



CALL4LIFE(068)

Willingness-1 (050)

Visit # .

STUDY ID

-

WILLINGNESS FORM

2 0

Site # Subject ID #

dd

mm

yyyy

Clinic #:

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Instructions: Please administer this questionnaire at the Month 18 study visit and 24 Month or at last study visit (Exit Visit)

A. Type of adherence support

1. Having been on the C4L study, which arm of the study were you on?

Active arm (receiving C4L tool and standard of care)

Placebo (receiving Standard of Care)

B. Choice for the adherence support

2. Do you want the adherence support after the end of the study? (Chose one best one option)

Yes No

2b. If Yes /No, why? _____

3. How do you wish the support to be offered? (Choose the best option)

Once a week

Once a day

Based on the pill reminder

On Clinic Visits

3b. For any options above, state the reason why _____

C. Recommendation for the services

4. Would you recommend the adherence support services to a colleague?

Yes No

4b. If Yes / No, Why? _____

5. Would you recommend the Government/ Ministry of Health to adapt the services for?

Hypertensive Patients

Diabetic Patients

Patient on Tuberculosis treatment

Other _____





CALL4LIFE(068)

Willingness-2 (051)

STUDY ID

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Site # Subject ID #

WILLINGNESS FORM

Clinic #:

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D. Rating of the services

6. which adherence support were you receiving? Choose all that apply

- IDI-PCT adherence support
- C4I-Study Team Adherence support
- C4L-Mobile Phone based adherence tool
- None (If none stop here)

7. With a scale of 1-5(5 Excellent, 1 Poor), how would you rate the adherence support you had past year

- 1:Poor
- 2:Fair
- 3:Good
- 4:Very good
- 5: Excellent

E. Willingness to pay for adherence support

8. If we offered everyone the tool but they had to pay for it, would you be willing to pay for the support.

- Yes No

9. How much would you like to pay for the services.

State the amount _____

10. How often would you pay for the services

- Daily Weekly
- Monthly Yearly
- Other (Specify) _____

11. How would you like the payment to be?

- Through mobile money as a top up depending on how much I use it
- As a fixed monthly service fee deduction from airtime



Patient Initials

 First Middle Last