

**The impact of food insecurity on HIV outcomes in Senegal, West Africa:  
A prospective longitudinal study**

English translation of study questionnaire

<b>ENROLLMENT</b>
<b>PART 1</b>
<b>Participant age:</b>
<b>Participant sex:</b>
<b>Where were you born (country, region, department)?</b>
<b>Where do you live currently (country, region, department)?</b>
<b>How long does it take for you to travel from home to the clinic?</b>
<b>What means of transportation do you use to get to the clinic?</b>
<b>What is the round trip cost of transportation to the clinic?</b>
<b>What is your marital status:</b>
<b>Have you shared your HIV status with anyone?</b>
If YES, with who?
If NO, why haven't you shared your status?
<b>What is your highest educational level?</b> No school    Primary school    Secondary school    University
<b>Can you read and write?</b>
<b>Do you know how to do arithmetic?</b>
<b>Are you employed?</b>
If you were employed previously, why are you no longer employed?
If you are no longer working because of HIV/AIDS, explain:
<b>What is your profession?</b>
<b>How many children to you have?</b>
Have your children been tested for HIV?    Yes    No    Don't know
<b>Number of people in the household:</b>
<b>Number of people in the household &lt;5 years of age:</b>
<b>Number of people in the household ≥18 years of age:</b>
<b>Number of people in household who are employed:</b>
<b>Do you receive financial support in the form of donations or transfers?</b>
If YES, from whom, the amount and the frequency:
<b>Do you provide financial support in the form of donations or transfers?</b>
If YES, to whom, the amount and the frequency:
<b>Do you have a personal cell phone?</b>
If YES, is there any credit?
<b>Is there electricity in the household?</b>
<b>Is there tap water in the household?</b>
<b>Type of household toilet:</b>
<b>Type of household floor:</b>
<b>Do you have or have you ever had livestock?</b>
If YES, specify type of animal and number of each:
If you previously had livestock, please explain why you no longer have livestock:
Do you eat your livestock or their products (eggs, milk, etc.)?
Do you sell your livestock or their products (eggs, milk, etc.)?
<b>Do you or have you ever practiced agriculture or gardening?</b>

If YES, what are you cultivating?
If you previously practiced agriculture or gardening, please explain why you no longer practice agriculture or gardening:
Do you eat the products you cultivate?
Do you sell the products you cultivate?
<b>Do you practice fishing?</b>
If YES, do you eat what you catch?
Do you sell what you catch?
<b>Who prepares the meals in your household?</b>
<b>Who buys food for your household?</b>
<b>How much is spent per day on food in your household?</b>
<b>How many people contribute money for food for the household?</b>
<b>Have you ever begged for food?</b>
<b>Have you ever traded for food?</b>
<b>Have you ever received donated food?</b>
<b>Have you ever received food aid?</b>
If YES, please describe the type of aid, when it was received, and from which organization:

<b>PART 2</b>
<b>Type of HIV:</b>
<b>Date of HIV diagnosis:</b>
<b>Reason for screening:</b>
<b>WHO stage:</b> <b>Date:</b>
<b>CD4 nadir:</b> <b>Date:</b>
<b>Most recent CD4:</b> <b>Date:</b>
<b>Prior TB testing:</b> <b>Date:</b>
<b>Have you had a cough in the last 24hrs?</b>
<b>Have you had a fever in the last 24hrs?</b>
<b>Have you had diarrhea in the last 24hrs?</b>
<b>Have you experienced any challenges getting tested for HIV?</b>
If YES, please explain:
<b>Have you experienced any challenges getting treatment for HIV?</b>
If YES, please explain:
<b>Anticipated ART start date:</b>
<b>Anticipated ART regimen:</b>
If ART dispensed today, number of doses dispensed:
Number of tablets per day:            Morning:            Afternoon:            Evening:
<b>Have you received ART previously?</b>
If YES, between which dates:
If YES, why did you stop taking ART?
If YES, what ART did you receive previously?
<b>Are you currently taking co-trimoxazole:</b>
If YES, when did you start taking co-trimoxazole?
<b>List all other medications given to the patient and the date when they were prescribed:</b>
<b>Is the participant currently pregnant?</b>
If YES, provide the due date:
<b>Is the participant currently breastfeeding?</b>
<b>Does the participant have any other medical problems?</b>

If YES, specify:
<b>Is the participant taking any other drugs?</b>
If YES, specify:
<b>When was the last time you visited a doctor ?</b>
<b>What was the reason for your last visit to the doctor?</b>
<b>Have you visited a traditional practitioner?</b>
If YES, what was the reason for your last visit to the traditional practitioner? When was the last visit (date)?

