

APPENDICES

APPENDIX I:

QUESTIONNAIRE SCHEDULE (ENGLISH)

ADHERENCE TO ANITIRETROVIRAL THERAPY AND ITS ASSOCIATED FACTORS
AMONG PEOPLE LIVING WITH HIV AND AIDS IN CHITWAN

CONSENT FORM

Namaskar.

My name is Sujan Neupane (Interviewer). I am final year student of Chitwan Medical College studying Masters in Public Health. I am conducting thesis on the topic Adherence to Antiretroviral therapy and associated factors among people living with HIV and AIDS in Chitwan, Nepal. I am conducting this thesis for the partial fulfillment of my master’s degree for public health. The purpose of this study is to determine the Adherence level of people living with HIV and AIDS in Chitwan. The following questionnaire has been prepared to study the topic.

I would like to ask you some questions if I may, but you can refuse to answer any questions I ask. You may end the interview at any time. You can also refuse to participate in the study entirely. The interview will be approximately 30-45 minutes. So, I would like to have your cooperation during the study. Please help me by providing the correct answer to each question. All of the information provided by you will be treated as strictly confidential. The information provided by you will be very crucial for my study and for future ART programmes.

May I proceed with the questions?

Yes

No

Name of interviewer: Sujan Neupane

APPENDIX-II

Sample no:Date:

Risk group:

Address: Permanent Temporary:

S.N	Indicators	Variables	Decode	Skip
Socio Demographic and economic factors				
1	Age			
2	Sex	Female Male Third gender	1 2 3	
3	Ethnicity	Dalit Janajaties Madhesi Muslim Brahmin/ chhetri Others.....	1 2 3 4 5 9	
4	Religion	Hindu Boudha Islam Christian Others.....	1 2 3 4 9	
5	Marital Status	Married Unmarried Divorced/ Separated Widowed	1 2 3 4	
6	Educational Status of head of family	Illiterate Primary Lower secondary Secondary Higher secondary Graduate or post graduate Profession or honors	1 2 3 4 5 6 7	
7	Type of family	Nuclear Joint	1 2	
8	Occupation of head of family			
9	Monthly income of family	.		

Personal Habits				
10	How often have you had a drink containing alcohol in the last 30 days?	Never Once a month 2-3 times a month Once or twice a week 3-4 times a week Nearly every day Daily	0 1 2 3 4 5 6	
11	How often do you smoke?(last 30 days)	Never 1-2 smoke per day 3-4 smoke per day 5-6 smoke per day More than 6 smoke per day	0 1 2 3 4	
12	Heard of HIV and AIDS	Teachers Friends Radio/ Television Newspaper Family members Others	1 2 3 4 5 9	
13	Heard of ART	Teachers Friends Radio/ Television Newspaper Family members Hospital NGO/INGO Others	1 2 3 4 5 6 7 9	
Knowledge on HIV and AIDS and ART				
14	What do you know about HIV infection?	<ul style="list-style-type: none"> ➤ HIV is a lifelong infection ➤ consistent condom use and having just one uninfected faithful partner can reduce the chances of getting the AIDS virus ➤ Healthy-looking person can have the AIDS virus ➤ rejecting the two most common local misconceptions about HIV transmission in Nepal: that HIV can be <ul style="list-style-type: none"> • transmitted by mosquito bites • HIV can be transmitted by sharing food with a person who has AIDS. 	1 2 3 4	
15	What do you know about	ART prolongs life	1	

	ART?	ART improves quality of life ART is a lifelong treatment Knowledge about side effects	2 3 4	
Duration for HIV infection and ARV Treatment				
16	Duration of getting HIV infected	Less than 1 year 1-3 year More than 3 year	1 2 3	
17	Duration in ARV treatment	Less than 1 year 1-3 year More than 3 year	1 2 3	

Disclosure and Stigma				
18	Disclosure status	Yes No	1 0	If no skip to 23
19	If yes to whom have you been disclosed with?	Friends Family members Health workers Others	1 2 3 9	
20	To what extent do your friends or family members help you remember to take your medication?	Not at all A little Somewhat A lot I live alone	0 1 2 3 4	
21	In general, how satisfied are you with the overall support you get from your family members?	Very Dissatisfied Somewhat Dissatisfied Somewhat Satisfied Very Satisfied	0 1 2 3	
22	In general, how satisfied are you with the overall support you get from your friends and society?	Very Dissatisfied Somewhat Dissatisfied Somewhat Satisfied Very Satisfied	0 1 2 3	
23	If no then why is the reason for not disclosing?			
24	Have you ever had any experience of being treated differently because of your HIV status?	Yes No	1 0	If no skip to 26
25	If yes where?	Family Working place Friends Others	1 2 3 9	
26	Have you ever thought of leaving ART Medication?	Yes No	1 0	If no skip to 28

27	If yes then why?			
28	Have you received counseling on ART Adherence?	Yes No	1 0	
How sure you are that (ART Perception)				
29	You will be able to take all or most of the medication as directed?	Not all sure Somewhat Sure Very Sure Extremely sure	0 1 2 3	
30	The medication will have a positive effect on your health	Not all sure Somewhat Sure Very Sure Extremely sure	0 1 2 3	
31	If you do not take this medication exactly as instructed, the HIV in your body will become resistant to HIV medications	Not all sure Somewhat Sure Very Sure Extremely sure	0 1 2 3	
32	If you do not take this medication exactly as instructed, the viral load increases and patient health will get worse	Not all sure Somewhat Sure Very Sure Extremely sure	0 1 2 3	
33	How would you describe your health since you started treatment?	Better Same Worse	1 2 3	
ART Medication questionnaire				
34	During the last month, have you been prescribed any ART medications?	Yes No	1 0	
35	Have you had your medication at right time?	Yes No	1 0	
36	Have you skipped any medicine (in the last 30 days)?	Yes No	1 0	If no skip to 41
37	When was the last time you missed taking any of your medications?	Within last one week 1-2 week before 2-4 week before	1 2 3	
38	How many pills have you missed?			
39	Total number pills that should have been taken?			

