

Supplementary material

Figure S1: Quantitative questionnaire

Makerere University School of Public Health

PI: Bbuye Mudarshiru

Study Title: Linkage to HIV care among Adults with positive HIV oral self-testing results. A mixed-methods study

Quantitative questionnaire

<u>Section 1: Demographic background</u> <i>In this section, I will first ask you questions about yourself.</i>	
Name: _____	
Sex: _____	Age: _____
1.	What is the name of the town, division, parish and village where you currently live?
2.	What is the highest level of school/class you have completed? 1= No formal education 2= Primary 3= Secondary/Vocational 4=University/Higher institution
3.	Can you read? 1 = Yes, 2 = No
4.	Can you write? 1 = Yes, 2 = No
5.	What is your tribe? 01 = Ganda, 02 = Kiga\nkole, 03 = Nyoro\Toro, 04 = Soga, 05 = Gisu, 06 = Teso, 07 = Acholi\Langi, 08 = Japadhola, 09 = Lugbara, 10 = Karamajong, 11 = Mufumbira, 12 = Other (Specify)
6.	What is your religion? 1 = Anglican (Church of Uganda), 2 = Catholic, 3 = Seventh Day Adventist, 4 = Saved/Pentecostal, 5 = Moslem, 6 = None, 7 = Other
7.	What is your current employment status 1= Employed for wages 2= Self-employed 3= Business partnership 4= Student 5= Out of work (Unemployed) 6= Housewife 7= Retired 8= Others
8.	What is your current marital status? 1 = Married, 2 = Cohabiting, 3 = Single (never married), 4 = Separated/ Divorced, 5 = Widowed

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9.	Do you have children? 1 = Yes, 2 = No
10.	If yes, how many children do you have?
11.	Are you a caregiver to others apart from your biological children? 1=Yes, 2=No
12.	Do you normally work throughout the year, seasonally, or only once in a while? 1 = Throughout the year, 2 = Seasonally, 3 = Once in a while
13.	From what sources do you get income? 1=Paid work, 2=Selling goods, 3=From Spouse, 4=From relatives, 5=Loans, 6=Other
14.	From all sources in the last month, how much money did you make in (in Uganda shillings)? 1=<50,000/=, 2=50-100,000/=, 3=100-350,000/=, 4=350-500,000/=, 5=>500,000/=
15.	What is the main source of drinking water for members of your household? 1= Piped water 2= Dug Well 3= Borehole 4= River 5= Rain Water 6= Bottled Water
16.	Does your household have 1= Electricity from a wire 2= Solar panels 3= Generator 4= Radio 5= Television 6= Refrigerator 7= A telephone/mobile telephone
17.	Does any member of your household own: 1= Bicycle 2= Motorcycle 3= Car or truck 4= Cows 5= None
Section 2: Health related factors	
In this section, I will ask you about your health, HIV status, and use of HIV oral self-testing	
18.	How do you rate your health status now 1=Poor health, 2=Good health, 3=excellent health
19.	Do you consume alcohol 1=Yes 2=No



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20.	If yes, how often do you take alcohol 1=Everyday, 2=Twice a week, 3=once weekly, 4=once a month
21.	Who usually makes decisions about health care for yourself 1= Myself 2= Partner 3= Myself and my partner 4= My parents/guardian 5= Others specify _____
22.	Have you ever been tested for HIV before using HIV oral self-testing or other tests? 1= Yes, 2= No
23.	Are you willing to tell me your HIV test result you got when you used HIV oral self-testing? 1= Yes 2= No
24.	If yes, what was the result of HIV oral self-test? 1= Positive 2= Negative 3= Indeterminate 4= I did not receive result
25.	Do you have any second thoughts of being HIV positive (denial)? 1=Yes 2=No
26.	Did you go to the health facility for a confirmatory test? 1= Yes 2= No
27.	How soon, did you go for a confirmatory test? 1=Same day 2=Within the first week 3=>week 4=Do not remember
28.	What was your confirmatory HIV test result? 1= Positive 2= Negative 3= Indeterminate 4= I didn't get the results
29.	Did you feel at all guilty that you have HIV 1=Yes 2=No
30.	Do you feel at all ashamed that you have HIV 1=Yes 2=No
31.	Did you receive counselling about HIV at the facility? 1=Yes 2=No
32.	Have you disclosed your HIV status to your partner? 1= Yes 2= No



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	3= I don't want to
33.	Have you disclosed your HIV status to any other person among your family or friends? 1= Yes 2= No 3= I don't want to
34.	How likely was it that you disclosing your HIV status would result in being treated unfairly or badly by partner or your family members and friends 1=Not likely 2=Somehow likely 3=Very likely 4=I don't know
35.	Can you recommend HIV oral self-testing to your partner or any other person? 1=Yes 2=No 3=I don't know
36.	If your HIV status is positive, how ready were you to start ART medication? 1=Very ready 2=Ready 3=Not ready
37.	Have you registered in a clinic for HIV care?(if yes, see HIV card no) 1=Yes 2=No
38.	Are you currently on antiretroviral therapy? 1= Yes 2= No
39.	IF 27=yes, how long ago (months) did you start taking ARVs to manage your HIV?
40.	Do you have anyone taking HIV treatment in your home? 1=Yes 2=No 3=I don't know
41.	Did you know of any side effects caused by ART effect on those taking the medication 1=Yes 2=No 3=I don't know
42.	Did you think you are likely to get side effects when you start taking ART medication 1=Not likely 2=Somewhat likely 3=Very likely 4=I don't know
43.	Are there any other diseases bothering you in the last six months? 1=Tuberculosis 2=Malaria



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	3=Sexually transmitted diseases 4=Any non-communicable disease(Cancer, diabetes, hypertension)
Section 3: Structural factors	
44.	How long (in minutes) does it take you to travel to this hospital?
45.	What is your primary means of transportation to the clinic? Please choose only one. 1 = Walking, 2 = Bicycle, 3 = Boda-Boda, 4 = Taxi (Matatu), 5 = Public bus, 6 = Special hire taxi, 7 = Privately owned car, 8 = Other _____
46.	How much do you spend as transport to come to the health facility? 1= less than 5000/= 2= Within 6000 to 15000/= 3= Within 16000 to 35000/= 4= more than 35000/=
47.	How do you rate the general services offered at this facility? 1=Very good 2=Good 3=Not good 4=Poor

1. Interviewer details

Name Signature

Date of interview.....

2. Reviewed by: Signature

Date of review.....

