

**LOST TO FOLLOW-UP TRACING FORM  
MODULE B: TRACING OUTCOMES (v.2015.5.12)**

B.0.1. Staff ID Number:		B.0.2. Name of patient	
B.0.3. Province:		B.0.4. Clinic name:	
B.0.5. Patient ART number:		B.0.6. Last visit date recorded in patient record:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
B.0.7. Last ART status as documented in clinic records	<input type="radio"/> Never started three drug antiretroviral therapy (excludes limited-duration regimens for PMTCT alone) <input type="radio"/> Has ever started ART (including those who have subsequently stopped)		
B.0.8. Tracing outcome	<input type="radio"/> Communicated with patient → go to <b>SECTION B1</b> <input type="radio"/> Communicated with informant(s) who knows the patient and not directly with patient → go to <b>SECTION B.2</b> <input type="radio"/> Attempted but unable to communicate with patient or informant → go to <b>SECTION B.3</b>		

**SECTION B1: TRACER COMMUNICATES WITH PATIENT**

B.1.1 As of this interview, has field tracing ever occurred for this patient in this study?		<input type="radio"/> Yes <input type="radio"/> No	
B.1.2. Interview type. [Pick one]	<input type="checkbox"/> in-person <input type="checkbox"/> phone	B.1.3. Patient interview date.	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> DAY(dd)    MONTH (mmm)    YEAR (yy)
B.1.4. Confirm identity of patient using as many identifiers as possible. <i>Mark all that apply:</i>			
<input type="checkbox"/> Name <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Height <input type="checkbox"/> Location or residence <input type="checkbox"/> Occupation <input type="checkbox"/> Clinic number or medical papers <input type="checkbox"/> Marital Status <input type="checkbox"/> Common Name			
B.1.5. Have you seen any doctor, nurse or other professional health worker (e.g., pharmacist) for the monitoring or treatment of HIV since your last visit we have on file which was [X date] at the [original clinic]?			
<input type="radio"/> Yes, I have been back to the original clinic since that date and I have not visited a new clinic in that time period	B.1.5.A. What was date of last visit at original clinic as reported by patient?	<input type="checkbox"/> patient refused → skip to B1.6 <input type="checkbox"/> completely unknown → skip to B1.6 <input type="checkbox"/> exactly date known → specify <input type="checkbox"/> approximate date known → specify	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> DAY (dd)    MONTH (mmm)    YEAR (yy)
	B.1.5.B. What was the date of the most recent encounter at that new care site?	<input type="checkbox"/> patient refused → skip to B1.5.C <input type="checkbox"/> completely unknown → skip to B1.5.C <input type="checkbox"/> exactly date known → specify <input type="checkbox"/> approximate date known → specify	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> DAY (dd)    MONTH (mmm)    YEAR (yy)
<input type="radio"/> Yes, I have visited a new care site (e.g., facility, mobile or community based treatment setting) since the last visit at the original clinic	B.1.5.C. What was the date of first encounter at a new care site after the last visit at [original] clinic?	<input type="checkbox"/> patient refused → skip to B1.5.D <input type="checkbox"/> completely unknown → skip to B1.5.D <input type="checkbox"/> exactly date known → specify <input type="checkbox"/> approximate date known → specify	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> DAY (dd)    MONTH (mmm)    YEAR (yy)
	B.1.5.D. What is the name of new provider organization / program	<input type="checkbox"/> patient refused → skip to B1.5.E <input type="checkbox"/> completely unknown → skip to B1.5.E <input type="checkbox"/> organization name known → specify	
	B.1.5.E. What is the patient's ART number at the new provider?	<input type="checkbox"/> patient refused → skip to B1.5.F <input type="checkbox"/> completely unknown → skip to B1.5.F <input type="checkbox"/> ART number known → specify	Specify new ART number: _____
	B.1.5.F. Did you run out of medication between your last visit at the [original clinic] and first visit at any new care site? (only applies to those on ART at last visit)	<input type="radio"/> Yes <input type="radio"/> No → skip to B1.5.F <input type="radio"/> Refused → skip to B1.5.F	
B.1.5.F.1. How many days approximately?		<input type="checkbox"/> patient refused → skip to B1.5.G	<input type="text"/> <input type="text"/> <input type="text"/> days
B.1.5.G Why did you switch your care from [original clinic] to [new clinic]? [mark all that apply]			
<b>Structural</b> <input type="checkbox"/> Transportation from home is easier or cheaper to new clinic. <input type="checkbox"/> Transportation was no longer available to the old clinic <input type="checkbox"/> New clinic is closer to work. <input type="checkbox"/> Work obligations made it hard to go to the original clinic <input type="checkbox"/> School obligations made it hard to go to the original clinic		<b>Clinic Factor</b> <input type="checkbox"/> Old clinic ran out of medications ("stock-out"). <input type="checkbox"/> The staff is more respectful at new clinic. <input type="checkbox"/> The quality of care is better at new clinic. <input type="checkbox"/> The waiting area is more comfortable at new clinic. <input type="checkbox"/> I was afraid old clinic would scold me for missing a visit <input type="checkbox"/> I received more goods (i.e., food, bednets) at new clinic <input type="checkbox"/> I spend less money at new clinic. <input type="checkbox"/> I spend less time at new clinic.	
<b>Psychosocial</b>			

