

HIV Service User Survey

1. Did you complete an informed consent form for this participant?
 1. Yes
 2. No

2. Please complete an informed consent form for this participant and restart the survey

3. Consented

1. What gender would you identify yourself as?
 1. Male
 2. Female
 3. Transgender

2. How old are you?
 1. Less than 18 years old
 2. 18 to 24 years old
 3. 25 to 30 years old
 4. 31 to 49 years old
 5. 50 years old and above

3. Would you identify yourself as any key population? (check all that applies)
 1. People living with HIV
 2. Men who have sex with men
 3. People who use drugs
 4. Transgender
 5. Sex worker
 6. Spouse / Partner
 7. None of the above

4. What time does this facility open and close?
 1. 8 AM to 2 PM
 2. 8 AM to 4 PM
 3. 10 AM to 4 PM
 4. Don't know

5. Does this facility open and close on time?
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer

6. Do you think this facility is open for enough hours to meet service user's needs?
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer

7. Do you think extended (more open) hours at the facility would make it easier for service users to access services?
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer

8. About what time does the earliest person starts queuing at the facility in the morning? (It is ok to estimate)

9. Do you arrive before the facility is open?
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer

10. What time did you arrive at the facility today?

11. What time do you expect to leave the facility today?

12. Do you think the waiting time at this facility is too long?
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer

13. Why do you think the waiting time at this facility is too long? (Please select all that apply)
 1. It takes too long to find files, the filing system is messy, files are lost
 2. There is not enough staff
 3. Staff take long breaks (for tea, lunch etc.)
 4. The clinic opens late
 5. Staff are not working or working slowly
 6. Number of service users coming too high
 7. Don't know
 8. Prefer not to answer
 9. Other

14. Please specify why you think the waiting time at this facility is too long?

15. Is there an appointment system at the facility?
 1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer

16. Is the appointment system functional?
 1. Yes
 2. No
 3. Sometimes
 4. Don't know

5. Prefer not to answer
17. When you come to the facility are there enough staff to meet the needs of service users?
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer
18. Are the facility staff friendly and professional?
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer
19. On a scale of 1-5 how clean is this facility? If 1 is VERY UNCLEAN and 5 is VERY CLEAN:
 1. 1 (very unclean)
 2. 2
 3. 3
 4. 4
 5. 5 (very clean)
 6. Don't know
 7. Prefer not to answer
20. Are people in the facility waiting area asked if they have TB symptoms (like coughing, night sweats, fever, recent weight loss) by a facility staff member?
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer
21. Are people who are coughing in the waiting room separated from those who are not?
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer
22. Are people who are coughing in the waiting room given a mask?
 1. Yes
 2. No
 3. Sometimes
 4. Don't know
 5. Prefer not to answer
23. Have you faced any act you consider stigmatizing or discriminating in the past 6 months at the facility?
 1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer

24. [Have you faced the following challenge in accessing healthcare in the last three months?](#)
1. Been refused access to services in the facility for not having an identity document
 2. Been denied access to services for not being able to pay for services
 3. Been refused access to services without a transfer letter from another clinic
 4. Been refused access to services because of being a sex worker
 5. Been refused access to services because of being part of the LGBTQIA+ community (lesbian, gay, bisexual, transgender, queer, intersex, asexual +)
 6. Been refused access to services because of using drugs
 7. No
 8. Don't know
 9. Prefer not to answer
 10. Other
25. [Please specify what other challenges you have had accessing healthcare in the last three months](#)
26. [Are you aware of the Indian HIV AIDS Act 2017?](#)
1. Yes
 2. No
 3. Don't know
27. [Are you aware of the HIV Ombudsman where you can report cases of stigma and discrimination for investigation?](#)
1. Yes
 2. No
 3. Don't know
28. [If you have faced stigma and discrimination have you ever reported the case to the HIV Ombudsman?](#)
1. Yes
 2. No
 3. Don't know
29. [Have you ever been tested for HIV?](#)
1. Yes
 2. No
 3. Don't know
30. [What are the reasons that you did get an HIV test?](#)
1. Non availability of test kits
 2. Machine breakdown
 3. Non availability of staff
 4. Processes in the facility took long time and sample collection time got over
 5. Didn't need an HIV test
 6. Don't know
 7. Prefer not to answer
31. [How or who assisted you in HIV testing?](#)
1. I tested on my own
 2. Peer groups
 3. NGO
 4. Doctor
 5. Family members
 6. Routine medical check up
 7. Prefer not to answer

32. [Did a healthcare provider explain what the results of this test means to you?](#)
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
33. [Have you heard about index testing?](#)
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
34. [Did the facility or someone inform you about the need for HIV testing for your spouse and your children?](#)
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
35. [Have you ever been treated for HIV with antiretrovirals?](#)
1. Yes
 2. No
 3. Don't know
36. [When were you initiated on antiretroviral therapy?](#)
1. Immediately (same day)
 2. Within 7 days
 3. Within 1 month
 4. When my CD4 was below 500
 5. When my CD4 was below 350
 6. When my CD4 was below 200
 7. Don't know
 8. Prefer not to answer
37. [How long has it been since you were diagnosed with HIV?](#)
1. Less than a month
 2. 1 month to 1 year
 3. 1 to 5 years
 4. 6 years or more
 5. Don't know
 6. Prefer not to answer
38. [Have you ever been pregnant?](#)
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
39. [Were you informed about the prevention of HIV transmission of mother to child?](#)
1. Yes
 2. No
 3. Was not pregnant while living with HIV
 4. Don't know

5. Prefer not to answer
40. [Have you ever had a child while living with HIV?](#)
 1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
41. [Were you and the child was provided with prophylaxis?](#)
 1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
42. [Have you been informed about benefits of taking Dolutegravir \(DTG\) containing regimens?](#)
 1. Yes
 2. No
 3. Don't know
43. [Have you been informed about the side effects of taking Dolutegravir \(DTG\) containing regimens?](#)
 1. Yes
 2. No
 3. Don't know
44. [Have you ever been switched to DTG containing regimen or Tenofovir/Lamivudine \(Emtricitabine\)/Dolutegravir?](#)
 1. Yes
 2. No
 3. Don't know
45. [Has a provider ever informed you that you cannot be on TLD or DTG containing regimens?](#)
 1. Yes
 2. No
 3. Don't know
46. [Did the provider explain the reasons why you cannot be on TLD or DTG containing regimens?](#)
 1. Yes
 2. No
 3. Don't know
47. [Were you given a choice between taking DTG or another treatment regimen?](#)
 1. No, the healthcare worker chose for me
 2. No, because there was only one treatment option available
 3. Yes, the healthcare worker explained my options and I chose which treatment to take
 4. Don't know
 5. Prefer not to answer
48. [In the last three months have you left the facility without the medicines \(ARV and OI\) you needed because of a stockout or short supply?](#)
 1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer

49. In the last three months, were you provided with less than a month of antiretroviral medicine?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
50. If yes, how many days of antiretroviral medicines were provided?
1. For less than 7 days
 2. For 7 to 15 days
 3. For 15 days to 1 month
 4. Prefer not to answer
51. What were the reasons you did not get the ARV or OI medications you needed? Check all that apply
1. Stock-out of antiretroviral medicines
 2. Stock-shortage of antiretroviral medicines
 3. Stock-out of Opportunistic Infections medicines
 4. Stock-shortage of Opportunistic Infections medicines
 5. Non availability of staff
 6. Don't know
 7. Prefer not to answer
52. If you know of any stock shortage in the facility, please specify the antiretroviral or opportunistic medication that experienced a shortage:
1. TLD (Tenofovir Disoproxil Fumarate/Lamivudine/Dolutegravir)
 2. TLE (Tenofovir Disoproxil Fumarate/Lamivudine/Efavirenz)
 3. ALD (Abacavir/Lamivudine/Dolutegravir)
 4. Abacavir/ Lamivudine
 5. Lopinavir/ ritonavir (LPV/r)
 6. Atazanavir/ ritonavir
 7. Abacavir 300mg
 8. Dolutegravir 50mg
 9. Abacavir 30/ Lamivudine 10 (pediatric)
 10. Nevirapine (for PMTCT)
 11. Anti TB medicine
 12. Fluconazole
 13. Co-trimoxazole
 14. Amphotericin B
 15. Don't know of any
 16. Prefer not to answer
53. Have you ever been provided with multiple months of antiretroviral medicines on a visit?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
54. How many months of ARVs were you provided?
1. For 2 months
 2. For 3 months
 3. For 6 months
 4. Prefer not to answer

55. Is psycho-social support available for people living with HIV here?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
56. Please specify what psycho-social support is available: (Please select all that apply)
1. Individualized counselling for any person living with HIV (no matter how long they have been on treatment)
 2. HIV pre-test counselling
 3. HIV post-test counselling
 4. Peer navigators
 5. Referral to optional support groups
 6. Referral to other health services
 7. Food parcels
 8. Don't know
 9. Prefer not to answer
 10. Other
57. Please specify what other psycho-social support is available:
58. In the last 6 months, with relation to your health care, have you ever paid for medicine or tests paying out of your own pocket?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
59. If yes, for what sort of medicines or test you have paid for? (check all that applies)
1. Opportunistic infection medicines
 2. Antiretroviral medicines
 3. Liver function test
 4. Kidney function test
 5. Complete blood count
 6. Lipid profile
 7. Chest x-ray
 8. Random blood sugar
 9. Viral hepatitis B and/or C
 10. Other
 11. Don't know
 12. Prefer not to answer
60. What is the approximate amount you paid for services or tests?
1. Less than 500 Rupees
 2. 500 to 1000 Rupees
 3. 1000 to 2000 Rupees
 4. More than 2000 Rupees
 5. Don't know
 6. Prefer not to answer
61. Do the staff of the facility treat PLHIV with respect?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer

62. Have you ever stopped taking antiretroviral medicines since you started?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
63. What were the reason you stopped? Select all that apply
1. Distance to antiretroviral center
 2. Not having money to commute
 3. Busy with daily work
 4. Attitude of service provider
 5. Influence by religious leader
 6. Too frequent visits
 7. Relapsed using drugs
 8. Treatment burn out
 9. Other
 10. Prefer not to answer
64. Please specify what other reasons you had for stopping ARV use:
65. Do you know your viral load (this is how much HIV virus is in your blood)?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
66. Have you had a viral load test in the past year?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
67. Did a healthcare provider explain what the results of this test means to you?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
68. Do you think that this facility keeps people's HIV status confidential and private?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
69. Please select any privacy violations that occur
1. Staff are disclosing the status of people living with HIV in waiting area
 2. More than one person is being consulted or counselled in the same room
 3. People living with HIV are separated from other chronic service users
 4. Security guards check service user's medicines when they are leaving the facility
 5. Don't know
 6. Prefer not to answer
 7. Other

70. Please specify any other privacy violations that occur
71. Do you know whom to contact if you have a suggestion or an issue at the facility?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
72. Is there a suggestion box at this facility?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
73. Do you think having a suggestion box at this facility would help improve services?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
74. Have you ever put a suggestion in the box?
1. Yes
 2. No
 3. Don't know
 4. Prefer not to answer
75. Thank the participant for their time and ask if they have any questions for you