

INDIVIDUAL QUESTIONNAIRE

FORM B

MUT number: _____

Questionnaire processing dates:	
Consent form	<input type="text"/>
Corrections completed	<input type="text"/>
Data entered	<input type="text"/>

QUESTIONNAIRE IDENTIFICATION

Q101 **Census district:** _____ **EA:**

Q102 **Village:** _____

Q103 **Name of head of household:** _____

Q104 **Study site reference:**

Q105 **Household number:**

Q106 **Line number on household questionnaire:**

INTERVIEWER VISIT

	1	2	3
Q107 Date:	_____	_____	_____
Q108 Time:	_____	_____	_____
Q109 Interviewer:	_____	_____	_____
Q110 Result*:	<input type="text"/>	<input type="text"/>	<input type="text"/>

CHECKED BY SUPERVISOR

Q111 **Signature:** _____

Q112 **Date:** _____

* RESULT CODES

Completed	1
Not at home	2
Refused	3
Partially completed	4
Sick/hospital	5
Other (specify) _____	8

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																																												
Q201	Record the current time (24 hour clock).	Hour / Minutes <input type="text" value=""/> hr <input type="text" value=""/> mins																																																													
Q202	Record gender of respondent.	Male <input type="text" value=""/> 1 Female <input type="text" value=""/> 2																																																													
Q203	<i>In what month and year were you born?</i>	<input type="text" value=""/> month <input type="text" value=""/> yr																																																													
Q204	<i>How old were you at your last birthday?</i> Check consistency with Q203.	Age in completed years <input type="text" value=""/> yrs																																																													
Q205	<i>Are you currently enrolled in school full-time?</i>	Yes <input type="text" value=""/> 1 No <input type="text" value=""/> 2																																																													
Q206	<i>What is the highest grade of school you have completed?</i> For "years", enter number of years at highest level reached.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Level</td> <td></td> <td style="text-align: center;">Years</td> <td></td> </tr> <tr> <td>None</td> <td style="text-align: center;">0</td> <td><input type="text" value=""/></td> <td></td> <td></td> </tr> <tr> <td>Primary</td> <td style="text-align: center;">1</td> <td><input type="text" value=""/></td> <td style="text-align: center;">1-7</td> <td><input type="text" value=""/></td> </tr> <tr> <td>Secondary</td> <td style="text-align: center;">2</td> <td><input type="text" value=""/></td> <td style="text-align: center;">1-6</td> <td><input type="text" value=""/></td> </tr> <tr> <td>Higher</td> <td style="text-align: center;">3</td> <td><input type="text" value=""/></td> <td style="text-align: center;">1-6</td> <td><input type="text" value=""/></td> </tr> </table>		Level		Years		None	0	<input type="text" value=""/>			Primary	1	<input type="text" value=""/>	1-7	<input type="text" value=""/>	Secondary	2	<input type="text" value=""/>	1-6	<input type="text" value=""/>	Higher	3	<input type="text" value=""/>	1-6	<input type="text" value=""/>	- Q208 - Q208																																			
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Higher	3	<input type="text" value=""/>	1-6	<input type="text" value=""/>																																																											
Q207	<i>Can you read a letter or newspaper in any language?</i>	Yes <input type="text" value=""/> 1 No <input type="text" value=""/> 2																																																													
Q208	<i>Do you read a newspaper or magazine at least once a week?</i>	Yes <input type="text" value=""/> 1 No <input type="text" value=""/> 2																																																													
Q209	<i>Do you watch television every week?</i>	Yes <input type="text" value=""/> 1 No <input type="text" value=""/> 2																																																													
Q210	<i>Do you listen to a radio every day?</i>	Yes <input type="text" value=""/> 1 No <input type="text" value=""/> 2																																																													
Q211	<i>How long have you been living in (NAME OF VILLAGE)?</i>	Years <input type="text" value=""/> yrs Since birth <input type="text" value=""/> 995 Visitor <input type="text" value=""/> 996	- Q214																																																												
Q212	<i>Was your previous place of residence a city, a town or in the countryside?</i> Record name of the place.	City or town <input type="text" value=""/> 1 Countryside <input type="text" value=""/> 2 _____ _____																																																													
Q213	<i>Why did you move to this area?</i>	Work <input type="text" value=""/> 1 Partner's work <input type="text" value=""/> 2 Marriage <input type="text" value=""/> 3 Lost job <input type="text" value=""/> 4 Establish rural home <input type="text" value=""/> 5 Other (specify) <input type="text" value=""/> 8																																																													
Q214	<i>How many days and nights have you spent during the last month visiting the following places?</i> Ask for and enter number of days and then nights for each. NB: last month only.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">days</td> <td style="text-align: center;">nights</td> </tr> <tr><td>Harare</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>Mutare</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>Rusape</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>Nyazura</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>Nyanga</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>Watsomba</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>Other cities/towns</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>Nyabadza/Nyahukwa</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>Hauna</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>Katiyo</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>Eastern Highlands Est.</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>Aberfoyle</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>Stapleford</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>Selbourne</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>Honde Mission</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>Bonda Mission</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>St Faith's Mission</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>St Killian's Mission</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> <tr><td>Other areas</td><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> </table>		days	nights	Harare	<input type="text" value=""/>	<input type="text" value=""/>	Mutare	<input type="text" value=""/>	<input type="text" value=""/>	Rusape	<input type="text" value=""/>	<input type="text" value=""/>	Nyazura	<input type="text" value=""/>	<input type="text" value=""/>	Nyanga	<input type="text" value=""/>	<input type="text" value=""/>	Watsomba	<input type="text" value=""/>	<input type="text" value=""/>	Other cities/towns	<input type="text" value=""/>	<input type="text" value=""/>	Nyabadza/Nyahukwa	<input type="text" value=""/>	<input type="text" value=""/>	Hauna	<input type="text" value=""/>	<input type="text" value=""/>	Katiyo	<input type="text" value=""/>	<input type="text" value=""/>	Eastern Highlands Est.	<input type="text" value=""/>	<input type="text" value=""/>	Aberfoyle	<input type="text" value=""/>	<input type="text" value=""/>	Stapleford	<input type="text" value=""/>	<input type="text" value=""/>	Selbourne	<input type="text" value=""/>	<input type="text" value=""/>	Honde Mission	<input type="text" value=""/>	<input type="text" value=""/>	Bonda Mission	<input type="text" value=""/>	<input type="text" value=""/>	St Faith's Mission	<input type="text" value=""/>	<input type="text" value=""/>	St Killian's Mission	<input type="text" value=""/>	<input type="text" value=""/>	Other areas	<input type="text" value=""/>	<input type="text" value=""/>	
