SUPPLEMENTAL APPENDIX: ENROLLMENT FORM

Enrollment Interview ART Adherence in Zambia
Study ID ________ (Case/Control)
Clinic Site ______________
WHO CCD __________

<table>
<thead>
<tr>
<th>Adult Patient Information</th>
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</thead>
<tbody>
<tr>
<td>1. Name</td>
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<tr>
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<tr>
<td>2a. Date of Birth</td>
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<tr>
<td>3. Gender</td>
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</table>

4a. **Marital Status.** Please describe here who resides in the household and any children or sick/disabled people this patient is responsible for taking care of:
- Never married (ever)
- Married (living with spouse)
- Married (living without spouse)
- Divorced, not remarried
- Divorced, remarried
- Separated
- Widowed, not remarried
- Widowed, remarried
- Married (polygamous)

4b. Number of Children
   - Living
   - Deceased

5. How do you travel to clinic? __________
   - How long does it take for you to get here? (hours)
   - How far is it to the clinic from where you stay? (km)
   - How much does it cost you? (roundtrip-transport and expenses)

6. Education (check highest level completed)
- No schooling
- Some primary
- Completed primary
- Completed secondary
- Some post secondary
- Completed college/ University
- Professional Degree

6a. Number of years in education: __________

7. Occupation:
- Student
- Used
- Unemployed, looking
- Full-time homemaker
- Full-time self-used
- Subsistence farmer
- Unemployed, illness
- Retired
- Other, please list: ______________

7a. Head of household occupation:
- Student
- Used
- Unemployed, looking
- Full-time homemaker
- Full-time self-used
- Subsistence farmer
- Unemployed, illness
- Retired
- Other, please list: ______________

8. **Employment**
   (Interviewer to categorize based on provided list)

9. Employment of spouse (if applicable)
   (Interviewer to categorize based on provided list)

10. **Housing**

10a. What is the main construction material for the outside walls of your dwelling?
- mud/mud bricks
- wood
- corrugated iron
- stone/burnt bricks
- cement/concrete blocks
- other ______________
10b. What is the main construction material for the floor of your dwelling?
- mud
- wood
- stone/burnt bricks
- cement/concrete blocks
- other________

10c. What is the main construction material for the roof of your dwelling?
- thatch
- wood
- corrugated iron
- asbestos
- cement/concrete blocks
- other________

10d. At night, what is the main source of light for your dwelling?
- electricity (mains)
- generator/solar panel + battery
- kerosene/gas/paraffin
- candles
- fire

10e. What is the main source of cooking for your dwelling?
- electric stove
- wood
- charcoal
- kerosene/paraffin stove

10f. Do you have electricity in your dwelling?
- Yes
- No

10g. Do you have running water in your dwelling?
- Yes
- No

10h. If NO, long does it take to reach your water source from your dwelling? _________ (minutes)

10i. If NO, what is the source of your water?
- Pump
- Tap
- Well
- Stream/river/dam/lake
- Other________

10j. Do you have a toilet in your dwelling?
- Yes
- No

10k. If NO, do you use
- Toilet nearby
- Pit latrine
- Bush
- Other________

11. Material Goods

<table>
<thead>
<tr>
<th>Resource</th>
<th>Check if owned by household</th>
<th>How many?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cattle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goats</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pigs</td>
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<td>Poultry</td>
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<td>Bike</td>
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<td>Radio</td>
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<td>Motorbike</td>
<td></td>
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</tr>
<tr>
<td>Television</td>
<td></td>
<td></td>
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<tr>
<td>Video player</td>
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<td></td>
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<tr>
<td>Refrigerator</td>
<td></td>
<td></td>
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<tr>
<td>Stove</td>
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<td></td>
</tr>
<tr>
<td>Vehicle</td>
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</tbody>
</table>

12. Food security

12a. On average, how many meals do you take a day?
- one
- two
- three or more
12b. In the past 7 days, how often have you gone without eating any food all day?
   - none
   - one
   - more than one

12c. In the past 7 days, how often have you skipped a meal during the day?
   - none
   - one
   - more than one

12d. In the time before harvest, how many meals are you able to take per day?
   - one
   - two
   - three or more

12e. How many people are there in your household?
   - _______ adults
   - _______ children

12f. On average, how many kilograms of mealie-meal are consumed in the household each month?
   - Number of bags of-
     - 2.5 kg ______
     - 5kg ______
     - 10kg ______
     - 25kg ______
     - 50kg ______
   - Number of tins- ______
   - Total: ______ kgs

   Interviewer to calculate total.

12g. On average, how many meals per month in the household include meat, fish or poultry? ________

12h. On average, how many meals per month in the household include fruit or vegetable? ________

Records: height ______ (cm) weight _______ (kg) arm circumference _______ (cm)

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Has the patient ever been diagnosed with tuberculosis?
   - Yes
   - No
   - Unknown

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WITHIN YOUR COMMUNITY, DO PEOPLE BESIDES YOUR FAMILY MEMBERS KNOW YOU HAVE HIV?

   - Yes, because I told them.
   - Yes, because others have told them.
   - No
   - I don’t know.
   - Please ask the subject to answer these 3 questions.

Because of my HIV:
   (a) I feel that some people are uncomfortable with me. □ Yes □ No
   (b) I feel some people treat me like an inferior person. □ Yes □ No
   (c) I feel some people would prefer to avoid me. □ Yes □ No

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THE SHONA SYMPTOM QUESTIONNAIRE

During the course of the past week…

1. Did you have times in which you were thinking deeply or thinking about many things? □ Yes □ No
2. Did you find yourself sometimes failing to concentrate? □ Yes □ No
3. Did you lose your temper or get annoyed over trivial matters? □ Yes □ No
4. Did you have nightmares or bad dreams? □ Yes □ No
5. Did you sometimes see or hear things that others could not see or hear? □ Yes □ No
6. Was your stomach aching? □ Yes □ No
7. Were you frightened by trivial things? □ Yes □ No
8. Did you sometimes fail to sleep or lose sleep? □ Yes □ No
9. Were there moments when you felt life was so tough that you cried or wanted to cry? □ Yes □ No
10. Did you feel run down (tired)? □ Yes □ No
11. Did you at times feel like committing suicide? □ Yes □ No
12. Were you generally unhappy with things you were doing each day? □ Yes □ No
13. Was your work lagging behind? □ Yes □ No
14. Did you feel you had problems in deciding what to do? □ Yes □ No

PHYSICAL EXAMINATION
Circle appropriate scale definition for each section (1–8)

1a. Level of Consciousness. Ask the patient, “what month is it?” and “how old are you?”

<table>
<thead>
<tr>
<th>Scale Definition</th>
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<tr>
<td>0</td>
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1b. Commands. Ask the patient, “open and close your eyes” and “make a fist with your hand.”

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2. Neuropathy Screen
Does this patient experience symptoms of tingling, burning, or numbness in the feet or hands? □ Yes □ No

<table>
<thead>
<tr>
<th>Incorrect Response</th>
<th>Correct Response</th>
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</table>

Mini-Mental State Examination

Orientation
- What is the year? _______________
- What is the season? ______________
- What is the month ______
- What day of the month is it? ______
- What day of the week is it? ______
- What is the name of this place? ______
- What section of this place are we in? ______
- What town are we in? ______
- What area of this town are we in? ______
- What province are we in? ______

Language
- What is the name of this? (Show item)
- Wrist watch
- pen
- Ask the patient to repeat this phrase “kwiina kuchita, kwiina kutachita” allow only ONE trial

Attention
Can you name the days of the week backward? For example, before Sunday comes Saturday; what comes before that?
- Friday
- Thursday
- Wednesday
- Tuesday
- Monday

3-Stage Command
“Take this paper in your right hand, fold it in half and put it on the floor.” Do NOT prompt or repeat command when patient is performing task.
- Right hand
- Folds
- Places on floor
- Visual command
- Tell patient “look at me and do exactly what I do.”
- Follows visual command
- Speaks a sentence
- Coordination
- Can you copy this drawing? (All ten angles must be present and the two pentagons must intersect)
**1. Memory-Registration**
Give four words to recall (dog, hat, red, mango): 1 second to say each. Then ask the patient all 4 after you have said them.

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<tr>
<th>Score</th>
<th>Max</th>
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<tbody>
<tr>
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<td>4</td>
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**2. Motor Speed**
Have the patient tap the first two fingers of the non-dominant hand as wide and as quick as possible.

- 4 = > 15 in 5 sec
- 3 = 11–14 in 5 sec
- 2 = 7–10 in 5 sec
- 1 = 3–6 in 5 sec

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**3. Psychomotor Speed**
Have the patient perform the following movements with the non-dominant hand as quickly as possible.
- Demonstrate and have the patient perform twice for practice.
- 1. Clench the hand in fist on flat surface.
- 2. Put hand flat on surface with the palm down.
- 3. Put hand perpendicular on flat surface on the side of the 5th digit.

- 4 = 4 sequences in 10 sec
- 3 = 3 sequences in 10 sec
- 2 = 2 sequences in 10 sec
- 1 = 1 sequence in 10 sec
- 0 = unable to perform

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**4. Memory -Recall**
Ask for 4 words from Registration above.
- dog
- hat
- red
- mango

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Give 1 point for each correct answer.

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<tbody>
<tr>
<td>/12</td>
<td>Total</td>
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