**HITS Positive Screening – Post Referral CRF**

**Deployed at Quarterly calls (but clinic team to follow up with all participants who have been referred for HITs screening)**

\*\*This CRF is **triggered by the HITS referral CRF**\*\*

1. Since you were referred for support in regard to relationship challenges at the last attended visit, did you go to the referred site?

🞏 Yes

🞏 No

🞏 Prefer not to answer

1. If yes, go to Q.4.
2. If no, go to Q.2.
3. If prefer not to answer, save and end form.
4. If no, what is the reason you did not go to the referral site: *Allow for multiple responses.*

🞏 None

🞏 I have not yet sought the clinic/facility

🞏 My partner does not want me to attend

🞏 My family does not want me to attend

🞏 I felt I no longer needed support

🞏 Work constraints

🞏 I did not have transport fare

🞏 Other, specify

1. If other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_ (free text)
2. Did you receive support when you went to the referred site?

🞏 Yes

🞏 No

🞏 Prefer not to answer

1. If Yes, go to Q.7
2. If No, go to Q.5.
3. If no, what is the reason for not receiving support at the referral site?

🞏 None

🞏 I went to the clinic/facility but could not get a booking

🞏 Support member (such as Social worker/ Psychologist/ Psychiatrist} not available on the day I went

🞏 Long queue at the clinic/facility

🞏 I was told I don’t need support

🞏 I was not treated well at the clinic/facility

🞏 Changed mind and returned home

🞏 Other, specify

1. If other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_ (free text)
2. If yes, did you receive support?

🞏 None

🞏 Yes

🞏 No

🞏 Prefer not to answer

1. If yes, go to Q.7
2. If no, go to Q.5
3. If prefer not to answer, save and end form.
4. If yes, what kind of support did you receive? (*Allow multiple responses/ selection*)

🞏 Adherence counseling

🞏 Grief counseling

🞏 Financial advice

🞏 Relationship therapy (family, partner)

🞏 Social welfare support (food basket)

🞏 Emotional Trauma therapy

🞏 Other, specify

1. If other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_ (free text)
2. Since you received support, how has your health improved? *Allow for multiple responses.*

🞏 Difficult to tell because I am still receiving support

🞏 My mood has improved

🞏 I am now able to relax

🞏 My relationship with other people/family members has improved

🞏 My relationship with my partner has improved

🞏 I am now able to manage my thoughts, feelings and emotions

🞏 I am no longer in an unhealthy relationship

🞏 Emotional support received and feeling fine now

🞏 I am in a healthier relationship

🞏 Gave up and defaulted (No difference)

🞏 Other, specify

1. If other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_ (free text)
2. How did you perceive the person who provided support (support member, social worker or psychologist)?

🞏 Approachable

🞏 Respectful

🞏 Trustworthy

🞏 Patient

🞏 Demeaning

🞏 Judgmental

🞏 Discriminatory

🞏 Prefer not to answer

🞏 Other, specify

1. If Other, specify :\_\_\_\_\_\_\_\_\_\_\_\_\_ (free text)
2. Are you satisfied with the clinic/facility you were referred to?

🞏 Yes

🞏 No

1. 14. Did you find the visit helpful?

🞏 Yes

🞏 No

1. Would you like us to provide a referral for additional counselling?

🞏 Yes

🞏 No