

AWK5. Can people reduce their chances of getting HIV by completely abstaining from sexual intercourse?

- 1 Yes
- 0 No
- 8 Refuse to Answer

AWK6. Can people get HIV because of witchcraft, a curse, or other supernatural means?

- 1 Yes
- 0 No
- 8 Refuse to Answer

AWK7. Is it possible for a healthy-looking person to have HIV?

- 1 Yes
- 0 No
- 8 Refuse to Answer

AWK8. Are there any special drugs that people infected with HIV can get from a doctor to help them live longer?

- 1 Yes
- 0 No
- 8 Refuse to Answer

HIV Testing History and Attitudes

Thank you for answering our questions thus far. Now we would like to ask you about times that you may have been tested for HIV.

TST1. Before today, have you ever had an HIV test?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If TST1 is equal to 1, then skip to instruction before TST15.

If TST1 is equal to 8, then skip to instruction before TST46.

What would you say are the main reasons you have never tested for HIV?

TST2. You have never been tested because HIV testing services are too far away?

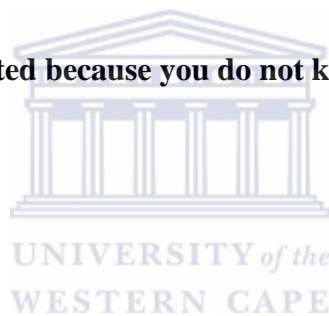
- 1 Yes
- 0 No
- 8 Refuse to Answer

TST3. You have never been tested because you cannot pay for HIV test?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST4. You have never been tested because you do not know where to go for HIV test?

- 1 Yes
- 0 No
- 8 Refuse to Answer



TST5. You have never been tested because you are afraid of knowing your HIV result?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST6. You have never been tested because you are afraid you will get sick or die more quickly?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST7. You have never been tested because you are afraid that others would reject you?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST8. You have never been tested because you are embarrassed to ask for the test?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST9. You have never been tested because you are not at risk of HIV?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST10. You have never been tested because you are too young to get tested?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST11. You have never been tested because you cannot do anything about it if you were HIV infected?

- 1 Yes
- 0 No
- 8 Refuse to Answer



TST12. You have never been tested because you are not sexually active until recently?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST13. You have never been tested because of other reasons?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST14. From the previous responses you have given, what would you say is the

one main reason you have never had an HIV test? (Choose one)

- 01 HIV testing services too far away
- 02 Cannot pay for HIV test
- 03 Do not know where to go for HIV test
- 04 Afraid of knowing your HIV result
- 05 Afraid will get sick /die more quickly
- 06 Afraid that others would reject you
- 07 Embarrassed to ask for test
- 08 Not at risk of HIV/AIDS
- 09 Too young to get tested
- 10 Can not do anything about it if you were HIV infected
- 11 Not sexually active until recently
- 12 Other reason
- 98 Refuse to Answer

If TST1 is equal to 0, then skip to instruction before TST34.



Why did you decide to get tested?

TST15. You decided to get tested because you wanted to know your HIV status?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST16. You were tested during an evaluation by a doctor for illness?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST17. You decided to get tested because you wanted medical care if you were positive?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If Q5 is equal to 1, then skip to TST19.

If Q5 is equal to 2, then skip to TST18.

TST18. You decided to get tested because you were pregnant or wanted to have a child?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If Q5 is equal to 2, then skip to TST20.

TST19. You decided to get tested because it was recommended when spouse or partner was pregnant or wanted to have a child?

- 1 Yes
- 0 No
- 8 Refuse to Answer



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TST20. You decided to get tested as part of sexually transmitted infection or routine check-up?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST21. You decided to get tested because your spouse, partner, or child has HIV?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST22. You decided to get tested because your child was sick or died?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST23. You decided to get tested because you had past risky behaviour?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST24. You decided to get tested because of your sex partner's risky behaviour?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST25. You decided to get tested because you were getting married?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST26. You were tested as part of employment physical exam?

- 1 Yes
- 0 No
- 8 Refuse to Answer



TST27. You decided to get tested to donate blood?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST28. You decided to get tested because you took part in a study?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST29. You decided to get tested because of other reasons?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST30. How many times have you been tested for HIV in your life? — —

98 Refuse to Answer

TST31. Do you know the result of your most recent test?

1 Yes

0 No

8 Refuse to Answer

If TST31 is equal to 0 or TST31 is equal to 8, then skip to instruction before TST46.

TST32. Have you told anyone about your results?

1 Yes

0 No

8 Refuse to Answer

If TST32 is equal to 0 or TST32 is equal to 8, then skip to instruction before TST46.

TST33. With whom did you share your HIV test results? Choose all that apply.

(Check all that apply)

Spouse

Other sex partners

Parents

Spouse's parents

Siblings

Children

Other relatives

Friends

Employer

Health provider

Community support group

Other

Refuse to Answer

If TST1 is equal to 1, then skip to instruction before TST46.

What would encourage you to go for an HIV test?

TST34. If you wanted to know your HIV status?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST35. If you thought you might have been infected?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST36. If you were positive and wanted medical care?

- 1 Yes
- 0 No
- 8 Refuse to Answer



TST37. (Ask of Women Only) If you were pregnant or wanted to have a child?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST37. (Ask of Men Only) If your spouse or partner was pregnant or you wanted to have a child?

- 1 Yes
- 0 No
- 8 Refuse to Answer

TST38. If it was given as part of sexually transmitted infection or routine check-up?

- 1 Yes
- 0 No

8 Refuse to Answer

TST39. If your sex partner told you that he/she was HIV-positive?

1 Yes

0 No

8 Refuse to Answer

TST40. If your doctor suggested that you get tested?

1 Yes

0 No

8 Refuse to Answer

TST41. If your partner suggested that you get tested?

1 Yes

0 No

8 Refuse to Answer

TST42. If other people would not think that you were HIV-infected just because you were tested?

1 Yes

0 No

8 Refuse to Answer

TST43. If you were sure that the testing and results would not be shared with others?

1 Yes

0 No

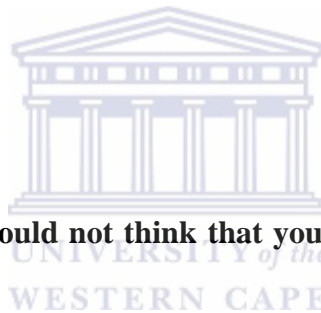
8 Refuse to Answer

TST44. If you knew your family would support and take care of you if you were HIV-infected?

1 Yes

0 No

8 Refuse to Answer



TST45. If you had access to medical care if you were HIV-infected?

- 1 Yes
- 0 No
- 8 Refuse to Answer

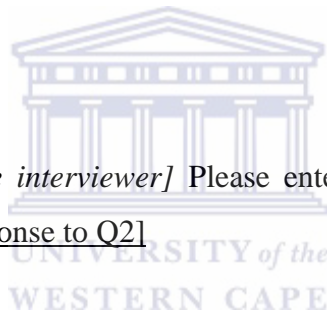
We have come to the end of our interview. Thank you very much for your cooperation. We greatly appreciate your help in responding to the questions. The information you have given us will help us better understand risk factors for new HIV infections among people in Kisumu and surrounding areas. This will also help us prepare well for future studies looking at ways to prevent HIV infections.

Please call the study staff for assistance to end this interview. If you have any questions you may ask the study staff.

THANK YOU

TST46. *[Instruction to the interviewer]* Please enter your staff ID to end the Main Question for participant ID [Response to Q2]

— — —



8.4.6. Appendix 4.6: Screening Medical History and Physical Examination

CAPI SCREENING MEDICAL HISTORY AND PHYSICAL EXAMINATION

Participant ID: |_|_|_|_|_|_|_|_|

Date: |_|_|/|_|_|/|_|_|_|_|

dd / mm / yyyy

Q 1. Language:

01 English

02 Swahili

03 Luo

Q 2. Residence ID

01 Rural

02 Urban

Q 3. Gender (Dem_1):

01 Male

02 Female



Staff ID: |_|_|_|

Vital signs:

Q 4. Height

|_|_| . |_| cm

Q 5. Weight

|_|_| . |_| kg

Q 6. Axillary Temperature

|_| . |_| °C

Q 7. Respiratory Rate

|_| breaths / minute

Q 8. Radial Pulse

|_|_| beats / minute

Q 9. Blood Pressure

|_|_| / |_|_| mmHg
Systolic Diastolic

Q 10. Females only: Last menstrual period

|_|_|_|_|_|
dd mm yyyy

Q 11. Females only: Visibly Pregnant

01 Yes (go to Q13)

00 No

Q 12. Females only: Pregnancy Test

01 Positive

00 Negative

Q 13. Do you have any allergies to any medicine?

01 Yes

00 No

Q13a. [If Q13 = 01] Describe

Q 14. Are you currently taking any medicines?

01 Yes

00 No



[If Q14 = 01) Specify:

Code	Medication	Date Started dd/mm/yyyy	Reason for medication
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			

Systemic review

General

Q 15. Do you currently have cancer?

01 Yes

00 No

Q 16. [If Q15 = 01] Which cancer do you currently have? Specify

Q 17. [If Q15 = 01] Have you been on cancer treatment in the last 3 months?

01 Yes

00 No

Cardiac

Q 18. Have you had or do you have heart disease?

01 Yes

00 No



Q 19. [If Q18 = 01] Do you have any problem with waking up at night with shortness of breath right now?

01 Yes

00 No

Q 20. [If Q18 = 01] Do you have any problem with shortness of breath walking around the house right now?

01 Yes

00 No

Q 21. [If Q18 = 01] Do you have any problems with swelling in the legs right now?

01 Yes

00 No

Q 22. Have you ever had or do you have any problems with your lungs?

01 Yes

00 No

Q 23. Have you ever had or do you have a persistent cough?

01 Yes

00 No

Q 24. Do you have a cough that has been going on for over 3 weeks?

01 Yes

00 No

Q 25. [If Q24 = 01] Do you cough up sputum?

01 Yes

00 No

Q 26. [If Q24 = 01] Is the sputum blood stained?

01 Yes

00 No

Q 27. Do you sweat a lot at night?

01 Yes

00 No

Q 28. Have you lost weight in the last 1 month?

01 Yes

00 No

Q 29. Have you ever been diagnosed with TB in the past?

01 Yes

00 No

Q 30. [If Q29 = 01] Were you treated for TB?

01 Yes

00 No

Q 31. [If Q29 = 01] Did you complete the treatment?

01 Yes



00 No

Gastrointestinal

Q 32. Have you had diarrhoea in the last one month?

01 Yes

00 No

Q 33. Have you ever had or do you have any stomach problems?

01 Yes

00 No

Q 34. [If Q33 = 01] Do you have stomach ulcers right now?

01 Yes

00 No

Q 35. [If Q33 = 01] Are you taking medicine for ulcers right now? *List medication in table for Q13.*

01 Yes

00 No



Q 36. Do you have heartburn right now?

01 Yes

00 No

Q 37. [If Q36 = 01] Are you taking medicine for heartburn right now? *List medication in table for Q13.*

01 Yes

00 No

Hepatic

Q 38. Have you ever had yellow eyes?

01 Yes

00 No

Q 39. Have you ever had or do you have any problems with your liver?

01 Yes

00 No

Renal

Q 40. Do you have kidney failure right now?

01 Yes

00 No

Neurology

Q 41. Have you ever or do you have problems with convulsions or “fits”?

01 Yes

00 No

Haematology

Q 42. Do you have sickle cell disease?

01 Yes

00 No

Endocrine

Q 43. Do you have diabetes?

01 Yes

00 No



Q 44. [If Q43 = 01]How many times have you been hospitalised in the last 12 months because of diabetes?

_____ Times

Psychiatric

Q 45. Have you been admitted to the hospital for mental problems within the last 12 months?

01 Yes

00 No

Q 46. [If Q45 = 01]How many times have you been hospitalised for mental problems within the last 12 months?

_____ Times

Hospitalisations

Q 47. Have you been hospitalised for any reason over the last 3 months?

01 Yes

00 No

[If Q46 = 01] Please list the hospitals.

Hospital	From (mm/yy)	To (mm/yy)	Reason for stay

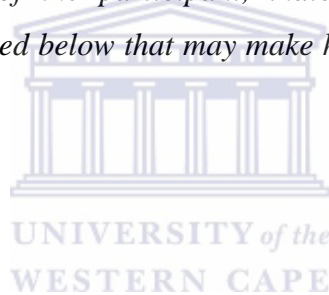
Following physical evaluation of the participant, indicate YES if participant has any abnormality in the conditions listed below that may make him or her ineligible for the study.

Q 48. skin

01 Normal

02 Abnormal

03 Healed dermatitis



Head, eyes, ears, nose, and throat

Q 49. Oral candidiasis

01 Yes

00 No

Q 50. Tooth or gum disease

01 Yes

00 No

Q 51. Pale conjunctiva

01 Yes

00 No

Q 52. Jaundiced conjunctiva

01 Yes

00 No

Q 53. Visible mass

01 Yes

00 No

Q 54. Cyanosis

01 Yes

00 No

Q 55. Lymphadenopathy

01 Yes

00 No

Q 56. Others

01 Yes (specify: _____)

00 No



Chest and Lungs

Q 57. Dullness to percussion

01 Yes

00 No

Q 58. Rales

01 Yes

00 No

Q 59. Rhonchi

01 Yes

00 No

Q 60. Wheezes

01 Yes

00 No

Q 61. Others

01 Yes (specify _____)

00 No

Heart

Q 62. Irregular rhythm

01 Yes

00 No

Q 63. Tachycardia (>120)

01 Yes

00 No

Q 64. Murmur

01 Yes (specify _____)

00 No

Q 65. Others

01 Yes (specify _____)

00 No



Abdomen

Q 66. Abdominal tenderness

01 Yes

00 No

Q 67. Hepatomegaly

01 Yes

00 No

Q 68. Splenomegaly

01 Yes

00 No

Q 69. Ascites

01 Yes

00 No

Q 70. Other masses

01 Yes (specify _____)

00 No

Q 71. Others

01 Yes (specify _____)

00 No

Extremities

Q 72. Peripheral oedema

01 Yes

00 No

Q 73. Limited range of motion

01 Yes

00 No



Q 74. Others

01 Yes (specify _____)

00 No

Nervous system

Q 75. Mental status problem

01 Yes

00 No

Q 76. Peripheral neuropathy

01 Yes

00 No

Q 77. Sensory problem

01 Yes

00 No

Q 78. Motor problem

01 Yes

00 No

Q 79. Reflexes problem

01 Yes

00 No

Q 80. Other problem

01 Yes (specify _____)

00 No

Clinicians Notes

Diagnosis

Diagnosis	Code
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Treatment

Code	Medication	Date Started dd/mm/yyyy	Expiry Date Mm/yy
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Referrals.

Referred to	Reason for referral

If the participant has any clinically significant illness that would compromise the ability of the person to enrol into the study and / or to complete the study, the message INELIGIBLE will display.

If person is eligible for study enrolment, the message ELIGIBLE will display. To be eligible, NO must be answered to Q81-Q45.

Q 81. Cardiac (choose all that apply).

01 Yes

Yes, signs and symptoms of cardiac failure (SOB, orthopnea, PND, extremity oedema, hepatomegaly)

Yes, blood pressure: systolic > 160 mmHg or diastolic > 110 mmHg

Yes, other (specify: _____)

00 No

Q 82. Respiratory

01 Yes

Yes, signs and symptoms of respiratory compromise with SOB at rest

Yes, suspicion of tuberculosis

Yes, other (specify: _____)

00 No

Q 83. Hepatic

01 Yes

Yes, signs and symptoms of liver failure

Yes, signs and symptoms of hepatitis

Yes, hepatocellular carcinoma

Yes, other (specify: _____)

00 No

Q 84. Neurological (choose all that apply).

01 Yes

Yes, seizure disorder

Yes, other (specify: _____)

00 No

Q 85. Endocrine (choose all that apply).

01 Yes

Yes, evidence of uncontrolled diabetes, hospitalized in the last 12 months

Yes, other (specify: _____)

00 No

Q 86. Psychiatric (choose all that apply).

01 Yes

Yes, evidence of poorly controlled psychiatric illness, hospitalized in the last 12 months

Yes, other (specify: _____)

00 No

Q 87. Genitourinary

01 Yes

Yes, signs and symptoms of renal failure

Other (specify: _____)

00 No

Q 88. Pregnancy (*Only in females*)

01 Yes

00 No

98 Other

Q 89. Cancer

01 Yes

00 No

Q 90. Other (specify: _____)



8.5. Appendix 5: Abstraction Form for Rapid Review of Interviews

Interview # _____

Describe and rate the strategies mentioned in the individual in-depth interview. Use a 1-4 scale with 1 being poor, 2 - fair, 3 - good, and 4 - very good.

Strategy description	Feasibility	Likelihood to reach persons at high risk for HIV infection	Notes
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Feasibility - practicality of staff implementing strategy, considering cost and logistics.

Likelihood to reach persons at high risk for HIV infection - based on experience of interview staff.

8.6. Appendix 6: Computer Generated Final Eligibility Report

COMPUTER-GENERATED FINAL ELIGIBILITY REPORT

Participant ID: |_|_|_|_|_|_|_|_|_|_| Date: |_|_|_|/|_|_|_|/|_|_|_|_|_|_|_|_|_|_|
dd / mm / yyyy

Gender (Dem_1):

- 01 Male
- 02 Female

Staff ID: |_|_|_|_|_|

To be eligible for study participation, all questions must be answered YES. The final eligibility determination is computer generated from the screening data collected.

Q 1. Consented to take part in the study?

- 01 Yes
- 00 No

Q 2. Meets minimal age requirements?

- 01 Yes
- 00 No

Q 3. Currently a resident of Kisumu catchment area?

- 01 Yes
- 00 No

Q 4. Plans to remain in the Kisumu catchment area for the next 12 months?

- 01 Yes
- 00 No

Q 5. Has had sexual intercourse at least once within the last 3 months?

- 01 Yes
- 00 No

Q 6. Willing to be tested for HIV?

01 Yes

00 No

Q 7. Willing to participate in a study involving follow-up visits every 3 months.

01 Yes

00 No

Q 8. Willing to provide detailed locator information?

01 Yes

00 No

Q 9. For females: Not currently pregnant?

01 Yes

00 No

Q 10. Both rapid HIV tests indicate that the person is negative.

01 Yes

00 No



Q 11. Serum creatinine < 1.5mg/dl?

01 Yes

00 No

Q 12. Haemoglobin ≥ 9.0 .g/dl?

01 Yes

00 No

Q 13. Platelets >50,000/ml?

01 Yes

00 No

Q 14. ALT <2.5 times the upper limit of normal?

01 Yes

00 No

Q 15. Is healthy (i.e., no clinical significant cardiac, respiratory, hepatic, gastrointestinal, endocrine, hematologic, psychiatric, neurologic, or allergic disease detected)?

01 Yes

00 No

This participant is:

01 Eligible for Cohort study

02 Not eligible for the cohort study based on **NO** response to one or more items

