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

Baseline Questionnaire

A. CONSENT SIGNATURES				
I am glad you are interested in participating in our study. [Read consent form].				
A1	Participant signature:	[Signature capture]		
A2	Date of participant signature	[Autofill with today's date]		
A3	Research assistant signature:	[Signature capture]		
A4	Date of research assistant signature	[Autofill with today's date]		

B. C	B. CONTACT INFORMATION			
B1	What is your address? If you do not have	e a fixed address, what is the address of the	e place	
	where you sleep most nights?			
	a. Street/House Number	[Free text]		
	b. Suburb/Town	[Free text]		
B2	Some people will be contacted after 12	No0	→ C1	
	months for follow-up. May we call	Yes1		
	you?	Refused1	→ C1	
В3	What is the best phone number to call	()		
	you on?	Missing: 9's throughout		
B4	Do you have a second phone number	No0	→ C1	
	to call you on?	Yes1		
		Refused1	→ C1	

Today	's Date: day / month / year	•	Study ID:	
Intervi	iewer ID:		Location/Facility:	
B5	What is the second best phone no	umber	()	
	where we can reach you?		Missing: 9's throughout	
C. FA	AMILY OR OTHER CONTACT	Γ		
I am	going to ask you for the phone num	mber of	a family member or friend who is likely to	o know
where	e you are if we are unable to conta	ct you b	by phone. We will not tell this person about	it the
study	or your HIV status. We will only	contact	this person if we cannot reach you by pho	one or
find y	ou at your home.			
C1	Are you willing to provide the pl	hone	No0	→ D1
	number of a friend/family memb	er?	Yes1	
			Refused1	→ D1
C2	What is your friend/family mem	ber's	[Free text]	
	name? Please type "Refused" if	not		
	given.			
С3	What is the best phone number v	vhere	<u></u>	
	we can reach your friend/family		Missing: 9's throughout	
	member?			
D. DI	EMOGRAPHICS			
D1	Do you identify as male or	Male	1	
	female?	Female	e2	
		Other.	3	
		Refuse	d1	

Today's Date:	day / month / year	Study ID:	
Interviewer ID:		Location/Facility:	

D2	What is your date of birth?	//
		<u>(dd / mmm / yyyy)</u>
		[Day: 01-31 Unknown if unknown/refused (pull
		down)
		Month: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug,
		Sep, Oct, Nov, Dec; Unknown if unknown (pull
		down)
		Year: 1920-2022; Unknown if unknown (pull
		down)]
		Date check – date should not be after today. Age
		must be at least 18.
D3	What is your South African	
	ID? (13 digits)	Refused/Missing: 9's throughout
D4	What is your ethnic group?	Black1
		White2
		Coloured3
		Other4
		If OTHER, specify:
		Choose not to identify1
D5	How far is your home from	Less than 5 kilometers1
	[Clinic]?	5 to 10 kilometers2
		10 to 30 kilometers3
		More than 30 kilometers4
		Refused1
		Unknown2

Today	r's Date: day / month / year	r Study ID:	
Interv	iewer ID:	Location/Facility:	
D6	How did you travel to the	Walked1	
	clinic today?	Public transport (bus, taxi)2	
		Private transport3	
		Other4	
		If OTHER, specify:	
		Refused1	
D7	How long did it take you to get	Time available1	
	from your home to the clinic	Refused1	
	today?	Unknown2	
	(Please use leading 0's if	hours minutes	
	necessary)		
D8	How much money in total does		
	it cost you to get to clinic?	South African Rand	
	(Please use leading 0's if	Refused1	
	necessary)		
D9	What is the last grade of school	No school1	
	you completed?	Primary2	
		Some high school3	
		Matric4	
		Tertiary5	
		Refused1	
D10	Are you employed?	No0	→ D12
		Yes1	
		Refused1	→ D12

Today	r's Date:	day / month / year	Study ID:	
Interv	iewer ID:		Location/Facility:	
D11	How many ho	urs were you	None1	
	paid for work	last week?	Less than 202	
			20 to 393	
			40 or more4	
			Refused1	
D12	What is your r	narital status?	Never married1	
			Currently married2	→ E1
			Divorced/separated 3	
			Widowed4	
			Refused1	
D13	Are you curren	ntly in an	No0	
	intimate relation	onship?	Yes, in an intimate relationship for less than 6	
			months 1	
			Yes, in an intimate relationship for longer than 6	
			months	
			Yes, multiple intimate relationships3	
			Refused1	

