QUESTIONNAIRE

Site: _____   **Subject ID:** _____   **Date of enrolment**:_____

SOCIODEMOGRAPHIC DATA

1. **Age**: _____years   **DoB:** _____

2. **Gender**:   Male ☐   Female ☐

3. **Marital status** ☐ Married   ☐   Single ☐ Divorced   ☐ Others (Specify):_____

4. **Religion** ☐ Christian   ☐ Muslim   ☐ Traditional   ☐ Other (Specify):_____

5. **Area of residence**:_____   ☐ Urban ☐ Rural

6. **Educational status** ☐ None   ☐ Primary to High school   ☐ Tertiary

7. **Employment status**: ☐ Unemployed   ☐ Self-employed   ☐ Civil/public servant

8. **Family history of hypertension**   Yes ☐ No ☐   Do not Know ☐

9. **Family history of diabetes**   Yes ☐ No ☐   Do not Know ☐

10. **Family history of mental health**   Yes ☐ No ☐   Do not Know ☐

11. **Level of physical activity**   ☐ Moderate /vigorous intensity   ☐ Low intensity

12. **Have you taken some food today?** Yes ☐ No ☐

CLINICAL DATA AND HISTORY

13. **Weight**: _____kg **Height:** _____m   **BMI:** _____kg/m^2

14. **Blood Pressure (systolic/diastolic)**: _____/_____mmHg

15. **Are you taking any anti-hypertensive drugs?** Yes ☐ No ☐

16. MOCA test score: _____

17. Duration of HIV diagnosis: _____years   OR _____months

18. Duration on ART:_____ years OR _____ months OR ☐ None

19. ART Regimen

- 1st line ARV (Tenofovir + Lamivudine +Dolutegravir)

- 2nd line ARV (Zidovudine + Lamivudine + Lopinavir)

- 3rd line ARV (Darunavir + Zidovudine + Efavirenz)

- Paediatric: 1st line ARV (Abacavir   + Lamivudine Emtricitabine)

20. Drug Resistance status ☐ Normal   ☐ Intermediate   ☐ Resistant

21. WHO Staging   ☐ 1   ☐ 2   ☐ 3   ☐

22. Viral load

- 1st:_____ (copies/ml)
- 2ndt:_____ (copies/ml)
- 3rd:_____ (copies/ml)
- 4th:_____ (copies/ml)
- 5th:_____ (copies/ml)

☐ 6th:_____ (copies/ml)
☐ 7th:_____ (copies/ml)
☐ 8th:_____ (copies/ml)
☐ 9th:_____ (copies/ml)
☐ 10th:_____ (copies/ml)

23. CD4 count

- 1st:_____ (cells/mm^3)
- 2ndt:_____ (cells/mm^3)
- 3rd:_____ (cells/mm^3)
- 4th:_____ (cells/mm^3)
- 5th:_____ (cells/mm^3)

☐ 6th:_____ (cells/mm^3)
☐ 7th:_____ (cells/mm^3)
☐ 8th:_____ (cells/mm^3)
☐ 9th:_____ (cells/mm^3)
☐ 10th:_____ (cells/mm^3)

24. HIV type   HIV1 ☐   HIV2 ☐   HIV1/2 ☐

25. Opportunistic infection present ☐ No ☐ Yes (specify):_____

26. Do you know your HBV status? Yes ☐ No ☐ Do not know ☐

27. HBV test results? Positive ☐ Negative ☐

28. Have you been vaccinated against HBV? Yes ☐ No ☐

29. Are you on any anti-HBV drugs? Yes ☐ No ☐

30. Do you know your HCV status? Yes ☐ No ☐ Do not know ☐

31. HCV test results? Positive ☐ Negative ☐

32. Are you on any anti-HCV drugs? Yes ☐ No ☐

33. Are you diabetic? Yes ☐ No ☐ Do not know ☐

34. Are you taking any anti-diabetic drugs? Yes ☐ No ☐

35. Do you have any kidney disease? Yes ☐ No ☐ Do not know ☐

36. Have you been diagnosed with any cardiovascular disease?
Yes ☐ No ☐ Do not know ☐

37. Have you been diagnosed with cancer? Yes ☐ No ☐ Do not know ☐

38. Have you been diagnosed with asthma? Yes ☐ No ☐ Do not know ☐

39. Have you been diagnosed with osteoporosis? Yes ☐ No ☐ Do not know ☐

40. Have you recorded episodes of depression? Yes ☐ No ☐ Do not know ☐

41. Have you been diagnosed with any mental health condition?
Yes ☐ No ☐ Do not know ☐

42. Do you take alcohol? Yes ☐ No ☐

43. Do you smoke or take tobacco? Yes ☐ No ☐

44. Are you on any herbal medication?   Yes ☐ No ☐   Do not know ☐

45. Do you take any hard drugs?   Yes ☐ No ☐

46. Form completed by (initials): _____