

INDIVIDUAL QUESTIONNAIRE

FORM B

MUT7number:

Questionnaire processing dates:
 Consent form
 Corrections completed

QUESTIONNAIRE IDENTIFICATION

Q001 **Census district:** _____ **Ward:**

Q002 **Village:** _____ **Cluster:**

Q003 **Name of head of household:** _____

Q004 **Category of respondent:** R6 MUTNO

Q005 **Study site reference:** Date left R6 area R6 site

Q006 **Household number:**

Q007 **Line number on household questionnaire:**

INTERVIEWER VISIT

	1	2	3
Q008 Date:	_____	_____	_____
Q009 Time:	_____	_____	_____
Q010 Interviewer:	_____	_____	_____
Q011 Result**:	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
Q012 Interview timing:	Before BE measurement	1	<input style="width: 30px; height: 20px;" type="text"/>
	After BE measurement	2	<input style="width: 30px; height: 20px;" type="text"/>

CHECKED BY SUPERVISOR

Q013 **Signature:** _____

Q014 **Date:** _____

***RESPONDENT CATEGORY**

Follow-up respondent (from R6)	1
New respondent: previously under age	2
New respondent: in-migrant (since R6)	5
New respondent: selected but unavailable R6	6
New respondent: selected but refused R6	7
New respondent: household missed R6	9
New respondent: new study site in R7	10

Other (specify) _____ 8

****RESULT CODES**

Completed	1
Not at home	2
Refused	3
Partially completed	4
Sick/hospital	5
Out-migrated	100

Other (specify) _____ 8

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
Q101	<u>Indicate whether the respondent wishes to participate in the study.</u>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q103
Q102	<u>Indicate the main reason why he/she does not wish to participate.</u> <u>* Ask for another appointment if reason is insufficient time.</u>	Insufficient time* DBS samples Information too personal Other (specify)	1 3 4 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q103	<u>Record details of others present at this point.</u>	Children under 10 Husband/wife Other males Other females	Yes 1 1 1 1	No 2 2 2 2	

INDIVIDUAL QUESTIONNAIRE:

BACKGROUND CHARACTERISTICS

Q. No:

Q201	<u>Record the current time (24 hour clock).</u>	Hour / Minutes	<input type="text"/> hr	<input type="text"/> mins	
Q202	<u>Record sex of respondent.</u>	Male Female	1 2	<input type="checkbox"/> <input type="checkbox"/>	
Q203	<u>In what month and year were you born?</u>		<input type="text"/> month	<input type="text"/> yr	
Q204	<u>How old were you at your last birthday?</u> <u>Check consistency with Q203.</u>	Age in COMPLETED years	<input type="text"/>	yr	
Q205	<u>Are you currently enrolled in school full-time?</u>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q208
Q206	<u>How old were you when you left school?</u>	Age in completed years Never been to school	<input type="text"/> 99	yr <input type="checkbox"/>	 - Q209
Q207	<u>What was your reason for leaving school?</u> <u>If parents decided, probe for the underlying reason.</u>	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 Finished secondary school Other (specify)	1 2 3 4 5 6 7 8 9 10 11 18	<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"/>	
Q208	<u>What is the highest grade of school you have completed?</u> <u>For "years", enter number of years (excl. repeats) at highest level reached.</u>	None Primary Secondary Higher	Level 0 1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Years 1-7 1-6 1-6
Q209	<u>Can you read a letter or newspaper in any language?</u>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	
Q210	<u>How long have you been living in this homestead?</u>	Years Since birth Visitor	<input type="text"/> 995 996	yr <input type="checkbox"/> <input type="checkbox"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																														
Q211	How long have you been living in (NAME OF VILLAGE)?	Years Since birth Visitor	<table style="display: inline-table; vertical-align: top;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">ys</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td></td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td></td></tr> </table> <table style="display: inline-table; vertical-align: top;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">995</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">996</td></tr> </table> - Q213		ys						995		996																				
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Q212	What type of place was your previous place of residence? <u>Record place of current home if the respondent is a visitor.</u> <u>"Roadside" here means a tarred road.</u> <u>Record the name of the place below.</u>	Large town or city Small town Growth point Commercial estate/mine Roadside business centre Rural business centre Communal/resettlement area	<table style="display: inline-table; vertical-align: top;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">1</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">2</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">3</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">4</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">5</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">6</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">7</td></tr> </table>		1		2		3		4		5		6		7																
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Q213	Which church denomination do you belong to?	Traditional Pentecostal Methodist Anglican Roman Catholic ZAOGA Apostolic Faith Mission Marange Apostolic Mazowe Apostolic Zviratidzo Apostolic Other Apostolic (specify) Zionist Mughodi Other (specify) None	<table style="display: inline-table; vertical-align: top;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">1</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">2</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">4</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">5</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">6</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">7</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">8</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">9</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">10</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">12</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">13</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">15</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">20</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">17</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">97</td></tr> </table>		1		2		4		5		6		7		8		9		10		12		13		15		20		17		97
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Q214	In which sector of employment do you work?	Estates: tea, coffee, forestry etc Manufacturing or building trade Police or army Teacher: primary school Teacher: secondary school Nurse Services or retail: shops Informal: petty trading (veg etc) Informal: subsistence agriculture Student Unemployed: excl. agriculture Other (specify)	<table style="display: inline-table; vertical-align: top;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">1</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">2</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">3</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">4</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">5</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">6</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">7</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">8</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">9</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">10</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">11</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">12</td></tr> </table> - Q216 - Q216 - Q216 - Q216		1		2		3		4		5		6		7		8		9		10		11		12						
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Q215	What type of work do you do?	Professional or managerial Self-employed: small business Skilled labour Manual/unskilled labour	<table style="display: inline-table; vertical-align: top;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">1</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">2</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">3</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">4</td></tr> </table>		1		2		3		4																						
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Q216	Over the last 12 months, how many times per month, on average, have you had a drink containing alcohol?	Number of times per month	<table style="display: inline-table; vertical-align: top;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td></tr> </table> - Q218 if '0'																														
Q217	How many drinks containing alcohol do you have on a typical sitting?	Number of drinks per sitting	<table style="display: inline-table; vertical-align: top;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td></tr> </table>																														
Q218	How many times have you visited a bar or beer-hall in the last month?	Number of times	<table style="display: inline-table; vertical-align: top;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td></tr> </table>																														
Q219	Do you smoke cigarettes?	Yes No	<table style="display: inline-table; vertical-align: top;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">1</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">2</td></tr> </table>		1		2																										
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Q220	Do you take any of these types of drugs for pleasure?	Injecting drugs Drugs you smoke Prescription drugs Other drugs you swallow	<table style="display: inline-table; vertical-align: top;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="font-size: 8px; border: 1px solid black; padding: 2px;">Yes</td> <td style="font-size: 8px; border: 1px solid black; padding: 2px;">No</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="font-size: 8px; border: 1px solid black; padding: 2px;">1</td> <td style="font-size: 8px; border: 1px solid black; padding: 2px;">2</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="font-size: 8px; border: 1px solid black; padding: 2px;">1</td> <td style="font-size: 8px; border: 1px solid black; padding: 2px;">2</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="font-size: 8px; border: 1px solid black; padding: 2px;">1</td> <td style="font-size: 8px; border: 1px solid black; padding: 2px;">2</td> </tr> </table>		Yes	No		1	2		1	2		1	2																		
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Q221	Have you ever been married or in a long-term or cohabiting relationship? <u>Relationships of 12 months or more should be treated as "long-term".</u>	Yes No	<table style="display: inline-table; vertical-align: top;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">1</td></tr> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">2</td></tr> </table> - Q235		1		2																										
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Q222	How many such relationships have you experienced in your lifetime?	<u>Include current relationships.</u>	<table style="display: inline-table; vertical-align: top;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td></tr> </table>																														
Q223	How old were you when you first entered such a relationship?	Age (years)	<table style="display: inline-table; vertical-align: top;"> <tr><td style="border: 1px solid black; width: 30px; height: 20px;"></td><td style="font-size: 8px;">ys</td></tr> </table>		ys																												
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REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																																
Q224	Are you currently widowed, divorced or separated from your most recent spouse/partner?	Widowed Divorced Separated Still in union	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> - Q235 - Q235 - Q235																																																
Q225	How many spouses/long-term partners do you have at present? <u>For women, ask how many other wives her husband has.</u>	(Not zero!) <u>Ask questions Q230 to Q238 for first spouse, then the second, and so on ...</u>	<input style="width: 50px; height: 20px;" type="text"/>																																																
Q226	How old was your partner at his/her last birthday?	Age in completed years Don't know	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;">yrs</td> <td style="border: 1px solid black; width: 30px; text-align: center;">yrs</td> <td style="border: 1px solid black; width: 30px; text-align: center;">yrs</td> <td style="border: 1px solid black; width: 30px; text-align: center;">yrs</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> </tr> </table>	yrs	yrs	yrs	yrs	98	98	98	98																																								
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Q227	Did you and your spouse have an HIV test before you agreed to get married?	Self only tested Partner only tested Neither tested Not yet 'married' Both tested seperately Both tested together	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;">2</td> <td style="border: 1px solid black; width: 30px; text-align: center;">2</td> <td style="border: 1px solid black; width: 30px; text-align: center;">2</td> <td style="border: 1px solid black; width: 30px; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">4</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">5</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">11</td> <td style="border: 1px solid black; text-align: center;">11</td> <td style="border: 1px solid black; text-align: center;">11</td> <td style="border: 1px solid black; text-align: center;">11</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">12</td> <td style="border: 1px solid black; text-align: center;">12</td> <td style="border: 1px solid black; text-align: center;">12</td> <td style="border: 1px solid black; text-align: center;">12</td> </tr> </table> - Q229 - Q229 - Q229	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	11	11	11	11	12	12	12	12																								
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Q228	Did you tell each other your results? <u>Ask equivalent if only one tested.</u>	Yes No	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> </table>	1	1	1	1	2	2	2	2																																								
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Q229	Do you know whether this person has HIV infection now? <u>If yes, ask for partner's status.</u>	Infected Uninfected Prefers not to say Don't know	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">96</td> <td style="border: 1px solid black; text-align: center;">96</td> <td style="border: 1px solid black; text-align: center;">96</td> <td style="border: 1px solid black; text-align: center;">96</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> </tr> </table> - Q231 - Q231 - Q231	1	1	1	1	2	2	2	2	96	96	96	96	98	98	98	98																																
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Q230	Is this person receiving ART (i.e. treatment to prevent AIDS)?	Yes No Prefers not to say Don't know	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">96</td> <td style="border: 1px solid black; text-align: center;">96</td> <td style="border: 1px solid black; text-align: center;">96</td> <td style="border: 1px solid black; text-align: center;">96</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> </tr> </table>	1	1	1	1	2	2	2	2	96	96	96	96	98	98	98	98																																
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Q231	Has he/she had a sexually transmitted infection (other than HIV) in the last months?	Yes No Don't know	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> </tr> </table> - Q233 if respondent is male	1	1	1	1	2	2	2	2	98	98	98	98																																				
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Q232	Has he been circumcised? <u>Show respondent pictures to establish whether fully or partially circumcised.</u>	Yes - full Yes - partial No Don't know	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> <td style="border: 1px solid black; text-align: center;">98</td> </tr> </table>	1	1	1	1	2	2	2	2	3	3	3	3	98	98	98	98																																
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Q233	What is the highest grade of school your partner has completed?	None Primary Secondary Higher	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;">0</td> <td style="border: 1px solid black; width: 30px; text-align: center;">0</td> <td style="border: 1px solid black; width: 30px; text-align: center;">0</td> <td style="border: 1px solid black; width: 30px; text-align: center;">0</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">1</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> </tr> </table>	0	0	0	0	1	1	1	1	2	2	2	2	3	3	3	3																																
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Q234	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)	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">4</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">5</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">6</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">7</td> <td style="border: 1px solid black; text-align: center;">7</td> <td style="border: 1px solid black; text-align: center;">7</td> <td style="border: 1px solid black; text-align: center;">7</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8</td> <td style="border: 1px solid black; text-align: center;">8</td> <td style="border: 1px solid black; text-align: center;">8</td> <td style="border: 1px solid black; text-align: center;">8</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">9</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">10</td> <td style="border: 1px solid black; text-align: center;">10</td> <td style="border: 1px solid black; text-align: center;">10</td> <td style="border: 1px solid black; text-align: center;">10</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">11</td> <td style="border: 1px solid black; text-align: center;">11</td> <td style="border: 1px solid black; text-align: center;">11</td> <td style="border: 1px solid black; text-align: center;">11</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">12</td> <td style="border: 1px solid black; text-align: center;">12</td> <td style="border: 1px solid black; text-align: center;">12</td> <td style="border: 1px solid black; text-align: center;">12</td> </tr> </table> - Q235 - Q235 - Q235 - Q235	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	5	6	6	6	6	7	7	7	7	8	8	8	8	9	9	9	9	10	10	10	10	11	11	11	11	12	12	12	12
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Q235	What type of work does he/she do?	Prof/manage't Self-employed Skilled labour Manual/unskilled	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; width: 30px; text-align: center;">1</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">3</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">4</td> </tr> </table>	1	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4																																
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Q236	Which of the following groups exist in your home area and which are you a member of? <u>For those where he/she is a member:</u> Would you say that this group functions: (1) well; (2) OK; or (3) poorly?	Church groups Women's groups Co-operative Farmers group Burial society Savings club (RCS) Youth group Sports club HIV/AIDS group Political party	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;"><u>Exist</u></td> <td style="border: 1px solid black; width: 30px; text-align: center;"><u>Member</u></td> <td style="border: 1px solid black; width: 30px; text-align: center;"><u>Rating</u></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	<u>Exist</u>	<u>Member</u>	<u>Rating</u>																																													
<u>Exist</u>	<u>Member</u>	<u>Rating</u>																																																	
Q237	What is the principal activity of the group you spend the most time with?	Code from Q235 None	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">99</td> </tr> </table>		99																																														
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REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																						
Q238	<i>Do you play one or more of these roles in your community?</i>	Chief, Headman or Kraal Head DA or CEO Political leader (MP, councillor ...) Church leader Teacher Traditional healer Faith healer Doctor or nurse Village health worker Formal sector manager/employer Other (specify)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Yes</th> <th style="width: 50%; text-align: center;">No</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>	Yes	No	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
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Q239	<i>Are you related to a young woman aged between 15-24 years in the following ways?</i>	Parent Sister or brother (same parents) Aunt or uncle Grandparent Spouse or regular partner	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Yes</th> <th style="width: 50%; text-align: center;">No</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>	Yes	No	1	2	1	2	1	2	1	2	1	2										
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Q240	<i>Are you related to a young man aged between 15-29 years in the following ways?</i>	Parent Sister or brother (same parents) Aunt or uncle Grandparent Spouse or regular partner	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Yes</th> <th style="width: 50%; text-align: center;">No</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>	Yes	No	1	2	1	2	1	2	1	2	1	2										
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PSYCHOLOGICAL HEALTH