Today'	s Date:	day / month / year	Study ID:	
Intervie	ewer ID:		Location/Facility:	
E. MI	EDICAL HIST	ΓORY		
In this	section, I will	ask you some questions	about your medical history. Please answer	as best as
you ca	ın remember. I	f you find any of the que	stions too personal, you do not have to answ	ver them.
Howe	ver, your answ	ers are important to us, s	o please answer all of the questions that you	ı are
comfo	rtable with.			
E1	Overall, how	would you rate your	Excellent6	
	health during	the past four weeks?	Very good5	
			Good4	
			Fair3	
			Poor2	
			Very poor1	
			Refused1	
E2	When were y	ou diagnosed with	/	
	HIV?		<u>(dd / mmm / yyyy</u>)	
			[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: 1995-2023; Unknown if unknown	
			(pull down)]	
			Date check – date should be before	
			today	

Today's Date:	day / month / year	Study ID:	
Interviewer ID:		Location/Facility:	

E3	When did you start taking	//	
	medication for HIV?	<u>(dd / mmm / yyyy)</u>	
		[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: 1995-2023; Unknown if unknown	
		(pull down)]	
		Date check – date should be before	
		today	
E4	How would you rate your ability to	Very poor1	
	take your prescribed HIV	Poor2	
	medication in the past month?	Fair3	
		Good4	
		Very good5	
		Excellent6	
		Refused1	
E5	Many patients find it difficult to take		IF NOT
	all their HIV medications exactly as	doses	FEMAL
	prescribed. How many doses of your	[Drop down with numbers 00-14; -2 and	E → E8
	HIV medication did you miss in the	-1]	
	last 7 days?	Don't know2	
		Refused1	
E6	Women only:	No0	→ E8
	Do you use hormonal contraception?	Yes1	
		Refused1	→ E8

Today	's Date: day / month / year	Study ID:	
Intervi	ewer ID:	Location/Facility:	
E7	What type of hormonal	Injection1	
	contraception do you use?	Pill2	
		Implant (implanon)3	
		Other4	
		If OTHER, specify:	
		Refused1	
E8	Do you take other chronic	No0	→ F1
	medications?	Yes1	
		Refused1	→ F1
E9	What other chronic medications do		
	you take?	[6 lines with 80 characters available	
		per line]	
E10	In the past 6 months have you	No0	
	attended a traditional healer?	Yes1	
		Refused1	
E11	In the past 6 months have you taken	No0	
	medicines from a traditional healer?	Yes1	
		Refused1	

Today's Date: day / month / year		day / month / year	Study ID:			
Interviewer ID:			Location/Facility:			
F. EN	MOTIONAL H	IEALTH / DEPRESSION	N SCREENING			
In thi	s section, I will	ask you some questions at	bout your emotional wellbeing. Please answ	wer to		
the be	est of your reco	llection. If you find any of	the questions too personal, you do not have	e to		
answe	er them. Howev	ver, your answers are impo	rtant to us, so please answer all of the quest	tions		
that y	ou are comforta	able with.				
F1	During the par	st month, how much of	All of the time1			
	the time were	you a happy person?	Most of the time2			
			A good bit of the time3			
			Some of the time4			
			A little of the time5			
			None of the time6			
			Refused1			
F2	During the par	st month, how much of	All of the time1			
	the time have	you felt calm and	Most of the time2			
	peaceful?		A good bit of the time3			
			Some of the time4			
			A little of the time5			
			None of the time6			
			Refused1			
F3	During the par	st month, how much of	All of the time1			
	the time have	you been a very nervous	Most of the time2			
	person?		A good bit of the time3			
			Some of the time4			
			A little of the time5			
			None of the time6			
			Refused1			

Today	's Date: day / m	onth / year	Study ID:	
Intervi	ewer ID:	_	Location/Facility:	
F4	During the past month	, how much of	All of the time1	
	the time have you felt	very sad,	Most of the time2	
	downhearted, or blue?		A good bit of the time3	
			Some of the time4	
			A little of the time5	
			None of the time6	
			Refused1	
F5	During the past month	, how much of	All of the time1	
	the time have you felt	so sad that	Most of the time2	
	nothing could cheer yo	ou up?	A good bit of the time3	
			Some of the time4	
			A little of the time5	
			None of the time6	

G. SOCIAL SUPPORT

In this section, I will ask you some questions about social support. I will be asking you how often you feel you have support for different activities. Please answer all of the questions that you are comfortable with. On a scale from 1 to 5 where 1 is none of the time and 5 is all of the time, how often is each of the following kinds of support available to you if you need it?

Refused.....-1

		None of the	ne time		All o	f the time	Refused
G1	Someone you can count on to listen to you when you need to talk	1	2	3	4	5	-1
G2	Someone to give you information to help you understand a situation	1	2	3	4	5	-1
G3	Someone to give you good advice about a crisis	1	2	3	4	5	-1

Today's Date: day / month / year		Stud	y ID:				
Interv	lewer ID:	Loca	ition/Facility	:			
G4	Someone to confide in or talk to about yourself or your problems	1	2	3	4	5	-1
G5	Someone to turn to for suggestions about how to deal with a personal problem	1	2	3	4	5	-1
G6	Someone to help you if you were confined to bed	1	2	3	4	5	-1
G7	Someone to take you to the doctor if you needed it	1	2	3	4	5	-1
G8	Someone to prepare your meals if you were unable to do it for yourself	1	2	3	4	5	-1
G9	Someone to help with daily chores if you were sick	1	2	3	4	5	-1
G10	Someone who shows you love and affection	1	2	3	4	5	-1
G11	Someone to have a good time with	1	2	3	4	5	-1
G12	Someone to get together with for relaxation	1	2	3	4	5	-1
G13	Someone to do something enjoyable with	1	2	3	4	5	-1

H. SELF-EFFICACY

In this section, I will ask you some questions about your beliefs about your own abilities. Please answer all of the questions that you are comfortable with.

On a scale from 1 to 4, where 1 is not at all true and 4 is exactly true, how much do you agree with the following statements?

Not at all true	Hardly	Moderately	Exactly true	Refused
	true	true		Refused

loday's Date: day / month / year			Study ID:	_		
Intervie	ewer ID:		Location/Fac	ility:		
H1	I can always manage to					
	solve problems if I try	1	2	3	4	-1
	hard enough					
H2	If someone opposes					
	me, I can find means	1	2	3	4	1
	and ways to get what I	1	2	3	4	-1
	want					
НЗ	It is easy for me to					
	stick to my aims and	1	2	3	4	-1
	accomplish my goals					
H4	I am confident that I					
	could deal efficiently	1	2	3	4	-1
	with unexpected events					
H5	Thanks to my					
	resourcefulness, I know	1	2	3	4	-1
	how to handle	1	2	3	4	-1
	unforeseen situations					
Н6	I can solve most					
	problems if I invest the	1	2	3	4	-1
	necessary effort					
H7	I can remain calm					
	when facing difficulties	1	2	3	4	-1
	because I can rely on	1	2	3	7	-1
	my coping abilities					
Н8	When I am confronted					
	with a problem, I can	1	2	3	4	-1
	usually find several	1	<i>L</i>	3	+	-1
	solutions					
i		1				

Today's Date: day / month / year			Study ID:	_		
Interviewer ID:			_ Location/Fa	acility: _		
Н9	If I am in trouble, I can					
	usually think of	1	2	3	4	-1
	something to do					
H10	No matter what comes					
	my way, I'm usually	1	2	3	4	-1
	able to handle it					
I. BAF	RRIERS AND COMPET	ING NEE	DS			
In this	section, I will ask you son	ne question	ns about your own 1	barriers to get	tting healthcare	and
what c	ompeting needs you may l	nave. Pleas	se answer all of the	questions tha	t you are comfo	rtable
with.						
I am g	oing to read you a list of th	nings that r	nay have been a pr	oblem when y	you have needed	l
medica	al care. Please indicate if a	ny of the fo	following things have	ve been a prol	blem when you	
needed	I medical care <u>in the past 6</u>	months.				
I1	You didn't know where	to find	No		0	
	care		Yes	1	I	
			Refused		1	
I2	You didn't think it was	necessary	No		0	
	because you didn't think	x you	Yes	1	I	
	were sick enough		Refused		1	
I3	You couldn't get off wo	rk	No		0	
			Yes	1	I	
			Refused		1	
I4	You were too sick		No		0	
			Yes		l	
			Refused		1	
I5	You had to wait too long	g to see	No		0	
	the nurse or doctor		Yes	1	I	
			Refused	-	1	

,		
Intervie	ewer ID:	Location/Facility:
I6	You couldn't get to the	No0
	clinic/doctor's office during the	Yes1
	hours it was open	Refused1
I7	The nurse or doctor didn't speak	No0
	your language	Yes1
		Refused1
I8	Transport to get to the	No0
	clinic/doctor's office was a	Yes1
	problem	Refused1
I9	You could not afford the cost of	No0
	transportation	Yes1
		Refused1
I10	You could not afford	No0
	medications	Yes1
		Refused1
I11	You had to take care of someone	No0

Yes.....1

Refused.....-1

No.....0

Yes.....1

Refused.....-1

No......0 Yes......1

Refused.....-1

If YES, specify:_

Study ID:

Todav's Date:

else

Other

I12

I13

You were not treated with

respect by the nurse or doctor

day / month / year

Today's	Date: day / month / year	Study ID:
Interviev	ver ID:	Location/Facility:
I14	In the last 6 months, have you	No0
	ever had to go without health	Yes1
	care that you needed because the	Refused1
	money was needed for <u>food</u> ?	
I15	In the last 6 months, have you	No0
	ever had to go without health	Yes1
	care that you needed because the	Refused1
	money was needed for <u>clothing</u> ?	
I16	In the last 6 months, have you	No0
	ever had to go without health	Yes1
	care that you needed because the	Refused1
	money was needed for <u>housing</u> ?	
I17	In the last 6 months, have you	No0
	ever had to go without health	Yes1
	care that you needed because the	IF YES, Specify:
	money was needed for anything	Refused1
	else I haven't mentioned?	
I18	In the last 6 months, have you	No0
	ever had to go without <u>food</u>	Yes1
	because the money was needed	Refused1
	for health care?	
I19	In the last 6 months, have you	No0
	ever had to go without <u>clothing</u>	Yes1
	because the money was needed	Refused1
	for health care?	

Today's Date: day / month / year		Study ID:		
Interviewer ID:			_ Location/Facility:	
I20	In the last 6 m	nonths, have you	No	.0
	ever had to go	without <u>housing</u>	Yes	.1
	because the m	noney was needed	Refused	1
	for health care	e?		
I21	In the last 6 m	nonths, have you	No	.0
	ever had to go	without anything	Yes	.1
	else I haven't	mentioned because	IF YES, Specify:	
	the money wa	as needed for health	Refused	1
	care?			

J. HIV TREATMENT BELIEFS

In this section, I will ask you some questions about your beliefs about health, healthcare, and medicine.

Please answer all of the questions that you are comfortable with.

On a scale from 1 to 5, where 1 is strongly disagree and 5 is strongly agree, how much do you agree with the following statements?

		Strongly Di	sagree		Strong	gly Agree	Refused
J1	Some traditional healers can cure HIV	1	2	3	4	5	-1
J2	Vitamins and fresh fruits and vegetables can cure HIV	1	2	3	4	5	-1
J3	Antiretroviral treatments are poisonous and make people sicker	1	2	3	4	5	-1
J4	Taking HIV medication is a good idea even if one doesn't have symptoms	1	2	3	4	5	-1
J5	HIV medications will keep me alive longer	1	2	3	4	5	-1

Today's Date: day / month / year		Study ID:		
Intervie	ewer ID:	Location/Facility:		
K. ST	IGMA AND HIV DISCLOSURE			
In this	section, I will ask you some questions	about how you feel about having HIV. We are		
trying	to understand how patients feels about	having HIV and about disclosing their HIV status.		
Please	answer all of the questions that you are	e comfortable with.		
K1	It is difficult to tell people about my	Agree1		
	HIV infection	Disagree0		
		Refused1		
K2	Being HIV positive makes me feel	Agree1		
	dirty	Disagree0		
		Refused1		
K3	I feel guilty that I am HIV positive	Agree1		
		Disagree0		
		Refused1		
K4	I am ashamed that I am HIV positive	Agree1		
		Disagree0		
		Refused1		
K5	I sometimes feel worthless because I	Agree1		
	am HIV positive	Disagree0		
		Refused1		
K6	I hide my HIV status from others	Agree1		
		Disagree0		
		Refused1		
K7	I worry that people who know I have	Agree1		
	HIV will tell others	Disagree0		
		Refused1		
K8	I regret having told some people I	Agree1		
	have HIV	Disagree0		
		Refused1		

Today's Date: day / month / year Study ID:			_	
Interviewer ID: Location/Facility:			_	
K9	I worry that people may judge me	Agree1		
	when they learn I have HIV	Disagree0		
		Refused1		
K10	I work hard to keep my HIV a secret	Agree1		
		Disagree0		
		Refused1		
K11	In many areas of my life, no one	Agree1		
	knows I have HIV	Disagree0		
		Refused1		
K12	Telling someone that I have HIV is	Agree1		
	risky	Disagree0		
		Refused1		
K13	Since you were diagnosed with HIV,	No0		
	have you ever told anyone other than	Yes1		
	your health provider(s) you are HIV	Refused1		
	positive?			
I DI	CODIMINATION			
L. DISCRIMINATION				
In this section, I will ask you some questions about how others have made you feel about having				
HIV. Please answer all of the questions that you are comfortable with.				
L1	Since you have been diagnosed, how	Never0		
	often have you been excluded from	Once1		
	social gatherings or activities (e.g.	A few times2		
	weddings, funerals, parties, and	Often3		
	clubs) because of your HIV status?	Refused1		

I oday's Date: day / month / year Study ID:					
Interviewer ID: Location/Facility:					
L2	How often have you been gossiped	Never0			
	about because of your HIV status?	Once1			
		A few times2			
		Often3			
		Refused1			
L3	How often have you been verbally	Never0			
	insulted, harassed and/or threatened	Once1			
	because of your HIV status?	A few times2			
		Often3			
		Refused1			
L4	How often have you been physically	Never0			
	assaulted because of your HIV	Once1			
	status?	A few times2			
		Often3			
		Refused1			
			I		
M. ALCOHOL USE SCREENING					
In this section, I will ask you some questions about your alcohol use. Please answer all of the					
questions that you are comfortable with. Pull down menu for all with -1 last					
M1	How often did you have a drink	Never0	→N1		
	containing alcohol in the past year?	Monthly or less1			
		2-4 times a month2			
		2-3 times a week3			
		4 or more times a week4			
		Refused1	→N1		

Today's Date: day / month / year		Study ID:	
Interviewer ID: Location/Facility:			
M2	How many drinks containing alcohol	None, I do not drink3	→ N1
	did you have on a typical day when	1 or 20	
	you were drinking in the past year?	3 or 41	
	1 Beer drink = 350mL	5 or 62	
	1 Wine drink = 150mL	7 to 93	
	1 Spirit drink = 44mL	10 or more4	
		Refused1	→N1
M3	How often do you have six or more	Never0	
	drinks on one occasion in the past	Less than monthly1	
	year?	Monthly2	
		Weekly3	
		Daily or almost daily4	
		Refused1	
N. 0			
	THER SUBSTANCES SCREENING		
	I will ask you some questions about yo ions that you are comfortable with.	ur use of various substances. Please answer	all of the
N1	How often have you smoked	Never0	
	cigarettes?	Not in the past year1	
		In the past year, but not in past month2	
		In the past month3	
		Refused1	
N2	How often have you smoked	Never0	
	Whoonga?	Not in the past year1	
		In the past year, but not in past month2	
		In the past month3	
		Refused1	

l oday's Date: day / month / year Study ID:			
Interviewer ID: Location/Facility:			
N3	How often have you used cannabis	Never0	
	(Dagga)?	Not in the past year1	
		In the past year, but not in past	
		month2	
		In the past month3	
		Refused1	
N4	How often have you used ecstasy?	Never0	
		Not in the past year1	
		In the past year, but not in past	
		month2	
		In the past month3	
		Refused1	
N5	How often have you injected drugs	Never0	
	(example: heroin)?	Not in the past year1	
		In the past year, but not in past	
		month2	
		In the past month3	
		Refused1	

Thank you very much. This completes our baseline survey. If patient has been seen by clinic staff please continue to Post-Decision Questionnaire (PDQ).