	<input type="checkbox"/> Family obligations made it hard to go to the original clinic <input type="checkbox"/> Attending clinic created or could create conflict with my spouse. <input type="checkbox"/> My HIV status is less likely to be discovered by my family or others I know at the new clinic.  <input type="checkbox"/> Declines to answer <input type="checkbox"/> Other, specify	<input type="checkbox"/> Starting ART is easier new clinic. <input type="checkbox"/> Treatment supporter not required at new clinic. <input type="checkbox"/> Fewer administrative requirements at new clinic. <input type="checkbox"/> Poor record keeping at the original clinic inconvenienced me
	Describe details of patient's response:	

○ No, I have not visited any new site nor seen any health worker (e.g., doctor nurse, or pharmacist) for HIV care.	<b>B1.5.H. Why did you stop going to <b>any</b> clinic for your HIV care? [mark all that apply]</b>	
	<p><b>Structural</b></p> <input type="checkbox"/> Transportation was too difficult or expensive. <input type="checkbox"/> Transportation was no longer available <input type="checkbox"/> I moved and there was no care available in this area <input type="checkbox"/> I didn't have enough money to access care. <input type="checkbox"/> Work requirements interfered with picking up medications or visiting clinic <input type="checkbox"/> Work interfered with taking medications in my possession. <input type="checkbox"/> I didn't have enough food.  <p><b>Psychosocial</b></p> <input type="checkbox"/> I had family obligations. <input type="checkbox"/> I came to believe I do not actually have HIV <input type="checkbox"/> I became depressed and gave up hope for living <input type="checkbox"/> Attending clinic created or could create conflict with my spouse. <input type="checkbox"/> Attending clinic risked disclosure to someone I know that I have HIV. <input type="checkbox"/> Someone important to me told me to stop going to clinic. <input type="checkbox"/> My doctor or nurse told me to stop going to clinic. <input type="checkbox"/> Because I went to someone who tried / is trying to cure me by prayer / religious rituals. <input type="checkbox"/> Because I saw / am seeing a traditional healer instead <input type="checkbox"/> I got married and my ability to go to clinic changed <input type="checkbox"/> I was drinking alcohol <input type="checkbox"/> I intended to go but was too lazy <input type="checkbox"/> I forgot	<p><b>Clinic Factor</b></p> <input type="checkbox"/> The clinic ran out of medications ("stock-out"). <input type="checkbox"/> The staff did not treat me with respect <input type="checkbox"/> The quality of care was not good. <input type="checkbox"/> The waiting area was not comfortable. <input type="checkbox"/> I was afraid clinic would scold me for missing my appointment. <input type="checkbox"/> I couldn't find a treatment supporter that was required. <input type="checkbox"/> Too many administrative requirements. <input type="checkbox"/> I stopped receiving goods (i.e food, bednets) at clinic. <input type="checkbox"/> I spent too much time at clinic. <input type="checkbox"/> I spent too much money at clinic <input type="checkbox"/> It was taking too long to start ART. <input type="checkbox"/> I lost my card for ART Care  <p><b>Medical</b></p> <input type="checkbox"/> I felt too sick to come to clinic. <input type="checkbox"/> The medicine was not helping me feel better. <input type="checkbox"/> I was experiencing side effects from the medicine. <input type="checkbox"/> I felt well and thought I didn't need care or medicine. <input type="checkbox"/> I didn't want to take drugs forever. <input type="checkbox"/> I was taking too many pills a day.  <input type="checkbox"/> Declines to answer <input type="checkbox"/> Other, specify:
	Describe details of patient's response:	

	<b>B1.5.I. What would have to happen for you come back to care at <b>any</b> clinic? [mark all that apply]</b>	
	<p><b>Structural</b></p> <input type="checkbox"/> Transport to clinic would have to be less expensive <input type="checkbox"/> Transport to clinic would have to be less time consuming <input type="checkbox"/> My employer would allow me to go <input type="checkbox"/> My school schedule would have to be more flexible <input type="checkbox"/> My family would have to give more material support  <p><b>Psychosocial</b></p> <input type="checkbox"/> My family would have to be more encouraging <input type="checkbox"/> I would have to be convinced that going to clinic / ART medications were helping me <input type="checkbox"/> I would need to be sure that going to clinic would not lead to people finding out my HIV status <input type="checkbox"/> I would need to disclose my HIV status to my spouse  <input type="checkbox"/> Declines to answer <input type="checkbox"/> Other, specify:	<p><b>Clinic based</b></p> <input type="checkbox"/> The clinic would have to treat me with more respect <input type="checkbox"/> I would not have to wait so long at the clinic <input type="checkbox"/> The quality of care would have to be better <input type="checkbox"/> The clinic would have to be open on weekends or in the evenings <input type="checkbox"/> The cost of receiving care or medicine would have to be less <input type="checkbox"/> The clinic would have to give me other goods (e.g. food, bed-nets) <input type="checkbox"/> The clinic would need a more comfortable waiting area <input type="checkbox"/> The clinic would need fewer administrative requirements <input type="checkbox"/> The clinic would have to make re-entry to care easier (e.g. new ART card, minimize required paperwork)  <p><b>Other</b></p> <input type="checkbox"/> Under no circumstances would I be willing to return to clinic <input type="checkbox"/> I am already planning on returning even if nothing changes
	Describe details of patient's response:	