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REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q224	<p><i>Did you seek assistance from any of the following?</i></p> <p><u>Run through the list - may be more than one.</u></p>	<p>Local hospital/clinic 1 <input type="checkbox"/></p> <p>Other hospital/clinic 2 <input type="checkbox"/></p> <p>N'anga 3 <input type="checkbox"/></p> <p>Faith healer 4 <input type="checkbox"/></p> <p>Other (specify) _____ 10 <input type="checkbox"/></p> <p>No-one 97 <input type="checkbox"/></p>	
Q225	<p><u>For men:</u></p> <p><i>Some men experience pain during urination or have a discharge from the penis. During the last 12 months, have you noticed any such pain or discharge?</i></p> <p><u>For women:</u></p> <p><i>Some women experience an unusual discharge from the vagina or pain in the lower stomach. During the last 12 months, have you noticed such a discharge or pain?</i></p> <p><u>Clarify which and tick both boxes 1 and 2 if appropriate.</u></p>	<p>Yes - discharge 1 <input type="checkbox"/> - Q227</p> <p>Yes - pain 2 <input type="checkbox"/></p> <p>No 3 <input type="checkbox"/></p> <p>Don't know 98 <input type="checkbox"/></p> <p>Yes - discharge 1 <input type="checkbox"/> - Q229</p> <p>Yes - pain 2 <input type="checkbox"/></p> <p>No 3 <input type="checkbox"/></p> <p>Don't know 98 <input type="checkbox"/></p>	
Q226	<p><i>Have you ever experienced a discharge from the penis (vagina)?</i></p> <p><u>For women, go to Q229.</u></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>Don't know 98 <input type="checkbox"/></p>	
Q227	<p><i>Some men experience sores in the genital area. During the last 12 months, have you noticed any such sores?</i></p>	<p>Yes 1 <input type="checkbox"/> - Q229</p> <p>No 2 <input type="checkbox"/></p> <p>Don't know 98 <input type="checkbox"/></p>	
Q228	<p><i>Have you ever experienced such sores?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>Don't know 98 <input type="checkbox"/></p>	
Q229	<p><i>When you last experienced a pain, discharge or sores in the genital area, did you seek assistance from any of the following?</i></p> <p><u>Specify location if clinic is not local.</u></p> <p><u>May have visited more than one place.</u></p>	<p>Local hospital/clinic 1 <input type="checkbox"/></p> <p>Other hospital/clinic (specify) _____ 2 <input type="checkbox"/></p> <p>N'anga 3 <input type="checkbox"/> - Q232</p> <p>Faith healer 4 <input type="checkbox"/> - Q232</p> <p>Other (specify) _____ 10 <input type="checkbox"/> - Q232</p> <p>No-one 97 <input type="checkbox"/> - Q232</p> <p>Not had such symptoms 98 <input type="checkbox"/> - Q232</p>	
Q230	<p><i>How long was it between the time when you first noticed symptoms and when you first sought help at a health clinic?</i></p>	<p>Days and weeks <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> days <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> weeks</p>	
Q231	<p><i>How satisfied were you with the service that you received?</i></p>	<p>Very satisfied 1 <input type="checkbox"/></p> <p>Reasonably satisfied 2 <input type="checkbox"/></p> <p>Not satisfied 3 <input type="checkbox"/></p>	
Q232	<p><i>Are drugs for the treatment of sexually transmitted diseases generally available at your local health clinic?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>Don't know 98 <input type="checkbox"/></p>	
Q233	<p><i>In the last few months have you been in good health, experienced recurring minor illnesses or been seriously ill?</i></p>	<p>Good health 1 <input type="checkbox"/></p> <p>Recurring sickness 2 <input type="checkbox"/></p> <p>Serious illness 3 <input type="checkbox"/></p>	
Q234	<p><i>How many times have you visited a bar or beer-hall in the last month?</i></p>	<p>Number of times <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/></p>	
Q235	<p><i>Have you ever been married or in a long-term or cohabiting relationship?</i></p> <p><u>Relationships of 6 months or more should be treated as "long-term".</u></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/> - Q253</p>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q236	How old were you when you first entered such a relationship?	Age (Years) <input style="width: 40px; height: 20px; text-align: right;" type="text"/> <small>yrs</small>	
Q237	Have you been divorced or separated in the last 2 years?	Yes 1 <input style="width: 20px; height: 20px;" type="text"/> No 2 <input style="width: 20px; height: 20px;" type="text"/>	
Q238	Have you had a spouse or long-term partner who passed away in the last 2 years?	Yes 1 <input style="width: 20px; height: 20px;" type="text"/> No 2 <input style="width: 20px; height: 20px;" type="text"/>	
Q239	Are you currently widowed, divorced or separated from your most recent spouse/partner?	Widowed 1 <input style="width: 20px; height: 20px;" type="text"/> Divorced 2 <input style="width: 20px; height: 20px;" type="text"/> Separated 3 <input style="width: 20px; height: 20px;" type="text"/> Still in union 4 <input style="width: 20px; height: 20px;" type="text"/>	- Q253 - Q253 - Q253
Q240	How many spouses/regular partners do you have at present? <u>Ask questions Q241 to Q256 for first spouse, then the second, and so on ...</u>	<input style="width: 40px; height: 20px;" type="text"/>	
Q241	How old was your partner at his/her last birthday?	Age in completed years <input style="width: 20px; height: 20px; text-align: right; margin-right: 5px;"/> <input style="width: 20px; height: 20px; text-align: right; margin-right: 5px;"/> <input style="width: 20px; height: 20px; text-align: right; margin-right: 5px;"/> <input style="width: 20px; height: 20px; text-align: right;"/> Don't know <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/>	
Q242	What is the highest grade of school your partner has completed?	None 0 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/> Primary 1 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/> Secondary 2 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/> Higher 3 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/>	
Q243	Which of the following describes your spouse/partner's living arrangements best? (1) He/she lives at home with you all of the time. (2) He/she lives with you but makes occasional business trips away from home. (3) He/she lives away from your home for a period every year for work reasons. (ie: seasonal employment). (4) He/she lives away from your home but makes regular/frequent return visits. (5) He/she lives elsewhere.	1 2 3 4 1 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/> 2 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/> 3 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/> 4 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/> 5 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/>	- Q248 - Q248
Q244	How long has he/she been living in (NAME OF VILLAGE)?	Years <input style="width: 20px; height: 20px; text-align: right; margin-right: 5px;"/> <input style="width: 20px; height: 20px; text-align: right; margin-right: 5px;"/> <input style="width: 20px; height: 20px; text-align: right; margin-right: 5px;"/> <input style="width: 20px; height: 20px; text-align: right;"/> Since birth 995 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/> Visitor 996 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/>	- Q247
Q245	Was his/her previous place of residence a city, a town or in the countryside?	City of town 1 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/> Countryside 2 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/>	
Q246	Why did he/she move to this area?	Work 1 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/> Partner's work 2 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/> Marriage 3 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/> Job loss 4 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/> Establish rural home 5 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/> Other (specify) 8 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/>	
Q247	In the last 12 months, has he/she lived outside this community for a period of one month or more?	Yes 1 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/> No 2 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/> Don't know 98 <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px; margin-right: 5px;"/> <input style="width: 20px; height: 20px;"/>	

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Q248	<p><i>How many nights during the last month did he/she stay in each of the following places?</i></p> <p><u>Ask for and enter number of nights in each place.</u></p> <p><u>NB: last month only.</u></p>		1	2	3	4	
		Harare	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Mutare	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Rusape	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Nyazura	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Nyanga	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Watsomba	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Other cities/towns	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Nyabadza/Nyahukwa	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Hauna	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Katiyo	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Eastern Highlands Est.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Aberfoyle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Stapleford	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Selbourne	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Honde Mission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Bonda Mission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		St Faith's Mission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		St Killian's Mission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Other areas	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Don't know	98 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q249	<i>Which church does he/she belong to?</i>	Traditional	1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Spiritual	2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Baptist	3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Methodist	4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Anglican	5 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Roman Catholic	6 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		ZAOGA	7 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Apostolic Faith Mn.	8 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Marange Apostolic	9 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Mazowe Apostolic	10 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		AAC (Mwazha)	11 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Zviratidzo Apostolic	12 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Other Apostolic	13 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Jekeniseni	14 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Zionist	15 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		GRJ	16 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Other (specify)	17 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		None	97 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q250	<i>In which sector of employment does he/she work?</i>	Estates	1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Manuf'trg/building	2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Police/army	3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Education	4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Services/retail	5 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Informal (incl agric)	6 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Student	7 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	- Q252
		Unemployed (ex agr)	8 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	- Q252
		Other (specify)	9 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q251	<i>What type of work does he/she do?</i>	Prof/manage't	1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Self-employed	2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Skilled labour	3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Manual/unskilled	4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Q252	<i>Has he/she visited a bar or beer-hall in the last month?</i>	Yes	1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		No	2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Don't know	98 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																																
Q253	<p><i>Which of the following groups exist in your home area and which are you a member of?</i></p> <p><u>For those where he/she is a member:</u></p> <p><i>Would you say that this group functions: (1) well; (2) OK; or (3) poorly?</i></p>	<table> <thead> <tr> <th></th> <th>Exist</th> <th>Member</th> <th>Rating</th> </tr> </thead> <tbody> <tr><td>Church groups</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Women's groups</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Co-operative</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Farmers group</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Burial society</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Rotating credit society</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Youth group</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Sports club</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>AIDS group</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Political party</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Other (specify)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Exist	Member	Rating	Church groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Women's groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co-operative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Farmers group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burial society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rotating credit society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sports club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AIDS group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Political party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Q254	<p><i>Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?</i></p>	<table> <tbody> <tr><td>Can trust people</td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>Cannot trust people</td><td>2</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Can trust people	1	<input type="checkbox"/>	Cannot trust people	2	<input type="checkbox"/>																																											
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Cannot trust people	2	<input type="checkbox"/>																																																	
Q255	<p><i>Would you say that, most of the time, people try to be helpful, or are they are mostly just looking after themselves?</i></p>	<table> <tbody> <tr><td>People helpful</td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>People not helpful</td><td>2</td><td><input type="checkbox"/></td></tr> </tbody> </table>	People helpful	1	<input type="checkbox"/>	People not helpful	2	<input type="checkbox"/>																																											
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Q256	<p><i>Did you vote in the last national elections?</i></p>	<table> <tbody> <tr><td>Yes</td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>No</td><td>2</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Yes	1	<input type="checkbox"/>	No	2	<input type="checkbox"/>																																											
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No	2	<input type="checkbox"/>																																																	

	<p><u>Explain the purpose of the study - including potential benefits nationally and to the community.</u></p> <p><u>Explain what is involved in participating in the study - show/read invitation letter and consent form.</u></p> <p><u>Ask about and discuss any concerns the respondent might have.</u></p> <p><u>Seek consent to participate in the study - request signature on consent form.</u></p>																	
Q301	<p><u>Indicate whether the respondent wishes to join the study.</u></p>	<table> <tbody> <tr><td>Yes</td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>No</td><td>2</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Yes	1	<input type="checkbox"/>	No	2	<input type="checkbox"/>	- Q303									
Yes	1	<input type="checkbox"/>																
No	2	<input type="checkbox"/>																
Q302	<p><u>Indicate the main reason why he/she does not wish to participate.</u></p> <p><u>* If reason given is insufficient time, ask whether you could come back at a more convenient moment and make appointment.</u></p>	<table> <tbody> <tr><td>Insufficient time*</td><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>Urine samples</td><td>2</td><td><input type="checkbox"/></td></tr> <tr><td>Information too personal</td><td>3</td><td><input type="checkbox"/></td></tr> <tr><td>Moving away from area</td><td>4</td><td><input type="checkbox"/></td></tr> <tr><td>Other (specify)</td><td>8</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Insufficient time*	1	<input type="checkbox"/>	Urine samples	2	<input type="checkbox"/>	Information too personal	3	<input type="checkbox"/>	Moving away from area	4	<input type="checkbox"/>	Other (specify)	8	<input type="checkbox"/>	
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Q303	<p><u>Record details of others present at this point.</u></p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Children under 10</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Husband/wife</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Other males</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Other females</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Yes	No	Children under 10	<input type="checkbox"/>	<input type="checkbox"/>	Husband/wife	<input type="checkbox"/>	<input type="checkbox"/>	Other males	<input type="checkbox"/>	<input type="checkbox"/>	Other females	<input type="checkbox"/>	<input type="checkbox"/>	
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Q401	<p>10-15 minutes of informal discussion first to build rapport, trust & stress absence of prejudice.</p> <p><u>Explain the need to ask some questions on the respondent's own experience of sexual relationships.</u></p> <p><u>Stress the importance of providing accurate information.</u></p> <p><u>Stress that strict confidentiality will be maintained - request privacy.</u></p>		
Q402	<p><i>How old were you when you had sex for the first time?</i></p> <p><u>Explain what we mean by "having sex".</u></p>	<p>Age in years <input style="width: 30px; text-align: center;" type="text"/> yrs - Q404</p> <p>Not yet had sex 99 <input style="width: 30px;" type="text"/></p>	
Q403	<p><i>What is the main reason you have not yet started to have sexual relations?</i></p>	<p>Too young 1 <input style="width: 30px;" type="text"/> - Q501</p> <p>Not met partner 2 <input style="width: 30px;" type="text"/> - Q501</p> <p>Not yet married 3 <input style="width: 30px;" type="text"/> - Q501</p> <p>Risk of pregnancy 4 <input style="width: 30px;" type="text"/> - Q501</p> <p>Risk of HIV/AIDS 5 <input style="width: 30px;" type="text"/> - Q501</p> <p>Other (specify) 8 <input style="width: 30px;" type="text"/> - Q501</p>	
Q404	<p><i>How many days is it since you last had sex?</i></p> <p><u>Skip to Q406 if less than one month.</u></p>	<p>More than one year 99 <input style="width: 30px; text-align: center;" type="text"/> days</p>	
Q405	<p><i>What is the main reason you are currently abstaining from sexual relations?</i></p> <p><u>Options 1-4 could refer to the respondent or (if male) to his regular partner.</u></p>	<p>Current pregnancy 1 <input style="width: 30px;" type="text"/></p> <p>Recent birth 2 <input style="width: 30px;" type="text"/></p> <p>Terminal abstinence 3 <input style="width: 30px;" type="text"/></p> <p>Self or partner has an STD 4 <input style="width: 30px;" type="text"/></p> <p>Currently living apart 5 <input style="width: 30px;" type="text"/></p> <p>Risk of catching HIV/AIDS 6 <input style="width: 30px;" type="text"/></p> <p>Risk of passing on HIV/AIDS 7 <input style="width: 30px;" type="text"/></p> <p>Religious reasons 8 <input style="width: 30px;" type="text"/></p> <p>Not currently married 9 <input style="width: 30px;" type="text"/></p> <p>Other (specify) 20 <input style="width: 30px;" type="text"/></p>	
Q406	<p><i>How many different sexual partners, excluding your first husband/wife, did you have before you got married?</i></p> <p><u>If not yet married, ask for number of partners so far.</u></p>	<p>Number of partners <input style="width: 30px;" type="text"/></p> <p><u>"Married" here includes long-term and cohabiting unions - ie: as in Q235.</u></p>	
Q407	<p><i>If you took a guess, how many partners other than yourself (and any co-wives) do you think your current spouse/partner has had in the last 12 months?</i></p>	<p><input style="width: 30px;" type="text"/></p>	
Q408	<p><u>Indicate data collection method used.</u></p> <p><u>For secret voting:</u></p> <p><u>(i) explain the procedure and the confidentiality safeguards carefully.</u></p> <p><u>(ii) enter fieldwork code on voting slips.</u></p>	<p>Secret voting 1 <input style="width: 30px;" type="text"/></p> <p>Interview 2 <input style="width: 30px;" type="text"/></p> <p>Dice score <input style="width: 30px;" type="text"/></p>	
Q409	<p><i>How many different sexual partners have you had in your lifetime?</i></p>	<p>Number of partners <input style="width: 30px; text-align: center;" type="text"/> 1</p>	
Q410	<p><i>How many different sexual partners have you had in the last 12 months?</i></p>	<p>Number of partners <input style="width: 30px; text-align: center;" type="text"/> 2</p>	
Q411	<p><i>How many of these partners were you having sex with for the first time?</i></p>	<p>Number of new partners in last 12 months (stress) <input style="width: 30px; text-align: center;" type="text"/> 3</p>	
Q412	<p><i>How many sexual relationships do you consider yourself to be involved in at the moment?</i></p>	<p>Number of current relationships <input style="width: 30px; text-align: center;" type="text"/> 4</p>	
Q413	<p><i>How many partners have you had sex with in the last month?</i></p>	<p>Number of partners in last month <input style="width: 30px; text-align: center;" type="text"/> 5</p>	
Q414	<p><i>How many times have you had sexual intercourse in the last 2 weeks - in total?</i></p>	<p>Number of times <input style="width: 30px; text-align: center;" type="text"/> 6</p>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q415	<p><u>Explain that you now wish to ask some questions about the last person the respondent had sex with. Note: only partners in the last month.</u></p> <p><u>If secret voting is being used, ask the respondent to enter a "P" in each box on the voting slip if he/she has not had any sexual relations in the last month.</u></p>		
Q416	<i>How many times have you had sexual intercourse with this partner in the last 2 weeks?</i>	Number of times <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	1
Q417	<i>On how many of these occasions did you and your partner use condoms throughout?</i>	Number of times <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	2
Q418	<i>How many years old is this person?</i>	Age in years <input style="width: 40px; height: 25px; border: 1px solid black; text-align: right; font-size: small;" type="text"/> yrs	3
Q419	<i>Is this person a regular partner? By regular, I mean someone you have been having sex with for a year or more.</i>	Yes 1 <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/> No 2 <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/>	4
Q420	<i>Did you have sex with this person for the first time when you were working or travelling away from this place?</i>	Yes 1 <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/> No 2 <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/>	5
Q421	<i>Do you think this person sometimes has sexual relations with other people?</i>	Yes 1 <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/> No 2 <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/> Don't know 98 <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/>	6
Q422	<p><u>Explain that you now wish to ask some questions about the previous person the respondent had sex with. Note: only partners in the last month.</u></p> <p><u>If secret voting is being used, ask the respondent to enter a "P" in each box on the voting slip if he/she has not had sexual relations with more than one partner in the last month.</u></p>		
Q423	<i>How many times have you had sexual intercourse with this partner in the last 2 weeks?</i>	Number of times <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	1
Q424	<i>On how many of these occasions did you and your partner use condoms throughout?</i>	Number of times <input style="width: 40px; height: 25px; border: 1px solid black;" type="text"/>	2
Q425	<i>How many years old is this person?</i>	Age in years <input style="width: 40px; height: 25px; border: 1px solid black; text-align: right; font-size: small;" type="text"/> yrs	3
Q426	<i>Is this person a regular partner? By regular, I mean someone you have been having sex with for a year or more.</i>	Yes 1 <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/> No 2 <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/>	4
Q427	<i>Did you have sex with this person for the first time when you were working or travelling away from this place?</i>	Yes 1 <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/> No 2 <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/>	5
Q428	<i>Do you think this person sometimes has sexual relations with other people?</i>	Yes 1 <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/> No 2 <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/> Don't know 98 <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/>	6

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Q501	<p><u>Explain that you would now like to collect some samples so that tests for sexually transmitted infections can be carried out.</u></p> <p><u>Explain that the results of these tests and treatment, where this is possible, can be obtained from the local health clinic.</u></p> <p><u>Stress that strict confidentiality will be maintained.</u></p>		
Q502	<p><u>Urine sample obtained.</u></p>	<p>Yes 1 <input style="width: 20px; height: 15px;" type="text"/></p> <p>No - note reason. 2 <input style="width: 20px; height: 15px;" type="text"/></p>	
Q503	<p><u>Blood spot sample obtained.</u></p>	<p>Yes 1 <input style="width: 20px; height: 15px;" type="text"/></p> <p>No - note reason. 2 <input style="width: 20px; height: 15px;" type="text"/></p>	
Q504	<p><i>Do you think you might like to find out whether or not you are infected with HIV?</i></p>	<p>Yes 1 <input style="width: 20px; height: 15px;" type="text"/></p> <p>No 2 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Don't know 98 <input style="width: 20px; height: 15px;" type="text"/></p>	
Q505	<p><u>Explain that a service is currently available at a nearby health clinic where members of the study can discuss and receive advice on the advantages and disadvantages of finding out their HIV infection status with a fully qualified nurse.</u></p> <p><u>People who wish to know their status will be given their test results but attending the clinic will NOT mean that you have to receive your results.</u></p> <p><u>Stress that the service is fully optional and confidential.</u></p> <p><u>Explain that the respondent and his/her partner can attend together - if they want.</u></p>		
Q506	<p><i>If you decided to visit the clinic for counselling and a possible HIV test, what would be your reasons for going?</i></p> <p><u>Probe - may be several reasons.</u></p>	<p>Ill - want to get best treatment 1 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Anxiety - partner sick or died 2 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Anxiety - past risky behaviour 3 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Anxiety - partner's risky behaviour 4 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Anxiety - past transfusion/injections 5 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Anxiety - other risks 6 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Anxiety - general concern 7 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Contemplating marriage 8 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Contemplating having a child 9 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Insurance policy 10 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Avoid infecting partner(s) 11 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Life planning 12 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Other (specify) 20 <input style="width: 20px; height: 15px;" type="text"/></p>	
Q507	<p><i>What factors would deter you from going?</i></p> <p><u>ie: possible implications of finding out he/she is HIV+.</u></p> <p><u>Probe - may be several reasons.</u></p>	<p>Psychological effects 1 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Stigma & discrimination 2 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Partnership breakdown 3 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Job loss 4 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Fatalism - no cure 5 <input style="width: 20px; height: 15px;" type="text"/></p> <p>Other (specify) _____ 10 <input style="width: 20px; height: 15px;" type="text"/></p>	
Q508	<p><i>Have you ever had a test for HIV before?</i></p>	<p>Yes 1 <input style="width: 20px; height: 15px;" type="text"/></p> <p>No 2 <input style="width: 20px; height: 15px;" type="text"/></p>	- Q510
Q509	<p><i>How long is it since you had the test?</i></p>	<p>Period in years <input style="width: 40px; height: 20px;" type="text"/></p>	
Q510	<p><i>Do you know the HIV status of your regular partner?</i></p> <p><u>Explain: do NOT need to know the result.</u></p>	<p>Yes 1 <input style="width: 20px; height: 15px;" type="text"/></p> <p>No 2 <input style="width: 20px; height: 15px;" type="text"/></p> <p>No regular partner 98 <input style="width: 20px; height: 15px;" type="text"/></p>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q601	<i>Now I would like to ask you some questions about HIV and AIDS.</i>		
Q602	<p><i>Please tell me all the ways that an adult can get HIV infection and AIDS?</i></p> <p><i>Are there any other ways?</i></p> <p><u>Tick code 1 for each way mentioned spontaneously. Then proceed down the column, reading the description of each possible way not mentioned spontaneously. Make entries in the "probed" column as follows:</u></p> <p>1 Yes: HIV can be transmitted this way 2 No: HIV cannot be transmitted this way 98 Don't know</p>	<p>Sex with a person with HIV/AIDS <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Touching a person with AIDS <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Mosquito bites <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Blood transfusion <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Injection with a dirty needle <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Sharing utensils with a person with HIV/AIDS <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Ritual scarification <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Other (specify) _____ <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p>	<p>Spont Probed</p>
Q603	<p><i>Do you know of any factors which are likely to increase the chances that a person will get HIV and AIDS?</i></p> <p><u>Ask in same way as Q602.</u></p>	<p>Sex with a prostitute <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Many sex partners <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Other STDs present <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Using condoms <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Witchcraft or spiritual curse <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Other (specify) _____ <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p>	<p>Spont Probed</p>
Q604	<p><i>What are the ways in which an infant or child could have become infected with HIV?</i></p> <p><u>Ask in same way as Q602.</u></p>	<p>At birth - if mother infected <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Witchcraft or spiritual curse <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Mosquito bites <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Injection with a dirty needle <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Breastfed by infected woman <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Blood transfusion <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Other (specify) _____ <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p>	<p>Spont Probed</p>
Q605	<i>Are all babies born to women who have HIV born with the infection?</i>	<p>Yes <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>No <input style="width: 20px;" type="text"/> 2 <input style="width: 20px;" type="text"/></p> <p>Don't know <input style="width: 20px;" type="text"/> 98 <input style="width: 20px;" type="text"/></p>	
Q606	<i>Can all people infected with HIV be identified by looking at them?</i>	<p>Yes <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>No <input style="width: 20px;" type="text"/> 2 <input style="width: 20px;" type="text"/></p> <p>Don't know <input style="width: 20px;" type="text"/> 98 <input style="width: 20px;" type="text"/></p>	
Q607	<i>Would you be willing to take care of a family member with AIDS?</i>	<p>Yes <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>No <input style="width: 20px;" type="text"/> 2 <input style="width: 20px;" type="text"/></p> <p>Don't know <input style="width: 20px;" type="text"/> 98 <input style="width: 20px;" type="text"/></p>	
Q608	<i>What is the connection between HIV and AIDS?</i>	<p>HIV is the virus which causes AIDS <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>No difference - same <input style="width: 20px;" type="text"/> 2 <input style="width: 20px;" type="text"/></p> <p>Don't know <input style="width: 20px;" type="text"/> 98 <input style="width: 20px;" type="text"/></p>	- Q610
Q609	<i>How would you distinguish between HIV and AIDS?</i>	<p>HIV may have no visible symptoms <input style="width: 20px;" type="text"/> 1 <input style="width: 20px;" type="text"/></p> <p>Not possible <input style="width: 20px;" type="text"/> 8 <input style="width: 20px;" type="text"/></p> <p>Other (specify) _____ <input style="width: 20px;" type="text"/> 10 <input style="width: 20px;" type="text"/></p> <p>Don't know <input style="width: 20px;" type="text"/> 98 <input style="width: 20px;" type="text"/></p>	
Q610	<i>How long does it usually take for a person infected with HIV to develop symptoms?</i>	<p>Number of years or months <input style="width: 20px;" type="text"/> yrs <input style="width: 20px;" type="text"/> mths</p> <p>Don't know <input style="width: 20px;" type="text"/> 998 <input style="width: 20px;" type="text"/></p>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q611	<i>How many people do you know who either died from AIDS or have the disease now?</i>	Number (> 0) <input style="width: 30px; height: 20px;" type="text"/> Doesn't know of any 998 <input style="width: 30px; height: 20px;" type="text"/>	- Q615
Q612	<i>Of these people, how many live(d) in your household; in the same village/town; and how many live(d) somewhere else?</i> <u>Enter numbers of people in each category.</u>	Household 1 <input style="width: 30px; height: 20px;" type="text"/> Village/town 2 <input style="width: 30px; height: 20px;" type="text"/> Somewhere else 3 <input style="width: 30px; height: 20px;" type="text"/>	
Q613	<i>What was your relationship to each of these people?</i> <u>Enter numbers of people in each category.</u>	Spouse/partner 1 <input style="width: 30px; height: 20px;" type="text"/> Father or mother 2 <input style="width: 30px; height: 20px;" type="text"/> Son or daughter 3 <input style="width: 30px; height: 20px;" type="text"/> Other relative 4 <input style="width: 30px; height: 20px;" type="text"/> Friend or neighbour 5 <input style="width: 30px; height: 20px;" type="text"/> Work colleague 6 <input style="width: 30px; height: 20px;" type="text"/> Someone else 7 <input style="width: 30px; height: 20px;" type="text"/>	
Q614	<i>Did you help to take care of any of these people on a daily basis?</i>	Yes 1 <input style="width: 30px; height: 20px;" type="text"/> No 2 <input style="width: 30px; height: 20px;" type="text"/>	
Q615	<i>Do you think you could become infected with HIV yourself in the future?</i>	Yes 1 <input style="width: 30px; height: 20px;" type="text"/> No 2 <input style="width: 30px; height: 20px;" type="text"/> Don't know 98 <input style="width: 30px; height: 20px;" type="text"/>	- Q617