<b>FOLLOW-UP:            MONTH 6            MONTH 12</b>
<b>PART 1</b>
<b>Are you taking ARVs ?</b> YES, ALWAYS            YES, BUT NOT ALWAYS            NO If YES, since when? If YES but not always, why? If NO, why not ?
<b>Did you have any problems getting your ARVs ?</b> If YES, explain:
<b>What are the challenges to adherence to ART?</b>
<b>Has your marital status changed since the last study visit ?</b> If YES, how ?
<b>Have you shared your HIV status?</b> If YES, with whom? If NO, why haven't you shared your status?
<b>Have you had any children since the last study visit ?</b> If YES, how many ? Have your children been tested for HIV?            Yes            No            Don't know
<b>Are you employed ?</b> If you were employed previously, why are you no longer employed? If you are no longer working because of HIV/AIDS, explain:
<b>Profession:</b> <b>Salary per month :</b> <b>Has your salary changed since the last visit ?</b> If YES, how?
<b>Do you have a personal cell phone?</b> If YES, is there any credit?
<b>How long does it take for you to travel from home to the clinic?</b> <b>What means of transportation do you use to travel to the clinic?</b> <b>What is the cost of transportation to the clinic (round trip)?</b>
<b>Have you moved since the last study visit ?</b> If YES: Why did you move? Where do you currently live? Is there electricity in the new household? Is there tap water in the new household? Type of toilet in the new household: Type of floor in the new household:
<b>Has the number of people in the household changed since the last visit ?</b> If YES: Number of people in the household <5 years of age: Number of people in the household ≥18 years of age: Number of people in the household employed:
<b>Do you receive financial support in the form of donations or transfers?</b> If YES, from whom, the amount and the frequency:
<b>Do you provide financial support in the form of donations or transfers?</b> If YES, to whom, the amount and the frequency:

<p><b>Do you have or have you ever had livestock?</b>          If YES, specify type of animal and number of each:          If you previously had livestock, please explain why you no longer have livestock:          Do you eat your livestock or their products (eggs, milk, etc.)?          Do you sell your livestock or their products (eggs, milk, etc.)?</p>
<p><b>Do you or have you ever practiced agriculture or gardening?</b>          If YES, what are you cultivating?          If you previously practiced agriculture or gardening, please explain why you no longer practice agriculture or gardening:          Do you eat the products you cultivate?          Do you sell the products you cultivate?</p>
<p><b>Do you practice fishing?</b>          If YES, do you eat what you catch?          Do you sell what you catch?</p>
<b>Who prepares the meals in your household?</b>
<b>Who buys food for your household?</b>
<b>How much is spent per day on food in your household?</b>
<b>How many people contribute money for food for the household?</b>
<p><b>Since the last visit:</b>  <b>Have you begged for food?</b>  <b>Have you traded for food?</b>  <b>Have you received donated food?</b>  <b>Have you received food aid?</b>          If YES, when? What kind of aid? From which organization:</p>

<b>PART 2</b>					
<b>WHO stage:</b>	1	2	3	4	<b>Date:</b>
<b>New stage 3 or 4 clinical events since the last visit?</b>	Yes	No	If YES, describe:		
<b>Most recent CD4:</b>	<b>Date</b>				
<b>Current ART regimen:</b>					
<b>Are you taking ARVs ?</b>	YES, ALWAYS	YES, BUT NOT ALWAYS	NO		
If YES, since when?					
If YES but not always, why?					
If NO, why not?					
<b>How many ARV tablets per day in total?</b>	<b>Morning:</b>	<b>Afternoon:</b>	<b>Evening:</b>		
<b>Are you taking Co-trimoxazole:</b>					
<b>In the past 7 days, how many days did you miss taking all of your ARV tablets ?</b>					
<b>In the past 7 days, how many days did you miss taking <math>\geq 1</math> ARV tablets ?</b>					
<b>In the past 4 weeks, how many days did you miss taking all of your ARV tablets ?</b>					
<b>In the past 4 weeks, how many days did you miss taking <math>\geq 1</math> ARV tablets ?</b>					
<b>Have you had any problems getting your ARVs ?</b>					
If YES, explain:					
<b>What are the challenges to adherence to ART?</b>					
<b>Have you had any interruptions in ART?</b>					
If YES, why?					
<b>Has your ART been interrupted due to stock-outs?</b>					
<b>Have you missed taking medication due to lack of food ?</b>					
<b>Have you had any side effects that kept you from eating ?</b>					
If YES, describe:					

<b>Have you had a cough in the last 24 hours?</b>
<b>Have you had a fever in the last 24 hours?</b>
<b>Have you had diarrhea in the last 24 hours?</b>
<b>List all other medications given to the patient and the date when they were prescribed:</b>
<b>Is the participant currently pregnant?</b> If YES, how many months along in pregnancy:
<b>Is the participant currently breastfeeding?</b>
<b>Do you have any other medical problems?</b> If YES, explain:
<b>Are you taking any other medications OR traditional treatments ?</b> If YES, explain:
<b>When was the last time you visited a doctor ?      Date :</b>
<b>What was the reason for your last visit to the doctor?</b>
<b>Have you visited a traditional practitioner?</b> If YES, what was the reason for your last visit to the traditional practitioner? When was the last visit (date)?
<b>PRESCRIPTIONS</b>
<b>Has the participant's ART regimen been changed since the last visit?</b> If YES: How many times? Why?
<b>List medications prescribed today:</b>
<b>Will ART be dispensed today?</b> If NO: Why not ? When will ART be dispensed ?  <b>If ART will be dispensed today:</b> How many days of ART dispensed today? Before today, the date of the last ART refill: Number of days since ART last filled: How many days of ART were provided when last filled?