○ Patient refused or cannot answer	
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B1.6 Approximately how long would it take you to get to the last clinic you attended (your current clinic if in-care) from your usual residence?	<input type="text"/> : <input type="text"/> : <input type="text"/> : <input type="text"/>
	Hours (hh) : Minutes (mm)

**If this is a phone only interview (phone ticked for B1.2), stop here and skip to Section B.4.**

**B1.7. This question is only for living patients not yet started on ART at original clinic. Others GO TO B1.8**

Did you ever start taking antiretroviral medications?

O Yes	B1.7.A. When did you start?	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	O No → Go to B1.9
		DAY(dd) MONTH (mmm) YEAR (yy)	

**B1.8. Have you taken antiretroviral medicine (defined as any ART) in the last 14 days? (Applies only if ART status is "ever started ART" or if answer to B1.7.A is "Yes")**

O Yes	B1.8.A. Where did you get the medicine? <i>Mark all that apply</i>	<input type="checkbox"/> Original clinic <input type="checkbox"/> Private physician <input type="checkbox"/> New Clinic	<input type="checkbox"/> Friend or family member <input type="checkbox"/> Other, specify:
	B1.8.B. Can you show me or name your medicines?	<input type="radio"/> Yes, → Record the medicines <input type="radio"/> No, patient unable to name or show medicines	1.            2.            3.            4.

O No	B1.8.C. When did you last take ART?	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
		DAY(dd) MONTH (mmm) YEAR (yy)

O No	B1.8.D. Why did you stop ART? Answer both coded and descriptive responses	Coded responses: Mark all that apply	
		<p><b>Access to Care</b></p> <input type="checkbox"/> Transportation was too difficult or expensive. <input type="checkbox"/> I didn't have enough money to access care. <input type="checkbox"/> I spent too much time at clinic. <input type="checkbox"/> Too many administrative requirements. <input type="checkbox"/> I moved <p><b>Work and Family</b></p> <input type="checkbox"/> Work interfered with picking up medications or visiting clinic for review. <input type="checkbox"/> Work interfered with taking medications. <input type="checkbox"/> I had family obligations. <input type="checkbox"/> Family conflict prevented attending clinic. <input type="checkbox"/> Attending clinic risked disclosure to my family that I had HIV. <p><b>Medical</b></p> <input type="checkbox"/> I felt too sick to take the medicines. <input type="checkbox"/> The medicine was not helping me feel better. <input type="checkbox"/> I was experiencing side effects from the medicine. <input type="checkbox"/> I felt too sick to come to clinic. <input type="checkbox"/> I felt well and thought I didn't need care. <input type="checkbox"/> I didn't want to take drugs forever. <input type="checkbox"/> I was taking too many pills a day. <input type="checkbox"/> I didn't have enough food. <input type="checkbox"/> I was drinking alcohol.	<p><b>Clinic Factor</b></p> <input type="checkbox"/> The clinic ran out of medications ("stock-out"). <input type="checkbox"/> The staff was not respectful. <input type="checkbox"/> The care was not good. <input type="checkbox"/> The waiting area was not comfortable. <input type="checkbox"/> Attending clinic risked disclosure that I had HIV. <input type="checkbox"/> I stopped receiving goods (i.e food, bednets) at clinic. <p><b>Alternative Treatment and Advice</b></p> <input type="checkbox"/> A family member or other important person told me to stop taking ART. <input type="checkbox"/> My doctor or nurse told me to stop taking ART. <input type="checkbox"/> Because I went to someone who tried / is trying to cure me by prayer / religious rituals. <input type="checkbox"/> Because I saw / am seeing a traditional healer instead. <input type="checkbox"/> I no longer believe I have HIV/ I believe I've been cured <p><input type="checkbox"/> Declines to answer <input type="checkbox"/> Other, specify:</p>
		Describe details of patient's response:	

**B1.9. Is the usual residence in the catchment area of this clinic?**

Yes  
 No

**B1.9A Did you ever spend more than 1 month consecutively away from their usual residence in the last year**

Yes  
 No  
 Refused

**B1.10. Have you disclosed your HIV status to anyone?**

Yes  
 No →skip to B1.11  
 Declines to answer→skip to B1.11

**B1.10.A. Who have you disclosed your HIV status to? [mark all that apply]**

Spouse/Partner  
 Other family member  
 Friend  
 Co-worker  
 Employer  
 Other: \_\_\_\_\_  
 Declines to answer

**B1.11. Has anyone from the clinic contacted you either by phone or in person to encourage you to return to clinic after you had missed an appointment?**

N/A – the patient denies ever having missed a visit→go to B1.14  
 Yes  
 No →go to B1.14  
 Declines to answer→go to B1.14

**B1.11.A. About how many times in total has someone from the clinic contacted you either by phone or in person to encourage you to return to clinic after missing an appointment?**

times

B1.12. In the past 6 months, have you seen a traditional healer?

- Yes
- No
- Declines to answer

B1.13. In the past 6 months, have you used any herbal remedies for HIV?

- Yes
- No →skip to B1.16
- Declines to answer→skip to B1.16

B1.13.A Which herbal remedies have you used? If used, also tick how often it was used.

<input type="checkbox"/> Sondashi Formula	<input type="checkbox"/> Once	<input type="checkbox"/> 1x/month	<input type="checkbox"/> 1x/week	<input type="checkbox"/> Daily	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> African Potato	<input type="checkbox"/> Once	<input type="checkbox"/> 1x/month	<input type="checkbox"/> 1x/week	<input type="checkbox"/> Daily	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Selenium supplement	<input type="checkbox"/> Once	<input type="checkbox"/> 1x/month	<input type="checkbox"/> 1x/week	<input type="checkbox"/> Daily	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Tebusha	<input type="checkbox"/> Once	<input type="checkbox"/> 1x/month	<input type="checkbox"/> 1x/week	<input type="checkbox"/> Daily	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Back of Mubuyu tree	<input type="checkbox"/> Once	<input type="checkbox"/> 1x/month	<input type="checkbox"/> 1x/week	<input type="checkbox"/> Daily	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Crocodile Fats	<input type="checkbox"/> Once	<input type="checkbox"/> 1x/month	<input type="checkbox"/> 1x/week	<input type="checkbox"/> Daily	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Moringa/Green Powder/Oleifera	<input type="checkbox"/> Once	<input type="checkbox"/> 1x/month	<input type="checkbox"/> 1x/week	<input type="checkbox"/> Daily	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Once	<input type="checkbox"/> 1x/month	<input type="checkbox"/> 1x/week	<input type="checkbox"/> Daily	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (specify):

B1.14. What is your religious denomination? (select one)

- |   |  |   |
|---|--|---|
| <input type="radio"/> African Methodist             | <input type="radio"/> Salvation Army                 | <input type="radio"/> Hindu                 |
| <input type="radio"/> UCZ                           | <input type="radio"/> Jehovah's Witness (Watchtower) | <input type="radio"/> Zionist               |
| <input type="radio"/> 7 <sup>th</sup> Day Adventist | <input type="radio"/> Pentecostal                    | <input type="radio"/> Baha'i                |
| <input type="radio"/> Reformed Church               | <input type="radio"/> Presbyterian                   | <input type="radio"/> Other (Specify) _____ |
| <input type="radio"/> Baptist                       | <input type="radio"/> Anglican                       | <input type="radio"/> None                  |
| <input type="radio"/> New apostolic                 | <input type="radio"/> Catholic                       | <input type="radio"/> Do not know           |
| <input type="radio"/> CMLL                          | <input type="radio"/> Muslim                         | <input type="radio"/> Refused               |

B1.15. What is your marital status? (select one)

- |  |                                |                                 |
|--|--------------------------------|---------------------------------|
| <input type="radio"/> Single, Never married        | <input type="radio"/> Widowed  | <input type="radio"/> Separated |
| <input type="radio"/> Married, single wife/husband | <input type="radio"/> Divorced | <input type="radio"/> Refused   |
| <input type="radio"/> Married, multiple wives      |                                |                                 |

B1.16. What is your highest level of education? (select one)

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="radio"/> No formal education | <input type="radio"/> College         | <input type="radio"/> Professional degree |
| <input type="radio"/> Primary school      | <input type="radio"/> Graduate degree | <input type="radio"/> Refused             |
| <input type="radio"/> Secondary school    |                                       |   |

B1.17. What is your relationship to the head of household? (select one)

- |   |  |  |
|---|--|--|
| <input type="radio"/> Head                          | <input type="radio"/> Parent                   | <input type="radio"/> Other Relative           |
| <input type="radio"/> Wife or Husband               | <input type="radio"/> Parent-in-Law            | <input type="radio"/> Adopted/Foster/Stepchild |
| <input type="radio"/> Son or Daughter               | <input type="radio"/> Brother or Sister        | <input type="radio"/> Not Related              |
| <input type="radio"/> Son-in-Law or Daughter-in-Law | <input type="radio"/> Niece/Nephew by blood    | <input type="radio"/> Do not know              |
| <input type="radio"/> Grandchild                    | <input type="radio"/> Niece/Nephew by marriage | <input type="radio"/> Refused                  |

