

## **Summary of the sampling and enrollment procedures for the Coping with HIV/AIDS in Tanzania (CHAT) study**

Between November 2008 and October 2009, the CHAT study recruited 492 HIV infected adults receiving care at two regional referral hospitals; 262 individuals newly diagnosed with HIV at four urban voluntary counseling and testing (VCT) sites; 182 individuals testing HIV-negative at the same VCT sites; and 249 randomly selected adults from the surrounding community.

Eligible participants were ages 18 to 65 residing in the Moshi Urban, Moshi Rural, and Hai districts of the Kilimanjaro region, with plans to stay in the region for the foreseeable future.

Because the decentralization of HIV care during the study period was relevant only to HIV infected individuals, all analyses presented in this manuscript are limited to the first two cohorts.

Specific recruitment procedures were as follows. Patients enrolled from the two referral hospitals were selected by a random time point system, in which three minutes from each clinic day were randomly selected, with the probability of selection proportional to the expected number of patients in a given time interval. The next patient in line for triage at each time point was approached for participation in the research. The cohort of newly diagnosed HIV-positive individuals was enrolled by sequentially approaching all persons testing HIV positive at 4 VCT sites in Moshi Urban. After every other person testing positive, the next client testing negative was also invited. When an approached client was ineligible or refused participation in the study, the next client was asked to replace them. The community sample was recruited from a stratified random sample of 25 streets, the smallest administrative unit, in the study area. Ten households from each street were randomly selected from lists of households obtained from street leaders, and one household member between ages 18 and 65 years was randomly selected from all members willing to participate.

After written informed consent, participants completed in-person interviews every six months with trained local interviewers not previously known to the participants. Interviews were conducted in Kiswahili, participants' native language, and lasted approximately one hour. HIV-infected participants who had initiated clinical care also complete clinical exams on the same schedule and provided blood for CD4 counts and HIV RNA viral loads. The 3.5 year follow-up interviews were conducted between June and November 2012.