ANNEXURE
A Study on Crisis Intervention and Coping Skills among People Living with HIV AIDS (PLWHA) in Visakhapatnam

SECTION I: DEMOGRAPHIC DATA

1. Location:
2. Code No:
3. Gender: Male/Female
4. Age:
6. Occupation:
7. Income:
8. Caste: a) OC b) BC c) SC d) ST
9. Marital status:
   a) Unmarried b) Married c) Widowed d) Separated e) Divorced.
   If married, HIV status of spouse: a) Positive b) Negative
10. With whom is the respondent presently staying?
11. How do you known about your HIV status?
12. Reason for being infected with HIV/AIDS?
13. Any other family members knew about your HIV status? Yes / No
   If yes, who the person is?
14. Their reaction after knowing the respondents HIV status.
   [a] Shocked [b] Abused [c] Made their responsible
   [d] Ostracised [e] Showed understanding [f] Tried to help
15. Problem faced from- in-law’s family?
   a) Scolding  b) Beating  c) Hurting words  d) Treating servant made  e) Treating separately  f) Food not given timely

16. Do you want to get married?  
   Yes / No

   [In case of unmarried/ window/ separated/ divorced].

   If yes, reasons for get marry:
   a) Financial support  b) Family Security  c) Psychological support

17. Since how long you are getting treatment at ART?  
   Yes / No

18. Do you have other health problems?
   a) TB  b) STD  c) Skin Problems  d) General Weakness

19. What are the opportunistic infections after taking ART?
   a) Oral infection  b) Joint pains  c) Skin problem

20. Do you think that your present health status makes your prone to?
   a) Social abuse  b) Material abuse  c) Sexual abuse  d) others

21. Perceived areas of discrimination
   a) Marital life  b) Other family members  c) At work place
   d) Medical treatment  e) Others

22. Were there any incidences or reasons to avoid health services? Yes / No

   If yes why?  a) Stigma  b) Keep confidence  c) Lack of support

Section II: Knowledge Level of Respondents about HIV/AIDS

1. How HIV/AIDS transmit from one person to other? Please tick (√) mark against appropriate sources of HIV transmission
   a) Hetero sex
   b) Blood transmission
   c) Sharing needles
   d) Mother to child
2. How do you know these transmission methods? Please tick (✓) mark against appropriate sources of methods
   a) Counsellor
   b) Media
   c) NGOs
   d) Pamphlets
   e) Friends/ Neighbour

3. Do your family members know about the modes of transmission? [Y/N]

4. Did you use condom in your last sexual intercourse? Yes / No

5. Do you have knowledge on proper usage and dispose of condom? Yes/ no

6. Do you have nay extra marital affairs? Yes / No
   If yes, why? a) Joint family b) Migration c) Habits
   d) Absence of spouse e) Journey
   How long? a) Below 1 year b) 1 – 2 years
c) 2 – 4 years d) Above 4 years

7. Do you have habit to consume alcohol/ drugs? Yes / No

8. Do you participate in sexual intercourse while you are in drunken state? Yes / No
   If yes, do you use condom at that time? Yes / No

Section III: Identification or Diagnosis

1. Why you doubted you are infected by HIV?
   a) Sickness b) Unprotected c) Through spouse d) others (NGOs, blood banks, etc.)

2. Where did you go first time for the testing of HIV?
   a) Private Hospital b) ICTC c) NGO’s d) RMP Doctor

3. Do you go for test voluntarily or any others referred for this?
a) Voluntarily  b) Doctor Reference  c) Through NGO’s  d) Through Spouse

4. How do you feel at the time of infection or diagnosed?
   a) Very sad    b) Shocked    c) Cried    d) Other (angry, silent)

5. Do you receive counseling or medical care? Yes / No

6. How did the person receive you at that time?
   a) Good    b) Satisfactory    c) Bad

9. With whom did you share the information for the first time?
   a) Parents    b) Spouse    c) Friends    d) Others

10. What is their reaction?
    a) Angry    b) Sad    c) Cried    d) Supporting

11. Is there any change in their behaviour or affection towards you? Yes / No

**Section IV: Stigma and Discrimination**

1. Do you ever face stigma? Yes / No
   If yes state the areas
   a) Family    b) Relatives/ Friends    c) At work place    d) Neighbors

2. How do you managed stigma and discrimination? Please tick (√) mark against appropriate ways
   a) Migrated to other place
   b) Change the profession
   c) Family support
   d) Meditation
   e) Maintain Confidentiality

3. Due to stigma/ crisis have you turned to drugs/ alcohol? Yes / No

4. Do you afraid of society / family / health? Yes / No
5. Do you ever attempted to commit suicide due to stigma and discrimination?  
   Yes / No

   If yes, narrate the incidents.
   a) Consume sleeping pills or pesticides
   b) Try to hang
   c) Cut body with blade or knife

6. Did anyone give emotional support other than you family member? Yes / No

   If yes, who are they?
   a) Counselor
   b) NGOs
   c) Friends
   d) Positive network groups

7. Did you or your family face any stigma and discrimination due to your infection with the community?  
   Yes / No

   If yes, how do your family members handled that delicate situation and what they have done?
   a) Migrate to other place  b) Keep away from others  c) Family counseling

8. Do you visit your neighbors’ house/ function?  
   Yes / No

9. Do you have school or college going children?  
   Yes / No

   If yes, were they facing discrimination / any problem due to your HIV status?  
   Yes / No

10. Do you feel that the children became a burden under the present circumstances?  
    Yes / No

    If yes, reasons
    a) Economic problems  b) Social problems  c) Educational problems
    d) Future of the Children
11. You have any legal problems? Yes / no
   If yes, who supported you in advocacy?
   a) Positive network  b) Friends  c) NGOs

Section V: Crisis Management

1. How do you manage the crisis situation?
   a) Family support  b) Counseling  c) Friends support  d) Network groups

2. If you are in depression mood, how you come out of that situation?
   a) Listening music  b) Reading books
   c) Spend with friends  d) Went for counseling
   e) Network groups

3. Who motivated you to use ARV drugs?
   a) Counselor  b) Doctor  c) NGOs  d) Positive network group

4. You have any food practice and habitual practice? Yes / No
   If yes, what are they? Nutrition food/ Yoga / Exercise

5. Are you availing any government benefits? Yes / No
   If yes what type
   a) Free nutrition food  b) Pension  c) Free travelling pass

6. Do you require any support?
   a) Individual counseling  b) Family counseling  c) Job placement
   d) Financial support  e) Support group intervention  f) Care and Support Centre

7. What benefit are you getting from
   a) Government  b) Private  c) NGO’s  d) others

8. Is there any health improvement after using ART? Yes / No
   If yes what type of improvement?
   a) Physical improvement  b) Psychological improvement
   c) Both Physical and Psychological