers)

Section C: HIV Treatment (THIS SECTION NOT FOR CONTROL GROUP)

Note for the enumerator: This section is for the CURRENT ART Facility

- C1 Are you currently obtaining ART from a health facility? ☐ Yes = 1, No = 2. **ART**
Mukiseera kino, ofuna eddagala eriweeiza ku kawuka ka siriimu okuva muddwaliro?

If YES, go to C3

If NO, go to C2 + to C6 + to C29

- C2 Why are you not obtaining ART? **Lwaki tofuna ddagala liweeiza ku kawuka ka siriimu?**
Specify reason(s).....
..... **NOART**
.....

If NO, go to C6 and then to C29

- C3 From which facility did you last obtain your ART? **ARTFACILITY**

Eddagala eriweeiza ku kawuka ka siriimu wasemba kulifunira wa?

- | | | | |
|-------------------|--------------------------|-----|-----------------------|
| Grade A | <input type="checkbox"/> | (1) | |
| Kasanje HC (III) | <input type="checkbox"/> | (2) | |
| Nakawuka HC (III) | <input type="checkbox"/> | (3) | |
| Kigungu (III) | <input type="checkbox"/> | (4) | |
| TASO | <input type="checkbox"/> | (5) | |
| TASO Outreach | <input type="checkbox"/> | (6) | <i>specify:</i> _____ |
| Other | <input type="checkbox"/> | (7) | <i>specify:</i> _____ |

- C4 For how long have you been obtaining ART from this facility?
Omaze bbanga ki ng'ofunira eddagala eriweeiza mu kifo kino?

months years **ARTDUR**

- C5 Have you had to change the medicine and move to a different type of ART?
Okusizza mudaggala eriweeiza nodda ku kika ekirala?

- | | | |
|-------------------------------|--------------------------|------|
| Same medicine as when started | <input type="checkbox"/> | (1) |
| Changed medicine | <input type="checkbox"/> | (2) |
| Don't know | <input type="checkbox"/> | (99) |

TASO

Ogambye nti edaggala lyo olifunira mu ddwaliro/kitongole X. Ogendayo buli ddi?

OTHERFRQU

DISTANCE

TIME

TRANS

TRANSWA

TRANSBI

TRANSTAX

TRANSBODA

TRANSBUS

TRANSCAR

TRANSFER

TRANSBOAT

TRANSOTH

TRANSCOST

C12 How long do you usually have to wait at the facility on the day you go to pick up your medicine?

Bwogenda okunona edaggala ku ddwaliro, otera kulinda kumala bbanga ki?

hours minutes **WAITTIME**

C13 What other advice, medicine or services do you **RECEIVE** from that facility / organisation?
Magezi , daggala oba mpereza ki endala gy'ofuna okuva ku ddwaliro/kitongole ekyo?

(Mark more than one if necessary)

- C13 (a) Septrin tablets ☐ Yes = 1, No = 2 **SEPTRINR**
- C13 (b) Medical advice from the nurse / doctor ☐ Yes = 1, No = 2 **ADVICER**
- C13 (c) Counselling and related support about living with HIV ☐ Yes = 1, No = 2 **COUNSR**
- C13 (d) Urine test ☐ Yes = 1, No = 2 **URINER**
- C13 (e) Blood test ☐ Yes = 1, No = 2 **BLOODR**
- C13 (f) CD4 test ☐ Yes = 1, No = 2 **CD4TESTR**
- C13 (g) other service X **specify** _____ ☐ Yes = 1, No = 2 **OTHSERV1R**
- C13 (h) other service Y **specify** _____ ☐ Yes = 1, No = 2 **OTHSERV2R**

C14 In addition to obtaining ART from that facility, what else happens when you are there? What other advice, medicine or services do you **SEEK OUT** from that facility / organisation?

(Mark more than one if necessary)

Ngogyeeke okufuna edaggala ku dwaliro eryo, kiki ekirala ekibawo ng'ogenzeeyo?
Magezi, daggala oba mpereza ki endala gy'onoonya oba gyewandiyagadde okuva kudwaliro/ekitongole ekyo?

- C14 (a) Septrin tablets ☐ Yes = 1, No = 2 **SEPTRINS**
- C14 (b) Medical advice from the nurse / doctor ☐ Yes = 1, No = 2 **ADVICES**
- C14 (c) Counselling and related support about living with HIV ☐ Yes = 1, No = 2 **COUNSS**
- C14 (d) Urine test ☐ Yes = 1, No = 2 **URINES**
- C14 (e) Blood test ☐ Yes = 1, No = 2 **BLOODS**
- C14 (f) CD4 test ☐ Yes = 1, No = 2 **CD4TESTS**
- C14 (g) other service X **specify** _____ ☐ Yes = 1, No = 2 **OTHSERV1S**
- C14 (h) other service Y **specify** _____ ☐ Yes = 1, No = 2 **OTHSERV2S**

C15 In your last visit, how much did you spend on:

Ku lukyala olusembyeyo, wasasaanya ssente mmeka ku:

C15 (a) Septrin

UgX **OTHERCOST**

C15 (b) CD4

UgX

C15 (c) Other *specify* _____

UgX

C15 (d) No cost

☐

C16 How would you describe / rate the OVERALL quality of the SERVICES that you receive from the FACILITY?

Omutindo gwempereza gy'ofuna okuva ku ddwaliro lino oyinza kugugerageranya otya?

Poor = 1

Average/fair/ok = 2

Good = 3

SERVQUAL

C17 How would you rate the medical advice that you receive from the nurse / doctor?