B1.18 Do you or any members of your household own any of the following? (Read list, record item if owned. Multiple responses possible)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bicycle                  | <input type="checkbox"/> Banana boat (without a motor) | <input type="checkbox"/> Agricultural land |
| <input type="checkbox"/> Motorcycle/Motor scooter | <input type="checkbox"/> Watch                         | <input type="checkbox"/> House             |
| <input type="checkbox"/> Car or truck             | <input type="checkbox"/> Radio                         | <input type="checkbox"/> Mobile phone      |
| <input type="checkbox"/> Animal-drawn cart        | <input type="checkbox"/> Television                    | <input type="checkbox"/> Bed               |
| <input type="checkbox"/> Boat with a motor        | <input type="checkbox"/> Refrigerator                  | <input type="checkbox"/> Refused           |

If province is Lusaka (B.0.3), continue with B1.19. If province is NOT Lusaka, skip to B1.28

**Satisfaction:** We would now like to ask you a few questions about your experiences with the clinic and your HIV care providers. Please remember that this survey and your responses are private and confidential. Please indicate whether you agree or disagree with the following statements.

In ODK, include the following graphic for "Agree"  , this graphic for "neither agree nor disagree"  and this graphic for "disagree" 

B1.19 I am satisfied that my providers at the [original clinic] have been taking care of me.  Agree  Neither Agree nor Disagree→go to B1.20  Disagree  Refused→go to B1.20

B1.19A. How strongly do you [agree/disagree]?  Somewhat [Agree/Disagree]  Strongly [Agree/Disagree]

B1.20 My providers [at X clinic] explain the reason(s) for any medical tests.  Agree  Neither Agree nor Disagree→go to B1.21  Disagree  Refused→go to B1.21

B1.20A. How strongly do you [agree/disagree]?  Somewhat [Agree/Disagree]  Strongly [Agree/Disagree]

B1.21 My providers [at X clinic] explain things in a way that is easy for me to understand  Agree  Neither Agree nor Disagree→go to B1.22  Disagree  Refused→go to B1.22

B1.21A. How strongly do you [agree/disagree]?	<input type="radio"/> Somewhat [Agree/Disagree] <input type="radio"/> Strongly [Agree/Disagree]
B1.22 I am confident of my medical providers' knowledge and skills at the [at X clinic].	<input type="radio"/> Agree <input type="radio"/> Neither Agree nor Disagree→go to B1.23 <input type="radio"/> Disagree <input type="radio"/> Refused→go to B1.23
B1.22A. How strongly do you [agree/disagree]?	<input type="radio"/> Somewhat [Agree/Disagree] <input type="radio"/> Strongly [Agree/Disagree]
B1.23 My medical providers [at X clinic] show respect for what I have to say.	<input type="radio"/> Agree <input type="radio"/> Neither Agree nor Disagree→go to B1.24 <input type="radio"/> Disagree <input type="radio"/> Refused→go to B1.24
B1.23A. How strongly do you [agree/disagree]?	<input type="radio"/> Somewhat [Agree/Disagree] <input type="radio"/> Strongly [Agree/Disagree]
B1.24 My medical providers [at X clinic] listen carefully to me.	<input type="radio"/> Agree <input type="radio"/> Neither Agree nor Disagree→go to B1.25 <input type="radio"/> Disagree <input type="radio"/> Refused→go to B1.25
B1.24A. How strongly do you [agree/disagree]?	<input type="radio"/> Somewhat [Agree/Disagree] <input type="radio"/> Strongly [Agree/Disagree]
B1.25 My medical providers [at X clinic] really care about me as a person.	<input type="radio"/> Agree <input type="radio"/> Neither Agree nor Disagree→go to B1.26 <input type="radio"/> Disagree <input type="radio"/> Refused→go to B1.26
B1.25A. How strongly do you [agree/disagree]?	<input type="radio"/> Somewhat [Agree/Disagree] <input type="radio"/> Strongly [Agree/Disagree]
B1.26 My medical providers [at X clinic] encourage me to talk about all my health concerns	<input type="radio"/> Agree <input type="radio"/> Neither Agree nor Disagree→go to B1.27 <input type="radio"/> Disagree <input type="radio"/> Refused→go to B1.27
B1.26A. How strongly do you [agree/disagree]?	<input type="radio"/> Somewhat [Agree/Disagree] <input type="radio"/> Strongly [Agree/Disagree]
B1.27 My medical providers [at X clinic] spend enough time with me.	<input type="radio"/> Agree <input type="radio"/> Neither Agree nor Disagree→go to B1.28 <input type="radio"/> Disagree <input type="radio"/> Refused→go to B1.28
B1.27A. How strongly do you [agree/disagree]?	<input type="radio"/> Somewhat [Agree/Disagree] <input type="radio"/> Strongly [Agree/Disagree]
<b>Audit-C Scale</b>	
B1.28 How often do you have a drink containing alcohol?	<input type="radio"/> Never <input type="radio"/> 1 time a month or less <input type="radio"/> 2-4 times a month <input type="radio"/> 2-3 times a week <input type="radio"/> 4 or more times a week <input type="radio"/> Refused
B1.29 How many standard drinks containing alcohol do you have on a typical day?	<input type="radio"/> 0 <input type="radio"/> 1 or 2 <input type="radio"/> 3 or 4 <input type="radio"/> 5 or 6 <input type="radio"/> 7 to 9 <input type="radio"/> 10 or more

