

INDIVIDUAL QUESTIONNAIRE

FORM B

MUT8number:

Questionnaire processing dates:

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

QUESTIONNAIRE IDENTIFICATION

Q001	<u>Census district:</u> _____	<u>Ward:</u>	<input style="width: 80px; height: 20px;" type="text"/>
Q002	<u>Village:</u> _____	<u>Cluster:</u>	<input style="width: 80px; height: 20px;" type="text"/>
Q003	<u>Name of head of household:</u> _____		
Q004	<u>Category of respondent:</u>	<input style="width: 60px; height: 20px;" type="text" value="R8 MUTNO"/>	<input style="width: 80px; height: 20px;" type="text"/>
Q005	<u>Study site reference:</u>	<input style="width: 150px; height: 20px;" type="text" value="Date left R8 area"/>	<input style="width: 60px; height: 20px;" type="text" value="R8 site"/>
Q006	<u>Household number:</u>	<input style="width: 80px; height: 20px;" type="text"/>	
Q007	<u>Line number on household questionnaire:</u>	<input style="width: 80px; height: 20px;" type="text"/>	

INTERVIEWER VISIT

	1	2	3
Q008 <u>Date:</u>	_____	_____	_____
Q009 <u>Time:</u>	_____	_____	_____
Q010 <u>Interviewer:</u>	_____	_____	_____
Q011 <u>Result**:</u>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

CHECKED BY SUPERVISOR

Q012 **Signature:** _____

Q013 **Date:** _____

***RESPONDENT CATEGORY**

Follow-up respondent (from R8)	1
New respondent: previously under age	2
New respondent: in-migrant (since R8)	5
New respondent: selected but unavailable R8	6
New respondent: selected but refused R8	7
New respondent: household missed R8	9
Other (specify) _____	8

****RESULT CODES**

Completed	1
Not at home / Phone not reachable	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	<i>In what month and year were you born?</i>		<input type="text"/> mth	<input type="text"/> yr	
Q204	<i>How old were you at your last birthday?</i> <u>Check consistency with Q203.</u>	Age in COMPLETED years	<input type="text"/>	yrs	
Q205	<i>Are you currently <u>enrolled</u> in school full-time?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>	- Q209
Q206	<i>How many times in the last 12 months have you been unable to attend school for COVID-19-related reasons?</i>	No. of <u>periods</u> unable to attend school	<input type="text"/>		- Q211 if none
Q207	<i>How many of these times were mainly for each of the following reasons?</i> <u>Check total matches Q206.</u>	School closed for COVID-19 reasons (incl. lockdown) Isolating (COVID-19 symptoms-self) Isolating (COVID-19 symptoms-HH member) Fear of COVID-19 infection Transport or mobility restrictions Other (specify)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Q208	<i>For how many weeks in total in the last 12 months have you been unable to attend school due to COVID-19?</i>	No. of weeks	<input type="text"/>	wks	- Q211
Q209	<i>How old were you when you left school?</i>	Age in completed years Never been to school	<input type="text"/> 99	yrs <input type="checkbox"/>	- Q212
Q210	<i>What was your reason for leaving school?</i> <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 COVID-19 factors (specify) Other (specify)	1 2 3 4 5 6 7 8 9 10 11 12 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"/> <input type="checkbox"/>	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																														
Q211	<p><i>What is the highest grade of school you have completed?</i></p> <p><u>For "years", enter number of years (excl. repeats) at highest level reached.</u></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;"><u>Level</u></td> <td style="width: 10%;"></td> <td style="text-align: center;"><u>Years</u></td> <td style="width: 10%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>None</td> <td style="text-align: center;">0</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Primary</td> <td style="text-align: center;">1</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">1-7</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td></td> </tr> <tr> <td>Secondary</td> <td style="text-align: center;">2</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">1-6</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">- Q213</td> </tr> <tr> <td>Higher</td> <td style="text-align: center;">3</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">1-6</td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;">- Q213</td> </tr> </table>		<u>Level</u>		<u>Years</u>			None	0	<input style="width: 20px; height: 15px;" type="text"/>				Primary	1	<input style="width: 20px; height: 15px;" type="text"/>	1-7	<input style="width: 20px; height: 15px;" type="text"/>		Secondary	2	<input style="width: 20px; height: 15px;" type="text"/>	1-6	<input style="width: 20px; height: 15px;" type="text"/>	- Q213	Higher	3	<input style="width: 20px; height: 15px;" type="text"/>	1-6	<input style="width: 20px; height: 15px;" type="text"/>	- Q213	
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Q212	<p><i>Can you read a letter or newspaper in any language?</i></p>	<p>Yes</p> <p>No</p>	<p>1 <input style="width: 20px; height: 15px;" type="text"/></p> <p>2 <input style="width: 20px; height: 15px;" type="text"/></p>																														
Q213	<p><i>How long have you been living in this homestead?</i></p> <p><u>Record number of completed years.</u></p>	<p>Years</p> <p>Since birth</p> <p>Visitor</p>	<p><input style="width: 20px; height: 15px;" type="text"/> yrs</p> <p>995 <input style="width: 20px; height: 15px;" type="text"/></p> <p>996 <input style="width: 20px; height: 15px;" type="text"/></p>	<p>- Q215 if ≥1yr</p> <p>- Q217</p> <p>- Q216</p>																													
Q214	<p><i>How many months have you been staying in this homestead?</i></p>	Months	<input style="width: 20px; height: 15px;" type="text"/> mths																														
Q215	<p><i>Did you move to this homestead because of COVID-19?</i></p>	<p>Yes</p> <p>No</p>	<p>1 <input style="width: 20px; height: 15px;" type="text"/></p> <p>2 <input style="width: 20px; height: 15px;" type="text"/></p>																														
Q216	<p><i>What type of place was your previous place of residence?</i></p> <p><u>Record place of current home if the respondent is a visitor.</u></p> <p><u>"Roadside" here means a tarred road.</u></p> <p><u>Record the name of the place below.</u></p>	<p>Large town or city</p> <p>Small town</p> <p>Growth point</p> <p>Commercial estate/mine</p> <p>Roadside business centre</p> <p>Rural business centre</p> <p>Communal/resettlement area</p>	<p>1 <input style="width: 20px; height: 15px;" type="text"/></p> <p>2 <input style="width: 20px; height: 15px;" type="text"/></p> <p>3 <input style="width: 20px; height: 15px;" type="text"/></p> <p>4 <input style="width: 20px; height: 15px;" type="text"/></p> <p>5 <input style="width: 20px; height: 15px;" type="text"/></p> <p>6 <input style="width: 20px; height: 15px;" type="text"/></p> <p>7 <input style="width: 20px; height: 15px;" type="text"/></p>																														
Q217	<p><i>How many times have you travelled outside of Zimbabwe in the last 12 months?</i></p>	Number of trips	<input style="width: 20px; height: 15px;" type="text"/>	- Q219a if none																													
Q218	<p><i>Did you visit any of these regions or countries?</i></p>	<p>South Africa</p> <p>Other African countries</p> <p>European countries</p> <p>China</p> <p>India</p> <p>Other Asian countries</p> <p>USA</p> <p>South America</p> <p>Other (specify)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="text-align: center;"><u>Yes</u></td> <td style="text-align: center;"><u>No</u></td> </tr> <tr> <td></td> <td style="text-align: center;">1 <input style="width: 15px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">1 <input style="width: 15px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">1 <input style="width: 15px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">1 <input style="width: 15px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">1 <input style="width: 15px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">1 <input style="width: 15px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">1 <input style="width: 15px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 15px; height: 15px;" type="text"/></td> </tr> </table>		<u>Yes</u>	<u>No</u>		1 <input style="width: 15px; height: 15px;" type="text"/>	2 <input style="width: 15px; height: 15px;" type="text"/>		1 <input style="width: 15px; height: 15px;" type="text"/>	2 <input style="width: 15px; height: 15px;" type="text"/>		1 <input style="width: 15px; height: 15px;" type="text"/>	2 <input style="width: 15px; height: 15px;" type="text"/>		1 <input style="width: 15px; height: 15px;" type="text"/>	2 <input style="width: 15px; height: 15px;" type="text"/>		1 <input style="width: 15px; height: 15px;" type="text"/>	2 <input style="width: 15px; height: 15px;" type="text"/>		1 <input style="width: 15px; height: 15px;" type="text"/>	2 <input style="width: 15px; height: 15px;" type="text"/>		1 <input style="width: 15px; height: 15px;" type="text"/>	2 <input style="width: 15px; height: 15px;" type="text"/>						
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Q219a	<p><i>How many districts (other than your home district) have you visited in the last 7 days?</i></p>	Number of districts	<input style="width: 20px; height: 15px;" type="text"/>	- Q219c if none																													
Q219b	<p><i>Please can you tell me the three districts you visited most recently? i.e. in last 7 days.</i></p> <p><u>Record 'NA' where no relevant visit in last 7 days.</u></p>	<p>Most recent district _____</p> <p>Next most recent district _____</p> <p>Third most recent district _____</p>																															
Q219c	<p><i>Are any of the following places that you frequent outside your home district?</i></p>	<p>School</p> <p>Work</p> <p>Community/leisure locations</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="text-align: center;"><u>Yes</u></td> <td style="text-align: center;"><u>No</u></td> <td style="text-align: center;"><u>NA</u></td> </tr> <tr> <td></td> <td style="text-align: center;">1 <input style="width: 15px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 15px; height: 15px;" type="text"/></td> <td style="text-align: center;">99 <input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">1 <input style="width: 15px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 15px; height: 15px;" type="text"/></td> <td style="text-align: center;">99 <input style="width: 15px; height: 15px;" type="text"/></td> </tr> <tr> <td></td> <td style="text-align: center;">1 <input style="width: 15px; height: 15px;" type="text"/></td> <td style="text-align: center;">2 <input style="width: 15px; height: 15px;" type="text"/></td> <td style="text-align: center;">99 <input style="width: 15px; height: 15px;" type="text"/></td> </tr> </table>		<u>Yes</u>	<u>No</u>	<u>NA</u>		1 <input style="width: 15px; height: 15px;" type="text"/>	2 <input style="width: 15px; height: 15px;" type="text"/>	99 <input style="width: 15px; height: 15px;" type="text"/>		1 <input style="width: 15px; height: 15px;" type="text"/>	2 <input style="width: 15px; height: 15px;" type="text"/>	99 <input style="width: 15px; height: 15px;" type="text"/>		1 <input style="width: 15px; height: 15px;" type="text"/>	2 <input style="width: 15px; height: 15px;" type="text"/>	99 <input style="width: 15px; height: 15px;" type="text"/>														
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Q219	<p><i>How many times have you made urban-rural or rural-urban journeys in the last 3 months?</i></p> <p><u>Urban means cities & large towns (e.g. Rusape).</u></p>	Number of trips	<input style="width: 20px; height: 15px;" type="text"/>																														
Q220	<p><i>Which church denomination do you belong to?</i></p>	<p>Traditional</p> <p>Pentecostal</p> <p>Methodist</p> <p>Anglican</p> <p>Roman Catholic</p> <p>ZAOGA</p> <p>Apostolic Faith Mission</p> <p>Marange Apostolic</p> <p>Mazowe Apostolic</p> <p>Zviratidzo Apostolic</p> <p>Other Apostolic (specify)</p> <p>Zionist</p> <p>Mughodi</p> <p>Other (specify)</p> <p>None</p>	<p>1 <input style="width: 20px; height: 15px;" type="text"/></p> <p>2 <input style="width: 20px; height: 15px;" type="text"/></p> <p>4 <input style="width: 20px; height: 15px;" type="text"/></p> <p>5 <input style="width: 20px; height: 15px;" type="text"/></p> <p>6 <input style="width: 20px; height: 15px;" type="text"/></p> <p>7 <input style="width: 20px; height: 15px;" type="text"/></p> <p>8 <input style="width: 20px; height: 15px;" type="text"/></p> <p>9 <input style="width: 20px; height: 15px;" type="text"/></p> <p>10 <input style="width: 20px; height: 15px;" type="text"/></p> <p>12 <input style="width: 20px; height: 15px;" type="text"/></p> <p>13 <input style="width: 20px; height: 15px;" type="text"/></p> <p>15 <input style="width: 20px; height: 15px;" type="text"/></p> <p>20 <input style="width: 20px; height: 15px;" type="text"/></p> <p>17 <input style="width: 20px; height: 15px;" type="text"/></p> <p>97 <input style="width: 20px; height: 15px;" type="text"/></p>																														

INDIVIDUAL QUESTIONNAIRE:

BACKGROUND CHARACTERISTICS

Q. No:

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO		
Q221	<i>In which sector of employment do you work?</i>	Agricultural estates: tea, coffee, forestry etc.	1	<input type="checkbox"/>		
		Manufacturing, mining, industry or building trade	2	<input type="checkbox"/>		
		Police/army	3	<input type="checkbox"/>		
		Education: any level (school/university)	4	<input type="checkbox"/>		
		Healthcare: nurse or doctor	6	<input type="checkbox"/>		
		Services or retail: shops	7	<input type="checkbox"/>		
		Informal: petty trading (veg etc)	8	<input type="checkbox"/>		- Q223
		Informal: subsistence agriculture	9	<input type="checkbox"/>		- Q223
		Student	10	<input type="checkbox"/>		- Q223
		Unemployed: excl. agriculture	11	<input type="checkbox"/>		- Q223
		Transport sector	14	<input type="checkbox"/>		
		Office worker	15	<input type="checkbox"/>		
Healthcare: VCW or nurse aide	16	<input type="checkbox"/>				
Healthcare: other	17	<input type="checkbox"/>				
Social work	18	<input type="checkbox"/>				
Homemaker/housework	19	<input type="checkbox"/>				
Other (specify)	12	<input type="checkbox"/>				
Q222	<i>What type of work do you do?</i>	Professional or managerial	1	<input type="checkbox"/>		
		Self-employed: small business	2	<input type="checkbox"/>		
		Skilled labour	3	<input type="checkbox"/>		
		Manual/unskilled labour	4	<input type="checkbox"/>		
Q223	<i>Was your income in April 2020 (i.e. during the [first] lockdown) lower or higher than in April 2019? How much lower or higher was your income in April 2020 vs. April 2019?</i>	Lower	1	<input type="checkbox"/>		
		Higher	2	<input type="checkbox"/>		
		% change vs. 2019		<input type="text" value=""/>	%	
Q223	<i>Was your income last month lower or higher than in the same month last year? How much lower or higher was your income last month than in the same month last year?</i>	Lower	1	<input type="checkbox"/>		
		Higher	2	<input type="checkbox"/>		
		No change	8	<input type="checkbox"/>		
		% change vs. last year		<input type="text" value=""/>	%	
Q224	<i>Over the last 12 months, how many times per month, on average, have you had a drink containing alcohol?</i>	Number of times per month		<input type="text" value=""/>	- Q226 if '0'	
Q225	<i>How many drinks containing alcohol do you have on a typical sitting?</i>	Number of drinks per sitting		<input type="text" value=""/>		
Q226	<i>How many times have you visited a bar beer-hall, or shebeen in the last month?</i>	Number of times		<input type="text" value=""/>		
Q227	<i>Do you smoke cigarettes or have you smoked them in the past?</i>	Yes - smoke now	1	<input type="checkbox"/>		
		Yes - smoked in the past but not now	2	<input type="checkbox"/>		
		Never smoked	3	<input type="checkbox"/>		
Q228	<i>Do you take any of these types of drugs for pleasure?</i>	Injecting drugs	Yes 1	No <input type="checkbox"/>		
		Drugs you smoke	1	<input type="checkbox"/>		
		Prescription drugs	1	<input type="checkbox"/>		
		Other drugs you swallow	1	<input type="checkbox"/>		
Q229	<i>Have you ever been married or in a long-term or cohabiting relationship? Relationships of 12 months or more should be treated as "long-term".</i>	Yes	1	<input type="checkbox"/>	- Q246	
		No	2	<input type="checkbox"/>		
Q230	<i>How many such relationships have you experienced in your lifetime?</i>	<u>Include current relationships.</u>		<input type="text" value=""/>		
Q231	<i>How old were you when you first entered such a relationship?</i>	Age (years)		<input type="text" value=""/>	yrs	
Q232	<i>Are you currently widowed, divorced or separated from your most recent spouse/partner?</i>	Widowed	1	<input type="checkbox"/>	- Q246	
		Divorced	2	<input type="checkbox"/>	- Q246	
		Separated	3	<input type="checkbox"/>	- Q246	
		Still in union	4	<input type="checkbox"/>		
Q233	<i>How many spouses/long-term partners do you have at present?</i> <u>For women, ask how many other wives her husband has.</u>	(Not zero!)		<input type="text" value=""/>		
		<u>Ask questions Q234 to Q245 for first spouse, then the second, and so on ...</u>				
Q234	<i>How old was your partner at his/her last birthday?</i>	Age in completed years		<input type="text" value=""/>		
		Don't know		<input type="text" value=""/>		

yrs	yrs	yrs	yrs
98	98	98	98

INDIVIDUAL QUESTIONNAIRE:

BACKGROUND CHARACTERISTICS

Q. No:

REF.	QUESTIONS & FILTERS	CODING CATEGORIES			SKIP TO		
Q235	<i>Did you and your spouse have an HIV test before you agreed to get married?</i>	Self only tested	2	2	2	2	- Q239 - Q239 - Q238
		Partner only tested	3	3	3	3	
		Neither tested	4	4	4	4	
		Not yet 'married'	5	5	5	5	
		Both tested seperately	11	11	11	11	
		Both tested together	12	12	12	12	
Q236	<i>Did you tell each other your results? Ask equivalent if only one tested.</i>	Yes	1	1	1	1	
		No	2	2	2	2	
Q237	<i>Do you know whether this person has HIV infection now?</i>	Infected	1	1	1	1	- Q240
		Uninfected	2	2	2	2	
		Prefers not to say	96	96	96	96	
		Don't know	98	98	98	98	
Q238	<i>Is this person receiving ART (i.e. treatment to prevent AIDS)?</i>	Yes	1	1	1	1	- Q240 - Q240 - Q240
		No	2	2	2	2	
		Prefers not to say	96	96	96	96	
		Don't know	98	98	98	98	
Q239	<i>Did this person miss taking ART at any time due to the COVID-19 epidemic? If yes, ask for the main reason.</i>	Yes - couldn't access ARVs	1	1	1	1	
		Yes - forgot	2	2	2	2	
		Yes - other	3	3	3	3	
		No	4	4	4	4	
		Don't know	98	98	98	98	
Q240	<i>Has he/she had a sexually transmitted infection (other than HIV) in the last 12 months?</i>	Yes	1	1	1	1	- Q242 (m) or Q243 (f)
		No	2	2	2	2	
		Don't know	98	98	98	98	
Q241	<i>How long was it before he/she sought treatment at a hospital or clinic?</i>	Months	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	- Q243 if respondent is male
		Never went	99	99	99	99	
Q242	<i>Has he been circumcised? Show respondent pictures to establish whether fully or partially circumcised.</i>	Yes - full	1	1	1	1	
		Yes - partial	2	2	2	2	
		No	3	3	3	3	
		Don't know	98	98	98	98	
Q243	<i>What is the highest grade of school your partner has completed?</i>	None	0	0	0	0	
		Primary	1	1	1	1	
		Secondary	2	2	2	2	
		Higher	3	3	3	3	
Q244	<i>In which sector of employment does he/she work?</i>	Agric estates: tea, coffee, forestry etc.	1	1	1	1	- Q246 - Q246 - Q246 - Q246
		Manuf'g, mining, industry, building	2	2	2	2	
		Police/army	3	3	3	3	
		Education: any level (school/universit	4	4	4	4	
		Social work	5	5	5	5	
		Healthcare: nurse or doctor	6	6	6	6	
		Services or retail: shops	7	7	7	7	
		Informal: petty trading (veg etc)	8	8	8	8	
		Informal: subsistence agriculture	9	9	9	9	
		Student	10	10	10	10	
		Unemployed: excl. agriculture	11	11	11	11	
		Transport sector	14	14	14	14	
Office worker	15	15	15	15			
Healthcare: VCW or nurse aide	16	16	16	16			
Healthcare: other	17	17	17	17			
Homemaker/housework	19	19	19	19			
Other (specify)	12	12	12	12			
Q245	<i>What type of work does he/she do?</i>	Prof/manage't	1	1	1	1	
		Self-employed	2	2	2	2	
		Skilled labour	3	3	3	3	
		Manual/unskilled	4	4	4	4	
Q246	<i>Which of the following groups exist in your home area and which are you a member of? For those where he/she is a member: Would you say that this group functions: (1) well; (2) OK; or (3) poorly?</i>	Church groups	1	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	
		Women's groups	2	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	
		Co-operative	3	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	
		Farmers group	4	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	
		Burial society	5	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	
		Savings club (RCS)	6	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	
		Youth group	7	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	
		Sports club	8	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	
		HIV/AIDS group	9	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	
		Political party	10	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	
Q247	<i>What is the principal activity of the group you spend the most time with?</i>	Code from Q246	<input style="width: 50px; height: 15px;" type="text"/>				
		None	99	<input style="width: 20px; height: 15px;" type="text"/>			

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																								
Q248	<i>How often has this group met in the last 3 months in person or virtually (e.g. on WhatsApp)?</i>	In-person meetings Virtual meetings	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>																								
Q249	<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 border="1" style="border-collapse: collapse; width: 100%;"> <thead> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">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> <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	1	2
Yes	No																										
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Q250	<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 border="1" style="border-collapse: collapse; width: 100%;"> <thead> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">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												
Yes	No																										
1	2																										
1	2																										
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1	2																										
1	2																										
Q251	<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 border="1" style="border-collapse: collapse; width: 100%;"> <thead> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">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												
Yes	No																										
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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
Q301	<i>Little interest or pleasure in doing things</i>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Q302	<i>Feeling down, depressed, or hopeless</i>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Q303	<i>Trouble falling asleep, staying asleep, or sleeping too much</i>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Q304	<i>Feeling tired or having little energy</i>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Q305	<i>Poor appetite or overeating</i>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Q306	<i>Feeling bad about yourself - or that you're a failure or have let yourself or your family down</i>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Q307	<i>Trouble concentrating on things such as reading a newspaper or watching TV</i>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
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>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Q309	<i>Thoughts that you would be better off dead or of hurting yourself in some way</i>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
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>	Not hard at all	Some-what hard	Very hard
		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
			Extreme-ly hard	<input style="width: 20px; height: 20px;" type="text"/>

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> Explain what we mean by "having sex".	Age in years Not yet had sex	<input type="text"/> yrs 99 <input 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 COVID-19, lockdown, mobility restrictions Other (specify)	1 <input type="text"/> - Q436 2 <input type="text"/> - Q436 3 <input type="text"/> - Q436 4 <input type="text"/> - Q436 5 <input type="text"/> - Q436 6 <input type="text"/> - Q436 8 <input type="text"/> - Q436
Q404	<i>How many days is it since you last had sex?</i> Skip to Q406 if less than one month.	More than one year	<input type="text"/> mths <input type="text"/> days 99 <input type="text"/>
Q405	<i>What is the main reason you are currently abstaining from sexual relations?</i> Options 1-4 could refer to the respondent or (if male) to his regular partner.	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 type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> 11 <input type="text"/> 12 <input type="text"/> 13 <input type="text"/> 14 <input type="text"/> 20 <input type="text"/> 98 <input type="text"/>
Q406	<i>Did you use condoms throughout the last time you had sex?</i>	Yes No	1 <input type="text"/> 2 <input type="text"/>
Q407	<i>Do you know whether the last person you had sex with has HIV infection?</i> If infected, ask if on ART.	Infected - on ART Infected - not on ART Uninfected Prefers not to say Don't know	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 98 <input 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 Don't know	<input type="text"/> 98 <input type="text"/>
Q409	Indicate data collection method used. For 'secret voting': (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 type="text"/> 1 <input 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 type="text"/> 1 - Q412 if zero

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: 25px; 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: 25px; border: 1px solid black;" type="text" value="3"/>	- Q414 if zero				
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: 25px; 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: 25px; border: 1px solid black;" type="text" value="5"/>	- Q416 if zero				
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: 25px; 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: 25px; 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: 25px; border: 1px solid black;" type="text" value="8"/>					
Q418	<i>How many different partners did you have sex with in April 2020?</i> <i>(i.e. first month of first COVID-19 lockdown)</i>	Number of partners in the first month of first COVID-19 lockdown?	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text" value="9"/>					
Q418	<i>How many different partners have you had sex with in the last 3 months?</i>	Number of partners in last 3 months (total)	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text" value="10"/>					
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: 25px; border: 1px solid black;" type="text" value="11"/>					
Q420	<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: 25px; border: 1px solid black;" type="text" value="12"/>					
Q421	<p><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></p>							
Q422	<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="text-align: center; padding: 0 5px;">LAST</td> <td style="text-align: center; padding: 0 5px;">PREVIOUS ...</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 25px;"></td> <td style="border: 1px solid black; width: 30px; height: 25px;"></td> </tr> </table>	LAST	PREVIOUS ...			1
LAST	PREVIOUS ...							
Q423	<i>On how many of these occasions did you and your partner use condoms THROUGHOUT?</i>	Number of times <u>If '0', skip to Q425.</u>	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 25px;"></td> <td style="border: 1px solid black; width: 30px; height: 25px;"></td> <td style="border: 1px solid black; width: 30px; height: 25px;"></td> </tr> </table>				2	
Q424	<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: 30px; height: 25px;"></td> <td style="border: 1px solid black; width: 30px; height: 25px;"></td> <td style="border: 1px solid black; width: 30px; height: 25px;"></td> </tr> </table>				3	

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO									
Q425	What was the month and year when you had sexual intercourse with this person for the FIRST time?	Month first then year <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">mth</td> <td style="width: 30px; text-align: center;">mth</td> <td style="width: 30px; text-align: center;">mth</td> </tr> <tr> <td style="width: 30px; text-align: center;">yr</td> <td style="width: 30px; text-align: center;">yr</td> <td style="width: 30px; text-align: center;">yr</td> </tr> </table>	mth	mth	mth	yr	yr	yr	4			
mth	mth	mth										
yr	yr	yr										
Q426	When was the month and year you LAST had sexual intercourse with this person?	Month first then year <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">mth</td> <td style="width: 30px; text-align: center;">mth</td> <td style="width: 30px; text-align: center;">mth</td> </tr> <tr> <td style="width: 30px; text-align: center;">yr</td> <td style="width: 30px; text-align: center;">yr</td> <td style="width: 30px; text-align: center;">yr</td> </tr> </table>	mth	mth	mth	yr	yr	yr	5			
mth	mth	mth										
yr	yr	yr										
Q427	Are you still having sex with this person?	Yes No <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>							6			
Q428	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 Q216).</u>	Code <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				7						
Q429	How many years old is this person?	Age in years <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">yrs</td> <td style="width: 30px; text-align: center;">yrs</td> <td style="width: 30px; text-align: center;">yrs</td> </tr> </table>	yrs	yrs	yrs	8						
yrs	yrs	yrs										
Q430	Is / was this person someone you are / were married to or cohabiting with?	Yes No <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>							9			
Q431	Is this person married to someone other than yourself?	Yes No Don't know <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>										10
Q432	Have you given or received money, goods or services in exchange for sex with this person in the last month?	Yes No <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>							11			
Q433	<u>For men:</u> Did you have sex with one or more men in the last 12 months?	Yes No <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">1</td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 30px; text-align: center;">2</td> <td style="width: 30px; height: 20px;"></td> </tr> </table>	1		2		12					
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Q434	<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 <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">1</td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 30px; text-align: center;">2</td> <td style="width: 30px; height: 20px;"></td> </tr> </table>	1		2		- Q436 13					
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Q435	<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 <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">1</td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="width: 30px; text-align: center;">2</td> <td style="width: 30px; height: 20px;"></td> </tr> </table>	1		2		14					
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Q436	<u>Record details of others present at this point.</u>	Children under 10 Husband/wife Other males Other females <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">Y(1)</td> <td style="width: 30px; text-align: center;">N(2)</td> </tr> <tr> <td style="width: 30px; text-align: center;">Y(1)</td> <td style="width: 30px; text-align: center;">N(2)</td> </tr> <tr> <td style="width: 30px; text-align: center;">Y(1)</td> <td style="width: 30px; text-align: center;">N(2)</td> </tr> <tr> <td style="width: 30px; text-align: center;">Y(1)</td> <td style="width: 30px; text-align: center;">N(2)</td> </tr> </table>	Y(1)	N(2)	Y(1)	N(2)	Y(1)	N(2)	Y(1)	N(2)		
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Y(1)	N(2)											