"In the past 2 weeks, how often have you been bothered by any of the following problems? ..."

		Not at all	Several days	> 1/2 days	Nearly every day
Q301	<i>Little interest or pleasure in doing things</i>	1	2	3	4
Q302	<i>Feeling down, depressed, or hopeless</i>	1	2	3	4
Q303	<i>Trouble falling asleep, staying asleep, or sleeping too much</i>	1	2	3	4
Q304	<i>Feeling tired or having little energy</i>	1	2	3	4
Q305	<i>Poor appetite or overeating</i>	1	2	3	4
Q306	<i>Feeling bad about yourself - or that you're a failure or have let yourself or your family down</i>	1	2	3	4
Q307	<i>Trouble concentrating on things such as reading a newspaper or watching TV</i>	1	2	3	4
Q308	<i>Moving or speaking so slowly that other people could have noticed. Or, the opposite - being fidgety or restless that you have been moving around a lot more than usual</i>	1	2	3	4
Q309	<i>Thoughts that you would be better off dead or of hurting yourself in some way</i>	1	2	3	4
Q310	<i>If you had any of these problems, how hard have these problems made it for you to do your work, take care of things at home, or get along with other people?</i>	1	2	3	4

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q401	10 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.		
Q402	<i>How old were you when you had sex for the first time?</i> <u>Explain what we mean by "having sex".</u>	Age in years Not yet had sex	<input style="width: 30px; height: 20px;" type="text"/> <small> yrs</small> 99 <input style="width: 20px; height: 15px;" type="text"/>
Q403	<i>What is the main reason you have not yet started to have sexual relations?</i>	Too young Not met partner Not yet married Risk of pregnancy Risk of HIV/AIDS Other (specify)	1 <input style="width: 20px; height: 15px;" type="text"/> - Q434 2 <input style="width: 20px; height: 15px;" type="text"/> - Q434 3 <input style="width: 20px; height: 15px;" type="text"/> - Q434 4 <input style="width: 20px; height: 15px;" type="text"/> - Q434 5 <input style="width: 20px; height: 15px;" type="text"/> - Q434 8 <input style="width: 20px; height: 15px;" type="text"/> - Q434
Q404	<i>How many days is it since you last had sex?</i> <u>Skip to Q406 if less than one month.</u>	More than one year	<input style="width: 30px; height: 20px;" type="text"/> <small> days</small> 99 <input style="width: 20px; height: 15px;" type="text"/>
Q405	<i>What is the main reason you are currently abstaining from sexual relations?</i> <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 Self or partner has HIV/AIDS Religious reasons Not currently married No partner - although would like one Ill-health Under 1 year since spouse died Don't like / not interested in having sex Other (specify) Don't know	1 <input style="width: 20px; height: 15px;" type="text"/> 2 <input style="width: 20px; height: 15px;" type="text"/> 3 <input style="width: 20px; height: 15px;" type="text"/> 4 <input style="width: 20px; height: 15px;" type="text"/> 5 <input style="width: 20px; height: 15px;" type="text"/> 6 <input style="width: 20px; height: 15px;" type="text"/> 7 <input style="width: 20px; height: 15px;" type="text"/> 8 <input style="width: 20px; height: 15px;" type="text"/> 9 <input style="width: 20px; height: 15px;" type="text"/> 10 <input style="width: 20px; height: 15px;" type="text"/> 11 <input style="width: 20px; height: 15px;" type="text"/> 12 <input style="width: 20px; height: 15px;" type="text"/> 13 <input style="width: 20px; height: 15px;" type="text"/> 14 <input style="width: 20px; height: 15px;" type="text"/> 20 <input style="width: 20px; height: 15px;" type="text"/> 98 <input style="width: 20px; height: 15px;" type="text"/>
Q406	<i>Did you use condoms throughout the last time you had sex?</i>	Yes No	1 <input style="width: 20px; height: 15px;" type="text"/> 2 <input style="width: 20px; height: 15px;" type="text"/>
Q407	<i>Do you know whether the last person you had sex with has HIV infection?</i> <u>If infected, ask if on ART.</u>	Infected - on ART Infected - not on ART Uninfected Prefers not to say Don't know	1 <input style="width: 20px; height: 15px;" type="text"/> 2 <input style="width: 20px; height: 15px;" type="text"/> 3 <input style="width: 20px; height: 15px;" type="text"/> 4 <input style="width: 20px; height: 15px;" type="text"/> 98 <input style="width: 20px; height: 15px;" type="text"/>
Q408	<i>If you took a guess, how many partners other than yourself (and any co-wives) do you think your current spouse/partner has had in the last 12 months?</i>	Number of non-regular partners	<input style="width: 30px; height: 20px;" type="text"/>
Q409	<u>Indicate data collection method used.</u> <u>For 'secret voting':</u> (i) explain the procedure and the confidentiality safeguards carefully. (ii) establish whether able to use tablet.	Secret voting Interview (if respondent unable to use tablet)	<input style="width: 20px; height: 15px;" type="text"/> 1 <input style="width: 20px; height: 15px;" type="text"/> 2
Q410	<i>How many different REGULAR sexual partners have you had in your LIFETIME?</i> <i>By REGULAR, I mean someone you have been having sex with for a year or more.</i>	Number of partners	<input style="width: 30px; height: 20px;" type="text"/> 1

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO						
Q411	<i>For how many years have you been using condoms EVERY TIME you have sex with a REGULAR partner?</i>	Years <u>Ask respondent to write "0" if he/she does not use condoms with current regular partner(s).</u>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>						
Q412	<i>How many different NON-REGULAR sexual partners have you had in your LIFETIME?</i>	Number of partners	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="3"/>						
Q413	<i>For how many years have you been using condoms EVERY TIME you have sex with a NON-REGULAR sexual partner?</i>	Years <u>Ask respondent to write "0" if he/she doesn't use condoms with non-regular sexual partner(s) now.</u> <u>Ask respondent to write "P" if he/she has never had a non-regular sexual partner.</u>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="4"/>						
Q414	<i>How many different sexual partners have you had in the LAST 12 MONTHS?</i>	Number of partners	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="5"/>						
Q415	<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 style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="6"/>						
Q416	<i>How many of the sexual partners that you had in the last 12 months were REGULAR partners?</i>	Number of regular partners	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="7"/>						
Q417	<i>How many of the sexual partners that you had in the last 12 months were NON-REGULAR partners?</i> <u>Ask respondent to check that this and the previous answer should add up to box #5.</u>	Number of non-regular partners	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="8"/>						
Q418	<i>How many sexual relationships do you consider yourself to be involved in at the moment?</i>	Number of current relationships	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="9"/>						
Q419	<i>How many different partners have you had sex with in the last month?</i>	Number of partners in last month (total)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="10"/>						
Q420	<u>Explain that you now wish to ask some questions about the last 3 persons the respondent had sex with.</u> <u>Note: NO time restriction. Stress that these may be people he/she had sex with only once.</u> <u>If secret voting is being used, ask the respondent to enter a "P" in each box if he/she has not had the minimum required number of partners in his/her lifetime.</u>								
Q421	<i>How many times have you had sexual intercourse with this partner in the last 2 weeks?</i>	Number of times	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>						
Q422	<i>On how many of these occasions did you and your partner use condoms THROUGHOUT?</i>	Number of times	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>						
Q423	<i>Did you use condoms throughout the LAST TIME you had sex with this partner?</i>	Yes No	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>						
Q424	<i>What was the month and year when you had sexual intercourse with this person for the FIRST time?</i>	Month first then year	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">mth</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">mth</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">mth</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">yr</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">yr</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">yr</td> </tr> </table>	mth	mth	mth	yr	yr	yr
mth	mth	mth							
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Q425	<i>When was the month and year you LAST had sexual intercourse with this person?</i>	Month first then year	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">mth</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">mth</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">mth</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">yr</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">yr</td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;">yr</td> </tr> </table>	mth	mth	mth	yr	yr	yr
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REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q426	Are you still having sex with this person?	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6
Q427	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 Q212).</u>	Code	<input type="text"/> <input type="text"/> <input type="text"/> 7
Q428	How many years old is this person?	Age in years	<input type="text"/> yrs <input type="text"/> yrs <input type="text"/> yrs 8
Q429	Is / was this person someone you are / were married to or cohabiting with?	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9
Q430	Is this person married to someone other than yourself?	Yes No Don't know	<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"/> 10
Q431	Have you given or received money, goods or services in exchange for sex with this person in the last month?	Yes No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11
Q432	<u>For men:</u> Did you have sex with one or more men in the last 12 months?	Yes No	1 <input type="checkbox"/> 2 <input style="border: 2px solid red;" type="checkbox"/> 12
Q433	<u>For men:</u> Have you EVER been involved in a non-marital relationship of any kind where you gave anything in exchange for sex?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q435 13
Q434	<u>For women:</u> Have you EVER been involved in a non-marital relationship of any kind where you received anything in exchange for sex?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> 14
Q435	<u>Record details of others present at this point.</u>	Children under 10 Husband/wife Other males Other females	<input type="checkbox"/> Y(1) <input type="checkbox"/> N(2) <input type="checkbox"/> Y(1) <input type="checkbox"/> N(2) <input type="checkbox"/> Y(1) <input type="checkbox"/> N(2) <input type="checkbox"/> Y(1) <input type="checkbox"/> N(2)

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																				
Q509**	Have you ever had medical, traditional or religious male circumcision?	Medical Traditional or Religious (non-medical) Both None	1 <input type="checkbox"/> - Q511 2 <input type="checkbox"/> 3 <input type="checkbox"/> - Q511 8 <input type="checkbox"/>																				
Q510	Have you ever been offered VMMC? <u>If not been offered, ask if heard of VMMC before.</u>	Yes No Not heard of VMMC before today	1 <input type="checkbox"/> - Q519 2 <input type="checkbox"/> - Q519 99 <input type="checkbox"/> - Q519																				
Q511	Was it full or partial circumcision? <u>Show pictures to help distinguish.</u>	Full Partial	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q519																				
Q512	Was the medical circumcision a surgical or non-surgical procedure? <u>e.g. PREPEX is a non-surgical form of VMMC.</u>	Surgical Non-surgical Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																				
Q514	How old were you when you received VMMC?		<input type="text"/> yrs - Q531 if <10 yrs																				
Q515	Which of these organisations provided you with the VMMC service?	Ministry of Health PSI ITEC Other (specify)	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</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> </tbody> </table>	Yes	No	<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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Q516	How many visits to this place did you have to make for this procedure? <u>i.e. from the first appointment to the final check-up.</u> <u>Record date of first appointment.</u>	Number of visits Date of first appointment	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>nth</td> <td>yr</td> </tr> </table>	<input type="text"/>	<input type="text"/>	nth	yr																
<input type="text"/>	<input type="text"/>																						
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Q517	What costs did you incur when you had the VMMC done?	Medical fees Transport costs Accommodation costs Foregone income Other costs (specify)	<table border="1"> <tr> <td>\$</td> <td><input type="text"/></td> </tr> <tr> <td>\$</td> <td><input type="text"/></td> </tr> <tr> <td>\$</td> <td><input type="text"/></td> </tr> <tr> <td>\$</td> <td><input type="text"/></td> </tr> <tr> <td>\$</td> <td><input type="text"/></td> </tr> </table>	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>	\$	<input type="text"/>										
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Q518	After you received VMMC, did you: (1) Increase, decrease or not change your number of sexual partners? (2) Use condoms more, less or the same as before? (3) Use condoms consistently with casual partners?	Yes No NA - no casual partners	<table border="1"> <thead> <tr> <th>More</th> <th>Same</th> <th>Less</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> </tbody> </table> <table border="1"> <tbody> <tr> <td>1</td> <td><input type="checkbox"/></td> <td>- Q529</td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> <td>- Q529</td> </tr> <tr> <td>99</td> <td><input type="checkbox"/></td> <td>- Q529</td> </tr> </tbody> </table>	More	Same	Less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	- Q529	2	<input type="checkbox"/>	- Q529	99	<input type="checkbox"/>	- Q529		
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99	<input type="checkbox"/>	- Q529																					
Q519	Please tell me whether you strongly disagree, disagree, neither agree nor disagree, agree or strongly agree with the following statements ... (1) I am confident I can get VMMC if I wanted to (2) I am confident that I can get VMMC even if my partner disapproves of this (3) I am confident I can get VMMC even if my friends disapprove of this (4) I am confident I can get VMMC even if my parents and family elders disapprove	SD D N A SA	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <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> <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> <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> <td><input type="checkbox"/></td> </tr> </tbody> </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"/>
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Q520	Are you able to discuss getting VMMC with your partner?	Yes - already done so Yes - not done already but can do this No No regular partner	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 99 <input type="checkbox"/> - Q522																				
Q521	Would your partner disapprove if you had VMMC?	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>																				
Q522**	If you wanted to get VMMC yourself, do you know a place where someone like you can easily have it done?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>																				
Q523*	If you wanted to get VMMC yourself, how easy would it be for you to access the service? <u>Ask for an answer on a scale of 5 - from 1 (very easy) to 5 (very difficult).</u>	Very easy Easy Neither easy nor difficult Difficult Very difficult Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 98 <input type="checkbox"/>																				