Q616	<i>Why do you think you might become infected?</i> <u>Do not prompt, but ask if any other reasons.</u>	Has multiple sex partners (now) 1 <input style="width: 30px; height: 20px;" type="text"/> Regular partner has multiple sex partners 2 <input style="width: 30px; height: 20px;" type="text"/> Might marry a person who is already infected 3 <input style="width: 30px; height: 20px;" type="text"/> Many friends and relatives are dying of AIDS 4 <input style="width: 30px; height: 20px;" type="text"/> Other (specify) 8 <input style="width: 30px; height: 20px;" type="text"/>	
Q617	<i>If you did become ill with AIDS, do you think you would be able to get help from your neighbours?</i>	Yes 1 <input style="width: 30px; height: 20px;" type="text"/> No 2 <input style="width: 30px; height: 20px;" type="text"/> Don't know 98 <input style="width: 30px; height: 20px;" type="text"/>	
Q618	<i>Do you think there are things you can do which will prevent you from becoming infected with HIV in the future?</i>	Yes 1 <input style="width: 30px; height: 20px;" type="text"/> No 2 <input style="width: 30px; height: 20px;" type="text"/> Don't know 98 <input style="width: 30px; height: 20px;" type="text"/>	
Q619	<i>If you thought your spouse/regular was having sexual intercourse with a casual partner(s) without using condoms, could you persuade him/her to stop?</i>	Yes 1 <input style="width: 30px; height: 20px;" type="text"/> No 2 <input style="width: 30px; height: 20px;" type="text"/> No regular partner 96 <input style="width: 30px; height: 20px;" type="text"/> Don't know 98 <input style="width: 30px; height: 20px;" type="text"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q620	<p><i>Which of the following statements would you say was true?</i></p> <p>(1) I have one partner who has other partners but does not always use condoms.</p> <p>(2) My spouse/partner would not use condoms with me on a regular basis.</p> <p>(3) I have more than one partner because I need the money and the possibility of dying from AIDS is remote.</p> <p>(4) I pay/get paid for sex because my friends do and because they encourage me.</p> <p>(5) There is no point trying to avoid AIDS as I am probably already infected.</p> <p>(6) I could avoid AIDS by sticking to one partner or always using condoms.</p> <p>(7) I am more likely to die from an accident or other illness than from AIDS.</p> <p>(8) Condom use within marriage is becoming more widely accepted in this area.</p> <p>(9) Condoms significantly reduce the pleasure of having sex.</p> <p>(10) These days, most married men are faithful to their wives.</p> <p>(11) Drinking beer is an essential form of entertainment and relaxation for men.</p> <p><u>Read out each in turn.</u></p>	<p>True Not true</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p> <p>1 2</p>	
Q621	<p><i>Are you or your spouse/partner currently taking any steps to avoid HIV and AIDS?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p>	- Q624
Q622	<p><i>What steps are you or your spouse/partner currently taking?</i></p> <p><u>Do not prompt, but ask if any other steps.</u></p> <p><u>Stress that includes actions taken by regular partner.</u></p> <p><u>Go to Q624 if condoms/femidoms are not mentioned.</u></p>	<p>Sticking to one partner - self 1 <input type="checkbox"/></p> <p>Sticking to one partner - spouse 2 <input type="checkbox"/></p> <p>Condoms - self/spouse 3 <input type="checkbox"/></p> <p>Condoms - self/casual partners 4 <input type="checkbox"/></p> <p>Condoms - spouse/casual partners 5 <input type="checkbox"/></p> <p>Femidoms - self/spouse 6 <input type="checkbox"/></p> <p>Femidoms - self/casual partners 7 <input type="checkbox"/></p> <p>Femidoms - spouse/casual partners 8 <input type="checkbox"/></p> <p>Avoiding bars - self 9 <input type="checkbox"/></p> <p>Avoiding bars - spouse 10 <input type="checkbox"/></p> <p>Abstaining from sex 11 <input type="checkbox"/></p> <p>Other (specify) 20 <input type="checkbox"/></p>	
Q623	<p><i>From what place or person was the last condom (femidom) you used obtained?</i></p>	<p>Partner 1 <input type="checkbox"/></p> <p>Shop/pharmacy 2 <input type="checkbox"/></p> <p>Hospital/clinic 3 <input type="checkbox"/></p> <p>Family planning centre 4 <input type="checkbox"/></p> <p>Community based distributor 5 <input type="checkbox"/></p> <p>Bar/beerhall/hotel 6 <input type="checkbox"/></p> <p>Peer educator 7 <input type="checkbox"/></p> <p>FACT employee/volunteer 8 <input type="checkbox"/></p> <p>Other (specify) 12 <input type="checkbox"/></p>	
Q624	<p><i>Have you ever discussed ways of avoiding HIV/AIDS with your regular partner?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>No regular partner 96 <input type="checkbox"/></p>	- Q627
Q625	<p><i>Have you and your regular partner started using a new method of family planning since hearing about HIV/AIDS?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p>	- Q627
Q626	<p><i>Which method(s) were you using before you heard about AIDS and which are you using now?</i></p>	<p>Pill <input type="checkbox"/> <input type="checkbox"/></p> <p>Condoms <input type="checkbox"/> <input type="checkbox"/></p> <p>Femidoms <input type="checkbox"/> <input type="checkbox"/></p> <p>Sterilization <input type="checkbox"/> <input type="checkbox"/></p> <p>Other (specify) _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>No methods being used <input type="checkbox"/> <input type="checkbox"/></p>	<p>Before Now</p>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO															
Q627	<i>Have you heard about any meetings or other activities about HIV and AIDS?</i>	Yes 1 <input style="width: 20px; height: 15px;" type="text"/> No 2 <input style="width: 20px; height: 15px;" type="text"/>	- Q633															
Q628	<i>Have you attended any meetings or other activities about HIV and AIDS?</i>	Yes 1 <input style="width: 20px; height: 15px;" type="text"/> No 2 <input style="width: 20px; height: 15px;" type="text"/>	- Q631															
Q629	<i>Were these activities held locally or somewhere else?</i>	Local area 1 <input style="width: 20px; height: 15px;" type="text"/> Somewhere else - <u>specify location.</u> 2 <input style="width: 20px; height: 15px;" type="text"/>																
Q630	<i>How many of these meetings/activities have you attended at the following places in the last 6 months?</i> <u>Enter number of activities attended at each place.</u>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">At work</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Bar or beer-hall</td> <td style="text-align: center;">2</td> <td><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>School</td> <td style="text-align: center;">3</td> <td><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Hospital/clinic</td> <td style="text-align: center;">4</td> <td><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Other (specify) _____</td> <td style="text-align: center;">8</td> <td><input style="width: 20px; height: 15px;" type="text"/></td> </tr> </table>	At work	1	<input style="width: 20px; height: 15px;" type="text"/>	Bar or beer-hall	2	<input style="width: 20px; height: 15px;" type="text"/>	School	3	<input style="width: 20px; height: 15px;" type="text"/>	Hospital/clinic	4	<input style="width: 20px; height: 15px;" type="text"/>	Other (specify) _____	8	<input style="width: 20px; height: 15px;" type="text"/>	<small>Number</small>
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Other (specify) _____	8	<input style="width: 20px; height: 15px;" type="text"/>																
Q631	<i>Do you think these activities help to persuade and assist people like yourself to protect themselves against HIV and AIDS?</i>	Yes 1 <input style="width: 20px; height: 15px;" type="text"/> No 2 <input style="width: 20px; height: 15px;" type="text"/> Don't know 98 <input style="width: 20px; height: 15px;" type="text"/>																
Q632	<i>Who organizes these activities?</i> <u>If FACT, ask whether they were FLAG meetings.</u> <u>Ask whether any other organizers.</u>	FACT (FLAG) 1 <input style="width: 20px; height: 15px;" type="text"/> FACT (Other) 2 <input style="width: 20px; height: 15px;" type="text"/> Family Planning Council 3 <input style="width: 20px; height: 15px;" type="text"/> Ministry of Health 4 <input style="width: 20px; height: 15px;" type="text"/> Local people / leaders 5 <input style="width: 20px; height: 15px;" type="text"/> Peer educators 6 <input style="width: 20px; height: 15px;" type="text"/> Employer 7 <input style="width: 20px; height: 15px;" type="text"/> Other (specify) 8 <input style="width: 20px; height: 15px;" type="text"/> Don't know 98 <input style="width: 20px; height: 15px;" type="text"/>																
Q633	<i>How many times in the last month have you heard HIV/AIDS mentioned ...</i> On television On the radio In a newspaper	TV 1 <input style="width: 20px; height: 15px;" type="text"/> Radio 2 <input style="width: 20px; height: 15px;" type="text"/> Newspaper 3 <input style="width: 20px; height: 15px;" type="text"/>																
Q634	<u>Record details of others present at this point in the interview.</u>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 20%; text-align: center;">No</td> </tr> <tr> <td>Children under 10</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Husband/wife</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Other males</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td>Other females</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> </table>		Yes	No	Children under 10	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	Husband/wife	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	Other males	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	Other females	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	
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REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q701	<i>Now I would like to talk to you about pregnancy and childbirth. Have you ever given birth (fathered a child)*?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	- Q706
Q702	<i>Do you have any sons or daughters who are now living with you?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	- Q704
Q703	<i>How many sons live with you? How many daughters live with you?</i>	Sons at home Daughters at home	<input type="checkbox"/> <input type="checkbox"/>	
Q704	<i>Do you have any sons or daughters who are alive but do not live with you?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	- Q706
Q705	<i>How many sons are alive but do not live with you? How many daughters are alive but do not live with you?</i>	Sons elsewhere Daughters elsewhere	<input type="checkbox"/> <input type="checkbox"/>	
Q706	<i>Have you ever given birth to (or fathered) a boy or girl who was born alive but later died?</i> <u>If no, probe:</u> <i>Any (other) boy or girl who cried or showed any sign of life but only survived a few hours or days?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	- Q708
Q707	<i>How many boys have died in this way? And how many girls died in this way?</i>	Boys who died Girls who died	<input type="checkbox"/> <input type="checkbox"/>	
Q708	<u>Sum answers to Q703, Q705 and Q707.</u> <u>Enter total.</u>	Total	<input type="checkbox"/>	
Q709	<i>In total, then, how many live births have you had (fathered)?</i> <u>Compare response with total in Q708.</u> <u>If numbers are different, probe and correct Q701-Q708, as necessary.</u>			
Q710	<u>If no births (Q708):</u>			- Q722