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																				
Q501	<i>"Now I would like to ask you some questions about the methods of HIV prevention ..."</i>																						
Q502*	<p><i>Which methods of HIV prevention have you used in your lifetime?</i></p> <p><u>Enter '1' is 'Yes'; '2' if No'.</u></p> <p><u>Probe to find out if more than one method has been used.</u></p>	<p>VMMC</p> <p>PrEP</p> <p>Male condoms</p> <p>Female condoms</p> <p>Faithfulness to one partner</p> <p>Abstinence</p> <p>TasP</p> <p>Other (specify)</p>	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center;">Ever</td> <td style="text-align: center;">Now</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Ever	Now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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Q503**	<p><i>Which of these methods are you using now?</i></p> <p><u>Probe to find out if more than one method is being used.</u></p>	<u>Enter response in 2nd column in Q502.</u>																					
Q504	<p>If NAME is using male condoms now, ask:</p> <p><i>Are you using male condoms mainly for HIV prevention or to prevent an unwanted pregnancy or both?</i></p>	<p>HIV prevention</p> <p>Prevent pregnancy (family planning)</p> <p>Both</p>	<table style="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> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>														
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<u>Introduction explaining / defining VMMC & traditional circumcision.</u> <u>For women, go to Q526.</u>																							
Q505**	<p><i>Have you ever had medical, traditional or religious male circumcision?</i></p>	<p>Medical</p> <p>Traditional or Religious (non-medical)</p> <p>Both</p> <p>None</p>	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">- Q507</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">- Q507</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	1	<input type="checkbox"/>	- Q507	2	<input type="checkbox"/>		3	<input type="checkbox"/>	- Q507	8	<input type="checkbox"/>									
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3	<input type="checkbox"/>	- Q507																					
8	<input type="checkbox"/>																						
Q506	<p><i>Have you ever been offered VMMC?</i></p> <p><u>If not been offered, ask if heard of VMMC before.</u></p>	<p>Yes</p> <p>No</p> <p>Not heard of VMMC before today</p>	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">- Q513</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">- Q513</td> </tr> <tr> <td style="text-align: center;">99</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">- Q513</td> </tr> </table>	1	<input type="checkbox"/>	- Q513	2	<input type="checkbox"/>	- Q513	99	<input type="checkbox"/>	- Q513											
1	<input type="checkbox"/>	- Q513																					
2	<input type="checkbox"/>	- Q513																					
99	<input type="checkbox"/>	- Q513																					
Q507	<p><i>Was it full or partial circumcision?</i></p> <p><u>Show pictures to help distinguish.</u></p>	<p>Full</p> <p>Partial</p>	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">- Q513</td> </tr> </table>	1	<input type="checkbox"/>		2	<input type="checkbox"/>	- Q513														
1	<input type="checkbox"/>																						
2	<input type="checkbox"/>	- Q513																					
Q508	<p><i>Was the medical circumcision a surgical or non-surgical procedure?</i></p> <p><u>e.g. PREPEX is a non-surgical form of VMMC.</u></p>	<p>Surgical</p> <p>Non-surgical</p> <p>Don't know</p>	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: center;">98</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>	1	<input type="checkbox"/>		2	<input type="checkbox"/>		98	<input type="checkbox"/>												
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Q509	<p><i>How old were you when you received VMMC?</i></p>		<table style="border-collapse: collapse;"> <tr> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td style="text-align: center;">yrs</td> <td style="text-align: right;">- Q526 if <10 yrs</td> </tr> </table>	<input style="width: 30px; height: 20px;" type="text"/>	yrs	- Q526 if <10 yrs																	
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Q510	<p><i>How many visits to this place did you have to make for this procedure?</i></p> <p><u>i.e. from the first appointment to the final check-up.</u></p> <p><u>Record date of first appointment.</u></p>	<p>Number of visits</p> <p>Date of first appointment</p>	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center;"><input style="width: 30px; height: 20px;" type="text"/></td> <td></td> </tr> <tr> <td style="text-align: center;">mth</td> <td style="text-align: center;">yr</td> </tr> </table>	<input style="width: 30px; height: 20px;" type="text"/>		mth	yr																
<input style="width: 30px; height: 20px;" type="text"/>																							
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Q511	<p><i>What costs did you incur when you had the VMMC done?</i></p>	<p>Medical fees</p> <p>Transport costs</p> <p>Accommodation costs</p> <p>Foregone income</p> <p>Other costs (specify)</p>	<table style="border-collapse: collapse;"> <tr><td style="text-align: center;">US\$</td><td style="text-align: center;"><input style="width: 30px; height: 15px;" type="text"/></td></tr> <tr><td style="text-align: center;">US\$</td><td style="text-align: center;"><input style="width: 30px; height: 15px;" type="text"/></td></tr> <tr><td style="text-align: center;">US\$</td><td style="text-align: center;"><input style="width: 30px; height: 15px;" type="text"/></td></tr> <tr><td style="text-align: center;">US\$</td><td style="text-align: center;"><input style="width: 30px; height: 15px;" type="text"/></td></tr> <tr><td style="text-align: center;">US\$</td><td style="text-align: center;"><input style="width: 30px; height: 15px;" type="text"/></td></tr> </table>	US\$	<input style="width: 30px; height: 15px;" type="text"/>	US\$	<input style="width: 30px; height: 15px;" type="text"/>	US\$	<input style="width: 30px; height: 15px;" type="text"/>	US\$	<input style="width: 30px; height: 15px;" type="text"/>	US\$	<input style="width: 30px; height: 15px;" type="text"/>										
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Q512	<p><i>After you received VMMC, did you:</i></p> <p>(1) Increase, decrease or not change your number of sexual partners?</p> <p>(2) Use condoms more, less or the same as before?</p> <p>(3) Use condoms consistently with casual partners?</p>	<p>Yes</p> <p>No</p> <p>NA - no casual partners</p>	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center;">More</td> <td style="text-align: center;">Same</td> <td style="text-align: center;">Less</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 15px;" type="text"/></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </table> <p style="text-align: right;">- Q523</p> <p style="text-align: right;">- Q523</p> <p style="text-align: right;">- Q523</p>	More	Same	Less	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	<input style="width: 20px; height: 15px;" type="text"/>	1	2	3	1	2	3	1	2	3	1	2	3		
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Q513	<p><i>Please tell me whether you strongly disagree, disagree, neither agree nor disagree, agree or strongly agree with the following statements ...</i></p> <p>(1) I am confident I can get VMMC if I wanted to</p> <p>(2) I am confident that I can get VMMC even if my partner disapproves of this</p> <p>(3) I am confident I can get VMMC even if my friends disapprove of this</p> <p>(4) I am confident I can get VMMC even if my parents and family elders disapprove</p>	<p><u>SD</u> <u>D</u> <u>N</u> <u>A</u> <u>SA</u></p>	<table style="border-collapse: collapse;"> <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>	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
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Q514	<p><i>Are you able to discuss getting VMMC with your partner?</i></p>	<p>Yes - already done so</p> <p>Yes - not done already but can do this</p> <p>No</p> <p>No regular partner</p>	<table style="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> <p style="text-align: right;">- Q516</p>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	99	<input type="checkbox"/>												
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Q515	<p><i>Would your partner disapprove if you had VMMC?</i></p>	<p>Yes</p> <p>No</p> <p>Don't know</p>	<table style="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> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>														
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Q516**	<p><i>If you wanted to get VMMC yourself, do you know a place where someone like you can easily have it done?</i></p>	<p>Yes</p> <p>No</p>	<table style="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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Q517*	<p><i>If you wanted to get VMMC yourself, how easy would it be for you to access the service?</i></p> <p><u>Ask for an answer on a scale of 5 - from 1 (very easy) to 5 (very difficult).</u></p>	<p>Very easy 1 <input type="checkbox"/></p> <p>Easy 2 <input type="checkbox"/></p> <p>Neither easy nor difficult 3 <input type="checkbox"/></p> <p>Difficult 4 <input type="checkbox"/></p> <p>Very difficult 5 <input type="checkbox"/></p> <p>Don't know 98 <input type="checkbox"/></p>																																																																																																
Q518	<p><i>What factors make it impractical or unsuitable for someone like you to access VMMC services?</i></p> <p><u>Ask first without probing and then probe for factors that are not mentioned spontaneously.</u></p>	<p>High costs (including loss of income) <input type="checkbox"/></p> <p>Inability to work during/after procedure <input type="checkbox"/></p> <p>Healthcare providers are female <input type="checkbox"/></p> <p>Lack of privacy / confidentiality <input type="checkbox"/></p> <p>Limited opening hours <input type="checkbox"/></p> <p>Long waiting times <input type="checkbox"/></p> <p>Distance / travel difficulties <input type="checkbox"/></p> <p>Respondent is HIV+ (not suitable for PLHIV) <input type="checkbox"/></p> <p>COVID-19-related (not listed above) <input type="checkbox"/></p> <p>Other (specify) <input type="checkbox"/></p>	<p>Spont <input type="checkbox"/></p> <p>Probed <input type="checkbox"/></p> <p>- Q526</p>																																																																																															
Q519**	<p><i>Do you want to get VMMC if the service was freely accessible to you?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>Not sure 8 <input type="checkbox"/></p>																																																																																																
Q520*	<p><i>How definitely do you want to get VMMC if the service was freely accessible to you?</i></p> <p><u>Ask for an answer on a scale of 5 - from 1 (definitely) to 5 (definitely not).</u></p>	<p>Definitely 1 <input type="checkbox"/></p> <p>Probably 2 <input type="checkbox"/></p> <p>No opinion 3 <input type="checkbox"/></p> <p>Probably not 4 <input type="checkbox"/></p> <p>Definitely not 5 <input type="checkbox"/></p>																																																																																																
Q521	<p><i>Do you plan to get VMMC?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>Don't know 98 <input type="checkbox"/></p>	- Q523																																																																																															
Q522	<p><i>How soon do you plan to have VMMC?</i></p>	<p>Number of months / years</p> <p>When COVID-19 restrictions end</p>	<p><input type="text"/> mths <input type="text"/> yrs</p> <p>9 <input type="checkbox"/></p>																																																																																															
Q523	<p><i>What factors were/are important in encouraging or discouraging you to have VMMC?</i></p> <p><u>For each factor given, ask if this was a positive (encouraging) or negative (discouraging) factor.</u></p> <p><u>Ask first without probing and then probe for factors that are not mentioned spontaneously.</u></p> <p><u>Tick probed box to indicate probed responses.</u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Pos</th> <th>Neg</th> <th>Neutral</th> <th>Probed</th> </tr> </thead> <tbody> <tr><td>HIV/STI/HPV protection (for myself)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>HIV/STI/HPV protection (for my partner(s))</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Method of HIV prevention I can control</td><td><input 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Q524	<p><i>How important are these people's views in your decision on whether or not to take up VMMC?</i></p> <p>1. Very important 2. Important 3. Slightly important or don't know 4. Not very important 5. Not at all important</p> <p><u>Then, for each one, ask whether they approve or disapprove of him having VMMC.</u></p>	<p>Religious leaders (religious beliefs) <input type="checkbox"/></p> <p>Parents' or family elders' approval/views <input type="checkbox"/></p> <p>Partner's views <input type="checkbox"/></p> <p>Friends views <input type="checkbox"/></p> <p>Community views <input type="checkbox"/></p> <p>Other (specify) _____ <input type="checkbox"/></p>	<p>1-5 <input type="checkbox"/></p> <p>App <input type="checkbox"/></p> <p>Disapp <input type="checkbox"/></p>																																																																																															
Q525	<p><i>How far away is it from where you live to the nearest place where VMMC services are provided?</i></p>	<p>Distance in kms</p> <p>Don't know</p>	<p><input type="text"/> kms</p> <p>98 <input type="checkbox"/></p>																																																																																															
Q526	<p><i>By how much do you think VMMC reduces a man's risk of getting HIV infection?</i></p> <p><u>Ask for or convert response to a percent.</u></p>	<p>Percent reduction</p> <p>Don't know</p>	<p><input type="text"/> %</p> <p>98 <input type="checkbox"/></p>																																																																																															
Q527	<p><i>Have many of your friends (or their male partners) had VMMC?</i></p>	<p>Yes 1 <input type="checkbox"/></p> <p>No 2 <input type="checkbox"/></p> <p>Don't know 98 <input type="checkbox"/></p>																																																																																																

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO				
Q528	<i>If you have a son who is a teenager or a young man, do you think it would be a good idea if he got VMMC?</i>	Yes No Don't know	Teen- ager 1 2 98	Young man 1 2 98	- Q530 if male respondent		
Q529	<i>Do you think it is a good thing for your male partner to have VMMC?</i>	Yes No Don't know		1 2 98			
Q530*	<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 2 3 4	- Q559		
Q531**	<i>Have you ever taken PrEP?</i>	Yes No		1 2	- Q533		
Q532	<i>Have you ever been offered PrEP?</i>	Yes No		1 2	- Q541		
Q533**	<i>Are you taking PrEP currently?</i>	Yes No		1 2	- Q538		
Q534	<i>When did you start taking PrEP this time?</i> <i>Emphasise this is for the current period of use.</i>			__	__	- Q539	
Q535	<i>How often have you taken PrEP in the last month?</i>	Every day Most days Occasionally Never		1 2 3 4	- Q539		
Q536	<i>What was the longest number of days that you didn't take the PrEP pills in the last month?</i>	Number of days					
Q537	<i>How many days in the last week (7 days) did you take the PrEP pills?</i>	Number of days			- Q539 if all 7 days		
Q538	<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) COVID-19-related (not listed above) Don't know or no particular reason		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 98			
Q539	<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 2 3 4			
Q540	<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 1 1	Same 2 2	Less 3 3		
Q540	<i>How often did you take PrEP in April 2020? -i.e. the first month of the first COVID-19 lockdown</i>	Every day Most days Occasionally Never		1 2 3 4			
Q541	<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
	(1) I am confident I can use PrEP if I wanted to		1	2	3	4	5
	(2) I am confident I can use PrEP even if I have to take it every day		1	2	3	4	5
	(3) I am confident I can use PrEP even if I have to take it always after a meal		1	2	3	4	5
	(4) I am confident I can use PrEP even if I have to hide it from my partner		1	2	3	4	5
	(5) I am confident I can use PrEP even if my friends disapprove of this		1	2	3	4	5
	(6) I am confident I can use PrEP even if my parents and family elders disapprove		1	2	3	4	5
	(7) I am confident I can use PrEP even if my community would think I have HIV		1	2	3	4	5

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Q556	Are many of your friends (or their partners) using PrEP?	Yes No Don't know	<table style="border-collapse: collapse;"> <tr><td style="text-align: right; padding-right: 5px;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: right; padding-right: 5px;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: right; padding-right: 5px;">98</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>	1		2		98																																																							
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Q557	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?	Yes No Don't know	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">Teen- ager</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center; padding: 2px;">Young woman</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; padding: 2px;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr> <td style="text-align: center; padding: 2px;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr> <td style="text-align: center; padding: 2px;">98</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">98</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>	Teen- ager		Young woman		1		1		2		2		98		98																																													
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Q558	If your sexual partner wanted to use PrEP, would you agree to him or her doing this? <u>Ask first for non-regular partners (if any). Then for regular partners.</u>	Yes No Don't know NA	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">Non-reg</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center; padding: 2px;">Regular</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; padding: 2px;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr> <td style="text-align: center; padding: 2px;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr> <td style="text-align: center; padding: 2px;">98</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">98</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr> <td style="text-align: center; padding: 2px;">99</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">99</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>	Non-reg		Regular		1		1		2		2		98		98		99		99																																									
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Q559**	How often have you used a male condom when you had sexual intercourse with your REGULAR partner or partners in the last 2 weeks? (or in the last 3 months) <u>Emphasise asking about male condoms only here.</u>	Every time Most times Occasionally Never NA - no regular partner NA - no sex with regular partner in period	<table style="border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 2px;">2wks</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center; padding: 2px;">3m</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; padding: 2px;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr> <td style="text-align: center; padding: 2px;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr> <td style="text-align: center; padding: 2px;">3</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">3</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr> <td style="text-align: center; padding: 2px;">4</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">4</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr> <td style="text-align: center; padding: 2px;">99</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">99</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr> <td style="text-align: center; padding: 2px;">96</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">96</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>	2wks		3m		1		1		2		2		3		3		4		4		99		99		96		96																																	
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Q560**	How often have you used a male condom when you had sexual intercourse with NON-REGULAR partners in the last 2 weeks? (or in the last 3 months) <u>Skip Q561 if 'every time' for reg & non-reg partners.</u>	Every time Most times Occasionally Never NA - no sex with non-regular partners in period NA - no non-regular partners	<table style="border-collapse: collapse;"> <tr><td style="text-align: center; padding: 2px;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">3</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">3</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">4</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">4</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">96</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">96</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">99</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">99</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>	1		1		2		2		3		3		4		4		96		96		99		99																																					
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Q561	Why did you not use male condoms on some occasions when you had sex in the last 2 weeks? (or in the last 3 months)	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) COVID-19-related (not listed above) (specify reason) None Don't know	<table style="border-collapse: collapse;"> <tr><td style="text-align: center; padding: 2px;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">3</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">3</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">4</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">4</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">5</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">5</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">6</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">6</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">7</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">7</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">8</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">8</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">9</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">9</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">10</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">10</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">11</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">11</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">12</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">12</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">13</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">13</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">96</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">96</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center; padding: 2px;">98</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="text-align: center; padding: 2px;">98</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>	1		1		2		2		3		3		4		4		5		5		6		6		7		7		8		8		9		9		10		10		11		11		12		12		13		13		96		96		98		98	
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Q562	<u>Repeat questions Q559-Q561 for the last 3 months. i.e. first month of the first COVID-19 lockdown.</u>																																																														
Q563	Has a male condom ever broken when you were using it?	Yes No NA - not using male condoms	<table style="border-collapse: collapse;"> <tr><td style="text-align: right; padding-right: 5px;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding-left: 10px;">- Q565</td></tr> <tr><td style="text-align: right; padding-right: 5px;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding-left: 10px;">- Q565</td></tr> <tr><td style="text-align: right; padding-right: 5px;">99</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td></td></tr> </table>	1		- Q565	2		- Q565	99																																																					
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Q564	What do/would you do when male condoms break?	Replace the condom with a new one Continue without replacing the condom Other (specify)	<table style="border-collapse: collapse;"> <tr><td style="text-align: right; padding-right: 5px;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: right; padding-right: 5px;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: right; padding-right: 5px;">99</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>	1		2		99																																																							
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Q565	After you started using male condoms, did you increase or decrease your number of sexual partners?	Increase Decrease No change Never used male condoms	<table style="border-collapse: collapse;"> <tr><td style="text-align: right; padding-right: 5px;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: right; padding-right: 5px;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: right; padding-right: 5px;">8</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: right; padding-right: 5px;">99</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>	1		2		8		99																																																					
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Q566	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 use male condoms if I wanted to	SD D N A SA																																																													
	(2) I am confident I can use male condoms even if I have to use them every time	<table style="border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td></tr> </table>	1	2	3	4	5																																																								
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	(3) I am confident I can use male condoms even if my partner dislikes/disapproves	<table style="border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td></tr> </table>	1	2	3	4	5																																																								
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	(4) I am confident I can use male condoms even if I'm drunk or have taken drugs	<table style="border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td></tr> </table>	1	2	3	4	5																																																								
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	(5) I am confident I can use male condoms even if my friends disapprove	<table style="border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td></tr> </table>	1	2	3	4	5																																																								
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	(6) I am confident I can use male condoms even if my parents and family elders disapprove	<table style="border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td></tr> </table>	1	2	3	4	5																																																								
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Q567	Have you ever received instructions or counselling on how to use male condoms?	Yes No	<table style="border-collapse: collapse;"> <tr><td style="text-align: right; padding-right: 5px;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: right; padding-right: 5px;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>	1		2																																																									
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Q568	Are you able to discuss using male condoms with your REGULAR partner?	Yes - already done so Yes - not done already but can do this No Never had sex No regular partner	<table style="border-collapse: collapse;"> <tr><td style="text-align: right; padding-right: 5px;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td></td></tr> <tr><td style="text-align: right; padding-right: 5px;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td></td></tr> <tr><td style="text-align: right; padding-right: 5px;">3</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td></td></tr> <tr><td style="text-align: right; padding-right: 5px;">97</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding-left: 10px;">- Q574</td></tr> <tr><td style="text-align: right; padding-right: 5px;">99</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="padding-left: 10px;">- Q571</td></tr> </table>	1			2			3			97		- Q574	99		- Q571																																													
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Q569	Would / does your regular partner disapprove if you use male condoms?	Yes No Don't know	<table style="border-collapse: collapse;"> <tr><td style="text-align: right; padding-right: 5px;">1</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: right; padding-right: 5px;">2</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: right; padding-right: 5px;">98</td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </table>	1		2		98																																																							
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REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																											
Q570	<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	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 98 <input type="checkbox"/>																											
Q571	<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	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 99 <input type="checkbox"/> - Q574																											
Q572	<i>Would / do your non-regular partners disapprove if you use male condoms?</i>	Yes No Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																											
Q573	<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 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>																											
Q574**	<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 <input type="checkbox"/> 2 <input type="checkbox"/>																											
Q575*	<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 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>																											
Q576	<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 Your workplace Other (specify)	<table style="border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="border: none;">Yes</th> <th style="border: none;">No</th> <th style="border: none;">DK</th> </tr> </thead> <tbody> <tr><td style="border: none;">1</td><td style="border: none;">2</td><td style="border: none;">98</td></tr> <tr><td style="border: none;">1</td><td style="border: none;">2</td><td style="border: none;">98</td></tr> <tr><td style="border: none;">1</td><td style="border: none;">2</td><td style="border: none;">98</td></tr> <tr><td style="border: none;">1</td><td style="border: none;">2</td><td style="border: none;">98</td></tr> <tr><td style="border: none;">1</td><td style="border: none;">2</td><td style="border: none;">98</td></tr> <tr><td style="border: none;">1</td><td style="border: none;">2</td><td style="border: none;">98</td></tr> <tr><td style="border: none;">1</td><td style="border: none;">2</td><td style="border: none;">98</td></tr> <tr><td style="border: none;">1</td><td style="border: none;">2</td><td style="border: none;">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	1	2	98
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Q577	<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 Long waiting times Distance / travel difficulties COVID-19-related (not listed above) Other (specify)	<table style="border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="border: none;">Spont</th> <th style="border: none;">Probed</th> </tr> </thead> <tbody> <tr><td style="border: none;"><input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/></td></tr> <tr><td style="border: none;"><input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/></td></tr> <tr><td style="border: none;"><input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/></td></tr> <tr><td style="border: none;"><input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/></td></tr> <tr><td style="border: none;"><input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/></td></tr> <tr><td style="border: none;"><input type="checkbox"/></td><td style="border: none;"><input type="checkbox"/></td></tr> <tr><td style="border: none;"><input type="checkbox"/></td><td style="border: none;"><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"/>											
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Q578**	<i>Do you want to use male condoms with your regular partner(s) if they were freely accessible to you?</i> <u>If respondent says no regular partner, ask for their next such partner if they were to have one.</u> <u>Stress: no right or wrong answer.</u>	Yes No Not sure NA - no regular partner	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/> - Q581																											
Q579*	<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> <u>If respondent says no regular partner, ask for their next such partner.</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"/>																											
Q580	<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 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																											
Q581**	<i>Do you want to use male condoms with your non-regular partner(s) if they were freely accessible to you?</i> <u>If respondent says no non-regular partner, ask for their next such partner if they were to have one.</u> <u>Stress: no right or wrong answer.</u>	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"/> - Q581																											
Q582*	<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> <u>If respondent says no non-regular partner, ask for next such partner.</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"/>																											
Q583	<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 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>																											

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO		
Q584	<p><i>What factors were/are important in encouraging or discouraging you to use male condoms?</i></p> <p><u>For each factor given, ask if this was a positive (encouraging) or negative (discouraging) factor.</u></p> <p><u>Ask first without probing and then probe for factors that are not mentioned spontaneously.</u></p> <p><u>Tick probed box to indicate probed responses.</u></p>	HIV/STI protection	Pos Neg Neutral Probed		
		HIV/STI protection (for my partner(s))	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>		
		Method of HIV prevention I can control	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>		
		Reduce risk of pregnancy (self/partner)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>		
		Own sexual pleasure (better/worse)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>		
		Partner's sexual pleasure (better/worse)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>		
		Make me feel responsible or ashamed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>		
		Faithful to one trusted partner	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>		
		Using other prev'n method (note method)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>		
		Risk of getting COVID-19 at collection point	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>		
		Not currently sexually active	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>		
		Other (specify) _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>		
		Q585	<p><i>How important are these people's views in your decisions on whether or not to use male condoms?</i></p> <p>1. Very important 2. Important 3. Slightly important or don't know 4. Not very important 5. Not at all important</p> <p><u>Then, for each one, ask whether they approve or disapprove of you using condoms.</u></p>	Religious leaders (religious beliefs)	1-5 App Disapp
Parents' or family elders' approval/views	<input type="checkbox"/> 1 <input type="checkbox"/> 2				
Partner(s) will think I have HIV	<input type="checkbox"/> 1 <input type="checkbox"/> 2				
Partner will think I have other partners	<input type="checkbox"/> 1 <input type="checkbox"/> 2				
Partner's views (other)	<input type="checkbox"/> 1 <input type="checkbox"/> 2				
Friends / community think I have HIV	<input type="checkbox"/> 1 <input type="checkbox"/> 2				
Friends / community views (other)	<input type="checkbox"/> 1 <input type="checkbox"/> 2				
Other (specify) _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2				
Q586	<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: 40px;" type="text"/> %
				Don't know	98 <input type="checkbox"/>
Q587	<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: 40px;" type="text"/> kms		
		Don't know	98 <input type="checkbox"/>		
Q588	<p><i>Are many of your friends (or their partners) using male condoms?</i></p>	Yes	1 <input type="checkbox"/>		
		No	2 <input type="checkbox"/>		
		Don't know	98 <input type="checkbox"/>		
Q589	<p><i>In what circumstances do you think it is acceptable for a husband and wife to use condoms?</i></p>	Always	Yes No		
		If one of them is HIV+	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
		If one spouse has other partners	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
		If one spouse has an STD	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
		To avoid pregnancy	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
		Other (specify)	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
Q590	<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 Young woman		
		No	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
		Don't know	<input type="checkbox"/> 98 <input type="checkbox"/> 98		
<i>"Now I would like to ask you some questions about FEMALE condoms ..."</i>					
Q591**	<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"/> - Q601		
		Q592**	<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"/>				
Q593**	<p><i>If/when you want to use female condoms, do you know a place where someone like you can easily get them?</i></p>	Yes	1 <input type="checkbox"/>		
		No	2 <input type="checkbox"/>		
Q594*	<p><i>If / when you want to use female condoms yourself, how easy is it for you to access them?</i></p> <p><u>Ask for an answer on a scale of 5 - from 1 (very easy) to 5 (very difficult).</u></p>	Very easy	1 <input type="checkbox"/>		
		Easy	2 <input type="checkbox"/>		
		Neither easy nor difficult	3 <input type="checkbox"/>		
		Difficult	4 <input type="checkbox"/>		
		Very difficult	5 <input type="checkbox"/>		
Q595	<p><i>Do you want to use female condoms with your regular partner(s) if they were freely accessible to you?</i></p>	Yes	1 <input type="checkbox"/>		
		No	2 <input type="checkbox"/>		
		Not sure	98 <input type="checkbox"/>		
		NA - no regular partner	99 <input type="checkbox"/> - Q598		
Q596*	<p><i>How definitely do you want to use female condoms with your regular partner(s) if they were freely accessible to you?</i></p> <p><u>Ask for an answer on a scale of 5 - from 1 (definitely) to 5 (definitely not).</u></p>	Definitely	1 <input type="checkbox"/>		
		Probably	2 <input type="checkbox"/>		
		No opinion	3 <input type="checkbox"/>		
		Probably not	4 <input type="checkbox"/>		
		Definitely not	5 <input type="checkbox"/>		

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q597	<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"/>
Q598	<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"/> - Q601
Q599*	<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"/>
Q599a	<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"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																															
Q601	"Now I would like to ask you some questions about HIV and AIDS ..."																																	
Q602	<p><i>Please tell me all the ways that an adult can get HIV infection?</i></p> <p>Tick 1 for each way mentioned spontaneously. Are there any other ways? Then proceed down the column, reading the description of each possible way not mentioned spontaneously. Make entries in "probed" column as follows:</p> <p>1/11 Yes, HIV can be transmitted this way (spont / yes when probed) 2/12 No, HIV cannot be transmitted this way (spont / yes when probed) 98 Don't know</p>	<p>Sex with a person with HIV/AIDS</p> <p>Touching a person with AIDS</p> <p>Mosquito bites</p> <p>Blood transfusion</p> <p>Injection with a dirty needle</p> <p>Sharing utensils with person with HIV/AIDS</p> <p>Ritual scarification</p> <p>Punishment from God</p> <p>Other (specify) _____</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">Spont</th> <th style="width: 25%; text-align: center;">Probed</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <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> </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"/>	<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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Q603	<p><i>Do you know of any factors which are likely to INCREASE the chances that a person will get HIV infection?</i></p> <p>Ask in same way as Q602. Codes as in Q602.</p>	<p>Sex with a prostitute</p> <p>Many sex partners</p> <p>Not being circumcised (for men)</p> <p>Other STDs present</p> <p>Using condoms</p> <p>Witchcraft or spiritual curse</p> <p>Other (specify)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">Spont</th> <th style="width: 25%; text-align: center;">Probed</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <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> </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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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Q604	<p><i>What are the ways in which an infant or child could have become infected with HIV?</i></p> <p>Ask in same way as Q602. Codes as in Q602.</p>	<p>At birth - if mother infected</p> <p>Witchcraft or spiritual curse</p> <p>Mosquito bites</p> <p>Injection with a dirty needle</p> <p>Breastfed by infected woman not on ART</p> <p>Blood transfusion</p> <p>From an infected father</p> <p>Other (specify)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">Spont</th> <th style="width: 25%; text-align: center;">Probed</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <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> </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"/>	<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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Q605	<i>Are ALL babies born to women who have HIV born with the infection?</i>	<p>Yes</p> <p>No</p> <p>Don't know</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="text-align: center;">1</td><td><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">2</td><td><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">98</td><td><input type="checkbox"/></td></tr> </tbody> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	98	<input type="checkbox"/>																									
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Q606	<i>Can all people infected with HIV be identified by looking at them?</i>	<p>Yes</p> <p>No</p> <p>Don't know</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="text-align: center;">1</td><td><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">2</td><td><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">98</td><td><input type="checkbox"/></td></tr> </tbody> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	98	<input type="checkbox"/>																									
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Q607	<i>Would you be willing to take care of a family member with AIDS?</i>	<p>Yes</p> <p>No</p> <p>Don't know</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="text-align: center;">1</td><td><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">2</td><td><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">98</td><td><input type="checkbox"/></td></tr> </tbody> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	98	<input type="checkbox"/>	- Q609																								
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Q608	<i>Why would you not be willing to take care of a family member with AIDS?</i>	<p>Not enough time</p> <p>Too few resources</p> <p>Not enough space</p> <p>Too young</p> <p>Not experienced enough</p> <p>Unwell myself</p> <p>Frightened of being exposed to HIV</p> <p>Reluctant to be associated with people living with HIV</p> <p>Other (specify)</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="text-align: center;">1</td><td><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">2</td><td><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">3</td><td><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">4</td><td><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">5</td><td><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">6</td><td><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">7</td><td><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">8</td><td><input type="checkbox"/></td></tr> <tr><td style="text-align: center;">12</td><td><input type="checkbox"/></td></tr> </tbody> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	12	<input type="checkbox"/>													
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Q609	<i>How long does it usually take for a person infected with HIV to develop symptoms if they are not on ART?</i>	<p>Number of years or months</p> <p>Don't know</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;">yrs</td></tr> <tr><td style="width: 20px; text-align: center;">mths</td></tr> </table> </td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">998</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;">yrs</td></tr> <tr><td style="width: 20px; text-align: center;">mths</td></tr> </table>	yrs	mths	<input type="checkbox"/>	998	<input type="checkbox"/>																									
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Q610	<i>How many people do you know who either died from HIV/AIDS or have the disease now?</i>	<p>Number (>0)</p> <p>Doesn't know of any</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;">mths</td></tr> </table> </td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">998</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; text-align: center;">mths</td></tr> </table>	mths	<input type="checkbox"/>	998	<input type="checkbox"/>	- Q614																									
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Q611	<i>Of these people, how many live(d) in your household; in the same village/town; and how many live(d) somewhere else? Enter numbers of people in each category.</i>	<p>Household</p> <p>Village / town</p> <p>Somewhere else</p> <p>Check that these sum to same as in Q510.</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
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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"/> - Q619 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) I won't get HIV if I have unprotected sex with an infected person who is taking ARVs</p> <p>(9) I fear I could contract HIV if I come into contact with the saliva of a person living with HIV</p> <p>(10) Getting (a woman) pregnant when you don't want to is worse than getting infected with HIV</p> <p>(11) COVID-19 is more deadly than HIV</p> <p>(12) With my current behaviour/circumstances, I would be at risk of HIV if I didn't use condoms or another prevention method</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> <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	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>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"/>																																																																	
Q620	<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"/>																																																																	
Q621	<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"/>																																																																	
Q622	<p><i>Do you think there are things you can do which will prevent you from becoming infected with HIV in the future?</i></p>	Yes No Don't know NA - already infected	1 <input type="text"/> 2 <input type="text"/> 98 <input type="text"/> 99 <input type="text"/>																																																																	

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Q623	<i>Which of these statements do you agree with?</i> (1) Men have a sex drive that needs to be satisfied (2) A man will lose respect if he admits to being sick (3) Men who take sick children to the hospital, or cook at home should be proud of what they do (4) Men are strong and therefore less likely to need a doctor (5) Men are always ready for sex (6) A man should not go with his partner for antenatal check-ups at the local clinic (7) If a man is sick, he should not let others see he is in pain (8) It is appropriate for a woman to be the primary breadwinner of a household (9) A real man enjoys a bit of risk taking now and then (10) Men should have had several sexual partners before they get married <u>Read out each in turn.</u>		<table border="1" style="width:100%; text-align: center;"> <thead> <tr> <th style="width:50%;">Agree</th> <th style="width:50%;">Disagree</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	Agree	Disagree	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2																							
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Q624	<i>Which of these statements would you say was true?</i> (1) Minor illnesses can be fought off if you don't give in to it (2) Men feel comfortable going to the hospital and have no problems seeking help (3) There is no need to go and see a doctor unless you are very ill (4) A man should make sure that he can recognise the early signs of an STI (5) It is important for a man living with HIV to be on anti-retroviral therapy (6) A man who goes to the hospital is considered weak (7) A man gain respect if he goes for regular health checks (8) Men get embarrassed if a brother is found to be HIV positive <u>Read out each in turn.</u>		<table border="1" style="width:100%; text-align: center;"> <thead> <tr> <th style="width:50%;">True</th> <th style="width:50%;">Not</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	True	Not	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2																											
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Q625	<i>Which of these statements do you agree with?</i> (1) It is a good idea to make condoms available for young people in schools (2) If I have / had a teenage daughter, I would tell her about condoms (3) If I have / had a teenage daughter, I would tell her about PrEP (4) If I have / had a teenage daughter and thought she might be having sex, I would encourage her to use PrEP and condoms (5) If I have / had a teenage daughter and told her not to have sex until she gets married, she would comply (6) If a young woman is married and her husband has HIV, she should use PrEP or condoms (7) If I have / had a teenage daughter and she had sex before marriage, I would be OK with this (8) Many young women have sex before marriage these days (9) If I have / had a teenage son, I would encourage him to have medical circumcision (10) I pay/get paid for sex because my friends do and because they encourage me		<table border="1" style="width:100%; text-align: center;"> <thead> <tr> <th style="width:50%;">Agree</th> <th style="width:50%;">Disagree</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	Agree	Disagree	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2																							
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Q626	<i>Which of these statements do you agree with?</i> (1) I would be ashamed if someone in my family had HIV (2) People are hesitant to take an HIV test due to fear of people's reaction if the test result is positive for HIV (3) People talk badly about people living with or thought to be living with HIV to others (4) If a female teacher has HIV but is not sick, she should be allowed to continue teaching in the school (5) People living with or thought to be living with HIV lose respect or standing (6) Condom use within marriage is widely accepted in this area (7) Promoting condoms encourages sex before marriage and promiscuity		<table border="1" style="width:100%; text-align: center;"> <thead> <tr> <th style="width:50%;">Agree</th> <th style="width:50%;">Disagree</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	Agree	Disagree	1	2	1	2	1	2	1	2	1	2	1	2	1	2																													
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Q627	<i>Do you think a lot of young people are still getting infected with HIV these days?</i> Yes No		<table border="1" style="width:100%; text-align: center;"> <tbody> <tr><td>1</td><td style="width: 30px; height: 20px;"></td></tr> <tr><td>2</td><td style="width: 30px; height: 20px;"></td></tr> </tbody> </table>	1		2																																										
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Q628	<i>Have you ever heard of COVID-19?</i> Yes No		<table border="1" style="width:100%; text-align: center;"> <tbody> <tr><td>1</td><td style="width: 30px; height: 20px;"></td></tr> <tr><td>2</td><td style="width: 30px; height: 20px;"></td></tr> </tbody> </table> - Q631	1		2																																										
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Q629	<i>What are the main symptoms of COVID-19?</i> <u>Tick 1 for each symptom mentioned spontaneously.</u> <u>Are there any other symptoms?</u> <u>Then proceed down the column, reading the description of each possible symptom not mentioned spontaneously. Make entries in "probed" column as follows:</u> 1/11 Yes, this can be a symptom of COVID-19 (spont / yes when probed) 2/12 No, this is not a symptom of COVID-19 (spont / yes when probed) 98 Don't know	Fever Cough - dry or productive Tiredness Muscle/joint pain Shortness of breath Runny or blocked nose Sore throat Loss of smell Loss of sense of taste Loss of appetite Diarrhoea Headache Vomiting Other (specify) _____ Don't know of any		<table border="1" style="width:100%; text-align: center;"> <thead> <tr> <th style="width:50%;">Spont</th> <th style="width:50%;">Probed</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </tbody> </table>	Spont	Probed																																										
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Q630	<p><i>What are the ways in which COVID-19 can be spread from person to person?</i></p> <p><u>Tick 1 for each way mentioned spontaneously. Are there any other ways? 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, COVID-19 can be transmitted this way (spont / yes when probed) 2/12 No, COVID-19 cannot be transmitted this way (spont / yes when probed) 98 Don't know</p>	<p>Droplets from coughing and sneezing</p> <p>Touching other people who have the virus</p> <p>Touching surfaces which have the virus on</p> <p>Touching your eyes, nose or mouth with unclean hands</p> <p>Body fluids from an infected person</p> <p>Feces of an infected person</p> <p>Other (specify) _____</p> <p>Don't know of any</p>	<table style="border-collapse: collapse;"> <thead> <tr> <th style="border: none;"></th> <th style="border: none; text-align: center;">Spont</th> <th style="border: none; text-align: center;">Probed</th> </tr> </thead> <tbody> <tr><td style="border: none;"></td><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: none;"></td><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: none;"></td><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: none;"></td><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: none;"></td><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: none;"></td><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: none;"></td><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: none;"></td><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: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> </tbody> </table>		Spont	Probed																																																										
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Q631	<p><i>In your opinion, how important are the following actions for the prevention of new coronavirus COVID-19?</i></p> <p>Washing hands with soap or a hand sanitizer</p> <p>Wearing a face mask while going out</p> <p>Staying at least 3-6 feet (1-2 metres) away from other people</p> <p>Avoiding going out of the house for non-essential reasons (ie other than for food, medicines, key-work)</p> <p>Self-quarantining if you believe you have the virus or if you return from a trip</p> <p>Avoiding social gatherings</p> <p>Avoiding public transportation</p> <p>Avoiding consumption of junk foods</p> <p>Washing grocery products with soap/bleach/detergent</p> <p>Leaving shoes outside the main entrance of your house</p> <p>Getting vaccinated against COVID-19</p>		<table style="border-collapse: collapse;"> <thead> <tr> <th style="border: none;"></th> <th style="border: none; text-align: center;">very important</th> <th style="border: none; text-align: center;">somewhat important</th> <th style="border: none; 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Q632	<p><i>Do you have the following items at your home for your use?</i></p>	<p>Soap/detergent/hand wash</p> <p>Hand sanitizer/ alcohol hand rub</p> <p>Face mask</p> <p>Gloves</p> <p>Tissue paper/paper napkin</p>	<table style="border-collapse: collapse;"> <thead> <tr> <th style="border: none;"></th> <th style="border: none; text-align: center;">Yes</th> <th style="border: none; text-align: center;">No</th> <th style="border: none; text-align: center;">DK</th> </tr> </thead> <tbody> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">98</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">98</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">98</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">98</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">98</td></tr> </tbody> </table>		Yes	No	DK		1	2	98		1	2	98		1	2	98		1	2	98		1	2	98																																					
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Q633	<p><i>In the last 2 weeks, how many times did you?</i></p> <p>Wash your hands with soap and water</p> <p>Clean your hands using a hand sanitizer / alcohol hand rub</p> <p>Consume junk food</p> <p>Join social gatherings with people other than your household members</p> <p>Go out of the house for essential reasons</p> <p>Go out of the house for non-essential reasons</p> <p>Use public transport</p>		<table style="border-collapse: collapse;"> <thead> <tr> <th style="border: none;"></th> <th style="border: none; text-align: center;">twice or more every day</th> <th style="border: none; text-align: center;">once a day</th> <th style="border: none; text-align: center;">not every day</th> <th style="border: none; text-align: center;">never</th> </tr> </thead> <tbody> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">98</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">98</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">98</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">98</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">98</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">98</td></tr> </tbody> </table> <p style="text-align: right;">- Q635 if never</p>		twice or more every day	once a day	not every day	never		1	2	3	98		1	2	3	98		1	2	3	98		1	2	3	98		1	2	3	98		1	2	3	98																										
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Q634	<p><i>The last time you used public transport, did you have/do the following?</i></p>	<p>Have your temperature screened by the transporter</p> <p>Wear a face mask</p> <p>Sit/stand one metre apart</p>	<table style="border-collapse: collapse;"> <thead> <tr> <th style="border: none;"></th> <th style="border: none; text-align: center;">Yes</th> <th style="border: none; text-align: center;">No</th> <th style="border: none; text-align: center;">DK</th> </tr> </thead> <tbody> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">98</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">98</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">98</td></tr> </tbody> </table>		Yes	No	DK		1	2	98		1	2	98		1	2	98																																													
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Q635	<p><i>In the last 2 weeks, how many times did you?</i></p> <p>Wear a face mask outside</p> <p>Stay at least 3-6 feet (1-2 metres) away from other people</p> <p>Leave shoes outside the main entrance of your house</p>		<table style="border-collapse: collapse;"> <thead> <tr> <th style="border: none;"></th> <th style="border: none; text-align: center;">most of the time</th> <th style="border: none; text-align: center;">some of the time</th> <th style="border: none; text-align: center;">seldom</th> <th style="border: none; text-align: center;">never</th> </tr> </thead> <tbody> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">98</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">98</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">98</td></tr> </tbody> </table>		most of the time	some of the time	seldom	never		1	2	3	98		1	2	3	98		1	2	3	98																																									
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Q636	<p>Repeat questions Q633-Q635 for April 2020 - i.e. first month of COVID-19 lockdown.</p>																																																															
Q636	<p><i>Which of the following groups of people do you think are more likely to become infected with the COVID-19 virus?</i></p> <p>Children or middle-aged adults</p> <p>Middle-aged adults or the elderly</p> <p>Black and Asian people or White people</p> <p>People with diabetes or without diabetes</p> <p>People with or without hypertension</p> <p>People with HIV or without HIV</p>		<table style="border-collapse: collapse;"> <thead> <tr> <th style="border: none;"></th> <th style="border: none; text-align: center;">1</th> <th style="border: none; text-align: center;">2</th> <th style="border: none; text-align: center;">3</th> <th style="border: none; text-align: center;">Equal</th> </tr> </thead> <tbody> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td></tr> <tr><td style="border: none;"></td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td></tr> </tbody> </table>		1	2	3	Equal		1	2	3	3		1	2	3	3		1	2	3	3		1	2	3	3		1	2	3	3		1	2	3	3																										
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Q637	Where could someone who has COVID-19 seek advice and help?	National helpline number (2019) 1 Hospital/clinic 2 Other (correct answer) 8 None, incorrect answer or don't know 98	<input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>						
<p style="color: red; font-size: small;">We will now ask you about who you have had in-person direct contact with yesterday within 2 metres. A direct contact could include a skin-to-skin physical contact e.g. handshake, embrace or kiss, any contact sports such as football OR non-physical contact e.g. sitting next to someone on a bus or buying something from someone at the market.</p>									
Q638	Have you had contact with anyone with suspected or confirmed infection with the COVID-19 virus?	Yes - confirmed case 1 Yes - suspected case 2 No 3 Don't know 98	<input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> - Q640 <input style="width: 20px; height: 20px;" type="checkbox"/> - Q640 <input style="width: 20px; height: 20px;" type="checkbox"/>						
Q639	What was the date you last had contact with such a person?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">day</td> <td style="width: 30px; text-align: center;">mnth</td> <td style="width: 30px; text-align: center;">yr</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	day	mnth	yr				
day	mnth	yr							
Q640	<p style="color: red; font-size: small;">I'm now going to ask you about your contacts at [home]. If you did not visit [your home] in the time frame specified, please tell the interviewer</p>								
Q641	How many direct contacts within 2 metres did you have at [home] overall yesterday? <u>Enter '99' if they didn't visit their [home] yesterday.</u>	Number of contacts	<input style="width: 40px; height: 25px;" type="text"/> - Q644 if '0' or '99'						
Q642	How many of these individuals were you meeting for the first time?	Number of new contacts	<input style="width: 40px; height: 25px;" type="text"/>						
Q643	What were the rough ages of those you were in contact with at [home] yesterday? <u>Record the number of contacts yesterday in each of the following age-categories.</u> <u>Check that the total equals the number in Q641.</u>	<12 13-18 19-34 35-64 65+	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>						
Q644	How many direct contacts within 2 metres did you have at [home] overall last Saturday? <u>Enter '99' if they didn't visit their [home] last Saturday.</u>	Number of contacts	<input style="width: 40px; height: 25px;" type="text"/> - Q647 if '0' or '99'						
Q645	How many of these individuals were you meeting for the first time?	Number of new contacts	<input style="width: 40px; height: 25px;" type="text"/>						
Q646	What were the rough ages of those you were in contact with at [home] last Saturday? <u>Record the number of contacts yesterday in each of the following age-categories.</u> <u>Check that the total equals the number in Q644.</u>	<12 13-18 19-34 35-64 65+	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>						
Q647	<p style="color: red; font-size: small;">I'm now going to ask you about your contacts at [work]. If you did not visit that location in the time frame specified, please tell the interviewer</p>								
Q648	<p style="color: red; font-size: small;">Repeat questions Q640-Q646 for [work]. <u>Skip to Q650 if didn't attend work yesterday (code '99') or had zero work contacts (Q640).</u></p>								
Q649	How many of the contacts you had at work yesterday were: <u>Co-workers</u> <u>Workers in the following occupations</u> <u>Read out the list and record the numbers.</u> <u>Check that the total equals the number in Q641.</u>	Number of co-worker contacts Agricultural estates: tea, coffee, forestry etc. Manufacturing, mining, industry or building trade Police or army Education: any level (school/university) Healthcare: nurse or doctor Services or retail: shops Informal: petty trading (veg etc) Informal: subsistence agriculture Student Unemployed: excl. agriculture Transport sector Office worker Healthcare: VCW or nurse aide Healthcare: other Social work Homemaker/housework Other (specify)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>						
Q650	At the busiest point during your last working day, how many people did you share an indoor space with?	Number	<input style="width: 40px; height: 25px;" type="text"/>						

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																					
Q651	Skip to Q655 if not attending school (Q205).																																							
Q652	<i>I'm now going to ask you about your contacts at [school]. If you did not visit that location in the timeframe specified, please tell the interviewer</i>																																							
Q653	Repeat questions Q640-Q646 for [school].																																							
Q654	<i>How big is your biggest class at your educational facility when in session?</i>	Number	<input style="width: 30px; height: 20px;" type="text"/>																																					
Q655	<i>I'm now going to ask you about your contacts in the [community]. e.g. shop, church, bar, restaurant, or other community venue. If you did not visit that location in the timeframe specified, please tell the interviewer</i>																																							
Q656	Repeat questions Q640-Q646 for [community].																																							
Q657	<i>When you were in the community yesterday what was the maximum number of people that were in that venue when you were there?</i>	Number	<input style="width: 30px; height: 20px;" type="text"/>																																					
Q658	<i>I'm now going to ask you about your contacts in [transit]. If you did not visit that location in the time frame specified, please tell the interviewer</i>																																							
Q659	Repeat questions Q640-Q646 for [transit].																																							
Q660	<i>If you took any transportation service yesterday, what was the maximum number of people on the busiest transport service you took?</i>	Number	<input style="width: 30px; height: 20px;" type="text"/>																																					
Q661	<i>I'm now going to ask you about your contacts in [bars, restaurants, nightclubs, and shebeens]. If you did not visit that location in the time frame specified, please tell the interviewer</i>																																							
Q662	Repeat questions Q640-Q646 for [bars, restaurants, nightclubs and shebeens].																																							
Q663	<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 think its important that people take the COVID-19 vaccine (when its available)</p> <p>(2) I think the COVID-19 vaccine is safe</p> <p>(3) I think the COVID-19 vaccine is effective</p> <p>(4) Taking the COVID-19 vaccine is compatible with my religious beliefs</p> <p>(5) Vaccines vary in safety and effectiveness depending on the country where they were made</p>	<table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">SD</th> <th style="padding: 2px;">D</th> <th style="padding: 2px;">N</th> <th style="padding: 2px;">A</th> <th style="padding: 2px;">SA</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">2</td> <td style="padding: 2px; border: 1px solid black;">3</td> <td style="padding: 2px; border: 1px solid black;">4</td> <td style="padding: 2px; border: 1px solid black;">5</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">2</td> <td style="padding: 2px; border: 1px solid black;">3</td> <td style="padding: 2px; border: 1px solid black;">4</td> <td style="padding: 2px; border: 1px solid black;">5</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">2</td> <td style="padding: 2px; border: 1px solid black;">3</td> <td style="padding: 2px; border: 1px solid black;">4</td> <td style="padding: 2px; border: 1px solid black;">5</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">2</td> <td style="padding: 2px; border: 1px solid black;">3</td> <td style="padding: 2px; border: 1px solid black;">4</td> <td style="padding: 2px; border: 1px solid black;">5</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">2</td> <td style="padding: 2px; border: 1px solid black;">3</td> <td style="padding: 2px; border: 1px solid black;">4</td> <td style="padding: 2px; border: 1px solid black;">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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Q664	<p><i>Have you received the COVID-19 vaccine yourself?</i></p> <p><u>If 'yes', ask how many doses they've had.</u></p>	<p>Yes - two doses + booster</p> <p>Yes - two doses only</p> <p>Yes - one dose</p> <p>No</p> <p>Don't know</p> <p>COVID-19 vaccine not available yet</p>	<table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tbody> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">2</td> <td style="padding: 2px; border: 1px solid black;">3</td> <td style="padding: 2px; border: 1px solid black;">4</td> <td style="padding: 2px; border: 1px solid black;">5</td> <td style="padding: 2px; border: 1px solid black;">98</td> <td style="padding: 2px; border: 1px solid black;">99</td> </tr> </tbody> </table>	1	2	3	4	5	98	99	<p>- Q667</p> <p>- Q667</p> <p>- Q666</p>																													
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Q665	<p><i>Do you intend to get a COVID-19 vaccine?</i></p> <p><u>If 'No' & male → Q701.</u></p> <p><u>If 'No' & female → Q668.</u></p>	<p>Yes</p> <p>No</p> <p>Don't know / undecided</p>	<table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tbody> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">2</td> <td style="padding: 2px; border: 1px solid black;">98</td> </tr> </tbody> </table>	1	2	98																																		
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Q666	<p><i>Do you intend to get your second dose of a COVID-19 vaccine?</i></p>	<p>Yes</p> <p>No</p> <p>Don't know / undecided</p>	<table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tbody> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">2</td> <td style="padding: 2px; border: 1px solid black;">98</td> </tr> </tbody> </table>	1	2	98																																		
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Q667	<p><i>Which COVID-19 vaccine did you receive for each dose that you've had?</i></p> <p><u>Check that the number of doses here agrees with Q665.</u></p>	<p>Sinopharm BIBP</p> <p>Covaxim</p> <p>Sinovac</p> <p>Sputnik</p> <p>Johnson & Johnson</p> <p>Don't know</p> <p>Not applicable</p> <p>Other (specify) _____</p>	<table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">1st</th> <th style="padding: 2px;">2nd</th> <th style="padding: 2px;">Boost</th> <th style="padding: 2px;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px;">-</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">2</td> <td style="padding: 2px; border: 1px solid black;">2</td> <td style="padding: 2px; border: 1px solid black;">2</td> <td style="padding: 2px;">-</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">3</td> <td style="padding: 2px; border: 1px solid black;">3</td> <td style="padding: 2px; border: 1px solid black;">3</td> <td style="padding: 2px;">-</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">4</td> <td style="padding: 2px; border: 1px solid black;">4</td> <td style="padding: 2px; border: 1px solid black;">4</td> <td style="padding: 2px;">- Q701 if</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">5</td> <td style="padding: 2px; border: 1px solid black;">5</td> <td style="padding: 2px; border: 1px solid black;">5</td> <td style="padding: 2px;">- male</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">98</td> <td style="padding: 2px; border: 1px solid black;">98</td> <td style="padding: 2px; border: 1px solid black;">98</td> <td style="padding: 2px;">-</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">99</td> <td style="padding: 2px; border: 1px solid black;">99</td> <td style="padding: 2px; border: 1px solid black;">99</td> <td style="padding: 2px;">-</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">8</td> <td style="padding: 2px; border: 1px solid black;">8</td> <td style="padding: 2px; border: 1px solid black;">8</td> <td style="padding: 2px;">-</td> </tr> </tbody> </table>	1st	2nd	Boost		1	1	1	-	2	2	2	-	3	3	3	-	4	4	4	- Q701 if	5	5	5	- male	98	98	98	-	99	99	99	-	8	8	8	-	
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Q668	<p><i>Have you experienced any of the following from a male intimate partner in the past 12 months?</i></p> <p>(1) Slapped you or threw something at you that could hurt you</p> <p>(2) Pushed or shoved you</p> <p>(3) Hit you with a fist or something else that could hurt you</p> <p>(4) Kicked or dragged you or beat you up</p> <p>(5) Choked or burnt you</p> <p>(6) Threatened or used a gun, knife or other weapon against you</p> <p>(7) Physically forced you to have sexual intercourse against your will</p> <p>(8) Forced you to do something sexual she found degrading or humiliating</p> <p>(9) Made you afraid of what would happen if you did not have sexual intercourse</p>		<table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Yes</th> <th style="padding: 2px;">No</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">2</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">2</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">2</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">2</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">2</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">2</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">2</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">2</td> </tr> <tr> <td style="padding: 2px; border: 1px solid black;">1</td> <td style="padding: 2px; border: 1px solid black;">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																	
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REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO																																																																																																																																																																								
Q701	<p><i>Do you have any of the following long-term health conditions?</i></p> <p>Obstructive pulmonary disease →</p> <hr/> <p><i>*e.g. corticosteroids</i></p> <p><i>**e.g. dementia, multiple-sclerosis, Parkinsons disease</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Diabetes</th> <th>Yes</th> <th>No</th> <th>DK</th> <th>Year</th> <th>Tx</th> </tr> </thead> <tbody> <tr><td>Diabetes</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Hypertension (high blood pressure)</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>High cholesterol</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Heart diseases (incl. stroke)</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Kidney diseases</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Tuberculosis</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Lower respiratory tract infections</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Asthma</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Lung disease</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Cancer (specify type)</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Malaria</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Osteoporosis</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Schistosomiasis</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Hepatitis B</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Liver disease</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Hepatitis C</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Pregnancy/delivery complications</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Human papilloma virus</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Genital herpes</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>HIV infection</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Sickle cell disease</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Schizophrenia</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>A condition for which you take immunosuppressive medication*</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Neurological conditions**</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Depression</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Obesity</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> <tr><td>Other (specify)</td><td>1</td><td>2</td><td>98</td><td></td><td>1/2/9</td></tr> </tbody> </table>	Diabetes	Yes	No	DK	Year	Tx	Diabetes	1	2	98		1/2/9	Hypertension (high blood pressure)	1	2	98		1/2/9	High cholesterol	1	2	98		1/2/9	Heart diseases (incl. stroke)	1	2	98		1/2/9	Kidney diseases	1	2	98		1/2/9	Tuberculosis	1	2	98		1/2/9	Lower respiratory tract infections	1	2	98		1/2/9	Asthma	1	2	98		1/2/9	Lung disease	1	2	98		1/2/9	Cancer (specify type)	1	2	98		1/2/9	Malaria	1	2	98		1/2/9	Osteoporosis	1	2	98		1/2/9	Schistosomiasis	1	2	98		1/2/9	Hepatitis B	1	2	98		1/2/9	Liver disease	1	2	98		1/2/9	Hepatitis C	1	2	98		1/2/9	Pregnancy/delivery complications	1	2	98		1/2/9	Human papilloma virus	1	2	98		1/2/9	Genital herpes	1	2	98		1/2/9	HIV infection	1	2	98		1/2/9	Sickle cell disease	1	2	98		1/2/9	Schizophrenia	1	2	98		1/2/9	A condition for which you take immunosuppressive medication*	1	2	98		1/2/9	Neurological conditions**	1	2	98		1/2/9	Depression	1	2	98		1/2/9	Obesity	1	2	98		1/2/9	Other (specify)	1	2	98		1/2/9	
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Q702	<p>For EACH condition mentioned in Q701, record the year of first diagnosis by a doctor or nurse in the 4th column above. If the condition has never been diagnosed by a doctor or nurse, enter '99'.</p>																																																																																																																																																																										
Q703	<p>For EACH condition mentioned in Q701, record if there have been times in the last 3 months when the respondent has been unable to access treatment for this condition: Yes (1), No (2), Not on treatment (9)</p>																																																																																																																																																																										
Q704	<p><i>Have you taken any of the following steps to shield or self-isolate yourself from becoming infected with the COVID-19 virus at any time in the last 3 months?</i></p> <p><u>*Allocate a room and bathroom to yourself.</u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Working from home</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Relocating to rural home</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Self-isolated at home*</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Other (specify)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>NA - under 50 & no health condition</td><td>99</td><td><input type="checkbox"/></td></tr> </tbody> </table>		Yes	No	Working from home	<input type="checkbox"/>	<input type="checkbox"/>	Relocating to rural home	<input type="checkbox"/>	<input type="checkbox"/>	Self-isolated at home*	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	NA - under 50 & no health condition	99	<input type="checkbox"/>																																																																																																																																																							
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Q705	<p>Does the homestead allow for self-isolation? Check for set-up vs. number of residents.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Don't know / can't tell <input type="checkbox"/></p>																																																																																																																																																																									
Q706	<p><i>Have you had any of the following symptoms in the last 3 months? If yes, do you still have the condition now?</i></p> <p><u>Please note that these symptoms are non-specific and can be present in many diseases other than COVID-19.</u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes: now</th> <th>Yes: gone</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr><td>Fever (≥38°C)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Chills</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Cough that was new & persistent</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Sore throat</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Tiredness (more than normal)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Muscle/joint pain</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Tightness in chest or chest pain</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Abdominal pain/tummy ache</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Shortness of breath</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Runny or blocked nose</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Wheezing</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Headache</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Loss of smell</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Loss of sense of taste</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Nausea and/or vomiting</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Diarrhoea</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Headache</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Swollen lymph nodes</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Skin complaints/rashes</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Genital conditions: incl. 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Q707	<p><i>Do you think that you have, or have had, the COVID-19 virus?</i></p>	<p>Yes - confirmed by a positive test <input type="checkbox"/></p> <p>Yes - not tested but suspected by a doctor or nurse <input type="checkbox"/></p> <p>Yes - my own suspicions <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>→Q709</p> <p>→Q709</p> <p>→Q709</p>																																																																																																																																																																								
Q708	<p><i>What are the chances you will get infected with the COVID-19 virus in the next 12 months?</i></p>	<p>Certain / almost certain <input type="checkbox"/></p> <p>High <input type="checkbox"/></p> <p>Moderate <input type="checkbox"/></p> <p>Small <input type="checkbox"/></p> <p>None <input type="checkbox"/></p>																																																																																																																																																																									
Q709	<p><i>On how many different occasions have you been tested for infection with the COVID-19 virus?</i></p>	<p>No. of times tested <input type="text"/></p> <p>Never tested 99 <input type="checkbox"/></p>	<p>if never tested Q713 if Q707 = 2-3 Q715 if Q707 = 4</p>																																																																																																																																																																								
Q710	<p><i>The last time you were tested for the COVID-19 virus, which of these kinds of tests did you have?</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Blood test</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Swab test (swab taken from your throat or nose)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		Yes	No	Blood test	<input type="checkbox"/>	<input type="checkbox"/>	Swab test (swab taken from your throat or nose)	<input type="checkbox"/>	<input type="checkbox"/>	<p>- Q712 if no swab test</p>																																																																																																																																																															
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Q711	How many days did it take between when your swab was taken and when you received the COVID-19 test result?	No. of days Results never received/collected Don't know	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> 96 <input style="width: 30px; height: 20px;" type="text"/> 99																														
Q712	How did you come to have a test for the COVID-19 virus? <u>RRT = national rapid response team contact tracing.</u> <u>ILI = influenza like illness.</u>	Quarantine centre (international traveller) Contact of confirmed case (RRT) Contact of confirmed case (other) Hospital patient (pneumonia or ILI) Hospital patient (fever) Suspected symptoms (called '2019' hotline) Suspected symptoms (health facility) Health worker Community interface worker (police, retail, petrol etc.) Community cluster testing Other (specify)	1 2 3 4 5 6 7 8 9 10 15 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>																														
Q713	When were you told or did you first think you had COVID-19?		<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td>day</td> <td>month</td> <td>yr</td> </tr> </table>				day	month	yr																								
day	month	yr																															
Q714	Did the following happen to you during your illness or as part of your treatment?	Isolated for 13+ days - at isolation centre Isolated for 10+ days - at home Taken into hospital Taken into intensive care Diagnosed with acute respiratory distress syndrome Diagnosed with pneumonia by chest X-ray Other life-threatening or severe illnesses suggestive of an infection Mechanical ventilation was required Extracorporeal oxygenation (ECMO)	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <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> <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	1	2	98	1	2	98
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Q715	If, in the future, you have COVID-19 symptoms would you be able to stay and work/study from home? i.e. self-isolate	Yes No Don't know	1 2 98 Q722 if - no illness since 1/4/21 (Q706)																														
Q716	How long in days did the symptoms last?	Days Symptoms still present	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> 99 <input style="width: 30px; height: 20px;" type="text"/>																														
Q717	How long was it between the time when you first noticed symptoms and when you first sought help for this illness?	Days and weeks Did not seek assistance	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td>days</td> <td>weeks</td> </tr> </table> 97 <input style="width: 30px; height: 20px;" type="text"/> - Q719			days	weeks																										
days	weeks																																
Q718	What is the main reason you have not sought treatment?	Costs of treatment/travel too high Too little time to travel / wait for treatment Do not feel that anyone can help Able to cope myself / illness not serious Fear of stigma Afraid might get COVID-19 when seeking treatment COVID-19 lockdown restricted me from going out Used home remedy (e.g. steaming for COVID-19) Other (specify)	1 2 3 4 5 6 7 11 8 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> - Q721 - Q721 - Q721 - Q721 - Q721 - Q721 - Q721 - Q721 - Q721																														
Q719	Which of the following people did you visit or consult for this illness? <u>Read the options and tick all that apply.</u>	Medical doctor or nurse N'anga Faith healer Trained counsellor (specify type) Other (specify)	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <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> </tbody> </table> - Q721 - if not - n'anga or - faith hlr	Yes	No	1	2	1	2	1	2	1	2	1	2																		
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Q720	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>	Clinic treatment not effective Spiritual cure needed Witchcraft suspected Holy water/bath or prayer More confidential than clinic More convenient to visit than clinic Less expensive to visit than clinic Other (specify)	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <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> <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	1	2	1	2												
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Q721	Did you receive an HIV test as part of your treatment for this illness?	Yes No or don't know	1 2 <input style="width: 30px; height: 20px;" type="text"/>																														
Q722	<u>For men:</u> 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? <u>For women:</u> 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?	Yes - discharge & pain (both) Yes - discharge only Yes - pain only No Don't know	1 2 3 4 98 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>																														
		Clarify which & tick boxes as appropriate.																															

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Q723	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 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>	- Q727 - if not had - symptoms																																				
Q724	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 style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">99</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> </table>	Yes	No	99	2	1	2	1	2	1	2	1	2	1	2	1	2	- Q727																				
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Q725	How long was it between the time when you first noticed symptoms and when you first sought help at a health clinic?	Days and weeks	<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> </tr> <tr> <td style="text-align: center; font-size: 8px;">days</td> <td style="text-align: center; font-size: 8px;">wks</td> </tr> </table>			days	wks	- Q727 - if <1 wk																																
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Q726	Did you delay seeking treatment because of COVID-19 movement restrictions, worry about contracting COVID-19 infection at the health centre, or for any other reasons?	COVID-19 movement restriction COVID-19 infection risk Other reasons (specify) _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>																																					
Q727	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 Q735																																				
Q728	How long is it since you last had an HIV test?	Period	<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> </tr> <tr> <td style="text-align: center; font-size: 8px;">mths</td> <td style="text-align: center; font-size: 8px;">yrs</td> </tr> </table>			mths	yrs																																	
mths	yrs																																							
Q729	What was the name of the health centre where you had your most recent HIV test?	Name of health centre	_____																																					
Q730	Did you receive counselling before you agreed to have the test? <u>Explain what is meant by counselling.</u>	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>																																					
Q731	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 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/> 99 <input type="checkbox"/>																																					
Q732	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>	VMMC PrEP Male condoms Female condoms Being faithful to one partner Not having sex Treatment as prevention	<table style="display: inline-table; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Counselling</th> <th colspan="2" style="text-align: center;">Referrals</th> </tr> <tr> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <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> <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> <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> <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> <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> <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> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	Counselling		Referrals		Yes	No	Yes	No	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	
Counselling		Referrals																																						
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Q733	After the HIV test, did you: (1) Use condoms more or less than before? (2) Start having more or fewer sexual partners?		<table style="display: inline-table; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">More</th> <th style="text-align: center;">Same</th> <th style="text-align: center;">Less</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> </tr> </tbody> </table>	More	Same	Less	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																												
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1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																																						
Q734	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 Q738.</u>	Post-test club PLWHA Neither	<table style="display: inline-table; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Still</th> <th style="text-align: center;">Was</th> <th style="text-align: center;">Never</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">8 <input type="checkbox"/></td> </tr> </tbody> </table>	Still	Was	Never	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			8 <input type="checkbox"/>																									
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1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>																																						
		8 <input type="checkbox"/>																																						
Q735	What factors make it difficult or unsuitable for someone like you to get access 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 Long waiting times Distance / travel difficulties Not appropriate for me to go there COVID-19 restrictions or risks Other (specify)	<table style="display: inline-table; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Spont</th> <th style="text-align: center;">Probed</th> </tr> </thead> <tbody> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><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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Q736	How far away is it from where you live to the nearest place where HIV tests are provided?	Distance in kms Don't know	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center; font-size: 8px;">kms</td> </tr> <tr> <td style="text-align: center;">98</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		kms	98	<input type="checkbox"/>																																	
	kms																																							
98	<input type="checkbox"/>																																							
Q737	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"/>																																					
Q738	<u>Explain that there are HIV tests that you can do yourself.</u> How long is it since you last had an HIV self-test?	Period Never had a self-test Not heard of HIV self-tests	<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> </tr> <tr> <td style="text-align: center; font-size: 8px;">mths</td> <td style="text-align: center; font-size: 8px;">yrs</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>			mths	yrs	97	<input type="checkbox"/>	99	<input type="checkbox"/>	- Q742 - Q743																												
mths	yrs																																							
97	<input type="checkbox"/>																																							
99	<input type="checkbox"/>																																							

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q739	On how many different occasions have you had an HIV self-test in the last 3 years?	Number of self-tests	<input type="text"/> - Q744 if zero
Q740	What was the name of the health centre or pharmacy or the type of cadre (behaviour-change facilitator, village health worker etc.) that provided you with the self-test kit that you used most recently?	Name of health centre, pharmacy or cadre	<input type="text"/>
Q741	Was the result of the most recent HIV self-test positive or negative? <u>Stress that do not have to answer these questions but information is confidential.</u>	Positive Negative Don't know Prefers not to say	1 <input type="text"/> 2 <input type="text"/> 98 <input type="text"/> 99 <input type="text"/>
Q742	Did you get this result confirmed at a health facility or other HIV testing facility? <u>Stress that do not have to answer these questions but information is confidential.</u>	Yes - result confirmed No - went but result was different No - didn't go for confirmation test Prefers not to say	1 <input type="text"/> 2 <input type="text"/> - Q744 3 <input type="text"/> - Q744 99 <input type="text"/> - Q744
Q743	What was the name of the health centre or pharmacy where you had your self-test confirmed?	Name of health centre	<input type="text"/>
Q744	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?	Yes No	1 <input type="text"/> 2 <input type="text"/>
Q745	Have you heard of antiretroviral therapy (ART) - the drugs that prevent HIV from causing AIDS?	Yes No	1 <input type="text"/> 2 <input type="text"/> - Q748
Q746	How far is it from here to the nearest place where these drugs can be obtained?	Distance Don't know a place	<input type="text"/> kms 98 <input type="text"/> - Q748
Q747	How long does it take to travel from your home to this place? <u>Convert hours to minutes if necessary.</u>	Minutes	<input type="text"/> mins
Q748	Have you ever taken ART yourself? <u>Check that not taking something that could be ART</u>	Yes No	1 <input type="text"/> - Q750 2 <input type="text"/>
Q749	What is the main reason you have not started taking these drugs?	Costs too high Not available locally Not permitted by church Side effects Not needed: in good health Not needed: HIV- COVID-19 infection risk at health facilities COVID-19 mobility restrictions Other (specify) Don't know	1 <input type="text"/> - Q801 2 <input type="text"/> - Q801 3 <input type="text"/> - Q801 4 <input type="text"/> - Q801 5 <input type="text"/> - Q801 6 <input type="text"/> - Q801 7 <input type="text"/> - Q801 9 <input type="text"/> - Q801 8 <input type="text"/> - Q801 98 <input type="text"/> - Q801
Q750	How long is it since you first took these drugs?	Period	<input type="text"/> weeks <input type="text"/> years
Q751	How long was it between when you received your <u>first</u> HIV positive test result and when you first started to take ARVs?	Period	<input type="text"/> weeks <input type="text"/> years
Q752	What motivated you to start taking ART?	HIV+: unwell HIV+: well but wanted to remain healthy HIV+: healthworker told me to Other (specify)	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 8 <input type="text"/>
Q753	Have you ever stopped taking the ART drugs for any reason? <u>Stress: includes feeling better, forgetting, side effects ...</u>	Yes No	1 <input type="text"/> 2 <input type="text"/> - Q758
Q754	How many times in the last year have you stopped taking the ART drugs because you felt better, forgot or for other reasons? <u>Ask for total number of times & then main reason for each</u>	Costs too high Not available locally Side effects Not needed: in good health Forgot COVID-19 infection risk at health facilities COVID-19 mobility restrictions Other (specify)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q755	When was the last time you stopped taking the ART drugs?	Date last stopped	<input type="text"/> mth <input type="text"/> yr
Q756	When did you resume taking the ART drugs after the last time you stopped?	Date resumed Not yet re-started taking ARVs	<input type="text"/> mth <input type="text"/> yr 99 <input type="text"/>

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO														
Q757	Why did you stop taking the ART drugs this time?	Costs too high Not available locally Side effects Not needed: in good health Forgot COVID-19 infection risk at health facilities COVID-19 mobility restrictions Other (specify) Don't know	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"/> 98 <input type="checkbox"/>														
Q758	Are there particular times when you take the drugs?	All the time When feeling unwell When can afford or paid for Other (specify)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>														
Q759	Do you sometimes forget to take the drugs?	Never Occasionally Quite often	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>														
Q760	How often have you taken ART in the last month?	Every day Most days Occasionally Not at all	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>														
Q761	How many months is it since you last had a viral load test?	Months Never had a viral load test	<input type="text"/> <small>mths</small> 98 <input type="checkbox"/> - Q763														
Q762	Was your viral load suppressed when you last had a test?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>														
Q763	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 border="1"> <thead> <tr> <th>More</th> <th>Same</th> <th>Less</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	More	Same	Less	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
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<input type="text"/>	<input type="text"/>	<input type="text"/>															
Q764	Have you experienced any unpleasant side effects since you started the treatment?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>														
Q765	Have you (also) been receiving treatment from a traditional healer or faith healer for your HIV infection?	Traditional healer Faith healer Neither	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>														
Q766	Do you agree or disagree with the following statement? - People think that having HIV is shameful and they should not be associated with me?	Agree Disagree Don't know	1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/>														
Q767	Have you heard of ... law which protects the rights of people living with HIV in Zimbabwe?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q769														
Q768	Have you read or discussed the contents of this document?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>														
Q769	In the last 12 months, have you been involved in any efforts to develop laws, policies or guidelines related to HIV?	Yes - national level Yes - local government level No	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>														
Q770	In the last 12 months, have you experienced any of the following feelings because of your HIV status?	I feel ashamed I feel guilty I blame myself I blame others I have low self-esteem I feel I should be punished	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Yes	No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Q771	Did fears about how other people (for example, your friends, family, employer, or community) would respond if you tested HIV+ make you hesitate to get tested?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/>														
Q772	Which of the following best describes your decision to be tested for HIV?	I took the decision myself (i.e. it was voluntary) I took the decision but under pressure from other I was made to take an HIV test (coercion) I was tested for HIV without my knowledge I only found out after the test was done	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>														
Q773	In the last 12 months, have you been fearful of any of the following things happening to you - whether or not they actually happened to you?	Being gossiped about Being verbally insulted, harassed and/or threatened Being physically harassed and/or threatened Being physically assaulted	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Yes	No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
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Q774	In the last 12 months, how often have you been aware of being gossiped about because of your HIV status?	Often Occasionally Never or very rarely	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>														

REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO												
Q775	<i>In the last 12 months, how often have you been excluded from social gatherings or activities?</i>	Often Occasionally Never or very rarely	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
Q776	<i>In the last 12 months, how often have you been denied health services, including dental care, because of your HIV status?</i>	Often Occasionally Never or very rarely	1 2 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
Q777	<i>Have you experienced stigma and/or discrimination for reasons other than your HIV status?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/> - Q779												
Q778	<i>Which of the following categories best explains why you felt you were stigmatised and/or discriminated against?</i>	Sexual orientation / gender identity Sex worker Injecting drug user Refugee or asylum seeker Internally displaced person Racial or tribal group Migrant worker Prisoner COVID-19 infection Other (specify)	1 2 3 4 5 6 7 8 9 10	<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"/>												
Q779	<i>In the last 12 months, have you confronted, challenged or educated someone who was stigmatising and/or discriminating against you?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/>												
Q780	<i>In the last 12 months, have you supported people living with HIV?</i>	Yes No	1 2	<input type="checkbox"/> <input type="checkbox"/> - Q801												
Q781	<i>Which of these forms of support did you provide?</i>	Emotional support Physical support Referral to other services Help with transport Other (specify)		<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	Yes	No	1	2	1	2	1	2	1	2	1	2
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REF.	QUESTIONS & FILTERS	CODING CATEGORIES		SKIP TO
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> <u>Correct response to 'Yes' if there was.</u>	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 Q808.</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.

INDIVIDUAL QUESTIONNAIRE:

RECENT PREGNANCY HISTORY

Q. No:

REF.	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
Q901	Are you pregnant at the moment?	Yes No	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q903
Q902	How many months pregnant do you think you are? <u>Ask for best estimate.</u>	Number of months	<input type="text"/> - Q906
Q903	Have you <u>ever</u> had a pregnancy that ended in a live birth, miscarriage or still-birth?	Yes No Not sure	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q1001 98 <input type="checkbox"/> - Q1001
Q904	How many such pregnancies have you had in your lifetime?	Number of pregnancies	<input type="text"/>
Q905	When did your most recent such pregnancy end? <u>Stress: including miscarriages.</u>		<input type="text"/> <small>mnth</small> <input type="text"/> <small>yr</small>
Q906	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?	Then Later Not at all	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Q907	Did you see anyone for antenatal care during this pregnancy?	Yes No - due to COVID-19 No - for other reasons	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q924 2 <input type="checkbox"/> - Q924
Q908	After how many months of the pregnancy did you first go for an antenatal check-up?	Months	<input type="text"/>
Q909	Did you have an HIV test while attending for ANC check-ups for this pregnancy or did you already know your status? <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"/>
Q910	Did your husband (or pregnancy partner) also attend for PMTCT with you and have an HIV test during this pregnancy?	Yes No: already knew HIV+ No: did not want	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Q911	Did YOU have HIV infection at the time of this pregnancy? <u>Stress confidential but voluntary.</u>	Yes No Don't know No response	1 <input type="checkbox"/> 2 <input type="checkbox"/> - Q919 8 <input type="checkbox"/> - Q919 9 <input type="checkbox"/> - Q919
Q912	Did the clinic provide you with any counselling on family planning for people with HIV?	Yes No Don't recall	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/>
Q913	Did you receive any treatment to take YOURSELF to prevent the baby from getting infected? If so, what type? <u>Stress that this is treatment taken by the mother herself.</u>	Yes: already on ART Yes: initiated on ART during pregnancy Yes: other (specify) _____ No	1 <input type="checkbox"/> - Q916 2 <input type="checkbox"/> 3 <input type="checkbox"/> - Q916 4 <input type="checkbox"/> - Q916
Q914	Are you still taking ART now?	Yes No	1 <input type="checkbox"/> - Q916 2 <input type="checkbox"/>
Q915	Why did you decide to stop taking ART?	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												
Q916	Did the baby receive any of these forms of treatment to prevent him/her from getting infected with HIV?	ART (i.e. continuous) NVP syrup Other (specify)	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Y	N														
<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>														
<input type="checkbox"/>	<input type="checkbox"/>														
Q917	Did you or the baby ever stop or miss taking the treatment you were given?	Yes No	<table border="1"> <tbody> <tr> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>								
1	<input type="checkbox"/>														
2	<input type="checkbox"/>														
Q918	Did you or your baby ever stop or miss taking treatment during the COVID-19 lockdown period because you were unable to access supplies of ARVs?	Yes No	<table border="1"> <tbody> <tr> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>								
1	<input type="checkbox"/>														
2	<input type="checkbox"/>														
Q919	Was the baby delivered at a clinic/hospital or at home?	Clinic Home NA - miscarriage	<table border="1"> <tbody> <tr> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td>99</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	99	<input type="checkbox"/>						
1	<input type="checkbox"/>														
2	<input type="checkbox"/>														
99	<input type="checkbox"/>														
Q920	Did this pregnancy end in a miscarriage, abortion or stillbirth?	Yes No	<table border="1"> <tbody> <tr> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> - Q922	1	<input type="checkbox"/>	2	<input type="checkbox"/>								
1	<input type="checkbox"/>														
2	<input type="checkbox"/>														
Q921	How many months pregnant were you when this pregnancy ended?		<table border="1"> <tbody> <tr> <td><input type="text"/></td> <td>mths</td> </tr> </tbody> </table> - Q1001	<input type="text"/>	mths										
<input type="text"/>	mths														
Q922	Did the baby ever have an HIV test? <u>If yes, ask for result.</u> <u>Stress confidential but voluntary.</u>	Yes: infected Yes: uninfected No DK or rather not say	<table border="1"> <tbody> <tr> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3</td> <td><input type="checkbox"/></td> </tr> <tr> <td>8</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	8	<input type="checkbox"/>				
1	<input type="checkbox"/>														
2	<input type="checkbox"/>														
3	<input type="checkbox"/>														
8	<input type="checkbox"/>														
Q923	Has the baby been initiated on ART?	Yes: started & still taking Yes: started but since stopped No Don't know	<table border="1"> <tbody> <tr> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3</td> <td><input type="checkbox"/></td> </tr> <tr> <td>8</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	8	<input type="checkbox"/>				
1	<input type="checkbox"/>														
2	<input type="checkbox"/>														
3	<input type="checkbox"/>														
8	<input type="checkbox"/>														
Q924	Has the baby received medical male circumcision?	Yes: medical circumcision No: but traditional circumcision No: not circumcised at all (yet) No: baby is a girl	<table border="1"> <tbody> <tr> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3</td> <td><input type="checkbox"/></td> </tr> <tr> <td>99</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> - Q927 - Q927	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	99	<input type="checkbox"/>				
1	<input type="checkbox"/>														
2	<input type="checkbox"/>														
3	<input type="checkbox"/>														
99	<input type="checkbox"/>														
Q925	Would you have liked the baby to have received medical male circumcision?	Yes No	<table border="1"> <tbody> <tr> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>								
1	<input type="checkbox"/>														
2	<input type="checkbox"/>														
Q926	Were medical male circumcision services for infants available in your area at the time this baby was born?	Yes No Don't know Not applicable	<table border="1"> <tbody> <tr> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td>98</td> <td><input type="checkbox"/></td> </tr> <tr> <td>99</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	98	<input type="checkbox"/>	99	<input type="checkbox"/>				
1	<input type="checkbox"/>														
2	<input type="checkbox"/>														
98	<input type="checkbox"/>														
99	<input type="checkbox"/>														
Q927	Is the baby still alive?	Yes No	<table border="1"> <tbody> <tr> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> - Q929	1	<input type="checkbox"/>	2	<input type="checkbox"/>								
1	<input type="checkbox"/>														
2	<input type="checkbox"/>														
Q928	How old was the baby when he/she passed away?	<u>Convert to months.</u> <u><1m = '0' months.</u>	<table border="1"> <tbody> <tr> <td><input type="text"/></td> <td>mths</td> </tr> </tbody> </table>	<input type="text"/>	mths										
<input type="text"/>	mths														
Q929	Did you ever feed this baby at the breast?	Yes No	<table border="1"> <tbody> <tr> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> - Q1001	1	<input type="checkbox"/>	2	<input type="checkbox"/>								
1	<input type="checkbox"/>														
2	<input type="checkbox"/>														
Q930	Are you still breastfeeding?	Yes No Child has died	<table border="1"> <tbody> <tr> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td>99</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> - Q1001	1	<input type="checkbox"/>	2	<input type="checkbox"/>	99	<input type="checkbox"/>						
1	<input type="checkbox"/>														
2	<input type="checkbox"/>														
99	<input type="checkbox"/>														
Q931	For how long did you breastfeed this baby? Exclusively? (i.e. no liquids or solids) In total? <u>If total > 6 mths, go to Q1001.</u>	Months Months	<table border="1"> <tbody> <tr> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> </tr> </tbody> </table>	<input type="text"/>	<input type="text"/>										
<input type="text"/>															
<input type="text"/>															
Q932	Why did you not breastfeed this baby (for longer)?	Baby sick or died Mother sick Risk of HIV Pregnant Resumed sex Other	<table border="1"> <tbody> <tr> <td>1</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5</td> <td><input type="checkbox"/></td> </tr> <tr> <td>8</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>
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4	<input type="checkbox"/>														
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REF. QUESTIONS & FILTERS

Q1001	<p><i>For how much of the last 3 years have you and your regular partner been using a method of contraception?</i></p>	<p>None Some of the time Most/all of the time Not sure</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 98 <input type="checkbox"/></p>	- Q1005																		
Q1002	<p><i>Which of these methods were the main methods you used?</i></p> <p><u>Ask about each method in turn.</u></p>	<p>Pill Injections Condoms Femidoms Sterilization Safe period Withdrawal Other (specify)</p>	<table border="1" style="border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	Y	N	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
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Q1003	<p><i>What were your main reasons for wanting to delay or prevent another pregnancy?</i></p> <p><u>Probe for other reasons, but do not prompt.</u></p>	<p>Enough children Birth spacing Child HIV+ risk Child orphan risk Mother HIV+: accelerate AIDS Not yet ready to have children COVID-19 concerns Other (specify)</p>	<p>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"/></p>																			
Q1004	<p><i>Have COVID-19 lockdowns or fear of COVID-19 prevented you from accessing your usual method of contraception in the last 3 months?</i></p>	<p>Yes - unable to access No NA - decided to stop</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 99 <input type="checkbox"/></p>																			

Q1005	<p><u>Record current time.</u></p>	<p>Hour and minutes</p>	<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						
Q1006	<p><u>Record contact details for follow-up interviews if required.</u></p>	<p>Cell number (1) Cell number (2)</p>	<table border="1" style="border-collapse: collapse; width: 100%; height: 40px;"> <tr><td style="width: 100%;"></td></tr> </table>				
Q1007	<p><i>What are your views of the value of this research?</i></p>	<p>Useful Do not see the point No opinion</p>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 98 <input type="checkbox"/></p>				
Q1008	<p><u>Record respondent's comments and your own observations in the space below.</u></p>						

RESPONDENT'S COMMENTS:

On the research?

Further HIV prevention, care and support activities needed?

ENUMERATOR'S OBSERVATIONS:
