INTERVIEW SCHEDULE

TOPIC
Psycho-Social Correlations of HIV/AIDS Persons in Karnataka

RESEARCHER
MR. SHANKAR G. HOSKERI

GUIDE
DR. (SMT.) S.R. PATIL
Professor
Department of Social Work
Karnatak University, Dharwad
CLIENT CONSENT

My name is Shankar G. Hoskeri, Research Student, Department of Social Work, Karnataka University, Dharwad. To complete my research work I am conducting this interview. This interview is private and confidential. I do not force you to tell your name and address and your name will not be disclosed or used. Your participation in this interview is voluntary. It is not compulsory to answer all questions but I request you to tell your honest opinion. This interview will take about 20-30 minutes. You can change your mind during the interview and choose not to participate. If you decide not to participate, you will not be denied by any services.

I certify that I have explained the above statement in Kannada for the client who has agreed for the interview. I also certify that any information given by the client or disclosed will remain confidential.

Signed ___________________________ Date ___________________________

(Shankar G. Hoskeri)

I certify that I read and explained the above statement in Kannada to the client and the client has not agreed to be interviewed.

Signed ___________________________ Date ___________________________

(Shankar G. Hoskeri)

The above details have been explained to me in Kannada and I have agreed to be interviewed by Sri. Shankar G. Hoskeri, Research Scholar, Dept. of Social Work, Karnataka University, Dharwad for his study purpose.

Client Signature

Name:

Date:
**A. PERSONAL DETAILS**

1. Name and Address of the client

2. Age
   1) $\leq$ 18 yrs
   2) 19 to 23
   3) 24 to 28
   4) 29 to 33
   5) 34 to 38
   6) 39 to 43
   7) 44 to 48
   8) 49 and Above

3. Sex
   1) Male
   2) Female
   3) Transgender

4. Educational Qualification
   1) Illiterate
   2) Primary
   3) High School
   4) PUC/Diploma
   5) Graduate
   6) Post-Graduate
   7) Any other (Specify)

5. Occupation
   1) Unemployed
   2) Coolie
   3) Housewife
   4) Businesses
   5) Self-employed
   6) Government Employee
   7) Others (Specify)

6. Type of Income
   1) Monthly
   2) Weekly
   3) Daily

7. Individual Income per month

8. Approximate Family Income per month

9. Economic Status of the Family
   1) Below Poverty Line
   2) Poverty Line
   3) Middle Class
   4) Higher Class

10. Religion
    1) Hindu
    2) Muslim
    3) Christian
    4) Others (specify)
11. Type of Family

1) Nuclear  2) Non-Nuclear

12. Number of earning members in the family

1) Male  2) Female

13. Number of dependents in the family

1) Male  2) Female  3) Children

14. Head of the Family

1) Self  2) Spouse  3) Parents  4) Others (specify)

15. Habits

<table>
<thead>
<tr>
<th></th>
<th>Past</th>
<th>Left since when</th>
<th>Habitual</th>
<th>No. of years</th>
<th>Occasion ally</th>
<th>Once in How many days</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Alcohol consumption</td>
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<td></td>
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</tr>
<tr>
<td>Gutkha/tobacco chewing</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gambling</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Commercial sex contacts</td>
<td></td>
<td></td>
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<tr>
<td>Homosexual contacts</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Others (please specify)</td>
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</tr>
</tbody>
</table>

B. MARITAL DETAILS

1. Marital status

1) Unmarried  2) Married  3) Widow/ Widower  4) Divorced
5) Separated  6) Deserted  7) Others (specify)
2. Age at Marriage of the respondent ————

3. Type of marriage
1) Arranged marriage ☐ 2) Choice marriage ☐

3. Spouse
1) Age at marriage of the spouse ☐ 2) Education ☐ 3) Occupation ☐

3. Spouse
1) Age at marriage of the spouse ☐ 2) Education ☐ 3) Occupation ☐

4. Number of children
Male ☐ Female ☐
Age ☐ Age ☐
Education ☐ Education ☐

5. Client living with

<table>
<thead>
<tr>
<th></th>
<th>Before HIV status</th>
<th>After HIV status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-laws</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siblings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends / relatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. HEALTH BACKGROUNDS

1. Reason for undergoing HIV testing
1) To know the status ☐ 2) Suspected by doctor ☐ 3) Pre – Surgical ☐
4) Spouse / Children infected ☐ 5) others (please specify) ☐

2. Place of HIV testing
1) VCTC ☐ 2) PPTCT ☐ 3) Private Hospital ☐

2a) Date of confirmation of the status ————/———/———/———/———/

2b) What was your reaction towards test status
1) Shocked 2) Acceptance 3) Non-acceptance 4) Others: ……..
3. Who referred for HIV testing?
1) Self  
2) Doctor  
3) Spouse
4) Family members  
5) Others (specify)

4. Mode of Transmission
1) Unprotected Sexual Act  
2) Risk Behavior  
3) Partners’ Risk Behavior  
4) Infected Partner  
5) Blood Transfusion  
6) Infected Needles and Syringes  
7) Not known

5. Present health problems
1) None  
2) General weakness  
3) Cough  
4) Recurrent fever  
5) Weight loss  
6) Head ache  
7) Loss of appetite  
8) TB  
9) Diarrhoea  
10) Herpes  
11) Oral candidiasis  
12) STIs  
13) Other (specify)

6. Previously completed treatment for
1) TB  
2) OIs  
3) STIs  
4) Others (specify)

7. Currently on any treatment
1) Yes  
2) No

8. If yes treatment for
1) TB  
2) OIs  
3) STIs  
4) ART  
5) Others (specify)

9. Place of treatment

<table>
<thead>
<tr>
<th></th>
<th>Expenditure incurred</th>
<th>Duration of treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ayurvedic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeopathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10. Result of the treatment

<table>
<thead>
<tr>
<th></th>
<th>No improvement</th>
<th>Very little improvement</th>
<th>Satisfactory improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ayurvedic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeopathy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Have you disclosed your HIV status?

1) Yes  
2) No

12. If yes, to whom you have disclosed

1) Spouse  
2) Parents  
3) Siblings  
4) Friends  
5) others (please specify)

13. When did you disclose

1) Tested day  
2) after a week  
3) after a month  
4) after a year

14. If not disclosed, reason

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

15. HIV status of the spouse

1) Reactive  
2) Non-reactive  
3) Don't know

16. HIV status of the children

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>age</td>
<td>status</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D. SOCIO-ECONOMIC IMPLICATIONS AFTER HIV POSITIVE STATUS

**Economic Implications**

1. What is the major expense burden experienced by you?
   1) Medical treatment
   2) Hospitalization
   3) Test/ investigation
   4) Food and travel

2. How are you coping with the expense’s burden?
   1) Drawing down on savings
   2) Selling assets / borrowings
   3) Reducing household expenses
   4) Depend on family members

**Social Implications**

1. What is the reaction of your family to your status?
   1) Acceptance
   2) Supportive
   3) Caring
   4) Discriminate
   5) Sympathy
   6) Neglected
   7) No change
   8) Not applicable

2. Whether your friends know about your status?
   1) Yes
   2) No
   3) Don’t know

3. How your friends react to your status?
   1) Acceptance
   2) Supportive
   3) Caring
   4) Discriminate
   5) Sympathy
   6) Isolate
   7) No change
   8) Not applicable

3. Whether your neighborhood know about your status?
   1) Yes
   2) No
   3) Don’t know

4. How your neighborhood react to your status?
   1) Acceptance
   2) Supportive
   3) Boy cot
   4) Discriminate
   5) Stigmatized
   6) No change
   7) Not mixing with you and your family
   8) Not applicable
4. What is the atmosphere at your working place?
1) Acceptance 2) Sympathetic 3) Cooperative
4) Stigmatized 5) Discriminated 6) No change
7) Not applicable

5. Is your family discriminated and stigmatized due to your status?
1) Yes 2) No 3) Don't know

If yes, does it affect your
1) Spouse Yes / No
2) Children Yes / No
3) Social gathering Yes / No
4) Reaction with other family members Yes / No

E. MAJOR PSYCHO-SOCIAL PROBLEMS OF THE CLIENT

1. Individual
1) Loneliness 2) Loss of self-esteem
3) Managing sexual desires 4) Others (please specify)

2. Health related
1) Worries about life span 2) Fear about visible physical changes
3) Fear of physical pain and sufferings 4) Fear of illness and death

3. Livelihood related
1) Loss of job 2) Loss of income
3) Repaying debts 4) Problem of dependents

4. Family related
1) Disclosure to family 2) Status of the family
3) Future of the family 4) Future of the spouse and children
5) Problem from family members
5. **Stigma and discrimination**

1) Family members
2) Health care workers
3) At work place
4) Community
5) Loss of prestige

**F. REACTION TOWARDS HIV STATUS**

<table>
<thead>
<tr>
<th>Emotions</th>
<th>Degree of Experience</th>
<th>Immediately</th>
<th>At present</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>100%</td>
<td>75%</td>
</tr>
<tr>
<td>Shock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sadness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unenthusiastic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helplessness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### G. RELATIONSHIP BETWEEN SOCIAL PROBLEMS

<table>
<thead>
<tr>
<th>Emotions</th>
<th>With any problem</th>
<th>Without any problem</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Most of the time</td>
<td>Some times</td>
</tr>
<tr>
<td>Depressed mood</td>
<td></td>
<td></td>
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<tr>
<td>Crying spell</td>
<td></td>
<td></td>
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<tr>
<td>Sleeping disturbance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unenthusiastic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant feeling of loss of energy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling of worthlessness guilt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling of hopelessness and helplessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicidal intention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased ability to think / concentrate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anger on self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anger on others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### H. COUNSELLING ASPECTS

1. How many times have you attended counseling sessions after HIV testing?
   - 1) Only one  
   - 2) More than once  
   - 3) More than twice  
   - 4) On going  

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2. What type of counselling have you undergone? Whether the counselling session really helped you?

<table>
<thead>
<tr>
<th>Issues</th>
<th>Pre and Post Test Counselling</th>
<th>ART counselling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree</td>
<td>Somewhat agree</td>
</tr>
<tr>
<td>To understand status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To motivate positive living</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To reduce the psycho social stress</td>
<td></td>
<td></td>
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<tr>
<td>PPTCT</td>
<td></td>
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<tr>
<td>Behavior change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Network membership</td>
<td></td>
<td></td>
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<tr>
<td>HIV/TB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric problems</td>
<td></td>
<td></td>
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<tr>
<td>Follow up plan</td>
<td></td>
<td></td>
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<tr>
<td>Adherence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Counseling</td>
<td></td>
<td></td>
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<tr>
<td>Others (Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Has counselling session changed your present life style?
   1) Yes □  2) No □  3) Don't know □

4a. If yes, how


4b. If no, why


5. Type of counseling undergone
   1) Education type □  2) Interacting type □

6. Do you feel that you can also lead a healthy life after counselling?
   1) Yes □  2) No □  3) Don’t know □
7. To what extent has the client knowledge about the following areas changed as the result of counselling?

7.1) Voluntary counselling and testing center services
1) Not at all 2) A little much 3) Much 4) Very much

7.2) PPTCT
1) Not at all 2) A little much 3) Much 4) Very much

7.3) ART
1) Not at all 2) A little much 3) Much 4) Very much

7.4) Ols information and free Ols treatment
1) Not at all 2) A little much 3) Much 4) Very much

7.5) CD4 cell tests
1) Not at all 2) A little much 3) Much 4) Very much

7.6) Care and Support center
1) Not at all 2) A little much 3) Much 4) Very much

7.7) Support groups of PLHAs
1) Not at all 2) A little much 3) Much 4) Very much

7.8) HIV phone help line
1) Not at all 2) A little much 3) Much 4) Very much

7.9) Psychosocial care for client
1) Not at all 2) A little much 3) Much 4) Very much

7.10) Positive living
1) Not at all 2) A little much 3) Much 4) Very much

7.11) Legal issues in HIV/AIDS
1) Not at all 2) A little much 3) Much 4) Very much
8. Are you member of positive network?
   1) Yes ☐   2) No ☐

8.1) If yes, what kind of support you are getting from positive network?
   1) Counselling ☐   2) Medical checkup ☐   3) Income generation activities ☐
   4) Positive living ☐   5) Health awareness ☐   6) Identification ☐
   7) Mutual Help ☐   8) Self-confidence ☐   9) Any others (specify) ☐

If no, why?
_____________________________________________________________________________

8.2) How often do you attend the meeting?
_____________________________________________________________________________

8.3) Do you want to become a member now?
   1) Yes ☐   2) No ☐   3) Not decided ☐

9. Did you have the knowledge of practice of safe sex?

<table>
<thead>
<tr>
<th>Before HIV</th>
<th>After HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Yes ☐</td>
<td>a) Yes ☐</td>
</tr>
<tr>
<td>2) No ☐</td>
<td>b) No ☐</td>
</tr>
</tbody>
</table>

10. Are you using condoms regularly?
   1) Yes ☐   2) No ☐

10.1. If no, why
_____________________________________________________________________________

11. Immediate need of the client
_____________________________________________________________________________

12. What is your opinion about HIV? Whether HIV test should be made Mandatory before marriage?
   a) Yes ☐   b) No ☐   c) Don' know ☐

I. OTHER OBSERVATIONS
_____________________________________________________________________________
_____________________________________________________________________________

J. CLIENT REACTION TO THE INTERVIEW
_____________________________________________________________________________

Place of Interview :  Date of Interview :
Name of the Investigator :