B1.30 How often do you have six or more drinks on one occasion?	<input type="radio"/> Never <input type="radio"/> Less than monthly <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Daily or almost daily <input type="radio"/> Refused
<b>Domestic Violence.</b> Intro: <i>Now I'm going to give you a couple of scenarios and I want to know if you agree with the statements.</i>	
B1.31 If someone in the household misuses money it is acceptable to beat him/her	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
B1.32. In my household if a wife comes home late without the permission of the husband, she will be beaten	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
<b>Stigma:</b> <i>We would now like to ask you a few questions about your experiences living with HIV and opinions. Please remember that this survey and your responses are private and confidential. Please indicate whether you agree or disagree with the following statements.</i>	
B1.33 I think less of myself because of my HIV status	<input type="radio"/> Agree <input type="radio"/> Neither Agree nor Disagree→go to B1.34 <input type="radio"/> Disagree <input type="radio"/> Refused→go to B1.34
B1.33A. How strongly do you [agree/disagree]?	<input type="radio"/> Somewhat [Agree/Disagree] <input type="radio"/> Strongly [Agree/Disagree]
B1.34 I have felt ashamed because of my HIV status	<input type="radio"/> Agree <input type="radio"/> Neither Agree nor Disagree→go to B1.35 <input type="radio"/> Disagree <input type="radio"/> Refused→go to B1.35
B1.34A. How strongly do you [agree/disagree]?	<input type="radio"/> Somewhat [Agree/Disagree] <input type="radio"/> Strongly [Agree/Disagree]
B1.35 I have lost respect or standing in the community because of my HIV status	<input type="radio"/> Agree <input type="radio"/> Neither Agree nor Disagree→go to B1.36 <input type="radio"/> Disagree <input type="radio"/> Refused→go to B1.36
B1.35A. How strongly do you [agree/disagree]?	<input type="radio"/> Somewhat [Agree/Disagree] <input type="radio"/> Strongly [Agree/Disagree]
B1.36 People hesitate to start HIV care because they are afraid others will learn their HIV status	<input type="radio"/> Agree <input type="radio"/> Neither Agree nor Disagree→go to B1.37 <input type="radio"/> Disagree <input type="radio"/> Refused→go to B1.37
B1.36A. How strongly do you [agree/disagree]?	<input type="radio"/> Somewhat [Agree/Disagree] <input type="radio"/> Strongly [Agree/Disagree]
B1.37 People hesitate to start HIV care because they may be talked badly about	<input type="radio"/> Agree <input type="radio"/> Neither Agree nor Disagree→go to B1.38 <input type="radio"/> Disagree <input type="radio"/> Refused→go to B1.38
B1.37A. How strongly do you [agree/disagree]?	<input type="radio"/> Somewhat [Agree/Disagree] <input type="radio"/> Strongly [Agree/Disagree]
B1.38 People hesitate to start HIV care because they may lose respect or standing	<input type="radio"/> Agree <input type="radio"/> Neither Agree nor Disagree→go to B1.39 <input type="radio"/> Disagree <input type="radio"/> Refused→go to B1.39
B1.38A. How strongly do you [agree/disagree]?	<input type="radio"/> Somewhat [Agree/Disagree] <input type="radio"/> Strongly [Agree/Disagree]
B1.39 People hesitate to start HIV care because they may be verbally insulted, harassed, or threatened	<input type="radio"/> Agree <input type="radio"/> Neither Agree nor Disagree→go to B1.40 <input type="radio"/> Disagree <input type="radio"/> Refused→go to B1.40
B1.39A. How strongly do you [agree/disagree]?	<input type="radio"/> Somewhat [Agree/Disagree] <input type="radio"/> Strongly [Agree/Disagree]
B1.40 I am, or have been, reluctant to access ARV drugs in the community where I live	<input type="radio"/> Agree <input type="radio"/> Neither Agree nor Disagree→go to B1.41 <input type="radio"/> Disagree <input type="radio"/> Refused→go to B1.41
B1.40A. How strongly do you [agree/disagree]?	<input type="radio"/> Somewhat [Agree/Disagree] <input type="radio"/> Strongly [Agree/Disagree]
B1.41 People living with HIV who are taking ART are treated better by others than people living with HIV who are not taking ART	<input type="radio"/> Agree <input type="radio"/> Neither Agree nor Disagree→go to B1.42 <input type="radio"/> Disagree <input type="radio"/> Refused→go to B1.42
B1.41A. How strongly do you [agree/disagree]?	<input type="radio"/> Somewhat [Agree/Disagree] <input type="radio"/> Strongly [Agree/Disagree]

Please tell us how often the following things have happened to you, or whether you think they have happened to you, because of (as a result of) your HIV status in the last 12 months?

B1.42 People have talked badly about me because of my HIV status	<input type="checkbox"/>	<b>Response categories:</b> 1 - Never 2 - Once 3 - A few times 4 - Often 5 - Not in the last 12 months, but have experienced before 6 - Not applicable because no-one knows my status 7- refused
B1.43 Healthcare workers talked badly about me because of my HIV status	<input type="checkbox"/>	
B1.44 I have been verbally insulted, harassed or threatened because of my HIV status	<input type="checkbox"/>	
B1.45 I have been physically assaulted because of my HIV status	<input type="checkbox"/>	
B1.46 A health worker disclosed my HIV status without my permission	<input type="checkbox"/>	
B1.47 I have lost respect or standing in the community because of my HIV status	<input type="checkbox"/>	
B1.48 I have felt that people have not wanted to sit next to me for example on public transport, at church or in a waiting room because of my HIV status	<input type="checkbox"/>	
B1.49 Someone disclosed my HIV status without my permission	<input type="checkbox"/>	
B1.50 I confronted, challenged, or educated someone who was stigmatizing and/or discriminating against me	<input type="checkbox"/>	

**If Lusaka Province selected in B.0.3, continue with B1.51. If Province is not Lusaka, GO TO SECTION B.4**

B1.51. Was blood drawn for viral load testing?

Yes

<input type="radio"/> No	B1.51A. If no, why not?	<input type="checkbox"/> Patient refused <input type="checkbox"/> Attempted, unable to draw <input type="checkbox"/> Other, specify: <input type="checkbox"/> Not applicable: no indication patient has started ART
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B1.52. Was PIMA CD4 testing carried out? (this question applies to patients for patients never on ART at the time of contact with patient)

<input type="radio"/> Yes	B1.52A If yes, what was the PIMA CD4 result?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cells/mm <sup>3</sup>
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<input type="radio"/> No	B1.52B. If no, why not?	<input type="checkbox"/> Patient refused <input type="checkbox"/> Attempted, unable to obtain blood <input type="checkbox"/> Blood attempted but PIMA assay failed <input type="checkbox"/> Other, specify:
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**GO TO SECTION B.4**

## SECTION B.2: TRACER COMMUNICATES WITH INFORMANT(S) WHO KNOWS THE PATIENT (NO COMMUNICATION WITH PATIENT)

B.2.1 As of this interview, has field tracing ever occurred for this patient?		<input type="radio"/> Yes <input type="radio"/> No	
B.2.2. Interview type: <i>[pick one]</i>		<input type="checkbox"/> in-person <input type="checkbox"/> phone	B.2.3. Informant Interview date. <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <small>DAY(dd) MONTH (mm) YEAR(yy)</small>
B.2.4. Confirm identity of the patient using as many identifiers as possible. <i>Mark all that apply.</i>			
<input type="checkbox"/> Name <input type="checkbox"/> Age <input type="checkbox"/> Gender <input type="checkbox"/> Height <input type="checkbox"/> Location or residence <input type="checkbox"/> Occupation <input type="checkbox"/> Clinic number or medical papers <input type="checkbox"/> Marital Status <input type="checkbox"/> Common Name			
B.2.5. What is your relationship to [state patient's name]? <i>[Pick one]</i>			
<input type="checkbox"/> Spouse		<input type="checkbox"/> Grandparent	
<input type="checkbox"/> Neighbor		<input type="checkbox"/> Child	
<input type="checkbox"/> Parent		<input type="checkbox"/> Local leader	
<input type="checkbox"/> Friend		<input type="checkbox"/> Brother or sister	
<input type="checkbox"/> Other relative		<input type="checkbox"/> Other, specify:	
B.2.6. As far as you are aware, is the patient alive?			
<input type="radio"/> Yes	B.2.6.A. When was the last time you or someone else you know had contact with the patient?		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>DAY(dd) MONTH (mm) YEAR(yy)</small>
	B.2.6.B. Did he/she move usual residence?		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
	<b>GO TO SECTION B.4</b>		
<input type="radio"/> No, patient has died	B.2.6.C. When did the patient pass away?		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>DAY(dd) MONTH (mmm) YEAR(yy)</small>
	B.2.6.D. How did he/she die? <i>Mark one.</i>		<input type="radio"/> Suicide → go to <b>Section B.4</b> <input type="radio"/> Disease or illness <input type="radio"/> Injury, accident, or trauma → go to <b>Section B.4</b> <input type="radio"/> Relating to childbirth → go to <b>Section B.4</b> <input type="radio"/> Don't know/declines to answer → go to <b>Section B.4</b> <input type="radio"/> Other, specify: _____ → go to <b>Section B.4</b>
	<b>If answer to B.2.6.D is "disease or illness":</b>		
	B.2.6.E. Did the patient see a doctor, nurse or other non-traditional health professional in the two weeks before he or she died?		<input type="radio"/> Yes <input type="radio"/> No → go to <b>Section B.4</b> <input type="radio"/> Unknown → go to <b>Section B.4</b> <input type="radio"/> Refused → go to <b>Section B.4</b> <input type="radio"/> Not Asked → go to <b>Section B.4</b>
	B.2.6.F. What did the health care providers say the patient was sick with?		<input type="radio"/> Known, Specify: _____ <input type="radio"/> Unknown <input type="radio"/> Refused <input type="radio"/> Not Asked
	<b>GO TO SECTION B.4</b>		



## SECTION B.3: TRACER UNABLE TO COMMUNICATE WITH PATIENT OR INFORMANT

B.3.1. Is there a record of patient death in any local death registry?

- Yes  
 No evidence of death in registry  
 No registry available

B.3.2. If there is a record of a death, when did the patient die?

		-			-		
DAY(dd)			MONTH (mmm)			YEAR(yy)	

B.3.3. How far was the tracer able to get in the physical tracing of the patient? (For the questions below, "site" refers to smallest geographic unit available to tracer in clinic records. "Residence" is the actual building or dwelling where the patient was reported to have stayed)

<input type="radio"/> Site found and residence found	B.3.3.A. Why was no further information about the patient obtained?	<input type="radio"/> No one available to speak to <input type="radio"/> None of the available persons were willing to talk <input type="radio"/> None of the available persons knew the patient <input type="radio"/> No one willing to talk about the patient even though they know him/her <input type="radio"/> No one knows the patient's current vital status or care status even though they know him/her <input type="radio"/> Other, specify: _____
<input type="radio"/> Site found but residence not found	B.3.3.B. Why were you unable to find the residence?	<input type="radio"/> Site refers to an area that is too big to be able to search for patient <input type="radio"/> No one available to speak to <input type="radio"/> None of the available persons was willing to talk <input type="radio"/> None of the available persons knew the patient <input type="radio"/> No one willing to talk about residence even though they know him/her <input type="radio"/> No one knows about residence even though they know him/her <input type="radio"/> Other, specify: _____
<input type="radio"/> Site not found and therefore residence of patient was not found	B.3.3.C. Why were you unable to find the site given by the clinic?	<input type="radio"/> Site does not exist <input type="radio"/> Site inaccessible (e.g., flood) <input type="radio"/> Site data not legible enough to understand <input type="radio"/> Other, specify: _____
<input type="radio"/> Phone tracing only	B.3.3.D. Why was phone tracing unsuccessful?	<input type="radio"/> The phone number is invalid <input type="radio"/> No one answered the phone <input type="radio"/> The person answering the phone does not know the patient <input type="radio"/> The person answering the phone refused to provide information about the patient <input type="radio"/> The patients' file has no contact/phone numbers or details <input type="radio"/> Other, specify: _____

**Go To Section B.4**

## Section B.4: TRACER FEEDBACK

B.4.1. What difficulties or challenges did you face in tracing this patient?			
B.4.2. What suggestions or ideas do you have to improve this process or protocol?			
B.4.3a. How many persons were questioned by phone while looking for this patient?	<input type="text"/> <input type="text"/>		
B.4.3b. How many persons were questioned in person while looking for this patient?	<input type="text"/> <input type="text"/>		
B.4.4. How many hours were spent by phone looking for this patient?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	B.4.5. How many hours were spent in person looking for this patient?	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
	Hours ( <i>hh</i> ) : Minutes ( <i>mm</i> )		Hours ( <i>hh</i> ) : Minutes ( <i>mm</i> )
B.4.6. How many trips were made looking for this patient?	<input type="text"/> <input type="text"/>	<input type="radio"/> Not applicable, phone tracking only	
B.4.7. Does patient have a new site or residence?	<input type="radio"/> Yes: Address known → <i>Update contact form</i> <input type="radio"/> Yes: He/she has moved but do not know where <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Not applicable (died)		B.4.8. Does the patient have a new phone contact number?  <input type="radio"/> Yes: <i>Update contact form</i> <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Not applicable (died)
B.4.9. What ART treatment facility is closest to the patient's primary place of residence?			
B.4.10. What types of transport did you use in your efforts to trace this patient? [ <i>mark all that apply</i> ]	<input type="radio"/> Walking on foot <input type="radio"/> Bicycle <input type="radio"/> Motorbike <input type="radio"/> Public Transport <input type="radio"/> Study Vehicle <input type="radio"/> Private hired transport <input type="radio"/> Ox Cart <input type="radio"/> None (it was phone only tracing) <input type="radio"/> Other: _____ (specify)		