Amagezi g'ofuna okuva mu basawo ogagerageranya otya?

Poor = 1

Average/fair/ok = 2

Good = 3

MEDADVICE

C18 How would you rate the manners or personal treatment that you receive from the nurse or doctor who you see at the facility?

Engeri abasawo gyebakuyisaamu ku ddwaliro lino ogigerageranya otya?

Poor = 1

Average/fair/ok = 2

Good = 3

PERSQUAL

C19 Would you like to change your service provider? Yes = 1 No = 2 ☐ **CHANGE SP**
Wandiyagadde okukyusa w'ofunira edaggala?

If yes, specify FROM which provider TO which provider _____
Oba yee okuva wa okudda wa?

If receiving counselling

C20 How would you describe the quality of the counselling services and advice that you receive from the nurse, doctor or HIV counsellor?

Wandigambye otya ku mutindo gw'okulungamizibwa n'amagezi g'ofuna okuva mubasawo oba omulungamya?

Poor = 1

Average/fair/ok = 2

Good = 3

COUNSQUAL

Other service providers

Note for the enumerator: This section is for RECEIVING SERVICES FROM ANOTHER FACILITY

- C21 In addition to using the facility / organisation X where you obtain your ART (C3), do you attend other services or health providers for HIV-related treatment, advice or support on a regular basis?

Ng'ogyeeke eddwaliro/ekitongole gy'ofunira eddagala eriweweeza, olina awalala w'ofunira obujjanjabi bw'akawuka, amagezi oba obuyambi bwa bulijjo?

☐

Yes = 1, No = 2

OTHERFACILITY

IF NO go to Section D

- C22 **IF YES**, from which facility / organisation do you regularly obtain these other services or support?

Oba YEE, kitongole ki/ddwaliro ki w'ofunira empeereza oba obuyambi buno?

mark only the next most used provider, not more than one provider **FACILITY2**

- | | | | |
|-------------------|--------------------------|-----|-----------------------|
| Grade A | <input type="checkbox"/> | (1) | |
| Kasanje HC (III) | <input type="checkbox"/> | (2) | |
| Nakawuka HC (III) | <input type="checkbox"/> | (3) | |
| Kigungu (III) | <input type="checkbox"/> | (4) | |
| TASO | <input type="checkbox"/> | (5) | |
| TASO Outreach | <input type="checkbox"/> | (6) | specify: _____ |
| Other | <input type="checkbox"/> | (7) | specify: _____ |

- C23 What other treatment, advice or services do you receive or seek out from that facility / organisation? **(mark more than one if necessary)**

Bujanjabi, magezi, oba mpeereza ki endala gy'ofuna oba gyewandiyagadde okuva mu ddwaliro/ekitongole ekyyo?

- | | | | |
|---|--------------------------|-----------------|-----------------|
| C23 (a) Septrin tablets | <input type="checkbox"/> | Yes = 1, No = 2 | SEPTRIN2 |
| C23 (b) Medical advice from the nurse / doctor | <input type="checkbox"/> | Yes = 1, No = 2 | ADVICE2 |
| C23 (c) Counselling and related support about living with HIV | <input type="checkbox"/> | Yes = 1, No = 2 | COUNS2 |
| C23 (d) Urine test | <input type="checkbox"/> | Yes = 1, No = 2 | URINE2 |

- C23 (e) Blood test ☐ Yes = 1, No = 2 **BLOOD2**
- C23 (f) CD4 test ☐ Yes = 1, No = 2 **CD4TEST2**
- C23 (g) Other service X *specify:* _____ ☐ Yes = 1, No = 2 **OTHSERV12**
- C23 (h) Other service Y *specify:* _____ ☐ Yes = 1, No = 2 **OTHSERV22**

If receiving counselling from elsewhere

- C24 How would you describe the quality of the counselling services and advice that you receive from the nurse, doctor or HIV counsellor?

Wandigambye otya ku mutindo gw'okulungamizibwa n'amagezi g'ofuna okuva mubasawo oba omulungamya?

Poor = ☐ 1 Average/fair/ok = ☐ 2 Good = ☐ 3 **COUNSQAL2**

- C25 On your last visit to this second facility, how much did you spend on the journey there and back?

Lwewasemba okugenda okunona edaggala ku ddwaliro lino ery'okubiri wasasanya ssente mmeka amagenda n'amadda?

Uganda Shilling **TRANSCOST2**

- C26 Did you have any expenses related to your last visit to this second provider, e.g. for Septrin, CD4 test, other medicines?

Olina ensasaanya yonna gyewakola eyekuusa n'olukyala lwo olusembyeeyo ku ddwaliro lino ery'okubiri okugeza ku septrin, okupima obungi bw'obutaffaali oba eddagala eddala?

Yes = 1, No = 2 ☐ **IF YES, go to C27**

- C27 In your last visit, how much did you spend on:

Ku lukyala olusembyeyo, wasasaanya ssente mmeka ku:

C27 (a) Septrin UgX **OTHERCOST2**

C27 (b) CD4 UgX

C27 (c) Other *specify* _____ UgX

C28 How frequently do you visit this second provider?
Kuddwaliro lino ery'okubiri otera kugendayo buli ddi?

- | | | | |
|-------------------------|--------------------------|-----|-------------------|
| Once every week | <input type="checkbox"/> | (1) | OTHERFRQU2 |
| Once every two weeks | <input type="checkbox"/> | (2) | |
| Once every month | <input type="checkbox"/> | (3) | |
| Once every two months | <input type="checkbox"/> | (4) | |
| Once every three months | <input type="checkbox"/> | (5) | |

C29 Are you a member of other HIV support organisations?

Olina ebitongole ebirala by'olimu nga biyamba abantu abalina akawuka akaleeta obulwadde bwa siriimu?

☐ Yes = 1, No = 2 **MEMBEROTH**

C30 If yes, please specify:

1. _____
2. _____
3. _____

Section D: Illness perceptions: NOT FOR CONTROL GROUP

For the following questions, please circle the number that best corresponds to your views

ENUMERATORS: Check illustration on the next page before completing this section

D1 How much does your illness affect your life? D1 Obulwadde buno bukosa kyenkanawa obulamu bwo?				
1 No effect at all Tewali kukosebwa kwonna	2 Nkosebwa kitono	3 Nkosebwamu	4 Nkosebwa kinene	5 Severely affects my life Nkosebwa ddala nnyo
D2 How long do you think this illness will continue? D2 Olowooza obulwadde buno onabeera nabwo kumala bbanga ki?				
1 A very short time Akaseera katono nnyo	2 Akaseera katono	3 Akaseera katonotono	4 Ekiseera kiwanvu	5 Forever Lubeerera
D3 How much control do you feel you have over it? D3 Olina buyinza ki ku bulwadde buno?				
1 Absolutely no control Sirina yadde	2 Obuyinza butono	3 Obuyinza butonotono	4 Obuyinza bwamanyi	5 Extreme amount of control Obuyinza bwamanyi ddala nnyo
D4 How much do you think your treatment can help this condition? D4 Olowooza obujanjabu buyamba kyenkana ki ku bulwadde buno?				
1 Not at all Tebuyambirako ddala	2 Buyamba kitono	3 Buyamba kitonotono	4 Buyamba nyo	5 Extremely helpful Buyambira ddala nnyo
D5 How often do you experience symptoms from this illness? D5 Otera okufuna obubonero bwo bulwadde buno?				
1 No symptoms at all Tewali kabonero nakamu	2 kitono	3 kitonotono	4 Mbufuna nyo	5 Many severe symptoms Bungi ate nga bwamanyi ddala nnyo
D6 How concerned (worried) are you about this? D6 Obulwadde buno obweralikirira kyenkana ki?				
1 Not at all worried Selalikirira mu nakamu	2 Nelalikirira kitono	3 Nelalikirira kitonotono	4 Nelalikirira kinene	5 Extremely concerned Nelalikirira ddala nnyo
D7 How well do you feel you understand your illness? D7 Obulwadde buno obutegeera otya?				
1 Do not understand at all Sibutegerera ddala	2 Mbutegera kitono	3 Mbutegeramu	4 Mbutegera	5 Understand very clearly Mbutegerera ddala
D8 How much does your condition affect you emotionally? (e.g. does it make you angry, scared Upset or depressed?) D8 Obulwadde buno bukosa kwenkana wa ebirowoozo byo? (e.g bukuleetera obusungu, okutya, okuva mu mbeera oba okwenyamira?)				
1 Not at all affected emotionally Tebunkosa nakamu	2 Nkosebwamu kitono	3 Nkosebwamu	4 Bunkosa kinene	5 Extremely affected emotionally Bunkoseza ddala nnyo

D9 How did this illness come about?
Obulwadde bwaja butya?

Husband's multiple partnerships

☐ 1

Wife's multiple partnerships

☐ 2

Not sure

☐ 3

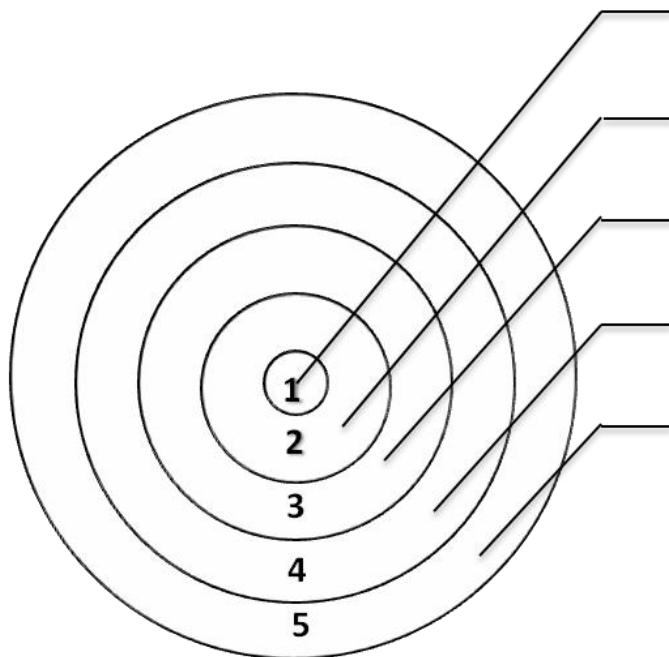
Unprotected sex

☐ 4

Other (specify)

☐ 5

Section D: Illness Perception



1: No effect at all (**tewali kukosebwa kwonna**)

2: Little effect
(**nkosebwa kitono**)

3: Some effect
(**nkosebwamu**)

4: Great effect
(**nkosebwa kinene**)

5: Severely affects my life
(**nkosebwa ddala nnyo**)

Section E: Mental Acceptance of HIV (THIS SECTION NOT FOR CONTROL GROUP)

Instructions: A number of statements are given below which describe people's reactions to having HIV. Please circle the appropriate number to the right of each statement indicating how far it applies to you at present. For example, if the statement definitely does not apply to you then you should circle 1 in the **first column**. **Byengenda okusomera wamanga byebinyonyola engeri abantu gyebatera okulowooza nga balina akawuka.**

