

## APPENDIX I: QUESTIONNAIRE

Thank you for your time and willingness to participate. This study aims to understand factors affecting retention among HIV-infected adolescents and young adults on ART in Kogi State. Please answer the questions honestly, your responses are important and will remain confidential. The questionnaire will take about 15 minutes. Feel free to ask if anything is unclear.

### Section A: Demographic Information

1. Age (in years): [ ]
2. Sex:  
[ ] Male      [ ] Female
3. Marital Status:  
[ ] Single    [ ] Married
4. Highest Educational Level:  
[ ] No formal education    [ ] Primary    [ ] Secondary    [ ] Post-secondary
5. Current Occupation:  
[ ] Unemployed    [ ] Employed    [ ] Student    [ ] Other (specify): \_\_\_\_\_
6. Monthly Income Estimate (₦): [ ]
7. Religion:  
[ ] Christian    [ ] Muslim    [ ] Other (specify): \_\_\_\_\_
8. Ethnic Group:  
[ ] Yoruba    [ ] Ebira    [ ] Igala    [ ] Other (specify): \_\_\_\_\_

### Section B: HIV Treatment History

1. When were you diagnosed with HIV?  
[ ] Less than 5 years ago    [ ] 5–9 years ago    [ ] 10 years or more
2. When did you start taking ARV medication?  
[ ] Less than 5 years ago    [ ] 5–9 years ago    [ ] 10 years or more
3. Do you have any other chronic illness?  
[ ] Yes    [ ] No    [ ] Not Sure
4. If yes, what condition?  
[ ] Hepatitis B    [ ] Tuberculosis    [ ] Other (specify): \_\_\_\_\_
5. Are you willing to take other medicines to prevent infections (OI drugs)?  
[ ] Yes    [ ] No – it would be too many drugs

### Section C: Quality of Care at This Facility

1. How would you rate the services at this clinic?  
[ ] Excellent    [ ] Good    [ ] Poor

2. Do clinic staff treat you with respect?  
[ ] Yes [ ] No
3. How much time do you usually spend at the clinic?  
[ ] Less than 1 hour [ ] 1–2 hours [ ] More than 2 hours
4. Has there ever been a time ARV drugs were not available at this clinic?  
[ ] Yes [ ] No [ ] Don't know
5. Do you pay for any HIV-related services at this clinic?  
[ ] Yes [ ] No [ ] Don't know
6. If yes, which service(s) do you pay for?  
\_\_\_\_\_

7. Overall, how would you rate the HIV care and support you receive?  
[ ] Excellent [ ] Good [ ] Fair [ ] Poor
8. If you had the choice, would you stay at this ART center or transfer to another?  
[ ] I prefer to stay [ ] I prefer to transfer

#### **Section D: Factors Influencing Retention**

1. Have you had side effects from your ARV medication?  
[ ] Yes [ ] No [ ] Not sure
2. If yes, how easy was it to talk to the clinic staff about them?  
[ ] Very easy [ ] Easy [ ] Neutral [ ] Difficult [ ] I didn't discuss
3. Have you ever felt discriminated against due to your HIV status by peers, family, or healthcare provider?  
[ ] Yes [ ] No [ ] Not sure
4. How far is the clinic from where you live?  
[ ] Less than 30 minutes [ ] 30 mins–1 hour [ ] 1–2 hours [ ] More than 2 hours
5. Is transport to the clinic ever a problem for you?  
[ ] Yes [ ] No
6. How often do you come for your clinic visits?  
[ ] Every 2months [ ] Every 3 months [ ] Less often than every 3 months
7. How much do you trust the healthcare providers at this facility?  
[ ] I trust them fully [ ] I trust them a little [ ] I don't trust them
8. Have you ever felt uninterested or unmotivated to continue taking your ARV medication?  
[ ] Yes [ ] No [ ] Not sure
9. If Yes, what was the main reason? (Select one)  
[ ] Tired of taking medication every day  
[ ] Side effects from the medication  
[ ] Felt better and thought medication was no longer needed  
[ ] Stigma or fear of others finding out  
[ ] Other (please specify): \_\_\_\_\_