

ANNEXURE III

ANNEXURE III DATA COLLECTION INSTRUMENTS

BACKGROUND INFORMATION

	READ- For each question, write in the answer box the number of the participants choice of the answer that best applies.	For office use only
1.	What is your age (in years)? Your answer years	Q1
2.	Marital status 1. Single 2. Single but I have a steady partner 3. Married 4. Widow 5. Divorced 6. Other Your answer	Q2
3.	Do you have children? 1. Yes 2. No Your answer	Q3
4.	If yes to question 3, how many children do you have? Your answer	Q4
5.	Highest level of education attained? 1. Primary School 2. Secondary school up to Junior Certificate level 3. Secondary school: O-Levels 4. College/ Vocational Training 5. University Your answer	Q5
6.	How do you spend your day? 1. Full-time employment 2. Student 3. At home/ child-care 4. Volunteer 5. Other Your answer	Q6
7.	Monthly income 1. Less than BWP 200 2. BWP201-BWP600 3. BWP601-BWP1500 4. BWP1501-BWP4000 5. More than BWP4000 Your answer	Q7
8.	When did you first test positive for HIV (Year)? Your answer	Q8
9.	How many people have you disclosed your HIV+ve status to? 1. 1-5 people 2. 6-10 people 3. 11-15 people	

		4. 16-20 people 5. 21-30 people 6. 31-50 people 7. over 50 people Your answer	Q9
10.	Are you at present suffering from TB?	1. Yes 2. No Your answer	Q10
11.	If yes to question 10, are you on treatment to cure TB?	1. Yes 2. No Your answer	Q11
12.	If no to question 10, are you on treatment to prevent you from getting TB (IPT treatment)?	1. Yes 2. No 3. I have completed the 6-months course Your answer	Q12
13.	Do you check your CD-4 count?	1. Yes 2. No Your answer	Q13
14.	If yes, how often do you check your CD-4 count?	1. Monthly 2. Every 3-months 3. Every 6-months 4. Annually 5. Never Your answer	Q14
15.	Are you taking HIV drugs (HAART, ARVs) at present?	1. Yes 2. No Your answer	Q15
16.	If no to question 15, why are you not taking HAART?	1. Never taken ARVs 2. Was told to stop by my doctor 3. Was told to start but have not yet agreed 4. I want to start but have no access 5. My CD-4 count is above 200 Your answer	Q16
17.	If yes to question 15, how long have you been taking HAART?	1. 0-6 months 2. 7-12 months 3. 1-2 years 4. over 2 years Your answer	Q17

Thank you for participating in the study!

MOS-QOL SF-36

Your Health in General

Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully, and mark the one box that best describes your answer. Thank you for completing this survey!

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1 In general, would you say your health is... Q1

Excellent	Very Good	Good	Fair	Poor
1	2	3	4	5

2 Compared **to one year ago**, how would you rate your health in general **now**? Q2

Much better now than one year ago	Somewhat better than one year ago	About the same as one year ago	Somewhat worse now than one year ago	Much worse now than one year ago
1	2	3	4	5

- 3 The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all	
<u>Vigorous activities,</u> such as running, lifting heavy objects, participating in strenuous sports.	1	2	3	Q3
<u>Moderate activities,</u> such as moving a table, or pushing a vacuum cleaner.	1	2	3	Q4
Lifting or carrying groceries.	1	2	3	Q5
Climbing <u>several</u> flights of stairs.	1	2	3	Q6
Climbing <u>one</u> flight of stairs.	1	2	3	Q7
Bending, kneeling or stooping.	1	2	3	Q8
Walking <u>more than a</u> <u>mile.</u>	1	2	3	Q9
Walking <u>several</u> <u>blocks.</u>	1	2	3	Q10
Walking <u>one block.</u>	1	2	3	Q11
Bathing or dressing your self.	1	2	3	Q12

4 During the **past four weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**

	Yes	No	
Cut down on the <u>amount of time</u> you spent on work or other activities.	1	2	Q13
<u>Accomplished less</u> than you would like.	1	2	Q14
Were limited in the <u>kind</u> of work or other activities.	1	2	Q15
Had <u>difficulty</u> in performing the work or other activities (for example, it took extra effort).	1	2	Q16

5 During the **past four weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

	Yes	No	
Cut down on the <u>amount of time</u> you spent on work or other activities.	1	2	Q17
<u>Accomplished less</u> than you would like.	1	2	Q18
Did work or other activities <u>less</u> carefully than usual.	1	2	Q19

- 6 During the **past four weeks**, to what extent has your physical health or emotional problems interfered with your normal **social activities** with family, friends, neighbours or groups? Q20

Not at all	Slightly	Moderately	Quite a bit	Extremely
1	2	3	4	5

- 7 How much **bodily pain** have you had during the **past four weeks**? Q21

None	Very mild	Mild	Severe	Very severe
1	2	3	4	5

- 8 During the **past four weeks**, how much did **pain** interfere with your normal work (including both work outside and housework)? Q22

Not at all	A little bit	Moderately	Quite a bit	Extremely
1	2	3	4	5

9

These questions are about how you feel and how things have been with you during the **past four weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past four weeks**.....

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	
Did you feel full of pep?	1	2	3	4	5	6	Q23
Have you been a very nervous person?	1	2	3	4	5	6	Q24
Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6	Q25
Have you felt calm and peaceful?	1	2	3	4	5	6	Q26
Did you have a lot of energy?	1	2	3	4	5	6	Q27
Have you felt downhearted and blue?	1	2	3	4	5	6	Q28
Did you feel worn out?	1	2	3	4	5	6	Q29
Have you been a happy person?	1	2	3	4	5	6	Q30
Did you feel tired?	1	2	3	4	5	6	Q31

10

During the **past four weeks**, how much of the time has your **physical health** or **emotional problems** interfered with your social activities (like visiting friends, relatives, etc.?)

Q32

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1	2	3	4	5

11

How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false	
I seem to get sick a little easier than other people.	1	2	3	4	5	Q33
I am as healthy as anybody I know.	1	2	3	4	5	Q34
I expect my health to get worse.	1	2	3	4	5	Q35
My health is excellent.	1	2	3	4	5	Q36

Thank you for completing these questions!

PERSONAL RESOURCE QUESTIONNAIRE – PART II

Below there are some statements with which some people agree and others disagree. Please read each statement and **CIRCLE** the response most appropriate for you. There is no right or wrong answer.

	Levels of perceived support	Strongly disagree	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Strongly agree
A	There is someone I feel close to who makes me feel secure.	1	2	3	4	5	6	7
B	I belong to a group in which I feel important.	1	2	3	4	5	6	7
C	People let me know that I do well at my work (job, homemaking).	1	2	3	4	5	6	7
D	I can't count on my relatives and friends to help me with my problems.	1	2	3	4	5	6	7
E	I have enough contact with the person who makes me feel special.	1	2	3	4	5	6	7
F	I spend time with others who have the same interests I do.	1	2	3	4	5	6	7
G	There is little opportunity in my life to be giving and caring to another person.	1	2	3	4	5	6	7
H	Other let me know that they enjoy working with me (jobs, committees, projects).	1	2	3	4	5	6	7
I	There are people available if I needed help over an extended period of time.	1	2	3	4	5	6	7
J	There is no one to talk to about how I am feeling.	1	2	3	4	5	6	7
K	Among my group of friends we do favours for each other.	1	2	3	4	5	6	7

	Levels of perceived support	Strongly disagree	Disagree	Somewhat disagree	Neutral	Somewhat agree	Agree	Strongly agree
I	I have the opportunity to encourage others to develop their interests and skills.	1	2	3	4	5	6	7
M	My family lets me know that I am important for keeping the family running.	1	2	3	4	5	6	7
N	I have family and friends that will help me out even if I can't pay them back.	1	2	3	4	5	6	7
O	When I am upset there is someone I can be with who lets me be myself.	1	2	3	4	5	6	7
P	I feel no one has the same problems as I.	1	2	3	4	5	6	7
Q	I enjoy doing little extra things that make another person's life more pleasant.	1	2	3	4	5	6	7
R	I know that others appreciate me as a person.	1	2	3	4	5	6	7
S	There is someone who loves and cares about me.	1	2	3	4	5	6	7
T	I have people to share social events and fun activities with.	1	2	3	4	5	6	7
U	I am responsible for helping provide for another persons needs.	1	2	3	4	5	6	7
V	If I need advice there is someone who would assist me to work out a plan for dealing with the situation.	1	2	3	4	5	6	7
W	I have a sense of being needed by another person.	1	2	3	4	5	6	7
X	People think I am not a as a good a friend as I should be.	1	2	3	4	5	6	7
Y	If I got sick, there is some one to give me advice about caring for myself.	1	2	3	4	5	6	7

MOS Social Support Survey

People sometimes look to others for companionship, assistance or other types of support. How often is each of the following kinds of support available to you if you need it?

Circle one number on each line.

			None of the time	A little of the time	Some of the time	Most of the time	All of the Time
1	Emotional/ Informational Support	Someone you can count on to listen to you when you need to talk.	1	2	3	4	5
2		Someone to give you information to help you understand a situation	1	2	3	4	5
3		Someone to give you good advice about a crisis	1	2	3	4	5
4		Someone to confide in or talk about yourself or your problems	1	2	3	4	5
5		Someone whose advice you really want	1	2	3	4	5
6		Someone to share your most private worries and fears with	1	2	3	4	5
7		Someone to turn to for suggestions about how to deal with a problem	1	2	3	4	5
8		Someone who understands your problems	1	2	3	4	5
9	Tangible support	Someone to help you if you were confined to bed	1	2	3	4	5
10		Someone to take you to the doctor if you needed it	1	2	3	4	5

			None of the time	A little of the time	Some of the time	Most of the time	All of the Time
11		Someone to prepare your meals if you were unable to do it yourself	1	2	3	4	5
12	Affectionate support	Someone who shows you love and affection	1	2	3	4	5
13		Someone to love you and make you feel wanted	1	2	3	4	5
14		Someone who hugs you	1	2	3	4	5
15	Positive social interaction	Someone to have a good time with	1	2	3	4	5
16		Someone to get together for relaxation	1	2	3	4	5
17		Someone to do something enjoyable with	1	2	3	4	5
18	Additional item	Someone to do things with to help you get your mind off things	1	2	3	4	5

ADHERENCE ATTITUDE INVENTORY

Adherence Attitude Inventory: Circle one number on each line.

		None of the time	Very rarely	A little of the time	Some of the time	A good part of the time	Most of the time	All the time
1	In the afternoon I have a hard time remembering if I took my early dose of medication	1	2	3	4	5	6	7
2	I have forgotten whether I have taken my medication even if I am in the middle of doing it	1	2	3	4	5	6	7
3	I often have trouble remembering to get refills for my medication in time	1	2	3	4	5	6	7
4	I forget to talk to my doctor about side effects of my medication	1	2	3	4	5	6	7
5	Even though I want to take my medication, I just forget to take it	1	2	3	4	5	6	7
6	I lose track of time, and I have to take my medication late or not at all	1	2	3	4	5	6	7
7	I have a hard time remembering to take my medications with me when I leave home	1	2	3	4	5	6	7
8	My doctor makes sure that I have a plan for fitting the medication dosing schedule into my personal routine	1	2	3	4	5	6	7
9	My doctor wants me to participate in making decisions about my	1	2	3	4	5	6	7

		None of the time	Very rarely	A little of the time	Some of the time	A good part of the time	Most of the time	All the time
	medicine							
10	My doctor understands how difficult it is to follow my medication regime	1	2	3	4	5	6	7
11	My doctor wants to know what problems I have that make it difficult to take my medications	1	2	3	4	5	6	7
12	My doctor understands my personal life and why it is hard for me to take my medications	1	2	3	4	5	6	7
13	My doctor makes time for me to ask all the questions I need about my medications	1	2	3	4	5	6	7
14	My doctor asks me if I can handle any possible side effects of my medication	1	2	3	4	5	6	7
15	I fear I am not capable of taking my medicines as I should	1	2	3	4	5	6	7
16	I worry that I will not be able to keep making the effort to take this medicine forever	1	2	3	4	5	6	7
17	No matter how hard I try, I don't think I will be able to follow the medication plan	1	2	3	4	5	6	7
18	I find it nearly impossible to follow the diet requirements with my medications	1	2	3	4	5	6	7
19	I have trouble taking the medicines on time	1	2	3	4	5	6	7
20	In the past I have had	1	2	3	4	5	6	7

		None of the time	Very rarely	A little of the time	Some of the time	A good part of the time	Most of the time	All the time
	trouble with taking medications when I had no physical symptoms							
21	Things get in the way of my taking medications as prescribed	1	2	3	4	5	6	7
22	I am determined to do whatever it takes to take my medications on schedule	1	2	3	4	5	6	7
23	I follow all the diet requirements that come with my medication no matter how hard it is	1	2	3	4	5	6	7
24	I am determined to take my medication even if there is no way to have privacy (such as in front of friends or family or coworkers)	1	2	3	4	5	6	7
25	I take my medications even if I don't feel well	1	2	3	4	5	6	7
26	I am determined to stick with the plan to help me remember to take my medications as prescribed	1	2	3	4	5	6	7
27	I learn as much as I can about my medications so I can take them exactly as prescribed	1	2	3	4	5	6	7
28	I am committed to taking me medication even if it tastes bad or is hard to swallow	1	2	3	4	5	6	7
	Additional questions							

		None of the time	Very rarely	A little of the time	Some of the time	A good part of the time	Most of the time	All the time
1	Have you taken your medications as prescribed so far today?	1	2	3	4	5	6	7
2	Did you take your medications as prescribed yesterday?	1	2	3	4	5	6	7
3	Did you take your medications as prescribed the day before yesterday?	1	2	3	4	5	6	7
4	Have you followed your diet requirements so far today?	1	2	3	4	5	6	7
5	Did you follow your diet requirements yesterday?	1	2	3	4	5	6	7
6	Did you follow your diet requirements the day before yesterday?	1	2	3	4	5	6	7