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q536*	<i>The following statement is correct. Did you know this already?</i> 'Pre-exposure prophylaxis (PrEP) is when someone who does not have HIV takes a pill on an ongoing basis to prevent them getting HIV. Most people who use PrEP take a pill everyday. PrEP needs to be taken BEFORE sex for it to be effective.'	I knew this already I wasn't sure about this I didn't know about this I don't understand this	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> - Q566 4 <input type="checkbox"/> - Q566
Q537**	<i>Have you ever taken PrEP?</i>	Yes No	1 <input type="checkbox"/> - Q539 2 <input type="checkbox"/>
Q538	<i>Have you ever been offered PrEP?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q548
Q539**	<i>Are you taking PrEP currently?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q545
Q540	<i>When did you start taking PrEP this time?</i> <u>Emphasise this is for the current period of use.</u>		<input type="text"/> mth <input type="text"/> yr
Q541	<i>Which of these organisations is providing you with PrEP?</i>	Ministry of Health PSI FACT Other (specify) _____	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q542	<i>How often have you taken PrEP in the last month?</i>	Every day Most days Occasionally Never	1 <input type="checkbox"/> - Q546 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Q543	<i>What was the longest number of days that you didn't take the PrEP pills in the last month?</i>	Number of days	<input style="width: 50px;" type="text"/>
Q544	<i>How many days in the last week (7 days) did you take the PrEP pills?</i>	Number of days	<input style="width: 50px;" type="text"/> - Q546 if all 7 days
Q545	<i>Why did you stop using PrEP / not use PrEP on some days?</i>	High costs Forgot to take pills Ran out of pills Judgemental staff / stigma Lack of confidentiality Limited opening hours Distance / travel difficulties Sexual partner(s) disapproved Parents / elders / friends disapproved Using another prevention method (specify method) Not currently sexually active Abstaining or faithful to one trusted partner Experienced side effects Stock-outs of PrEP drugs at clinic Other (specify) _____ Don't know or no particular reason	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"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> - Q548 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 98 <input type="checkbox"/>
Q546	<i>How often do you have a meal at the same time when you take PrEP?</i>	Always Most of the time Sometimes Never	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Q547	<i>After you started taking PrEP, did you:</i> (1) Increase, decrease or not change your number of sexual partners? (2) Use condoms more, less or the same as before? (3) Use condoms consistently with casual partners?	Yes No NA - no casual partners	More Same Less <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 99 <input type="checkbox"/>
Q548	<i>Please tell me whether you strongly disagree, disagree, neither agree nor disagree, agree or strongly agree with the following statements ...</i>		SD D N A SA <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"/>
Q549	<i>Have you ever received instructions or counselling on how to use PrEP?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																														
Q564	<i>If you have or had a daughter (or sister) who is a teenager or a young woman and she started having sex before getting married, do you think it would be a good thing for her to use PrEP?</i>	Yes No Don't know	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Teen- ager</td> <td style="text-align: center;">Young woman</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> </tr> </table>	Teen- ager	Young woman	1	1	2	2	98	98																						
Teen- ager	Young woman																																
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98	98																																
Q565	<i>If your sexual partner wanted to use PrEP, would you agree to him or her doing this?</i> <u>Ask first for non-regular partners (if any). Then for regular partners.</u>	Yes No Don't know NA	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Non-reg</td> <td style="text-align: center;">Regular</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> </tr> <tr> <td style="text-align: center;">99</td> <td style="text-align: center;">99</td> </tr> </table>	Non-reg	Regular	1	1	2	2	98	98	99	99																				
Non-reg	Regular																																
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Q566**	<i>How often have you used a male condom when you had sexual intercourse with your REGULAR partner or partners in the last 2 weeks?</i> <u>Emphasise asking about male condoms only here.</u>	Every time Most times Occasionally Never NA - no regular partner	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">99</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	99	<input type="checkbox"/>																				
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Q567**	<i>How often have you used a male condom when you had sexual intercourse with NON-REGULAR partners in the last 2 weeks?</i>	Every time Most times Occasionally Never NA - no non-regular partners	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">99</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> - Q569 if 'every time' for reg & non-regs	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	99	<input type="checkbox"/>																				
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Q568	<i>Why did you not use male condoms on some occasions when you had sex in the last 2 weeks?</i>	High costs Judgemental staff / stigma Lack of privacy / confidentiality Limited times when accessible Distance / travel difficulties to access Sexual partner(s) disapproved Parents / elders / friends disapproved Condoms reduce pleasure of sex Condoms not effective Using different prevention method (specify method) Faithful to one trusted partner Other (specify) None Don't know	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">10</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">11</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">12</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">96</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">98</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </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"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>	96	<input type="checkbox"/>	98	<input type="checkbox"/>		
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Q569	<i>Has a male condom ever broken when you were using it?</i>	Yes No NA - not using male condoms	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">99</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> - Q571 - Q571	1	<input type="checkbox"/>	2	<input type="checkbox"/>	99	<input type="checkbox"/>																								
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99	<input type="checkbox"/>																																
Q570	<i>What do you do when male condoms break?</i>	Replace the condom with a new one Continue without replacing the condom Other (specify)	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">99</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	99	<input type="checkbox"/>																								
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Q571	<i>After you started using male condoms, did you increase or decrease your number of sexual partners?</i>	Increase Decrease No change Never used male condoms	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">99</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	8	<input type="checkbox"/>	99	<input type="checkbox"/>																						
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Q572	<i>Please tell me whether you strongly disagree, disagree, neither agree nor disagree, agree or strongly agree with the following statements ...</i>		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>SD</u></td> <td style="text-align: center;"><u>D</u></td> <td style="text-align: center;"><u>N</u></td> <td style="text-align: center;"><u>A</u></td> <td style="text-align: center;"><u>SA</u></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> </table>	<u>SD</u>	<u>D</u>	<u>N</u>	<u>A</u>	<u>SA</u>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
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Q573	<i>Have you ever received instructions or counselling on how to use male condoms?</i>	Yes No	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>																										
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Q574	<i>Are you able to discuss using male condoms with your REGULAR partner?</i>	Yes - already done so Yes - not done already but can do this No Never had sex No regular partner	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">97</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">99</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> - Q580 - Q577	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	97	<input type="checkbox"/>	99	<input type="checkbox"/>																				
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Q575	<i>Would / does your regular partner disapprove if you use male condoms?</i>	Yes No Don't know	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">98</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	98	<input type="checkbox"/>																								
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Q576	<i>If your regular partner doesn't want to use male condoms, are you able to refuse to have sex with him/her?</i>	Yes - already done so Yes - not done already but can do this No Don't know	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">98</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	98	<input type="checkbox"/>																						
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Q577	<i>Are you able to discuss using male condoms with your NON-REGULAR partner(s)?</i>	Yes - already done so Yes - not done already but can do this No No non-regular partners	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">99</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> - Q580	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	99	<input type="checkbox"/>																						
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REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO																																																
Q578	<i>Would / do your non-regular partners disapprove if you use male condoms?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																
Q579	<i>If a non-regular partner doesn't want to use male condoms, are you able to refuse to have sex with him/her?</i>	Yes - already done so Yes - not done already but can do this No	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																
Q580**	<i>If / when you want to use male condoms, do you know a place where someone like you can easily get them?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>																																																
Q581*	<i>If / when you want to use male condoms yourself, how easy is it for you to access them?</i> <u>Ask for an answer on a scale of 5 - from 1 (very easy) to 5 (very difficult).</u>	Very easy Easy Neither easy nor difficult Difficult Very difficult	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																
Q582	<i>Do you feel able to access male condoms from the following places?</i> <u>Ask each in turn.</u>	Health clinic Community-based distributor Bars or beer halls Shops Your sexual partner(s) Friends Other (specify)	<table style="display: inline-table; border-collapse: collapse;"> <thead> <tr> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>98</td></tr> <tr><td>1</td><td>2</td><td>98</td></tr> <tr><td>1</td><td>2</td><td>98</td></tr> <tr><td>1</td><td>2</td><td>98</td></tr> <tr><td>1</td><td>2</td><td>98</td></tr> <tr><td>1</td><td>2</td><td>98</td></tr> <tr><td>1</td><td>2</td><td>98</td></tr> </tbody> </table>	Yes	No	DK	1	2	98	1	2	98	1	2	98	1	2	98	1	2	98	1	2	98	1	2	98	<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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Q583	<i>What factors make it impractical or unsuitable for someone like you to access male condoms?</i> <u>Ask first without probing and then probe for factors that are not mentioned spontaneously.</u>	High costs Lack of privacy / confidentiality Embarrassed to go / ask Limited opening hours Distance / travel difficulties Other (specify)	<table style="display: inline-table; border-collapse: collapse;"> <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> </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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Q584**	<i>Do you want to use male condoms with your regular partner(s) if they were freely accessible to you?</i> <u>Stress: no right or wrong answer.</u>	Yes No Not sure NA - no regular partner	1 2 98 99	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - Q587																																																
Q585*	<i>How definitely do you want to use male condoms with your regular partner(s) if they were freely accessible to you?</i> <u>Ask for an answer on a scale of 5 - from 1 (definitely) to 5 (definitely not).</u>	Definitely Probably No opinion Probably not Definitely not	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																
Q586	<i>Do you plan to use male condoms the next time you have sex with your regular partner?</i>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																
Q587**	<i>Do you want to use male condoms with your non-regular partner(s) if they were freely accessible to you?</i> <u>Stress: no right or wrong answer.</u>	Yes No Not sure NA - no non-regular partner(s)	1 2 98 99	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - Q590																																																
Q588*	<i>How definitely do you want to use male condoms with your non-regular partner(s) if they were freely accessible to you?</i> <u>Ask for an answer on a scale of 5 - from 1 (definitely) to 5 (definitely not).</u>	Definitely Probably No opinion Probably not Definitely not	1 2 3 4 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																
Q589	<i>Do you plan to use male condoms the next time you have sex with a non-regular partner?</i> <u>Stress: no right or wrong answer.</u>	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																
Q590	<i>What factors were/are important in encouraging or discouraging you to use male condoms?</i> <u>For each factor given, ask if this was a positive (encouraging) or negative (discouraging) factor.</u> <u>Ask first without probing and then probe for factors that are not mentioned spontaneously.</u> <u>Tick probed box to indicate probed responses.</u>	HIV/STI protection HIV/STI protection (for my partner(s)) Method of HIV prevention I can control Reduce risk of pregnancy (self/partner) Own sexual pleasure (better/worse) Partner's sexual pleasure (better/worse) Make me feel responsible or ashamed Faithful to one trusted partner Using other prev'n method (note method) Not currently sexually active Other (specify) _____	<table style="display: inline-table; border-collapse: collapse;"> <thead> <tr> <th>Pos</th> <th>Neg</th> <th>Neutral</th> <th>Probed</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Pos	Neg	Neutral	Probed	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<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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Q591	<p><i>Which people's views were/are important in encouraging or discouraging you to use male condoms?</i></p> <p><u>Instructions as for last question.</u></p> <p><u>For partner/friends' views - if mentioned spontaneously, ask for the reason.</u></p>	Religious leaders (religious beliefs)	Pos: 1, Neg: 2, Neutral: 8, Probed: <input type="checkbox"/>		
		Parents' or family elders' approval/views	1, 2, 8, <input type="checkbox"/>		
		Partner(s) will think I have HIV	1, 2, 8, <input type="checkbox"/>		
		Partner will think I have other partners	1, 2, 8, <input type="checkbox"/>		
		Partner's views (other)	1, 2, 8, <input type="checkbox"/>		
		Friends / community think I have HIV	1, 2, 8, <input type="checkbox"/>		
		Friends / community views (other)	1, 2, 8, <input type="checkbox"/>		
		Other (specify) _____	1, 2, 8, <input type="checkbox"/>		
Q592	<p><i>By how much do you think male condoms reduce a person's risk of getting HIV infection?</i></p> <p><u>Ask for or convert response to a percent.</u></p>	Percent reduction	<input style="width: 50px;" type="text"/> %		
Q593	<p><i>How far away is it from where you live to the nearest place where male condoms can be obtained?</i></p>	Distance in kms	<input style="width: 50px;" type="text"/> kms		
Q594	<p><i>Are many of your friends (or their partners) using male condoms?</i></p>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>		
Q595	<p><i>In what circumstances do you think it is acceptable for a husband and wife to use condoms?</i></p>	Always	Yes: 1, No: 2, <input type="checkbox"/>		
		If one of them is HIV+	1, 2, <input type="checkbox"/>		
		If one spouse has other partners	1, 2, <input type="checkbox"/>		
		If one spouse has an STD	1, 2, <input type="checkbox"/>		
		To avoid pregnancy	1, 2, <input type="checkbox"/>		
		Other (specify)	1, 2, <input type="checkbox"/>		
Q596	<p><i>If you have or had a daughter (or sister) who was a teenager or young woman and she started having sex before getting married, do you think it would be a good thing for her to use male condoms with her partner?</i></p>	Yes	Teen-ager: 1, Young woman: 1, <input type="checkbox"/>		
		No	1, 2, <input type="checkbox"/>		
		Don't know	98, 98, <input type="checkbox"/>		
<i>"Now I would like to ask you some questions about FEMALE condoms ..."</i>					
Q597**	<p><i>How often have you used a female condom when you had sexual intercourse with your REGULAR partner or partners in the last 2 weeks?</i></p>	Every time	1 <input type="checkbox"/>		
		Most times	2 <input type="checkbox"/>		
		Occasionally	3 <input type="checkbox"/>		
		Never	4 <input type="checkbox"/>		
		NA - no regular partner	99 <input type="checkbox"/>		
		Not heard of female condoms	97 <input type="checkbox"/> - Q59929		
Q598**	<p><i>How often have you used a female condom when you had sexual intercourse with NON-REGULAR partners in the last 2 weeks?</i></p>	Every time	1 <input type="checkbox"/>		
		Most times	2 <input type="checkbox"/>		
		Occasionally	3 <input type="checkbox"/>		
		Never	4 <input type="checkbox"/>		
		NA - no non-regular partners	99 <input type="checkbox"/>		
Q599	<p><i>Why did you not use female condoms on some occasions when you had sex in the last 2 weeks?</i></p>	High costs	1 <input type="checkbox"/>		
		Difficult to use	2 <input type="checkbox"/>		
		Judgemental staff / stigma	3 <input type="checkbox"/>		
		Lack of privacy / confidentiality	4 <input type="checkbox"/>		
		Limited times when accessible	5 <input type="checkbox"/>		
		Distance / travel difficulties	6 <input type="checkbox"/>		
		Sexual partner(s) disapproved	7 <input type="checkbox"/>		
		Parents / elders / friends disapproved	8 <input type="checkbox"/>		
		Female condoms reduce pleasure of sex	9 <input type="checkbox"/>		
		Female condoms not effective	10 <input type="checkbox"/>		
		Using different prevention method (specify method)	11 <input type="checkbox"/>		
		Faithful to one trusted partner	12 <input type="checkbox"/>		
		Other (specify)	13 <input type="checkbox"/>		
		None	96 <input type="checkbox"/>		
Don't know	98 <input type="checkbox"/>				
Q59901	<p><i>Has a female condom ever broken when you were using it?</i></p>	Yes	1 <input type="checkbox"/>		
		No	2 <input type="checkbox"/>		
		NA - not using male condoms	99 <input type="checkbox"/> - Q59903		
Q59902	<p><i>What do you do when female condoms break?</i></p>	Replace the condom with a new one	1 <input type="checkbox"/>		
		Continue without replacing the condom	2 <input type="checkbox"/>		
		Other (specify)	99 <input type="checkbox"/>		
Q59903	<p><i>After you started using female condoms, did you increase or decrease your number of sexual partners?</i></p>	Increase	1 <input type="checkbox"/>		
		Decrease	2 <input type="checkbox"/>		
		No change	8 <input type="checkbox"/>		
		Never used female condoms	99 <input type="checkbox"/>		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																					
Q59904	<i>Please tell me whether you strongly disagree, disagree, neither agree nor disagree, agree or strongly agree with the following statements ...</i>	<table style="margin-left: auto; margin-right: auto;"> <tr> <th>SD</th> <th>D</th> <th>N</th> <th>A</th> <th>SA</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	SD	D	N	A	SA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
SD	D	N	A	SA																				
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	(1) I am confident I can use female condoms if I wanted to	<table border="1" style="display: inline-table;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5																	
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	(2) I am confident I can use female condoms even if I have to use them every time	<table border="1" style="display: inline-table;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5																	
1	2	3	4	5																				
	(3) I am confident I can use female condoms even if my partner dislikes/disapproves	<table border="1" style="display: inline-table;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5																	
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	(4) I am confident I can use female condoms even if I'm drunk or have taken drugs	<table border="1" style="display: inline-table;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5																	
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	(5) I am confident I can use female condoms even if my friends disapprove of this	<table border="1" style="display: inline-table;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5																	
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	(6) I am confident I can use female condoms even if my parents and family elders disapprove	<table border="1" style="display: inline-table;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5																	
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Q59905	<i>Have you ever received instructions or counselling on how to use female condoms?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
Q59906	<i>Are you able to discuss using female condoms with your REGULAR partner?</i>	Yes - already done so Yes - not done already but can do this No No regular partner Never had sex	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> - Q59909 99 <input type="checkbox"/> - Q59912																					
Q59907	<i>Would / does your regular partner disapprove if you use female condoms?</i>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																					
Q59908	<i>If your regular partner doesn't want to use female condoms, are you able to refuse to have sex with him/her?</i>	Yes - already done so Yes - not done already but can do this No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 98 <input type="checkbox"/>																					
Q59909	<i>Are you able to discuss using female condoms with your NON-REGULAR partner(s)?</i>	Yes - already done so Yes - not done already but can do this No No non-regular partners	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 99 <input type="checkbox"/> - Q59912																					
Q59910	<i>Would / do your non-regular partners disapprove if you use female condoms?</i>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																					
Q59911	<i>If a non-regular partner doesn't want to use female condoms, are you able to refuse to have sex with him/her?</i>	Yes - already done so Yes - not done already but can do this No	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>																					
Q59912 ³	<i>If / when you want to use female condoms, do you know a place where someone like you can easily get them?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>																					
Q59913 ³	<i>If / when you want to use female condoms yourself, how easy is it for you to access them?</i> <u>Ask for an answer on a scale of 5 - from 1 (very easy) to 5 (very difficult).</u>	Very easy Easy Neither easy nor difficult Difficult Very difficult	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>																					
Q59914	<i>Do you feel able to access female condoms from the following places?</i> <u>Ask each in turn.</u>	Health clinic Community-based distributor Bars or beer halls Shops Your sexual partner(s) Friends Other (specify)	<table style="margin-left: auto; margin-right: auto;"> <tr> <th>Yes</th> <th>No</th> <th>DK</th> </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> <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> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	DK	<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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Q59915*	<i>What factors make it impractical or unsuitable for someone like you to access female condoms?</i> <u>Ask first without probing and then probe for factors that are not mentioned spontaneously.</u>	High costs Lack of privacy / confidentiality Embarrassed to go / ask Limited opening hours Distance / travel difficulties Other (specify)	<table style="margin-left: auto; margin-right: auto;"> <tr> <th>Spont</th> <th>Probed</th> </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> </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"/>									
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Q59916	<i>Do you want to use female condoms with your regular partner(s) if they were freely accessible to you?</i>	Yes No Not sure NA - no regular partner	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> - Q59919																					
Q59917*	<i>How definitely do you want to use female condoms with your regular partner(s) if they were freely accessible to you?</i> <u>Ask for an answer on a scale of 5 - from 1 (definitely) to 5 (definitely not).</u>	Definitely Probably No opinion Probably not Definitely not	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>																					

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Q59918*	<i>Do you plan to use female condoms the next time you have sex with your regular partner?</i>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																																																								
Q59919*	<i>Do you want to use female condoms with your non-regular partner(s) if they were freely accessible to you?</i>	Yes No Not sure NA - no non-regular partner	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> - Q59922																																																								
Q59920*	<i>How definitely do you want to use female condoms with your non-regular partner(s) if they were freely accessible to you?</i> <u>Ask for an answer on a scale of 5 - from 1 (definitely) to 5 (definitely not).</u>	Definitely Probably No opinion Probably not Definitely not	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>																																																								
Q59921*	<i>Do you plan to use female condoms the next time you have sex with a non-regular partner?</i>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																																																								
Q59922	<i>What factors were/are important in encouraging or discouraging you to use female condoms?</i> <u>For each factor given, ask if this was a positive (encouraging) or negative (discouraging) factor.</u> <u>Ask first without probing and then probe for factors that are not mentioned spontaneously.</u> <u>Tick probed box to indicate probed responses.</u>	HIV/STI protection HIV/STI protection (for my partner(s)) Method of HIV prevention I can control Reduce risk of pregnancy (self/partner) Own sexual pleasure (better/worse) Partner's sexual pleasure (better/worse) Make me feel responsible or ashamed Difficult to use Fear of losing condom inside vagina Faithful to one trusted partner Using other prev'n method (note method) Not currently sexually active Other (specify) _____	<table border="1" style="font-size: small;"> <thead> <tr> <th>Pos</th> <th>Neg</th> <th>Neutral</th> <th>Probed</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Pos	Neg	Neutral	Probed	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>
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Q59923	<i>Which people's views were/are important in encouraging or discouraging you to use female condoms?</i> <u>Instructions as for last question.</u> <u>For partner/friends' views - if mentioned spontaneously, ask for the reason.</u>	Religious leaders (religious beliefs) Parents' or family elders' approval/views Partner(s) will think I have HIV Partner will think I have other partners Partner's views (other) Friends / community think I have HIV Friends / community views (other) Other (specify) _____	<table border="1" style="font-size: small;"> <thead> <tr> <th>Pos</th> <th>Neg</th> <th>Neutral</th> <th>Probed</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> <tr><td>1</td><td>2</td><td>8</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Pos	Neg	Neutral	Probed	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>																				
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Q59923	<i>What are the main reasons that would/did</i>		Spont <input type="checkbox"/> Probed <input type="checkbox"/>																																																								
Q59924	<i>By how much do you think female condoms reduce a person's risk of getting HIV infection?</i> <u>Ask for or convert response to a percent.</u>	Percent reduction	<input style="width: 50px; height: 20px;" type="text"/> %																																																								
Q59925	<i>How far away is it from where you live to the nearest place where female condoms can be obtained?</i>	Distance in kms	<input style="width: 50px; height: 20px;" type="text"/> kms																																																								
Q59926	<i>Are many of your friends (or their partners) using female condoms?</i>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																																																								
Q59927	<i>In what circumstances do you think it is acceptable for a husband and wife to use female condoms?</i>	Always If one of them is HIV+ If one spouse has other partners If one spouse has an STD To avoid pregnancy Other (specify)	<table border="1" style="font-size: small;"> <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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Q59928*	<i>If you have or had a daughter (or sister) who was teenager or young woman and she started having sex before getting married, do you think it would be a good thing for her to use female condoms with her partner?</i>	Yes No Don't know	<table border="1" style="font-size: small;"> <thead> <tr> <th>Teen-ager</th> <th>Young woman</th> </tr> </thead> <tbody> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>98</td><td>98</td></tr> </tbody> </table>	Teen-ager	Young woman	1	1	2	2	98	98																																																
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Q59929*	<i>Are you currently sticking to one regular sexual partner or not having sex?</i> <u>Stress: no right or wrong answer.</u>	Yes - one regular partner Yes - not having sex Neither	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> - Q59931																																																								
Q59930	<i>For how long have you been sticking to one regular partner or not having sex?</i>	Number or months or years	<table border="1" style="font-size: small;"><tr><td>yrs</td><td>mths</td></tr></table>	yrs	mths																																																						
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Q601	"Now I would like to ask you some questions about HIV and AIDS ..."																						
Q602	<p>Please tell me all the ways that an adult can get HIV infection? <u>Tick 1 for each way mentioned spontaneously.</u> Are there any other ways? <u>Then proceed down the column, reading the description of each possible way not mentioned spontaneously. Make entries in "probed" column as follows:</u></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 Punishment from God Other (specify) _____</p>	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">Spont</td> <td style="text-align: center; font-size: small;">Probed</td> </tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>	Spont	Probed																		
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Q603	<p>Do you know of any factors which are likely to INCREASE the chances that a person will get HIV infection?</p> <p><u>Ask in same way as Q602.</u> Codes as in Q602.</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 style="border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">Spont</td> <td style="text-align: center; font-size: small;">Probed</td> </tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>	Spont	Probed																		
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Q604	<p>What are the ways in which an infant or child could have become infected with HIV?</p> <p><u>Ask in same way as Q602.</u> Codes as in Q602.</p>	<p>At birth - if mother infected Witchcraft or spiritual curse Mosquito bites Injection with a dirty needle Breastfed by infected woman not on ART Blood transfusion From an infected father Other (specify)</p>	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">Spont</td> <td style="text-align: center; font-size: small;">Probed</td> </tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>	Spont	Probed																		
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Q605	<p>Are ALL babies born to women who have HIV born with the infection?</p>	<p>Yes No Don't know</p>	<table style="border-collapse: collapse;"> <tr><td style="text-align: center; font-size: small;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: small;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: small;">98</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>	1		2		98															
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Q606	<p>Can all people infected with HIV be identified by looking at them?</p>	<p>Yes No Don't know</p>	<table style="border-collapse: collapse;"> <tr><td style="text-align: center; font-size: small;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: small;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: small;">98</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>	1		2		98															
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Q607	<p>Would you be willing to take care of a family member with AIDS?</p>	<p>Yes No Don't know</p>	<table style="border-collapse: collapse;"> <tr><td style="text-align: center; font-size: small;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: small;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: small;">98</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table> <p style="text-align: right; margin-right: 20px;">- Q609</p>	1		2		98															
1																							
2																							
98																							
Q608	<p>Why would you not be willing to take care of a family member with AIDS?</p>	<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 style="border-collapse: collapse;"> <tr><td style="text-align: center; font-size: small;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: small;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: small;">3</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: small;">4</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: small;">5</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: small;">6</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: small;">7</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: small;">8</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; font-size: small;">12</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>	1		2		3		4		5		6		7		8		12			
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Q609	<p>How long does it usually take for a person infected with HIV to develop symptoms if they are not on ART?</p>	<p>Number of years or months Don't know</p>	<table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center; font-size: x-small;">yrs</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center; font-size: x-small;">mths</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">998</td> <td></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>		yrs		mths		998														
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998																							
Q610	<p>How many people do you know who either died from HIV/AIDS or have the disease now?</p>	<p>Number (>0) Doesn't know of any</p>	<table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center; font-size: x-small;">mths</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">998</td> <td></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>		mths		998																
	mths																						
998																							
Q611	<p>Of these people, how many live(d) in your household; in the same village/town; and how many live(d) somewhere else? <u>Enter numbers of people in each category.</u></p>	<p>Household Village / town Somewhere else <u>Check that these sum to same as in Q510.</u></p>	<table style="border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>																				

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																													
Q612	<p><i>What was your relationship to each of these people?</i></p> <p><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"/>																																													
Q613	<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"/>																																													
Q614	<p><i>What are the chances that you are infected with HIV now?</i></p>	Certain / almost certain High Moderate Small None	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>																																													
Q615	<p><i>What are the chances that you will become infected with HIV in the next 12 months if you are not infected now but continue with your current behaviour?</i></p>	Certain / almost certain High Moderate Small None	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> - Q617																																													
Q616	<p><i>Why do you think you might become infected?</i></p>	Has multiple sex partners now Not using condoms Regular partner has other partners Future partner may have other partners Partner may be infected with HIV Many friends/relatives dying of HIV/AIDS Caring for an infected person Other (specify)	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"/>																																													
Q617	<p><i>For the following statements, please tell me whether you strongly disagree, disagree, neither agree nor disagree, agree or strongly agree ...</i></p> <p>(1) I can get HIV even if I only have sex with one</p> <p>(2) I have never done anything that could have exposed me to HIV</p> <p>(3) I would rather die a violent death (e.g. gunshot or car accident) than from HIV</p> <p>(4) I feel vulnerable to HIV infection</p> <p>(5) I am less likely to get HIV than my friends</p> <p>(6) I'm worried that one of my current sexual partners may give me HIV</p> <p>(7) I think about my chances of getting HIV whenever I have a new sexual partner</p> <p>(8) Getting (a woman) pregnant when you don't want to is worse than getting infected with</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>SD</th> <th>D</th> <th>N</th> <th>A</th> <th>SA</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </tbody> </table>	SD	D	N	A	SA	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	
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Q618	<p><i>How often do you worry about getting infected with HIV?</i></p>	Never Rarely Sometimes Often Almost all the time	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>																																													
Q619	<p><i>Who do you think is more likely to be infected with HIV in Manicaland: a 15-19 year-old man or a 25-29 year-old man?</i></p>	15-19 year-old man 25-29 year-old man	1 <input type="text"/> 2 <input type="text"/>																																													
Q620	<p><i>Who do you think is more likely to be infected with HIV in Manicaland: a 15-19 year-old woman or a 25-29 year-old man?</i></p>	15-19 year-old woman 25-29 year-old man	1 <input type="text"/> 2 <input type="text"/>																																													
Q621	<p><i>Would you buy fresh vegetables from a shopkeeper or vendor if you knew this person had HIV?</i></p>	Yes No Don't know/not sure/it depends	1 <input type="text"/> 2 <input type="text"/> 98 <input type="text"/>																																													
Q622	<p><i>Do you think that children living with HIV should be able to attend school with children who are HIV negative?</i></p>	Yes No Don't know/not sure/it depends	1 <input type="text"/> 2 <input type="text"/> 98 <input type="text"/>																																													
Q623	<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"/>																																													

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q624	<i>Do you think there are things you can do which will prevent you from becoming infected with HIV in the future?</i>	Yes No Don't know NA - already infected	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/>
Q625	<i>Which of these statements do you agree with?</i>		Agree Disagree
	(1) Men have a sex drive that needs to be satisfied		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(2) A man will lose respect if he admits to being sick		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(3) Men who take sick children to the hospital, or cook at home should be proud of what they do		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(4) Men are strong and therefore less likely to need a doctor		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(5) Men are always ready for sex		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(6) A man should not go with his partner for antenatal check-ups at the local clinic		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(7) If a man is sick, he should not let others see he is in pain		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(8) It is appropriate for a woman to be the primary breadwinner of a household		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(9) A real man enjoys a bit of risk taking now and then		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(10) Men should have had several sexual partners before they get married		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<u>Read out each in turn.</u>		
Q626	<i>Which of these statements would you say was true?</i>		True Not
	(1) Minor illnesses can be fought off if you don't give in to it		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(2) Men feel comfortable going to the hospital and have no problems seeking help		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(3) There is no need to go and see a doctor unless you are very ill		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(4) A man should make sure that he can recognise the early signs of an STI		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(5) It is important for a man living with HIV to be on anti-retroviral therapy		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(6) A man who goes to the hospital is considered weak		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(7) A man gain respect if he goes for regular health checks		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(8) Men get embarrassed if a brother is found to be HIV positive		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	<u>Read out each in turn.</u>		
Q627	<i>Which of these statements do you agree with?</i>		Agree Disagree
	(1) It is a good idea to make condoms available for young people in schools		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(2) If I have / had a teenage daughter, I would tell her about condoms		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(3) If I have / had a teenage daughter, I would tell her about PrEP		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(4) If I have / had a teenage daughter and thought she might be having sex, I would encourage her to use PrEP and condoms		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(5) If I have / had a teenage daughter and told her not to have sex until she gets married, she would comply		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(6) If a young woman is married and her husband has HIV, she should use PrEP or condoms		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(7) If I have / had a teenage daughter and she had sex before marriage, I would be OK with this		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(8) Many young women have sex before marriage these days		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(9) If I have / had a teenage son, I would encourage him to have medical circumcision		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(10) I pay/get paid for sex because my friends do and because they encourage me		<input type="checkbox"/> 1 <input type="checkbox"/> 2
Q628	<i>Do you think a lot of young people are still getting infected with HIV these days?</i>	Yes No	1 <input type="checkbox"/> - Q630 if 2 <input type="checkbox"/> - male
Q629	<i>Have you experienced any of the following from a male intimate partner in the past 12 months?</i>		Yes No
	(1) Slapped you or threw something at you that could hurt you		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(2) Pushed or shoved you		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(3) Hit you with a fist or something else that could hurt you		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(4) Kicked or dragged you or beat you up		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(5) Choked or burnt you		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(6) Threatened or used a gun, knife or other weapon against you		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(7) Physically forced you to have sexual intercourse against your will		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(8) Forced you to do something sexual she found degrading or humiliating		<input type="checkbox"/> 1 <input type="checkbox"/> 2
	(9) Made you afraid of what would happen if you did not have sexual intercourse		<input type="checkbox"/> 1 <input type="checkbox"/> 2
Q630	<i>Imagine that we flipped a fair coin 10 times. The first 9 times, the coin comes down 'heads'. What are the chances that the 10th flip will also be 'heads'?</i>	Percentage chance	<input style="width: 50px; height: 20px;" type="text"/> %

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q631	<p>I will ask you several questions about the chance or likelihood that certain events are going to happen. There are 10 beans in the cup. I would like you to choose some beans out of these 10 beans and put them in the plate to express what you think the likelihood or chance is of a specific event happening. One bean represents one chance out of 10. If you do not put any beans in the plate, it means you are sure that the event will NOT happen. As you add beans, it means that you think the likelihood that the event happens increases. For example, if you put one or two beans, it means you think the event is not likely to happen but it is still possible. If you pick 5 beans, it means that it is just as likely it happens as it does not happen (fifty-fifty). If you pick 6 beans, it means the event is slightly more likely to happen than not to happen. If you put 10 beans in the plate, it means you are sure the event will happen. There is no right or wrong answer, I just want to know what you think.</p> <p>Let me give you an example. Imagine that we are playing draughts. Say, when asked about the chance that you will win, you put 7 beans in the plate. This means that you believe you would win 7 out of 10 games on average if we play for a long time.</p>		
Q632	<p><u>Report for each question the NUMBER OF BEANS put in the PLATE.</u> <u>After each question, replace the beans in the cup (unless otherwise noted).</u> <u>For questions Q633 to Q635: If respondent puts 10 (or 0) beans, prompt:</u> <u>“Are you sure that this event will almost certainly (not) happen?”</u> <u>CIRCLE 1 in column P if you prompted the respondent, and report the final answer only.</u></p>		
Q633	<i>A baby in your community will die before his or her first birthday?</i>	# beans on plate <input style="width: 40px; height: 20px;" type="text"/>	prompt (0 or 10) <input style="width: 40px; height: 20px; text-align: center;" type="text" value="1"/>
Q634	<i>You will go to the market at least once within the next 2 days?</i> <u>LEAVE BEANS IN PLATE.</u>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px; text-align: center;" type="text" value="1"/>
Q635	<i>You will go to the market at least once within the next 2 weeks?</i>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px; text-align: center;" type="text" value="1"/> - Q637 if beans added
Q636	<i>Remember, as time goes by, you may find more time to go to the market. Therefore, you should have added beans to the plate. Let me ask you again. Now, add beans in the plate so that the number of beans in the plate reflects how likely you think it is that you will go to the market at least once within the next 2 weeks?</i>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px; text-align: center;" type="text" value="1"/>
Q637	<i>Please pick the number of beans that reflects how likely you think it is that ...</i> <i>You are infected with HIV now?</i>	# beans on plate <input style="width: 40px; height: 20px;" type="text"/>	- Q640 if unmarried
Q638	<i>Your spouse is infected with HIV now?</i>	<input style="width: 40px; height: 20px;" type="text"/>	
Q639	<i>You will use a condom next time you have sex with your spouse / long-term partner?</i> <u>If no regular sexual partner(s), write '99'.</u>	<input style="width: 40px; height: 20px;" type="text"/>	
Q640	<i>You will use a condom next time you have sex with a non-regular partner?</i> <u>If no non-regular sexual partner(s), write '99'.</u>	<input style="width: 40px; height: 20px;" type="text"/>	- Q701 if '99'
Q641	<i>Your current / most recent non-regular sexual partner is infected with HIV now?</i> <u>If no non-regular sexual partner(s), write '99'.</u>	<input style="width: 40px; height: 20px;" type="text"/>	
Q642	<i>You will use a condom next time you have sex with a non-regular partner?</i> <u>If no non-regular sexual partner(s), write '99'.</u>	<input style="width: 40px; height: 20px;" type="text"/>	
Q643	<i>You will use a condom next time you have sex with someone for the first time?</i>	<input style="width: 40px; height: 20px;" type="text"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO									
Q701	<i>Has a medical doctor or nurse <u>ever</u> diagnosed you with the following conditions?</i>	High blood pressure	Yes 1	No 2	DK 98	Year	Tx	Pd				
		Diabetes	1	2	98							
		High cholesterol	1	2	98							
		Kidney diseases	1	2	98							
		Heart diseases (incl. stroke)	1	2	98							
		Depression	1	2	98							
		Osteoporosis	1	2	98							
		Tuberculosis	1	2	98							
		Malaria	1	2	98							
		Schistosomiasis	1	2	98							
		Hepatitis B	1	2	98							
		Hepatitis C	1	2	98							
		Pregnancy/delivery complications	1	2	98							
		Human papilloma virus	1	2	98							
Cancer (specify type)	1	2	98									
Genital herpes	1	2	98									
HIV infection	1	2	98									
Q702	For EACH condition mentioned in Q701, record the year of first diagnosis in the 4th column above.											
Q703	For EACH condition mentioned in Q701, record details of the institution providing the treatment in the 5th column (Tx) using the following codes:	Public sector healthcare provider	1									
		Church Mission healthcare provider	2									
		Private sector provider	3									
		NGO or academic research institution	4									
		Other	8									
		Not currently receiving treatment	99									
Q704	For EACH condition mentioned in Q701, record details of who paid for the medical fees and the costs of the drugs in the 6th column (Pd) using the following codes:	Private medical insurance only	1									
		Private medical insurance partly	2									
		Respondent and/or family	3									
		Other	8									
		Service was free	99									
Q705	<i>How long is it since you <u>last</u> experienced an illness?</i>	Days/weeks	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td style="font-size: 8px;">days</td> <td style="font-size: 8px;">weeks</td> </tr> </table>				days	weeks				
days	weeks											
		More than one year ago	97					- Q714				
Q706	<i>What was the main symptom of the illness?</i>	Fever - malaria (incl. cerebral)	1									
		Fever - non-malaria	2									
		Sickness/vomiting	3									
		Diarrhoea/weight loss	4									
		Swollen lymph nodes	5									
		Skin complaints/rashes	6									
		Genital conditions: incl. STDs	7									
		Flu/pneumonia	8									
		Accident/wound	9									
		Tuberculosis	10									
		Other (specify)	12									
Q707	<i>How long was it between the time when you first noticed symptoms and when you first sought help for this illness?</i>	Days and weeks	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td style="font-size: 8px;">days</td> <td style="font-size: 8px;">weeks</td> </tr> </table>				days	weeks				
days	weeks											
		Did not seek assistance	97					- Q709				
Q708	<i>What is the main reason you have not sought treatment?</i>	Costs of treatment/travel too high	1					- Q714				
		Too little time to travel / wait for treatment	2					- Q714				
		Do not feel that anyone can help	3					- Q714				
		Able to cope myself / illness not serious	4					- Q714				
		Fear of stigma	5					- Q714				
		Other (specify)	8					- Q714				
Q709	<i>Which of the following people did you visit or consult for this illness? <u>Read the options and tick all that apply.</u></i>	Medical doctor or nurse	Yes 1	No 2				- Q711				
		N'anga	1	2				- if not				
		Faith healer	1	2				- n'anga or				
		Other (specify)	1	2				- faith hlr				
Q710	<i>Did you seek assistance from the n'anga (or faith healer) for any of these reasons? <u>Read the options and tick all that apply.</u></i>	Clinic treatment not effective	Yes 1	No 2				- Q714				
		Spiritual cure needed	1	2				- if did				
		Witchcraft suspected	1	2				- not also				
		Holy water/bath or prayer	1	2				- visit				
		More confidential than clinic	1	2				- hospital				
		More convenient to visit than clinic	1	2				- or				
		Less expensive to visit than clinic	1	2				- clinic				
		Other (specify)	1	2				-				
Q711	<i>How long did it take you to travel from your home to the clinic/hospital?</i>	Minutes	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td style="font-size: 8px;">mins</td> </tr> </table>			mins						
mins												
		<u>Convert hours to minutes if necessary.</u>										
Q712	<i>How long did you have to wait before you were seen by a doctor or nurse?</i>	Minutes	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> </tr> <tr> <td style="font-size: 8px;">mins</td> </tr> </table>			mins						
mins												
		<u>Convert hours to minutes if necessary.</u>										

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																												
Q713	Did you receive an HIV test as part of your treatment for this illness?	Yes No or don't know	1 2	<input type="checkbox"/> <input type="checkbox"/>																																											
Q714	For men: Some men experience white, transparent or yellowish discharge from the penis, which might not cause discomfort or may be accompanied by mild burning pain on urination. In the last 12 months, have you had these symptoms? For women: Some women experience an unusual discharge from the vagina or pain in the lower stomach. In the last 12 months, have you had these symptoms? <u>Clarify which & tick boxes as appropriate.</u>	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"/>																																											
Q715	Some (wo)men experience sores in the genital area. During the last 12 months, have you noticed any such sores?	Yes No Don't know	1 2 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - Q717 - if not had - symptoms																																											
Q716	What happened when you were treated at the health centre for these symptoms? <u>Read the options and tick all that apply.</u>	Not applicable - did not get treated at a clinic Physical symptoms were inspected Samples taken & tests done HIV test was offered Counseling provided Free condoms provided Symptoms went away after treatment	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>99</td> <td></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>	Yes	No	99		1	2	1	2	1	2	1	2	1	2	1	2																												
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Q717	On how many different occasions have you had an HIV test and received the results: (i) in your lifetime; and (ii) in the last 3 years? <u>Stress that these questions do not include self-tests.</u>	Lifetime Last 3 years	<input type="checkbox"/> <input type="checkbox"/>	- If "0" go to Q725																																											
Q718	How long is it since you last had an HIV test?	Period	<table border="1"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> mths yrs																																												
Q719	Did you receive counselling before you agreed to have the test? <u>Explain what is meant by counselling.</u>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>																																											
Q720	Was the result of this HIV test positive? <u>Stress that do not have to answer these questions but information is confidential.</u>	Yes No Don't know Prefers not to say	1 2 98 99	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																											
Q721	After the test, did you receive counselling and referrals for the following HIV prevention methods? <u>Read the options and tick all that apply.</u> <u>Don't ask about VMMC or PrEP if respondent is HIV-positive.</u>	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Counselling</th> <th colspan="2">Referrals</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>VMMC</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>PrEP</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>Male condoms</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>Female condoms</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>Being faithful to one partner</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>Not having sex</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>Treatment as prevention</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Counselling		Referrals		Yes	No	Yes	No	VMMC	1	2	1	2	PrEP	1	2	1	2	Male condoms	1	2	1	2	Female condoms	1	2	1	2	Being faithful to one partner	1	2	1	2	Not having sex	1	2	1	2	Treatment as prevention	1	2	1	2	
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Not having sex	1	2	1	2																																											
Treatment as prevention	1	2	1	2																																											
Q722	What is the name of the organisation that provided this HIV testing service?	PSI - New Start FACT FHI360 Hospital/clinic (ANC/PMTCT) Hospital/clinic (other) Other (specify) Don't know	1 2 3 4 5 8 98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																											
Q723	After the HIV test, did you: (1) Use condoms more or less than before? (2) Start having more or fewer sexual partners?		<table border="1"> <thead> <tr> <th>More</th> <th>Same</th> <th>Less</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	More	Same	Less	1	2	3	1	2	3																																			
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1	2	3																																													
Q724	Did you join a post-test club or a group for people living with HIV and, if so, are you still a member? <u>If HIV test result was +ve, go to Q737.</u>	Post-test club PLWHA Neither	<table border="1"> <thead> <tr> <th>Still</th> <th>Was</th> <th>Never</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td></td> <td></td> <td>8</td> </tr> </tbody> </table>	Still	Was	Never	1	2	3	1	2	3			8																																
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Q725	Please tell me whether you strongly disagree, disagree, neither agree nor disagree, agree or strongly agree with the following statements ... (1) I am confident I can get tested for HIV if I wanted to (2) I am confident I can get tested for HIV even if the healthworker cannot keep the results confidential (3) I am confident I can get tested for HIV even if my partner disapproves (4) I am confident I can get tested for HIV even if I am afraid to be HIV+ (5) I am confident I can get tested for HIV even if I was stigmatised in my community if I was known or suspected to be HIV+		<table border="1"> <thead> <tr> <th>SD</th> <th>D</th> <th>N</th> <th>A</th> <th>SA</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </tbody> </table>	SD	D	N	A	SA	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5														
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REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q726	Are you able to discuss HIV testing with your partner?	Yes - already done so Yes - not done already but can do this No No current partner	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 99 <input type="checkbox"/>
Q727	Would your partner disapprove if you got tested for HIV?	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>
Q728	Would your partner come with you to get tested for HIV?	Yes - already done so Yes - not done already but can do this No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 98 <input type="checkbox"/>
Q729	If/ when you want to have an(other) HIV test, do you know a place where someone like you can easily get it?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Q730	If/ when you want to have an(other) HIV test yourself, how easy is it for you to access the service? <u>Ask for an answer on a scale of 5 - from 1 (very easy) to 5 (very difficult).</u>	Very easy Easy Neither easy nor difficult Difficult Very difficult Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 98 <input type="checkbox"/>
Q731	What factors make it difficult or unsuitable for someone like you to get <u>access</u> to HIV testing services? <u>Ask first without probing and then probe for factors that are not mentioned spontaneously.</u>	High costs Judgemental staff Lack of privacy or confidentiality Limited opening hours Distance / travel difficulties Not appropriate for me to go there Other (specify)	Spont <input type="checkbox"/> 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"/>
Q732	How far away is it from where you live to the nearest place where HIV tests are provided?	Distance in kms	<input type="text"/> kms
Q733	Do you want to have an HIV test if it was freely accessible to you?	Yes No Not sure	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>
Q734	How definitely do you want to have an HIV test if it was freely accessible to you? <u>Ask for an answer on a scale of 5 - from 1 (definitely) to 5 (definitely not).</u>	Definitely Probably No opinion Probably not Definitely not	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Q735	Do you plan to have an(other) HIV test?	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/> - Q737 - Q737
Q736	How soon do you plan to have an(other) HIV test?	Number of months	<input type="text"/> mths
Q737	What are the main reasons that would/did motivate you to go for an HIV test? <u>Ask first without probing and then probe for factors that are not mentioned spontaneously.</u>	To access HIV treatment if I need it Wanted re-assurance not infected Avoid infecting partner(s) Partner or child sick or died Past risky behaviour Partner's risky behaviour Many friends going for HIV tests Encouraged by family Reassure partner Contemplating marriage Contemplating having a child Prevent mother-to-child infection Spouse/partner tested HIV+ Doctor/nurse suggested it Life planning Other (specify)	Spont <input type="checkbox"/> 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"/> <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"/>
Q738	What are the main reasons that would/did discourage you from having an HIV test? <u>Ask first without probing and then probe for factors that are not mentioned spontaneously.</u>	Psychological effects Stigma & discrimination Possible divorce/separation Job loss Positive result accelerates death Fear - of being HIV+ Fear - of partner violence Lack of confidentiality Too expensive Other (specify)	Spont <input type="checkbox"/> 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"/> <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"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO	
Q739	<i>If you have or had a daughter or son who is a teenager or a young adult and she/he started having sex, do you think it would be a good thing for her/him to have an HIV test?</i>	Yes No Don't know	Teen 1 2 98	YA 1 2 98
Q740	Explain that there are HIV tests that you can do yourself. <i>How long is it since you last had an HIV self-test?</i>	Period Never had a self-test Not heard of HIV self-tests	<input type="text"/> mths 97 99	<input type="text"/> yrs - Q743 - Q744
Q741	<i>Was the result of this HIV self-test positive or negative?</i> Stress that do not have to answer these questions but information is confidential.	Positive Negative Don't know Prefers not to say	1 2 98 99	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q742	<i>Did you get this result confirmed at a health facility or other HIV testing facility?</i> Stress that do not have to answer these questions but information is confidential.	Yes - result confirmed No - went but result was different No - didn't go for confirmation test Prefers not to say	1 2 3 99	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q743	<i>If / when you want to do an HIV self-test, do you know a place where someone like you can easily get a test kit?</i>	Yes No	1 2	<input type="text"/> <input type="text"/>
Q744	<i>Have you heard of antiretroviral therapy (ART) - the drugs that prevent HIV from causing AIDS?</i>	Yes No	1 2	<input type="text"/> <input type="text"/> - Q748
Q745	<i>How far is it from here to the nearest place where these drugs can be obtained?</i>	Distance Don't know a place	<input type="text"/> kms 98	- Q748
Q746	<i>What type of place is this?</i> "Roadside" here means a tarred road. Record name of place..	Large town or city Small town Growth point Commercial estate/mine Roadside business centre Rural business centre Communal / resettlement area	1 2 3 4 5 6 7	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q747	<i>How long does it take to travel from your home to this place?</i> Convert hours to minutes if necessary.	Minutes	<input type="text"/> mins	
Q748	<i>Have you ever taken ART yourself?</i> Check that not taking something that could be ART.	Yes No	1 2	<input type="text"/> <input type="text"/> - Q750
Q749	<i>What is the main reason you have not started taking these drugs?</i>	Costs too high Not available locally Not permitted by church Side effects Not needed: in good health Not needed: HIV- 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"/> - Q801 <input type="text"/> - Q801 <input type="text"/> - Q801 <input type="text"/> - Q801 <input type="text"/> - Q801 <input type="text"/> - Q801 <input type="text"/> - Q801
Q750	<i>How long is it since you first took these drugs?</i>	Period	<input type="text"/> weeks <input type="text"/> years	
Q751	<i>What motivated you to start taking ART?</i>	HIV+: unwell HIV+: well but wanted to remain healthy Other (specify)	1 2 8	<input type="text"/> <input type="text"/> <input type="text"/>
Q752	<i>Have you stopped taking the drugs?</i>	Yes No	1 2	<input type="text"/> <input type="text"/> - Q754
Q753	<i>Why have you stopped taking the drugs?</i>	Costs too high Not available locally Side effects Not needed: in good health Other (specify) Don't know	1 2 3 4 8 98	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - Q756 <input type="text"/> - Q756 <input type="text"/> - Q756 <input type="text"/> - Q756 <input type="text"/> - Q756
Q754	<i>Are there particular times when you take the drugs?</i>	All the time When feeling unwell When can afford or paid for Other (specify)	1 2 3 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q755	<i>Do you sometimes forget to take the drugs?</i>	Never Occasionally Quite often	1 2 3	<input type="text"/> <input type="text"/> <input type="text"/>
Q756	<i>How often have you taken ART in the last month?</i>	Every day Most days Occasionally Not at all	1 2 3 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO									
Q757	After you started taking the drugs, did you: (1) Start having more or fewer sexual partners? (2) Use condoms more or less than before?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center; padding: 2px;">More</td> <td style="text-align: center; padding: 2px;">Same</td> <td style="text-align: center; padding: 2px;">Less</td> </tr> <tr> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="text" value="1"/></td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="text" value="2"/></td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="text" value="3"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="text" value="1"/></td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="text" value="2"/></td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="text" value="3"/></td> </tr> </table>	More	Same	Less	<input style="width: 20px; height: 15px;" type="text" value="1"/>	<input style="width: 20px; height: 15px;" type="text" value="2"/>	<input style="width: 20px; height: 15px;" type="text" value="3"/>	<input style="width: 20px; height: 15px;" type="text" value="1"/>	<input style="width: 20px; height: 15px;" type="text" value="2"/>	<input style="width: 20px; height: 15px;" type="text" value="3"/>	
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Q758	Have you experienced any unpleasant side effects since you started the treatment?	Yes No	<table style="margin-left: auto;"> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> </table>	1	<input style="width: 20px; height: 15px;" type="text"/>	2	<input style="width: 20px; height: 15px;" type="text"/>					
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2	<input style="width: 20px; height: 15px;" type="text"/>											
Q759	Have you (also) been receiving treatment from a traditional healer or faith healer for your HIV infection?	Traditional healer Faith healer Neither	<table style="margin-left: auto;"> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">3</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> </table>	1	<input style="width: 20px; height: 15px;" type="text"/>	2	<input style="width: 20px; height: 15px;" type="text"/>	3	<input style="width: 20px; height: 15px;" type="text"/>			
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Q801	<i>Now I would like to talk to you about pregnancy and childbirth. Have you ever given birth (fathered a child)*?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/> - Q806
Q802	<i>Do you have any sons or daughters who are living with you now?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/> - Q804
Q803	<i>How many sons live with you? How many daughters live with you?</i>	Sons at home Daughters at home		<input type="checkbox"/> <input type="checkbox"/>
Q804	<i>Do you have any sons or daughters who are alive but do not live with you?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/> - Q806
Q805	<i>How many sons are alive but do not live with you? How many daughters are alive but do not live with you?</i>	Sons elsewhere Daughters elsewhere		<input type="checkbox"/> <input type="checkbox"/>
Q806	<i>Have you ever given birth to (or fathered) a boy or girl who was born alive but later died?</i> <u>If no, probe:</u> <i>Any (other) boy or girl who cried or showed any sign of life but only survived a few hours or days?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/> - Q808
Q807	<i>How many boys have died in this way? And how many girls died in this way?</i>	Boys who died Girls who died		<input type="checkbox"/> <input type="checkbox"/>
Q808	<u>Sum answers to Q803, Q805 and Q807.</u> <u>Enter total.</u>	Total		<input type="checkbox"/>
Q809	<i>In total, then, how many live births have you had (fathered)?</i> <u>Compare response with total in Q708.</u> <u>If numbers are different, probe and correct Q801-Q808, as necessary.</u>			- for men, go to Q901
Q810	<i>Have you had a live birth in the last year?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>
Q811	<i>Have you been pregnant in the last year?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>

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

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO		
Q901	<i>Are you pregnant at the moment?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q903		
Q902	<i>How many months pregnant do you think you are?</i> <u>Ask for best estimate.</u>	Number of months	<input style="width: 40px; height: 20px;" type="text"/> - Q905		
Q903	<i>Have you <u>ever</u> had a pregnancy that ended in a live birth, miscarriage or still-birth?</i>	Yes No Not sure	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/> - Q1001 - Q1001		
Q904	<i>When did your most recent such pregnancy end?</i> <u>Stress: including miscarriages.</u>		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px; text-align: center;">mnth</td><td style="width: 30px; height: 20px; text-align: center;">yr</td></tr></table>	mnth	yr
mnth	yr				
Q905	<i>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?</i>	Then Later Not at all	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Q906	<i>Did you see anyone for antenatal care during this pregnancy?</i>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q923		
Q907	<i>After how many months of the pregnancy did you first go for an antenatal check-up?</i>	Months	<input style="width: 40px; height: 20px;" type="text"/>		
Q908	<i>Did you have an HIV test while attending for ANC check-ups for this pregnancy or did you already know your status?</i> <u>If knew HIV+, ask if she was on ART.</u>	Yes No: already knew HIV+ - on ART No: already knew HIV+ - not on ART No: did not want	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
Q909	<i>Did your husband (or pregnancy partner) also attend for PMTCT with you and have an HIV test during this pregnancy?</i>	Yes No: already knew HIV+ No: did not want	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Q910	<i>Did YOU have HIV infection at the time of this pregnancy?</i> <u>Stress confidential but voluntary.</u>	Yes No Don't know No response	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q917 8 <input type="checkbox"/> - Q917 9 <input type="checkbox"/> - Q917		
Q911	<i>Did the clinic provide you with any counselling on family planning for people with HIV?</i>	Yes No Don't recall	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>		
Q912	<i>Did you receive any treatment to take YOURSELF to prevent the baby from getting infected? If so, what type?</i> <u>Stress that this is treatment taken by the mother herself.</u>	Yes: already on ART Yes: initiated on ART during pregnancy Yes: other (specify) _____	1 <input type="checkbox"/> - Q915 2 <input type="checkbox"/> 3 <input type="checkbox"/> - Q915 4 <input type="checkbox"/> - Q915		
Q913	<i>Are you still taking ART now?</i>	Yes No	1 <input type="checkbox"/> - Q915 2 <input type="checkbox"/>		
Q914	<i>Why did you decide to stop taking ART?</i> _____	No longer breastfeeding the baby Healthy so no need for ART Side effects Other (specify) Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> 98 <input type="checkbox"/>		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO												
Q915	<i>Did the baby receive any of these forms of treatment to prevent him/her from getting infected with HIV?</i>	ART (i.e. continuous) NVP syrup Other (specify)	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">Y</td> <td style="text-align: center; padding: 2px;">N</td> </tr> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> </tr> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> </tr> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> </tr> </table>	Y	N	1	2	1	2	1	2				
Y	N														
1	2														
1	2														
1	2														
Q916	<i>Did you or the baby ever stop or miss taking the treatment you were given?</i>	Yes No Baby died before completed treatment	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">3</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> </table>	1	<input style="width: 20px; height: 15px;" type="checkbox"/>	2	<input style="width: 20px; height: 15px;" type="checkbox"/>	3	<input style="width: 20px; height: 15px;" type="checkbox"/>						
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2	<input style="width: 20px; height: 15px;" type="checkbox"/>														
3	<input style="width: 20px; height: 15px;" type="checkbox"/>														
Q917	<i>Was the baby delivered at a clinic/hospital or at home?</i>	Clinic Home	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> </table>	1	<input style="width: 20px; height: 15px;" type="checkbox"/>	2	<input style="width: 20px; height: 15px;" type="checkbox"/>								
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2	<input style="width: 20px; height: 15px;" type="checkbox"/>														
Q918	<i>Did this pregnancy end in a miscarriage, abortion or stillbirth?</i>	Yes No	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> </table> - Q920	1	<input style="width: 20px; height: 15px;" type="checkbox"/>	2	<input style="width: 20px; height: 15px;" type="checkbox"/>								
1	<input style="width: 20px; height: 15px;" type="checkbox"/>														
2	<input style="width: 20px; height: 15px;" type="checkbox"/>														
Q919	<i>How many months pregnant were you when this pregnancy ended?</i>		<input style="width: 40px; height: 20px;" type="text"/> mths												
Q920	<i>Did the baby ever have an HIV test?</i> <u>If yes, ask for result.</u> <u>Stress confidential but voluntary.</u>	Yes: infected Yes: uninfected No DK or rather not say	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">3</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">8</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> </table>	1	<input style="width: 20px; height: 15px;" type="checkbox"/>	2	<input style="width: 20px; height: 15px;" type="checkbox"/>	3	<input style="width: 20px; height: 15px;" type="checkbox"/>	8	<input style="width: 20px; height: 15px;" type="checkbox"/>				
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8	<input style="width: 20px; height: 15px;" type="checkbox"/>														
Q921	<i>Has the baby been initiated on ART?</i>	Yes: started & still taking Yes: started but since stopped No Don't know	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">3</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">8</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> </table>	1	<input style="width: 20px; height: 15px;" type="checkbox"/>	2	<input style="width: 20px; height: 15px;" type="checkbox"/>	3	<input style="width: 20px; height: 15px;" type="checkbox"/>	8	<input style="width: 20px; height: 15px;" type="checkbox"/>				
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8	<input style="width: 20px; height: 15px;" type="checkbox"/>														
Q922	<i>Has the baby received medical male circumcision?</i>	Yes: medical circumcision No: but traditional circumcision No: not circumcised at all (yet) No: baby is a girl	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> <td style="vertical-align: top;">- Q927</td> </tr> <tr> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center; padding: 2px;">3</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center; padding: 2px;">99</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> <td style="vertical-align: top;">- Q927</td> </tr> </table>	1	<input style="width: 20px; height: 15px;" type="checkbox"/>	- Q927	2	<input style="width: 20px; height: 15px;" type="checkbox"/>		3	<input style="width: 20px; height: 15px;" type="checkbox"/>		99	<input style="width: 20px; height: 15px;" type="checkbox"/>	- Q927
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3	<input style="width: 20px; height: 15px;" type="checkbox"/>														
99	<input style="width: 20px; height: 15px;" type="checkbox"/>	- Q927													
Q923	<i>Would you have liked the baby to have received medical male circumcision?</i>	Yes No	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> </table>	1	<input style="width: 20px; height: 15px;" type="checkbox"/>	2	<input style="width: 20px; height: 15px;" type="checkbox"/>								
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Q924	<i>Were medical male circumcision services for infants available in your area at the time this baby was born?</i>	Yes No	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> </table>	1	<input style="width: 20px; height: 15px;" type="checkbox"/>	2	<input style="width: 20px; height: 15px;" type="checkbox"/>								
1	<input style="width: 20px; height: 15px;" type="checkbox"/>														
2	<input style="width: 20px; height: 15px;" type="checkbox"/>														
Q925	<i>Is the baby still alive?</i>	Yes No	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> <td style="vertical-align: top;">- Q929</td> </tr> <tr> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> <td></td> </tr> </table>	1	<input style="width: 20px; height: 15px;" type="checkbox"/>	- Q929	2	<input style="width: 20px; height: 15px;" type="checkbox"/>							
1	<input style="width: 20px; height: 15px;" type="checkbox"/>	- Q929													
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Q926	<i>How old was the baby when he/she passed away?</i>	<u>Convert to months.</u> <u><1m = '0' months.</u>	<input style="width: 40px; height: 20px;" type="text"/> mths												
Q927	<i>Did you ever feed this baby at the breast?</i>	Yes No	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> <td style="vertical-align: top;">- Q1001</td> </tr> <tr> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> <td></td> </tr> </table>	1	<input style="width: 20px; height: 15px;" type="checkbox"/>	- Q1001	2	<input style="width: 20px; height: 15px;" type="checkbox"/>							
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2	<input style="width: 20px; height: 15px;" type="checkbox"/>														
Q928	<i>Are you still breastfeeding?</i>	Yes No Child has died	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> <td style="vertical-align: top;">- Q1001</td> </tr> <tr> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center; padding: 2px;">99</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> <td></td> </tr> </table>	1	<input style="width: 20px; height: 15px;" type="checkbox"/>	- Q1001	2	<input style="width: 20px; height: 15px;" type="checkbox"/>		99	<input style="width: 20px; height: 15px;" type="checkbox"/>				
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99	<input style="width: 20px; height: 15px;" type="checkbox"/>														
Q929	<i>For how long did you breastfeed this baby?</i> Exclusively? (i.e. no liquids or solids) In total? <u>If total > 6 mths, go to Q1001.</u>	Months Months	<table style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 50%; height: 20px; border: 1px solid black;"></td> <td style="width: 50%; height: 20px; border: 1px solid black;"></td> </tr> <tr> <td style="width: 50%; height: 20px; border: 1px solid black;"></td> <td style="width: 50%; height: 20px; border: 1px solid black;"></td> </tr> </table>												
Q930	<i>Why did you not breastfeed this baby (for longer)?</i>	Baby sick or died Mother sick Risk of HIV Pregnant Resumed sex Other	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">3</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">4</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">5</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">8</td> <td style="text-align: center; padding: 2px;"><input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> </table>	1	<input style="width: 20px; height: 15px;" type="checkbox"/>	2	<input style="width: 20px; height: 15px;" type="checkbox"/>	3	<input style="width: 20px; height: 15px;" type="checkbox"/>	4	<input style="width: 20px; height: 15px;" type="checkbox"/>	5	<input style="width: 20px; height: 15px;" type="checkbox"/>	8	<input style="width: 20px; height: 15px;" type="checkbox"/>
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REF. QUESTIONS & FILTERS

Q1001	<i>For how much of the last 3 years have you and your regular partner been using a method of contraception?</i>	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"/>	- Q1004
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Q1002	<i>Which of these methods were the main methods you used?</i> <u>Ask about each method in turn.</u>	Pill Injections Condoms Femidoms Sterilization Safe period Withdrawal Other (specify)	<table border="1" style="border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2">Y</th> <th colspan="2">N</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> </tbody> </table>	Y		N		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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Q1003	<i>What were your main reasons for wanting to delay or prevent another pregnancy?</i> <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"/> 8 <input type="checkbox"/>	
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Q1004	<u>Record current time.</u>	Hour and minutes	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">hr</td> <td style="font-size: 8px;">mins</td> </tr> </table>			hr	mins	
hr	mins							

Q1005	<u>Record contact details for follow-up interviews if required.</u>	Cell number (1) Cell number (2)	<table border="1" style="border-collapse: collapse; width: 100%; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>					

Q1006	<i>What are your views of the value of this research?</i>	Useful Do not see the point No opinion	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>	
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Q1007 Record respondent's comments and your own observations in the space below.
Remind respondent of arrangements for the BE procedures (where relevant) and for HIV testing.

RESPONDENT'S COMMENTS:

On the research?

Further HIV prevention, care and support activities needed?

ENUMERATOR'S OBSERVATIONS:
