Participant Phone Interview COVID-19 Page 51

Today's Date:

day / month / year

Study ID:

Interviewer ID:

Location/Facility:

#### South Africa's new Central Chronic Medicine Dispensing and Distribution Program: assessing the clinic, patient and community impact

#### Participant Phone Interview CCMDD COVID-19 Supplement

A. PA	<b>TIENT DATA (Collected from</b>	n REDCAP)	
A1	Participant name:	[Pulled from current form]	
A2	Participant SA ID number:		
		Missing: 9s throughout [Pulled from current form]	
A3	Participant Date of Birth:	DD / MM / YYYY [Pulled from current form]	
A4	Participant Cell number:		
		Missing: 9s throughout [Pulled from current form]	
A5	Did the participant provide	Yes1	
	COVID supplement	No2	→END
	interview?		

B. PR	B. PREPOPULATION: CCMDD DATA (Collected from REDCAP)		
B1	Date enrolled into CCMDD	[Pulled from current form]	
	program:		
B2	Name of chosen pick-up	[Pulled from current form]	
	point:		
C DE	CINNING OF DUONE INTE		

### C. BEGINNING OF PHONE INTERVIEW

RA: Hello, this is RA's Name calling from Ithembalabantu Clinic. Is this Mr/Miss/Mrs John Doe?

Patient: Yes, this is John Doe.

RA: Sir/ Ma'am, thank you. To protect the safety and privacy of our patients, I would just like to confirm your date of birth. Can you please tell me your date of birth?

If the patient is unable to confirm the correct date of birth, the RA will thank the patient for their time, and indicate that the date the patient has provided does not match the date on the study records and, to avoid any breach of confidentiality, cannot proceed with the interview.

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If the patient is able to provide the correct date of birth, the RA will thank the patient and proceed with the phone-call.

RA: The purpose of this survey is to better understand the experience of CCMDD participants during the time of the COVID-19/coronavirus outbreak.

All information that you share with me today is completely confidential and will only be used to help us with our research. Once we complete our study, we will destroy the link between your name and your answers to our interview questions. We will not release any information that will allow linking of your name to your specific comments or to your specific clinic.

The interview is completely voluntary, you can stop participating at any time, and you can skip any questions you'd rather not answer.

Finally, this interview will take about 20-30 minutes. At the end, we will give you 50 South African Rand for participating. Do you voluntarily choose to enroll with the understanding that you may decline or stop answering this questionnaire at any time?

C1	Did the participant confirm	0, No	→ END
	DOB?	1, Yes	
C2	Participant voluntarily chose	No0	→ END
	to enroll after being read the	Yes1	
	informed consent script?		

**D. PHONE: CCMDD** We are first going to ask you about your experiences with getting medication through the CCMDD program.

we are mist going to ask you about your experiences with getting medication through the CEWDD program.			
D1	Are you currently getting	No0	→D6
	ARV medication through the	Yes1	
	CCMDD program?	Refused1	→D6
D2	How far is your home from	Less than 5 kilometers1	
	your usual CCMDD pick-up	5 to 10 kilometers2	
	point?	10 to 30 kilometers3	
		More than 30 kilometers4	
		Refused1	
		Unknown2	

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D3	How do you usually travel to	Walk1	
	your CCMDD pick-up point?	Public transport (bus, taxi)2	
		Private transport3	
		Other99	
		If OTHER, specify:	
		Refused1	
D4	How long does it usually	Time available1	
	take for you to get to your	hoursminutes	
	CCMDD pick-up point and	Refused1	
	back (round trip)?	Unknown2	
D5	How much money in total		
	does it usually cost you to	South African Rand	
	get to your CCMDD pick-up	Refused1	
	point and back (round trip)?		
D6	When was the last time you	/	
	picked up your ARV	<u>(dd</u> / <u>mmm</u> / <u>yyyy</u> )	
	medication?	[Day: 01-31; Unknown if unknown (pull down)	
		Month: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep,	
		Oct, Nov, Dec; Unknown if unknown (pull down)	
		Year: 2015-2023; Unknown if unknown (pull down)]	
		Date check – date should not be after today	
D7	Where did you last pick up	D Clinic1	
	your ARV medication? Pull down	G Clinic	
	I wit worrit	U21 Clinic	
		Gateway Clinic	
		Q Clinic	
		L Clinic7	

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	1	H Clinic	
		N Clinic	
		AA Clinic	
		Section D Bahle (NGO support group)11	
		St Phillips Anglican Church Umlazi J Section12	
		P Section Gospel church	
		Z taxi rank14	
		AA Counsellors office	
		BB Siyaphaphila centre	
		CC creche	
		Dr Sithole's rooms (Mega City)	
		Nyanda	
		MobiMed	
		Moonvied	
		Megacity Spar	
		Clicks Chatsworth	
		Clicks Galleria	
		Clicks Westguard	
		Clicks KwaMnyandu Shopping Center	
		Clicks Workshop	
		Ithembalabantu Clinic	
		Pele Box	
		Other	
		If OTHER, specify:	
		Refused1	
		Unknown2	
D8	Since the last time you	No0	
	picked up your ARV	Yes1	
	medication, have you run out	Refused1	
	of pills?		
D9	Did you miss or delay your	0, No	→ D11
	last scheduled ARV	1, Yes – delayed pick-up	
	medication pick-up?	2, Yes – missed pick-up	

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Interviewer ID:

Location/Facility:

		-1, Refused	→ D11
D10	If you have missed picking	Transportation availability1	
	up your ARV medication,	Transportation cost2	
	what are the reasons?	Safety concerns	
	(Check all that apply)	COVID-19 infection risk4	
		Busy with work5	
		Busy with family6	
		Illness – self7	
		Illness – family8	
		Concern that pick-up point is closed9	
		Pick-up point closed/no staff present10	
		Other	
		If OTHER, specify:	
		Refused1	
D11	Many people find it difficult	doses	
	to take all their HIV	Don't know2	
	medications as prescribed.	Refused1	
	How many doses of your	[Drop down with numbers 00-14, -2, -1]	
	HIV medication have you		
	missed in the last 7 days?		

	Today's Date: day / mo	nth / year Study ID:	
	Interviewer ID:	Location/Facility:	
D12	When is your next scheduled	//	
	date to pick up your ARV	<u>(dd / mmm / yyyy)</u>	
	medication?	[Day: 01-31; Unknown if unknown (pull down)	
		Month: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep,	
		Oct, Nov, Dec; Unknown if unknown (pull down)	
		Year: 2015-2023; Unknown if unknown (pull down)]	
		Date check – date should not be before today	
D13	Moving forward, do you	Transportation availability1	
	have any new concerns about	Transportation cost2	
	picking up your ARV	Safety concerns	
	medication?	COVID-19 infection risk4	
	(Check all that apply)	Busy with work5	
		Busy with family6	
		Illness – self7	
		Illness – family8	
		Concern that pick-up point is closed9	
		Pick-up point closed/no staff present10	
		Other11	
		If OTHER, specify:	
		Refused1	
E. PH	ONE: COVID-19 Knowledge	and Stigma	
We are	e now going to ask you about y	our current knowledge about the "novel coronavirus", the ne	ew virus
called	SARS-CoV-2, which causes a	disease called "COVID-19", that has been impacting our con	mmunity
recent	ly. For the rest of the questionr	aire I will refer to this as "coronavirus".	
E1	Have you heard of	No0	→F1
	coronavirus?	Yes1	
		Refused1	→F1

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	Interviewer ID:	Location/Facility:	
E2	Where do you get most of	Newspaper/news websites1	
	your information on	Radio2	
	coronavirus?	TV3	
	(Check all that apply)	DOH/Government Website4	
		Social media5	
		Other websites6	
		Friends/Family7	
		Posters	
		Clinics (materials, staff)9	
		Schools10	
		Church11	
		Billboards12	
		Traditional healers13	
		Other99	
		If OTHER, specify:	
		Refused1	
E3	What symptoms do you	Cough1	
	associate with coronavirus?	Chest tightness/difficulty breathing2	
	(Check all that apply)	Sore throat	
		Muscle aches4	
		Fever5	
		Headache6	
		Stomach pain7	
		Congestion (runny nose)8	
		Rash9	
		Joint aches10	
		Other99	
		If OTHER, specify:	

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Interviewer ID:

Location/Facility:

		Refused1	
E4	If you were to have	Stay at home1	
	symptoms of coronavirus,	Call/go to clinic2	
	what would you do?	Go to church3	
	(Check all that apply)	Go to traditional healer4	
		COVID hotline5	
		DOH COVID WhatsApp6	
		Other99	
		If OTHER, specify:	
		Refused1	
		Vaccine Hesitancy	
E5	Did you vaccinate yourself	No0	
	against seasonal influenza in	Yes1	<b>→</b> E7
	2019?	Unsure2	<b>→</b> E7
		Refused1	<b>→</b> E7
E6	If no, why not?	Did not think it was needed	1
	(instructions: leave open-	Did not know where to get vaccination	2
	ended, do not prompt or	Did not know where to get good/reliable information	3
	provide answer options)	Heard or read negative media	4
		Did not think the vaccine was effective	5
		Did not think the vaccine was safe/concerned about side e	effects6
		Had a bad experience with previous vaccinator/health clin	nic7
		Had a bad experience or reaction with previous vaccination	on8
		Someone else told me they/their child had a bad reaction.	9
		Fear of needles	10
		Not possible to leave other work (at home or other)	11
		Religious reasons	12
		Other beliefs/traditional medicine	13

	Today's Date: day / mon	th / year Study ID:	
	Interviewer ID:	Location/Facility:	
		My doctor told me I am not a candidate for vaccination	14
		No time to get vaccinated	15
		I am allergic	16
		Cost of vaccine	17
		Cost of travel to vaccination site	18
		Distance to vaccination site	19
		Vaccination site hours	20
		Vaccination site wait time	21
		Other	99
		If OTHER, specify:	
		Refused	1
E7	Do you intend to accept	No0	
	future COVID-19	Yes1	
	vaccination for yourself?	Unsure2	
		Refused1	
E8	What are your concerns	Fear of side effects	1
	regarding a future COVID-	Fear of getting associated COVID-19 illness	2
	19 vaccine?	Want to wait until vaccine is tested by others	3
	(instructions: leave open-	Fear of taking vaccine while pregnant	4
	ended, do not prompt or	Do not think the vaccine will be effective	5
	provide answer options)	Vaccine is unnecessary because COVID-19 symptoms an	e mostly
		mild	6
		Vaccine is unnecessary because biological (natural) imm	unity is
		better	7
		Cost of vaccine will be high	8
		Will not be able to afford cost of travel to vaccination site	e9
		Expect long distance to vaccination site	10
		Expect inconvenient vaccination site hours	11

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	worried that it could be								
	harmful.								
	COV	ID-19 Mist	rust/Misinfo	rmation Sca	ale	1			
	Please tell us how mu	ch you agre	e or disagree	with the fol	lowing state	ements:			
	Strongly Disagree Not sure Agree Strongly Prefer not								
		disagree				agree	to answer		
E16	The government cannot be	1	2	3	4	5	-1		
	trusted to tell the truth about								
	coronavirus.								
E17	I trust the public health	1	2	3	4	5	-1		
	measures that the								
	government is taking to								
	combat coronavirus.								
E18	Information about	1	2	3	4	5	-1		
	coronavirus is being								
	withheld from the public.								
E19	I trust the information that I	1	2	3	4	5	-1		
	am hearing on the radio and								
	TV about coronavirus.								
E20	I trust the information that I	1	2	3	4	5	-1		
	am reading about								
	coronavirus.								
E21	I trust that the doctors and	1	2	3	4	5	-1		
	nurses in clinics know how								
	to treat coronavirus.								
E22	I trust traditional healers	1	2	3	4	5	-1		
	more than clinic workers to								
	treat coronavirus.								

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E23I trust church leaders more than clinic workers to treat coronavirus.12345E24What are your concerns about coronavirus? (Check all that apply)Becoming infected myself1 Family member becoming infected2 Lack of transport to work3 Lack of transport to clinic4	-1
coronavirus.       Becoming infected myself1         E24       What are your concerns about coronavirus?       Becoming infected myself1 <i>(Check all that apply)</i> Family member becoming infected	
E24       What are your concerns about coronavirus?       Becoming infected myself1 <i>(Check all that apply)</i> Family member becoming infected2 <i>(Check all that apply)</i> Lack of transport to work3         Lack of transport to clinic4	
about coronavirus?Family member becoming infected2(Check all that apply)Lack of transport to work3Lack of transport to clinic4	
(Check all that apply)       Lack of transport to work	
Lack of transport to clinic4	
Lack of transport to CCMDD pick-up point5	
Lack of transport elsewhere	
Unable to work7	
Food running out	
Money running out9	
Crime10	
Domestic violence11	
Lack of information12	
Stigma13	
Afraid to move14	
Unavailability of sanitizer/protective equipment15	
Other	
If OTHER, specify:	
Refused1	
E25 Have you changed any of No0	→E16
your normal daily activities Yes1	
since learning about Refused1	<b>→</b> E16
coronavirus?	
E26 How have you changed your Stopped taking taxis/public transport1	
normal daily activities since Avoiding people who present symptoms2	
learning about coronavirus? Not greeting other people	

	Today's Date: day / mon	th / year Study ID:	
	Interviewer ID:	Location/Facility:	
	(Check all that apply)	Not hugging other people4	
		Visiting the clinic less5	
		Visiting the pharmacy less6	
		Not going to work7	
		Not going outside8	
		Avoiding large gatherings9	
		Avoiding family members10	
		Avoiding friends11	
		Self-isolation12	
		Washing hands more13	
		Not touching face14	
		Using hand sanitizer frequently15	
		Wearing a mask16	
		Living elsewhere17	
		Other99	
		If OTHER, specify:	
		Refused1	
E27	Have you delayed picking up	No0	→ E18
	your ARV medication	Yes1	
	because of coronavirus?	Refused1	→ E18

	Today's Date: day / mon	th / year Study ID:	
	Interviewer ID:	Location/Facility:	
E28	If you have delayed picking up your ARV medication, what are the reasons? ( <i>Check all that apply</i> )	Transportation availability1Transportation cost2Safety concerns3COVID-19 infection risk4Busy with work5Busy with family6Illness – self7Illness – family8Concern that pick-up point is closed9Pick-up point closed/no staff present10Other	
E29	Has your experience picking up ARV medication changed in any way because of coronavirus?	Refused	<ul> <li>→E27</li> <li>→E28</li> <li>→E27</li> </ul>
E30	Has your pick-up point location changed because of coronavirus?	No0 Yes1 Refused1	→E21 →E21
E31	Where is your new pick-up point location? Drop down	D Clinic.       1         G Clinic.       2         U21 Clinic.       3         K Clinic.       4         Gateway Clinic.       5         Q Clinic.       6         L Clinic.       7         H Clinic.       8         N Clinic.       9         AA Clinic.       10	

	Today's Date: day / mon	th / year Study ID:
	Interviewer ID:	Location/Facility:
		Section D Bahle (NGO support group)11St Phillips Anglican Church Umlazi J Section12P Section Gospel church13Z taxi rank14AA Counsellors office16CC creche
E32	Has the amount of time it takes to get to your pick-up	Refused1      No change1      Yes, increased2
	point changed because of coronavirus?	Yes, decreased3 Refused1
E33	Has the cost of getting to your pick-up point changed because of coronavirus?	No change       1         Yes, increased       2         Yes, decreased       3         Refused       -1
E34	Has the wait time when picking up your ARV	No change1     Yes, increased2

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	medication changed because	Yes, decreased3	
	of coronavirus?	Refused1	
E35	How crowded is your ARV	About the same1	
	pick-up point now compared	More crowded2	
	to before coronavirus?	Less crowded3	
		Refused1	
E36	How were you treated by the	Worse than usual1	
	pick-up point staff while	Same as usual2	
	picking up your ARV	Better than usual3	
	medications?	Refused1	
E37	Did your pick-up point have	No0	
	your ARV medication in	Yes1	
	stock?	Refused1	
E38	What screening for COVID	1, No screening	
	did you experience at your	2, Symptom screening	
	pick-up point? (Check all	3, Temperature screening	
	that apply)	4, Nasal swab	
		5, Other	
		If OTHER, please list:	
		-1, Refused	
E39	Do you think the date of your	No0	
	next ARV medication pick-	Yes1	
	up will change because of	Unsure2	
	coronavirus?	Refused1	
E40	Has the coronavirus or	1, No change	→ E31
	associated lockdown	2, Yes, increased motivation to take ARV medication	
	regulations affected your	regularly	
L			1

		Fantispant Fibre interview of	Page 67
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	motivation to take your ARV	3, Yes, decreased motivation to take ARV medication	
	medication regularly?	regularly	→ E31
		-1, Refused	
E41	If YES, why?	1, Difficulty with picking up ARV medication	
		2, Fear of getting very sick from COVID-19	
		3, Fear of taking pills	
		4, Concern about my overall health during the pandemic	
		5, Feeling hopeless	
		6, Fear of going into clinic to collect medication	
		99, Other	
		If OTHER, please describe:	
		-1, Refused	
E42	Do you think some people	No0	→ E33
	are more at-risk of getting	Yes1	
	coronavirus?	Unsure2	→ E33
		Refused1	→ E33

	Today's Date: day / mon	th / year Study ID:	
	Interviewer ID:	Location/Facility:	
E43	Who do you think is more at-	Elderly1	
	risk of getting coronavirus?	Immunocompromised2	
	(Check all that apply)	People living with HIV3	
		Pregnant women4	
		People living with TB5	
		Taxi drivers6	
		Healthcare workers7	
		Grocery store workers8	
		Sex workers9	
		Children10	
		People who smoke11	
		People who have travelled12	
		People with cancer13	
		People with diabetes14	
		Other99	
		If OTHER, specify:	
		Refused1	
E44	Do you think some people	No0	→ E35
	are more at-risk of getting	Yes1	
	very sick from coronavirus?	Unsure2	→ E35
		Refused1	→ E35

	Today's Date: day / mon	th / year	St	udy ID:				
	Interviewer ID:		Lo	cation/Faci	lity:			
E45	Who do you think is more at-	Elderly				1		
	risk of getting very sick after	Immunoco	mmunocompromised2					
	having coronavirus?	People liv	People living with HIV3					
	(Check all that apply)	Pregnant	Pregnant women4					
		People liv	People living with TB5					
		Taxi drive	ers			6		
		Healthcar	e workers			7		
		Grocery s	tore worker	S		8		
		Sex worke	ers			9		
		Children.				10		
People who smoke11								
		People wł	no have trav	elled		12		
		People wi	th cancer			13		
		People wi	th diabetes.			14		
		Other				99		
		If	OTHER, sp	ecify:				
		Refused				1		
		COVII	D-Related S	Stigma				
	Please tell us how mu		-		-			
		Strongly	Disagree	Not	Agree	Strongly	Prefer Not	
		disagree		sure		Agree	to Answer	
E46	If someone I knew had	1	2	3	4	5	-1	
	coronavirus and recovered, I							
	would be afraid to visit them.							
E47	If I had coronavirus, it would	1	2	3	4	5	-1	
	be difficult to tell other							
	people.							

	Today's Date:   day / month / year   Study ID:								
	Interviewer ID: Location/Facility:								
E48	If I had coronavirus, I would	1	2	3	4	5	-1		
	feel ashamed.								
E49	If I had coronavirus, my	1	2	3	4	5	-1		
	friends and family will be								
	angry with me.								
E50	A person with coronavirus	1	2	3	4	5	-1		
	must have done something								
	wrong and deserves to be								
	punished.								
E51	A person with coronavirus is	1	2	3	4	5	-1		
	cursed.								
F. PH	F. PHONE: Recent Experiences Seeking Care								
We are	e now going to ask you about ar	iy recent ex	periences y	ou have have	ad with seek	ing care.			
F1	Have you tried to seek care	No			0		→ G1		
	in the past month for any	Yes	Yes1						
	reason other than HIV?	Refused	••••••		-1		→ G1		
F2	What did you seek care for	ТВ	•••••		1				
	during your most recent	Chronic c	are (such as	s diabetes,	high blood				
	clinic visit?	pressure).			2				
		Sexual an	d reproduct	tive health	(such as cor	ıtraceptive			
		care, ante	natal care, S	STI sympto	oms3				
		Cold/flu			4				
		Other	•••••		99				
		If	OTHER, sp	pecify:					
		Refused			1				
F3	Where did you go for your most recent clinic visit?	D Clinic. G Clinic.	AA Clinic1 D Clinic2 G Clinic3 H Clinic4						

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		K Clinic.       .5         L Clinic.       .6         N Clinic.       .7         Q Clinic.       .8         U21 Clinic.       .9         Gateway Clinic.       .10         Ithembalabantu Clinic.       .11         Other.       .99         If OTHER, specify:
F4	How far did you travel to attend your most recent clinic visit?	Less than 5 kilometers1         5 to 10 kilometers2         10 to 30 kilometers3         More than 30 kilometers4
		Refused2
F5	What mode of transport did you use to attend your most recent clinic visit?	Walked1      Public transport (bus, taxi)2      Private transport3      Other99      If OTHER, specify:
F6	How much time did it take for you to get to your most recent clinic visit?	Time available   1     Refused   -1     Unknown   -2     hours   minutes

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during your most recent clinic experience compare to previous visits?Longer wait	F7	How did the wait length	Similar wait length1	
previous visits?Refused		during your most recent	Longer wait2	
F8How crowded was the clinic during your most recent clinic experience compared to previous visits?Same		clinic experience compare to	Shorter wait3	
during your most recent clinic experience compared to previous visits?More crowded		previous visits?	Refused1	
clinic experience compared to previous visits?Less crowded	F8	How crowded was the clinic	Same1	
Image: constraint of the previous visits?Refused1F9How were you treated by clinic staff during your most recent clinic experience compared to previous visits?Same as usual		during your most recent	More crowded2	
F9How were you treated by clinic staff during your most recent clinic experience compared to previous visits?Worse than usual		clinic experience compared	Less crowded3	
clinic staff during your most recent clinic experience compared to previous visits?Same as usual		to previous visits?	Refused1	
recent clinic experience compared to previous visits?Better than usual	F9	How were you treated by	Worse than usual1	
compared to previous visits?Refused1F10What screening for COVID1, No screeningdid you experience during your most recent clinic experience? (Check all that $apply$ )2, Symptom screening 3, Temperature screening 4, Nasal swabapply)5, Other If OTHER, please list: -1, RefusedG1Over the past four weeks, have coronavirus and affected the ability of you or your household to earn0, No $\rightarrow$ G3 $affected the ability of you oryour household to earn-1, Refused$		clinic staff during your most	Same as usual2	
F10What screening for COVID did you experience during your most recent clinic1, No screening 2, Symptom screening 3, Temperature screening experience? (Check all that apply)1, No screening 3, Temperature screening 4, Nasal swab 5, Other If OTHER, please list:		recent clinic experience	Better than usual	
did you experience during your most recent clinic2, Symptom screeninggyour most recent clinic3, Temperature screeningexperience? (Check all that apply)4, Nasal swabf) $OVer (Check all that)$ 5, Other If OTHER, please list:		compared to previous visits?	Refused1	
your most recent clinic experience? (Check all that apply)3, Temperature screening 4, Nasal swab $apply$ )5, Other If OTHER, please list:	F10	What screening for COVID	1, No screening	
experience? (Check all that apply)4, Nasal swab 5, Other If OTHER, please list:		did you experience during	2, Symptom screening	
apply)5, Other If OTHER, please list:		your most recent clinic	3, Temperature screening	
If $O$ If		experience? (Check all that	4, Nasal swab	
G. PH->NE: Competing Needs QuestionsG1Over the past four weeks, have coronavirus and associated regulations0, No $\rightarrow$ G31, Yes-2, Unsure $\rightarrow$ G3affected the ability of you or your household to earn-1, Refused $\rightarrow$ G3		apply)	5, Other	
G. PHONE: Competing Needs QuestionsG1Over the past four weeks, have coronavirus and associated regulations0, No $\rightarrow$ G3Arrow G31, Yes-2, Unsure $\rightarrow$ G3Affected the ability of you or your household to earn-1, Refused $\rightarrow$ G3			If OTHER, please list:	
G1Over the past four weeks, have coronavirus and associated regulations0, No $\rightarrow$ G3associated regulations1, Yes $\rightarrow$ G3affected the ability of you or your household to earn-1, Refused $\rightarrow$ G3			-1, Refused	
have coronavirus and associated regulations1, Yesaffected the ability of you or your household to earn-2, Unsure $\rightarrow$ G3	G. PH	ONE: Competing Needs Ques	stions	L
associated regulations-2, Unsure $\rightarrow$ G3affected the ability of you or your household to earn-1, Refused $\rightarrow$ G3	G1	Over the past four weeks,	0, No	→ G3
affected the ability of you or your household to earn-1, Refused $\rightarrow$ G3		have coronavirus and	1, Yes	
your household to earn		associated regulations	-2, Unsure	→ G3
		affected the ability of you or	-1, Refused	→ G3
money?		your household to earn		
		money?		

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G2	If YES, how?	1, Additional job	
02	(Check all that apply)	2, Lost a job	
	(Check all that apply)	3, Unpaid leave	
		4, Sick family member cannot work	
		99, Other	
		If OTHER, please describe:	
		-1, Refused	
G3	Have you or your household	0, No	→ G5
05	Have you or your household		703
	changed anything you do as	1, Yes	
	a result of financial hardship	-2, Unsure	$\rightarrow$ G5
	related to coronavirus and	-1, Refused	$\rightarrow$ G5
	associated regulations?		
G4	If YES, what changed?	1, Buy less food	
		2, Leave where you were living	
		3, Take on additional jobs	
		4, Do not buy airtime	
		5, Do not pay rent	
		6, Not able to pay electricity or water bill	
		7, Not able to pay for transport for children or self	
		8, Not able to pay for car insurance	
		9, Not able to pay school fees for children or self	
		99, Other	
		If OTHER, please describe:	
		-1, Refused	
G5	Have you or anyone in your	0, No	→ G8
	household had any changes	1, Yes	
	in housing related to	-2, Unsure	→ G8
		-1, Refused	→ G8

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	coronavirus and associated		
	regulations?		
G6	If YES, what changes?	1, Left where you were living for a family or friend's	
		home	
		2, Family members or friends moved in with you	
		3, Household members moved out	
		4, Lost housing (homeless)	
		99, Other	
		If OTHER, please describe:	
		-1, Refused	
G7	After coronavirus and	1, Housing changes are temporary	
	associated regulations have	2, Housing changes are permanent	
	passed, do you expect your	-2, Unsure	
	housing to return back to the	-1, Refused	
	way it was or remain this		
	way?		
		G8 – G26: Food Insecurity Scale	
G8	In the past four weeks, did	0, No	→ G10
	you worry that your	1, Yes	
	household would not have	-2, Unsure	→ G10
	enough food?	-1, Refused	→ G10
G9	If YES, how often did this	1, Rarely (once or twice in the past four weeks)	
	happen?	2, Sometimes (three to ten times in the past four weeks)	
		3, Often (more than ten times in the past four weeks)	
G10	In the past four weeks, were	0, No	→ G12
	you or any household	1, Yes	
	member not able to eat the	-2, Unsure	→ G12
	kinds of foods you preferred	-1, Refused	→ G12

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because of a lack of resources? G11 If YES, how often did this 1, Rarely (once or twice in the past four weeks) happen? 2, Sometimes (three to ten times in the past four weeks) 3, Often (more than ten times in the past four weeks) G12 In the past four weeks, did 0. No  $\rightarrow$  G14 you or any household 1. Yes member have to eat a limited -2, Unsure → G14 variety of foods due to a lack -1, Refused → G14 of resources? G13 If YES, how often did this 1, Rarely (once or twice in the past four weeks) happen? 2, Sometimes (three to ten times in the past four weeks) 3, Often (more than ten times in the past four weeks) G14 In the past four weeks, did 0. No  $\rightarrow$  G16 you or any household 1. Yes member have to eat some -2. Unsure  $\rightarrow$  G16 -1. Refused → G16 foods that you really did not want to eat because of a lack of resources to obtain other types of food? If YES, how often did this G15 1, Rarely (once or twice in the past four weeks) happen? 2, Sometimes (three to ten times in the past four weeks) 3, Often (more than ten times in the past four weeks) G16 In the past four weeks, did 0. No  $\rightarrow$  G18 you or any household 1, Yes member have to eat a smaller -2, Unsure  $\rightarrow$  G18 meal than you felt you -1, Refused  $\rightarrow$  G18

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	needed because there was not		
	enough food?		
G17	If YES, how often did this	1, Rarely (once or twice in the past four weeks)	
	happen?	2, Sometimes (three to ten times in the past four weeks)	
		3, Often (more than ten times in the past four weeks)	
G18	In the past four weeks, did	0, No	→ G20
	you or any household	1, Yes	
	member have to eat fewer	-2, Unsure	→ G20
	meals in a day because there	-1, Refused	→ G20
	was not enough food?		
G19	If YES, how often did this	1, Rarely (once or twice in the past four weeks)	
	happen?	2, Sometimes (three to ten times in the past four weeks)	
		3, Often (more than ten times in the past four weeks)	
G20	In the past four weeks, was	0, No	→ G22
	there ever no food to eat of	1, Yes	
	any kind in your household	-2, Unsure	→ G22
	because of lack of resources	-1, Refused	→ G22
	to get food?		
G21	If YES, how often did this	1, Rarely (once or twice in the past four weeks)	
	happen?	2, Sometimes (three to ten times in the past four weeks)	
		3, Often (more than ten times in the past four weeks)	
G22	In the past four weeks, did	0, No	→ G24
	you or any household	1, Yes	
	member go to sleep at night	-2, Unsure	→ G24
	hungry because there was not	-1, Refused	→ G24
	enough food?		

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G23	If YES, how often did this	1, Rarely (once or twice in the past four weeks)	
	happen?	2, Sometimes (three to ten times in the past four weeks)	
		3, Often (more than ten times in the past four weeks)	
G24	In the past four weeks, did	0, No	→ G27
	you or any household	1, Yes	
	member go a whole day and	-2, Unsure	→ G27
	night without eating anything	-1, Refused	→ G27
	because there was not		
	enough food?		
G25	If YES, how often did this	1, Rarely (once or twice in the past four weeks)	
	happen?	2, Sometimes (three to ten times in the past four weeks)	
		3, Often (more than ten times in the past four weeks)	
G26	Branching: If YES to any of	1, Couldn't afford to buy more food	
	G8, G10, G12, G14, G16,	2, Couldn't get out to buy food (for example, didn't	
	G18, G20, G22, G24:	have transportation, or had mobility or health problems	
		that prevented you from getting out)	
	During the time of	3, Afraid to go or didn't want to go out to buy food	
	coronavirus and associated	4, Couldn't get groceries or meals delivered to me	
	regulations, what were the	5, The stores didn't have the food I wanted	
	reasons you did not have	99, Other	
	enough to eat?	If OTHER, please describe:	
		-1, Refused	
	1	1	1
G27	Over the past four weeks,	0, No	
	have you had access to soap	1, Yes	
	or water at home for hand	-1, Refused	
	hygiene?		

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G28	What is your primary method	1, Walk	
	of transportation during	2, Public transport	
	coronavirus and associated	3, Private transport	
	regulations?	99, Other	
		If OTHER, please describe:	
		-1, Refused	
G29	Have your methods of	0, No	→ G32
	transportation changed due	1, Yes	
	to coronavirus and associated	-1, Refused	→ G32
	regulations?		
G30	If YES, what was it before	1, Walk	
	coronavirus and associated	2, Public transport	
	regulations?	3, Private transport	
		99, Other	
		If OTHER, please describe:	
		-1, Refused	
G31	What were your reasons for	1, Regulations	
	changing your method of	2, Costs	
	transportation?	3, Fear of coronavirus	
		4, Fear of crime	
		99, Other	
		If OTHER, please describe:	
		-1, Refused	
G32	Has your consumption of	1, Yes, increased	
	cigarettes changed due to	2, No, stayed the same	
	coronavirus and associated	3, Yes, decreased	
	regulations?	4, Do not use cigarettes	
		-2, Unsure	

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		-1, Refused	
G33	Has your consumption of	1, Yes, increased	
	alcohol changed due to	2, No, stayed the same	
	coronavirus and associated	3, Yes, decreased	
	regulations?	4, Do not use alcohol	
		-2, Unsure	
		-1, Refused	
G34	What level of lockdown are	1, Level 1	
	you currently in?	2, Level 2	
		3, Level 3	
		4, Level 4	
		5, Level 5	
		-2, Unsure	
		-1, Refused	
G35	Did any part of your lifestyle	0, No	→ G37
	change during the first	1, Yes	
	switch from level 5 to level 4	-2, Unsure	→ G37
	of the lockdown?	-1, Refused	→ G37
G36	If YES, what parts of your	1, Transportation	
	lifestyle changed during the	2, Food security	
	first switch from level 5 to	3, Housing	
	level 4 of the lockdown?	4, Hygiene (soap/water access)	
		5, Cigarette consumption	
		6, Alcohol consumption	
		7, Clinic access	
		8, Pharmacy access	
		9, Ability to pick up medications	
		10, Work/school	

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		99, Other	
		If OTHER, please describe:	
		-1, Refused	
G37	Did any parts of your	0, No	→ G39
	lifestyle change during the	1, Yes	
	first switch from level 4 to	-2, Unsure	→ G39
	level 3 of lockdown?	-1, Refused	→ G39
G38	If YES, what parts of your	1, Transportation	
	lifestyle changed during the	2, Food security	
	first switch from level 4 to	3, Housing	
	level 3 of the lockdown?	4, Hygiene (soap/water access)	
		5, Cigarette consumption	
		6, Alcohol consumption	
		7, Clinic access	
		8, Pharmacy access	
		9, Ability to pick up medications	
		10, Work/school	
		99, Other	
		If OTHER, please describe:	
		-1, Refused	
G39	Did you or your household	0, No	
	feel prepared to resume	1, Yes	
	work/school during the first	2, Not applicable (no work/school)	
	switch to level 3 of the	-2, Unsure	
	lockdown?	-1, Refused	
G40	Did you leave your home for	0, No	→ G42
	essential activities during	1, Yes	
		-2, Unsure	→ G42

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	initial levels 4 and 5 of the	-1, Refused	→ G42
	national lockdown?		
G41	What essential activities did	1, Work	
	you leave your home for	2, Food	
	during initial levels 4 and 5	3, Household supplies	
	of the national lockdown?	4, Clinic/pharmacy	
	(Check all that apply)	5, Visit friends/family	
		6, School	
		7, Take child to school	
		99, Other	
		If OTHER, please describe:	
		-1, Refused	
G42	Did you leave Umlazi during	0, No	→ H1
	initial levels 4 and 5 of the	1, Yes	
	national lockdown?	-2, Unsure	→ H1
		-1, Refused	→ H1
G43	What were the primary	1, Go home to be with family	
	reasons you travelled outside	2, Looking for job	
	of Umlazi?	3, Could not afford to stay	
	(Check all that apply)	4, Work	
		5, Visit friends/family	
		6, School	
		99, Other	
		If OTHER, please describe:	
		-1, Refused	
G44	Did you leave KZN during	0, No	→ G47
	initial levels 4 and 5 of the	1, Yes	
	national lockdown?	-2, Unsure	→ G47

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		-1, Refused	→ G47
G45	Which province(s) did you	1, Eastern Cape	
	travel to?	2, Free State	
	(Check all that apply)	3, Gauteng	
		4, Limpopo	
		5, Mpumalanga	
		6, Northern Cape	
		7, North West	
		8, Western Cape	
		9, Foreign travel	
		-2, Unsure	
		-1, Refused	
G46	What were the primary	1, Go home to be with family	
	reasons you travelled outside	2, Looking for job	
	of KZN?	3, Could not afford to stay	
	(Check all that apply)	4, Work	
		5, Visit friends/family	
		6, School	
		99, Other	
		If OTHER, please describe:	
		-1, Refused	
G47	Do you plan to return to	0, No	→ G51
	Durban/Umlazi?	1, Yes	
		-2, Unsure	→ G51
		-1, Refused	→ G51
G48	When did or do you plan to	//	
	return to Durban/Umlazi?	<u>(dd</u> / <u>mmm</u> / <u>yyyy</u> )	
		[Day: 01-31; Unknown if unknown (pull down)	

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		Month: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec; <i>Unknown if unknown</i> (pull down) Year: 2015-2023; <i>Unknown if unknown</i> (pull down)]	
G49	Branching: If G48 is before	Refused: -1 for all values 0, No	
	<i>today's date</i> Were you able to return?	1, Yes -1, Refused	→ G51 → G51
G50	If NO, why were you not able to return?	<ol> <li>Travel restrictions</li> <li>Cannot afford</li> <li>Taking care of sick household member</li> <li>Other</li> <li>Other</li> <li>OTHER, please describe:</li></ol>	
G51	Did your travel affect your ability to take your HIV medication as prescribed in any way?	0, No 1, Yes -2, Unsure -1, Refused	H1   H1   H1   H1   H1   H1   H1   H
G52	If YES, how?	<ol> <li>Unable to pick medication up</li> <li>Medication ran out</li> <li>Missed doses</li> <li>Lost medication</li> <li>Had to find a local clinic to get medication</li> <li>Had to take a different medication</li> <li>Had to take a different medication</li> <li>Other</li> <li>OTHER, please describe:</li></ol>	$  \begin{array}{c} \rightarrow H1 \\ \rightarrow H1 \end{array} $

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G53	If you are taking a different	1, TEE (also called: FDC; Atroiza;	
	medication now, what	Tenofovir/Emtricitabine/Efavirenz; Atenef; Trubuss;	
	medication were you taking	Odimune)	
	before?	2, TLD (Tenofovir/lamivudine/dolutegravir)	
		3, TDF/FTC/LPV/r (Tenofovir/emtricitabine/lopinavir/	
		ritonavir; or Truvada + Aluvia)	
		4, AZT/3TC/LPV/r (Lamzed + Aluvia)	
		99, Other	
		If OTHER, please describe:	
		-2, Unsure	
		-1, Refused	
G54	What medication are you	1, TEE (also called: FDC; Atroiza;	
	taking now?	Tenofovir/Emtricitabine/Efavirenz; Atenef; Trubuss;	
		Odimune)	
		2, TLD (Tenofovir/lamivudine/dolutegravir)	
		3, TDF/FTC/LPV/r (Tenofovir/emtricitabine/lopinavir/	
		ritonavir; or Truvada + Aluvia)	
		4, AZT/3TC/LPV/r (Lamzed + Aluvia)	
		99, Other	
		If OTHER, please describe:	
		-2, Unsure	
		-1, Refused	
G55	Have you experienced any	0, No	→ H1
	side-effects with your new	1, Yes	
	HIV medication?	-2, Unsure	→ H1
		-1, Refused	→ H1
G56	If YES, what side effects?	1, Nausea/stomach upset	
	(Check all that apply)	2, Headache	

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		3, Dizziness	
		4, Vivid dreams	
		5, Insomnia	
		6, Depression or other mood symptoms	
		7, Rash	
		99, Other	
		If OTHER, please describe:	
		-1, Refused	
H. PH	ONE: Emotional Health, Dep	pression Screening, Perceived Stress Scale	
In this	section, I will ask you some qu	estions about your emotional wellbeing. Please answer to the be	st of
your r	ecollection. If you find any of th	ne questions too personal, you do not have to answer them. Howe	ever,
your a	nswers are important to us, so p	blease answer all of the questions that you are comfortable with.	
H1	During the past month, how	All of the time1	
	much of the time were you a	Most of the time2	
	happy person?	A good bit of the time3	
		Some of the time4	
		A little of the time5	
		None of the time6	
		Refused1	
H2	During the past month, how	All of the time1	
	much of the time have you	Most of the time2	
	felt calm and peaceful?	A good bit of the time3	
		Some of the time4	
		A little of the time5	
		None of the time6	
		Refused1	

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H3	During the past month, how	All of the time1			
	much of the time have you	Most of the time2			
	been a very nervous person?	A good bit of the time3			
		Some of the time4			
		A little of the time5			
		None of the time6			
		Refused1			
H4	During the past month, how	All of the time1			
	much of the time have you	Most of the time2			
	felt very sad, downhearted,	A good bit of the time3			
	or blue?	Some of the time4			
		A little of the time5			
		None of the time6			
		Refused1			
Н5	During the past month, how	All of the time1			
	much of the time have you	Most of the time2			
	felt so sad that nothing could	A good bit of the time3			
	cheer you up?	Some of the time4			
		A little of the time5			
		None of the time6			
		Refused1			
H6	How much of the time was	All of the time1			
	your nervousness or sadness	Most of the time2			
	related to coronavirus?	A good bit of the time3			
		Some of the time4			
		A little of the time5			
		None of the time6			
		Refused1			

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Econdition in a	Juney.

Perceived Stress Scale				
H7	In the last four weeks, how	0, Never		
	often have you felt that you	1, Almost never		
	were unable to control the	2, Sometimes		
	important things in your life?	3, Fairly often		
		4, Very often		
		-1, Refused		
H8	In the last four weeks, how	0, Never		
	often have you felt confident	1, Almost never		
	about your ability to handle	2, Sometimes		
	your personal problems?	3, Fairly often		
		4, Very often		
		-1, Refused		
H9	In the last four weeks, how	0, Never		
	often have you felt that	1, Almost never		
	things were going your way?	2, Sometimes		
		3, Fairly often		
		4, Very often		
		-1, Refused		
H10	In the last four weeks, how	0, Never		
	often have you felt	1, Almost never		
	difficulties were piling up so	2, Sometimes		
	high that you could not	3, Fairly often		
	overcome them?	4, Very often		
		-1, Refused		
H11	How much of the time was	0, Never		
	your stress related to	1, Almost never		
	coronavirus?	2, Sometimes		

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		3, Fairly 4, Very c	often				
		-1, Refus	sed				
	ONE: Social Support						
In this	section, I will ask you some qu	estions ab	out social su	pport. I will	be asking y	ou how often	you feel
you ha	we support for different activitie	es. Please	answer all o	f the questio	ns that you	are comfortal	ole with. On
a scale	e from 1 to 5 where 1 is none of	the time a	nd 5 is all of	f the time, he	ow often is	each of the fo	llowing
kinds	of support available to you if yo	u need it?					
		None of	the time		Al	l of the time	Refused
I1	Someone who understands	1	2	3	4	5	-1
	your problems						
I2	Someone to love and make	1	2	3	4	5	-1
	you feel wanted						
I3	Someone to turn to for	1	2	3	4	5	-1
	suggestions about how to						
	deal with a personal problem						
I4	Someone to help you if you	1	2	3	4	5	-1
	were confined to bed						
I5	Someone to take you to the	1	2	3	4	5	-1
	doctor if you needed it						
I6	Someone to prepare your	1	2	3	4	5	-1
	meals if you were unable to						
	do it for yourself						
I7	Someone to help with daily	1	2	3	4	5	-1
	chores if you were sick						
I8	Someone to have a good	1	2	3	4	5	-1
	time with						
J. Inti	mate Partner Violence Screen	ing				1	

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We know that relationships can have good and bad moments. Some questions may be difficult to answer and we would like to remind you that your answers will be kept confidential. If you find any of the questions too personal, you do not have to answer them. However, your answers are important to us, so please answer all of the questions that you are comfortable with.

	•	
J1	In the past four weeks, has	0, No
	your current or most recent	1, Yes
	partner punched, slapped,	-2, Unsure
	kicked, bit you, or caused	-1, Refused
	you any type of physical	
	harm?	
J2	In the past four weeks, has	0, No
	your current or most recent	1, Yes
	partner insulted, ignored, or	-2, Unsure
	humiliated you, yelled at	-1, Refused
	you, or made you feel	
	ashamed or bad about	
	yourself?	
J3	In the past four weeks, has	0, No
	your current or most recent	1, Yes
	partner forced you to have	-2, Unsure
	sex or perform any sexual	-1, Refused
	act, or touched you sexually	
	in any way that you did not	
	want?	
J4	In the past four weeks, has	0, No
	your current or most recent	1, Yes
	partner made you feel afraid,	-2, Unsure
	unsafe, or in danger?	-1, Refused
	partner made you feel afraid,	-2, Unsure

	Today's Date:	day / mon	th / year	Study ID:	 
	Interviewer ID:			Location/Facility:	 
J5	Have you experience	ed any of	1, Yes, more frequ	ient	
	the above more or le	ess	2, No change		
	during coronavirus a	and the	3, Yes, less freque	ent	
	associated regulation	sociated regulations?			
			-1, Refused		

K. PHONE: Qualitative Follow-Up Questions							
The final part is a series of open-ended questions about your experiences during the COVID-19/coronavirus							
outbreak. Please answer all of the questions that you are comfortable with.							
K1	How much, if at all, do						
	you think your HIV						
	status puts you at a						
	greater risk of getting						
	sick from coronavirus? If						
	so, how?						
K2	Is coronavirus impacting						
	your access to ARV						
	medications in any ways						
	other than what we have						
	discussed? If so, how?						
L. PHONE: Reimbursement Questions							
L1	Can we send you your	Same as this phone number1					
	incentive on this phone	Different2					
	number, or is there	If DIFFERENT, specify:					
	another number that is						
	better?	Refused1	→END				
L2	Phone carrier/provider:	1, Cell-C					
		2, MTN					

	Today's Date: day Interviewer ID:	/ month / year	Study ID:	
		3, Telkom 4, Vodacom 99, OTHER If OTHER, list:		
L3	Airtime voucher code:	Text		