

Section 1: Participant Contact Information

- 1.1. Participant's Surname [pre-populated]
- 1.2. Participant's First names [pre-populated]
- 1.3. Participant's National ID [pre-populated]
- 1.4. Is participant's pre-populated national ID correct and not missing?
 - ☐ Yes
 - ☐ No
- 1.5. [IF participant's pre-populated national ID is incorrect or missing] What is participant's valid national ID [capture ID, with validation rules to capture only correct national ID]
 - ☐ Yes
 - ☐ No
- 1.6. Participant's Sex [pre-populated]
- 1.7. Participant's date of birth [pre-populated]
- 1.8. Is participant's pre-populated date of birth, correct?
 - ☐ Yes
 - ☐ No
- 1.9. [IF participant's pre-populated date of birth is incorrect] What is participant's date of birth [capture ID, in format yyyy/mm/dd]
- 1.10. Participant's Age [calculated and auto filled as today's date minus date of birth, if date corrected use the date of birth from corrected field, give date of birth as an integer of birthday anniversaries]
- 1.11. Participant's Primary Phone number [pre-populated]
- 1.12. Is participant's pre-populated primary phone number correct and not missing?
 - ☐ Yes
 - ☐ No
- 1.13. [IF participant's pre-populated primary phone number is incorrect or missing] What is participant's phone number [capture phone number]
- 1.14. Who is the cellphone network provider for your primary phone number?

- ☐ Vodacom
- ☐ MTN
- ☐ Cell C
- ☐ Telkom Mobile (formerly 8ta)
- ☐ Virgin Mobile
- ☐ Don't know
- ☐ Other (Specify)

Section 2: Contact Attempts

2.1. Conducting Fieldworker attempt one? YES

2.2. Staff Member [record staff code]

2.3. Are you a Fieldworker or Tracker? [important to allow filtering of contact attempts as Fieldworker attempts or Tracker Attempts]

- ☐ Fieldworker
- ☐ Tracker

2.4. Record attempt one start date and time [capture time now] NB The loop below must be repeated up to 3 times to allow up to a maximum of 3 Fieldworker contact attempts and 3 Tracker contact attempts

2.5. Was this a premature completion?

- ☐ Yes
- ☐ No

2.6. [IF premature completion] What was the reason for premature completion?

- ☐ Reported dead
- ☐ Out-migrated outside DSA
- ☐ Other (specify)

2.7. [IF premature completion is YES] Fill in the visit date (see below) and END interview [NB for programming purposes, each record can only have one date of visit, all other visits only captured recorded as attempts]

2.8. [IF not a premature completion] Was the participant contacted? [i.e. did you meet the participant]

- ☐ Yes
- ☐ No

2.9. [IF participant was met] Is participant going to be surveyed today?

- ☐ Yes
- ☐ No

2.10. [IF participant was not met] what was the reason for non-contact?

- ☐ Not found after 3 attempts [only possible when its contact attempt #3 for either fieldworker or tracker]
- ☐ Temporarily away for more than 2 months

- ☐ Stay in currently Avoided BS/HH
 - ☐ Migrated within DSA
 - ☐ Other [Specify]
- 2.11. [IF participant was not met] do you want to request record to be transferred to Tracking?
 - ☐ Yes [For programming, If YES transfer record to field coordinator to review]
 - ☐ No
- 2.12. [IF you want record to be transferred to tracking] Provide reason for transferring record to tracking
 - ☐ Found late afternoon only
 - ☐ Found late afternoon or Sunday
 - ☐ Found Sunday only
 - ☐ Working away from homestead but within DSA
- 2.13. [IF participant is working away from homestead but within DSA] give detailed descriptions of directions of their workplace within DSA for tracking [free text field]
- 2.14. [IF participant is going to be surveyed today] Fill in the visit date [NB for programming purposes, each record can only have one date of visit, all other visits only captured recorded as attempts]
 - ☐ Yes
 - ☐ No
- 2.15. [IF participant is not going to be surveyed today and no request to transfer record] Is it because of fieldworker/tracker cannot communicate with participant due to language limitation?
 - ☐ Yes
 - ☐ No
- 2.16. [IF YES, fieldworker/tracker can't communicate with participant] What language does participant speak?
 - ☐ Sign language
 - ☐ Other [Specify]
- 2.17. [IF NO, fieldworker/tracker can communicate with participant] When are you going to make a revisit? [record date of revisit]
- 2.18. [IF participant is going to be surveyed today] Did participant agree to participate in the study?
 - ☐ Yes
 - ☐ No
- 2.19. [IF participation in the study was refused] Who refused participation?
 - ☐ Self
 - ☐ Partner
 - ☐ Household head
 - ☐ Bounded Structure Owner
 - ☐ Other (Specify)
- 2.20. [IF PARTICIPATION in study was agreed] Record Type of field visit
 - ☐ Regular visit

- ☐ Tracking
- ☐ Problem-solving visit

2.21. Visit Date [capture today's date]

Section 3: Parental/ Guardian consent for minors (aged 15-17)

- 3.1. Is participant a minor [aged below 18 years, check participant Age]
- ☐ Yes
 - ☐ No
- 3.2. [IF participant is a minor] Is the participant an emancipated minor?
- ☐ Yes
 - ☐ No
- 3.3. [IF participant is an emancipated minor] How is the minor participant emancipated?
- ☐ Child lives in a child-headed household with no adults
 - ☐ Child married
 - ☐ Child is a biological parent
- 3.4. [IF participant is NOT an emancipated minor] does the parent/guardian consent to allow child (15-17-year-old) to participate in study after being independently assented?
- ☐ Yes
 - ☐ No [END of Interview]
- 3.5. [IF Parent/guardian allow their minor child to participate] Is parent/guardian able to write?
- ☐ Yes
 - ☐ No
- 3.6. [IF parent/guardian can write] Full Name of Parent/guardian [free text field for name]
- 3.7. Signature of parent/guardian [enable use of stylus pen to capture signature]
- 3.8. Date of parent/guardian signature [enable capturing of today's date]
- 3.9. [IF parent/guardian CANNOT write] Full Name of an adult witness [free text field for name]
- 3.10. Signature of witness [enable use of stylus pen to capture signature]
- 3.11. Date of witness signature [enable capturing of today's date]
- 3.12. Name of consenting fieldworker/tracker [free text field for name of staff member]
- 3.13. Signature of consenting fieldworker/tracker enable use of stylus pen to capture signature]
- 3.14. Date of consenting fieldworker/tracker signature [enable capturing of today's date]

Section 5: Participant Consent

- 4.1. Consent to be asked general health questions?
☐ Yes
☐ No
- 4.2. Consent to give finger-prick research blood specimen on filter paper?
☐ Yes
☐ No
- 4.3. Consent to have your blood specimen stored?
☐ Yes
☐ No
- 4.4. Consent for future research to be done on your blood specimens on condition there is approval by a research ethics committee?
☐ Yes
☐ No
- 4.5. Consent to do a Rapid HIV test to know your HIV status?
☐ Yes
☐ No
- 4.6. Consent to record attendances at clinics within the DSA
☐ Yes
☐ No
- 4.7. Consent to be contacted by SMS?
☐ Yes
☐ No
- 4.8. Consent to be contacted by a telephone call?
☐ Yes
☐ No
- 4.9. Consent to be contacted in future based on information you are directly providing us now?
☐ Yes
☐ No
- 4.10. Consent to be contacted in future based on information obtained after linkage with public sector records?
- 4.11. Consent for your children (under 18 years) to be contacted in future based on information they are directly providing us now?
☐ Yes
☐ No
- 4.12. Consent for your children (under 18 years) to be contacted in future based on information obtained after linkage with public sector records?
☐ Yes
☐ No

4.13. Consent to do blood pressure measurement

- ☐ Yes
- ☐ No

4.14. Consent to do height and weight measurement

- ☐ Yes
- ☐ No

Section 6: Community Engagement Activities

6.1. Did you know our organisation [NAME of HDSS Node] was going to visit you this week?

- ☐ Yes
- ☐ No

6.2. [IF YES] how did you learn that we were going to visit you? *Mark all that apply*

- ☐ Roadshows
- ☐ Community dialogues
- ☐ Community meetings
- ☐ Commemorative events (e.g. World AIDS Day, Mandela Day, etc)
- ☐ Presentation by our staff at meetings held by other organisations
- ☐ Community sport or music event
- ☐ Radio programme
- ☐ SMS sent by our organisation
- ☐ School based events
- ☐ Others (specify)_____

Section 7: Health Utilisation [NB Only if consent to General Health is YES, else skip/deactivate]

7.1. How do you describe your general health at present?

- ☐ Very Good
- ☐ Good
- ☐ Moderate
- ☐ Bad
- ☐ Very bad

7.2. Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

7.3. Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

- 7.4. Have you been admitted (slept in a ward) at a government hospital in the past month?
- ☐ Yes
- ☐ No
- 7.5. Have you been admitted (slept in a ward) at a private hospital in the past month?
- ☐ Yes
- ☐ No
- 7.6. Have you visited out-patient department (OPD) at a government of health hospital in the past month?
- ☐ Yes
- ☐ No
- 7.7. Have you visited out-patient department (OPD) at the private hospital in the past month?
- ☐ Yes
- ☐ No
- ☐
- 7.8. Have you visited a government health clinic in the past month?
- ☐ Yes
- ☐ No
- 7.9. Have you been to a private doctor in the past month?
- ☐ Yes
- ☐ No
- 7.10. Have you visited a pharmacy/chemist in the past month?
- ☐ Yes
- ☐ No
- 7.11. Have you been to a traditional healer in the past 12 months?
- ☐ Yes
- ☐ No

Section 8: Tuberculosis (TB) [NB Only if consent to General Health is YES, else skip/deactivate]

- 8.1. Have you ever been told by a doctor, nurse, or other healthcare worker that you have TB?
- ☐ Yes
- ☐ No [Go next section]
- 8.2. Have you been newly diagnosed with TB in the last 12 months?
- ☐ Yes
- ☐ No [Go next section]
- 8.3. Have you ever received treatment for TB prescribed by a doctor, nurse, or other healthcare?

- ☐ Yes
- ☐ No [Go next section]

8.4. Are you currently on treatment for TB prescribed by a doctor, nurse, or other healthcare worker?

- ☐ Yes
- ☐ No

Section 9: Hypertension (BP) [NB Only if consent to General Health is YES, else skip/deactivate]

- 9.1. Have you ever been told by a doctor, nurse, or other healthcare worker that you have high blood pressure?
- ☐ Yes
 - ☐ No [Go next section]
- 9.2. Have you been newly diagnosed with high blood pressure in the last 12 months?
- ☐ Yes
 - ☐ No [Go next section]
- ☐ Yes
- ☐ No [Go next section]
- 9.3. Have you ever received treatment for high blood pressure prescribed by a doctor, nurse, or other healthcare?
- ☐ Yes
 - ☐ No [Go next section]
- 9.4. Are you currently on treatment for high blood pressure prescribed by a doctor, nurse, or other healthcare worker?
- ☐ Yes
 - ☐ No

Section 10: Diabetes (Sugar) [NB Only if consent to General Health is YES, else skip/deactivate]

- 10.1. Have you ever been told by a doctor, nurse, or other healthcare worker that you have Diabetes?
- ☐ Yes
 - ☐ No [Go next section]
- 10.2. Have you been newly diagnosed with Diabetes in the last 12 months?
- ☐ Yes
 - ☐ No [Go next section]
- 10.3. Have you ever received treatment for Diabetes prescribed by a doctor, nurse, or other healthcare?
- ☐ Yes
 - ☐ No [Go next section]
- 10.4. Are you currently on treatment for Diabetes prescribed by a doctor, nurse, or other healthcare worker?
- ☐ Yes
 - ☐ No

Section 11: Vaccination [NB Only if consent to General Health is YES, else skip/deactivate]

11.1. Which of the following vaccines have you ever received? **[read all options, mark all that apply]**

- ☐ Tetanus and diphtheria (and pertussis) (often around age 12 or during pregnancy)
- ☐ Human Papilloma virus (often around age 9). If queried: "the HPV vaccine is an injection given in the thigh or the upper arm when you are in Grade 4 at school as a protection against cervical cancer"
- ☐ Hepatitis B (sometimes given during pregnancy)
- ☐ Influenza
- ☐ Covid-19
- ☐ Other, specify
- ☐ None **[if you mark this option, mark no other option]> skip to Q11.5**

11.2. In the past 12 months, which of the following vaccines have you received? **[read all options, mark all that apply]**

- ☐ Tetanus and diphtheria (and pertussis)
- ☐ Human Papilloma virus (HPV)
- ☐ Hepatitis B
- ☐ Influenza
- ☐ Covid-19
- ☐ Other, specify

11.3. **[If yes to HPV ever]** In total, how many HPV vaccine doses have you ever received?

- ☐ 1 Dose
- ☐ 2 Doses
- ☐ 3 Doses
- ☐ Don't know

11.4. **[If yes to Covid-19 ever]** In total, how many COVID-19 vaccine doses have you ever received? [numeric] _ _

Instructions to data application programming for Q11.5 to 11.9:

- 1. Every participant must answer questions Q11.5 to 11.9 regardless of whether they're already vaccinated for Covid or not**
- 2. Change the question wording for questions Q11.5 to 11.9 depending on whether participant is previously vaccinated against Covid or not using words in brackets for those previously vaccinated**

11.5. If a COVID-19 vaccine was available to you right now at no cost, would you agree to be vaccinated [or get vaccinated again]?

- ☐ Definitely would
- ☐ Probably would
- ☐ Probably would not
- ☐ Definitely would not

11.6. **[If Q11.5= Definitely would or Probably would]** What are the reasons that you would choose to get [another] a vaccine [if previously vaccinated] against COVID-19? **[Do not read list, mark all that apply]**

- ☐ To protect others in my family
- ☐ To protect my community from COVID-19
- ☐ To protect myself from getting sick with COVID-19
- ☐ I have a chronic health condition
- ☐ If my doctor, nurse, or health worker recommends it
- ☐ It would be the best way to avoid getting seriously ill from COVID-19
- ☐ It would allow me to feel safe around other people
- ☐ Life won't go back to normal until most people are vaccinated
- ☐ Other, specify
- ☐ None

11.7. **[if Q11.5 = Probably would not or Definitely would not]** What are the reasons that you would choose not to get [vaccinated again with another] a vaccine against COVID-19? **[Do not read list, mark all that apply]**

- ☐ I am allergic to vaccines
- ☐ I don't like needles
- ☐ I don't get vaccines in general
- ☐ People in my community do not get vaccines in general
- ☐ I'm not concerned about getting ill from the coronavirus
- ☐ I would be concerned about getting infected with the coronavirus from the vaccine
- ☐ I am concerned about side effects from the vaccine
- ☐ I don't think that the vaccine will work
- ☐ The coronavirus outbreak is not as serious as some people say it is
- ☐ It might be expensive
- ☐ It will be too late because we will have already been infected
- ☐ I expect vaccination site will require long/expensive travel
- ☐ I expect vaccination site will be open inconvenient hours/require long wait times.
- ☐ I expect that the vaccination site would not have vaccines.
- ☐ Other, specify.
- ☐ None

11.8. **[if Q11.5 = Definitely would or Probably would]** What would make you more likely to get [vaccinated again with another] a COVID-19 vaccine? **[Do not read list, mark all that apply]**

- ☐ If my employer required me to get one
- ☐ If I needed to have a vaccine to access health services
- ☐ If I needed to have a vaccine to get into shops and restaurants
- ☐ If I could get paid time off to get vaccinated
- ☐ If the government made a vaccine mandatory
- ☐ If I didn't have to go too far to get the vaccine
- ☐ If the vaccine was proven to be safe
- ☐ If it was recommended to me by a religious or community leader
- ☐ To stop following COVID-19 guidelines
- ☐ If it was available through a regular vaccination campaign
- ☐ If childcare was available whilst I get my vaccine
- ☐ If there was an incentive (e.g. food, phone credit)
- ☐ If I could choose the brand of vaccine
- ☐ Nothing would make me more likely to get a COVID-19 vaccine
- ☐ Other, specify

11.9. Where would you prefer to get [vaccinate again with another] a COVID-19 vaccine? **[Do not read list, mark all that apply]**

- ☐ Hospital
- ☐ Health centres
- ☐ Community centre/meeting hall/local shop/hall
- ☐ Workplace
- ☐ Pharmacy
- ☐ Mobile vaccination centre
- ☐ Dedicated vaccination centre
- ☐ Place of worship
- ☐ None, I would not get a COVID-19 vaccine anywhere
- ☐ Other, specify

Section 12: HIV Services [NB Only if consent to General Health is YES, else skip/deactivate]

12.1. Have you ever received a test result for HIV?

- ☐ Yes
- ☐ No [Next section]

12.2. Have you ever had a positive HIV test result?

- ☐ Yes
- ☐ No [GO TO Q10.8]

12.3. When was your first positive test result?

- ☐ More than 1 year ago
- ☐ less than 1 year ago

12.4. When was your last negative test result?

- ☐ More than 1 year ago
- ☐ less than 1 year ago

12.5. Have you ever taken ART for your own health?

- ☐ Yes
- ☐ No [Go to next section]

12.6. When did you first start ART?

- ☐ More than 1 year ago
- ☐ less than 1 year ago

12.7. Are you currently receiving ART?

- ☐ Yes
- ☐ No

Section 12: Biomeasures [NB only if consent to Height and Weight measurements is YES, else skip/deactivate]

13.1. Height

Device ID |_|_|_|

Height |_|_|_|. |_|_| cm

13.2. Weight

Device ID |_|_|_|

Weight |_|_|_|. |_|_| kg

[IF FEMALE] Are you currently pregnant?

☐ Yes☐ No**13.3. Blood Pressure**

Device ID |_|_|_|

Measurement	Systolic	Diastolic	Pulse
1	_ _ _	_ _ _	_ _ _
2	_ _ _	_ _ _	_ _ _
3	_ _ _	_ _ _	_ _ _

Has the participant been referred to the clinic for further management of BP?

☐ Yes☐ No**Section 13: HIV test [NB only if consent to knowing HIV status is YES, else skip/deactivate]**

14.1. HIV Test***NB: Each node to perform, record and manage rapid HIV test results according to locally approved protocol*****14.2. Lot number of [NAME] rapid HIV test kit _____**

14.3. Screening [NAME] rapid HIV test result

- ☐ Valid Negative [End of rapid HIV testing]
- ☐ Valid positive
- ☐ Invalid [Repeat screening rapid HIV test]

14.4. [IF screening test is positive) Confirmatory [NAME] rapid HIV test result

- ☐ Valid Negative
- ☐ Valid positive
- ☐ Invalid

14.5. Final Rapid HIV Test (calculated by algorithm in data collection application) to be given to participant

- ☐ Valid Negative [IF screening test is negative]
- ☐ Valid positive [IF screening is positive and confirmatory is positive]
- ☐ Invalid [IF screening is invalid after 2nd attempt]
- ☐ Discrepant [IF Screening is Positive AND Confirmatory is negative OR Screening is positive and confirmatory is invalid]

Section 14: HIV Case Management

The HIV case management system depends on the context of an HDSS Node to resolve the following:

15.1. How to end up with a definitive HIV test result where Final Rapid HIV test results are:

- ☐ Invalid
- ☐ Discrepant

15.2. How to link all people with positive HIV test results into care

Section 15: DBS [NB only if consent to giving DBS is YES, else skip/deactivate]

16.2. Was DBS collected?

- ☐ Yes
- ☐ No

16.3. [IF DBS was collected] scan DBS barcode or QR code _____

16.4. [IF DBS was not collected] why was DBS not collected (Specify)

END