# SECTION A: SOCIODEMOGRAPHICS

**[INTERVIEWER: READ]** *Hi, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I would like to ask you a series of questions to find out a little bit about you. All your responses are confidential. Your name is not on this form. If you cannot, or do not wish to answer a particular question, tell me and I will go on to the next one. Please answer questions honestly. Remember, there are no right or wrong answers to these questions, just answer them as best as you can. The questionnaire will be the same length of time regardless of the answers you give. Do you have any questions? First, I’m going to ask you some questions about yourself.*

|  |  |  |
| --- | --- | --- |
|  | What is your date of birth, *on the solar calendar*? | Day \_\_\_ \_\_\_ Month \_\_\_ \_\_\_ Year \_\_\_ \_\_\_ \_\_\_ \_\_\_  *[Enter 99 if DON’T KNOW day or month, 9999 if DON’T KNOW year]*  *[Enter 88 if REFUSE TO ANSWER to answer day or month, 8888 if REFUSE TO ANSWER to answer year]* |
| A2. | What is your sex at birth? | (0) Male  (1)  Female  **DO NOT READ THESE RESPONSES**  (88)  REFUSE TO ANSWER  (99)  DON’T KNOW |
| A3. | How do you identify your gender? | (0) Male  (1)  Female  (2) Other\_\_\_\_\_\_\_\_\_\_\_\_  **DO NOT READ THESE RESPONSES**  (88)  REFUSE TO ANSWER  (99)  DON’T KNOW |
| A4. | What is your current relationship | (1) Single *(never married)* and not living with partner |
|  | status? | (2)Currently married |
|  |  | (3) Widowed |
|  |  | (4) Divorced |
|  |  | (5) Separated |
|  |  | (6) Living with partner but not married |
|  |  | **DO NOT READ THESE RESPONSES** |
|  |  | (88)  REFUSE TO ANSWER |
|  |  | (99)  DON’T KNOW |
| A5. | What is the highest level of education | (1) No schooling |
|  | you have completed? | (2) Primary school, not complete |
|  |  | (3) Primary school, complete |
|  |  | (4) Secondary school, not complete |
|  |  | (5) Secondary school, complete  (6) High school, not complete  (7) High school, complete |
|  |  | (8) Technical training, not complete |
|  |  | (9) Technical training, complete |
|  |  | (10) College or university, not complete |
|  |  | (11) College or university, complete |
|  |  | **DO NOT READ THESE RESPONSES** |
|  |  | (88)  REFUSE TO ANSWER |
|  |  | (99)  DON’T KNOW |

|  |  |
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| **Ethnicity** | |
| A6. | What ethnic group do you belong to? |
|  | **[INTERVIEWER:** CHECK ONE CATEGORY ONLY**]** |
|  | (1) Kinh |
|  | (2) Tay |
|  | (3) Nung |
|  | (4) San diu |
|  | (5) H’mong |
|  | (6) San chi *(Trai)* |
|  | (7) Hoa |
|  | (8) Dao *(Man)* |
|  | (9) Other *(specify)*:\_\_\_\_\_\_\_\_\_\_  **DO NOT READ THESE RESPONSES**  (88)  REFUSE TO ANSWER  (99)  DON’T KNOW |

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| **Location (District)** | | |
| A7. | What district/city do you live in? | |
|  | **[INTERVIEWER:** CHECK ONE CATEGORY ONLY**]** | |
|  | (1) Sông Công |  |
|  | (2)Võ Nhai |  |
|  | (3) Phổ Yên |  |
|  | (4) Phú Lương |  |
|  | (5) Phú Bình |  |
|  | (6)Đồng Hỷ |  |
|  | (7)Định Hóa |  |
|  | (8)Đại Từ |  |
|  | (9)Thái Nguyên city |  |
|  | **DO NOT READ THESE RESPONSES** | |
|  | (88) REFUSE TO ANSWER | |
|  | (99)DON’T KNOW | |

|  |  |
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| **Housing and Homelessness** | |
| A8. | During the last **3 months** have you ever spent a night on the street, in a park, in an alley, or in an abandoned building? |
|  | (1) Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |

|  |  |  |  |  |  |
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| A9. | Now I would like you to describe your current living situation. [INTERVIEWER: READ ALL RESPONSE OPTIONS] | | | | |
|  | Do you… | Yes | No | **[Don’t read]**  REFUSE TO ANSWER | **[Don’t read]**  DON’T KNOW |
| A9a) | Live in a house that I own or rent | (1) | (0) | (88) | (99) |
| A9b) | Live in parent’s home | (1) | (0) | (88) | (99) |
| A9c) | Live in other relative’s home (e.g., sibling, cousin, aunt and/or uncle) | (1) | (0) | (88) | (99) |
| A9d) | Rent a room or space in someone else’s house or apartment | (1) | (0) | (88) | (99) |
| A9e) | Stay with someone else for free (don’t pay regular room and board) | (1) | (0) | (88) | (99) |
| A9f) | Live on the street, in a park, alley or abandoned building | (1) | (0) | (88) | (99) |
| A9g) | Live in a homeless shelter | (1) | (0) | (88) | (99) |
| A9h) | Stay at more than two different places a week | (1) | (0) | (88) | (99) |
|  | DO NOT READ THESE RESPONSES |  |  |  |  |
| A9i) | Other, specify:\_\_\_\_\_\_\_\_ | (1) | (0) | (88) | (99) |

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| A10. | Who lives with you?  [**INTERVIEWER**: MOVE ACROSS ROWS FOR RESPONSE OPTIONS] | | | | | | |
|  | Person | | Yes | No | **[Don’t read]**  REFUSE TO ANSWER | **[Don’t read]**  DON’T KNOW | |
| A10a) | Spouse/partner/girl-boyfriend | | (1) | (0) | (88) | (99) | |
| A10b) | Own children | | (1) | (0) | (88) | (99) | |
| A10c) | Parents | | (1) | (0) | (88) | (99) | |
| A10d) | Other family members | | (1) | (0) | (88) | (99) | |
| A10e) | Friends | | (1) | (0) | (88) | (99) | |
| A10f) | Others (e.g., roommates, tenants) | | (1) | (0) | (88) | (99) | |
| A10g) | Live alone | | (1) | (0) | (88) | (99) | |
| **Employment** | | | | | | |
| A11. | | At any time in the **last 3 months** have you NOT had a legal job that brings in money? Have you been unemployed? | | | | |
|  | | (1) Yes | | | | |
|  | | (0)No | | | | |
|  | | **DO NOT READ THESE RESPONSES** | | | | |
|  | | (88)REFUSE TO ANSWER | | | | |
|  | | (99)DON’T KNOW | | | | |
| A12. | | Which of the following best describes your current employment status? Are you: | | | | |
|  | | (1) Working full-time | | | | |
|  | | (2) Working part-time (Less than 40 hours per week or 5 working days per week) | | | | |
|  | | (3) Unemployed but seeking work | | | | |
|  | | (4) Unemployed—not seeking work | | | | |
|  | | (5) Retired | | | | |
|  | | **DO NOT READ THESE RESPONSES** | | | | |
|  | | (88)REFUSE TO ANSWER | | | | |
|  | | (99)DON’T KNOW | | | | |
| A13. | | In the **last month**, how many days have you been working for pay? | | | | |
|  | | \_\_\_ \_\_\_ Number of days | | | | |
|  | | **DO NOT READ THESE RESPONSES** | | | | |
|  | | (88)REFUSE TO ANSWER | | | | |
|  | | (99)DON’T KNOW | | | | |
| A14. | | At any time in the **last month** have you travelled out of province for work? | | | | |
|  | | (1) Yes | | | | |
|  | | (0)No | | | | |
|  | | **DO NOT READ THESE RESPONSES** | | | | |
|  | | (88)REFUSE TO ANSWER | | | | |
|  | | (99)DON’T KNOW | | | | |
| [**INTERVIEWER** FOR THE FOLLOWING QUESTIONS A15-A18 DO NOT PROVIDE PARTICIPANTS WITH ADDITIONAL INFORMATION] | | | | | | |
| A15. | | Have you ever discussed triggers with anyone? | | | | |
|  | | (1)  Yes | | | | |
|  | | (0) No | | | | |
|  | | **DO NOT READ THESE RESPONSES** | | | | |
|  | | (88)REFUSE TO ANSWER | | | | |
|  | | (99)DON’T KNOW | | | | |
| A16. | | Have you ever discussed self-help action plans with anyone? | | | | |
|  | | (1) Yes | | | | |
|  | | (0)No | | | | |
|  | | **DO NOT READ THESE RESPONSES** | | | | |
|  | | (88)REFUSE TO ANSWER | | | | |
|  | | (99)DON’T KNOW | | | | |
| A17. | | Have you ever seen this symbol? [INTERVIEWER: SHOW CARD A] | | | | |
|  | | (1) Yes | | | | |
|  | | (0)No | | | | |
|  | | **DO NOT READ THESE RESPONSES** | | | | |
|  | | (88)REFUSE TO ANSWER | | | | |
|  | | (99)DON’T KNOW | | | | |
| A18. | | Have you ever seen this symbol? [INTERVIEWER: SHOW CARD B] | | | | |
|  | | (1) Yes | | | | |
|  | | (0)No | | | | |
|  | | **DO NOT READ THESE RESPONSES** | | | | |
|  | | (88)REFUSE TO ANSWER | | | | |
|  | | (99)DON’T KNOW | | | | |

