

### **APPENDIX III: QUESTINAIRE FOR THE CLWH**

Dear Respondent,

The researcher is a student from Kampala International University pursuing a Master Degree of science in Public Health. This study is geared towards meeting the requirements for the degree program. I therefore humbly request for your assistance and cooperation in gathering information that will help in the study. Please note that the information is purely for academic purposes and will be treated with absolute confidentiality.

#### **PART I: - SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPODENTS:**

**(Tick in the boxes)**

1. What is gender of client? \_\_\_\_\_
2. What was the age at ART Initiation?  
\_\_\_\_\_
3. What was the weight at ART Initiation?  
\_\_\_\_\_
4. What is the current address of the client?  
\_\_\_\_\_

#### **SECTION TWO: FACTORS ASSOCIATED WITH HAART TREATMENT FAILURE**

5. a) What was the current drug regimen?

\_\_\_\_\_

What is the current drug regimen?

\_\_\_\_\_

6. Is the client taking Medication as prescribed by the health worker?

a. Yes [ ]

b. No      [   ]

7.      How long have the client been on HAART?

a. Months.....

b. Years.....

8.      Has she/he ever reported side effects of the ART drugs?

a. Yes.....

b. No.....

c. Do not know.....

9.      If yes please tell me about these side effects.

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10.     Have the client ever reported missing medication during the past six months?

a. Yes.....

b. No.....

11.     If yes, for how long have she/he missed medication?

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12.     How often do clients resume medication after missing?

a. No, never.....

b. Yes, once.....

c. Yes, sometimes.....

d. Yes, frequently.....

13.     What reasons did the clients state for missing the medication?

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14. Do clients tests for viral load and CD 4 counts?

- a. Yes.....
- b. No.....

15. What are the latest CD 4 counts?

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18. What were viral copies?

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19. What was the World Health Organization stage at ART initiation?

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20. How often do you examine clients for Opportunistic infections and what are they?

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21. How often do you carry out Nutritional assessment on the client?

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22. Which Anthropometry do you always use?

- a. MUAC [ ]
- b. Weight [ ]
- c. Height [ ]
- d. All [ ]

23. Have the client ever reported missing medication during the past six months?

- c. Yes.....

- d. No.....
24. Has the client ever fail to turn up for appointment schedule.  
 Yes.....  
 No.....
- 25 Do parents/guardians respond to changes made?  
 Yes.....  
 No.....
- 26 Do clients/Guardians often attend counseling?  
 Yes.....  
 No.....
- 27 How often do you receive viral load results from Central Hub?  
 Fast response.....  
 Delayed response.....
- 28 Do you receive transfer cases from other government facilities?  
 Yes.....  
 No.....
- 29 are there school going group among the clients?  
 Yes.....  
 No.....
- 30 how are school programs stream lined with appointment dates.  
 .....  
 .....

**PART I: - CO MORBIDITY FACTORS ASSOCIATED WITH HAART TREATMENT FAILURE.**

**a) Nutritional assessment**

1. How often do you carry out Nutritional assessment on the client?
  - a. \_\_\_\_\_
2. Which Anthropometry do you always use?
  - a. MUAC [ ]
  - b. Weight [ ]

- c. Height [ ]
- d. All [ ]
- 3. How often do you carry out MUAC on the clients?
  - a) Monthly [ ]
  - b) Every two months [ ]
  - c) Every three months [ ]
- 4. Do you always do weight assessment?
  - a) Yes [ ]
  - b) No [ ]
    - i. Do you often notice weight loss among the clients and record them?
      - a) Yes [ ]
      - b) No [ ]
- 5. Do you always assess the clients for any other health condition that might affect their appetite?
  - a) Yes [ ]
  - b) No [ ]
- 6. Do you always observe clients for signs of malnutrition (such as bilateral pitting edema, unintentional weight loss etc)?
  - a) Yes [ ]
  - b) No [ ]

#### **DISEASE CO-INFECTIONS ASSOCIATED WITH HIV TREATMENT FAILURE**

- 7. Do you have client for HIV co infections like Hepatitis B, Tuberculosis, and Pneumonia?
  - a) Yes [ ]
  - b) No [ ]
- 8. If yes, how do you often assess clients for hepatitis B?
  - a) Hepatitis blood testing [ ]
  - b) Physical examination to check for Edema, jaundice, hepatomegaly [ ]
  - c) Imaging to check liver size [ ]
  - d) Liver function test to check for damages [ ]

- e) All of the above [ ]
9. What management do you give to Hepatitis B clients?
- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
10. Do you have any vaccination programs for Hepatitis B negative clients?
- a) Yes [ ]
- b) No [ ]
11. How do you assess the clients for Tuberculosis?
- a) TB blood tests [ ]
- b) Signs and symptoms like persistent cough, weight loss, [ ]
- c) Night sweats [ ]
- d) Persistent fever [ ]
12. Do you often assess the clients for pneumonia?
- a) Yes [ ]
- b) No [ ]
13. How do you assess for pneumonia?
- a) Blood test [ ]
- b) Chest X-Ray [ ]
- c) Physical observation of sign and symptom [ ]
- d) All [ ]

**Thanks for your co-operation**