Appendix I: Patient interview tool

Baseline Survey Patients

Thank you for answering these questions about the care you have received regarding your HIV condition. We are trying to organise more integrated and people-centre care to meet your needs better. Your answers will help us to improve the care you receive.

We would like to hear about your own views. Your answers to the questions are confidential.

Identification

N° /__/__/__/

1. Region:   EC______________                      2. District: NMM____________________
3. Clinic _____________________   4. Category: Patient
5. Age: /__/__/ Years    6.  Gender:  Male/Female

Background characteristics

7. Ethnic group:
   1. Coloured
   2. Black
   3. Asian
   4. White
   5. Others

8. Level of education:
   1. Cannot read
   2. Basic reading
   3. Primary school
   4. Secondary school
   5. University
   6. Advanced degree

9. Sources of income:
   1. Retailing
   2. Agriculture
   3. Fishing
   4. Salary
   5. Other __________________

10. Average monthly income
    1. <R2000
    2. > R2000 < R 5000
    3. > R5000 < R10 000
    4. > R10 000
11. In general, how would you rate your overall health?
   1. Very poor
   2. Poor
   3. Good
   4. Very good
   5. Excellent

12. Do you have any of the following longstanding conditions? (Cross ALL that apply)
   1. Deafness or severe hearing impairment
   2. Blindness or severe sight impairment
   3. A impaired mobility due to physical condition
   4. A learning disability
   5. A mental health condition
   6. A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
   7. No, I do not have a long-standing condition

**Choice:**

13. On a scale of 0 to 10, 0 being the worst and 10 the best, how would you rate the health centre in terms of being able to see the doctor, nurse, other health care provider of your choice? _______

**Quality of amenities and office staff**

14. Thinking about when you visited the health centre in the last 6 months, how would you rate the conditions in the waiting room, for example space, seating and fresh air?
   1. Very poor
   2. Poor
   3. Good
   4. Very good
   5. Excellent

15. In the last 6 months, how often did the office staff, such as receptionists or clerks, make you feel welcomed?
   1. Never
   2. Rarely
   3. Sometimes
   4. Frequently
   5. Always

**Timeliness**

16. How long did you wait before being seen by your provider?
   1. Less than 30 minutes
   2. 30 minutes to 1 hour
   3. 1 hour to 2 hours
   4. 2 to 4 hours
   5. More than 4 hours
17. How would you rate this waiting time?
   1. Unbearable
   2. Very long
   3. Long
   4. A little bit long
   5. Fine

**Communication**

18. How complete was your provider’s explanation of your condition and treatment?
   1. Very poor
   2. Poor
   3. Good
   4. Very good
   5. Excellent

19. How easy to understand was the information provided by your provider?
   1. Very difficult
   2. Difficult
   3. Good
   4. Very good
   5. Excellent

20. How would you rate the information about how to use new medicines and their possible side effects?
   1. Very poor
   2. Poor
   3. Good
   4. Very good
   5. Excellent

21. Do your family and friends have opportunities to ask your provider questions if wanted?
   1. Never
   2. Rarely
   3. Sometimes
   4. Frequently
   5. Always
   6. Not applicable

**Shared-decision making**

22. In the last 6 months, how often did your provider involve you in decisions about your care?
   1. Never
   2. Rarely
   3. Sometimes,
   4. Frequently, but less than I wanted
   5. As much as I wanted
Self-Management Support:

23. Does the provider help you make a treatment plan that you could do in your daily life?
   1. Never
   2. Rarely
   3. Sometimes
   4. Frequently
   5. Always

24. Are you eating the food groups advised by a health care worker?
   1. Yes
   2. No
   3. I try to
   4. I never received advice on what foods to eat

25. Are you taking your treatment as prescribed by the health care worker?
   1. Always
   2. Sometimes
   3. Seldom
   4. N/A

26. If you are not always taking your treatment as prescribed, what are the reasons?
   1. I do not always have the medication
   2. It makes me feel sick
   3. I sometimes forget
   4. N/A

27. Are you doing exercise at least three times a week?
   1. Yes
   2. No
   3. Sometimes

28. Do you report all side effects of medication to your health care provider?
   1. Always
   2. Sometimes
   3. Never
   4. I don’t know which are side effects of medication

29. How often do you wash your hands? (circle all applicable)
   1. Every time after I went to the toilet
   2. Before I handle food
   3. At least three times a day
   4. Once or twice a day
   5. Less than twice a day
Confidentiality/Privacy:

30. In the last 6 months, how often were your physical examinations and treatments there done so the privacy of your body was respected?
   
   1. Never  
   2. Rarely  
   3. Sometimes  
   4. Frequently  
   5. Always  

31. In the last 6 months, how often did your doctor, nurse or other health care provider keep your personal information confidential (that means that anyone whom you did not want informed could not find out about your medical conditions)?
   
   1. Never  
   2. Rarely  
   3. Sometimes  
   4. Frequently  
   5. Always  

Cultural competency:

32. How confident are you that your provider thought about your values and traditions when they recommended treatments to you?
   
   1. Not confident  
   2. Somewhat confident  
   3. Confident  
   4. Very confident  

33. How often did you feel discriminated against by providers because of your race or ethnicity?
   
   1. Never  
   2. Rarely  
   3. Sometimes  
   4. Frequently  
   5. Always  

Dignity:

34. On a scale of 0 to 10, 0 being the worst and 10 the best, how would you rate your providers for the dignity with which you were treated? ____________________

Emotional Support/Empathy:

35. How often are you able to discuss your greatest health concerns with your provider?
   
   1. Never  
   2. Rarely  
   3. Sometimes  
   4. Frequently  
   5. Always  

36. How often did providers give you support and encouragement?
Care continuity and care coordination

37. When you go to your primary care site, are you taken care of by the same provider each time?

1. Never
2. Rarely
3. Sometimes
4. Frequently
5. Always

38. Is the person who ensures your follow-up aware of health care you receive from others?

1. Never
2. Rarely
3. Sometimes
4. Frequently
5. Always
6. N/A

39. Did the different people treating and caring for you (such as GP, hospital doctors, hospital nurses, specialist nurses, community nurses) work well together to give you the best possible care?

1. Never
2. Rarely
3. Sometimes
4. Frequently
5. Always

40. Over the last six months, how many times did you come to the service and did not receive treatment because it was out of stock?

1. Three or more times
2. One to three times
3. Never

41. Were you seen by a CHW at home or in a support group in the last six months?

1. Yes
2. No

42. Were you referred to the clinic by a CHW in the last six months?

1. Yes
2. No, we do not have CHW
3. I did not need referral
4. I needed referral and did not receive any
43. Were you referred to a hospital by the clinic in the last six months?
   1. Yes
   2. No
   3. I did not need referral to a hospital
   4. I needed referral and did not receive any

44. Did you go to more than one clinic for treatment of the same condition within one week?
   1. Yes
   2. No

45. If the answer to 44 is yes: Why did you prefer to go to another clinic?
   1. I did not receive the treatment I expected
   2. I wanted a second opinion
   3. I wanted more medication
   4. N/A

46. Do you have an allocated treatment supporter that reminds you to take treatment?
   1. Yes
   2. No

47. Do you think it will be helpful to you if you had a treatment supporter?
   1. Yes
   2. No
   3. I do not want a treatment supporter
   4. N/A

48. The last time that you visited the clinic, were you screened for the following?
   1. TB a) Yes  b) No
   2. Diabetes a) Yes  b) No
   3. Hypertension  a) Yes  b) No
   4. BMI or MUAC:  a) Yes  b) No

Governance:

49. Does your local clinic have a clinic committee?
   1. Yes
   2. No
   3. I don’t know

50. Do you know anyone who is on the clinic committee?
   1. Yes
   2. No

51. Does the clinic committee ever discuss health related issues with you or anyone you know?
   1. Yes
   2. No
   3. Not applicable
52. Does your clinic have a suggestion box or other way where you can report problems, make comments or suggestions?
   1. Yes
   2. No
   3. I don’t know

53. If the answer in 52 was yes, ask: Have you ever put a comment or complaint in the box?
   1. Yes
   2. No
   3. Not applicable

54. If the answer in 52 was No: ask the respondent: Why did you not make any complaints or comments?
   1. I did not have anything I wished to complain or comment on
   2. There was no paper or pen for me to use to write a comment/complaint
   3. The clinic never responds to complaints
   4. N/A

90:90:90 Targets – Client may refuse to answer these questions

HIV

55. Do you know your HIV status?
   1. Yes
   2. No

56. If you are HIV negative: When was the last time that you were tested for HIV?
   1. 1 - 6 months ago
   2. 6 – 12 months ago
   3. More than 12 months ago
   4. Never

57. If you are HIV infected: Are you on ART?
   1. Yes
   2. No
   3. N/A

58. If you are HIV infected: When was the last time that your CD4 was measured?
   1. < 6 months ago
   2. More than 6 months ago
   3. N/A

59. If you are HIV infected, when was the last time your viral load was measures?
   1. <6 months ago
   2. >6 but less than 12 months ago
   3. More than 12 months ago
   4. Never
   5. N/A
Responsiveness:

60. Now, on a scale of 0 to 10, 0 being the worst and 10 being the best and thinking about these elements and all the questions you answered before, how would you rate the health centre? __________ out of 10

Suggestions for improvement

61. What suggestions do you have to improve the clinic?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Thank you