		Definitely does not apply to me Ekyo Ssikirowoolezan ga ko ddala	Does not usually apply to me Ssitera Kulowooza bwentyo	Applies to me most of the time Ntera Okulowooza bwentyo	Definitely does apply to me Ndowooleza ddala ddala bwentyo
E1	I have been doing things that I believe will improve my health (e.g. changed my diet) Mbadde nga nkola ebyo byenkakasa Nti binalongoosa embeera y'obulamu bwange; gamba nga okukyusa ebyendya yange	1	2	3	4
E2	I feel I can't do anything to cheer myself up Muli mpulira nga ssirina kyennyinza kukola okusobola okwesanyusa	1	2	3	4
E3	I feel that problems with my health prevent me from planning ahead Mpulira ng'ebizibu byennina ku bulamu bwange binnemesa okwetegekera eby'omumaaso	1	2	3	4
E4	I believe that my positive attitude will benefit my health Nzikiriza nti okulowooza obulungi kumbeera y'obulamu bwange kijja kugasa obulamu bwange	1	2	3	4
E5	I don't dwell on my illness Nze ssimala biseera kuddawo kulowooza ku bulwadde bwange	1	2	3	4
E6	I firmly believe that I will get better <i>Nkakasiza ddala nti nja kuba bulungi</i>	1	2	3	4

		Definitely does <u>not</u> apply to me Ekyo Ssikirowoolezan ga ko ddala	Does <i>not</i> <i>usually</i> apply to me Ssitera Kulowooza bwentyo	Applies to me <i>most of</i> <i>the time</i> Ntera Okulowooza bwentyo	Definitely does apply to me Ndowooleza ddala ddala bwentyo
E7	I feel that nothing I can do will make any difference Mpulira nga tewali kyennyinza kukola nekireetawo enjawulo	1	2	3	4
E8	I've left it all to my doctors Byonna mbirekedde basawo bange.	1	2	3	4
E9	I feel that life is hopeless Mpulira nga ssirina ssuubi mu bulamu	1	2	3	4
E10	I have been doing things that I believe will improve my health; e.g. exercise Waliwo byenkola byensuubira okulongoosa mumbeera y'obulamu bwange, gamba ng'okubaako ne byenkola n'omubiri gwange nze kennyini.	1	2	3	4
E11	Since my HIV diagnosis I now realise how precious life is and I'm making the most of it Bukyanga ntegeezebwa nga bwennina obulwadde bwa sirimu, kaakati mmanyi nti obulamu bwamuwendo era mbweyagaliramu nga bwensobola	1	2	3	4
E12	I've put myself in the hands of God Nneetadde mu mikono gya Mukama Katonda	1	2	3	4
E13	I have plans for the future, e.g. holiday, jobs, housing Nnina entegeka ez'omumaaso, gamba nga okwewumuzaamu, okubaako emirimu gyenkola oba okuzimba	1	2	3	4
E14	I worry about the HIV getting worse Nneeralikirira olwa sirimu okusajjuka oba okweyongera	1	2	3	4

		Definitely does <u>not</u> apply to me Ekya Ssikirowoolezan ga ko ddala	Does <i>not</i> <i>usually</i> apply to me Ssitera Kulowooza bwentyo	Applies to me <i>most of</i> <i>the time</i> Ntera Okulowooza bwentyo	Definitely does apply to me Ndowooleza ddala ddala bwentyo
E15	I have had a good life and what I have now is a gift (a blessing) Mbaddeko mu bulamu obweyagaza-bwenina kati mbubala nga ekirabo (omukisa)	1	2	3	4
E16	I think my state of mind can make a lot of difference to my health Ndowoza nti embeera y'ebirowoozo byange esobola okuleetawo enjawulo mu mbeera y'obulamu bwange.	1	2	3	4
E17	I feel that there is nothing I can do to help myself Mpulira nga teriyo kyennyinza kukola okusobola okunnyamba	1	2	3	4
E18	I try to carry on my life as I've always done Ngezaako okugenda mu maaso nga bulijjo.	1	2	3	4
E19	I would like to make contact with others in the same situation. Nandiyagadde okusisinkana abantu abalala abali mu mbeera y'emu nga nze.	1	2	3	4
E20	I am determined to put it all behind me. Ndi mumalirivu okubyerabira byonna.	1	2	3	4
E21	I have difficulty in believing that this happened to me. Nina obuzibu okukiriza nti kino kyantuukako.	1	2	3	4
E22	I suffer great anxiety about it Nina obweralikirivu bwamaanyi ku bulwade buno.	1	2	3	4

		Definitely does <u>not</u> apply to me Ekyo Ssikirowoolezan ga ko ddala	Does <i>not</i> <i>usually</i> apply to me Ssitera Kulowooza bwentyo	Applies to me <i>most of</i> <i>the time</i> Ntera Okulowooza bwentyo	Definitely does apply to me Ndowooleza ddala ddala bwentyo
E23	I am not hopeful about the future Sirina suubi ku by'omumaaso.	1	2	3	4
E24	I feel like giving up Mpulira nga mpeddemu amaanyi.	1	2	3	4
E25	Other people worry about me more than I do Abantu abalala be basinga okuneralikirira.	1	2	3	4
E26	I think of other people who are worse off Ndowooza ku bantu abalala abali obubi okunsinga.	1	2	3	4
E27	I am trying to get as much information as I can about HIV Ngezaako okufuna amawulire mangi nga bwensobola agakwata ku siriimu.	1	2	3	4
E28	I feel that I can't control what is happening Mpulira nga sirina buyinza ku bigenda mu maaso.	1	2	3	4
E29	I try to have a very positive attitude Ngezaako okubeera n'endowooza ennungi ku bulwadde buno	1	2	3	4
E30	I keep quite busy, so I don't have time to think about it Ngezaako okufuna by'enkola nemba nga sirina budde bulowooza ku bulwadde.	1	2	3	4

		Definitely does <u>not</u> apply to me Ekyo Ssikirowoolezan ga ko ddala	Does <i>not</i> <i>usually</i> apply to me	Applies to me <i>most of</i> <i>the time</i>	Definitely does apply to me Ndowooleza ddala ddala bwentyo
E31	I avoid finding out more about it Newala okumanya ebisingawo ku bulwadde buno.	1	2	3	4
E32	I see my illness as a challenge Obulwadde buno mbulaba ng'ekizibu.	1	2	3	4
E33	I feel fatalistic about it Mpulira nga nkomye.	1	2	3	4
E34	I feel completely at a loss about what to do Mpulirira ddala nga tewali nakimu kyensobola kukola.	1	2	3	4
E35	I feel very angry about what has happened to me Mpulira nga ndi musunguwavu nnyo ku kyantuukako.	1	2	3	4
E36	I don't really believe my blood test result Sikiririza ddala mu byava mu kunkebera omusaayi.	1	2	3	4
E37	I count my blessings Emikisa gyange ngyebaza.	1	2	3	4

Section F: **Quality of Life:** WHO Qual Bref **(CONTROL GROUP ALSO)**

Instructions:

(Interviewer needs to take note and should read the statement to the patient)

This assessment asks how you feel about your quality of life, **health**, or other areas of your life. **Please answer all the questions.** If you are unsure about which response to give to a question, **please choose the one** that appears most appropriate. This can often be your first response. Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life

in the last four weeks!!!!

Bino bibuza ku ngeri gy'owuliramu ku mutindo gw'obulamu bwo oba ebintu ebirala mu bulamu bwo. Tukasaba oddemu ebibuuzo byonna. Bwoba tewekakasa kya kuddamu, tukusaba olonde ekisinga okwefananyiriza embeera yo. Kino kitera okuba ekisooka okugira mu ndowooza. Tukasaba oleme kwerabira omutindo, byosuubira, ebikunyumira n'ebikweralikiriza. Tukasaba olowooze ku bulamu bwo mu banga lya wiki nnya eziyise.

To the interviewer:

Please read each question, assess feelings of respondent, and circle the relevant number on the scale for each question that gives the best answer

		Very poor <i>Bubi ddala</i>	Poor <i>Bubi</i>	Neither poor nor good <i>Mpaawo wengwa</i>	Good <i>Bulungi</i>	Very good <i>Bulungi ddala</i>
F 1	How would you rate your quality of life? Omutindo gwo bulamu bwo ogugerageranya otya?	1	2	3	4	5

		Very dissatisfied <i>Siri mumativu nakamu</i>	Dissatisfied <i>Siri mumativu</i>	Neither Satisfied nor dissatisfied <i>Mpaawo wengwa</i>	Satisfied <i>Mumativu</i>	Very satisfied <i>Mumativu ddala</i>
F 2	How satisfied are you with your health? Oli mu mativu kwenkanawa nembeera y'obulamu bwo?	1	2	3	4	5

The following questions ask about **how much you experienced** certain things **in the last four weeks**. [*Ebibuzo bino wamanga byekusa kungeri gyobade owuliramu ebintu ebimu mu wiki ennya eziyise*]

		Not at all <i>Wadde nakamu</i>	A little <i>Katono</i>	A moderate amount <i>Katono katono</i>	Very much <i>Nnyo</i>	An extreme amount <i>Nnyo ddala</i>
F 3	To what extent do you feel that physical pain prevents you from doing what you need to do? Owulira nga Obulumi obwomubiri bukuziyiza kwenkanawa okukola byewetaaga okukola?	1	2	3	4	5
F 4	How much do you need any medical treatment to function in your daily life? Obujjanjabi obwekika kyonna obwetaaga kwenkanawa okutambuza obulamu obwa bulijjo?	1	2	3	4	5
F 5	How much do you enjoy life? Obulamu bukunyumira kwenkanawa?	1	2	3	4	5
F 6	To what extent do you feel your life to be meaningful? Owulira nga obulamubwo bwamugaso kwenkanawa?	1	2	3	4	5
F 7	How well are you able to concentrate? Osobola bulungi okusa essira kubyokola?	1	2	3	4	5
F 8	How safe do you feel in your daily life? Olowooza nti olina obukuumi ku bulamu bwo obwa bulijjo?	1	2	3	4	5
F 9	How healthy is your physical environment? Embeera y'ebbulamu kwebyo ebikwetolode eri etya?	1	2	3	4	5

The following questions ask about **how completely** you **experience**
or were able to do certain things **in the last four weeks.**

Ebibuuzo bino wamanga bikwata kw'ebyo b'yoyitamu oba by'okoze mu wiki nnya eziyise

		Not at all <i>Wadde nakamu</i>	A little <i>Katono</i>	Moderately <i>Katono katono</i>	Mostly <i>Nnyo</i>	Completely <i>Ddala ddala</i>
F 10	Do you have enough energy for everyday life? Olina amaanyi agamala okukola ebintu byo ebyabulijjo?	1	2	3	4	5
F 11	Are you able to accept your bodily appearance? Osobola okukkiriza embeera gyofananamu?	1	2	3	4	5
F 12	Do you have enough money to meet your needs? Olina sente ezimala okwetusaako byewetaaga?	1	2	3	4	5
F 13	How available to you is the information that you need in your day-to-day life? Osobola okufuna amawulire ge wetaaga mu bulamu bwo obwa bulijjo?	1	2	3	4	5
F 14	To what extent do you have the opportunity for leisure activities? Ofuna ebiseera ebye ddembe ebyokwewumuzamu?	1	2	3	4	5

		Very poor <i>Bubi ddala</i>	Poor <i>Bubi</i>	Neither poor nor good <i>Mpaawo wengwa</i>	Good <i>Bulungi</i>	Very good <i>Bulungi ddala</i>
F 15	How well are you able to get around (move around)? Osobola bulungi okutambulatambula?	1	2	3	4	5

The following questions ask you to say **how good or satisfied** you feel about various aspects of your life **over the last four weeks**. [*Ebibuuzo bino wamanga bibuuzza kubumativu bwolina mubintu ebimu mubulamubwomu wiki ennya eziyise*]

		Very dissatisfied Siri mumativu nakamu	Dissatisfied Siri mumativu	Neither Satisfied nor dissatisfied Mpaawo wengwa	Satisfied Mumativu	Very satisfied Mumativu ddala
F 16	How satisfied are you with your sleep? Olimumativu notulo twofuna?	1	2	3	4	5
F 17	How satisfied are you with your ability to perform your daily living activities? Olimumativu kwenkanawa ku ngeri gy'okakalabyamu emirimu'gyo egyabulijjo?	1	2	3	4	5
F 18	How satisfied are you with your capacity for work? Olimumativu kwenkanawa ku busobozi bw'olina okukola emirimu?	1	2	3	4	5
F 19	How satisfied are you with yourself? Olimumativu kwenkanawa nengeri gyewetwalamu?	1	2	3	4	5
F 20	How satisfied are you with your personal relationships? Olimumativu kwenkanawa nenkolaganayo n'abantu mubulamubwo?	1	2	3	4	5
F 21	How satisfied are you with the intimate or long term relationship in your life? Olimumativu kwenkanawa ku nsonga y'ebyomukwano mu bulamu bwo?	1 DO NOT ASK	2 THIS QUESTION	3 IN SENSITIVE	4 CASES e.g. widowed or divorced	5 or single or in later years of life

		Very dissatisfied <i>Siri mumativu nakamu</i>	Dissatisfied <i>Siri mumativu</i>	Neither Satisfied nor dissatisfied <i>Mpaawo wengwa</i>	Satisfied <i>Mumativu</i>	Very satisfied <i>Mumativu ddala</i>
F 22	How satisfied are you with the support you get from your friends? Olimumativu kwenkanawa nobuyambi bw’ofuna okuva eri mikwano gyo?	1	2	3	4	5
F 23	How satisfied are you with the conditions of your living place? Olimumativu kwenkanawa nekifo wobeera ?	1	2	3	4	5
F 24	How satisfied are you with your access to health services? Olimumativu kwenkanawa n’engeri gyofunamu empeereza ku byobulamu?	1	2	3	4	5
F 25	How satisfied are you with your transport? Olimumativu kwenkanawa n’ebyentambula?	1	2	3	4	5

The following question refers to **how often** you have felt or experienced certain things **in the last four weeks**. *[Ekibuuzo kino wamanga bikwata kungeri gyobadde owuliramu ebintu ebimu muwiiki ennya eziyise]*

		Never <i>Tekibangawo</i>	Seldom <i>Obwolumu</i>	Quite Often <i>Kitera okubaawo</i>	Very often <i>Wekiri ddala</i>	Always <i>Wekiri oluberera</i>
F 26	How often do you have negative feelings such as blue mood, despair, anxiety, depression? Otera okuwulira nga toli musanyufu, nga welalikirila, omutima teguteredde wamu, oba nga wenyamira?]	1	2	3	4	5

Do you have any comments about the assessment?

Section G: Depression Hopkins symptom list **(CONTROL GROUP ALSO)**

Instructions: Olukalala luno wansi bw'ebubonero oba obuzibu abantu abamu bw'ebatera okubera nabwo. Lusomere oyo abuzibwa n'obwegendereza osse obubonero mulunyiriri olulagga bw'abadde yeewulira mu mwezi oguwedde nga mwotwalidde n'olwaleero.

Listed below are symptoms or problems that people sometimes have. Please read each one of them carefully to the respondent and write in the appropriate column the score that best describes how he or she has been feeling **in the last one month including today**.

	Depression symptoms Obubonero bw'obulwadde bw'okweraliikirira	Not at all Nedda	A little Katonotono	Quite a bit Nnyo	Extremely Nnyo nnyo	Not applicable Tekigendera ku mbeera eriwo
		1	2	3	4	0
G1	Okuwulira obunafu, no'buyongobevu mumubiri Feeling low in energy, slowed down					
G2	Okwesalira omusango ku bibaddewo Blaming yourself for things					
G3	Okukaaba amangu Crying easily					
G4	Obutayagala kulya Poor appetite					
G5	Okubulwa otulo Difficulty falling asleep or staying asleep					
G6	Okubulwa essuubi Feeling hopeless about the future					
G7	Okunakuwala Feeling sad					
G8	Okufuna ekiwuubaalo Feeling lonely					
G9	Okwagala okwetta Thoughts of ending your life					

		Not at all Nedda	A little Katonotono	Quite a bit Nnyo	Extremely Nnyo nnyo	Not applicable Tekigendera ku mbeera eriwo
		1	2	3	4	0
G10	Okuwuulira nga onyigiriziddwa Feeling of being trapped or caught					
G11	Okweraliikirira ennyo ebintu Worry too much about things					
G12	Obutanyumirwa buli kintu Feeling no interest in things					
G13	Okwekaka okukola ebintu Feeling everything is an effort					
G14	Okuwuuliranga tolina mugaso Feeling of worthlessness					
G15	Obutayagala oba obutanyumirwa kwetaba munsonga z'obufumbo Loss of sexual interest or pleasure	DO NOT ASK	IN SENSITIVE CASES	e.g. widowed or divorced	or single or in the later years of life	

Total score = |__|__|__| DEPScore (If total score is 31 or more, offer the participant counselling and referral)

Section H: Adherence (THIS SECTION IS NOT FOR THE CONTROL GROUP)

H1 How many ART pills do you take per day?
Omira empeke mmeka ez'edaggala eriweweza akawuka ka sirimu olunaku? **PILLS**

H2 Have you missed taking any of your ART pills in the last 3 days? (Excluding today)
Mu nakku ssatu eziyise, wayosezzaamu okumira edaggala? (leero ng'olugyeeko) **MISS1**

☐ Yes = 1; No = 2

H3 Have you missed taking ART pills more than 3 times in the last month?
Oyosezza okumira edaggala emirundi egisukka mu esatu mu mwezi oguwedde? **MISS2**

Yes ☐ **If yes, go to H4** No ☐ **If No, this section is complete. Go to Section I.**

If missed taking some medicine

H4 People may miss taking their medicines for various reasons. Here is a list of possible reasons why people miss taking their medicines. In the last month, did you miss taking your medicines because of ANY of the following *(more than one box can be ticked)*

Abantu bayosa okumira edaggala olw'ensonga ezenjawulo. Wammanga lwelukalala lw'ensonga ezimu lwaki abantu bayosa okumira edaggala. Mu mwezi oguwedde, wayosaamu okumira edaggala olwensonga yonna kuzino wammanga?

You were away from home
Tewali waka

☐ 1 = yes, 2 = no

NOTHOME

You forgot
werabira

☐ 1 = yes, 2 = no

FORGOT

You were busy / changed routine
Walina by'okola/wakyusa mu by'okola bulijjo

☐ 1 = yes, 2 = no

BUSY

You had fear of side effects
Watya obuvune obuyinza okuva ku kumira edaggala

☐ 1 = yes, 2 = no

FEAREFFEC

You felt sick / ill
Wali mulwadde

☐ 1 = yes, 2 = no

SICK

Inadequate food in the household Tewalina mmere emala	<input type="checkbox"/>	1 = yes, 2 =no FOOD
Too many pills to take Walina empeke nyingi ez'okumira	<input type="checkbox"/>	1 = yes, 2 =no TOOMANY
The medicine was not working to control your illness Edaggala lyali terileetawo njawulo ku bulwadde	<input type="checkbox"/>	1 = yes, 2 =no INEFFECT
You felt depressed / overwhelmed with the illness Walina okunyolwa/obulwadde nga bukuyitiriddeko	<input type="checkbox"/>	1 = yes, 2 =no DEPRESS
You ran out of medicine Edaggala lyakuggwako	<input type="checkbox"/>	1 = yes, 2 =no NOMED
You felt good or better and did not see the need to take medicines Wali owulira bulungi nga tolaba nsonga lwaki wetaaga okumira Edaggala	<input type="checkbox"/>	1 = yes, 2 =no BETTER
You were advised by someone else to stop taking medicines Waliwo eyakuwa amagezi okulekeraawo okumira edaggala	<input type="checkbox"/>	1 = yes, 2 =no ADVICE
Lack of support from close relatives or friends Tewalina buyambi okuva mu be nganda oba emikwano	<input type="checkbox"/>	1 = yes, 2 =no NOSUPP
Lack of privacy during medical check-ups and counselling sessions Tewaali bwekusifu ng'okeberebwa mu ddwaliro era ng'olungamizibwa	<input type="checkbox"/>	1 = yes, 2 =no OPRIV
You did not want others to see you taking the medicine Wali toyagalal balala kukulaba ng'omira edaggala	<input type="checkbox"/>	1 = yes, 2 =no EMBAR
Lack of money to pay for transport to the health facility Tewalina ssente zisasulira ntambula kutuuka ku ddwaliro	<input type="checkbox"/>	1 = yes, 2 =no TRANS
Other reason:	<input type="checkbox"/>	1 = yes, 2 =no OTHER

Specify: _____

Section I: Socio-economic characteristics of the participant (CONTROL GROUP ALSO)

Livelihood activities

I 1 What are the main activities that produce food and earn money for **this household?**

Mirimu ki emikulu egireeta eby'okulya n'okufuna ssente mu maka muno?

	<u>CODES</u> (see below)			
ACTIVITY 1	<input type="text"/> <input type="text"/>	ACT1		
		Self employed	<input type="checkbox"/> Yes= 1; No =2	ACT1SE
		Regular Income	<input type="checkbox"/> Yes= 1; No =2	ACT1RI
ACTIVITY 2	<input type="text"/> <input type="text"/>	ACT2		
		Self employed	<input type="checkbox"/> Yes= 1; No =2	ACT2SE
		Regular Income	<input type="checkbox"/> Yes= 1; No =2	ACT2RI
ACTIVITY 3	<input type="text"/> <input type="text"/>	ACT3		
		Self employed	<input type="checkbox"/> Yes= 1; No =2	ACT3SE
		Regular Income	<input type="checkbox"/> Yes= 1; No =2	ACT3RI
ACTIVITY 4	<input type="text"/> <input type="text"/>	ACT4		
		Self employed	<input type="checkbox"/> Yes= 1; No =2	ACT4SE
		Regular Income	<input type="checkbox"/> Yes= 1; No =2	ACT4RI
ACTIVITY 5	<input type="text"/> <input type="text"/>	Specify _____		ACT5
		Self employed	<input type="checkbox"/> Yes= 1; No =2	ACT5SE
		Regular Income	<input type="checkbox"/> Yes= 1; No =2	ACT5RI

CODES:

- | | |
|---|---|
| 1 = Manual labour – unskilled | 2 = Farming – mainly subsistence |
| 3 = Fishing – small scale | 4 = Informal micro-enterprise |
| 5 = Manual labour - skilled artisan | 6 = Formal enterprise / service sector / professional |
| 7 = Other <i>please specify</i> _____ | |
| 8 = No activity that “produces food / earns money” for the household. The Household is therefore dependent on support from friends / relatives | |

I 2 What is **your** main activity?

Mulimu ki omukulu gw'okola?

RESPACT

Interviewer: for questions I3 and I4, please assess the roof; only ask if you are not sure of the answer from your observations.

I 3 **Yaseresa ki?** Type of roof

1 = thatch 2 = tile 3 = iron sheets 4 = plastic sheeting 5 = mixed iron/thatch

6 = mixed iron/tile 7 = other *specify* _____

☐

ROOFTYPE

I 4 **Omutindo /Embeera yakasolya eri etya?** Quality/state of the roof

Poor = ☐ 1

Average/fair/ok = ☐ 2

Good = ☐ 3

ROOFQUAL

I 5 **Enyumba eno yammwe ku bwamwe?**

Is the house owned by the household members living here?

1 = yes GO TO I 7 2 = no GO TO I 6

3 = don't know

☐

OWNER

I 6 Are you renting this accommodation? **Wano opangisaawo?**

1 = yes

2 = no

☐

RENTER

I 7 **Amazzi osinga kugajja wa?** What is your main water source?

1 = river

2 = well

3 = protected spring

4 = borehole

5 = rain catchment

6 = water tap in house

7 = trench

8 = tap-stand

9 = other please *specify* _____

☐

WATSOURCE

I 8 **Olina Kabuyonjo?** Do you have a toilet?

☐

1 = yes; 2 = no

TOILET

I 9 **Oba yee, kabuyonjo ya kika ki?** If yes, what type?

1 = pit latrine

2 = ventilated pit latrine

3 = flush

4 = pit

5 = other please *specify* _____

☐

TOILTYPE

I 10 **Musinga kukozeza ttaala yangeri ki munju muno okufuna ekitangala mubudde obwekiro?**

What is the predominant form of lighting for the house at night?

1 = electricity (HEP, generator, solar), 2 = paraffin lantern, 3 = wax candle,

4 = paraffin candle, 5 = other please *specify* _____

☐

LIGHT

Food (in) security and coping index

- I 11 **In the last 30 days**, have you been able to eat enough meals **EACH day** so as not to go hungry?

Mu nakku asatu eziyise, musobodde okulya emmere emala buli lunaku obutalumwa njala?

☐

Yes = 1, No = 2

MEALS

IF YES, GO TO I 13

- I 12 How often in the last month have you had to do any of the following?
Mirundi emeka mu mwezi oguyise gyewesanze ng'okoze bino wammanga?

(Circle a response to each question)

		Tekibangawo	Omulundi gumu oba ebiri mu wiiki	Emirundi egyisinga mu wiiki	Buli lunaku
A	Rely on less preferred & less expensive food? Okubeerawo ku mmere gyemutayagala nnyo n'etali yabbeeyi	Never	1x - 2x per week	3x - 6x per week	Every day
B	Rely on gifts / help from relative or friend outside the household? Okubeerawo ku birabo/buyambi okuva mu benganda oba abemikwano nga tebali mumaka muno.	Never	1x - 2x per week	3x - 6x per week	Every day
C	Borrow food, or borrow money to buy food from relatives or friends from outside the household? Okwewola emmere, oba ssente ezigula emmere okuva mu benganda oba emikwano nga tebali mu maka muno.	Never	1x - 2x per week	3x - 6x per week	Every day
D	Borrow money from a moneylender to buy food Okwewola ssente okuva mu bawola ensimbi okugula emmere	Never	1x - 2x per week	3x - 6x per week	Every day

E	Purchase food on credit? Okufuna emmere ku bbanja	Never	1x - 2x per week	3x - 6x per week	Every day
F	Eat wild foods Okulya emmere y'omunsiko	Never	1x - 2x per week	3x - 6x per week	Every day
G	Limit portions at meal times? Okukekkereza emmere eriibwa	Never	1x - 2x per week	3x - 6x per week	Every day
H	Reduce spending on other essential items? Okukendeeza ensasaanya kubyetagisa ebirala.	Never	1x - 2x per week	3x - 6x per week	Every day
I	Limit your own intake to ensure that your child / children get enough? Okukekkereza ku by'olya abaana bo basobole okufuna ebimala.	Never	1x - 2x per week	3x - 6x per week	Every day
J	Reduce number of meals eaten each day? Okukendeeza ku mmere gy'olya buli lunaku.	Never	1x - 2x per week	3x - 6x per week	Every day
K	Skip whole days without eating? Okumala olunaku nga tolidde.	Never	1x - 2x per week	3x - 6x per week	Every day

End of Interview

I 13

Time interview ends:

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Hours Minutes

TIMEND