# SECTION B: PrEP HISTORY AND ADHERENCE

**[INTERVIEWER: READ]** *Now, I’d like to ask you some questions about your history using HIV prevention medicines, referred to as PrEP.*

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| --- | --- |
| **PrEP History Questions** | |
| B1. | Have you ever used PrEP? |
|  | (1)  Yes |
|  | (0) No **🡪 Skip to B6** |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88)REFUSE TO ANSWER |
|  | (99)DON’T KNOW |
| B2. | When did you first start using PrEP? |
|  | Day \_\_\_ \_\_\_ Month \_\_\_ \_\_\_ Year \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
|  | *[Enter 99 if DON’T KNOW day or month, 9999 if DON’T KNOW year]* |
|  | *[Enter 88 if REFUSE TO ANSWER to answer day or month, 8888 if REFUSE TO ANSWER to answer year]* |
| B3. | When did you most recently stop using PrEP? |
|  | Day \_\_\_ \_\_\_ Month \_\_\_ \_\_\_ Year \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
|  | *[Enter 99 if DON’T KNOW day or month, 9999 if DON’T KNOW year]* |
|  | *[Enter 88 if REFUSE TO ANSWER to answer day or month, 8888 if REFUSE TO ANSWER to answer year]* |
| B4. | Thinking back to the last month when you used PrEP, about how many days did you miss taking your  PrEP pills? |
|  | (1) Never |
|  | (2) Rarely (only once or twice) |
|  | (3) Sometimes (about once a week) |
|  | (4) Often (more than once a week) |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88)REFUSE TO ANSWER |
|  | (99)DON’T KNOW |
| B5. | Which of the following best describes why you chose to stop using PrEP? |
|  | (1) No longer had a need, because I was practicing other prevention methods. |
|  | (2) Concerns about how/where to get it, how much it costs, etc. |
|  | (3) Concerns about the medicine, such as taking a daily pill, experiencing side effects, or developing drug resistance. |
|  | (4) Concerns about what other people might think, such as if I am promiscuous, have sex with men,  or am HIV positive. |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88)REFUSE TO ANSWER |
|  | (99)DON’T KNOW |
| B6. | How many other people, who you personally know, use PrEP? |
|  | \_\_\_ \_\_\_ Number of people |
|  | **DO NOT READ THESE RESPONSES** |
|  | (8888)REFUSE TO ANSWER |
|  | (9999)DON’T KNOW |

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| **PrEP Adherence Questions** | |
| BA1. | When was the last time you missed taking any doses of your PrEP medication? |
|  | (1)Within the past week |
|  | (2) 1-2 weeks ago |
|  | (3) 3-4 weeks ago |
|  | (4) 1-3 months ago |
|  | (0) Never missed taking medications in the past 3 months **🡪 Skip to BA7**  **DO NOT READ THESE RESPONSES**  (88)  REFUSE TO ANSWER  (99)  DON’T KNOW |
| BA2. | In the **last month** *(it means since \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_)*, on about how many days did you miss at least one tablet? |
|  | \_\_\_ \_\_\_Number of days in the past 30 days **🡪 If 0, skip to BA6** |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER **🡪 Skip to BA6** |
|  | (99) DON’T KNOW **🡪 Skip to BA6** |

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| --- | --- |
| BA3. | Did you miss at least one tablet in **the last four days** *(it means since \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_)?* |
|  | (1)Yes |
|  | (0)No**🡪 Skip to BA6** |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER **🡪 Skip to BA6** |
|  | (99) DON’T KNOW **🡪 Skip to BA6** |
| BA4. | In the **last four days**, on how many days did you miss at least one tablet? |
|  | \_\_\_ Number of days in the past 4 days **🡪** **If 0, skip to BA6** |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88)REFUSE TO ANSWER **🡪 Skip to BA6** |
|  | (99)  DON’T KNOW **🡪 Skip to BA6** |
| BA5. | Did you miss at least one tablet yesterday? |
|  | (1)Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |
| BA6. | The last time you missed at least one tablet, which of these **best** describes the reason why? [**INTERVIEWER:** MARK ONLY ONE] |
|  | (1) I forgot |
|  | (2) I did not have the medication with me at the time I needed to take it |
|  | (3) I did not want person(s) nearby to see me taking the medication |
|  | (4) I was trying to avoid side effects |
|  | (5) I felt healthy |
|  | (6) I had been drinking alcohol |
|  | (7) I am engaging in other prevention methods |
|  | (8) I do not believe the medications are beneficial |
|  | (10) I did not have health insurance to pay for my PrEP medication |
|  | (11) My PrEP clinic changed locations |
|  | (0) Not applicable |
|  | (9) Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88)  REFUSE TO ANSWER |
|  | (99)  DON’T KNOW |
| BA7. | Have you stopped taking PrEP? By stopped we mean that you have not taken **ANY of your medication** for the last 2 weeks. |
|  | (1)Yes |
|  | (0) No **🡪 Skip to BA10** |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER **🡪 Skip to BA10** |
|  | (99) DON’T KNOW **🡪 Skip to BA10** |
| BA8. | What date did you stop taking PrEP? |
|  | Day \_\_\_ \_\_\_ Month \_\_\_ \_\_\_ Year \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
|  | *[Enter 99 if DON’T KNOW day or month, 9999 if DON’T KNOW year]* |
|  | *[Enter 88 if REFUSE TO ANSWER to answer day or month, 8888 if REFUSE TO ANSWER to answer year]* |
| [INTERVIEWER: READ] *Sometimes people find it difficult to continue taking PrEP because of challenges of family or friends. For the following statements, please tell me if you agree or disagree with the reasons you have stopped taking PrEP?* | |
| BA9. | a) You don’t have enough support from family or friends. |
|  | (1) Agree |
|  | (2) Disagree |
|  | **DO NOT READ THESE RESPONSES** |
|  | 77) NOT RELEVANT/ NOT APPLICABLE |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |
|  | b) You don’t want family or friends to think you have HIV (e.g. see me take the medication). |
|  | (1) Agree |
|  | (2) Disagree |
|  | **DO NOT READ THESE RESPONSES** |
|  | (77) NOT RELEVANT/ NOT APPLICABLE |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |
|  | c) Any other reason not mentioned related to family or friends? |
|  | (1)Yes 🡪 Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |
| BA10. | If you miss your PrEP medication one day, what should you do? [INTERVIEWER: READ ALL RESPONSE OPTIONS TO PARTICIPANT ) |
|  | (1) Take double dose |
|  | (2) Take regular dose |
|  | (3) Take one and half doses |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |
| BA11. | If you drink alcohol one day, should you still take your PrEP medication that day? |
|  | (1)Yes |
|  | (0)No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |

|  |  |
| --- | --- |
| **Health Insurance Questions** | |
| **[INTERVIEWER: READ]** *We would now like to ask you some questions about health insurance.* | |
| BH1 | Have you heard about the new health insurance policy required by the government that started on 1st January 2017? |
|  | (1) Yes |
|  | (0)  No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88)  REFUSE TO ANSWER |
|  | (99)  DON’T KNOW |

|  |  |
| --- | --- |
| BH2 | Do you CURRENTLY have health insurance? |
|  | (1) Yes |
|  | (0)  No **🡪 Skip to BH5** |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88)  REFUSE TO ANSWER **🡪 Skip to BH5** |
|  | (99)  DON’T KNOW**🡪 Skip to BH5** |
| BH3 | When did your current health insurance plan start? |
|  | Day \_\_\_ \_\_\_ Month \_\_\_ \_\_\_ Year \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
|  | *[Enter 99 if DON’T KNOW day or month, 9999 if DON’T KNOW year]* |
|  | *[Enter 88 if REFUSE TO ANSWER to answer day or month, 8888 if REFUSE TO ANSWER to answer year]* |
| BH4 | Does your current health insurance cover HIV care and ART treatment? |
|  | (1) Yes |
|  | (0)  No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88)  REFUSE TO ANSWER |
|  | (99)  DON’T KNOW |
| **BH5 [INTERVIEWER: READ]** *There have been recent changes in government policies that may result in changes in how you access your HIV care and treatment. In January 2017, a new government policy started that requires you to get health insurance to cover the cost of HIV care and treatment services.* | |
| BH5 | Did your clinic location change because of the new government policy? |
|  | (1) Yes |
|  | (2)  No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88)  REFUSE TO ANSWER |
|  | (99)  DON’T KNOW |

**PLACEHOLDER: Items on PrEP attitudes and motivations and CBT skills**

# SECTION C: PrEP CLINIC AND TREATMENT COSTS

|  |  |
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| **Clinic Visit EXPENSES** | |
| C1. | Currently, how much money ***on average*** are you making **weekly**? (This can include salary, traded goods, etc.) |
|  | \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ Amount in Dong |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |
| C2. | Over the past 6 months, how many times have you come into the PrEP clinic? |
|  | \_\_\_ \_\_\_ Number of visits **🡪 if 0, skip to D1** |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |

**[INTERVIEWER: READ]** *The next questions ask about costs associated with your PrEP care. I want you to think back to a typical visit. I’m then going to ask you some questions to figure out how much time and money the clinic visit cost you.*

|  |  |  |
| --- | --- | --- |
| C3. | Think back to a regular visit where you received PrEP care, how long did it take you for the one way trip to the clinic? (Starting from where a participant usually comes from for a visit) | |
|  | \_\_\_ \_\_\_ Minutes | |
|  | \_\_\_ \_\_\_ Hours | |
|  | **DO NOT READ THESE RESPONSES** | |
|  | (88) REFUSE TO ANSWER | |
|  | (99) DON’T KNOW | |
| C4. | How did you get to the clinic? [**INTERVIEWER:** MARK ALL THAT APPLY] |  |
|  | (0) Walk |  |
|  | (1) Bicycle |  |
|  | (2) Personal vehicle/car |  |
|  | (3) Motorbike |  |
|  | (4) Bus |  |
|  | (5) Taxi |  |
|  | (6) Xeom |  |
|  | (7) Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | **DO NOT READ THESE RESPONSES** |  |
|  | (88) REFUSE TO ANSWER |  |
|  | (99) DON’T KNOW |  |
| C5. | How far did you have to travel to get to the clinic? | |
|  | \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ Distance in kilometers [*if less than 1 km, then format as “00.XX*] | |
|  | **DO NOT READ THESE RESPONSES** | |
|  | (88) REFUSE TO ANSWER |  |
|  | (99) DON’T KNOW |  |
| C6. | How much in transport costs did you spend to get to the clinic? | |
|  | \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ Amount in Dong |  |
|  | **DO NOT READ THESE RESPONSES** |  |
|  | (88) REFUSE TO ANSWER |  |
|  | (99) DON’T KNOW |  |
| C7. | How much in **other** costs, such as food, lodging, or child care did you spend to get to the clinic? Think of everything that you spent the day that you came to clinic, and add up all money, traded goods, etc., that you ended up spending that you would not have spent if you did not have to come to clinic. | |
|  | \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ Amount in Dong |  |
|  | **DO NOT READ THESE RESPONSES** |  |
|  | (88) REFUSE TO ANSWER |  |
|  | (99) DON’T KNOW |  |
| C8. | From the time you left home to the time you returned home, how much time total did you spend on the clinic visit? | |
|  | \_\_\_ \_\_\_ Minutes |  |
|  | \_\_\_ \_\_\_ Hours |  |
|  | **DO NOT READ THESE RESPONSES** |  |
|  | (88) REFUSE TO ANSWER |  |
|  | (99) DON’T KNOW |  |
| C9. | If you had been working during that time, how much money do you think you would have made? | |
|  | \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ Amount in Dong |  |
|  | **DO NOT READ THESE RESPONSES** |  |
|  | (77) NOT RELEVANT/ NOT APPLICABLE |  |
|  | (88) REFUSE TO ANSWER |  |
|  | (99) DON’T KNOW |  |

# Section D: Alcohol Use

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|  |
| **[INTERVIEWER: READ]** *For this section I will ask you about your alcohol use. MAY BE HELPFUL TO HAVE A CALENDAR TO POINT OUT WHEN THREE MONTHS OCCURRED (WALL CALENDAR)* |

|  |  |
| --- | --- |
| **MINI – Alcohol Abuse and Dependence** | |
| D1 | In the past 3 months, have you had 3 or more alcoholic drinks within a 3 hour period? |
|  | (1) Yes |
|  | (0) No **🡪 If 0, skip to D2a** |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER **🡪 skip to D2a** |
|  | (99) DON’T KNOW **🡪 skip to D2a** |
| D1a | If yes, then in the past 3 months have you done this 3 or more times? |
|  | (1) Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |
| [INTERVIEWER: READ] *For the following statements, please consider the* ***past 3 months.*** | |
| D2a. | Did you need to drink more in order to get the same effect that you did when you first started drinking? For example, has your drinking capacity increased? |
|  | (1)Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |
| D2b. | When you cut down on drinking did your hands shake, did you sweat, or feel agitated? Or, did you drink to avoid these symptoms or to avoid being hangover, e.g., "the shakes", sweating or agitation? [IF YES TO EITHER, CODE YES] |
|  | (1)Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |
| D2c. | During the times when you drank alcohol, did you end up drinking more than you planned when you started? |
|  | (1)Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |
| D2d. | Have you tried to reduce or stop drinking alcohol but failed? |
|  | (1)Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |
| D2e. | On the days that you drank, did you spend substantial time in obtaining alcohol, drinking, or in recovering from the physical effects of alcohol? |
|  | (1)Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |
| D2f. | Did you spend less time working, enjoying hobbies, or being with others because of your drinking? |
|  | (1)Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |
| D2g. | Have you continued to drink even though you knew that the drinking can cause health or mental problems? |
|  | (1)Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |

|  |  |
| --- | --- |
| In the past 3 months: | |
| D3a. | Have you been intoxicated or hungover more than once when you had other responsibilities at school, at work, or at home? |
|  | (1)Yes |
|  | **(0)** No **🡪 Skip to D3c** |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |
| D3b | If yes, did this cause any problems? |
|  | (1)Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |
| D3c. | Were you intoxicated in any situation where you were physically at risk, e.g., driving a car, riding a motor bike, using machinery, boating, working high up such as a construction worker or electrician, etc.? |
|  | (1)Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |
| D3d. | Did you have any legal problems because of your drinking, e.g., an arrest? |
|  | (1)Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |
| D3e. | Did you continue to drink even though your drinking caused problems with your family or other people? |
|  | (1)Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (77) NOT RELEVANT/ NOT APPLICABLE |
|  | (88) REFUSE TO ANSWER |
|  | (99) DON’T KNOW |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has this EVER happened to you in the past 3 months?  [**INTERVIEWER:** MOVE ACROSS ROWS FOR RESPONSE OPTIONS] | **Yes** | **No** | **[Don’t Read] REFUSE TO ANSWER** | **[Don’t Read] DON’T KNOW** |
| D4a. I have been unhappy because of my drinking. | (1) | (0) | (88) | (99) |
| D4b.Because of my drinking, I have not eaten properly. | (1) | (0) | (88) | (99) |
| D4c. I have failed to do what is expected of me because of my drinking. | (1) | (0) | (88) | (99) |
| D4d. I have felt guilty or ashamed because of my drinking. | (1) | (0) | (88) | (99) |
| D4e. I put myself into a risky or unsafe situation when drinking that I would not have put myself in when not drinking. | (1) | (0) | (88) | (99) |
| D4f. When drinking, I have done impulsive things that I regretted later. | (1) | (0) | (88) | (99) |
| D4g. My physical health has been harmed by my drinking. | (1) | (0) | (88) | (99) |
| D4h. I have had money problems because of my drinking. | (1) | (0) | (88) | (99) |
| D4i. How I look physically has been harmed by my drinking. | (1) | (0) | (88) | (99) |
| D4j. My family has been hurt by my drinking. | (1) | (0) | (88) | (99) |
| D4k. A friendship or close relationship has been damaged by my drinking. | (1) | (0) | (88) | (99) |
| D4l. My drinking has gotten in the way of achieving my personal goals.. | (1) | (0) | (88) | (99) |
| D4m. My drinking has damaged my social life, popularity, or reputation. | (1) | (0) | (88) | (99) |
| D4n. I have spent too much or lost a lot of money because of my drinking. | (1) | (0) | (88) | (99) |
| D4o. I have had an accident while drinking or intoxicated. | (1) | (0) | (88) | (99) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Yes | No | **[Don’t Read] REFUSE TO ANSWER** | **[Don’t Read] DON’T KNOW** |
|  | [**INTERVIEWER**: READ] *I drink alcohol because of:* | | | |  |
| D5a. | Ceremonies or celebrations, such as weddings or birthday | (1) | (0) | (88) | (99) |
| D5b. | Daily routine, including drinking with meals or part of daily life | (1) | (0) | (88) | (99) |
| D5c. | Pressure from friends | (1) | (0) | (88) | (99) |
| D5d. | Drinking can improve my physical health | (1) | (0) | (88) | (99) |
| D5e. | Situations where I drink with my business partners or coworkers or colleagues | (1) | (0) | (88) | (99) |
| D5f. | Feeling sad or depressed | (1) | (0) | (88) | (99) |
| D5g | To celebrate a personal success (such as a salary raise, a new motorbike) | (1) | (0) | (88) | (99) |

|  |  |  |
| --- | --- | --- |
| D6. | In the past 3 months, how many people have you talked with about reducing alcohol use? | |
|  | \_\_\_ \_\_\_ Number of people |  |
|  | **DO NOT READ THESE RESPONSES** |  |
|  | (8888) REFUSE TO ANSWER |  |
|  | (9999) DON’T KNOW |  |

# Section E: Drug Use History

**[INTERVIEWER: READ]** *The next set of questions is about types of drugs you have used. If you do not want to answer certain questions you don’t have to, but please answer all the questions that you can.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Non-injection drug use** | | | | | |
| E1. | In the last **3 months**, have you used the following drugs without injecting? | | | | |
|  | Type of Drug | Yes | No | **[Don’t read]**  REFUSE TO ANSWER | **[Don’t read]**  DON’T KNOW |
| E1a) | Heroin | (1) | (0) | (88) | (99) |
| E1b) | Opium/opium residue | (1) | (0) | (88) | (99) |
| E1c) | “Hong phien”, “thuoc lac”  Ecstasy/MDMA | (1) | (0) | (88) | (99) |
| E1d) | Marijuana | (1) | (0) | (88) | (99) |
| E1e) | Methadone | (1) | (0) | (88) | (99) |
| E1f) | Xen/Seduxen | (1) | (0) | (88) | (99) |
| E1g) | Methamphetamine (Ice) | (1) | (0) | (88) | (99) |
| E1h) | “Phen” Promethazine |  |  |  |  |
| E1i) | Other(specify:\_\_\_\_\_\_\_) | (1) | (0) | (88) | (99) |

|  |  |  |
| --- | --- | --- |
| **Injection Drug Use** | | |
| E2. | | Have you ever injected drugs? |
|  | | (1) Yes |
|  | | (0) No**🡪 SKIP TO QUESTION E6** |
|  | | **DO NOT READ THESE RESPONSES** |
|  | | (88) REFUSE TO ANSWER |
|  | | (99) DON’T KNOW |
| E2a. | How old were you when you first injected drugs? | |
|  | \_\_\_ \_\_\_\_ Age (in years)  **DO NOT READ THESE RESPONSES**  (8888) REFUSE TO ANSWER  (9999) DON’T KNOW | |
| E2b. | What is the longest time you have not injected drugs, voluntarily (e.g. when you were not incarcerated), since you started using injection drugs? | |
|  | \_\_\_\_ \_\_\_\_ (years) | |
|  | \_\_\_\_ \_\_\_\_ (months) | |
|  | \_\_\_\_ \_\_\_\_(days)  **DO NOT READ THESE RESPONSES**  (8888) REFUSE TO ANSWER  (9999) DON’T KNOW | |
| E2c. | **In the last 3 months**, how many days did you inject? | |
|  | (1)Never 🡪 **Skip to Question E4**. | |
|  | (2)Once a month or less | |
|  | (3)2-3 days a month | |
|  | (4)About once a week | |
|  | (5)2-3 days a week | |
|  | (6)4-6 days a week | |
|  | (7)Everyday | |
|  | **DO NOT READ THESE RESPONSES** | |
|  | (88)REFUSE TO ANSWER | |
|  | (99)DON’T KNOW | |
| E2d. | In the last **3 months**, what type of drug did you **inject** **MOST frequently?** [CHECK ONE CATEGORY ONLY] | |
|  | (1)Heroin | |
|  | (2)Opium/opium residue | |
|  | (3) amphetamine | |
|  | (4) “Hong phien”, “thuoc lac” or Ecstasy/MDMA | |
|  | (5) Marijuana | |
|  | (6) Methadone | |
|  | (7) Xen/Seduxen  (8) Methamphetamine (Ice) | |
|  | (9) “Phen” Promethazine | |
|  | (10)Other *(specify)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **DO NOT READ THESE RESPONSES** | |
|  | (88)REFUSE TO ANSWER | |
|  | (99)DON’T KNOW | |
| E2e. | In the **last 3 months**, on the days that you injected, on average how many times did you inject per day? | |
|  | \_\_ \_\_Number of times per day | |
|  | **DO NOT READ THESE RESPONSES** | |
|  | (8888)REFUSE TO ANSWER | |
|  | (9999)DON’T KNOW | |

*[Interviewer: move across rows for response options and questions]*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| E3. | A | B. In addition to [E2d], did you also **inject** \_[A]\_ in the past **3 months**? | | | | | C. In the past **3 months**, how many days did inject [A]? | D. On the days that you injected [A], on average how many times did you inject [A] per day? |
| No | Yes | **[Don’t read]**  NA | **[Don’t read]**  REF | **[Don’t read]**  DK | Days | Times/Day |
| E3a) | Heroin | (0) **🡪 Skip to E3b** | (1) | (77) | (88) | (99) | \_\_ \_\_ | \_\_ \_\_ |
| E3b) | Opium/opium residue | (0) **🡪 Skip to E3c** | (1) | (77) | (88) | (99) | \_\_ \_\_ | \_\_ \_\_ |
| E3c) | Amphetamine | (0) **🡪 Skip to E3d** | (1) | (77) | (88) | (99) | \_\_ \_\_ | \_\_ \_\_ |
| E3d) | “Hong phien”, “thuoc lac”  Ecstasy/MDMA | (0) **🡪 Skip to E3e** | (1) | (77) | (88) | (99) |  |  |
| E3e) | Marijuana | (0) **🡪 Skip to E3f** | (1) | (77) | (88) | (99) |  |  |
| E3f) | Methadone | (0) **🡪 Skip to E3g** | (1) | (77) | (88) | (99) | \_\_ \_\_ | \_\_ \_\_ |
| E3g) | Xen/Seduxen | (0) **🡪 Skip to E3h** | (1) | (77) | (88) | (99) | \_\_ \_\_ | \_\_ \_\_ |
| E3h) | Methamphetamine (Ice) | (0) **🡪 Skip to E3i** | (1) | (77) | (88) | (99) |  |  |
| E3i) | “Phen” Promethazine | (0) **🡪 Skip to E3j** | (1) | (77) | (88) | (99) |  |  |
| E3j) | Other *(specify:\_\_\_\_\_\_\_)* | (0) **🡪 Skip to E4** | (1) | (77) | (88) | (99) | \_\_ \_\_ | \_\_ \_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| E4. | When was the last day you injected (including today)? | | | | |
|  | Day \_\_\_ \_\_\_ Month \_\_\_ \_\_\_ Year \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | | |
|  | *[Enter 99 if DON’T KNOW day or month, 9999 if DON’T KNOW year]* | | | | |
|  | *[Enter 88 if REFUSE TO ANSWER to answer day or month, 8888 if REFUSE TO ANSWER to answer year]* | | | | |
| E5. | Have you ever tried to reduce your frequency of injecting? | | | | |
|  | (1) Yes | | | | |
|  | (0) No **🡪** **Skip to E6** | | | | |
|  | **DO NOT READ THESE RESPONSES** | | | | |
|  | (88) REFUSE TO ANSWER **🡪** **Skip to E6** | | | | |
|  | (99) DON’T KNOW **🡪** **Skip to E6** | | | | |
| E5a. | When you are trying to reduce the frequency of injecting, do you increase your alcohol consumption? | | | | |
|  | (1) Yes | | | | |
|  | (0) No | | | | |
|  | **DO NOT READ THESE RESPONSES** | | | | |
|  | (88) REFUSE TO ANSWER | | | | |
|  | (99) DON’T KNOW | | | | |
| **Drugs Treatment** | | | | | |
| E6. | Have you ever participated in any kind of drug treatment program? | | | | |
|  | (1) Yes | | | | |
|  | (0) No **🡪****Skip to F1** | | | | |
|  | **DO NOT READ THESE RESPONSES** | | | | |
|  | (88)REFUSE TO ANSWER **🡪****Skip to F1** | | | | |
|  | (99)DON’T KNOW **🡪****Skip to F1** | | | | |
| E7.What type of drug treatment program have you participated in? *[Interviewer: move across rows for response options]* | | No | Yes | **[Don’t read]**  REFUSE TO ANSWER | **[Don’t read]**  DON’T KNOW |
| E7a) Healthcare Provider Supported | | (0) | (1) | (88) | (99) |
| E7b) Community Treatment | | (0) | (1) | (88) | (99) |
| E7c) Spiritual | | (0) | (1) | (88) | (99) |
| E7d) Compulsory 05/06 Center | | (0) | (1) | (88) | (99) |
| E7e) MMT | | (0) | (1) | (88) | (99) |
| E7f) Other, specify\_\_\_\_\_\_\_ | | (0) | (1) | (88) | (99) |

# SECTION F: Sexual Behavior

**[INTERVIEWER: READ]** *The next set of questions is about your sexual experience. Some of these questions are sensitive. Some questions might not apply to you. Please remember that we ask everyone the same set of questions, so even if a question seems not to apply to you we will ask it anyway. If you do not want to answer certain questions you don’t have to, but please answer all the questions that you can.*

|  |  |
| --- | --- |
| F1. | In the last 3 months, did you have vaginal or anal sex? |
|  | (1)Yes |
|  | (0)No **🡪 Skip to F9** |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99)DON’T KNOW |
| F2. | In the last month, how many different female sex partners have you had? |
|  | \_\_\_ \_\_\_ \_\_\_# of female sexual partners  *[Enter 888 for REFUSE TO ANSWER or 999 for DON’T KNOW]* |
| F3. | In the last month, how many different male sex partners have you had? |
|  | \_\_\_ \_\_\_ \_\_\_# of male sexual partners  *[Enter 888 for REFUSE TO ANSWER or 999 for DON’T KNOW]* |
| F4. | Do you have a main partner such as a husband/wife or boyfriend/girlfriend? |
|  | (1)Yes |
|  | (0)No **🡪 Go to Question F5** |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER **🡪 Go to Question F5** |
|  | (99)DON’T KNOW **🡪 Go to Question F5** |
| F4a. | What gender is your main partner? |
|  | (0)Male |
|  | (1) Female |
|  | (2) Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99)DON’T KNOW |
| F4b. | In the last month, how many times did you have vaginal or anal sex with your main partner? |
|  | \_\_\_ \_\_\_ \_\_\_ # of times **[IF ZERO, GO TO QUESTION F5]**  *[Enter 888 for REFUSE TO ANSWER or 999 for DON’T KNOW]***]** |
| F4c. | How many of these times did you (or your partner) use a condom? |
|  | \_\_\_ \_\_\_ \_\_\_ # of times  *[Enter 888 for REFUSE TO ANSWER or 999 for DON’T KNOW]***]***]* |
| F5. | In the last month, how many times did you have vaginal or anal sex with someone other than a main partner? |
|  | \_\_\_ \_\_\_ \_\_\_ # of times **[IF ZERO, GO TO QUESTION F6]**  *[Enter 888 for REFUSE TO ANSWER or 999 for DON’T KNOW]***]** |
| F5a. | How many of these times did you (or your partner) use a condom? |
|  | \_\_\_ \_\_\_ \_\_\_ # of times  *[Enter 888 for REFUSE TO ANSWER or 999 for DON’T KNOW]***]** |
| F6. | In the last month, how many times did you give sex partners money or drugs in exchange for sex? |
|  | \_\_\_ \_\_\_ \_\_\_ # of times **[IF ZERO, GO TO QUESTION F7**  *[Enter 888 for REFUSE TO ANSWER or 999 for DON’T KNOW]***]** |
| F6a. | How many of these times did you (or your partner) use a condom? |
|  | \_\_\_ \_\_\_ \_\_\_ # of times  *[Enter 888 for REFUSE TO ANSWER or 999 for DON’T KNOW]***]** |
| F7. | In the last month, how many times did a sex partner give you money or drugs in exchange for sex? |
|  | \_\_\_ \_\_\_ \_\_\_ # of times **[IF ZERO, GO TO QUESTION F8]**  *[Enter 888 for REFUSE TO ANSWER or 999 for DON’T KNOW]* |
| F7a. | How many of these times did you (or your partner) use a condom? |
|  | \_\_\_ \_\_\_ \_\_\_ # of times  *[Enter 888 for REFUSE TO ANSWER or 999 for DON’T KNOW]* |
| F8. | In the past month, on how many times did you drink alcohol before or during having sex? |
|  | \_\_\_ \_\_\_ # of days **[IF ZERO, GO TO QUESTION G1]**  *[Enter 888 for REFUSE TO ANSWER or 999 for DON’T KNOW]* |
| F8a. | How many of these times did you (or your partner) use a condom? |
|  | \_\_\_ \_\_\_ \_\_\_ # of times 🡪 **Skip to G1**  *[Enter 888 for REFUSE TO ANSWER or 999 for DON’T KNOW]* |

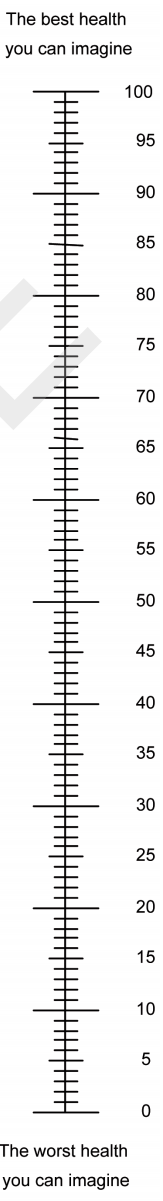
[**INTERVIEWER**: *This subsection is ONLY for participants who answer “No” to F1.]*

|  |  |
| --- | --- |
| [**INTERVIEWER: READ**: *Thank you for your response. Now I want to ask you about your sources of food and nutrition.]* | |
| FOOD INSECURITY SUBSECTION | |
| F9. | In the past month, did you worry that your household would not have enough food? |
|  | (1)Yes |
|  | (0)No **🡪 Skip to F10** |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER **🡪 Skip to F10** |
|  | (99)DON’T KNOW **🡪 Skip to F10** |
| F9a. | How often did this happen? |
|  | (1)Rarely [*Once or twice in the past month]* |
|  | (2)Sometimes [*Three to ten times in past month]* |
|  | (3) Often [*more than ten times in past month]* |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99)DON’T KNOW |
| F10. | In the past month, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources? |
|  | (1)Yes |
|  | (0)No **🡪 Skip to F11** |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER **🡪 Skip to F11** |
|  | (99)DON’T KNOW **🡪 Skip to F11** |
| F10a. | How often did this happen? |
|  | (1)Rarely [*Once or twice in the past month]* |
|  | (2)Sometimes [*Three to ten times in past month]* |
|  | (2) Often [*more than ten times in past month]* |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99)DON’T KNOW |
| F11. | In the past month, did you or any household member go to sleep at night hungry because there was not enough food? |
|  | (1)Yes |
|  | (0)No **🡪 Skip to G1** |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER **🡪 Skip to G1** |
|  | (99)DON’T KNOW **🡪 Skip to G1** |
| F11a. | How often did this happen? |
|  | (1)Rarely [*Once or twice in the past month]* |
|  | (2)Sometimes [*Three to ten times in past month]* |
|  | (2) Often [*more than ten times in past month]* |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99)DON’T KNOW |

# SECTION G: HEALTH UTILITY

**[INTERVIEWER: READ]** *Now, I’d like to ask you some questions about your health today.*

|  |  |
| --- | --- |
|  |  |
| **HEALTH UTILITY** | |
| Mobility |  |
| G1. | Which of the following best describes your health TODAY: |
|  | (1)I have no problems in walking about |
|  | (2) I have slight problems in walking about |
|  | (3)I have moderate problems in walking about |
|  | (4)I have severe problems in walking about |
|  | (5)I am unable to walk about |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99)DON’T KNOW |
| Self-care | |
| G2. | Which of the following best describes your health TODAY: |
|  | (1) I have no problems washing or dressing myself |
|  | (2) I have slight problems washing or dressing myself |
|  | (3) I have moderate problems washing or dressing myself |
|  | (4) I have severe problems washing or dressing myself |
|  | (5) I am unable to wash or dress myself |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99)DON’T KNOW |
| Usual activities | |
| G3. | Which of the following best describes your health TODAY: |
|  | (1) I have no problems doing my usual activities |
|  | (2) I have slight problems doing my usual activities |
|  | (3) I have moderate problems doing my usual activities |
|  | (4) I have severe problems doing my usual activities |
|  | (5) I am unable to do my usual activities |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99)DON’T KNOW |
| Pain/Discomfort | |
| G4. | Which of the following best describes your health TODAY: |
|  | (1) I have no pain or discomfort |
|  | (2) I have slight pain or discomfort |
|  | (3) I have moderate pain or discomfort |
|  | (4) I have severe pain or discomfort |
|  | (5) I have extreme pain or discomfort |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99)DON’T KNOW |
| Anxiety/Depression | |
| G5. | Which of the following best describes your health TODAY: |
|  | (1) I am not anxious or depressed |
|  | (2) I am slightly anxious or depressed |
|  | (3) I am moderately anxious or depressed |
|  | (4) I am severely anxious or depressed |
|  | (5) I am extremely anxious or depressed |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99)DON’T KNOW |



|  |  |
| --- | --- |
| G6. | We would like to know how good or bad your health is TODAY. This scale is numbered from 0 to 100. 100 means the best health you can imagine. 0 means the worst health you can imagine.  Mark an X on the scale to indicate how your health is TODAY. Now, please write the number you marked on the scale in the box below |
|  | \_\_\_\_\_ Your health today  *[Enter 888 for REFUSE TO ANSWER or 999 for DON’T KNOW]* |

# SECTION H: READINESS TO CHANGE

**[INTERVIEWER: READ]** *For the next few questions, I will be asking about changes in your drinking habits. I will read a statement and the possible responses for you to answer with.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *[Interviewer: move across rows for response options]* | **1**  **Not ready** | **2** | **3** | **4** | **5 6**  **Moderately ready** | | **7** | **8** | **9** | **10**  **Very ready** | **[Don’t read]**  **Refuse** | **Don’t read]**  **DK** |
| 1. How ready are you to change your drinking habits? | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *[Interviewer: move across rows for response options]* | **1**  **Not important** | **2** | **3** | **4** | **5 6**  **Moderately important** | | **7** | **8** | **9** | **10**  **Very important** | **[Don’t read]**  **Refuse** | **Don’t read]**  **DK** |
| 1. How important is it for you right now to change your drinking? | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *[Interviewer: move across rows for response options]* | **1**  **Not confident** | **2** | **3** | **4** | **5 6**  **Moderately confident** | | **7** | **8** | **9** | **10**  **Very confident** | **[Don’t read]**  **Refuse** | **Don’t read]**  **DK** |
| 1. If you decide to change your drinking, how confident are you that you would succeed? | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |

# SECTION I: COPING SKILLS

**[INTERVIEWER: READ]** *Now for this section, I will be asking about your desires to drink and your confidence not to drink. I will read a statement and the possible responses for you to answer with.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *[Interviewer: move across rows for response options]* | **1**  **Not likely** | **2** | **3** | **4** | **5 6**  **Moderately likely** | | **7** | **8** | **9** | **10**  **Very likely** | **[Don’t read]**  **Refuse** | **Don’t read]**  **DK** |
| I1. How likely would you be to drink when you are emotionally upset (feeling down, angry, afraid, or guilty)? | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| I2. How likely would you be to drink when around or seeing others who are using—such as during celebrations like a wedding or birthday? | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| I3. How likely would you be to drink when you experience physical pain, such as a headache, injury, or are physically tired? | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| I4. How likely would you be to drink when you have thoughts of using alcohol? | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| I5. How likely would you be to drink when you are feeling a physical need or craving for alcohol? | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *[Interviewer: move across rows for response options]* | **1**  **Not confident** | **2** | **3** | **4** | **5 6**  **Moderately confident** | | **7** | **8** | **9** | **10**  **Very confident** | **[Don’t read]**  **Refuse** | **Don’t read]**  **DK** |
| I6. How confident would you be not to drink when you are emotionally upset (feeling down, angry, afraid, or guilty)? | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| I7. How confident would you be not to drink when around or seeing others who are using—such as during celebrations or death anniversary? | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| I8. How confident would you be not to drink when you experience physical pain, such as a headache, injury, or are physically tired? | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| I9. How confident would you be not to drink when you have thoughts of using? | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| I10. How confident would you be not to drink when you are feeling a physical need or craving for drugs or alcohol? | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| I11. How confident would you be not to drink when in a work situation where drinking is occurring? | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| I12. How confident would you be not to drink when you feel pressured to drink by friends in a social situation? | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| I13. How confident would you be not to drink when you are concerned about offending someone who offered you a drink? | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |

# SECTION J: STIGMA

**[INTERVIEWER: READ]** Now I would like to ask you some questions about how you may feel about yourself and your alcohol use. I will read a statement and the possible responses for you to answer with. Remember everything you say will be confidential.

**ALCOHOL ABSTINENCE STIGMA**

*[INTERVIEWER: READ] Now I would like to ask you some questions about how you may feel about yourself, and your alcohol use. I would like you to tell me if you agree strongly, agree, disagree, or strongly disagree with each statement.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *[Interviewer: move across rows for response options]* | **1**  **Strongly disagree** | **2** | **3** | **4** | **5 6**  **Neither disagree nor agree** | | **7** | **8** | **9** | **10**  **Strongly agree** | **[Don’t read]**  **Refuse** | **Don’t read]**  **DK** |
| INTERNALIZED STIGMA AND SHAME | | | | | | | | | | | | |
| 1. I feel ashamed when I decline to drink.   [FOR TRANSLATION: The word “ashamed” is meant to feel guilty or regretful] | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| 1. I feel embarrassed when I decline to drink.   [FOR TRANSLATION: The word “embarrassed” is meant to feel awkward or self-conscious] | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| EXPERIENCE STIGMA | | | | | | | | | | | | |
| 1. I become isolated from my family when I do not drink. | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| 1. I become isolated from my friends when I do not drink. | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| 1. I am mocked when I do not drink. | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| 1. I feel forced to drink at celebrations, such as a wedding or birthdays. | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| ANTICIPATED STIGMA | | | | | | | | | | | | |
| 1. My business relationships will suffer if I stop drinking | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SOCIAL SUPPORT** | | | | | | | | | | | | |
| *[Interviewer: move across rows for response options]* | **1**  **None of the time** | **2** | **3** | **4** | **5 6**  **Some of the time** | | **7** | **8** | **9** | **10**  **Most of the time** | **[Don’t read]**  **Refuse** | **Don’t read]**  **DK** |
| **[INTERVIEWER: READ]**  *People sometimes look to others for companionship, assistance, or other types of support. Please tell me how often each of the following kinds of support are available to you if you need them.* | | | | | | | | | | | | |
| 1. Someone to have a good time with | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| 1. Someone to get together with for relaxation: | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| 1. Someone to do something enjoyable with: | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| 1. Someone you can count on to listen to you when you need to talk: | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| 1. Someone to confide in or talk to about yourself or your problems | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |

# SECTION K: HISTORY OF INFECTIONS

**[INTERVIEWER: READ]**

*Now, I’d like to ask you some questions about infections that you may have had previously.*

|  |  |  |
| --- | --- | --- |
| K1. | Have you ever been diagnosed or tested positive with any of the following diseases? | |
|  | K1a. Hepatitis? | (1) Yes |
|  |  | (0)No 🡪 SKIP TO QUESTION K1e |
|  |  | **DO NOT READ THESE RESPONSES** |
|  |  | (88) REFUSE TO ANSWER |
|  |  | (99)DON’T KNOW |
| K1b. If yes, was it hepatitis A? | | (1) Yes |
|  |  | (0)No |
|  |  | **DO NOT READ THESE RESPONSES** |
|  |  | (88) REFUSE TO ANSWER |
|  |  | (99)DON’T KNOW |
| K1c. If yes, was it hepatitis B? | | (1) Yes |
|  |  | (0)No |
|  |  | **DO NOT READ THESE RESPONSES** |
|  |  | (88) REFUSE TO ANSWER |
|  |  | (99)DON’T KNOW |
| K1d. If yes, was it hepatitis C? | | (1) Yes |
|  |  | (0)No |
|  |  | **DO NOT READ THESE RESPONSES** |
|  |  | (88) REFUSE TO ANSWER |
|  |  | (99)DON’T KNOW |
|  | K1e. Tuberculosis? | (1) Yes |
|  |  | (0)No |
|  |  | **DO NOT READ THESE RESPONSES** |
|  |  | (88) REFUSE TO ANSWER |
|  |  | (99)DON’T KNOW |
|  | K1f. Sexually Transmitted Diseases (STDs)? | (1) Yes |
|  | (0)No **🡪 SKIP TO QUESTION L1** |
|  |  | **DO NOT READ THESE RESPONSES** |
|  |  | (88) REFUSE TO ANSWER |
|  |  | (99)DON’T KNOW |
| K2. | Have you tested positive for an STD during the past 3 months? | (1)Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  |  | (88) REFUSE TO ANSWER |
|  |  | (99)DON’T KNOW |
| K3. | Have you ever been treated for an STD? | (1)Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  |  | (88) REFUSE TO ANSWER |
|  |  | (99)DON’T KNOW |

# SECTION L: PATIENT TRUST IN PROVIDERS

|  |  |
| --- | --- |
| **INTERVIEWER: READ]** *The next questions ask about how your PrEP clinic provider. As you respond, please answer the questions based on your overall experience with the PrEP clinic doctors.* | |
| L1. | How many different PrEP treatment doctors (persons who are medical doctors that provide treatment advice) do you see at the clinic? |
|  | (1)One |
|  | (2)Two |
|  | (3)Three |
|  | (4)Four or more |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88)REFUSE TO ANSWER |
|  | (99)DON’T KNOW |

**[INTERVIEWER: READ]** *For the following questions I am going to read aloud each statement. On a scale of 1-10 with 10 being the most agreement, please tell me how much you agree with each of the following statements.*

|  |  |  |  |  |  |  | |  |  |  |  | **[Don’t Read]** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Disagree** |  |  |  | **Neither Disagree nor Agree** | |  |  |  | **Agree** | **REF** | **DK** |
|  |  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |  |  |
| L2. | The doctor does appropriate blood tests and other tests | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L3. | The doctor gives appropriate medications | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L4. | I am prescribed the appropriate number of medicines | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L5. | There are no side effects to the medicines I am prescribed. By side effect, I mean physical OR emotional effects from the medicines. | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L6. | Family and/or friends speak well about the treatment provided by the doctor | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L7. | If I go to the doctor, I will surely get good treatment | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L8. | I receive good treatment irrespective of whether or not I have money to pay | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L9. | The main intention of the doctors is to provide PrEP treatment and not anything else | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L10. | Irrespective of what time of the day it is, whenever I go, I can get good treatment from the doctor | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L11. | I respect the doctor a lot | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L12. | My friends, relatives, and neighbors respect the doctor | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L13. | I think the doctor is a very learned person | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L14. | I admire the doctor | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L15. | My friends, relatives, and neighbors admire the doctor | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L16. | If I don’t take my medication, the doctor will look down on me | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L17. | It is rude to ask the doctor too many questions | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L18. | The doctor does not always give me the opportunity to say everything he/she needs to know | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L19. | The doctor listens with care and concern to any problem I have | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |
| L20. | I worry the doctor may share embarrassing information about me with others | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (88) | (99) |

|  |  |
| --- | --- |
| L21. | Lastly, if you thought about a different doctor while answering these questions, do you think your answers would be different? |
|  | (1)Yes |
|  | (0)No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88)REFUSE TO ANSWER |
|  | (99)DON’T KNOW |

# SECTION M: MENTAL HEALTH

| **DEPRESSION** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **[INTERVIEWER: READ]** *The next questions ask about how you felt during the past 2 weeks. I am going to read aloud each statement. Please tell me how often you felt that way during the 2 weeks.* | | | | | | |
| **Over the last 2 weeks**, how often have you been bothered by any of the following problems? : | Not at all  (0 days) | Several days (1-7 days) | More than half the days (8-10 days) | Nearly every day  (11-14 days) | **[Don’t read]**  Ref | **[Don’t read]**  DK |
| 1. Little interest or pleasure in doing things | (0) | (1) | (2) | (3) | (8) | (9) |
| 1. Feeling down, depressed or hopeless | (0) | (1) | (2) | (3) | (8) | (9) |
| 1. Trouble falling or staying asleep or sleeping too much | (0) | (1) | (2) | (3) | (8) | (9) |
| 1. Feeling tired or having little energy | (0) | (1) | (2) | (3) | (8) | (9) |
| 1. Poor appetite or overeating | (0) | (1) | (2) | (3) | (8) | (9) |
| 1. Feeling bad about yourself—or that you are a failure or have let yourself or your family down | (0) | (1) | (2) | (3) | (8) | (9) |
| 1. Trouble concentrating on things, such as reading the newspaper or watching television | (0) | (1) | (2) | (3) | (8) | (9) |
| 1. Moving or speaking so slowly that other people have noticed; or the opposite—being so fidgety or restless that you have to be moving around a lot more than usual | (0) | (1) | (2) | (3) | (8) | (9) |
| 1. Thoughts that you would be better off dead or of hurting yourself in some way | (0) | (1) | (2) | (3) | (8) | (9) |

| **ANXIETY** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **[INTERVIEWER: READ]** *The next questions ask about how you felt during the past 2 weeks. I am going to read aloud each statement. Please tell me how often you felt that way during the 2 weeks.* | | | | | | |
| Over the last 2 weeks, how often have you been bothered by any of the following problems? : | Not at all  (0 days) | Several days  (1-7 days) | More than half the days  (8-10 days) | Nearly every day  (11-14 days) | **[Don’t read]**  Ref | **[Don’t read]**  DK |
| M10. Feeling nervous, anxious, or on edge | (0) | (1) | (2) | (3) | (8) | (9) |
| M 11. Not being able to stop or control worrying | (0) | (1) | (2) | (3) | (8) | (9) |
| M12. Worrying too much about different things | (0) | (1) | (2) | (3) | (8) | (9) |
| M13. Trouble relaxing | (0) | (1) | (2) | (3) | (8) | (9) |
| M14. Being so restless that it is hard to sit still | (0) | (1) | (2) | (3) | (8) | (9) |
| M15. Becoming easily annoyed or irritable | (0) | (1) | (2) | (3) | (8) | (9) |
| M16. Feeling afraid as if something awful might happen | (0) | (1) | (2) | (3) | (8) | (9) |

|  |  |
| --- | --- |
| **POST TRAUMATIC STRESS DISORDER** | |
| **[INTERVIEWER: READ]** *Sometimes people have a stressful experience that afterwards may have an effect on their daily live. In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:* | |
| M17. | Have had nightmares about it or thought about it when you did not want to? |
|  | (1) Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99)DON’T KNOW |
| M18. | Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? |
|  | (1) Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99)DON’T KNOW |
| M19. | Were constantly on guard, watchful, or easily startled? |
|  | (1) Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99)DON’T KNOW |
| M20. | Felt numb or detached from others, activities, or your surroundings? |
|  | (1) Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99)DON’T KNOW |

# SECTION N: VIOLENCE

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| **[INTERVIEWER: READ]** *Now I’d like to ask you a few questions about what behaviors you think are acceptable in intimate relationships. For each statement, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement. When answering these questions, keep in mind that I’m asking you to say whether you agree with the statement based on what is true for* ***you****, not what other people think is true.* | | | | | | |
| **GEM Scale – Justification of violence & Violence Approval** | | | | | | |
|  | **Strongly Agree** | **Somewhat Agree** | **Somewhat Disagree** | **Strongly Disagree** | **[DON’T READ]**  **REFUSE** | **[DON’T READ]**  **DON’T KNOW** |
| N1. A woman should tolerate violence in order to keep her family together | (1) | (2) | (3) | (4) | (8) | (9) |
| N2. A man should not walk away from a physical fight with another man. | (1) | (2) | (3) | (4) | (8) | (9) |

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| [INTERVIEWER: READ] *The next questions are about things that happen within many relationships, and that your current partner, or any other partner may have done to you. I want you to tell me if your current partner, or any other partner has ever done the following things to you. Please mark how many times you did each of these things in the past year, and how many times your partner did them in the past year.*  [**INTERVIEWER:** READ ALL RESPONSE OPTIONS ALOUD] *[INTERVIEWER: NOTE]* If participant or participant’s partner did not do one of these things in the past year, but it happened before that, mark a “3" for that question. If it never happened, mark a “4". | | | | | | |
| **Shortened Conflict Tactics Scale 2 (plus alcohol-related violence)** | | | | | | |
|  | **ONCE IN THE PAST YEAR** | **MORE THAN ONCE IN THE PAST YEAR** | **NOT IN THE PAST YEAR, BUT IT DID HAPPEN BEFORE** | **THIS HAS NEVER HAPPENED** | **[DON’T READ]**  **REFUSE** | **[DON’T READ]**  **DON’T KNOW** |
| N3. I explained my side or suggested a compromise for a disagreement with my partner. | (1) | (2) | (3) | (4) | (8) | (9) |
| N4. My partner explained his or her side or suggested a compromise for a disagreement with me. | (1) | (2) | (3) | (4) | (8) | (9) |

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|  | **ONCE IN THE PAST YEAR** | **MORE THAN ONCE IN THE PAST YEAR** | **NOT IN THE PAST YEAR, BUT IT DID HAPPEN BEFORE** | **THIS HAS NEVER HAPPENED** |  | **YES** | **NO** | **DO NOT READ THESE RESPONSES** | |
| **REFUSE TO ANSWER** | **DON’T KNOW** |
| N5. I insulted or swore or shouted or yelled at my partner. | (1) | (2) | (3) **🡪 Skip to N6** | (4) **🡪 Skip to N6** | N5a. Were you ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
| N6. My partner insulted or swore or shouted or yelled at me. | (1) | (2) | (3)  **🡪 Skip to N7** | (4)  **🡪 Skip to N7** | N6a. Were you ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |

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|  | **ONCE IN THE PAST YEAR** | **MORE THAN ONCE IN THE PAST YEAR** | **NOT IN THE PAST YEAR, BUT IT DID HAPPEN BEFORE** | **THIS HAS NEVER HAPPENED** | **[DON’T READ]**  **REFUSE** | **[DON’T READ]**  **DON’T KNOW** |
| N7. I showed respect for, or showed that I cared about my partner’s feelings about an issue we disagreed on. | (1) | (2) | (3) | (4) | (8) | (9) |
| N8. My partner showed respect for, or showed that he or she cared about my feelings about an issue we disagreed on. | (1) | (2) | (3) | (4) | (8) | (9) |

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|  | **ONCE IN THE PAST YEAR** | **MORE THAN ONCE IN THE PAST YEAR** | **NOT IN THE PAST YEAR, BUT IT DID HAPPEN BEFORE** | **THIS HAS NEVER HAPPENED** |  | **YES** | **NO** | **DO NOT READ THESE RESPONSES** | |
| **REFUSE TO ANSWER** | **DON’T KNOW** |
| N9. I pushed, shoved, or slapped my partner. | (1) | (2) | (3) **🡪 Skip to N10** | (4) **🡪 Skip to N10** | N9a. Were you ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
| N9b. Was your partner ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
| N10. My partner pushed, shoved, or slapped me. | (1) | (2) | (3) **🡪 Skip to N11** | (4) **🡪 Skip to N11** | N10a. Were you ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
| N10b. Was your partner ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
| N11. I punched or kicked or beat up my partner. | (1) | (2) | (3) **🡪 Skip to N12** | (4) **🡪 Skip to N12** | N11a. Were you ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
| N11b. Was your partner ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
| N12. My partner punched or kicked or beat me up. | (1) | (2) | (3) **🡪 Skip to N13** | (4) **🡪 Skip to N13** | N12a. Were you ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
| N12b. Was your partner ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
|  | **ONCE IN THE PAST YEAR** | **MORE THAN ONCE IN THE PAST YEAR** | **NOT IN THE PAST YEAR, BUT IT DID HAPPEN BEFORE** | **THIS HAS NEVER HAPPENED** |  | **YES** | **NO** | **DO NOT READ THESE RESPONSES** | |
| **REFUSE TO ANSWER** | **DON’T KNOW** |
| N13. I destroyed something belonging to my partner or threatened to hit my partner. | (1) | (2) | (3) **🡪 Skip to N14** | (4) **🡪 Skip to N14** | N13a. Were you ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
| N14. My partner destroyed something belonging to me or threatened to hit me. | (1) | (2) | (3) **🡪 Skip to N15** | (4) **🡪 Skip to N15** | N14a. Were you ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
| N15. I used force (like hitting, holding down, or using a weapon) to make my partner have sex with me. | (1) | (2) | (3) **🡪 Skip to N16** | (4) **🡪 Skip to N16** | N15a. Were you ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
| N15b. Was your partner ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
| N16. My partner used force (like hitting, holding down, or using a weapon) to make me have sex with him/her. | (1) | (2) | (3) **🡪 Skip to N17** | (4) **🡪 Skip to N17** | N16a. Were you ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
| N16b. Was your partner ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |

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|  | **ONCE IN THE PAST YEAR** | **MORE THAN ONCE IN THE PAST YEAR** | **NOT IN THE PAST YEAR, BUT IT DID HAPPEN BEFORE** | **THIS HAS NEVER HAPPENED** |  | **YES** | **NO** | **DO NOT READ THESE RESPONSES** | |
| **REFUSE TO ANSWER** | **DON’T KNOW** |
| N17. I insisted on sex when my partner did not want to or insisted on sex without a condom (but did not use physical force). | (1) | (2) | (3) **🡪 Skip to N18** | (4) **🡪 Skip to N18** | N17a. Were you ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
| N17b. Was your partner ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
| N18. My partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force). | (1) | (2) | (3) **🡪 Skip to N19** | (4) **🡪 Skip to N19** | N18a. Were you ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
| N18b. Was your partner ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |

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| N19. Were you ever under the influence of alcohol when this happened in the past year? | When you were a child, did you undergo any unwanted sexual experiences? By sexual experiences, I mean, inappropriate touching or unwanted sexual intercourse? |
|  |
|  | (1) Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99)DON’T KNOW |
| N20. | When you were a child, did you ever experience physical violence? By physical violence, I mean, were you ever hit, hit with an object, punched, kicked or beaten up in a way that resulted in injury, severe pain or other serious harm? |
|  |
|  | (1) Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99)DON’T KNOW |
| N21. Were you ever under the influence of alcohol when this happened in the past year? | When you were a child, did you ever see or hear your mother being hit by your father (or her husband or boyfriend)? |
|  | (1) Yes |
|  | (0) No |
|  | **DO NOT READ THESE RESPONSES** |
|  | (88) REFUSE TO ANSWER |
|  | (99)DON’T KNOW |

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| **Aggression Scale** | | | | | | | | | |
| **[INTERVIEWER: READ]** *Now I’d like to ask you a few questions about how often you have experienced certain behaviors in your community****.*** *Please mark how many times you did each of these things in the past year, and how many times someone in your community did each of these things in the past year. If you or someone in your community did not do one of these things in the past year, but it happened before that, mark a “3" for that question. If it never happened, mark a “4".* **[**INTERVIEWER: READ ALL RESPONSE OPTIONS ALOUD] | | | | | | | | | |
|  | **ONCE IN THE PAST YEAR** | **MORE THAN ONCE IN THE PAST YEAR** | **NOT IN THE PAST YEAR, BUT IT DID HAPPEN BEFORE** | **THIS HAS NEVER HAPPENED** |  | **YES** | **NO** | **DO NOT READ THESE RESPONSES** | |
| **REFUSE TO ANSWER** | **DON’T KNOW** |
| N22. I pushed, shoved, slapped, or kicked someone in my community. | (1) | (2) | (3) **🡪 Skip to N23** | (4) **🡪 Skip to N23** | N22a. Were you ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |
| N23. Someone pushed, shoved, slapped, or kicked me in my community. | (1) | (2) | (3) **🡪 Skip to N24** | (4) **🡪 Skip to N24** | N23a. Were you ever under the influence of alcohol when this happened in the past year? | (1) | (0) | (88) | (99) |

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| **Miscellaneous//Witness to Alcohol Use** | | | | | |
|  | **NEVER** | **LESS THAN ONCE A MONTH** | **1-4 TIMES PER MONTH** | **MORE THAN ONCE A WEEK** | **EVERY DAY** |
| N24. When you were a child, how often did the parents or adults you lived with drink alcohol, such as beer, wine, or liquor? | **(1)** | **(2)** | **(3)** | **(4)** | (5) |

**[INTERVIEWER: READ]** *Thank you for completing this interview. Your participation can make a difference in helping others.*

# SECTION O. INTERVIEWER FEEDBACK

**[INTERVIEWER]**: *The following information should be completed after the interview has been completed and after the participant has been introduced to the counselor. Please thoroughly review this questionnaire. If there are any problems or missing information, they must be corrected now. Do not let the participant leave the study site until the review is completed so that you can clarify any issues with them.*

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| O1. | In what condition was the participant during the interview? |  |
|  | (0) Alert, responsive |  |
|  | (1) High on drugs |  |
|  | (2) Drunk |  |
|  | (3) Too much in a hurry |  |
|  | (4) In withdrawal |  |
|  | (5) Other, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

O2. Interviewer rating: Please rate the overall reliability of the data collected from this interview?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Completely unreliable | Low-moderate reliability | Moderate  reliability | Moderate-high reliability | Very reliable |
| 1 | 2 | 3 | 4 | 5 |

O3. Comments on specific questions

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| --- | --- |
| Questions | Comments |
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