Characterization of *Plasmodium falciparum* infections among People living with HIV under antiretroviral and co-trimoxazole chemoprophylaxis in Brazzaville, Republic of Congo

QUESTIONNAIRE FOR ENROLLMENT.

Identification number ☐☐☐☐☐ participant`s initials ☐☐☐☐

Name:

Date of enrollment /__/__/ /__/__/ /2/0/__/__/

I. Clinical examination

1. Weight: ☐☐☐ Kg

2. Axilliary temperature: ☐☐☐ ˚C

3. Hemoglobin: ☐☐☐ mg/dl

II. Demographic information

4. Date of birth: /__/__/ /__/__/ /__/__/__/__/ Sex: ☐ male ☐ female

III. Malaria prevention methods

7. Do you have a bed net? ☐ Yes ☐ No

8. When did you have the bed net? ☐ During large scale distribution

☐ Before large scale distribution

9. Where did you have it? ☐ Free of charge from health center ☐ bought it

10. Do you sleep under a bed net? ☐ Yes ☐ No

11. Do you sleep under it regularly? ☐ yes ☐ No

12. IF no why? ☐ ☐ ☐

13. What other methods do use to prevent malaria?

IV. Malaria history

14. Have you ever been diagnosed of malaria? ☐ Yes ☐ No

15. Where was it diagnosed? ☐ Hospital ☐ health center ☐ at home

16. Have you taken antimalaria within the last two weeks? ☐ Yes ☐ no

17. Was the treatment prescribed by health personnel? ☐ Yes ☐ no

V. HIV History

18. Date of HIV Diagnosis: ___ / ___ / _____
19. Mode of Transmission (if known): ☐ Sexual ☐ Mother-to-child ☐ Injection ☐ Unknown

VI. HIV Clinical Assessment

20. Baseline CD4 Count: _____ cells/mm³
21. Baseline Viral Load: _____ copies/mL
22. Current WHO Clinical Stage: ☐ ☐ I ☐ II ☐ V
23. Most recent CD4 count (date/value): _____
24. Most recent viral load (date/value): _____

VII. ART (Antiretroviral Therapy)

25. Date ART Started: ___ / ___ / _____
26. Initial Regimen: _____
27. Current Regimen: _____
28. Any Treatment Change? ☐ Yes ☐ No
29. Any other treatment including cotrimoxazole : _____
If yes, reason: ☐ Side effects ☐ Failure ☐ Stock out ☐ Other: _____
30. Adherence Level (self-reported): ☐ Good ☐ Fair ☐ Poor
31. Any missed doses in the last 30 days? ☐ Yes ☐ No

VIII. Psychosocial and Behavioral

32. Disclosure of HIV Status: ☐Yes ☐No ☐Partial
33. Support System: ☐Family ☐Peer ☐Health worker ☐None
34. Alcohol Use: ☐Yes ☐No
35. Drug Use: ☐Yes ☐No
36. Condom Use Consistency: ☐Always ☐Sometimes ☐Never

IX. Follow-up and Services

34. Date of Last Clinic Visit: ___ / ___ / _____
35. Next Appointment Scheduled: ___ / ___ / _____

X. Access to Support Services

☐ Nutrition
☐ PMTCT
☐Counseling
☐Community-based care