40. We appreciate how difficult it can be to take pills on a daily basis. If you sometimes miss a dose, please can you tell me what causes this to happen? In the past 1 month				
1	You wanted to avoid side effects?	Never Rarely	0 1	

		Sometimes Often	2 3	
2	Of sharing anti-HIV medications with other family members and friends?	Never Rarely Sometimes Often	0 1 2 3	
3	Of religious beliefs?	Never Rarely Sometimes Often	0 1 2 3	
4	Of not fully understanding the anti-HIV medications and their requirements?	Never Rarely Sometimes Often	0 1 2 3	
5	Being away from home	Never Rarely Sometimes Often	0 1 2 3	
6	Of transportation problems getting to the clinic?	Never Rarely Sometimes Often	0 1 2 3	
7	Of lost or stolen pills (for example, while in transit in a taxi/bus/train/car)?	Never Rarely Sometimes Often	0 1 2 3	
8	You had too many pills	Never Rarely Sometimes Often	0 1 2 3	
9	You had a bad event happen that you felt was related to taking the pills?	Never Rarely Sometimes Often	0 1 2 3	
10	You forgot?	Never Rarely Sometimes Often	0 1 2 3	
11	You ran out of pills?	Never Rarely Sometimes Often	0 1 2 3	
12	You were busy doing other things (for example, working, trying to survive, getting	Never Rarely	0 1	

	food)?	Sometimes Often	2 3	
13	Of not having enough food to eat (for example, to take with your pills)?	Never Rarely Sometimes Often	0 1 2 3	
14	Of concern that anti-HIV medications would work so well that you would lose public financial support?	Never Rarely Sometimes Often	0 1 2 3	
15	Of fear of stigmatization or being discriminated against outside the home (for example, what others may say)?	Never Rarely Sometimes Often	0 1 2 3	
16	Of fear of stigmatization or being discriminated against within the home (for example, not wanting husband, wife, partner to know)?	Never Rarely Sometimes Often	0 1 2 3	
17	You felt the anti-HIV medications were toxic or harmful?	Never Rarely Sometimes Often	0 1 2 3	
18	Your pills got damaged by heat or getting wet?	Never Rarely Sometimes Often	0 1 2 3	
19	You were too ill to attend clinic visits to collect medications?	Never Rarely Sometimes Often	0 1 2 3	
20	You felt depressed or overwhelmed?	Never Rarely Sometimes Often	0 1 2 3	
21	You didn't think they would really work?	Never Rarely Sometimes Often	0 1 2 3	
22	You were bothered by your dreams?	Never Rarely Sometimes Often	0 1 2 3	
23	Other reason? Please specify below			

41	If not, what is it that helps you to take your pills regularly and on time?	Friends Family Mobile Clock Others.....	1 2 3 4 9	
42	Are there any other medications you are taking?	Yes No	1 2	If no skip to 44
43	If yes, which medications are you using?	Traditional medicine Herbal medicine Medicine from other hospitals Clinic/ Pharmacy Others	1 2 3 4 99	
44	Have you experienced any side effects with your ART medication?	Yes No	1 2	If no skip to 46

45	If yes what are the side effects that you have experienced?	Skin rash Nausea Diarrhea Depression Anemia Fatigue Headache Fever Others.....	1 2 3 4 5 6 7 8 9	
46	Do you yourself take medicine regularly from the ART Clinic?	Yes No	1 0	If yes skip to 48
47	If not who receives medicine for you?	Friends Family members Health Workers Others	1 2 3 9	
48	At what duration do you come to receive your medicine?	Daily Weekly Monthly Others.....	1 2 3 9	
49	How do you come to this ART center?	By walk By Bus Personal Vehicle Rickshaw/ Cycle	1 2 3 4	

50	How much time does it takes for you to come to this ART center?	30 minutes 30 minutes- 1 hour 1-2 hour More than 2 hour	1 2 3 4	
51	How much does it costs for you per visit?			
52	Waiting time per visit	15 minutes 15 minutes- 1 hour 1-2 hour More than 2 hour	1 2 3 4	
53	What do you feel about this waiting time? Is it right?	Yes No	1 0	
Questions on ART Center				
What do you think of the service you receive at this clinic?				
54	Do you feel listened to?	Yes No	1 0	
55	Are you given the chance to state your problems and ask questions?	Yes No	1 0	
56	Are you treated with respect?	Yes No	1 0	
57	Do you feel you can trust the health workers?	Yes No	1 0	
58	Do you have privacy during consultation and counseling?	Yes No	1 0	
59	How do you find the environment of the clinic?	Excellent Very good Good Not good	1 2 3 4	
60	Are you satisfied with the facilities you have got?	Yes No	1 0	If yes skip to 62
61	If not why?			
62	Do the health workers provide enough information about your disease?	Yes No	1 0	
63	If yes what type of information do they provide?			

Thank you for your cooperation