

ANNEXURE B

DATA COLLECTION INSTRUMENT

QUESTIONNAIRE

*** The Questionnaire was translated to the language of the study population, isiZulu.*

Title of the study: FACTORS ASSOCIATED WITH MISSED APPOINTMENTS AMONG ADULTS ON ANTIRETROVIRAL THERAPY IN THE UTHUKELA DISTRICT OF KWAZULU-NATAL, SOUTH AFRICA.

Date completed: _____

Respondent unique code: _____ (Missed 02) or (Adherent 01)

Dear respondent,

Thank you for agreeing to participate in this study, it is highly appreciated. As stated in the consent form, your participation is voluntary and you can choose to withdraw from this study at any point. Please remember that your identity will remain protected. Please follow the instructions under each section and feel free to ask whenever you need clarity.

SECTION A

Patient Demographic Information

Instructions: Please complete all the sections by ticking the relevant block

1. Age Group	
18-35 years	
36-50 years	
> 50 years	

2. Sex	
Male	
Female	

3. Highest education level	
No schooling	
Primary education	
Secondary education	
Tertiary education	
Other, specify:	

4. Employment level	
Unemployed	
Self-employed	
Part-time	
Full-time	
4.1. If employed, are you able to get time off from work on your clinic date?	

5. How long have you been on ARVs?	
1-2 years	
3-5 years	
6-10 years	
10+ years	

6. What is your relationship status?	
Single	
Married or Living together	
In a relationship	
It's complicated or in casual relationships	

SECTION B: Patient related factors to missed clinic appointments.

7. Have you disclosed your status to your partner(s) or family?	
Yes	
No	

Please answer the following questions by ticking the relevant box on a scale of 1-5, where one is strongly agree and five is strongly disagree

Strongly agree-1
Agree-2
Not sure-3
Disagree-4
Strongly disagree-5
Not Applicable-6

No.	Question	1	2	3	4	5	6
8	If you have disclosed to your partner(s) or family, does it contribute to you not going to the clinic?						
9	If you have not disclosed to your partner(s) or family, does non-disclosure contribute to you not going to the clinic?						
10	Have you ever felt stigmatised, discriminated or isolated by your loved ones because of your HIV status?						

11	Has the stigma, discrimination or isolation ever contributed to you not going to the clinic on your clinic date?						
12	Do you find this clinic convenient for HIV care needs/ services?						
13	Are you satisfied with the staff in the clinic?						
14	Has the lack of proper nutrition and enough food contributed to you not returning to the clinic to collect your ARVs?						
15	Have you ever experienced side effects from taking ARVs?						
16	Have the side effects of the drugs contributed to you not returning to the clinic to collect your ARVs?						
17	Have you ever been mishandled or mistreated by the staff at the clinic?						
18	Has mishandling by the clinic staff contributed to you not returning to the clinic to collect your ARVs?						
19	Do you feel you have received enough counselling regarding your ARVs?						
20	Has the lack of enough counselling regarding your ARVs ever contributed to you not returning to the clinic to collect your ARVs?						
21	Have you used traditional medicines before?						
22	Have you ever opted for traditional medicine over ARVs?						
23	Have you had the lack of transport to the clinic?						
24	Has the lack of transport to the clinic ever contributed to you not collecting your ARVs on your clinic date?						
25	Have you had a lack of transport fair to the clinic?						

26	Has the lack of transport fair to the clinic ever contributed to you not collecting your ARVs on your clinic date?						
-----------	--	--	--	--	--	--	--

SECTION C: Public health facility setting and health systems related factors to missed clinic appointments.

No.	Question	1	2	3	4	5	6
27	Is the facility setting at this clinic acceptable to you?						
28	Are the HIV related services rendered at this clinic acceptable to you?						
29	Do you feel that confidentiality is maintained by the clinic staff when rendering these services?						
30	Do you feel that the clinic staff treat patients with respect and dignity when rendering services?						
31	Are waiting times kept within stipulated hours at the clinic?						
32	Are you satisfied with the waiting times that you have experienced while at the clinic?						
33	Have you ever been to the clinic and was told that your ARVs are not available in the clinic?						
34	Has psychosocial support been offered in the clinic?						
35	Have you ever experienced discrimination and isolation by the staff in the clinic?						
36	Do you feel that the clinic has enough qualified staff to handle your issues?						
37	Has the clinic staff ever offered you adherence counselling services?						

38	Does the clinic offer nutritional support services?						
39	Are all health services in the clinic easily accessible to you?						
40	Are there express services that have been offered to you in the clinic?						
41	Are the clinic staff always adequately prepared to render you with services in the clinic?						
42	Are the comprehensive HIV care services offered at the clinic?						
43	Have you ever experienced staff attitudes that have contributed to you not returning to the clinic on your clinic dates?						
44	Are you satisfied with the quality of services offered at the clinic?						
45	Have you ever been turned back from the clinic without receiving health care services?						
46	Has the quality of services offered at the clinic contributed to you missing your appointment?						

The end.
Thank you so much for your participation.