

leDEA Pediatric Adherence Site Assessment Survey

Please complete the survey below.

Thank you!

Site Information:

Please enter the date this survey is being completed: _____

Please enter the center identification code below:

Please enter the site name below:

Please enter the program/network for this site below:

Role of the person completing this survey (Please select only one):

- Principal Investigator
- Regional Data Manager
- Site Manager
- Site Data Manager
- Head Clinician
- Head Clinical Officer
- Head Nurse
- Other

Please specify other role: _____

Training of the person completing this survey (Please select only one):

- Pediatrician
- Non-Pediatrician Physician/Consultant/Physician Faculty
- Medical Officer
- Clinical Officer
- Nurse
- Pharmacist
- Counselor
- Data Manager
- Research Staff
- Epidemiologist
- Other

Please specify other training: _____

Please enter the name of the person completing the survey below:

Please enter the email address of the person completing the survey below:

Please enter the phone number of the person completing the survey below:

1. Site Location:

(Please select only one)

- Urban
 Mostly Urban
 Mostly Rural
 Rural
 Unknown

2. What is the primary setting in which you provide care for HIV-infected children?

(Please select only one)

- Clinic where providers care for only children
 Clinic where providers care for both adults and children (i.e., combined or family clinics)

3. Approximate total number of HIV-exposed and HIV-infected children < 14 years of age who have had a visit within the last 12 months to the HIV program at the facility:

4. Approximate number of children currently receiving ART:

5. Is the following service utilized at your site for children receiving ART?

	Yes	No
a. Height measured at fixed intervals	<input type="checkbox"/>	<input type="checkbox"/>
b. Weight measured at fixed intervals	<input type="checkbox"/>	<input type="checkbox"/>
c. CD4 monitoring at fixed intervals	<input type="checkbox"/>	<input type="checkbox"/>
d. Viral load monitoring at fixed intervals	<input type="checkbox"/>	<input type="checkbox"/>
e. Targeted viral loads (e.g., for confirming treatment failure, assessing adherence)	<input type="checkbox"/>	<input type="checkbox"/>
f. Viral resistance testing	<input type="checkbox"/>	<input type="checkbox"/>

6. How often are the following methods currently used to measure ART adherence?

(Please select only one choice for each method)

	Used routinely	Used occasionally	Not used
a. Structured recall instrument: 24-hour recall of missed doses, 3-day, 7-day, 30-day, other recall period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Instrument with multiple questions about adherence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pill counts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Liquid measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pharmacy refills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Electronic dose monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Routine viral loads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Viral loads for patients suspected of non-adherence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Drug levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Assessment of adherence by clinician, but not using any structured measure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list other methods of measuring ART adherence:

For method 6b above, are any instruments validated?

- Yes
- No

Please enter validated instrument name(s):

7. To whom is the adherence measure most often administered?

(Please select only one)

- Caregiver
 Child
 Both caregiver and child

8. At what age does your site begin asking children directly about adherence?

_____ (years)

9. Is the following type of adherence support available at your site?

	Yes	No
a. Pill Boxes	<input type="checkbox"/>	<input type="checkbox"/>
b. Counseling by dedicated adherence counselor	<input type="checkbox"/>	<input type="checkbox"/>
c. Counseling by social worker	<input type="checkbox"/>	<input type="checkbox"/>
d. Counseling by pharmacy personnel	<input type="checkbox"/>	<input type="checkbox"/>
e. Counseling by clinical staff	<input type="checkbox"/>	<input type="checkbox"/>
f. Counseling by physicians	<input type="checkbox"/>	<input type="checkbox"/>
g. Case management	<input type="checkbox"/>	<input type="checkbox"/>
h. Educational classes on adherence	<input type="checkbox"/>	<input type="checkbox"/>
i. Support groups for caregivers	<input type="checkbox"/>	<input type="checkbox"/>
j. Support groups for children/adolescents	<input type="checkbox"/>	<input type="checkbox"/>
k. Peer adherence supporters or treatment buddies	<input type="checkbox"/>	<input type="checkbox"/>
l. Home visits	<input type="checkbox"/>	<input type="checkbox"/>
m. SMS adherence reminders	<input type="checkbox"/>	<input type="checkbox"/>
n. Nutritional support	<input type="checkbox"/>	<input type="checkbox"/>
o. Other	<input type="checkbox"/>	<input type="checkbox"/>

Please list other methods of adherence support: _____

10. Does your site routinely give patients extra medication that would provide enough medicine to take them beyond their next clinic appointment (aka, medication tail)?

- Yes
 No

If Yes, what medication amount is provided?
(Please select only one)

- extra medication for 1-3 days
 extra medication for 4-30 days
 extra medication for >30 days

11. CASE STUDY: A 4-month-old infant with a positive HIV DNA PCR and confirmatory positive HIV RNA PCR presents to your site. The infant has no prior ART exposure.

a. Which criteria would your site use for starting ART for this infant? (Please select all that apply)

- All 4-month-old HIV-positive children are started on ART
 Start if WHO Stage 3 or 4
 Start if CDC class C
 Start if CDC class B
 Start if CD4 % < 25%
 Start if CD4 % < 20%
 Start if CD4 % < 15%
 Start if having clinical symptoms of HIV regardless of other tests. Infant would not start on ART if not symptomatic (e.g., IMCI guidelines)
 Other

Please list other criteria for starting ART: _____

b. Does your site use a purely age-based criteria for initiating ART by which all children less than a specific age are automatically started?

- Yes
 No

If Yes, please enter the age

at which all HIV-positive children are initiated: _____

(age in years)

c. Which 3 antiretroviral medications would a clinician at your site typically select for a first-line regimen for this 4-month-old child?

Medication 1 (Please select only one)

- Abacavir (ABC)
 Atazanavir (ATV)
 Darunavir (DRV)
 Delavirdine (DLV)
 Didanosine (ddI)
 Efavirenz (EFV)
 Emtricitabine (FTC)
 Indinavir (IND)
 Lamivudine (3TC)
 Lopinavir/ritonavir (LPV/rit)
 Nelfinavir (NFV)
 Nevirapine (NVP)
 Saquinavir (SQV)
 Stavudine (d4T)
 Tenofovir (TDF)
 Zidovudine (ZDV/AZT)

Medication 2 (Please select only one)

- Abacavir (ABC)
 Atazanavir (ATV)
 Darunavir (DRV)
 Delavirdine (DLV)
 Didanosine (ddI)
 Efavirenz (EFV)
 Emtricitabine (FTC)
 Indinavir (IND)
 Lamivudine (3TC)
 Lopinavir/ritonavir (LPV/rit)
 Nelfinavir (NFV)
 Nevirapine (NVP)
 Saquinavir (SQV)
 Stavudine (d4T)
 Tenofovir (TDF)
 Zidovudine (ZDV/AZT)

Medication 3 (Please select only one)

- Abacavir (ABC)
- Atazanavir (ATV)
- Darunavir (DRV)
- Delavirdine (DLV)
- Didanosine (ddI)
- Efavirenz (EFV)
- Emtricitabine (FTC)
- Indinavir (IND)
- Lamivudine (3TC)
- Lopinavir/ritonavir (LPV/rit)
- Nelfinavir (NFV)
- Nevirapine (NVP)
- Saquinavir (SQV)
- Stavudine (d4T)
- Tenofovir (TDF)
- Zidovudine (ZDV/AZT)

d. After the infant has been on ART for at least one month, how often would you schedule follow-up appointments at the clinic for this infant who is less than one year of age? (Please select only one)

- Every 2 weeks
- Once a month
- Every other month
- Every 6 months
- Once a year
- Other

Please list other followup appointment schedules: _____

e. After the infant's first 6 months on ART, the CD4% does not improve. Based on questioning the child's mother, you suspect that adherence may be an issue. What strategy or strategies would a clinician at your site typically employ for an infant on ART with adherence concerns? (Choose all that apply)

- Adherence counseling for parent or caregiver
- More frequent follow-up in clinic
- Viral load immediately
- Viral load at some point in future
- Repeat CD4 immediately
- CD4 at some point in future
- Viral resistance testing immediately
- Viral resistance testing at some point in future
- Home visit or community health worker follow-up
- Institute pill counts or liquid volume measurements
- Dose-timing monitoring, such as MEMS cap or Wisepill
- Directly observed therapy
- Plasma drug concentrations
- Hair drug concentrations
- Other

Please list other strategies for adherence concerns: _____

f. You determine that an HIV-infected infant has failed first-line therapy at 10 months of age. Would you have a standard second-line regimen available at your site for a child of this age?

- Yes
- No

If Yes, what medicines would typically be selected for your second-line regimen for an infant < 12 months?

- Abacavir (ABC)
- Atazanavir (ATV)
- Darunavir (DRV)
- Delavirdine (DLV)
- Didanosine (ddl)
- Efavirenz (EFV)
- Emtricitabine (FTC)
- Indinavir (IND)
- Lamivudine (3TC)
- Lopinavir/ritonavir (LPV/rit)
- Nelfinavir (NFV)
- Nevirapine (NVP)
- Saquinavir (SQV)
- Stavudine (d4T)
- Tenofovir (TDF)
- Zidovudine (ZDV/AZT)
- Other Medicines

Please enter other medicines:

12. CASE STUDY: A 3-year-old child with a positive HIV ELISA Antibody Test and clinical symptoms consistent with HIV (poor growth, lymphadenopathy, history of recurrent infections) presents to your site. The child has no prior ART exposure or treatment.

a. Which criteria would your site use for starting ART for this child? (Please select all that apply)

- All HIV-positive children 3 years of age are started on ART
- Start if WHO Stage 3 or 4
- Start if CDC class C
- Start if CDC class B
- Start if CD4 % < 25%
- Start if CD4 % < 20%
- Start if CD4 % < 15%
- Start if CD4 count < 500 cells/ml
- Start based only on having clinical symptoms of HIV, no other tests to be obtained (e.g., IMCI guidelines)
- Other

Please list other criteria for starting ART: _____

b. Which 3 antiretroviral medications would a clinician at your site typically select for a first-line regimen for a child who is 3 years old?

Medication 1 (Please select only one)

- Abacavir (ABC)
- Atazanavir (ATV)
- Darunavir (DRV)
- Delavirdine (DLV)
- Didanosine (ddl)
- Efavirenz (EFV)
- Emtricitabine (FTC)
- Indinavir (IND)
- Lamivudine (3TC)
- Lopinavir/ritonavir (LPV/rit)
- Nelfinavir (NFV)
- Nevirapine (NVP)
- Saquinavir (SQV)
- Stavudine (d4T)
- Tenofovir (TDF)
- Zidovudine (ZDV/AZT)

Medication 2 (Please select only one)

- Abacavir (ABC)
- Atazanavir (ATV)
- Darunavir (DRV)
- Delavirdine (DLV)
- Didanosine (ddl)
- Efavirenz (EFV)
- Emtricitabine (FTC)
- Indinavir (IND)
- Lamivudine (3TC)
- Lopinavir/ritonavir (LPV/rit)
- Nelfinavir (NFV)
- Nevirapine (NVP)
- Saquinavir (SQV)
- Stavudine (d4T)
- Tenofovir (TDF)
- Zidovudine (ZDV/AZT)

Medication 3 (Please select only one)

- Abacavir (ABC)
- Atazanavir (ATV)
- Darunavir (DRV)
- Delavirdine (DLV)
- Didanosine (ddl)
- Efavirenz (EFV)
- Emtricitabine (FTC)
- Indinavir (IND)
- Lamivudine (3TC)
- Lopinavir/ritonavir (LPV/rit)
- Nelfinavir (NFV)
- Nevirapine (NVP)
- Saquinavir (SQV)
- Stavudine (d4T)
- Tenofovir (TDF)
- Zidovudine (ZDV/AZT)

c. Would the first-line regimen choice be the same if the child was 5 years old? (Please select only one)

- Yes
- No
- I don't know

d. After the child has been on ART for at least one month, how often would you schedule follow-up appointments at the clinic for this 3-year-old? (Please select only one)

- Every 2 weeks
- Once a month
- Every other month
- Every 6 months
- Once a year
- Other

Please list other followup appointment schedules: _____

e. The 3-year-old child was treated on first-line ART for one year, but the child's CD4% does not improve and the child has a new opportunistic infection. Based on questioning the child's mother, you suspect that adherence may be an issue. What strategy or strategies would a clinician at your site typically employ for a now 4-year-old child on ART with adherence concerns? (Choose all that apply)

- Adherence counseling for parent or caregiver
- More frequent follow-up in clinic
- Viral load immediately
- Viral load at some point in future
- Repeat CD4 immediately
- CD4 at some point in future
- Viral resistance testing immediately
- Viral resistance testing at some point in future
- Home visit or community health worker follow-up
- Institute pill counts or liquid volume measurements
- Dose-timing monitoring, such as MEMS cap or Wisepill
- Directly observed therapy
- Plasma drug concentrations
- Hair drug concentrations
- Other

Please list other strategies for adherence concerns: _____

f. You determine that an HIV-infected child has failed first-line therapy at 4 years of age. Would you have a standard second-line regimen available at your site for a child of this age?

- Yes
- No

If Yes, what medicines would typically be selected for your second-line regimen for a child less than 5 years of age?

- Abacavir (ABC)
- Atazanavir (ATV)
- Darunavir (DRV)
- Delavirdine (DLV)
- Didanosine (ddl)
- Efavirenz (EFV)
- Emtricitabine (FTC)
- Indinavir (IND)
- Lamivudine (3TC)
- Lopinavir/ritonavir (LPV/rit)
- Nelfinavir (NFV)
- Nevirapine (NVP)
- Saquinavir (SQV)
- Stavudine (d4T)
- Tenofovir (TDF)
- Zidovudine (ZDV/AZT)
- Other Medicines

Please enter other medicines:

13. CASE STUDY: A 7-year-old orphan with a positive HIV ELISA Antibody Test and clinical symptoms consistent with HIV (poor growth, lymphadenopathy, history of recurrent infections) presents to your site. The child has no prior ART exposure or treatment.

a. Which criteria would your site use for starting ART for this child? (Please select all that apply)

- All HIV-positive children 7 years of age are started on ART
- Start if WHO Stage 3 or 4
- Start if CDC class C
- Start if CDC class B
- Start if CD4 % < 25%
- Start if CD4 % < 20%
- Start if CD4 % < 15%
- Start if CD4 count < 500 cells/ml
- Start if CD4 count < 350 cells/ml
- Start if CD4 count < 250 cells/ml
- Start based only on having clinical symptoms of HIV, no other tests to be obtained (e.g., IMCI guidelines)
- Other

Please list other criteria for starting ART: _____

b. Which 3 antiretroviral medications would a clinician at your site typically select for a first-line regimen for this child?

Medication 1 (Please select only one)

- Abacavir (ABC)
- Atazanavir (ATV)
- Darunavir (DRV)
- Delavirdine (DLV)
- Didanosine (ddl)
- Efavirenz (EFV)
- Emtricitabine (FTC)
- Indinavir (IND)
- Lamivudine (3TC)
- Lopinavir/ritonavir (LPV/rit)
- Nelfinavir (NFV)
- Nevirapine (NVP)
- Saquinavir (SQV)
- Stavudine (d4T)
- Tenofovir (TDF)
- Zidovudine (ZDV/AZT)

Medication 2 (Please select only one)

- Abacavir (ABC)
- Atazanavir (ATV)
- Darunavir (DRV)
- Delavirdine (DLV)
- Didanosine (ddl)
- Efavirenz (EFV)
- Emtricitabine (FTC)
- Indinavir (IND)
- Lamivudine (3TC)
- Lopinavir/ritonavir (LPV/rit)
- Nelfinavir (NFV)
- Nevirapine (NVP)
- Saquinavir (SQV)
- Stavudine (d4T)
- Tenofovir (TDF)
- Zidovudine (ZDV/AZT)

Medication 3 (Please select only one)

- Abacavir (ABC)
- Atazanavir (ATV)
- Darunavir (DRV)
- Delavirdine (DLV)
- Didanosine (ddl)
- Efavirenz (EFV)
- Emtricitabine (FTC)
- Indinavir (IND)
- Lamivudine (3TC)
- Lopinavir/ritonavir (LPV/rit)
- Nelfinavir (NFV)
- Nevirapine (NVP)
- Saquinavir (SQV)
- Stavudine (d4T)
- Tenofovir (TDF)
- Zidovudine (ZDV/AZT)

c. After the child has been on ART for at least one month, how often would you schedule follow-up appointments at the clinic for this 7-year-old? (Please select only one)

- Every 2 weeks
- Once a month
- Every other month
- Every 6 months
- Once a year
- Other

Please list other followup appointment schedules: _____

d. The 7-year-old is on ART for one year, but the child's CD4 count does not improve and the child has a new opportunistic infection. Based on questioning the child's grandmother, you suspect that adherence may be an issue. What strategy or strategies would a clinician at your site typically employ for a 7-year-old child on ART with adherence concerns? (Choose all that apply)

- Adherence counseling for caregiver
- More frequent follow-up in clinic
- Viral load immediately
- Viral load at some point in future
- Repeat CD4 immediately
- CD4 at some point in future
- Viral resistance testing immediately
- Viral resistance testing at some point in future
- Home visit or community health worker follow-up
- Institute pill counts or liquid volume measurements
- Dose-timing monitoring, such as MEMS cap or Wisepill
- Directly observed therapy
- Plasma drug concentrations
- Hair drug concentrations
- Other

Please list other strategies for adherence concerns: _____

e. You determine that an HIV-infected child has failed first-line therapy at 8 years of age. Would you have a standard second-line regimen available at your site for a child of this age?

- Yes
- No

If Yes, what medicines would typically be selected for your second-line regimen for a child more than 5 years of age but less than 12 years of age?

- Abacavir (ABC)
- Atazanavir (ATV)
- Darunavir (DRV)
- Delavirdine (DLV)
- Didanosine (ddl)
- Efavirenz (EFV)
- Emtricitabine (FTC)
- Indinavir (IND)
- Lamivudine (3TC)
- Lopinavir/ritonavir (LPV/rit)
- Nelfinavir (NFV)
- Nevirapine (NVP)
- Saquinavir (SQV)
- Stavudine (d4T)
- Tenofovir (TDF)
- Zidovudine (ZDV/AZT)
- Other Medicines

Please enter other medicines:

14. Medication availability - Please indicate which medications your site usually has available:

- Abacavir (ABC) available? Yes No
- Pediatric fomulation available? Yes No
- Problems with stockouts? Rare Sometimes
 Common
- Atazanavir (ATV) available? Yes No
- Pediatric fomulation available? Yes No
- Problems with stockouts? Rare Sometimes
 Common
- Darunavir (DRV) available? Yes No
- Pediatric fomulation available? Yes No
- Problems with stockouts? Rare Sometimes
 Common
- Delavirdine (DLV) available? Yes No
- Pediatric fomulation available? Yes No
- Problems with stockouts? Rare Sometimes
 Common
- Didanosine(ddI) available? Yes No
- Pediatric fomulation available? Yes No
- Problems with stockouts? Rare Sometimes
 Common
- Efavirenz (EFV) available? Yes No
- Pediatric fomulation available? Yes No
- Problems with stockouts? Rare Sometimes
 Common
- Emtricitabine (FTC) available? Yes No
- Pediatric fomulation available? Yes No
- Problems with stockouts? Rare Sometimes
 Common
- Indinavir (IND) available? Yes No
- Pediatric fomulation available? Yes No
- Problems with stockouts? Rare Sometimes
 Common
- Lamivudine (3TC) available? Yes No
- Pediatric fomulation available? Yes No
- Problems with stockouts? Rare Sometimes
 Common

Lopinavir/ritonavir (LPV/rit) available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric fomulation available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Problems with stockouts?	<input type="checkbox"/> Rare <input type="checkbox"/> Sometimes <input type="checkbox"/> Common
Nelfinavir (NFV) available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric fomulation available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Problems with stockouts?	<input type="checkbox"/> Rare <input type="checkbox"/> Sometimes <input type="checkbox"/> Common
Nevirapine (NVP) available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric fomulation available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Problems with stockouts?	<input type="checkbox"/> Rare <input type="checkbox"/> Sometimes <input type="checkbox"/> Common
Saquinavir (SQV) available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric fomulation available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Problems with stockouts?	<input type="checkbox"/> Rare <input type="checkbox"/> Sometimes <input type="checkbox"/> Common
Stavudine (d4T) available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric fomulation available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Problems with stockouts?	<input type="checkbox"/> Rare <input type="checkbox"/> Sometimes <input type="checkbox"/> Common
Tenofovir (TDF) available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric fomulation available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Problems with stockouts?	<input type="checkbox"/> Rare <input type="checkbox"/> Sometimes <input type="checkbox"/> Common
Zidovudine (ZDV/AZT) available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric fomulation available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Problems with stockouts?	<input type="checkbox"/> Rare <input type="checkbox"/> Sometimes <input type="checkbox"/> Common

15. Are third-line ART options available for children?

- Yes
 No

Please list third-line ART option 1 _____

Please list third-line ART option 2 _____

Please list third-line ART option 3 _____

Please list third-line ART option 4 _____

Please list third-line ART option 5 _____

Please list third-line ART option 6 _____

Please list third-line ART option 7 _____

Please list third-line ART option 8 _____

Please list third-line ART option 9 _____

Please list third-line ART option 10 _____

16. What portion of the cost do patients pay for the following?

	All of cost	Part of cost	None of cost
a. 1st line ART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 2nd line ART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. OI prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Routine follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Travel to clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. CD4 counts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Viral loads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Have any staff at your site received training on counseling the following populations?

	Yes	No
a. Families	<input type="checkbox"/>	<input type="checkbox"/>
b. Parents or caregivers	<input type="checkbox"/>	<input type="checkbox"/>
c. Children or adolescents	<input type="checkbox"/>	<input type="checkbox"/>

18. Have any staff at your site received specific training on counseling for medication adherence?

- Yes
 No

19. Have any staff at your site received specific training on counseling for medication adherence for children?

- Yes
 No

20. Have any staff at your site received specific training on counseling related to disclosure of HIV status to children?

- Yes
 No

21. Does your site have a protocol for disclosure of HIV status to children?

- Yes
 No

a. If Yes, date protocol was initiated: _____

b. If Yes, was the protocol designed locally or was it borrowed/adapted from another program?

- Designed locally
 Borrowed/adapted

Please identify the materials or protocol that are used: _____

22. Is there a recommended age for disclosure of HIV status to children?

- Yes
 No

a. If Yes, at what age is the disclosure process started? _____

b. If Yes, at what age is the disclosure process completed? _____

23. Are disclosure counseling services offered?

- Yes
 No

a. If Yes, by whom (please check all that apply)?

- Physicians
 Nurses
 Other clinicians
 Counselors
 Social worker
 Other

Please specify others who provide disclosure counseling services: _____

b. If Yes, to whom are the disclosure counseling services offered? (Please select only one)

- Caregivers
 Children
 Both caregivers and children

24. Who participates in the disclosure process? (Please check all that apply)

- Caregivers
 Physicians
 Nurses
 Other clinicians
 Counselors
 Social worker
 Other

Please specify others who participate in the disclosure process: _____

25. Is disclosure status collected routinely at your site?

- Yes
 No

a. If Yes, method of collection (Please check all that apply)

- Interview with caregiver
 Interview with child
 Other

Please list other methods of collection: _____

b. If Yes, who collects disclosure status? (Please check all that apply)

- Physicians
 Nurses
 Other clinicians
 Counselors
 Social worker
 Other

Please list others who routinely collect disclosure status: _____

c. If Yes, how often is disclosure status collected? (Please select only one)

- Every month
 Every three months
 Every six months
 Once a year
 Other

Please list other frequency for the collection of disclosure status: _____

d. If Yes, are the disclosure status data stored electronically (i.e. entered into a computer)?

- Yes
 No

e. If disclosure status is routinely collected, is the associated date recorded?"

- Yes
 No

26. In your estimation, what percentage of children at your site know that they are HIV-infected by the time they reach 14 years of age?

(%)