***Note:** For male respondents use question wordings indicated in brackets.

Q711

"Now I would like to talk to you about all your births, whether still alive or not, starting with the first one you had".

Record names of all births in Q712. Record multiple births (twins, triplets etc) on separate lines.

Q712	Q713	Q714	Q715	Q716	Q717	Q718	Q719
<p><i>What name was given to your (first/next) baby?</i></p>	<p><u>Record single (S) or multiple (M) birth status.</u></p>	<p><i>Is (NAME) a boy or a girl?</i></p>	<p><i>In what month and year was (NAME) born?</i></p> <p><u>Ask for Child Health Card (CHC) as evidence of date of birth.</u></p> <p><u>Tick CHC box if date confirmed.</u></p>	<p><i>Is (NAME) still alive?</i></p>	<p><i>How old was (NAME) at his/her last birthday?</i></p> <p><u>Record age in completed years.</u></p>	<p><u>If alive:</u> <i>Is (NAME) living with you?</i></p>	<p><u>If dead:</u> <i>How old was (NAME) when he/she died?</i></p> <p><u>If "1 year":</u> <i>How many months old was (NAME) when he/she died?</i></p> <p><u>Record days, if less than 1 month; months if less than two years.</u></p>

01	S 1 <input type="checkbox"/> M 2 <input type="checkbox"/>	Boy 1 <input type="checkbox"/> Girl 2 <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> (Go to Q719).	Age <input type="text"/> in years	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> (Go to next birth).	Days 1 <input type="text"/> Months 2 <input type="text"/> Years 3 <input type="text"/>
(NAME)							
02	S 1 <input type="checkbox"/> M 2 <input type="checkbox"/>	Boy 1 <input type="checkbox"/> Girl 2 <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> (Go to Q719).	Age <input type="text"/> in years	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> (Go to next birth).	Days 1 <input type="text"/> Months 2 <input type="text"/> Years 3 <input type="text"/>
(NAME)							
03	S 1 <input type="checkbox"/> M 2 <input type="checkbox"/>	Boy 1 <input type="checkbox"/> Girl 2 <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> (Go to Q719).	Age <input type="text"/> in years	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> (Go to next birth).	Days 1 <input type="text"/> Months 2 <input type="text"/> Years 3 <input type="text"/>
(NAME)							
04	S 1 <input type="checkbox"/> M 2 <input type="checkbox"/>	Boy 1 <input type="checkbox"/> Girl 2 <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> (Go to Q719).	Age <input type="text"/> in years	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> (Go to next birth).	Days 1 <input type="text"/> Months 2 <input type="text"/> Years 3 <input type="text"/>
(NAME)							
05	S 1 <input type="checkbox"/> M 2 <input type="checkbox"/>	Boy 1 <input type="checkbox"/> Girl 2 <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> (Go to Q719).	Age <input type="text"/> in years	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> (Go to next birth).	Days 1 <input type="text"/> Months 2 <input type="text"/> Years 3 <input type="text"/>
(NAME)							
06	S 1 <input type="checkbox"/> M 2 <input type="checkbox"/>	Boy 1 <input type="checkbox"/> Girl 2 <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> (Go to Q719).	Age <input type="text"/> in years	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> (Go to next birth).	Days 1 <input type="text"/> Months 2 <input type="text"/> Years 3 <input type="text"/>
(NAME)							
07	S 1 <input type="checkbox"/> M 2 <input type="checkbox"/>	Boy 1 <input type="checkbox"/> Girl 2 <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> (Go to Q719).	Age <input type="text"/> in years	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> (Go to next birth).	Days 1 <input type="text"/> Months 2 <input type="text"/> Years 3 <input type="text"/>
(NAME)							
08	S 1 <input type="checkbox"/> M 2 <input type="checkbox"/>	Boy 1 <input type="checkbox"/> Girl 2 <input type="checkbox"/>	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> (Go to Q719).	Age <input type="text"/> in years	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> (Go to next birth).	Days 1 <input type="text"/> Months 2 <input type="text"/> Years 3 <input type="text"/>
(NAME)							

Q712	Q713	Q714	Q715	Q716	Q717	Q718	Q719
<p><i>What name was given to your (first/next) baby?</i></p>	<p>Record single (S) or multiple (M) birth status.</p>	<p><i>Is (NAME) a boy or a girl?</i></p>	<p><i>In what month and year was (NAME) born?</i></p> <p>Ask for Child Health Card (CHC) as evidence of date of birth.</p> <p>Tick CHC box if date confirmed.</p>	<p><i>Is (NAME) still alive?</i></p>	<p><i>How old was (NAME) at his/her last birthday?</i></p> <p>Record age in completed years.</p>	<p>If alive: <i>Is (NAME) living with you?</i></p>	<p>If dead: <i>How old was (NAME) when he/she died?</i></p> <p>If "1 year": <i>How many months old was (NAME) when he/she died?</i></p> <p>Record days, if less than 1 month; months if less than two years.</p>

<p>09</p> <hr/> <p>(NAME)</p>	<p>S 1 <input type="checkbox"/></p> <p>M 2 <input type="checkbox"/></p>	<p>Boy 1 <input type="checkbox"/></p> <p>Girl 2 <input type="checkbox"/></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p> <p>CHC? <input type="checkbox"/></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>(Go to Q719).</p>	<p>Age <input type="text"/></p> <p>in years</p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>(Go to next birth).</p>	<p>Days 1 <input type="text"/></p> <p>Months 2 <input type="text"/></p> <p>Years 3 <input type="text"/></p>
<p>10</p> <hr/> <p>(NAME)</p>	<p>S 1 <input type="checkbox"/></p> <p>M 2 <input type="checkbox"/></p>	<p>Boy 1 <input type="checkbox"/></p> <p>Girl 2 <input type="checkbox"/></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p> <p>CHC? <input type="checkbox"/></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>(Go to Q719).</p>	<p>Age <input type="text"/></p> <p>in years</p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>(Go to next birth).</p>	<p>Days 1 <input type="text"/></p> <p>Months 2 <input type="text"/></p> <p>Years 3 <input type="text"/></p>
<p>11</p> <hr/> <p>(NAME)</p>	<p>S 1 <input type="checkbox"/></p> <p>M 2 <input type="checkbox"/></p>	<p>Boy 1 <input type="checkbox"/></p> <p>Girl 2 <input type="checkbox"/></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p> <p>CHC? <input type="checkbox"/></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>(Go to Q719).</p>	<p>Age <input type="text"/></p> <p>in years</p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>(Go to next birth).</p>	<p>Days 1 <input type="text"/></p> <p>Months 2 <input type="text"/></p> <p>Years 3 <input type="text"/></p>
<p>12</p> <hr/> <p>(NAME)</p>	<p>S 1 <input type="checkbox"/></p> <p>M 2 <input type="checkbox"/></p>	<p>Boy 1 <input type="checkbox"/></p> <p>Girl 2 <input type="checkbox"/></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p> <p>CHC? <input type="checkbox"/></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>(Go to Q719).</p>	<p>Age <input type="text"/></p> <p>in years</p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>(Go to next birth).</p>	<p>Days 1 <input type="text"/></p> <p>Months 2 <input type="text"/></p> <p>Years 3 <input type="text"/></p>
<p>13</p> <hr/> <p>(NAME)</p>	<p>S 1 <input type="checkbox"/></p> <p>M 2 <input type="checkbox"/></p>	<p>Boy 1 <input type="checkbox"/></p> <p>Girl 2 <input type="checkbox"/></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p> <p>CHC? <input type="checkbox"/></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>(Go to Q719).</p>	<p>Age <input type="text"/></p> <p>in years</p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>(Go to next birth).</p>	<p>Days 1 <input type="text"/></p> <p>Months 2 <input type="text"/></p> <p>Years 3 <input type="text"/></p>
<p>14</p> <hr/> <p>(NAME)</p>	<p>S 1 <input type="checkbox"/></p> <p>M 2 <input type="checkbox"/></p>	<p>Boy 1 <input type="checkbox"/></p> <p>Girl 2 <input type="checkbox"/></p>	<p>Month <input type="text"/></p> <p>Year <input type="text"/></p> <p>CHC? <input type="checkbox"/></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>(Go to Q719).</p>	<p>Age <input type="text"/></p> <p>in years</p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>(Go to Q720).</p>	<p>Days 1 <input type="text"/></p> <p>Months 2 <input type="text"/></p> <p>Years 3 <input type="text"/></p>

Q720 Tick here, if further sheet used: Number of births recorded:

Q721 Compare Q708 with number of births in history above (Q720).
If numbers are different, probe and reconcile.
If numbers are the same, check:
For each birth: year of birth is recorded.
For each living child: current age is recorded.
For each dead child: age at death is recorded.
For age at death 12 months: probe to determine exact number of months.

Q722 For women: ask how many pregnancies she has had, including a current pregnancy, in the last 3 years. If none, go to Q822 then Q824.

REF.	QUESTIONS & FILTERS	MOST RECENT PREGNANCY	PREVIOUS PREGNANCY	PREVIOUS PREGNANCY	PREVIOUS PREGNANCY
Q801	Gender of respondent.	Male 1 <input type="checkbox"/> Female 2 <input type="checkbox"/>	- Q824		
Q802	Are you pregnant now?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Not sure 98 <input type="checkbox"/>	- Q804 - Q804		
Q803	For how many months have you been pregnant?	Number <input style="width: 50px;" type="text"/>	- Q805		
Q804	When did your most recent (or "this" for previous pregs) pregnancy end? Stress: including miscarriages.	<input style="width: 30px;" type="text"/> mnth <input style="width: 30px;" type="text"/> yr	<input style="width: 30px;" type="text"/> mnth <input style="width: 30px;" type="text"/> yr	<input style="width: 30px;" type="text"/> mnth <input style="width: 30px;" type="text"/> yr	<input style="width: 30px;" type="text"/> mnth <input style="width: 30px;" type="text"/> yr
Q805	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?	Then 1 <input type="checkbox"/> Later 2 <input type="checkbox"/> No more 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Q806	Have you seen anyone for antenatal care during this pregnancy?	Yes 1 <input type="checkbox"/> No (Go to Q809) 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q807	Whom have you seen?	Doctor/nurse 1 <input type="checkbox"/> Midwife - med'l 2 <input type="checkbox"/> TBA or midwife 3 <input type="checkbox"/> Other 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>
Q808	Where did you see this person? If a clinic or hospital, record its location and whether local or outside the study area.	Local clinic/hosp'l 1 <input type="checkbox"/> Other clinic/hosp'l 2 <input type="checkbox"/> At home 3 <input type="checkbox"/> Other 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>
Q809	Did you receive any blood transfusions during this pregnancy?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Don't know 98 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>
		If still pregnant (check Q802), go to Q823.			
Q810	Did this pregnancy end in a miscarriage, abortion or stillbirth?	Yes 1 <input type="checkbox"/> No (Go to Q812) 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q811	How many months pregnant were you when this pregnancy ended?	<input style="width: 50px;" type="text"/> mnths	<input style="width: 50px;" type="text"/> mnths	<input style="width: 50px;" type="text"/> mnths	<input style="width: 50px;" type="text"/> mnths
Q812	Was this pregnancy ended intentionally because you knew or suspected you might have HIV?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Rather not say 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Q813	Has your period returned since this pregnancy ended?	Yes 1 <input type="checkbox"/> No (Go to Q815) 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q814	For how many months after this pregnancy ended did you not have a period?	<input style="width: 50px;" type="text"/> mnths	<input style="width: 50px;" type="text"/> mnths	<input style="width: 50px;" type="text"/> mnths	<input style="width: 50px;" type="text"/> mnths
Q815	Have you resumed sexual relations since this pregnancy ended?	Yes 1 <input type="checkbox"/> No (Go to Q818) 2 <input type="checkbox"/>			



REF.	QUESTIONS & FILTERS	MOST RECENT PREGNANCY	PREVIOUS PREGNANCY	PREVIOUS PREGNANCY	PREVIOUS PREGNANCY	
Q816	For how many months after this pregnancy ended did you not have sexual relations? If 4 months or more, go to Q818.	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths	
Q817	Why did you resume having sex early after this pregnancy ended? If pregnancy ended in miscarriage etc (check Q810), go to Q822.	To avoid partner having other relationships Other Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>
Q818	Did you ever feed this baby at the breast?	Yes No (Go to Q821)	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q819	Are you still breastfeeding?	Yes (Go to Q823) No Child has died	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>			
Q820	For how many months did you breastfeed this baby? If 6 months or more, go to Q822.	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths	
Q821	Why did you not breastfeed this baby (for longer)?	Inconvenient Insufficient milk Baby refused Baby sick or died Mother sick Risk of HIV Pregnant Resumed sex Other	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 12 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 12 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 12 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 12 <input type="checkbox"/>
Q822	How long ago did your last menstrual period start? If less than one month, record answer as "0" months.	Months Years Before last birth Never menstruated	1 <input type="checkbox"/> 2 <input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/>			
Q823	Ask for date when the pregnancy before this one ended: if less than 3 years ago, go to next column and Q804					
Q824	For how much of the last 2 years have you and your regular partner been using a method of contraception?	None Some of the time Most/all of the time Not sure	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 98 <input type="checkbox"/>	- Q901		
Q825	Which were the main methods you used? Tick maximum of two methods.	Pill Injections Condoms Femidoms Sterilization Safe period Withdrawal Other (specify)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input type="checkbox"/>			
Q826	What were your main reasons for wanting to delay or prevent another pregnancy? Probe for other reasons, but do not prompt.	Enough children Birth spacing Child HIV+ risk Child orphan risk Mother HIV+: accelerate AIDS Not yet ready to have children Other (specify)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/>			

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REF.	QUESTIONS & FILTERS	
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Q901	<u>Record current time.</u>	Hour and minutes							
			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">hr</td> <td style="text-align: center; font-size: 8px;">mins</td> </tr> </table>			hr	mins		
hr	mins								
Q902	<i>What are your views of the value of this research?</i>	Useful Do not see the point No opinion	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">98</td> <td style="width: 30px; height: 20px;"></td> </tr> </table>	1		2		98	
1									
2									
98									
Q903	<i>Would you be prepared to give blood in a future research study if the sample was collected by injecting a needle into your arm?</i>	Yes No	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 30px; height: 20px;"></td> </tr> </table>	1		2			
1									
2									
Q904	<u>Record respondent's comments on the interview and your own observations in the space below.</u> <u>Give respondent a copy of the HIV/AIDS factsheet and ask if he/she has any questions.</u> <u>Remind respondent of arrangements for collecting STI/HIV test results.</u>								

RESPONDENT'S COMMENTS:

ENUMERATOR'S OBSERVATIONS:
