

INDIVIDUAL QUESTIONNAIRE

FORM B

MUT6number:

Questionnaire processing dates:

Consent form	<input style="width: 50px; height: 20px;" type="text"/>
Corrections completed	<input style="width: 50px; height: 20px;" type="text"/>
Data entered	<input style="width: 50px; height: 20px;" type="text"/>

QUESTIONNAIRE IDENTIFICATION

Q101 **Census district:** _____ **Cluster zone:**

Q102 **Village:** _____

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

Q104 **Category of respondent:**

Q105 **Study site reference:**

Q106 **Household number:**

Q107 **Line number on household questionnaire:**

INTERVIEWER VISIT

	1	2	3
Q108 Date:	_____	_____	_____
Q109 Time:	_____	_____	_____
Q110 Interviewer:	_____	_____	_____
Q111 Result**:	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Date left R5 area (if result code is 100):	<input style="width: 200px; height: 20px;" type="text"/>		

CHECKED BY SUPERVISOR

Q112 **Signature:** _____

Q113 **Date:** _____

***RESPONDENT CATEGORY**

Follow-up respondent (from R5)	1
New respondent: previously under age	2
New respondent: non-regular visitor	3
New respondent: in-migrant (since R5)	5
New respondent: selected but unavailable in previous round(s)	6
New respondent: selected but refused in previous round(s)	7
New respondent: HH was missed in previous round(s)	9
Other (specify) _____	8

****RESULT CODES**

Completed	1
Not at home	2
Refused	3
Partially completed	4
Sick/hospital	5
Out-migrated	100
(specify destination code)	<input style="width: 30px; height: 20px;" type="text"/>
Other (specify) _____	8

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q201	Record the current time (24 hour clock).	Hour / Minutes	<input type="text"/> hr	<input type="text"/> min	
Q202	Record gender of respondent.	Male Female	1 2	<input type="text"/> <input type="text"/>	
Q203	<i>In which country were you born?</i>	Malawi Mozambique South Africa United Kingdom Zambia Zimbabwe Other (specify) _____ Don't know	1 2 3 4 5 6 8 98	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q204	<i>In what month and year were you born?</i>		<input type="text"/> month	<input type="text"/> year	
Q205	<i>How old were you at your last birthday?</i> Check consistency with Q204.	Age in COMPLETED years	<input type="text"/> yrs		- If 30+, go to Q213
Q206	<i>Is your NATURAL BIOLOGICAL father still alive?</i>	Yes No Don't know	1 2 98	<input type="text"/> <input type="text"/> <input type="text"/>	- Q208 - Q209
Q207	<i>In which year did he die?</i>	Year of death Don't know	<input type="text"/> yrs 98	<input type="text"/> <input type="text"/>	- Q209 - Q209
Q208	<i>Do you usually stay in the same household with your natural biological father?</i>	Yes No	1 2	<input type="text"/> <input type="text"/>	
Q209	<i>Is your NATURAL BIOLOGICAL mother still alive?</i>	Yes No Don't know	1 2 98	<input type="text"/> <input type="text"/> <input type="text"/>	- Q211 - Q212
Q210	<i>In which year did she die?</i>	Year of death Don't know	<input type="text"/> yrs 98	<input type="text"/> <input type="text"/>	- Q212 - Q212
Q211	<i>Do you usually stay in the same household with your natural biological mother?</i>	Yes No	1 2	<input type="text"/> <input type="text"/>	
Q212	Record father and/or mother's SITE/HHID/LINE if recorded in the household surveys.	Father Mother Neither	Site HHID Line 98	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q213	<i>Are you currently enrolled in school full-time?</i>	Yes No	1 2	<input type="text"/> <input type="text"/>	- Q216
Q214	<i>How old were you when you left school?</i>	Age in COMPLETED years Never been to school	<input type="text"/> yrs 99	<input type="text"/> <input type="text"/>	- Q218
Q215	<i>What was your reason for leaving school?</i> If parents decided, probe for the underlying reason.	Insufficient funds Found a job To go to college or university Inadequate exam passes Needed to help at home Marriage Pregnancy/childbirth - voluntarily Pregnancy - expelled Caught having sex - expelled Expelled - other reasons Other (specify) _____	1 2 3 4 5 6 7 8 9 10 11	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q216	<i>How many "O" level passes do you have?</i>	No. of passes	<input type="text"/>		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES				SKIP TO	
Q217	<p><i>What is the highest grade of school you have completed?</i></p> <p><u>For "years", enter number of years (excl. repeats) at highest level reached.</u></p>	<p>None</p> <p>Primary</p> <p>Secondary</p> <p>Higher</p>	<p>0</p> <p>1</p> <p>2</p> <p>3</p>	<p>Level</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>Years</p> <p>1-7</p> <p>1-6</p> <p>1-6</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>- Q219</p> <p>- Q219</p>
Q218	<p><i>Can you read a letter or newspaper in any language?</i></p>	<p>Yes</p> <p>No</p>			<p>1</p> <p>2</p>	<p><input type="text"/></p> <p><input type="text"/></p>	
Q219	<p><i>How long have you been living in this homestead?</i></p>	<p>Years</p> <p>Since birth</p> <p>Visitor</p>			<p>995</p> <p>996</p>	<p><input type="text"/></p> <p>ys</p> <p><input type="text"/></p> <p><input type="text"/></p>	
Q220	<p><i>How far is your homestead from the nearest ... ?</i></p>	<p>Town/Growth point</p> <p>Business centre</p> <p>Tarred road</p>				<p><input type="text"/></p> <p>km</p> <p><input type="text"/></p> <p>km</p> <p><input type="text"/></p> <p>km</p>	
Q221	<p><i>How long have you been living in (NAME OF VILLAGE)?</i></p>	<p>Years</p> <p>Since birth</p> <p>Visitor</p>			<p>995</p> <p>996</p>	<p><input type="text"/></p> <p>ys</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>- Q224</p>
Q222	<p><i>What type of place was your previous place of residence?</i></p> <p><u>Record place of current home if the respondent is a visitor.</u></p> <p><u>"Roadside" here means a tarred road.</u></p> <p><u>Record the name of the place:</u></p>	<p>Large town or city</p> <p>Small town</p> <p>Growth point</p> <p>Commercial estate/mine</p> <p>Roadside business centre</p> <p>Rural business centre</p> <p>Communal/resettlement area</p>			<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
Q223	<p><i>Why did you move/come to this area?</i></p>	<p>Work</p> <p>Partner's work</p> <p>Marriage</p> <p>Lost job</p> <p>Establish rural home</p> <p>Ill health - own</p> <p>Ill health - other relative (specify) _____</p> <p>Visit relatives</p> <p>Parents moved</p> <p>Divorced/separated from spouse</p> <p>Other (specify) _____</p>			<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>12</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
Q224	<p><i>In the last three years, have you lived outside this community for a period of one month or more?</i></p>	<p>Yes</p> <p>No</p> <p>Not applicable (i.e. Q221 = visitor)</p>			<p>1</p> <p>2</p> <p>996</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p>- Q226</p> <p>- Q226</p>
Q225	<p><u>Record total number of months away and details of longest absence.</u></p> <p><u>For "Place", use codes from Q222.</u></p> <p>* 1. To visit rural home - harvest or holidays 2. To visit rural home - other 3. To visit husband/wife in town/estate 4. To visit other relatives 5. To attend a funeral 6. To buy/sell produce or shopping</p>	<p>Last three years</p> <p>Last twelve months</p> <p>7. To attend hospital or clinic or see doctor 8. To attend school or college/university 9. For work purposes 10. To visit friends 11. To visit boyfriend/girlfriend 12. Other reasons</p>		<p>Total</p> <p>Longest</p> <p>Place</p> <p>Reason*</p>	<p><input type="text"/></p> <p>nth</p> <p><input type="text"/></p> <p>nth</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
Q226	<p><i>How many days and nights have you spent during the LAST MONTH visiting the following places?</i></p> <p><u>Ask for and enter number of days and then nights for each.</u></p>	<p>Large town or city</p> <p>Small town</p> <p>Growth point</p> <p>Commercial estate/mine</p> <p>Roadside business centre</p> <p>Rural business centre</p> <p>Communal/resettlement area</p>			<p>Days</p> <p>Nights</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q227	Which church denomination do you belong to?	Traditional 1 Methodist 4 Anglican 5 Roman Catholic 6 ZAOGA 7 Apostolic Faith Mission 8 Marange Apostolic 9 Zviratidzo Apostolic 12 Other Apostolic (specify) _____ 13 Zionist 15 Mughodi 20 Other (specify) _____ 17 None _____ 97	- Q230
Q228	How long have you been a member of this church?	Years <input type="text"/> yrs Since birth 995 <input type="text"/>	- Q230
Q229	What was your reason for joining a different church? <u>Record previous church denomination:</u> _____	Marriage: spouse's church 1 Conversion / born again 2 Sickness 3 Family misfortune 4 Church beliefs better 5 Moved to a new area 6 Other (specify) _____ 8	
Q230	How far is it from here to the nearest place where male circumcision services are provided?	Nearest <input type="text"/> kms Done <input type="text"/> kms Don't know an MC service 98 <input type="text"/>	- Q235
Q231	What type of place is this? <u>"Roadside" here means a tarred road.</u> <u>Record the name of the place:</u> _____	Large town or city 1 Small town 2 Growth point 3 Commercial estate/mine 4 Roadside business centre 5 Rural business centre 6 Communal/resettlement area 7	
Q232	How long does it take you to travel from your home to this place?	Minutes <input type="text"/> mins <input type="text"/> mins	
Q233	What mode of transport do you use to travel to this place?	Foot 1 Bicycle 2 Motor vehicle 3 Other (specify) _____ 8	
Q234	Who performs the circumcision?	Doctor/nurse - in hospital 1 Doctor/nurse - stand alone centre 2 Doctor/nurse - mobile clinic 3 Traditional healer 4 Tribe elders 5 Other (specify) _____ 8	
Q235	Have you ever been circumcised yourself? <u>Show respondent pictures to establish whether fully or partially circumcised.</u> FEMALES: Go to Q238.	Yes - full 1 Yes - partial 2 No 3	- Q238 - Q238
Q236	How old were you when this was done? "0" if less than 1.	Age in years <input type="text"/> yrs	
Q237	How much did you have to pay for the operation? <u>Repeat Q230 to Q234 for place where done.</u>	US\$ <input type="text"/> US\$	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q238	<i>In which sector of employment do you work?</i>	Estates: tea, coffee, forestry etc 1 Manufacturing or building trade 2 Police or army 3 Teacher: primary school 4 Teacher: secondary school 5 Nurse 6 Services or retail: shops 7 Informal: petty trading (veg etc) 8 Informal: subsistence agriculture 9 Student 10 Unemployed: excl. agriculture 11 Other (specify) _____ 12	- Q241 - Q241 - Q241 - Q241
Q239	<i>What type of work do you do?</i>	Professional or managerial 1 Self-employed: small business 2 Skilled labour 3 Manual/unskilled labour 4	
Q240	<i>How many days is it since the last time you were paid?</i>	Number of days	<input type="text"/> days
Q241	<i>How many times have you visited a bar or beer-hall in the last month?</i>	Number of times	<input type="text"/> - Q244 unless '0'
Q242	<i>Did you ever drink alcohol at beer halls on a regular basis?</i>	Yes 1 No 2	- Q244
Q243	<i>What was the reason you stopped drinking at beer halls?</i>	Church rules 1 Got married 2 Too ill 3 Worried about HIV 4 Too expensive 5 Drink elsewhere (specify) _____ 6 Other (specify) _____ 8 Don't know 98 Not stopped 99	
Q244	<i>Do you drink alcohol on your own?</i>	Yes 1 No 2	
Q245	<i>When you drink alcohol, do you usually have more than 3 beers/spirits/etc. in one night?</i>	Yes 1 No 2	
Q246	<i>Do you smoke cigarettes?</i>	Yes 1 No 2	
Q247	<i>Do you take any drugs for pleasure?</i>	Yes - by ingesting 1 Yes - by injecting 2 Yes - by smoking 3 No 4	
Q248	<i>Have you ever been married or in a long-term or cohabiting relationship? Relationships of 12 months or more should be treated as "long-term".</i>	Yes 1 No 2	- Q276
Q249	<i>How many such relationships have you experienced in your lifetime?</i>	<u>Include current relationships.</u>	<input type="text"/>
Q250	<i>How old were you when you first entered such a relationship?</i>	Age (Years)	<input type="text"/> yrs
Q251	<i>How many times in your life have you broken up permanently with a marital partner?</i>		<input type="text"/> - Q254 if none
Q252	<i>Was it you or your spouse who ended your most recent relationship?</i>	Self 1 Spouse 2	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES				SKIP TO
Q253	What was the reason for the breakdown of this relationship?	Respondent thought to be unfaithful	1	<input type="checkbox"/>		
		Spouse thought to be unfaithful	2	<input type="checkbox"/>		
		Respondent HIV+	3	<input type="checkbox"/>		
		Spouse HIV+	4	<input type="checkbox"/>		
		Failure to have children	5	<input type="checkbox"/>		
		Domestic violence	6	<input type="checkbox"/>		
		Irreconcilable differences	7	<input type="checkbox"/>		
		Respondent seriously ill	8	<input type="checkbox"/>		
		Spouse seriously ill	9	<input type="checkbox"/>		
		Other (specify) _____	10	<input type="checkbox"/>		
Q254	How many times in your life has a marital partner of yours passed away?	Check consistency with Q249 & Q251.			<input type="checkbox"/>	- Q256 if none
Q255	The last time you had a spouse who died, what was the cause of death?	Accident / homicide	1	<input type="checkbox"/>		
		HIV/AIDS-related	2	<input type="checkbox"/>		
		TB	3	<input type="checkbox"/>		
		Malaria	4	<input type="checkbox"/>		
		Other (specify) _____	8	<input type="checkbox"/>		
		Don't know	98	<input type="checkbox"/>		
Q256	Are you currently widowed, divorced or separated from your most recent spouse/partner?	Widowed	1	<input type="checkbox"/>	- Q276	
		Divorced	2	<input type="checkbox"/>	- Q276	
		Separated	3	<input type="checkbox"/>	- Q276	
		Still in union	4	<input type="checkbox"/>		
Q257	How many spouses/regular partners do you have at present? <u>For women, ask how many other wives her husband has.</u>	(Not zero!)		<input type="checkbox"/>		
		<u>Ask questions Q258 to Q275 for first spouse, then the second, and so on ...</u>				
Q258	How old was your partner at his/her last birthday?	Age in completed years	<input type="text"/> yrs	<input type="text"/> yrs	<input type="text"/> yrs	
		Don't know	<input type="text"/>	<input type="text"/>	98 <input type="text"/>	
Q259	How old were you when this partnership started?	Age in completed years	<input type="text"/> yrs	<input type="text"/> yrs	<input type="text"/> yrs	
		Don't know	<input type="text"/>	<input type="text"/>	98 <input type="text"/>	
Q260	Did you and your spouse have an HIV test before you agreed to get married?	Self only tested	<input type="checkbox"/>	<input type="checkbox"/>	2 <input type="checkbox"/>	
		Partner only tested	<input type="checkbox"/>	<input type="checkbox"/>	3 <input type="checkbox"/>	
		Neither tested	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>	
		Not yet 'married'	<input type="checkbox"/>	<input type="checkbox"/>	5 <input type="checkbox"/>	
		Both tested seperately	<input type="checkbox"/>	<input type="checkbox"/>	11 <input type="checkbox"/>	
		Both tested together	<input type="checkbox"/>	<input type="checkbox"/>	12 <input type="checkbox"/>	
Q261	Did you tell each other your results? <u>Ask equivalent if only one tested.</u>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/>	
		No	<input type="checkbox"/>	<input type="checkbox"/>	2 <input type="checkbox"/>	
Q262	Do you know the HIV status of this person now and whether it is the same as your own?	Yes: same as mine	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/>	
		Yes: different to mine	<input type="checkbox"/>	<input type="checkbox"/>	2 <input type="checkbox"/>	
		Yes: don't know mine	<input type="checkbox"/>	<input type="checkbox"/>	3 <input type="checkbox"/>	
		No	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>	
Q263	Has this person ever been widowed or divorced?	Yes: widowed	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/>	
		Yes: divorced	<input type="checkbox"/>	<input type="checkbox"/>	2 <input type="checkbox"/>	
		Yes: both	<input type="checkbox"/>	<input type="checkbox"/>	3 <input type="checkbox"/>	
		No	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>	
Q264	Did you marry this person because he was/is married to your sister and she died or is unable to have children?	Inherited	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/>	
		Sister infertile	<input type="checkbox"/>	<input type="checkbox"/>	2 <input type="checkbox"/>	
		Neither	<input type="checkbox"/>	<input type="checkbox"/>	3 <input type="checkbox"/>	
Q265	In the last few months has he/she been in good health, experienced recurring minor illnesses or been seriously ill?	Good health	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/>	
		Recurring sickness	<input type="checkbox"/>	<input type="checkbox"/>	2 <input type="checkbox"/>	
		Serious illness	<input type="checkbox"/>	<input type="checkbox"/>	3 <input type="checkbox"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q266	Which of the following describes your and your spouse/partner's living arrangements best? (1) Live together all of the time (2) Live together but occasionally apart for work reasons (3) Live together but separated for a period every year for work reasons (ie: seasonal employment). (4) Live apart but regular/frequent cohabitation (i.e.: return visits) (5) Live apart, infrequent cohabitation	<input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/>	
Q267	How long has he/she been living in (NAME OF VILLAGE)?	Years Since birth Stays elsewhere <input type="text"/> yrs <input type="text"/> yrs <input type="text"/> yrs <input type="text"/> yrs <input type="text"/> 995 <input type="text"/> <input type="text"/> <input type="text"/> 996 <input type="text"/> <input type="text"/>	
Q268	In the last 12 months, has he/she lived outside this community for a period of one month or more?	Yes No Don't know <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 98 <input type="checkbox"/> <input type="checkbox"/>	
Q269	How many nights during the LAST MONTH did he/she stay in each of the following places? <u>Ask for number of nights in each place.</u> <u>Enter "98" if respondent doesn't know.</u>	Large town or city Small town Growth point Estate/mine Roadside BC Rural BC Communal/resettlement Other areas <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q270	Which church denomination does he/she belong to?	Traditional Methodist Anglican Roman Catholic ZAOGA Apostolic Faith Mn. Marange Apostolic Zviratidzo Apostolic Other Apostolic (specify) Zionist Mughodi Other (specify) None <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 97 <input type="checkbox"/> <input type="checkbox"/>	- Q272 if respondent is male
Q271	Has he been circumcised? <u>Show respondent pictures to establish whether fully or partially circumcised.</u>	Yes - full Yes - partial No Don't know <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 98 <input type="checkbox"/> <input type="checkbox"/>	
Q272	Has he/she visited a bar or beer-hall in the last month?	Yes No Don't know <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 98 <input type="checkbox"/> <input type="checkbox"/>	
Q273	What is the highest grade of school your partner has completed?	None Primary Secondary Higher <input type="checkbox"/> <input type="checkbox"/> 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/>	
Q274	In which sector of employment does he/she work?	Estates Manuf'trg/building Police/army Teacher: primary Teacher: secondary Nurse Services/retail: shops Informal: trading Informal: incl agric Student Unemployed: excl. agr Other (specify) <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12 <input type="checkbox"/> <input type="checkbox"/>	- Q276 if no other spouses, else Q258

INDIVIDUAL QUESTIONNAIRE:

BACKGROUND CHARACTERISTICS

Q. No:

REF.	QUESTIONS & FILTERS	CODING CATEGORIES				SKIP TO		
Q275	What type of work does he/she do?	Prof/manage't	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	- go to
		Self-employed	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	- Q258 for
		Skilled labour	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	- any other
		Manual/unskilled	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	- spouses
Q276	Do youth play any role in local community leadership and decision-making? <u>Repeat question for women.</u>	No role			1	<input type="checkbox"/>	<input type="checkbox"/>	
		Minor role			2	<input type="checkbox"/>	<input type="checkbox"/>	
		Significant role			3	<input type="checkbox"/>	<input type="checkbox"/>	
Q277	Which of the following groups exist in your home area and which are you a member of? <u>Enter 1=Yes, 2=No in 'Exist' & 'Member' boxes.</u> <u>Skip 'Member' box if response to 'Exist' is 'No' (2).</u> <u>For those where he/she is a member:</u> <u>Would you say that this group functions:</u> <u>(1) well; (2) OK; or (3) poorly?</u>	Church groups	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		Women's groups	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		Co-operative	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		Farmers group	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		Burial society	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		Savings club (RCS)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		Youth group	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		Sports club	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		AIDS group	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		Political party	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Q278	What is the principal activity of the group you spend the most time with?	Code from Q277				<input type="text"/>	<input type="text"/>	- Q301
		None				99	<input type="text"/>	
Q279	Do group members discuss: (1) formally; (2) informally; or (3) both? In either formal or informal discussions, do group members advise each other on: (a) how to avoid HIV/AIDS? (b) care for people with HIV/AIDS? (c) support for orphaned children?	Formally	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		Informally	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		Both	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		None	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

INDIVIDUAL QUESTIONNAIRE:

INVITATION TO JOIN THE STUDY

Explain the purpose of the study - including potential benefits nationally and to the community.
Explain what is involved in participating in the study - show/read invitation letter and consent form.
Ask about and discuss any concerns the respondent might have.
Seek consent to participate in the study - request signature on consent form.

REF.	QUESTIONS & FILTERS	CODING CATEGORIES				SKIP TO		
Q301	<u>Indicate whether the respondent wishes to join/continue in the study.</u>	Yes			1	<input type="checkbox"/>		- Q303
		No			2	<input type="checkbox"/>		
Q302	<u>Indicate the main reason why he/she does not wish to participate.</u> <u>* Ask for another appointment.</u>	Insufficient time*			1	<input type="checkbox"/>		
		DBS samples			3	<input type="checkbox"/>		
		Information too personal			4	<input type="checkbox"/>		
		Other (specify) _____			8	<input type="checkbox"/>		
Q303	<u>Record details of others present at this point.</u>	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"/>	

INDIVIDUAL QUESTIONNAIRE:

PSYCHOLOGICAL HEALTH

REF.	QUESTIONS & FILTERS	CODING CATEGORIES				SKIP TO		
	<i>In the past week ...</i>							
Q401	Were you having headaches?	Yes			1	<input type="checkbox"/>		
		No			2	<input type="checkbox"/>		
Q402	Was your appetite poor?	Yes			1	<input type="checkbox"/>		
		No			2	<input type="checkbox"/>		
Q403	Were you having problems sleeping?	Yes			1	<input type="checkbox"/>		
		No			2	<input type="checkbox"/>		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
Q404	<i>Did you have nightmares or bad dreams?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q405	<i>Were you easily frightened?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q406	<i>Did your hands shake?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q407	<i>Did you feel tense, nervous or worried?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q408	<i>Were you having digestion (tummy) problems?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q409	<i>Did you have trouble thinking clearly?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q410	<i>Did you sometimes think deeply or think about many things?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q411	<i>Did you cry more than usual?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q412	<i>Did you sometimes see or hear things which others could not see or hear?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q413	<i>Did you feel more unhappy than usual?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q414	<i>Did you have trouble enjoying your daily activities?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q415	<i>Did you find it difficult to make decisions?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q416	<i>Was your daily work suffering?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q417	<i>Did you find yourself sometimes failing to concentrate?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q418	<i>Did you lose your temper or get annoyed over trivial matters?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q419	<i>Were you able to play a useful part in life?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q420	<i>Did you lose interest in things?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q421	<i>Did you feel a worthless person?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q422	<i>Has the thought of ending your life been on your mind?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q423	<i>Did you have uncomfortable feelings in your stomach?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q424	<i>Were you feeling tired all the time?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q425	<i>Did you feel able to cope with most of the problems in your life?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>

10-15 minutes of informal discussion first to build rapport, trust & stress absence of prejudice.
Explain the need to ask questions on the respondent's own experience of sexual relationships.
Stress the importance of providing accurate information.
Stress that strict confidentiality will be maintained - request privacy.

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO	
Q501	How old were you when you had sex for the first time? <u>Explain what we mean by "having sex".</u>	Age in years Not yet had sex	<input type="text"/> yrs 99 <input type="text"/>	- Q503
Q502	What is the main reason you have not yet started to have sexual relations?	Too young Not met partner Not yet married Risk of pregnancy Risk of HIV/AIDS Other (specify) _____	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 8 <input type="text"/>	- Q551 - Q551 - Q551 - Q551 - Q551 - Q551
Q503	How many days is it since you last had sex?	More than one year	<input type="text"/> days 998 <input type="text"/>	- Q505 if <31days
Q504	What is the main reason you are currently abstaining from sexual relations? <u>Options 1-4 could refer to the respondent or (if male) to his regular partner.</u>	Current pregnancy Recent birth Terminal abstinence Self or partner has an STD Currently living apart Risk of catching HIV/AIDS Risk of passing on HIV/AIDS Religious reasons Not currently married Self or partner has HIV/AIDS Ill-health Under 1 year since spouse died Other (specify) _____ Don't know	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> 11 <input type="text"/> 12 <input type="text"/> 20 <input type="text"/> 98 <input type="text"/>	
Q505	Did you use condoms THROUGHOUT the last time you had sex?	Yes No	1 <input type="text"/> 2 <input type="text"/>	
Q506	Did you know the HIV status of the last person you had sex with and whether it was the same as your own?	Yes: same as mine Yes: different to mine Yes: don't know mine No	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	
Q507	How many different sexual partners did you have before you got married? <u>If not yet married, ask for number of partners so far.</u>	Number of partners <u>"Married" here includes long-term and cohabiting unions of 12 months and more.</u>	<input type="text"/>	
Q508	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?	Number of non-regular partners	<input type="text"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q509	Indicate data collection method used. For secret voting: (i) explain the procedure and the confidentiality safeguards carefully. (ii) enter fieldwork code on voting slips.	Secret voting Interview* * Follow-up interviews MUST be conducted using the same method as in Round 5.	1 <input type="text"/> R5 2 <input type="text"/> R6
Q510	<i>How many different REGULAR sexual partners have you had in your LIFETIME? By REGULAR, I mean someone you have been having sex with for a year or more.</i>	Number of partners	<input type="text"/> 1
Q511	<i>For how many years have you been using condoms EVERY TIME you have sex with a REGULAR partner?</i>	Years Ask respondent to write "0" if he/she does not use condoms with current regular partner(s).	<input type="text"/> 2
Q512	<i>How many different NON-REGULAR sex partners have you had in your LIFETIME?</i>	Number of partners	<input type="text"/> 3
Q513	<i>For how many years have you been using condoms EVERY TIME you have sex with a NON-REGULAR sexual partner?</i>	Years Ask respondent to write "98" if he/she doesn't use condoms with non-regular sexual partner(s) now. Ask respondent to write "99" if he/she has never had a non-regular sexual partner.	<input type="text"/> 4
Q514	<i>Have you ever had anal sexual intercourse? Explain what is meant by this term.</i>	Yes No	1 <input type="text"/> 2 <input type="text"/> 5
Q515	<i>How many different REGULAR sexual partners have you had in the last 3 years? For follow-up respondents ... In other words, since we came last time.</i>	Number of regular partners	<input type="text"/> 1
Q516	<i>How many different NON-REGULAR sexual partners have you had in the last 3 years? For follow-up respondents ... In other words, since we came last time.</i>	Number of non-regular partners	<input type="text"/> 2
Q517	<i>How many different sexual partners have you had in the LAST 12 MONTHS?</i>	Number of partners	<input type="text"/> 3
Q518	<i>How many of these partners were you having sex with for the first time?</i>	Number of new partners in last 12 months (STRESS)	<input type="text"/> 4
Q519	<i>How many of these new partners did you meet at a bar or beer hall?</i>	STRESS still talking about the last 12 months	<input type="text"/> 5
Q520	<i>How many sexual relationships do you consider yourself to be involved in at the moment?</i>	Number of current relationships	<input type="text"/> 6
Q521	<i>How many different partners have you had sex with in the LAST MONTH?</i>	Number of partners in last month (total)	<input type="text"/> 7
Q522	<i>On how many occasions have you had anal intercourse in the LAST MONTH?</i>	Number of times	<input type="text"/> 8
Q523	<i>On how many of these occasions that you had anal intercourse did you use condoms THROUGHOUT?</i>	Number of times	<input type="text"/> 9

Explain that you now wish to ask some questions about the last 3 persons the respondent had sex with. Note: NO time restriction. Stress that these may be people he/she had sex with only once. If secret voting is being used, ask the respondent to enter "99" in each box on the voting slip if he/she has not had the minimum required number of partners in his/her lifetime.

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q524	How many times have you had sexual intercourse with this partner in the last 2 weeks?	Number of times LAST PREVIOUS ... <input type="text"/> <input type="text"/> <input type="text"/>	1
Q525	On how many of these occasions did you and your partner use condoms THROUGHOUT?	Number of times <input type="text"/> <input type="text"/> <input type="text"/>	2
Q526	What was the month & year when you LAST had sexual intercourse with this person?	Month first then year <input type="text"/> <input type="text"/> <input type="text"/> mnth mnth mnth <input type="text"/> <input type="text"/> <input type="text"/> yr yr yr	3
Q527	What was the month & year when you had sexual intercourse with this person for the first time?	Month first then year <input type="text"/> <input type="text"/> <input type="text"/> mnth mnth mnth <input type="text"/> <input type="text"/> <input type="text"/> yr yr yr	4
Q528	Where were you when you had sex with this person for the first time? <u>If secret voting is being used, show respondent the picture codes (Code numbers as for Q222).</u>	Code <input type="text"/> <input type="text"/> <input type="text"/>	5
Q529	How many years old is this person?	Age in years <input type="text"/> <input type="text"/> <input type="text"/> yrs yrs yrs	6
Q530	Are you still having sex with this person?	Yes No <input type="text"/> 1 <input type="text"/> <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/>	7
Q531	Is this person married to someone other than yourself?	Yes No Don't know <input type="text"/> 1 <input type="text"/> <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> <input type="text"/> 98 <input type="text"/> <input type="text"/>	8
Q532	Have you given or received money in exchange for sex with this person in the last month?	Yes No <input type="text"/> 1 <input type="text"/> <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/>	9
Q533	Did this person ever attend secondary school?	Yes No Don't know <input type="text"/> 1 <input type="text"/> <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> <input type="text"/> 98 <input type="text"/> <input type="text"/>	10
Q534	Does this person often drink alcohol at bars or beer-halls?	Yes No <input type="text"/> 1 <input type="text"/> <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/>	11
Q535	<u>Record details of others present at this point.</u>	Children under 10 Husband/wife Other males Other females Yes No <input type="text"/> 1 <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/>	- Q538 if female
Q536	Have you EVER been involved in a non-marital relationship of any kind where you gave anything in exchange for sex?	Yes No <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/>	- Q551
Q537	Have you had sex in exchange for groceries, goods, services or money in the past year and your lifetime? <u>Ask for ages at the first & last time.</u>	Yes No Last yr Lifetime First Last 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> yrs yrs	- Q551 - Q551
Q538	Have you EVER been involved in a non-marital relationship of any kind where you received anything in exchange for sex?	Yes No <input type="text"/> 1 <input type="text"/> <input type="text"/> 2 <input type="text"/>	- Q551

REF.	QUESTIONS & FILTERS	CODING CATEGORIES				SKIP TO	
Q539	<p><i>In the past year and in your lifetime, have you ...</i></p> <p>(i) <i>had sex with a man solely for the purpose of receiving a payment in any form (groceries, goods, services, money)?</i></p> <p>(ii) <i>been unmarried but had a partner who provides for your general upkeep and/or maintenance in exchange for sex?</i></p> <p>(iii) <i>been married but supplemented your income through sexual relationships with other men?</i></p> <p>(iv) <i>been to a beer hall or other public drinking place to meet men to have sex with?</i></p> <p>(v) <i>considered yourself to be a sex worker or a prostitute?</i></p> <p><u>Ask for ages at the first & last time.</u></p>	<p>Yes</p> <p>No</p> <p>Yes</p> <p>No</p> <p>Married all year</p> <p>Yes</p> <p>No</p> <p>Unmarried/never married</p> <p>Yes</p> <p>No</p> <p>Yes</p> <p>No</p>	<p>Last yr</p> <p>1</p> <p>2</p> <p>1</p> <p>2</p> <p>9</p> <p>1</p> <p>2</p> <p>9</p> <p>1</p> <p>2</p> <p>1</p> <p>2</p>	<p>Lifetime</p> <p>1</p> <p>2</p> <p>9</p> <p>1</p> <p>2</p> <p>9</p> <p>1</p> <p>2</p> <p>1</p> <p>2</p>	<p>First</p> <p>Last</p> <p>1</p> <p>2</p> <p>9</p> <p>1</p> <p>2</p> <p>9</p> <p>1</p> <p>2</p> <p>1</p> <p>2</p>	<p>Yrs</p> <p>Yrs</p> <p>Yrs</p> <p>Yrs</p> <p>Yrs</p> <p>Yrs</p> <p>Yrs</p> <p>Yrs</p> <p>Yrs</p> <p>Yrs</p> <p>Yrs</p> <p>Yrs</p>	<p>- Q551 if ALL No</p>
Q540	<p><i>What caused you to sell sex for the FIRST time?</i></p> <p><u>Do not prompt.</u></p>	<p>Fun or curious</p> <p>Encouraged to by friends</p> <p>For sexual experience</p> <p>Divorced</p> <p>Separated from husband (not divorced)</p> <p>Widowed</p> <p>Asked by relative</p> <p>Asked by non-relative</p> <p>Ngozi</p> <p>Needed money - support children</p> <p>Needed money - hair, clothes ...</p> <p>Needed money - other (specify) _____</p> <p>Other (specify) _____</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>20</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>20</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>20</p>		
Q541	<p><i>What caused you to stop selling sex?</i></p> <p><u>Do not prompt.</u></p>	<p>Got married</p> <p>Husband stopped me</p> <p>Husband providing for me adequately</p> <p>Sufficient income from other earnings</p> <p>Illness</p> <p>Old age</p> <p>Reduction in income from selling sex</p> <p>Not enough male partners</p> <p>Discouraged by family / friends</p> <p>Fear of AIDS</p> <p>I only did it once</p> <p>Other (specify) _____</p> <p>NA - not stopped</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>20</p> <p>98</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>20</p> <p>98</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>20</p> <p>98</p>		

Explain that you would now like to collect some samples so that tests for HIV and other infectious diseases can be carried out.
Explain that these tests are being done for research purposes only.
However, free VCT for HIV is available at the local health centre.
Stress that strict confidentiality will be maintained.

REF.	QUESTIONS & FILTERS	CODING CATEGORIES				SKIP TO
Q551	<u>Ask respondent to sign consent form.</u>	Signed	1	<input type="checkbox"/>		
		Refused to sign (specify) _____	2	<input type="checkbox"/>		
Q552	<u>Blood spot sample obtained.</u>	Yes	1	<input type="checkbox"/>	- Q601	
		No	2	<input type="checkbox"/>		
Q553	<u>Note reason why no blood spot was obtained.</u>	_____				

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																				
Q601	<i>In the last few months have you been in good health, experienced recurring minor illnesses or been seriously ill?</i>	Good health 1 <input type="checkbox"/> Recurring sickness 2 <input type="checkbox"/> Serious illness 3 <input type="checkbox"/>																																					
Q602	<i>In the last 3 years, how many times have you had an injection for medical purposes?</i>	<input type="text"/>																																					
Q603	<i>How long is it since you last experienced an illness?</i>	Days/weeks <input type="text"/> days <input type="text"/> weeks More than one year ago 97 <input type="checkbox"/>	- Q608																																				
Q604	<i>What was the main symptom of the illness?</i>	Fever - malaria (incl. cerebral) 1 <input type="checkbox"/> Fever - non-malaria 2 <input type="checkbox"/> Sickness/vomiting 3 <input type="checkbox"/> Diarrhoea/weight loss 4 <input type="checkbox"/> Swollen lymph nodes 5 <input type="checkbox"/> Skin complaints/rashes 6 <input type="checkbox"/> Genital conditions: incl. STDs 7 <input type="checkbox"/> Flu/pneumonia 8 <input type="checkbox"/> Accident/wound 9 <input type="checkbox"/> Tuberculosis 10 <input type="checkbox"/> Other (specify) _____ 12 <input type="checkbox"/>																																					
Q605	<i>Do you think this illness might have been caused by HIV or AIDS?</i>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Don't know 98 <input type="checkbox"/>																																					
Q606	<i>How long was it between the time when you first noticed symptoms and when you first sought help at a health clinic?</i>	Days and weeks <input type="text"/> days <input type="text"/> weeks Did not seek assistance 97 <input type="checkbox"/>	- Q608																																				
Q607	<i>What is the main reason you have not sought treatment?</i>	Costs of treatment/travel too high 1 <input type="checkbox"/> Too little time to travel / wait for treatment 2 <input type="checkbox"/> Do not feel that anyone can help 3 <input type="checkbox"/> Able to cope myself / illness not serious 4 <input type="checkbox"/> Fear of stigma 5 <input type="checkbox"/> Other (specify) _____ 8 <input type="checkbox"/>	- Q618 - Q618 - Q618 - Q618 - Q618 - Q618																																				
Q608	<i>Where did you seek assistance? <u>Check whether assistance sought from more than one source.</u></i>	Hospital/clinic only 1 <input type="checkbox"/> Clinic & n'anga 3 <input type="checkbox"/> Clinic & faith healer 5 <input type="checkbox"/> N'anga only 7 <input type="checkbox"/> Faith healer only 8 <input type="checkbox"/> Other (specify) _____ 10 <input type="checkbox"/>	- Q611 - Q610 - Q610 - Q611																																				
Q609	<i>Did you visit the n'anga (faith healer) before or after going to the clinic?</i>	Before 1 <input type="checkbox"/> Same time 2 <input type="checkbox"/> After 3 <input type="checkbox"/>																																					
Q610	<i>Why did you seek assistance from the n'anga (or faith healer)?</i>	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Yes</u></td> <td style="text-align: center;"><u>No</u></td> <td></td> </tr> <tr> <td>Clinic treatment not effective</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td>-</td> </tr> <tr> <td>Spiritual cure needed</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td>- Q618</td> </tr> <tr> <td>Witchcraft suspected</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td>- if did</td> </tr> <tr> <td>Holy water/bath or prayer</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td>- not also</td> </tr> <tr> <td>More confidential</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td>- visit</td> </tr> <tr> <td>More convenient to visit</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td>- clinic/</td> </tr> <tr> <td>Less expensive to visit</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td>- hospital</td> </tr> <tr> <td>Other (specify) _____</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td>-</td> </tr> </table>		<u>Yes</u>	<u>No</u>		Clinic treatment not effective	1 <input type="checkbox"/>	2 <input type="checkbox"/>	-	Spiritual cure needed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	- Q618	Witchcraft suspected	1 <input type="checkbox"/>	2 <input type="checkbox"/>	- if did	Holy water/bath or prayer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	- not also	More confidential	1 <input type="checkbox"/>	2 <input type="checkbox"/>	- visit	More convenient to visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	- clinic/	Less expensive to visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	- hospital	Other (specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	-	
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Other (specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	-																																				
Q611	<i>How long does it take to travel from your home to the clinic/hospital? <u>Convert hours to minutes if necessary.</u></i>	Minutes <input type="text"/> mins																																					
Q612	<i>What mode of transport did you use to travel to the clinic/hospital?</i>	Foot 1 <input type="checkbox"/> Bicycle 2 <input type="checkbox"/> Motor vehicle 3 <input type="checkbox"/> Other (specify) 8 <input type="checkbox"/>																																					
Q613	<i>How long did you have to wait before you were seen by a doctor or nurse?</i>	Minutes <input type="text"/> mins <u>Convert hours to minutes if necessary.</u>																																					

REF.	QUESTIONS & FILTERS	CODING CATEGORIES				SKIP TO
Q614	<i>Did the doctor or nurse tell you which disease you had?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q616	
Q615	<i>What was the diagnosis?</i>	Respiratory infection Diarrhoeal disease HIV/AIDS Ischaemic heart disease Malaria Stroke or other cerebrovascular disease Tuberculosis Cancer (specify) _____ Pregnancy or delivery related complication Diabetes mellitus Digestive disorder Skin disorder Schistosomiasis Flu or cold Accident/wound Other (specify) _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q616	<i>Were you asked to return to the clinic for follow-up checks to monitor your condition, and did you do so?</i>	Yes - and did so Yes - yet to go Yes - but did not Not asked to return	1 2 3 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q617	<i>How did you feel about that first consultation?</i> (i) Practitioner was sympathetic and tried best to help me (ii) I am confident the practitioner will not discuss details of my HIV infection publicly (iii) Practitioner helped me understand how to stay healthy with HIV (iv) I was confident the practitioner was best placed to help me to live with HIV		Agree Disagree Neither NA 1 2 3 98 1 2 3 98 1 2 3 98 1 2 3 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q618	<i>Do you have blood in your urine?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>		
Q619	For men: <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> For women: <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>	Yes - discharge & pain (both) Yes - discharge only Yes - pain only No Don't know	1 2 3 4 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q620	<i>Some (wo)men experience sores in the genital area. During the last 12 months, have you noticed any such sores?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q621	<i>When you last experienced a pain, discharge or sores in the genital area, did you seek assistance from any of the following?</i>	Hospital/clinic only Clinic & n'anga Clinic & faith healer N'anga only Faith healer only Other (specify) _____ No-one Never had such symptoms	1 2 3 4 5 8 97 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	- Q626 - Q626 - Q626 - Q626 - Q626	
Q622	<i>How long was it between the time when you first noticed symptoms and when you first sought help at a health clinic?</i>	Days and weeks		<input type="text"/> days <input type="text"/> weeks		
Q623	<i>Did you seek treatment at the nearest health centre or somewhere else?</i>	Nearest Somewhere else	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q625	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																		
Q624	<p><i>Why did you not seek treatment at the nearest health centre?</i></p>	<p>Staying elsewhere at the time 1 <input type="checkbox"/></p> <p>Better quality of care 2 <input type="checkbox"/></p> <p>Lower cost 3 <input type="checkbox"/></p> <p>More confidential 4 <input type="checkbox"/></p> <p>Stigma (staff unfriendly etc.) 5 <input type="checkbox"/></p> <p>Other (specify) _____ 8 <input type="checkbox"/></p>																			
Q625	<p><i>What happened when you were treated at the health centre?</i></p> <p><u>Read the options and tick all that apply.</u></p>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Physical symptoms were inspected</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Samples taken & tests done</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Counseling provided</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Free condoms provided</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>Symptoms went away</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Physical symptoms were inspected	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Samples taken & tests done	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Counseling provided	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Free condoms provided	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Symptoms went away	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
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Q626	<p><i>Have you thought about having an HIV test?</i></p> <p><u>If 'yes', probe for any follow-up action taken.</u></p>	<p>No 1 <input type="checkbox"/></p> <p>Yes: but not done anything 2 <input type="checkbox"/></p> <p>Yes: and found out how to get one 3 <input type="checkbox"/></p> <p>Yes: and planning to have a test 4 <input type="checkbox"/></p> <p>Had a test 5 <input type="checkbox"/></p>	- Q629																		
Q627	<p><i>Has increased availability of cheap treatment for HIV/AIDS made you more likely to have an HIV test?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No - no difference 2 <input type="checkbox"/></p> <p>No - cheap treatment not available 3 <input type="checkbox"/></p> <p>Don't know 98 <input type="checkbox"/></p>																			
Q628	<p><i>What factors deter(ed) you from having an HIV test?</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 type="checkbox"/></p> <p>Stigma & discrimination 2 <input type="checkbox"/></p> <p>Possible divorce/separation 3 <input type="checkbox"/></p> <p>Job loss 4 <input type="checkbox"/></p> <p>Fatalism - no cure/treatment 5 <input type="checkbox"/></p> <p>Positive result accelerates death 6 <input type="checkbox"/></p> <p>Treatment not yet available 16 <input type="checkbox"/></p> <p>Fear - of being HIV+ 11 <input type="checkbox"/></p> <p>Fear - of violence 12 <input type="checkbox"/></p> <p>Lack of confidentiality 14 <input type="checkbox"/></p> <p>Too expensive 15 <input type="checkbox"/></p> <p>Too far away 17 <input type="checkbox"/></p> <p>Other (specify) _____ 10 <input type="checkbox"/></p>																			
Q629	<p><i>What were - or would be - your reason(s) for going for a test?</i></p> <p><u>Probe - may be several reasons.</u></p>	<p>Ill & want to get best treatment 1 <input type="checkbox"/></p> <p>Partner sick or died 2 <input type="checkbox"/></p> <p>Past risky behaviour 3 <input type="checkbox"/></p> <p>Partner's risky behaviour 4 <input type="checkbox"/></p> <p>Past transfusion/injections 5 <input type="checkbox"/></p> <p>General concern 6 <input type="checkbox"/></p> <p>Contemplating marriage 8 <input type="checkbox"/></p> <p>Contemplating having a child 9 <input type="checkbox"/></p> <p>Insurance policy 10 <input type="checkbox"/></p> <p>Avoid infecting partner(s) 11 <input type="checkbox"/></p> <p>Life planning 12 <input type="checkbox"/></p> <p>Child sick or died 14 <input type="checkbox"/></p> <p>Spouse/partner tested HIV+ 15 <input type="checkbox"/></p> <p>Wanted re-assurance not infected 16 <input type="checkbox"/></p> <p>Prevent mother-to-child infection 17 <input type="checkbox"/></p> <p>Doctor/nurse suggested it 18 <input type="checkbox"/></p> <p>Other (specify) _____ 20 <input type="checkbox"/></p>																			
Q630	<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 you have to receive your results.</u></p> <p><u>Stress that the service is fully optional and confidential.</u></p> <p><u>The respondent and his/her partners are encouraged to attend together - if they want.</u></p>																				
Q631	<p><i>Do you know of any place where you can go for voluntary counselling and testing (VCT) for HIV/AIDS?</i></p> <p><u>i.e. other than the temporary service in Q630.</u></p>	<p>Yes - certain 1 <input type="checkbox"/></p> <p>Yes - maybe 2 <input type="checkbox"/></p> <p>Unsure 3 <input type="checkbox"/></p> <p>No 8 <input type="checkbox"/></p>	- Q638 - Q638																		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																				
Q632	How far is it from this place to the nearest voluntary counselling and testing centre?	<table border="1"> <tr> <td></td> <td>Nearest</td> <td>Last</td> </tr> <tr> <td></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>kms</td> <td>kms</td> </tr> </table>		Nearest	Last		<input type="text"/>	<input type="text"/>		kms	kms																												
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	<input type="text"/>	<input type="text"/>																																					
	kms	kms																																					
Q633	What type of place is this? <u>"Roadside" here means a tarred road.</u> <u>Record the name of the place.</u> <input type="text"/>	<table border="1"> <tr> <td>Large town or city</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Small town</td> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Growth point</td> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Commercial estate/mine</td> <td>4</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Roadside business centre</td> <td>5</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Rural business centre</td> <td>6</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Communal/resettlement area</td> <td>7</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Large town or city	1	<input type="text"/>	<input type="text"/>	Small town	2	<input type="text"/>	<input type="text"/>	Growth point	3	<input type="text"/>	<input type="text"/>	Commercial estate/mine	4	<input type="text"/>	<input type="text"/>	Roadside business centre	5	<input type="text"/>	<input type="text"/>	Rural business centre	6	<input type="text"/>	<input type="text"/>	Communal/resettlement area	7	<input type="text"/>	<input type="text"/>									
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Q634	How long does it take to travel from your home to this place? <u>Convert hours to minutes if necessary.</u>	Minutes <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>mins</td> <td>mins</td> </tr> </table>	<input type="text"/>	<input type="text"/>	mins	mins																																	
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Q635	What mode of transport do you use to travel to this place?	<table border="1"> <tr> <td>Foot</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Bicycle</td> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Motor vehicle</td> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Other (specify) _____</td> <td>8</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Foot	1	<input type="text"/>	<input type="text"/>	Bicycle	2	<input type="text"/>	<input type="text"/>	Motor vehicle	3	<input type="text"/>	<input type="text"/>	Other (specify) _____	8	<input type="text"/>	<input type="text"/>																					
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Other (specify) _____	8	<input type="text"/>	<input type="text"/>																																				
Q636	What is the setting in which this VCT service is provided?	<table border="1"> <tr> <td>At home</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Hospital / clinic</td> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Stand alone office / shop</td> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Mobile unit</td> <td>4</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Other (specify) _____</td> <td>8</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	At home	1	<input type="text"/>	<input type="text"/>	Hospital / clinic	2	<input type="text"/>	<input type="text"/>	Stand alone office / shop	3	<input type="text"/>	<input type="text"/>	Mobile unit	4	<input type="text"/>	<input type="text"/>	Other (specify) _____	8	<input type="text"/>	<input type="text"/>																	
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Other (specify) _____	8	<input type="text"/>	<input type="text"/>																																				
Q637	What is the name of the organisation that provides this service? <u>Note facility survey ref.</u>	<table border="1"> <tr> <td>Pharmacy / self-test</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>PSI - New Start</td> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>FACT</td> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>BRTI</td> <td>4</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Hospital/clinic (ANC/PMTCT)</td> <td>5</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Hospital/clinic (other)</td> <td>6</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Arise</td> <td>7</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Don't know</td> <td>98</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Other (specify) _____</td> <td>8</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Pharmacy / self-test	1	<input type="text"/>	<input type="text"/>	PSI - New Start	2	<input type="text"/>	<input type="text"/>	FACT	3	<input type="text"/>	<input type="text"/>	BRTI	4	<input type="text"/>	<input type="text"/>	Hospital/clinic (ANC/PMTCT)	5	<input type="text"/>	<input type="text"/>	Hospital/clinic (other)	6	<input type="text"/>	<input type="text"/>	Arise	7	<input type="text"/>	<input type="text"/>	Don't know	98	<input type="text"/>	<input type="text"/>	Other (specify) _____	8	<input type="text"/>	<input type="text"/>	Q644 if asked about last test
Pharmacy / self-test	1	<input type="text"/>	<input type="text"/>																																				
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Q638	On how many different occasions have you had an HIV test: (i) in your lifetime; (ii) in the last 3 years?	Lifetime <input type="text"/> Last 3 years <input type="text"/>	Q673 if "0"																																				
Q639	How long is it since you last had an HIV test?	Period <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>mths</td> <td>yrs</td> </tr> </table>	<input type="text"/>	<input type="text"/>	mths	yrs																																	
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mths	yrs																																						
Q640	Did you have this test because: (i) you were told to; (2) you decided to on your own; or (3) you were persuaded to?	<table border="1"> <tr> <td>Told</td> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>Decided</td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>Persuaded</td> <td>3</td> <td><input type="text"/></td> </tr> </table>	Told	1	<input type="text"/>	Decided	2	<input type="text"/>	Persuaded	3	<input type="text"/>																												
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Decided	2	<input type="text"/>																																					
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Q641	Did you have this test done at your nearest VCT centre or somewhere else?	<table border="1"> <tr> <td>Nearest</td> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>Somewhere else</td> <td>2</td> <td><input type="text"/></td> </tr> </table>	Nearest	1	<input type="text"/>	Somewhere else	2	<input type="text"/>	Q644																														
Nearest	1	<input type="text"/>																																					
Somewhere else	2	<input type="text"/>																																					
Q642	Why did you not have the test done at the nearest VCT centre?	<table border="1"> <tr> <td>Staying elsewhere at the time</td> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>Better quality of care</td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>Lower cost</td> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>More confidential</td> <td>4</td> <td><input type="text"/></td> </tr> <tr> <td>Stigma (staff unfriendly etc.)</td> <td>5</td> <td><input type="text"/></td> </tr> <tr> <td>Tested when seeking treatment ('opt-out')</td> <td>6</td> <td><input type="text"/></td> </tr> <tr> <td>Other (specify) _____</td> <td>8</td> <td><input type="text"/></td> </tr> </table>	Staying elsewhere at the time	1	<input type="text"/>	Better quality of care	2	<input type="text"/>	Lower cost	3	<input type="text"/>	More confidential	4	<input type="text"/>	Stigma (staff unfriendly etc.)	5	<input type="text"/>	Tested when seeking treatment ('opt-out')	6	<input type="text"/>	Other (specify) _____	8	<input type="text"/>	Q644 Q644 Q644 Q644 Q644 Q644 Q644															
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Other (specify) _____	8	<input type="text"/>																																					
Q643	<u>Repeat questions Q632 to Q637 for the place where the respondent last had an HIV test.</u>																																						
Q644	How much did you have to pay for your HIV test?	US\$ <input type="text"/>																																					
Q645	Did you receive counselling before you agreed to have the test? <u>Explain what is meant by counselling.</u>	<table border="1"> <tr> <td>Yes</td> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>No</td> <td>2</td> <td><input type="text"/></td> </tr> </table>	Yes	1	<input type="text"/>	No	2	<input type="text"/>	Q650																														
Yes	1	<input type="text"/>																																					
No	2	<input type="text"/>																																					
Q646	Did you receive pre-test counselling on your own, with your partner, or in a group?	<table border="1"> <tr> <td>Single</td> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>Couple</td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>Group</td> <td>3</td> <td><input type="text"/></td> </tr> </table>	Single	1	<input type="text"/>	Couple	2	<input type="text"/>	Group	3	<input type="text"/>																												
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Group	3	<input type="text"/>																																					

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q647	How long did the pre-test counselling take? <u>Convert hours to minutes.</u>	Minutes <input type="text"/> mins	
Q648	How satisfied were you with the pre-test counselling?	Very satisfied 1 <input type="text"/> Satisfied 2 <input type="text"/> Not satisfied 3 <input type="text"/>	
Q649	After the pre-test counselling, did you feel fully prepared for having the test?	Fully prepared 1 <input type="text"/> Partly prepared 2 <input type="text"/> Unprepared 3 <input type="text"/>	
Q650	Did you collect your test results?	Yes 1 <input type="text"/> No 2 <input type="text"/>	- Q672
Q651	Did you receive counselling after receiving the results?	Yes 1 <input type="text"/> No 2 <input type="text"/>	- Q656
Q652	Did you receive post-test counselling on your own, with your partner, or in a group?	Single 1 <input type="text"/> Couple 2 <input type="text"/> Group 3 <input type="text"/>	
Q653	How long did the post-test counselling take? <u>Convert hours to minutes if necessary.</u>	<input type="text"/> mins	
Q654	How satisfied were you with the post-test counselling?	Very satisfied 1 <input type="text"/> Satisfied 2 <input type="text"/> Not satisfied 3 <input type="text"/>	
Q655	How would you rate the counselling you were given on how to protect yourself (or your partners) from HIV in the future?	Good 1 <input type="text"/> OK 2 <input type="text"/> Poor 3 <input type="text"/>	
Q656	Do you feel you can protect yourself (or your partners) from getting HIV in the future?	Yes 1 <input type="text"/> No 2 <input type="text"/> Not sure 98 <input type="text"/>	
Q657	Do you feel able to inform current and future sexual partners about your HIV infection status?	Yes 1 <input type="text"/> No 2 <input type="text"/> Not sure 98 <input type="text"/>	
Q658	Did you feel pleased that you had decided to get tested?	Yes 1 <input type="text"/> No 2 <input type="text"/>	
Q659	After the HIV test, did you: (1) Use condoms more or less than before? (2) Start having more or fewer sexual partners? (3) Increase or reduce the number of times you speak about HIV/AIDS with others?	More Same Less <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q660	Was the result of this HIV test positive? <u>Stress that do not have to answer these questions but information is confidential.</u>	Yes 1 <input type="text"/> No 2 <input type="text"/> Don't know 98 <input type="text"/> Prefers not to say 99 <input type="text"/>	- Q661 - Q665 - Q665
Q6601	Have you ever had a CD4 count test to find out whether you need anti-retroviral treatment for HIV?	Yes 1 <input type="text"/> No 2 <input type="text"/> Don't know 98 <input type="text"/>	- Q661 - Q661
Q6602	When was the first time you had a CD4 count test to find out whether you need to start anti-retroviral treatment for HIV?	Month & Year <input type="text"/> month <input type="text"/> year Don't know 98 <input type="text"/> 98 <input type="text"/>	
Q6603	What was your CD4 count when you first had this test?	CD4 count <input type="text"/> Don't know 98 <input type="text"/>	
Q6604	How many CD4 count tests have you had after this initial test?	Number of times <input type="text"/>	- Q661 if "0"
Q6605	What was your CD4 count when you last had this test (but before starting treatment for those who have started treatment already)?	CD4 count <input type="text"/> Don't know 98 <input type="text"/>	
Q6606	What was the date of this last CD4 count test that you had (before starting treatment)?	Month & Year <input type="text"/> month <input type="text"/> year Don't know 98 <input type="text"/> 98 <input type="text"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																					
Q661	<p><i>With whom have you shared your HIV test result?</i> Read through list and tick all that apply. For each person shared, ask whether this person was supportive.</p> <p>_____</p> <p>_____</p>	<p>Spouse/regular partner Father Mother Employer Other relative (specify) Other (specify) No one</p>	<table border="1"> <thead> <tr> <th colspan="2">Shared</th> <th colspan="2">Supportive</th> </tr> <tr> <th>1</th> <th>2</th> <th>1</th> <th>2</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Shared		Supportive		1	2	1	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>- Q665 if test result was negative</p>
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Q662	<p><i>After getting your HIV test result, how many times have you?</i></p> <p>(1) Received follow-up counselling (2) Received medical treatment (3) Received legal or welfare support (4) Experienced stigma or discrimination (5) Experienced violence or aggression</p>	<table border="1"> <thead> <tr> <th>Many times</th> <th>Several times</th> <th>Once</th> <th>None</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Many times	Several times	Once	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
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Q663	<p><i>Did you join a post-test club or a group for people living with HIV/AIDS and, if so, are you still a member?</i></p>	<p>Post-test club PLWHA Neither</p>	<table border="1"> <thead> <tr> <th>Still</th> <th>Was</th> <th>Never</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Still	Was	Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>- Q665</p>																								
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Q664	<p><i>How would you rate the helpfulness of this group in regard to:</i> (1) very helpful, (2) helpful, (3) not helpful</p>	<p>Emotional/social support Protecting others from infection Advice on keeping healthy</p>	<table border="1"> <thead> <tr> <th>P-TC</th> <th>PLWHA</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	P-TC	PLWHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																													
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Q665	<p><i>When you went for this HIV test, did you go together with a spouse or someone you were thinking of getting married to?</i></p>	<p>Yes: spouse Yes: prospective spouse No N/A: no regular partner</p>	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>8</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	<p>- Q667 - Q672</p>																								
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Q666	<p><i>Was the result of your partner's HIV test the same as the result of your own test?</i></p>	<p>Yes No</p>	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<p>- Q668 - Q668</p>																														
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Q667	<p><i>Did you give the result of your HIV test to the person you were married to at the time you had the test?</i></p>	<p>Yes No N/A: no marital partner</p>	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>8</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	<p>- Q672</p>																											
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Q668	<p><i>Did you and your partner separate after you received your test results?</i></p>	<p>Yes No</p>	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<p>- Q670</p>																														
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Q669	<p><i>Whose decision was it to separate?</i></p>	<p>Own decision Partner's decision Joint decision Other (specify) _____</p>	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>8</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	<p>- Q672 - Q672 - Q672 - Q672</p>																								
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Q670	<p><i>How often have you had sex with this partner since you got your (latest) HIV test results?</i></p>	<p>Never Occasionally Frequently</p>	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<p>- Q672</p>																											
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Q671	<p><i>How often have you used condoms with this partner since you got these HIV test results?</i></p>	<p>Never Sometimes Always</p>	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>																												
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Q672	<p><i>Have you thought about having another HIV test?</i></p>	<p>Yes No or don't know</p>	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>																															
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Q673	<p><i>Have you ever heard of drugs for treating people who have HIV/AIDS?</i></p>	<p>Yes No</p>	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<p>- Q701</p>																														
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Q674	<p><i>Do drugs exist now that:</i> (a) provide a complete cure for HIV/AIDS? (b) stop HIV from causing AIDS?</p>	<p>Name of drugs _____</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>DK</th> <th>Work?</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	DK	Work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
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Q675	<p><i>Do you know the names of these drugs?</i></p>	<p>Enter responses under Q674.</p>																																						
Q676	<p><i>Do you think these drugs work?</i> (1) yes; (2) no; (98) don't know.</p>	<p>Enter responses under Q674.</p>	<p>Go to Q701 unless knows of ARVs - i.e. names correct drugs in Q674b.</p>																																					
Q677	<p><i>Are there any unpleasant side effects or do you have other concerns about these drugs?</i> Record details.</p> <p>_____</p>	<p>Yes: side effects (specify) Yes: other concerns (specify) No Don't know</p>	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>3</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>98</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	98	<input type="checkbox"/>																									
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REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																
Q678	For how long does someone with HIV need to take these drugs?	Rest of life Don't know	<table border="1"><tr><td>wks</td><td>ysr</td></tr><tr><td>3</td><td></td></tr><tr><td>98</td><td></td></tr></table>	wks	ysr	3		98											
wks	ysr																		
3																			
98																			
Q679	Do you know a relative, friend or neighbour who has received drugs that stop HIV from causing AIDS? <u>*Note relationship of closest relative.</u>	Relative (specify)* Friend/neighbour Work colleague Someone else No one	<table border="1"><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>8</td><td></td></tr></table> - Q681	1		2		3		4		8							
1																			
2																			
3																			
4																			
8																			
Q680	Is this person now in good health?	Yes No Don't know	<table border="1"><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>98</td><td></td></tr></table>	1		2		98											
1																			
2																			
98																			
Q681	Do you think you would be able to get these drugs if you ever needed them?	Yes No or don't know	<table border="1"><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr></table> - Q683	1		2													
1																			
2																			
Q682	What is the main reason you would not be able to get these drugs?	Too expensive Not available locally Other (specify) Don't know	<table border="1"><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>8</td><td></td></tr><tr><td>98</td><td></td></tr></table>	1		2		8		98									
1																			
2																			
8																			
98																			
Q683	Do you think these drugs are available in your area or will be available soon?	Yes - already available Yes - will be available soon No or don't know	<table border="1"><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr></table>	1		2		3											
1																			
2																			
3																			
Q684	How far is it from here to the nearest place where these drues can be obtained?	Don't know a place	<table border="1"><tr><td>Nearest</td><td>Usual</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>kms</td><td>kms</td></tr></table> 98 <input type="text"/> - Q689	Nearest	Usual	<input type="text"/>	<input type="text"/>	kms	kms										
Nearest	Usual																		
<input type="text"/>	<input type="text"/>																		
kms	kms																		
Q685	What type of place is this?	<u>Enter code from Q633.</u>	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>														
<input type="text"/>	<input type="text"/>																		
Q686	How long does it take to travel from your home to this place? <u>Convert hours to minutes if necessary.</u>	Minutes	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>mins</td><td>mins</td></tr></table>	<input type="text"/>	<input type="text"/>	mins	mins												
<input type="text"/>	<input type="text"/>																		
mins	mins																		
Q687	What mode of transport do you use to travel to this place?	Foot Bicycle Motor vehicle Other (specify)	<table border="1"><tr><td>1</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td></tr><tr><td>3</td><td></td><td></td></tr><tr><td>8</td><td></td><td></td></tr></table>	1			2			3			8						
1																			
2																			
3																			
8																			
Q688	Who supplies these drugs?	Traditional healer Hospitals/clinics/pharmacies Other (specify) Don't know of anyone	<table border="1"><tr><td>1</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td></tr><tr><td>8</td><td></td><td></td></tr><tr><td>98</td><td></td><td></td></tr></table> - Q692 if asked for usual place	1			2			8			98						
1																			
2																			
8																			
98																			
Q689	Have you ever taken any drugs yourself that stop HIV causing AIDS? (i.e. ARVs)	Yes No	<table border="1"><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr></table> - Q691	1		2													
1																			
2																			
Q690	What is the main reason you have not started taking these drugs?	Too expensive Not available locally Not permitted by church Side effects Not needed: HIV- Not needed: in good health Other (specify) Don't know	<table border="1"><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>6</td><td></td></tr><tr><td>5</td><td></td></tr><tr><td>8</td><td></td></tr><tr><td>98</td><td></td></tr></table> - Q6994 - Q6994 - Q6994 - Q6994 - Q701 - Q6994 - Q6994 - Q6994	1		2		3		4		6		5		8		98	
1																			
2																			
3																			
4																			
6																			
5																			
8																			
98																			
Q691	<u>Repeat questions Q684 to Q688 for the place where the respondent usually obtains drugs.</u>																		
Q692	How long is it since you first took these drugs?	Weeks/Years	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>wks</td><td>ysr</td></tr></table>	<input type="text"/>	<input type="text"/>	wks	ysr												
<input type="text"/>	<input type="text"/>																		
wks	ysr																		
Q6921	What was the date when you first started taking ARV drugs? <u>Check consistency with Q692.</u>	Month & Year Don't know	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>month</td><td>year</td></tr><tr><td>98</td><td>98</td></tr></table>	<input type="text"/>	<input type="text"/>	month	year	98	98										
<input type="text"/>	<input type="text"/>																		
month	year																		
98	98																		
Q693	Have you stopped taking the drugs?	Yes No	<table border="1"><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr></table> - Q695	1		2													
1																			
2																			

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO
Q6931	What was the date when you stopped taking ARV drugs?	Month & Year	<input type="text"/> month <input type="text"/> year		
		Don't know	98 <input type="text"/>		
Q694	Why have you stopped taking the drugs?	Too expensive	1 <input type="text"/>	- Q6991	
		Not available locally	2 <input type="text"/>	- Q6991	
		Not permitted by church	3 <input type="text"/>	- Q6991	
		Side effects	4 <input type="text"/>	- Q6991	
		Not needed: in good health	5 <input type="text"/>	- Q6991	
		Other (specify) _____	8 <input type="text"/>	- Q6991	
		Don't know	98 <input type="text"/>	- Q6991	
Q695	Are there particular times when you take the drugs?	All the time	1 <input type="text"/>		
		When feeling unwell	2 <input type="text"/>		
		When can afford or paid for	3 <input type="text"/>		
		Other (specify) _____	8 <input type="text"/>		
Q696	Do you sometimes forget to take the drugs?	Never	1 <input type="text"/>		
		Occasionally	2 <input type="text"/>		
		Quite often	3 <input type="text"/>		
Q697	Do you know the name for the type of drugs you are taking?	ARVs	1 <input type="text"/>		
		Cotrimoxazole	3 <input type="text"/>		
		Other (specify) _____	8 <input type="text"/>		
		Don't know	98 <input type="text"/>		
Q698	How much is one month's supply of drugs?	US\$	<input type="text"/> US\$		
Q699	Who pays for these drugs?	Available free	1 <input type="text"/>		
		Self	2 <input type="text"/>		
		Relative	3 <input type="text"/>		
		Friend	4 <input type="text"/>		
		Employer	5 <input type="text"/>		
Q6991	Since you started taking the drugs, have you recovered from your illness?	Fully recovered	1 <input type="text"/>		
		Some improvement/still unwell	2 <input type="text"/>		
		No improvement/worse	3 <input type="text"/>		
		Healthy when started treatment	4 <input type="text"/>		
Q6992	After you started taking the drugs, did you: (1) Start having sex more or less than before? (2) Use condoms more or less than before? (3) Start having more or fewer sexual partners? (4) Increase or reduce the number of times you speak about HIV/AIDS with others? (5) Did you work more or less frequently?		More 1 <input type="text"/>	Same 2 <input type="text"/>	Less 3 <input type="text"/>
			1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
			1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
			1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
			1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
Q6993	Have you experienced any unpleasant side effects since you started the treatment?	Yes	1 <input type="text"/>		
		No	2 <input type="text"/>		
Q6994	Have you received any of the following as part of your treatment for HIV/AIDS? <u>Read through the list.</u> <u>Tick "NA" if never needed.</u> <u>Note name of organisation providing pain relief.</u> _____	Change in ARVs due to complications	Yes 1 <input type="text"/>	No 2 <input type="text"/>	NA 99 <input type="text"/>
		TB treatment	1 <input type="text"/>	2 <input type="text"/>	99 <input type="text"/>
		Treatment for other opportunistic infections	1 <input type="text"/>	2 <input type="text"/>	99 <input type="text"/>
		Cotrimoxazole	1 <input type="text"/>	2 <input type="text"/>	99 <input type="text"/>
		Traditional medicine / treatment	1 <input type="text"/>	2 <input type="text"/>	99 <input type="text"/>
		Faith healing	1 <input type="text"/>	2 <input type="text"/>	99 <input type="text"/>
		Nutrition help / advice	1 <input type="text"/>	2 <input type="text"/>	99 <input type="text"/>
		Home-based care kit	1 <input type="text"/>	2 <input type="text"/>	99 <input type="text"/>
		Home visit from VCW	1 <input type="text"/>	2 <input type="text"/>	99 <input type="text"/>
		Home visit from nurse/doctor	1 <input type="text"/>	2 <input type="text"/>	99 <input type="text"/>
		Home visit from nanga or faith healer	1 <input type="text"/>	2 <input type="text"/>	99 <input type="text"/>
		Hospital admission	1 <input type="text"/>	2 <input type="text"/>	99 <input type="text"/>
		Hospice care	1 <input type="text"/>	2 <input type="text"/>	99 <input type="text"/>
		Treatment to relieve severe pain	1 <input type="text"/>	2 <input type="text"/>	99 <input type="text"/>
Q6995	Was this treatment for pain relief effective?	Yes	1 <input type="text"/>		
		No	2 <input type="text"/>		

Q701 if - 2 or 99

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																		
Q701	<i>Now I would like to ask you some questions about HIV and AIDS.</i>																				
Q702	<p><i>Please tell me all the ways that an adult can get HIV infection and AIDS?</i> Tick 1 for each way mentioned spontaneously. <i>Are there any other ways?</i> Then proceed down the column, reading the description of each possible way not mentioned spontaneously. Make entries in "probed" column as follows:</p> <p>1 / 11 Yes, HIV can be transmitted this way (spont / yes when probed) 2 / 12 No, HIV cannot be transmitted this way (spont / yes when probed) 98 Don't know</p>	<p>Sex with a person with HIV/AIDS Touching a person with AIDS Mosquito bites Blood transfusion Injection with a dirty needle Sharing utensils with person with HIV/AIDS Ritual scarification Other (specify) _____</p>	<table border="1"> <thead> <tr> <th>Spont</th> <th>Probed</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	Spont	Probed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q703	<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>Ask in same way as Q702. Codes as in Q702</p>	<p>Sex with a prostitute Many sex partners Not being circumcised (for men) Other STDs present Using condoms Witchcraft or spiritual curse Other (specify) _____</p>	<table border="1"> <thead> <tr> <th>Spont</th> <th>Probed</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	Spont	Probed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q704	<p><i>What are the ways in which an infant or child could have become infected with HIV?</i></p> <p>Ask in same way as Q702. Codes as in Q702</p>	<p>At birth - if mother infected Witchcraft or spiritual curse Mosquito bites Injection with a dirty needle Breastfed by infected woman Blood transfusion Other (specify) _____</p>	<table border="1"> <thead> <tr> <th>Spont</th> <th>Probed</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	Spont	Probed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q705	<i>Are ALL babies born to women who have HIV born with the infection?</i>	<p>Yes No Don't know</p>	<table border="1"> <tbody> <tr><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>2</td><td><input type="checkbox"/></td></tr> <tr><td>98</td><td><input type="checkbox"/></td></tr> </tbody> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	98	<input type="checkbox"/>												
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2	<input type="checkbox"/>																				
98	<input type="checkbox"/>																				
Q706	<i>Can all people infected with HIV be identified by looking at them?</i>	<p>Yes No Don't know</p>	<table border="1"> <tbody> <tr><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>2</td><td><input type="checkbox"/></td></tr> <tr><td>98</td><td><input type="checkbox"/></td></tr> </tbody> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	98	<input type="checkbox"/>												
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Q707	<i>Would you be willing to take care of a family member with AIDS?</i>	<p>Yes No Don't know</p>	<table border="1"> <tbody> <tr><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>2</td><td><input type="checkbox"/></td></tr> <tr><td>98</td><td><input type="checkbox"/></td></tr> </tbody> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	98	<input type="checkbox"/>	- Q709											
1	<input type="checkbox"/>																				
2	<input type="checkbox"/>																				
98	<input type="checkbox"/>																				
Q708	<i>Why would you not be willing to take care of a family member with AIDS?</i>	<p>Not enough time Too few resources Not enough space Too young Not experienced enough Unwell myself Frightened of being exposed to HIV Reluctant to be associated with people living with HIV Other (specify) _____</p>	<table border="1"> <tbody> <tr><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>2</td><td><input type="checkbox"/></td></tr> <tr><td>3</td><td><input type="checkbox"/></td></tr> <tr><td>4</td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td><input type="checkbox"/></td></tr> <tr><td>7</td><td><input type="checkbox"/></td></tr> <tr><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>12</td><td><input type="checkbox"/></td></tr> </tbody> </table>	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"/>
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7	<input type="checkbox"/>																				
8	<input type="checkbox"/>																				
12	<input type="checkbox"/>																				
Q709	<i>How long does it usually take for a person infected with HIV to develop symptoms?</i>	<p>Number of years or months Don't know</p>	<table border="1"> <tbody> <tr> <td><input type="text"/></td> <td>ys</td> <td><input type="text"/></td> <td>mnths</td> </tr> <tr> <td colspan="2">998</td> <td colspan="2"><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="text"/>	ys	<input type="text"/>	mnths	998		<input type="checkbox"/>											
<input type="text"/>	ys	<input type="text"/>	mnths																		
998		<input type="checkbox"/>																			
Q710	<i>How many people do you know who either died from AIDS or have the disease now?</i>	<p>Number (> 0) Doesn't know of any</p>	<table border="1"> <tbody> <tr><td><input type="text"/></td></tr> <tr><td>998</td></tr> </tbody> </table>	<input type="text"/>	998	- Q714															
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998																					
Q711	<i>Of these people, how many live(d) in your household; in the same village/town; and how many live(d) somewhere else? Enter numbers of people in each category.</i>	<p>Household Village/town Somewhere else Check that these sum to same as in Q710.</p>	<table border="1"> <tbody> <tr><td><input type="text"/></td></tr> <tr><td><input type="text"/></td></tr> <tr><td><input type="text"/></td></tr> </tbody> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>															
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REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO																				
Q712	<p><i>What was your relationship to each of these people?</i> <u>Enter numbers of people in each category.</u></p>	Spouse/partner Father or mother Son or daughter Other relative Friend or neighbour Work colleague Someone else	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																					
Q713	<p><i>Did you help to take care of any of these people on a daily basis?</i></p>	Yes No	1 <input type="text"/> 2 <input type="text"/>																					
Q714	<p><i>Have you been at risk of getting infected with HIV in the past?</i></p>	Yes No Don't know	1 <input type="text"/> 2 <input type="text"/> 98 <input type="text"/>	- Q716 - Q716																				
Q715	<p><i>What was the reason you were at risk of getting infected?</i></p>	Had multiple sex partners Regular partner had many partners Other partner with many partners Many friends/relatives dying of AIDS Other (specify) _____ Don't know	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 5 <input type="text"/> 8 <input type="text"/> 98 <input type="text"/>																					
Q716	<p><i>If you are not infected, do you think you are in danger of getting infected now or in the future?</i></p>	Yes No Don't know NA - HIV positive	1 <input type="text"/> 2 <input type="text"/> 98 <input type="text"/> 99 <input type="text"/>	- Q718 - Q718																				
Q717	<p><i>Why do you think you might become infected?</i> <u>Do not prompt, but ask if any other reasons.</u></p>	Has multiple sex partners (now) Regular partner had many partners Might marry a person who is already infected Many friends/relatives dying of AIDS Future partner may have other partners Other (specify) _____	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 8 <input type="text"/>																					
Q718	<p><i>If you did become ill with AIDS, do you think you would be able to get help from your neighbours?</i></p>	Yes No Don't know	1 <input type="text"/> 2 <input type="text"/> 98 <input type="text"/>																					
Q719	<p><i>Is there discrimination in the community against people with AIDS?</i></p>	Yes No	1 <input type="text"/> 2 <input type="text"/>																					
Q720	<p><i>If you thought your spouse/regular partner was having sexual intercourse with (a) casual partner(s) without using condoms, could you persuade him/her to stop?</i></p>	Yes No No regular partner Don't know	1 <input type="text"/> 2 <input type="text"/> 96 <input type="text"/> 98 <input type="text"/>																					
Q7201	<p><i>Which of the following statements do you agree with?</i></p> <p>(1) Men have a sex drive that needs to be satisfied (2) A man will lose respect if he admits to have HIV (3) Men who take sick children to the hospital, or cook at home, should be proud of what they do (4) Men are strong and therefore less likely to need a doctor (5) Men are always ready for sex (6) A man should not go with his partner for antenatal check-ups at the local clinic (7) If a man is sick, he should not let others see he is in pain (8) It is appropriate for a woman to be the primary breadwinner of a household (9) A real man enjoys a bit of risk taking now and then <u>Read out each in turn.</u></p>		<table border="1"> <thead> <tr> <th>Agree</th> <th>Disagree</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	Agree	Disagree	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
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Q7202	<p><i>Which of the following statements would you say was true?</i></p> <p>(1) Minor illnesses can be fought off if you don't give in to it (2) Men feel comfortable going to the hospital and have no problems seeking help (3) There is no need to go and see a doctor unless you are very ill (4) A man should make sure that he knows about HIV (5) It is important for a man living with HIV to be on anti-retroviral therapy (6) A man who goes to the hospital is considered weak (7) It is important for men to get tested for HIV (8) Men get embarrassed if a brother is found to be HIV positive <u>Read out each in turn.</u></p>		<table border="1"> <thead> <tr> <th>True</th> <th>Not</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	True	Not	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2			
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Q721	<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. (2) My spouse/partner would not use condoms with me on a regular basis. (3) I have more than one partner because I need the money and the possibility of dying from AIDS is remote. (4) I pay/get paid for sex because my friends do and because they encourage me. (5) There is no point trying to avoid AIDS as I am probably already infected. (6) I could avoid AIDS by sticking to one partner or always using condoms. (7) I am more likely to die from an accident or other illness than from AIDS. (8) Condom use within marriage is becoming more widely accepted in this area. (9) Condoms significantly reduce the pleasure of having sex. (10) These days, most married men are faithful to their wives. (11) Drinking beer is an essential form of entertainment and relaxation for men. (12) My friends have changed their sexual behaviour to prevent HIV. (13) The changes I need to make to prevent HIV are a lot to ask. (14) I find it difficult to maintain my commitment to safe sex. (15) I am less worried about getting HIV now that treatments have improved. (16) I believe that new drug therapies make people with HIV less infectious. (17) There will always be people who stand by me in difficult times. (18) People who have AIDS should be ashamed.</p> <p><u>Read out each in turn.</u></p>		<table border="1"> <thead> <tr> <th>True</th> <th>Not true</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	True	Not true	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2		
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Q722	<p><i>Which of these factors play the biggest role in causing people to get AIDS?</i></p> <p><u>Read out the options.</u></p>	<p>Poverty Powerlessness of women Ignorance Bad behaviours Don't know</p>	<p>1 2 3 4 98</p>	<table border="1"> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
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Q723	<p><i>Is there anything people in this community can do to tackle the AIDS epidemic or is this something that can only be done by outsiders from government or oversea?</i></p>	<p>Yes: community can tackle AIDS No: outsiders must tackle AIDS Don't know</p>	<p>1 2 96</p>	<table border="1"> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																								
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Q724	<p><i>In the past week, have you yourself spoken to any of the following about AIDS?</i></p>	<p>Family member Friend/neighbour Work colleague Health professional (doctor/nurse) Traditional healer Community leader</p>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	Yes	No	1	2	1	2	1	2	1	2	1	2	1	2																														
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Q725	<p><i>Do you think there are things you can do which will prevent you from becoming infected with HIV in the future?</i></p>	<p>Yes No Don't know NA - already infected</p>	<p>1 2 98 99</p>	<table border="1"> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
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Q726	<p><i>Are you or your spouse/partner currently taking any steps to avoid HIV and AIDS?</i></p>	<p>Yes No</p>	<p>1 2</p>	<table border="1"> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	- Q728																																								
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Q727	<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>Sticking to one partner - self Sticking to one partner - spouse Condoms - self/spouse Condoms - self/casual partners Condoms - spouse/casual partners Femidoms - self/spouse Femidoms - self/casual partners Femidoms - spouse/casual partners Avoiding bars - self Avoiding bars - spouse Abstaining from sex Choosing younger partners Choosing HIV-partners: tested Choosing HIV-partners: untested Avoiding widow(er)s VCT - self VCT - spouse Taking ARVs Other (specify) _____</p>	<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 20</p>	<table border="1"> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
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Q728	Do you know of any place where male and female condoms are available locally?	Available Y N Male condoms <input type="checkbox"/> 1 <input type="checkbox"/> 2 Female condoms <input type="checkbox"/> 1 <input type="checkbox"/> 2	- Q730 if - ALL 'No'
Q729	From what places or persons can condoms and/or femidoms be obtained locally? <u>If available, ask whether charge or free.</u> <u>Do not prompt, but ask if any other places.</u> From what place or person was the last condom (femidom) you used obtained?	Charge Free Obtained Partner <input type="checkbox"/> 11 <input type="checkbox"/> 12 Shop/pharmacy <input type="checkbox"/> 11 <input type="checkbox"/> 12 Hospital/clinic <input type="checkbox"/> 11 <input type="checkbox"/> 12 Family planning centre <input type="checkbox"/> 11 <input type="checkbox"/> 12 Community based distributor <input type="checkbox"/> 11 <input type="checkbox"/> 12 Bar/beerhall/hotel <input type="checkbox"/> 11 <input type="checkbox"/> 12 Peer educator <input type="checkbox"/> 11 <input type="checkbox"/> 12 FACT employee/volunteer <input type="checkbox"/> 11 <input type="checkbox"/> 12 Africare <input type="checkbox"/> 11 <input type="checkbox"/> 12 (Only) outside the area <input type="checkbox"/> 11 <input type="checkbox"/> 12 Other (specify) <input type="checkbox"/> 11 <input type="checkbox"/> 12 Never obtained a condom <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Q730	Have you ever discussed ways of avoiding HIV/AIDS with your regular partner?	Yes 1 No 2 No regular partner 96 NA (for those already infected only) 99	- Q734
Q731	Have you and your regular partner started, changed or stopped your method of family planning in the last 3 years?	Yes - started 1 Yes - changed 2 Yes - stopped 3 No 4	- Q734
Q732	Which of the following reasons led you to make this change?	Previous method not effective Yes: 1 No: 2 Avoid having HIV positive baby Yes: 1 No: 2 PMTCT - now safe to have baby Yes: 1 No: 2 On ART - now safe to have baby Yes: 1 No: 2	
Q733	Which method(s) were you using before you heard about ARVs and which are you using now?	Pill 1 Condoms 2 Femidoms 3 Injectable hormonal contraceptives 5 Sterilization 4 Other (specify) 8 No methods being used 98	Before Now <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q734	Have you heard about any meetings or other activities about HIV and AIDS?	Yes 1 No 2	- Q737
Q735	Have you attended any meetings or other activities about HIV and AIDS?	Yes 1 No 2	- Q737
Q736	Were any of these activities held locally or only somewhere else?	Local area 1 Elsewhere only - specify location. 2	
Q737	Have you ever heard about the following HIV prevention activities in your area? <u>For those known, ask whether ever attended.</u>	Heard Attended Y N Y N Peer education - workplace <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 Peer education - beer haals <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 Peer education - students/youth <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 Community popular opinion leaders <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 Youth-friendly HIV/AIDS corners <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Q738	How many times in the last month have you heard HIV/AIDS mentioned ... (1) On television (2) On the radio (3) In a newspaper (4) In informal conversations	TV Radio Newspaper Conversations	- Q742 if - aged 30+

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO										
Q739	Did you have lessons about HIV/AIDS when you were in school?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	- Q742										
Q740	Did the HIV/AIDS lessons in school cover: (1) How HIV is contracted? (2) How to use a condom? (3) Other ways to avoid HIV/AIDS? (4) How to care for someone with HIV/AIDS? (5) Anti-retroviral drugs for AIDS?		<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>	Y	N	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"/>	
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Q741	Did the students take these lessons about HIV/AIDS seriously?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>											
Q742	<u>Record details of others present at this point in the interview.</u>	Children under 10 Husband/wife Other males Other females	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> </tr> </tbody> </table>	Y	N	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"/>	
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Q801	Now I would like to talk to you about pregnancy and childbirth. Have you ever given birth (fathered a child)?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	- Q806
Q802	Do you have any sons or daughters who are living with you now?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	- Q804
Q803	How many sons live with you? How many daughters live with you?	Sons at home Daughters at home	<input type="text"/> <input type="text"/>	
Q804	Do you have any sons or daughters who are alive but do not live with you?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	- Q806
Q805	How many sons are alive but do not live with you? How many daughters are alive but do not live with you?	Sons elsewhere Daughters elsewhere	<input type="text"/> <input type="text"/>	
Q806	Have you ever given birth to (or fathered) a boy or girl who was born alive but later died? <u>If no, probe:</u> Any (other) boy or girl who cried or showed any sign of life but only survived a few hours or days?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>	- Q808
Q807	How many boys have died in this way? And how many girls died in this way?	Boys who died Girls who died	<input type="text"/> <input type="text"/>	
Q808	<u>Sum answers to Q803, Q805 and Q807.</u> <u>Enter total.</u>	Total	<input type="text"/>	
Q809	In total, then, how many live births have you had (fathered)? <u>Compare response with total in Q808.</u> <u>If numbers are different, probe and correct.</u>		<input type="text"/>	- Q822 if "0"

Q811 *Now I would like to talk to you about all your births, whether still alive or not, starting with the first one you had.*
 Stress that need to include children who were born alive but died soon after.
 Record names of all births in Q812. If died before given a name, enter "NOT NAMED".
 Record multiple births (twins etc) on separate lines.

Q812	Q813	Q814	Q815	Q816	Q817	Q818	Q819	Q820
What name was given to your (first/next) baby? _____ (NAME)	Record single (S) or multiple (M) birth status.	Is (NAME) a boy (B) or girl (G)?	In what month/year was (NAME) born? Ask for Child Health Card (CHC) as evidence of date of birth. Tick CHC box if date confirmed.	Was PMTCT received? If yes, ask which type.	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? Record age in completed years.	If alive: Is (NAME) living with you?	If dead: How old was (NAME) when he/she died? If "1 year": How many months old was (NAME) when he/she died? Record days, if <1 month; months, if <2 years.
01 _____ (NAME)	S <input type="checkbox"/> 1 M <input type="checkbox"/> 2	B <input type="checkbox"/> 1 G <input type="checkbox"/> 2	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> 1 NVP <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 No/DK <input type="checkbox"/> 8	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Q820	Age <input type="text"/> in years	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Place* <input type="text"/> next birth	Days <input type="text"/> Mths <input type="text"/> Yrs <input type="text"/> next birth
02 _____ (NAME)	S <input type="checkbox"/> 1 M <input type="checkbox"/> 2	B <input type="checkbox"/> 1 G <input type="checkbox"/> 2	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> 1 NVP <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 No/DK <input type="checkbox"/> 8	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Q820	Age <input type="text"/> in years	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Place* <input type="text"/> next birth	Days <input type="text"/> Mths <input type="text"/> Yrs <input type="text"/> next birth
03 _____ (NAME)	S <input type="checkbox"/> 1 M <input type="checkbox"/> 2	B <input type="checkbox"/> 1 G <input type="checkbox"/> 2	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> 1 NVP <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 No/DK <input type="checkbox"/> 8	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Q820	Age <input type="text"/> in years	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Place* <input type="text"/> next birth	Days <input type="text"/> Mths <input type="text"/> Yrs <input type="text"/> next birth
04 _____ (NAME)	S <input type="checkbox"/> 1 M <input type="checkbox"/> 2	B <input type="checkbox"/> 1 G <input type="checkbox"/> 2	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> 1 NVP <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 No/DK <input type="checkbox"/> 8	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Q820	Age <input type="text"/> in years	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Place* <input type="text"/> next birth	Days <input type="text"/> Mths <input type="text"/> Yrs <input type="text"/> next birth
05 _____ (NAME)	S <input type="checkbox"/> 1 M <input type="checkbox"/> 2	B <input type="checkbox"/> 1 G <input type="checkbox"/> 2	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> 1 NVP <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 No/DK <input type="checkbox"/> 8	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Q820	Age <input type="text"/> in years	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Place* <input type="text"/> next birth	Days <input type="text"/> Mths <input type="text"/> Yrs <input type="text"/> next birth
06 _____ (NAME)	S <input type="checkbox"/> 1 M <input type="checkbox"/> 2	B <input type="checkbox"/> 1 G <input type="checkbox"/> 2	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> 1 NVP <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 No/DK <input type="checkbox"/> 8	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Q820	Age <input type="text"/> in years	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Place* <input type="text"/> next birth	Days <input type="text"/> Mths <input type="text"/> Yrs <input type="text"/> next birth
07 _____ (NAME)	S <input type="checkbox"/> 1 M <input type="checkbox"/> 2	B <input type="checkbox"/> 1 G <input type="checkbox"/> 2	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> 1 NVP <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 No/DK <input type="checkbox"/> 8	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Q820	Age <input type="text"/> in years	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Place* <input type="text"/> next birth	Days <input type="text"/> Mths <input type="text"/> Yrs <input type="text"/> next birth
08 _____ (NAME)	S <input type="checkbox"/> 1 M <input type="checkbox"/> 2	B <input type="checkbox"/> 1 G <input type="checkbox"/> 2	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> 1 NVP <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 No/DK <input type="checkbox"/> 8	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Q820	Age <input type="text"/> in years	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Place* <input type="text"/> next birth	Days <input type="text"/> Mths <input type="text"/> Yrs <input type="text"/> next birth
09 _____ (NAME)	S <input type="checkbox"/> 1 M <input type="checkbox"/> 2	B <input type="checkbox"/> 1 G <input type="checkbox"/> 2	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> 1 NVP <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 No/DK <input type="checkbox"/> 8	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Q820	Age <input type="text"/> in years	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Place* <input type="text"/> next birth	Days <input type="text"/> Mths <input type="text"/> Yrs <input type="text"/> next birth

*Place: 1 Large town/city, 2 Small town, 3 Growth point, 4 Commercial estate/mine, 5 Roadside BC, 6 Rural BC, 7 Communal/resettlement area

Q812	Q813	Q814	Q815	Q816	Q817	Q818	Q819	Q820
What name was given to your (first/next) baby?	Record single (S) or multiple (M) birth status.	Is (NAME) a boy (B) or girl (G)?	In what month/year was (NAME) born? Ask for Child Health Card (CHC) as evidence of date of birth. Tick CHC box if date confirmed.	Was PMTCT received? If yes, ask which type.	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? Record age in completed years.	If alive: Is (NAME) living with you?	If dead: How old was (NAME) when he/she died? If "1 year": How many months old was (NAME) when he/she died? Record days, if <1 month; months, if <2 years.
<input type="text"/> (NAME)	S <input type="checkbox"/> 1 M <input type="checkbox"/> 2	B <input type="checkbox"/> 1 G <input type="checkbox"/> 2	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> 1 NVP <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 No/DK <input type="checkbox"/> 8	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Q820	Age <input type="text"/> in years	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Place <input type="text"/> next birth	Days <input type="text"/> Mths <input type="text"/> Yrs <input type="text"/> next birth
<input type="text"/> (NAME)	S <input type="checkbox"/> 1 M <input type="checkbox"/> 2	B <input type="checkbox"/> 1 G <input type="checkbox"/> 2	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> 1 NVP <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 No/DK <input type="checkbox"/> 8	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Q820	Age <input type="text"/> in years	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Place <input type="text"/> next birth	Days <input type="text"/> Mths <input type="text"/> Yrs <input type="text"/> next birth
<input type="text"/> (NAME)	S <input type="checkbox"/> 1 M <input type="checkbox"/> 2	B <input type="checkbox"/> 1 G <input type="checkbox"/> 2	Month <input type="text"/> Year <input type="text"/> CHC? <input type="checkbox"/>	MER <input type="checkbox"/> 1 NVP <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 No/DK <input type="checkbox"/> 8	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Q820	Age <input type="text"/> in years	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Place <input type="text"/> next birth	Days <input type="text"/> Mths <input type="text"/> Yrs <input type="text"/> next birth

Q821	Tick here, if further sheet used: <input type="checkbox"/>	Total: <input type="text"/>
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Q822	<p>Compare Q808 with total number of births in history above (Q821). If numbers are different, probe and reconcile. If numbers are the same, check:</p> <p>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.</p>	<input type="text"/>
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Q823	<p>For men: go to Q828.</p> <p>For women: check follow-up checklist for pregnancy at time of Round 5 visit.</p>	Pregnant - self-report <input type="checkbox"/> 1 Not pregnant <input type="checkbox"/> 2	Q827
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Q824	At the time we saw you last you were pregnant, what was the outcome of that pregnancy?	Live birth <input type="checkbox"/> 1 Miscarriage/still birth <input type="checkbox"/> 2	Q826
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Q825	After how many months of the pregnancy did the miscarriage/stillbirth occur?	Months <input type="text"/> months	Q827
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Q826	What name was given to this baby? Check whether this name appears on the list above at the appropriate time. If not, investigate.	<input type="text"/>	
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Q827	How many pregnancies have you had in the last 3 years including any current pregnancy?	One or more <input type="text"/> None <input type="checkbox"/>	Q901 Q941 & Q943
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Q828	The last time your spouse was pregnant, did you join her for PMTCT services and get tested for HIV/AIDS as well?	Yes - joint and tested <input type="checkbox"/> 1 Joint but not tested <input type="checkbox"/> 2 No <input type="checkbox"/> 3 NA - spouse never pregnant <input type="checkbox"/> 98	Q943 Q943 Q943 Q943
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REF.	QUESTIONS & FILTERS	MOST RECENT PREG.	PREVIOUS PREG.	PREVIOUS PREG.	PREVIOUS PREG.	
Q901	Are you pregnant now?	Yes No Not sure	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>	- Q903 - Q903		
Q902	For how many months have you been pregnant?	Number	<input style="width: 40px; height: 25px;" type="text"/>	- Q904		
Q903	When did your most recent (or "this" for previous pregs) pregnancy end? <u>Stress: including miscarriages.</u>		<input style="width: 30px; height: 20px;" type="text"/> mnth <input style="width: 30px; height: 20px;" type="text"/> yr	<input style="width: 30px; height: 20px;" type="text"/> mnth <input style="width: 30px; height: 20px;" type="text"/> yr	<input style="width: 30px; height: 20px;" type="text"/> mnth <input style="width: 30px; height: 20px;" type="text"/> yr	<input style="width: 30px; height: 20px;" type="text"/> mnth <input style="width: 30px; height: 20px;" type="text"/> yr
Q904	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 Later Not at all	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"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Q905	Have you seen anyone for antenatal care during this pregnancy?	Yes No (Go to Q913)	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"/>
Q906	After how many months of the pregnancy did you first go for an antenatal check-up?	Months	<input style="width: 40px; height: 25px;" type="text"/> mnth			
Q907	How far is it from this place to the ANC clinic you attended?	km Don't know	<input style="width: 40px; height: 25px;" type="text"/> kms 98 <input type="checkbox"/>			
Q908	What type of place is this clinic located in?	Large town Small town Growth point Estate/mine Roadside BC Rural BC Communal/resettlem't	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"/>			
Q909	How long does it take to travel from your home to this clinic?	<u>Convert hours to mins if necessary.</u>	<input style="width: 40px; height: 25px;" type="text"/> mins			
Q910	What mode of transport do you use to travel to this place?	Foot Bicycle Motor vehicle Other (specify)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	_____		
Q911	Is this clinic the nearest ANC clinic to where you USUALLY live that provides PMTCT services?	Yes (Go to Q917) No Not sure (Go to Q917)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>			
Q912	Why didn't you use the nearest clinic with PMTCT services?	Wanted PMTCT Didn't want HIV test Other (specify)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>	_____		
Q913	How far is it from this place to the nearest ANC clinic where PMTCT services are available?	km Don't know	<input style="width: 40px; height: 25px;" type="text"/> kms 98 <input type="checkbox"/>			
Q914	What type of place is this clinic (nearest with PMTCT) located in?	<u>Use code from Q908.</u>	<input style="width: 40px; height: 25px;" type="text"/>			
Q915	How long does it take to travel from your home to this clinic?	<u>Convert hours to mins if necessary.</u>	<input style="width: 40px; height: 25px;" type="text"/> mins			
Q916	What mode of transport do you use to travel to this clinic?	Foot Bicycle Motor vehicle Other (specify)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	_____		
Q917	Were PMTCT services available at the clinic you visited at the time you attended for this pregnancy?	Yes No (Go to Q919) Don't know	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"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>

REF.	QUESTIONS & FILTERS	MOST RECENT PREG.	PREVIOUS PREG.	PREVIOUS PREG.	PREVIOUS PREG.																																	
Q918	Did you have an HIV test while attending for check-ups for this pregnancy or did you already know your status?	Yes No: knew status No: did not want (Go to Q924)	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"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>																																
Q919	Did you have HIV infection at the time of this pregnancy? <u>Stress confidential but voluntary.</u>	Yes No (Go to Q924) Don't know (Go Q924) No response (Go Q924)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>																																
Q920	Did the clinic provide you with any counselling on family planning for people with HIV?	Yes No Don't recall	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>																																		
Q921	Did you receive any treatment to take YOURSELF to prevent the baby from getting infected? If so, what type? <u>Stress that this is treatment taken by the mother herself.</u>	Yes: MER Yes: NVP single dose Yes: other (specify) <hr/> No	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>																																
Q922	Did the baby receive any of these forms of treatment?	MER NVP syrup ART (i.e. continuous)	<table border="1"><tr><td>Y</td><td>N</td></tr><tr><td>1</td><td>2</td></tr><tr><td>1</td><td>2</td></tr><tr><td>1</td><td>2</td></tr></table>	Y	N	1	2	1	2	1	2	<table border="1"><tr><td>Y</td><td>N</td></tr><tr><td>1</td><td>2</td></tr><tr><td>1</td><td>2</td></tr><tr><td>1</td><td>2</td></tr></table>	Y	N	1	2	1	2	1	2	<table border="1"><tr><td>Y</td><td>N</td></tr><tr><td>1</td><td>2</td></tr><tr><td>1</td><td>2</td></tr><tr><td>1</td><td>2</td></tr></table>	Y	N	1	2	1	2	1	2	<table border="1"><tr><td>Y</td><td>N</td></tr><tr><td>1</td><td>2</td></tr><tr><td>1</td><td>2</td></tr><tr><td>1</td><td>2</td></tr></table>	Y	N	1	2	1	2	1	2
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Q923	Did you or the baby ever stop or miss taking the treatment you were given?	Yes No Baby died before completed	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"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>																																
Q924	Was the baby delivered at a clinic/hospital or at home?	Clinic Home Still pregnant (Go to Q931)	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"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>																																
Q925	Did this pregnancy end in a miscarriage, abortion or stillbirth?	Yes No (Go to Q928)	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"/>																																
Q926	How many months pregnant were you when this pregnancy ended?		<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths																																
Q927	Was this pregnancy ended intentionally because you knew or suspected you might have HIV?	Yes (Go to Q931) No (Go to Q931) Rather not say (Go Q931)	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"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>																																
Q928	Did the baby ever have an HIV test? <u>If yes, ask for result.</u> <u>Stress confidential but voluntary.</u>	Yes: infected Yes: uninfected No DK or rather not say	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"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>																																
Q929	Is the baby still alive?	Yes (Go to Q931) No	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"/>																																
Q930	How old was the baby when he/she passed away?	<u>Convert to months.</u> <u><1m = '0' months.</u>	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths																																
Q931	Has your period returned since this pregnancy ended?	Yes No (Go to Q933)	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"/>																																
Q932	For how many months after this pregnancy ended did you not have a period?		<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths																																
Q933	Have you resumed sexual relations since this pregnancy ended?	Yes No (Go to Q936)	1 <input type="checkbox"/> 2 <input type="checkbox"/>																																			
Q934	For how many months after this pregnancy ended did you not have sexual relations?	<u>If 4+ months, go to Q936</u>	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths	<input type="text"/> mnths																																

REF.	QUESTIONS & FILTERS	MOST RECENT PREG.	PREVIOUS PREG.	PREVIOUS PREG.	PREVIOUS PREG.	
Q935	Why did you resume having sex early after this pregnancy ended? <u>If pregnancy ended in miscarriage etc (check Q925), go to Q940.</u>	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"/>
Q936	Did you ever feed this baby at the breast?	Yes No (Go to Q939)	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"/>
Q937	Are you still breastfeeding?	Yes (Go to Q940) No Child has died	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>			
Q938	For how long did you breastfeed this baby: Exclusively? (i.e. no liquids or solids) In total?	Months Months (if >6, go to Q940)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Q939	Why did you not breastfeed this baby (for longer)?	Baby sick or died Mother sick Risk of HIV Pregnant Resumed sex Other	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 12 <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"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 12 <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"/>
Q940	How long ago did your last menstrual period start? <u>If less than one month, record answer as "0" months.</u>	Months Years Before last birth Never menstruated	<input type="text"/> <input type="text"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/>			
Q941	Do you plan to have another baby? <u>For previous preg., "Did you plan ..?"</u>	Yes No 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"/>		
Q942	<u>Ask for date when the pregnancy before this one ended: if less than 3 years ago, go to next column and Q903.</u>					
Q943	For how much of the last 3 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"/>	- Q1001		
Q944	Which were the main methods you used? <u>Tick maximum of two methods.</u>	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"/>	_____		
Q945	What were your main reasons for wanting to delay or prevent another pregnancy? <u>Probe for other reasons, but do not prompt.</u>	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"/>			

Q1001 <u>Record current time.</u>	Hour and minutes	<table border="1"> <tr> <td style="width: 40px; text-align: center;">hr</td> <td style="width: 40px; text-align: center;">mins</td> </tr> </table>	hr	mins				
hr	mins							
Q1002 <i>What are your views of the value of this research?</i>	Useful Do not see the point No opinion	<table border="1"> <tr><td style="width: 40px; text-align: center;">1</td><td style="width: 40px; text-align: center;"><input type="text"/></td></tr> <tr><td style="width: 40px; text-align: center;">2</td><td style="width: 40px; text-align: center;"><input type="text"/></td></tr> <tr><td style="width: 40px; text-align: center;">98</td><td style="width: 40px; text-align: center;"><input type="text"/></td></tr> </table>	1	<input type="text"/>	2	<input type="text"/>	98	<input type="text"/>
1	<input type="text"/>							
2	<input type="text"/>							
98	<input type="text"/>							
Q1003 <u>Record respondent's comments and your own observations in the space below.</u> <u>Give respondent a copy of the research results sheet and ask if he/she has any questions.</u> <u>Remind respondent of arrangements for HIV VCT treatment.</u>								

RESPONDENT'S COMMENTS:

On the research?

Further HIV prevention, care and support activities needed?

ENUMERATOR'S OBSERVATIONS:
