|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **C:\Projects\Kenya\PMTCT\Operations\Certificate\kenya-shield.jpgMINISTRY OF HEALTH**  **KENYA AIDS INDICATOR SURVEY II**  **INDIVIDUAL ADULT MALE QUESTIONNAIRE** | | | | | | | | |
| PROVINCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NASCOP REGION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DISTRICT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NASSEP V CLUSTER NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HOUSEHOLD NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LARGE CITY/SMALL CITY/TOWN/RURAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME OF HOUSEHOLD HEAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LINE NUMBER OF RESPONDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  |
| **INTERVIEWER VISITS** | | | | | | | | |
|  | | **1** | | **2** | | **3** | | **FINAL VISIT** |
| **DATE** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | DAY \_\_\_\_ \_\_\_\_ |
|  | |  | |  | |  | | MONTH \_\_\_\_ \_\_\_\_ |
| **INTERVIEWER NAME** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | YEAR **2012** |
|  | |  | |  | |  | | INT CODE \_\_\_\_ \_\_\_\_ |
| **RESULT** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | RESULT \_\_\_\_\_ |
| **NEXT VISIT**: DATE | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | TOTAL NUMBER  OF VISITS \_\_\_\_\_\_\_ |
| TIME | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| LANGUAGE OF QUESTIONNAIRE: **ENGLISH** | | | | | | | |  |
| LANGUAGE OF INTERVIEW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  |
| HOME LANGUAGE OF RESPONDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  |
| 01 EMBU | 04 KIKUYU | | 07 LUO | | 10 MIJIKENDA | | 13 ENGLISH |  |
| 02 KALENJIN | 05 KISII | | 08 MAASAI | | 11 SOMALI | | 14 OTHER |  |
| 03 KAMBA | 06 LUHYA | | 09 MERU | | 12 KISWAHILI | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **RESULTS CODES**:  (1) COMPLETED  (2) NOT AT HOME  (3) POSTPONED  (4) REFUSED  (5) PARTLY COMPLETED  (6) INCAPACITATED  (7) OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Version 5 (19 October 2011) | | | | | | | | |

###### Consent/Assent: Individual Questionnaire Consent/Assent

***[Interviewer: The statement should be read to all participants’ ages 15-64 years. In the case of participants ages 15-17 years; consent must be obtained from a parent/guardian or other adult responsible for the child/youth’s health and welfare (see below) before the child/youth is asked for his/her assent. Only if the parent or guardian agrees will assent be asked of the child/youth.***

***Throughout the process of obtaining consent, it is important that you are patient and allow the respondent to ask questions and to consider the decision. Never rush or otherwise pressure the respondent to give consent or assent. [Provide a copy of this consent script to all respondents]***

**For ages 15-17 years get parental consent (see below) first:**

**For ages 18-64 or emancipated minors read:**

Hello. My name is\_\_\_\_\_\_\_\_\_\_\_ and I am working with the Ministry of Health and Public Sanitation. We are conducting a survey with the National AIDS and STD Control Program and the National Public Health Laboratory of the Ministry of Health and Pubic Sanitation, the Kenya National Bureau of Statistics, the University of California San Francisco and the US Centers for Disease Control and Prevention. This research asks women and men about HIV/AIDS. Approximately 10,475 households with about 24,000 adults and 8,000 children will be participating in this national survey.

We would very much appreciate if you take part in this survey as your views are important. The information you give to us will help us to plan for health services. Some of these questions will be about your behaviour. The survey usually takes about 45 minutes. Whatever information you give will be kept private and will not be shown to anyone outside of the study team.

**Read to All:**

After completing the questionnaire we will ask you for some blood to be taken either from a vein in your arm or from a finger-prick or heel-prick, to test for HIV. **You may agree to the interview without agreeing to give your blood.**

Being in the study is your choice. Please take your time to make your decision about taking part. Before you make your decision, is important that you know the following:

* The study will only include people who choose to take part.
* Your participation in this study is up to you. No one can make you take part if you do not want to.
* You may decide not to answer the questions, or to stop the study at any time. If you do not take part or decide to stop, you will not lose your health care services.
* All of the information collected in this survey will be private and answers to these questions will not be shared with anyone.
* If you do agree to take part, if there are any questions you don’t want to answer, just let me know and I will go on to the next question; or you can stop at any time.

**Risks and Benefits**

If you take part of this survey, the risk to you is small. We ask you questions that may be uncomfortable to answer. You are free to not answer any questions that you feel are too uncomfortable. The information you give us very private but there is a very small chance that someone might tell information about you to someone outside the study. However, the benefits of taking part is that the information that you provide to us will be used to improve the health of Kenyans by helping us develop programs to fight HIV/AIDS and other disease in Kenya.

**Confidentiality**

What we talk about will be kept as private, even among your family. We will keep the records using numbers, not names. We will keep the records at Kenya National Bureau of Statistics (KNBS) and at the National AIDS and STD Control Program (NASCOP). Your name will not appear when we discuss this project. When the results of this study are discussed, we will focus on all answers from the big group so no one will know your answers**.**

This study is funded by the Government of Kenya, the United States Government, the United Nations, and other partners. There are no costs to you for taking part in this study.

At this time, do you want to ask me anything about the survey? If you have any questions at any time, we want you to ask us.

***[Interviewer: provide the following information to the participant:]***

If you feel that you have been harmed by your participation you should contact the deputy director of the survey (Dr. Davies Kimanga).

National AIDS and STD Control Program (NASCOP): Dr. Davies Kimanga

P O Box 19361-00200 Nairobi

Tel: 2729549

If you have any additional questions about the study you can contact the technical manager of the survey (Dr. Collins Opiyo).

Kenya National Bureau of Statistics (KNBS): Dr. Collins Opiyo

P O Box 30266-00100 Nairobi

Tel: 205544067, 317783/86

Email: dpss@knbs.or.ke

If you have any questions on what your rights are as a participant in this study you can contact the Secretary Ethical Review Committee at KEMRI.

Secretary of Ethical Review Committee:

Kenya Medical Research Institute (KEMRI)

P O Box 54840 – 00200 Nairobi

Tel: 020-2722541, 072222050901; 0733400003

Email: [erc@kemri.org](mailto:erc@kemri.org)

###### May I begin the interview now? \_\_\_\_\_\_ YES \_\_\_\_\_\_ NO

***[Interviewer: Indicate whether participant says “Yes” or “NO” to the above statement, write your names and sign/initial on the above line and record the date. Record decision on individual questionnaire for each eligible person age 10-64].***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Interviewer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature or Initial of Interviewer Date

**Parental/Guardian Consent (15-17 Years)**

***[Interviewer: The statement should be read to parents/guardians of youth ages 15-17. Consent must be obtained from a parent/guardian or other adult responsible for the youth's health and welfare before the child/youth is asked for consent (See above2). Only if the parent or guardian agrees will assent be asked of the child/youth.***

***Throughout the process of obtaining consent, it is important that you are patient and allow the respondent to ask questions and to consider the decision. Never rush or otherwise pressure the respondent to give consent or assent. [Provide a copy of this consent script to all parents of eligible youth ages 15-17]***

Hello. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_and I am working with the Ministry of Health and Public Sanitation. We are conducting a survey with the National AIDS and STD Control Program and the National Public Health Laboratory of the Ministry of Health, the Kenya National Bureau of Statistics, the University of California San Francisco and the US Centers for Disease Control and Prevention. This study asks women and men ages 15-64 and children ages 10-14 about HIV/AIDS. Approximately 10,475 households with about 24,000 adults and 118,000 children will be taking part in this survey.

We would very much appreciate your permission to have your childtake part in this survey. The information we are collecting will help us plan for health services. Some of the questions will be about personal sexual behaviour. The survey usually takes about 20 minutes for children 10-14 years and 45 minutes for youth 15-17 years. Whatever information your child provides will be kept private and will not be shown to anyone outside of the study team.

**For youth ages 15-17 years**, this research asks some questions about HIV-related issues and some of the questions will be about their personal sexual behaviour. These questions will be the same questions in the adult questionnaire.

Taking part in the survey is up to you. If you do not want (name of minor) to take part he/she does not have to. If we should come to any questions that (name of minor) does not want to answer he/she will let me know and I will go on to the next question; or she/he can stop at any time.

After completing the questionnaire we will ask you for some blood, taken either from a vein in your child’s arm or from a finger-prick or heel-prick, to test for HIV. **You may agree to the interview without agreeing to give blood.**

Allowing your child to be in the study is up to you. Please take your time to decide about taking part. Before you decide, is important that you know the following:

* The study will only include people who choose to take part.
* Taking part in the study is up to you. No one can make you take part if you do not want to.
* Your child may decide not to take part, or stop the study at any time. If your child does not take part or decides to stop, they will not lose their health care services.
* All of the information collected in this survey will be private and answers to these questions will not be shared with anyone.
* If you do agree to have your child take part, if there are any questions your child doesn’t want to answer, they just let me know and I will go on to the next question; or they can stop at any time.

**Risks and Benefits**

If your child takes part in this survey, the risk to your child is small. We may ask your child questions that may be uncomfortable to answer. They are free to not answer any questions that they feel are too uncomfortable to answer. The information your child gives us very private but there is a very small chance that someone might tell information about your child to someone outside the study. However, the benefits of taking part is that the information that you provide to us will be used to improve the health of Kenyans by helping us develop programs to fight HIV/AIDS and other disease in Kenya.

**Confidentiality**

What we talk about with your child will be kept private. We will not be able to tell you the answers your child gives us. We will keep the records at Kenya National Bureau of Statistics (KNBS) and at the National AIDS and STD Control Program (NASCOP). Your child’s name will not appear when we discuss this project. When the results of this study are discussed, we will focus on all answers from the big group so no one will know your child’s answers**.** This study is funded by the Government of Kenya, the United States Government, the United Nations, and other partners. There are no costs for you to participate in this study. At this time, do you want to ask me anything about the survey? If you have any questions at any time, we want you to tell us. At this time, do you want to ask me anything about the survey? If you have any questions at any time, we want you to ask us.

***[Interviewer: provide the following information to the participant:]***

If you feel that you or your child has been harmed their participation you should contact the deputy director of the survey (Dr. Davies Kimanga).

National AIDS and STD Control Program (NASCOP): Dr. Davies Kimanga

P O Box 19361-00200 Nairobi

Tel: 2729549

If you have any additional questions about the study you can contact the technical manager of the survey (Dr. Collins Opiyo).

Kenya National Bureau of Statistics (KNBS): Dr. Collins Opiyo

P O Box 30266-00100 Nairobi

Tel: 205544067, 317783/86

Email: dpss@knbs.or.ke

If you have any questions on what your rights are as a participant in this study you can contact the Secretary Ethical Review Committee at KEMRI.

Secretary of Ethical Review Committee:

Kenya Medical Research Institute (KEMRI)

P O Box 54840 – 00200 Nairobi

Tel: 020-2722541, 072222050901; 0733400003

Email: erc@kemri.org

###### Does (name of minor) have any hearing/mental disabilities that would hinder him/her from answering questions about themselves? \_\_\_\_\_\_ YES \_\_\_\_\_\_ NO

###### May I interview (name of minor)? \_\_\_\_\_\_ YES \_\_\_\_\_\_ NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Interviewer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature or Initial of Interviewer Date

***[Interviewer: Indicate whether participant says “Yes” or “NO” to the above statement, write your names and sign/initial on the above line and record the date].***

|  |  |  |  |
| --- | --- | --- | --- |
| **START TIME** | | | |
| START | RECORD THE START TIME | HOUR \_\_\_\_ \_\_\_\_  MINUTES \_\_\_\_ \_\_\_\_ |  |

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| --- | --- | --- | --- |
| **module 1: RESPONDENT BACKGROUND** | | | |
| 101 | When is your date of birth? | day \_\_\_ \_\_\_  Month \_\_\_ \_\_\_  Year \_\_\_ \_\_\_ \_\_\_ \_\_\_  Don’t know = 8888 |  |
| 102 | How old were you at your last birthday?    Compare and correct 101 and/or 102 if inconsistent | Age in completed years \_\_\_ \_\_\_  don’t know age = 8888 |  |
| 103 | Have you ever attended school? | Yes = 1  No = 2 | if no 🡪105 |
| 104 | What is the highest level of school you attended: primary, vocational, secondary or higher? | Nursery/kindergarten = 1  Primary = 2  Post-primary/vocational = 3  Secondary/’o’ level (form 1-4) = 4  Secondary/’A’ Level (form 5-6) = 5  College (middle level, including certificate or diploma) = 6  University = 7  post graduate = 8  don’t know = 88 |  |
| 105 | Aside from your own housework, have you done any work in the last seven days for which you received a paycheck, cash or goods as payment? | Yes = 1  No = 2 | if yes 🡪107 |
| 106 | Aside from your own housework, have you done any work in the last 12 months for which you received a paycheck, cash or goods as payment? | Yes = 1  No = 2 |  |
| 107 | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?  IF LESS THAN ONE YEAR, RECORD ‘00” YEARS | Years \_\_\_ \_\_\_  Always = 95  Visitor = 96 |  |
| 108 | In the last 12 months, on how many separate occasions have you traveled away from your current place of residence and slept away? | Number of trips \_ \_  None = 00 | if none 🡪110 |
| 109 | In the last 12 months, have you been away from your current place of residence for more than one month at a time? | Yes = 1  No = 2 |  |
| 110 | What is your religion? | Roman Catholic = 1  Protestant/other Christian = 2  Muslim = 3  No religion =4  Other = 96  (Specify) |  |
| 111 | What is your ethnic group/tribe? | Embu = 01  Kalenjin = 02  Kamba = 03  Kikuyu = 04  Kisii = 05  Luhya = 06  Luo = 07  Masai = 08  Meru = 09  Mijikenda = 10  Somali = 11  Taita/Taveta = 12  Swahili = 13  Other = 96  (Specify) |  |

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| **MODULE 2: REPRODUCTION** | | | |
| **Now I would like to ask about all of the children you have had during your lifetime. I am interested only in the children that are biologically yours, even if they are not legally yours or do not have your last name.** | | | |
| 201 | Have you fathered any children with any woman? | Yes = 1  No = 2 |  |
| **NOTE GAP: 201a-239 NOT asked for males** | | | |
| 240 | Is your wife or partner currently pregnant? | Yes = 1  No = 2  don’t know/Unsure = 8 |  |
| **NOTE GAP: 241-258 NOT asked for males** | | | |
| 259 | CHECK 240:  IF PARTNER NOT PREGNANT/NOT SURE:  Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?  IF PARTNER CURRENTLY PREGNANT:  Now I have some questions about the future. After the child you and your wife/partner are expecting now, would you like to have another child, or would prefer not to have any more children? | Have (a/ANOTHER) Child = 1  no more/none = 2  UNABLE TO CONCEIVE = 3  undecided/don’t know = 8 | if 1 or 8 🡪261  if no/more none  🡪262  iF UNABLE TO CONCEIVE 🡪 260 |
| 260 | You mentioned that you cannot have a child, can you tell me why? | I’M sterilized = 1  partner sterilized = 2  I’M infecund = 3  PARTNER INFECUND = 4  PARTNER menopausal/ hysterectomy = 5  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ = 96  (specify) | all  🡪301 |
| 261 | CHECK 240: READ QUESTION ACCORDING TO 240 RESPONSE  IF PARTNER NOT PREGNANT/NOT SURE:  How long would you like to wait from now before the birth of (a/another) child?  IF PARTNER CURRENTLY PREGNANT:  After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? | months \_\_\_ \_\_\_  Years \_\_\_ \_\_\_\_  soon/now =993  other =996  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  don’t know = 88 | IF PARTNER CURRENTLY PREGNANT  🡪301 |
| **check if partner currently pregnant (q240). if partner is pregnant, skip to 301** | | | |
| 262 | Are you (or your partner) **currently** doing something or using any method to delay or avoid getting pregnant? | Yes = 1  No = 2 | if no  🡪 264 |
| 263 | Which method are you (or your partner) using?  RECORD ALL MENTIONED. | Female sterilization = 1  Male sterilization = 2  Pill = 3  iud/”coil” = 4  Injections = 5  Implant = 6  Condom = 7  Female condom = 8  Rhythm/natural methods = 9  Withdrawal = 10  not having sex = 11  Other = 96  (specify) | ALL  🡪301 |
| 265 | Can you tell me why you (or your partner) are not currently using any method to delay or avoid your partner getting pregnant?  Anything else?  RECORD ALL MENTIONED | i/my partner/ we want to have a baby = 1  I’m not having sex = 2  i am not/my partner isnot able to have children = 3  my partner’s period hasn’t returned from her last pregnancy = 4  my partner is currently breastfeeding =5  i leave it to fate/god/god’s will = 6  i’m opposed= 7  my partner is oppossed = 8  i’m not aware of any method to use = 9  I HAVE CONCERNS ABOUT SIDE EFFECTS = 10  INCONVENIENT TO USE = 11  INTERFERES WITH BODY'S NORMAL PROCESSES = 12  OTHER = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SPECIFY)  DON'T KNOW = 88 |  |

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| --- | --- | --- | --- | --- |
| **Interviewer: This is administered to an eligible parent/guardian of children aged 18 MONTHS-14 yEArs after informed parental consent.**  **read: “I am going to ask you a number of questions about your child/children regarding their health and where they get their health services.”** | | | | |
| P1 | Let’s begin with your youngest child.  What is the child’s name? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| P1a | INTERVIEWER: Enter the line number of the child from the household listing. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| P2 | When is (**Name**)’s date of birth?  COMPUTE CURRENT AGE. Confirm (Name) is between 18 months – 14 years | day \_\_\_ \_\_\_\_  MONTH\_\_\_ \_\_\_\_  YEAR \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_ | |  |
| P3 | Is (**Name**) a boy or girl? | BOY = 1  GIRL = 2 | |  |
| P4 | Has **(Name)** ever received a blood transfusion? | YES = 1  NO = 2  DON’T KNOW = 8 | |  |
| **CHECK P3: IF (Name) IS GIRL THEN GO TO P9.** | | | | |
| P5 | Is (**Name)** circumcised? | YES = 1  NO = 2  DON’T KNOW = 8 | | IF YES  🡪P7  IF NO, DK 🡪P6 |
| P6 | Are you planning to circumcise (**NAME**) in the future? | YES = 1  NO = 2  DON’T KNOW = 8 | | GOTO P9 |
| P7 | Where was (**NAME**) circumcised? | In the village = 1  In a clinic or health facility = 2  mobile MC Clinic = 3  PRIVATE CLINIC = 4  Other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  don’t know = 8 | |  |
| P8 | Who performed the circumcision on (**Name**)? | Traditional practitioner/ circumciser = 1  HEALTH WORKER = 2  Other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Specify)  don’t know = 8 | |  |
| P9 | Has (**Name**) ever been tested for HIV? | YES = 1  NO = 2 | | IF NO  🡪 P1 FOR NEXT CHILD OR 301 |
| P9a | Did you receive the result of (**Name**)’s HIV test? | YES = 1  NO = 2 | | IF NO  🡪 P1 FOR NEXT CHILD OR 301 |
| P10 | Are you willing to disclose (**Name**)’s HIV test results? | YES = 1  NO = 2 | | IF NO  🡪 P1 FOR NEXT CHILD OR 301 |
| P11 | What was (**Name**)’s last HIV test result? | POSITIVE = 1  NEGATIVE = 2  INDETERMINATE = 3 | | IF 2, 3  🡪 P1 FOR NEXT CHILD OR 301 |
| P12 | When did you receive (**NAME**)’s first positive test result? | MONTH \_\_\_\_\_ \_\_\_\_\_  YEAR \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  DON’T KNOW / REMEMBER = 88 | |  |
| P13 | Has (**Name**) ever attended an HIV clinic? | YES = 1  NO = 2 | | IF NO 🡪 P15 |
| P14 | When did you first take (**NAME**) to an HIV clinic? | MONTH \_\_\_\_\_ \_\_\_\_\_  YEAR \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  DON’T KNOW / REMEMBER = 88 | | GO TO P16 |
| P15 | Can you tell me the main reason why (**NAME**) has not attended HIV clinic?  MAIN REASON ONLY | THE FACILITY TOO FAR AWAY = 1  I DON’T KNOW WHERE TO GET SERVICES FOR (**NAME**) = 2  I CAN NOT AFFORD IT = 3  i don’t think (**name**) needs it, he/she is not sick = 4  I FEAR PEOPLE WILL KNOW THAT (**NAME**) HAS HIV IF I TAKE HIM/HER TO A CLINIC = 5  OTHER = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SPECIFY) | |  |
| P16 | Is (**Name**) currently taking Septrin or cotrimoxazole? | YES = 1  NO = 2 | | IF YES  🡪 P18 |
| P17 | Can you tell me the main reason why (**Name**) is not currently taking Septrin or Cotrimoxazole daily?  MAIN REASON ONLY | I have trouble giving (**name**) a tablet everyday = 1  (**Name**) had side effects/rash = 2  THE facility/pharmacy too far AWAY for me to get the SEPTRIN OR COTROMOXIAZOLE regularly = 3  I CAN NOT AFFORD IT = 4  i don’t think (**name**) needs it, he/she is not sick = 5  i tried to get sEPTRIN OR COTRIMOXAZOLE for (**name**) but the pharmacy/ facility was out of stock = 6  i fear people will known that (**Name**) has HIV if SEPTRIN OR COTRIMOXAZOLE IS GIVEN = 7  too busy / no time to give = 8  My doctor has not recommended it = 9  other =96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  I DON’T KNOW = 88 | | GOTO P19 |
| P18 | From where did you get the Septrin or Cotrimoxazole that (**Name**) is currently taking  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. | **Public Sector**  Government hospital = 11  Govt. health centre/clinic = 12  Govt. dispensary = 13  Other public = 14  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  **non-public sector**  Mission/church hosp./clnc = 21  Private hosp/clinic = 22  Other private medical = 23  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  I don’t know = 88 | |  |
| P19 | Has (**Name**) ever taken ARVs, that is, antiretroviral medication, to treat his/her HIV infection? | YES = 1  NO=2  Don’t know = 8 | | IF NO, DK 🡪P21 |
| P20 | Is (**Name**) currently taking ARVs, that is, antiretroviral medications daily? | YES = 1  NO=2  Don’t know = 8 | | IF YES 🡪 P22  IF DK 🡪P23 |
| P21 | Can you tell me the main reason why (**Name**) is not taking ARVs daily?  MAIN REASON ONLY | I have trouble giving arvs everyday to (**name**) /can’t remeber = 1  (**NAME**) had side effects/ made (**NAME**) sick = 2  THE FACILITY/PHARMACY TOO FAR AWAY for me to get arvs regularly = 3  I CAN NOT AFFORD IT/the arvs are too expensive = 4  i don’t think (**name**) needs it, he/she is not sick = 5  i don’t think (**NAME**) needs it,he/she is not sick = 5  i tried to get arvs for (**NAME**) but the pharmacy/ facility was out of stock = 6  i fear people will know that (**NAME**) has HIV if arvs are given = 7  too busy/no time to give = 8  my doctor hasN’t recommended ARVs = 9  other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  I don’t know = 88 | | GOTO P23 |
| P22 | From where did you get the ARVs (**Name**) is currently taking?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. | **Public Sector**  Government hospital = 11  Govt. health centre/clinic = 12  Govt. dispensary = 13  Other public = 16  (specify)  **non-public sector**  Mission/church hosp./clnc = 21  Private hosp/clinc = 23  Other private medical = 26    Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = 96  (specify) | |  |
| P23 | Has (**NAME**) been told that he/she is infected with HIV? | YES = 1  NO = 2  REFUSED/ DON’T KNOW = 8 | |  |
| **INTERVIEWER: IF PARENT/GUARDIAN HAS ANOTHER CHILD BETWEEN 18 MONTHS – 14 YEARS BESIDES (NAME), GO TO TOP, P1, AND ASK ABOUT NEXT YOUNGEST CHILD. IF NO OTHER CHILDREN, THEN CONTINUE TO Q301.** | | | | |
| **MODULE 3: marriage** | | | | |
| 301 | Are you currently married or living together as if married? | Yes, i’m currently married = 1  Yes, i’m living with a partner = 2  No, i’m not married or living with a partner = 3 | | if yes 🡪304 |
| 302 | Have you ever been married or lived with a partner as if married? | yes = 1  no =2 | | IF NO  🡪401 |
| 303 | What is your marital status now: are you single, widowed, divorced, or separated? | single = 1  Widowed = 2  Divorced = 3  Separated = 4 | | all goto to 401 |
| 304 | Is your wife/partner living with you now or is she staying elsewhere? | Living together = 1  Staying elsewhere = 2 | |  |
| 305 | Do you have more than one wife or woman you live with as if married? | Yes = 1  No = 2  Don’t know = 8 | | if no/DK 🡪 307 |
| 306 | Altogether, how many wives do you have or other partners’ do you live with as if married? | Number of wives or live-in partners \_\_\_\_ \_\_\_\_\_  Don’t know = 88 | |  |
| 307 | CHECK 306:  IF ONE WIFE/PARTNER:  Please tell me the name of your wife or the woman you are living with as if married  IF MORE THAN ONE WIFE/PARTNER:  Please tell me the name of each of your current wives and/or of each woman you are living with as if married.  RECORD THE LINE NUMBER(S) FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH SPOUSE AND LIVE-IN PARTNER. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.  ASK 308 FOR EACH PERSON. | Line Number from household sCHEDULE | 308  How old is your (1st, 2nd, 3rd) wife/ partner on her last birthday? |  |
| **Question 309 not asked to Males** | | | | |
| 310 | Have you ever been widowed before? That is, your spouse passed away while you were still married/living with them? | yes =1  no =2 | |  |

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| **MODULE 4: SEXUAL activity** | | | |
| **Now I would like to ask you some questions about your sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. Can we begin?** | | | |
| 401 | Have you ever had sexual intercourse? | Yes = 1  no, i’ve Never had sexual intercourse = 2 | IF YES  🡪403 |
| 402 | Do you intend to wait until you get married to have sex for the first time? | Yes = 1  No = 2  Don’t know/Unsure = 8 | all  🡪501 |
| 403 | How old were you when you had sexual intercourse for the very first time? | Age in years \_\_\_ \_\_\_ |  |
| 404 | Have you ever used a condom? | Yes = 1  No = 2 | if no  🡪406 |
| 405 | The first time you had sexual intercourse, was a condom used? | Yes = 1  No = 2  Don’t know/ don’t remember = 8 |  |
| 406 | Was the person you first had sexual intercourse with older than you, younger than you, or about the same age as you? | Older = 1  Younger = 2  About the same age = 3  Don’t know/don’t remember = 8 | IF 2  🡪408  IF 3 OR 8 🡪409 |
| 407 | Would you say the person you first had sexual intercourse with was ten or more years older than you or less than ten years older than you? | Ten or more years older = 1  Less than ten years older = 2  Older, unsure how much = 3 | all  goto 409 |
| 408 | Would you say the person you first had sexual intercourse with was ten or more years younger than you or less than ten years younger than you? | Ten or more years younger = 1  Less than ten years younger = 2  younger, unsure how much = 3 |  |
| 409 | Have you heard of anal sex? | YES = 1  NO = 2 | if no  🡪413 |
| 410 | Have you ever had anal sex? | YES = 1  NO = 2 | IF NO  🡪 413 |
| 411 | Have you had anal sex in the last 12 months? | YES = 1  NO = 2 |  |
| 412 | Did you or your partner use a condom the last time you had anal sex? | YES = 1  NO = 2 |  |
| **INTERVIEWER: Check age. if over 30 years, go to Q417** | | | |
| 413 | Have you heard of oral sex? | YES = 1  NO = 2 | if no  🡪417 |
| 414 | Have you ever had oral sex? | YES = 1  NO = 2 | if no  🡪417 |
| 415 | Have you had oral sex in the last 12 months? | YES = 1  NO = 2 |  |
| 416 | Did you or your partner use a condom the last time you had oral sex? | YES = 1  NO = 2 |  |
| 417 | Have you heard of men having sex with men? | YES = 1  no = 2 | if no  🡪419 |
| 418 | Have you ever had sex with a man? | YES = 1  no = 2 |  |
| 419 | In total, with how many different people have you had sexual intercourse in your lifetime?  IF A NON-NUMERIC ANSWER IS OFFERED, PROBE TO GET AN ESTIMATE. | Number of partners in lifetime \_\_\_ \_\_\_  Don’t know = 888 | if 00 partners  🡪 501 |
| 420 | In total, with how many different people have you had sexual intercourse in the last 12 months?  IF A NON-NUMERIC ANSWER IS OFFERED, PROBE TO GET AN ESTIMATE. | Number of partners in last 12 months \_\_\_ \_\_\_  Don’t know = 888 | if 00 partners in last 12 months  🡪 501 |

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| **Now I would like to ask you some questions about the \_\_ \_\_(Q420) partners you have had sexual intercourse with in the last 12 months.**  **IF Q420 GREATER THAN 3 THAN SAY:**  **Now I would like to ask you some questions about the LAST 3 partners you have had sex with in the last 12 months.**  **Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.** | | | | |
| I would like to ask you for initials of your last partners so I can keep track. You don’t have to give me exact initials. | | initials  \_\_\_\_\_ \_\_\_\_\_\_ | initials  \_\_\_\_\_ \_\_\_\_\_\_ | initials  \_\_\_\_\_ \_\_\_\_\_\_ |
| **check q418: if yes to sex with a man, ask q421. if no goto 422** | | | | |
| 421 | Is (**initials**) a man or a woman? | Male = 1  Female = 2  Refused = 8 | Male = 1  Female = 2  Refused = 8 | Male = 1  Female = 2  Refused = 8 |
| 422 | When was the last time you had sexual intercourse with (**initials**)? | Days = 1 \_ \_  Weeks = 2 \_ \_  Months = 3 \_ \_ | Days = 1 \_ \_  Weeks = 2 \_ \_  Months = 3 \_ \_ | Days = 1 \_ \_  Weeks = 2 \_ \_  Months = 3 \_ \_ |
| 423 | When was the first time you had sexual intercourse with (initials)? | Days = 1 \_ \_  Weeks = 2 \_ \_  Months = 3 \_ \_  years = 4 \_ \_ | Days = 1 \_ \_  Weeks = 2 \_ \_  Months = 3 \_ \_  years = 4 \_ \_ | Days = 1 \_ \_  Weeks = 2 \_ \_  Months = 3 \_ \_  years = 4 \_ \_ |
| 424 | Is (**initials**) older than you, younger than you, or about the same age? | Older = 1  Younger = 2  Same age = 3  Don’t know = 8  IF 3 OR 8 🡪427  if 2 🡪 426 | Older = 1  Younger = 2  Same age = 3  Don’t know = 8  IF 3 OR 8 🡪427  if 2 🡪 426 | Older = 1  Younger = 2  Same age = 3  Don’t know = 8  IF 3 OR 8 🡪427  if 2 🡪 426 |
| 425 | Would you say (**initials**) is ten or more years older than you, or less than ten years older than you? | ten or more years older = 1  Less than ten years older = 2  Older, unsure how much = 3  ALL 🡪 427 | ten or more years older = 1  Less than ten years older = 2  Older, unsure how much = 3  ALL 🡪 427 | ten or more years older = 1  Less than ten years older = 2  Older, unsure how much = 3  ALL 🡪 427 |
| 426 | Would you say (**initials**) is ten or more years younger than you, or less than ten years younger than you? | ten or more years younger = 1  Less than ten years younger = 2  younger, unsure how much = 3 | ten or more years younger = 1  Less than ten years younger = 2  younger, unsure how much = 3 | ten or more years younger = 1  Less than ten years younger = 2  younger, unsure how much = 3 |
| **CHECK Q410: IF ANAL SEX IS CHECKED ASK Q427, ELSE GO TO Q431** | | | | |
| 427 | Have you had anal sex with (**initials**)? | yes = 1  no = 2  if 1 🡪 428  if 2 🡪 431 | yes = 1  no = 2  if 1 🡪 428  if 2 🡪 431 | yes = 1  no = 2  if 1 🡪 428  if 2 🡪 431 |
| 428 | During anal sex with (**initials**), did you have insertive or receptive anal sex or both? | insertive=1  receptive=2  both=3 | insertive=1  receptive=2  both=3 | insertive=1  receptive=2  both=3 |
| 429 | The last time you had anal sex with (**initials**) was a condom used? | yes = 1  no = 2  IF no 🡪 431 | yes = 1  no = 2  IF no 🡪 431 | yes = 1  no = 2  IF no 🡪 431 |
| 430 | In the last 12-months, was a condom used every time you had anal sex with (**INITIALS**)? | yes = 1  no = 2 | yes = 1  no = 2 | yes = 1  no = 2 |
| **CHECK Q421: IF GENDER OF PARTNER IS FEMALE, THEN ASK Q431. IF PARTNER IS MALE, SKIP TO 433** | | | | |
| 431 | The last time you had sexual intercourse with (**initials**) was a condom used? | yes = 1  no = 2  if no 🡪 433 | yes = 1  no = 2  if no 🡪 433 | yes = 1  no = 2  if no 🡪 433 |
| 432 | In the last 12-months, was a condom used every time you had sexual intercourse with (**INITIALS**)? | yes = 1  no = 2 | yes = 1  no = 2 | yes = 1  no = 2 |
| 433 | What was your relationship with (**INTIALS**)?  IF GIRLFRIEND / BOYFRIEND:  Were you living together as if married?  IF YES, CIRCLE ‘2’  IF NO, CIRCLE ‘3’  IF WIFE OR LIVE-IN PARTNER, RECORD LINE NUMBER FROM HOUSEHOLD LISTING. IF NOT IN HOUSEHOLD LISTING THEN RECORD ‘00’. | wifE = 1 **line no. \_\_\_ \_\_\_**  live-in partner = 2 **line no. \_\_\_ \_\_\_**  PARTNER, not living with respondent = 3  Casual acquaintance = 4  sex worker = 5  sex worker client = 6  Other = 8  (Specify) | wifE = 1 **line no. \_\_\_ \_\_\_**  live-in partner = 2 **line no. \_\_\_ \_\_\_**  PARTNER, not living with respondent = 3  Casual acquaintance = 4  sex worker = 5  sex worker client = 6  Other = 8  (Specify) | wifE = 1 **line no. \_\_\_ \_\_\_**  live-in partner = 2 **line no. \_\_\_ \_\_\_**  PARTNER, not living with respondent = 3  Casual acquaintance = 4  sex worker = 5  sex worker client = 6  Other = 8  (Specify) |
| 434 | Is your relationship with (**INITIALS**) an ongoing sexual relationship? | Yes, ongoing =1  No, it is over =2  Don’t know = 8 | Yes, ongoing =1  No, it is over =2  Don’t know = 8 | Yes, ongoing =1  No, it is over =2  Don’t know = 8 |
| 435 | Have you ever taken an HIV test with (**INITIALS**) where you both received the test results together? | yes = 1  no = 2  IF YES 🡪 438 | yes = 1  no = 2  IF YES 🡪 438 | yes = 1  no = 2  IF YES 🡪 438 |
| 436 | Why haven’t you tested for HIV with (**INITIALS**) as a couple? | WE’VE NEVER DISCUSSED IT=1  WE’VE DISCUSSED BUT DECIDED NOT TO=2  I ASKED BUT MY PARTNER REFUSED=3  MY PARTNER ASKED BUT I REFUSED=4  WE KNOW OUR STATUS ALREADY = 5  I’VE NEVER HEARD OF COUPLE’S COUNSELING = 6  I DON’T KNOW WHERE TO GET COUPLE’S COUNSELING = 7  OTHER=8  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SPECIFY) | WE’VE NEVER DISCUSSED IT=1  WE’VE DISCUSSED BUT DECIDED NOT TO=2  I ASKED BUT MY PARTNER REFUSED=3  MY PARTNER ASKED BUT I REFUSED=4  WE KNOW OUR STATUS ALREADY = 5  I’VE NEVER HEARD OF COUPLE’S COUNSELING = 6  I DON’T KNOW WHERE TO GET COUPLE’S COUNSELING = 7  OTHER=8  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SPECIFY) | WE’VE NEVER DISCUSSED IT=1  WE’VE DISCUSSED BUT DECIDED NOT TO=2  I ASKED BUT MY PARTNER REFUSED=3  MY PARTNER ASKED BUT I REFUSED=4  WE KNOW OUR STATUS ALREADY = 5  I’VE NEVER HEARD OF COUPLE’S COUNSELING = 6  I DON’T KNOW WHERE TO GET COUPLE’S COUNSELING = 7  OTHER=8  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SPECIFY) |
| 437 | Do you know if (**INITIALS**) was tested for HIV? | yes = 1  no = 2  if no 🡪 441 | yes = 1  no = 2  if no 🡪 441 | yes = 1  no = 2  if no 🡪 441 |
| 438 | Do you know the HIV status of (**INITIALS**)? | yes = 1  no = 2  if no 🡪 441 | yes = 1  no = 2  if no 🡪 441 | yes = 1  no = 2  if no 🡪 441 |
| 439 | Are you willing to share the HIV status of (**INITIALS**)? | yes = 1  no = 2  if no 🡪 441 | yes = 1  no = 2  if no 🡪 441 | yes = 1  no = 2  if no 🡪 441 |
| 440 | What is the HIV status of (**INITIALS**)? | POSITIVE = 1  NEGATIVE = 2  INDETERMINATE = 3 | POSITIVE = 1  NEGATIVE = 2  INDETERMINATE = 3 | POSITIVE = 1  NEGATIVE = 2  INDETERMINATE = 3 |
| `  441 | The last time you had sexual intercourse with (**INITIALS**) were you or (**INITIALS**) drunk at the time? | Respondent only = 1  Partner only = 2  Respondent and partner both = 3  Neither = 4 | Respondent only = 1  Partner only = 2  Respondent and partner both = 3  Neither = 4 | Respondent only = 1  Partner only = 2  Respondent and partner both = 3  Neither = 4 |
| 442 | The last time you had sexual intercourse with (**INITIALS**), did you or your partner use any mind altering substances, e.g. Bhang, miraa, kuber, valium, etc? | Respondent only = 1  Partner only = 2  Respondent and partner both = 3  Neither = 4 | Respondent only = 1  Partner only = 2  Respondent and partner both = 3  Neither = 4 | Respondent only = 1  Partner only = 2  Respondent and partner both = 3  Neither = 4 |
| **READ: THANK-YOU FOR THE INFORMATION WITH (INITIALS).**  **CHECK IF RESPONDENT HAS ANOTHER PARTNER. IF YES GO BACK TO 412.**  **IF NOT OTHER PARTNER OR AR PARTNER 3 THEN STOP AND CONTINUE TO 443** | | | | |

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| **read: now I would like to talk with you about your sexual activity in general** | | | |
| 443 | Have you ever received money, gifts, or favors in exchange for sex? | Yes = 1  No = 2 | IF NO 🡪446 |
| **CHECK 420: IF NUMBER PARTNERS IN LAST 12-MONTHS IS 0, THEN SKIP TO 446.** | | | |
| 444 | In the last 12-months, have you received money, gifts, or favors in exchange for sex? | Yes = 1  No = 2 | IF NO 🡪446 |
| 445 | The last time you received money, gifts, or favors in exchange for sex, was a condom used? | Yes = 1  No = 2 |  |
| 446 | Have you ever given money, gifts, or favors in exchange for sex? | Yes = 1  No = 2 | IF NO 🡪449 |
| **CHECK 411: IF NUMBERof PARTNERS IN LAST 12-MONTHS IS 0 THEN SKIP TO 455** | | | |
| 447 | In the last 12-months, have you given money, gifts, or favors in exchange for sex? | Yes = 1  No = 2 |  |
| 448 | The last time you gave money, gifts, or favors in exchange for sex, was a condom used? | Yes = 1  No = 2 | IF NO 🡪449 |
| **CHECK 404: IF CONDOM NEVER USED, THEN SKIP TO 455.**  **check 420: if number of partners in last 12-months is 0, then skip to 455**  **check 422: if last sex was less than 3 months ago, skip to 450** | | | |
| 449 | Have you had sexual intercourse in the **last 3 months**? | Yes = 1  No = 2 | if no, 🡪455 |
| 450 | In the **last 3 months**, did you or your partner(s) ever use a condom? | Yes = 1  No = 2 | if no 🡪455 |
| 451 | In the **last 3 months** when you had sexual intercourse, did you or your partner ever put the condom on after you had already started having sex? | Yes = 1  No = 2  Don’t know = 8 |  |
| 452 | In the **last 3 months** when you had sexual intercourse, did you or your partner ever take the condom off before you were finished having sex? | Yes = 1  No = 2  Don’t know = 8 |  |
| 453 | In the **last 3 months** when you had sexual intercourse, did the condom ever break /leak during sex or while pulling out? | Yes = 1  No = 2  Don’t know = 8 |  |
| 454 | In the **last 3 months** when you had sexual intercourse, did the condom ever slip off during sex or while pulling out? | Yes = 1  No = 2  Don’t know = 8 |  |
| 455 | During the last 12 months, have you had an abnormal discharge from your penis? | Yes = 1  No = 2  Don’t know = 8 |  |
| 456 | During the last 12 months, have you had an ulcer or sore on or near your penis? | Yes = 1  No = 2  Don’t know = 8 | if EITHER 455 or 456 IS YES  🡪457  else  🡪501 |
| 457 | Did you visit a health facility or see a healthcare provider because of these problems? | Yes = 1  No = 2 | if no 🡪501 |
| 458 | Did the healthcare provider tell you that you a sexually transmitted infection? | yes = 1  no = 2 |  |
| 459 | Did you get treatment for this sexually transmitted infection? | YES = 1  NO = 2 |  |
| 460 | Where did you go to seek treatment?  PROBE TO IDENTITY THE LOCATION | **Public Sector**  Government hospital = 11  Govt. health centre/clinic = 12  Govt. dispensary = 13  Other public sector = 14  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  **non-public sector**  Mission/church hosp./clinc = 21  Private hosp/clinic = 22  Other NON-PUBLIC sector = 23  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  Other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  I don’t know = 88 |  |

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| **Module 5: hiv/aids knowledge and attitudes** | | | | | |
| 501 | Now I would like to talk about something else. Have you ever heard of an infection called HIV, the virus that causes AIDS? | Yes = 1  No = 2 | | | IF NO 🡪601 |
| 502 | If a man has HIV, does his sexual partner always have the HIV, almost always, or only sometimes? | Always = 1  Almost always =2  Only sometimes = 3  Don’t know = 8 | | |  |
| 503 | If a woman has HIV, does her sexual partner always have HIV, almost always, or only sometimes? | Always = 1  Almost always = 2  Only sometimes = 3  Don’t know = 8 | | |  |
| 504 | Is it possible for a healthy-looking person to have HIV? | Yes = 1  No = 2  Don’t know = 8 | | |  |
| 505 | Do you think that your chances of getting HIV are zero, small, moderate or great? | NO RISK AT ALL = 1  SMALL = 2  MODERATE = 3  GREAT = 4  I ALREADY HAVE HIV = 5  DON'T KNOW=8 | | | IF 3, 4  🡪507  IF 5 OR 8 🡪508 |
| 506 | Why do you think you have no risk/a small chance of getting HIV?  PROBE: Any other reasons?  RECORD ALL MENTIONED | I’M NOT HAVING SEX …………………...A  I USE CONDOMS………………………... B  I HAD ONLY ONE SEX PARTNER……..C  I HAVE FEW SEX PARTNERS………….D  my PARTNER HAS NO OTHER SEX PARTNERs……………………………...E  OTHER……………………………………..X  SPECIFY | | |  |
| 507 | Why do you think you have a moderate orgreat risk of getting HIV?  PROBE: Any other reasons?  RECORD ALL MENTIONED | I DON’T USE CONDOMS………..…...… A  I HAVE MORE THAN ONE SEX PARTNER…………………………...…. B  MY PARTNER HAS OTHER SEX PARTNERS…………………………..…C  I’VE HAD HOMOSEXUAL CONTACTS…………………………..…D  I’VE HAD BLOOD TRANSFUSIONS/ INJECTIONS…………………………… E  MY PARTNER IS HIV POSITIVE….…….F  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_......................X  (SPECIFY) | | |  |
| 508 | Can HIV be transmitted from a mother to her baby:  During pregnancy?  During delivery?  By breastfeeding? | yes  1  1  1 | no  2  2  2 | don’t know  8  8  8 |  |
| **CHECK 508: IF AT LEAST ONE RECORDED AS “YES” THEN GOTO 509**  **if all “no” or “don’t know” then skip GOTO 510** | | | | | |
| 509 | Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby? | Yes = 1  No = 2  Don’t know = 8 | | |  |
| 510 | Have you heard of antiretroviral drugs or ARVs that people with HIV can take to help them live longer? | Yes = 1  No = 2  Don’t know = 8 | | |  |
| 511 | Should children age 12-14 be taught about using a condom to avoid HIV? | Agree = 1  Disagree = 2  Don’t know/no opinion = 8 | | |  |
| 512 | Should children age 12-14 be taught to wait until they get married to have sexual intercourse in order to avoid HIV? | Yes= 1  No = 2  Don’t know/no opinion = 8 | | |  |
| 513 | Do you know of a place where a person can get a man’s condom? | Yes = 1  No = 2 | | | IF NO 🡪515 |
| 514 | In the last 12-months, have you ever run short of condoms because they were not available at the place where you normally get them? | Yes= 1  No = 2  never used condoms = 3  DK/not sure = 8 | | |  |
| 515 | Scientists are now studying a medication that, if put into a woman’s vagina before they have sex, can reduce her chances of getting HIV infection.  If such a medication was available, would you want your partner to use it? | Yes= 1  No = 2  UNSURE= 3 | | |  |
| 516 | Scientists are now studying a medication where, if taken orally every day, can reduce a person’s chances of getting HIV infection. If such a medication was available in Kenya, would you want to take it?IVF | Yes= 1  No = 2  UNSURE= 3 | | |  |
| 517 | An HIV self-test kit is a method where people can test for HIV in private or at home. If such a kit was available in Kenya, would you be willing to use it to test yourself? | Yes= 1  No = 2  Unsure = 3 | | | IF NO  🡪601 |
| 518 | If it were possible for you to buy this self-test kit in a pharmacy or shop, would you be willing to pay Ksh 200 to purchase this kit? | YES = 1  NO = 2  DON”T KNOW= 8 | | |  |

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| **module 6: hiv/aids testing** | | | |
| 601 | Do you know of a place (s) where people can get tested for HIV? | YES = 1  NO=2 | if no  🡪603 |
| 602 | Where is that place?  PROBE: Any other place?  RECORD ALL MENTIONED | VCT facility …………………………….A  Mobile VCT ………………………………b  at home …………………………………. c  health clinic/facility ………………d  hospital outpatient clinics ……. e  TB clinic ………………………………… f  STI clinic ………………………………... g  hospital Inpatient wards ………...h  Blood donation center …………... i  Family planning clinic ………………j  Other………………………………………k  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SPECIFY) |  |
| 603 | Have you ever been **tested** for HIV? | Yes = 1  No = 2 | if yes 🡪605 |
| 604 | Why have you never been tested for HIV?  PROBE: Any other reason?  RECORD ALL MENTIONED. | NO KNOWLEDGE ABOUT HIV TEST…….. A  DON'T KNOW WHERE TO GET ONE……..B  TEST COSTS TOO MUCH………………… C  TRANSPORT TO SITE TOO MUCH………D  Vct/htc SITE TOO FAR AWAY…………..F  AFRAID OTHERS WILL KNOW ABOUT TEST/TEST RESULTS………………… G  DON'T NEED to TEST/LOW RISK………. I  afraid to know if i have hiv……….. J  CAN'T GET TREATMENT IF HAVE hiv…. K  never been OFFERER a test…………l  OTHER……………………………………… m  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SPECIFY) | GOTO 🡪609 |
| 605 | How many total times have you been tested for HIV during your lifetime? | NUMBER OF TIMES TESTED FOR HIV \_\_\_\_  Don’t know = 88 |  |
| 606 | When was your last HIV test? | less than 3 months ago = 1  3-5 months ago = 2  6-11 months ago = 3  1-2 years ago = 4  more than 2 years ago = 5  don’t know = 8 |  |
| 607 | Where was the last test done? | VCT facility = 1  Mobile VCT = 2  at home = 3  health clinic/facility = 4  hospital outpatient clinics = 5  TB clinic = 6  STI clinic = 7  hospital Inpatient wards = 8  Blood donation center = 9  Family planning clinic = 10  Other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SPECIFY) |  |
| 608 | Have you visited a health facility to see a doctor or health provider in the last 12-months? | yes =1  no = 2 | IF NO 🡪701 |
| 609 | During any of your visits at a health facility in the past 12-months, did a health provider offer you an HIV test? | yes =1  no = 2  DON’T KNOW = 88 | IF NO, DK 🡪 612 |
| 610 | In what type of health facility were you offered HIV testing? | government/public = 1  private = 2  mission based = 3  community-based = 4  DON’T KNOW = 88  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = 96  (specify) |  |
| **CHECK 603: IF NEVER TESTED THEN GOTO TO 701** | | | |
| 611 | Did you accept HIV testing during any of your visits to the health facility? | yes =1  no = 2 |  |
| 612 | Have you ever tested yourself for HIV in private using a self test kit? | YES = 1  no = 2 |  |
| 613 | Have you ever taken an HIV test with any of your previous sex partners where you both received the test results together? | yes = 1  no = 2 |  |

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| **MODULE 7: hiv status, care and treatment** | | | |
| **CHECK 435, 603, 612 613, and 614: if ANY ARE RECORDED AS yes, move to 701**  **if NO to all QUESTIONS skip to 801** | | | |
| 701 | You indicated earlier that you were previously tested for HIV. Did you receive the results of any of your tests? | Yes = 1  No = 2 | IF NO  🡪801 |
| 702 | Are you willing to tell me the last HIV test result you received? | Yes = 1  No = 2 | IF NO  🡪801 |
| 703 | What was the result of that HIV test? | POSITIVE = 1  NEGATIVE = 2  INDETERMINATE = 3 | IF 2, 3, 4 🡪801 |
| 704 | What was the month and year of your first positive test result? | month \_\_\_\_ \_\_\_\_  don’t remember month= 88  year \_\_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  don’t remember year=8888 |  |
| 705 | Have you ever attended any clinic or health care facility for your HIV care? | yes = 1  no = 2 | IF NO  🡪707 |
| 706 | After learning your HIV diagnosis, what month and year did you first attend/visit a HIV clinic to receive care? | month \_\_\_\_ \_\_\_\_  don’t remember month= 88  year \_\_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  don’t remember year=8888 | goto 708 |
| 707 | What is the main reason that you have not visited a HIV clinic for care? | THE facility is too far AWAY = 1  i don’t know where the clinic is = 2  I CAN’t AFFORD IT = 3  I feel healthy/not sick = 4  i fear people will know that i have HIV if I go to a clinic = 5  I FEEL I WILL BE DISCRIMINATED BY THE FACILITY = 6  I’M TAKING ALTERNATIVE MEDICINE NOT AVAILABLE at A CLINIC = 7  i’m too busy to go = 8  other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  specify  don’t know = 88 | goto 801 |
| 708 | When was the last time you attended the HIV clinic? | within the last month = 1  within the last 2 months = 2  within the last 3 months = 3  within the last 6 months = 4  more than 6 months but less than a year ago = 5  more than a year ago = 6  don’t know = 8 | if 1,2,3 🡪710  else  🡪709 |
| 709 | What is the main reason for not going to the HIV clinic in the past 3-months? | THE facility is too far AWAY = 1  i don’t know where the clinic is = 2  I CAN’t AFFORD IT = 3  I feel healthy/not sick = 4  i fear people will know that i have HIV if I go to a clinic = 5  I FEEL I WILL BE DISCRIMINATED BY THE FACILITY = 6  I’M TAKING ALTERNATIVE MEDICINE NOT AVAILABLE at A CLINIC = 7  i’m too busy to go = 8  other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  specify  don’t know = 88 |  |
| 710 | Are you currently taking Septrin or Cotrimoxazole daily? | YES = 1  NO=2  Don’t know = 8 | IF YES 🡪 712  IF DK 🡪713 |
| 711 | Can you tell me the main reason why you are not currently taking Septrin or Cotrimoxazole daily? | I have trouble taking a tablet everyday/can’t remember = 1  i had side effects/rash = 2  THE facility/pharmacy too far AWAY for me to get medicine regularly = 3  I CAN NOT AFFORD IT = 4  i don’t think i need it, i don’t feel sick = 5  i tried but the pharmacy/ facility was out of stock = 6  i fear people will known that i have HIV if I take it = 7  too busy/no time to pick up medicine = 8  other = 96  (specify)  Don’t know = 88 | goto 713 |
| 712 | From where did you get the Septrin (Cotrimoxazole) you are currently taking?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. | **Public Sector**  Government hospital = 11  Govt. health centre/clinic = 12  Govt. dispensary = 13  Other public sector = 14  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  **non-public sector**  Mission/church hosp./clinc = 21  Private hosp/clinic = 22  Other NON-PUBLIC sector = 23  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  Other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  I don’t know = 88 |  |
| 713 | Have you ever taken ARVs, that is, antiretroviral medication, to treat your HIV infection? | YES = 1  NO=2  Don’t know = 8 | if no 🡪715 |
| 714 | Are you currently taking ARVs, that is, antiretroviral medications daily? | YES = 1  NO=2  Don’t know = 8 | IF YES  🡪 716  IF DK 🡪718 |
| 715 | Can you tell me the main reason why you are not taking ARVs daily? | I have trouble taking a tablet everyday/can’t remember = 1  i had side effects/rash = 2  THE facility/pharmacy too far AWAY for me to get medicine regularly = 3  I CAN NOT AFFORD IT = 4  i don’t think i need it, i don’t feel sick = 5  i tried but the pharmacy/ facility was out of stock = 6  i fear people will known that i have HIV if I take it = 7  too busy/no time to pick up medicine = 8  other = 96  (specify)  Don’t know = 88 | GOTO 718 |
| 716 | From where did you get the ARVs you are currently taking?  PROBE TO IDENTIFY THE TYPE OF THE APPROPRIATE CODE. | **Public Sector**  Government hospital = 11  Govt. health centre/clinic = 12  Govt. dispensary = 13  Other public sector = 14  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  **non-public sector**  Mission/church hosp./clinc = 21  Private hosp/clinic = 22  Other NON-PUBLIC sector = 23  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  Other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  I don’t know = 88 |  |
| 717 | How long have you been taking daily ARVs?  RECORD THE ANSWER IN MONTHS IF LESS THAN ONE YEAR. RECORD '00' IF LESS THAN ONE MONTH | Months \_\_\_\_ \_\_\_\_\_  Years \_\_\_\_ \_\_\_\_\_  don’t know = 88 |  |
| 718 | During any of your visits to the HIV clinic, were you asked if you had night sweats, chronic cough, and weight loss? | YES = 1  NO=2  Don’t know = 8 | if no, dk 🡪 720 |
| 719 | How often were you asked these questions? | I WAS ASKED AT EVERY VISIT = 1  I WAS ASKED ON SOME VISITS = 2  I WAS ASKED ONLY ONE TIME = 3  DON’T KNOW/ DON’T REMEMBER = 8 |  |
| 720 | Have you ever had a CD4 count test to see if your immune system is working properly? | YES = 1  NO=2  Don’t know = 8 |  |
| 721 | During any of your visits to the HIV clinic, did you receive a box that contained items for your HIV care? These items may have included a mosquito net, water guard, a clean water vessel, a filter cloth, condoms and educational materials. | YES = 1  NO=2  Don’t know = 8 | IF NO, DK 🡪 723 |
| 722 | Where did you receive this box?  PROBE TO IDENTIFY THE TYPE OF THE APPROPRIATE CODE. | **Public Sector**  Government hospital = 11  Govt. health centre/clinic = 12  Govt. dispensary = 13  Other public sector = 14  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  **non-public sector**  Mission/church hosp./clinc = 21  Other NON-PUBLIC sector = 23  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  Other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (specify)  I don’t know = 88 |  |
| 723 | Are you taking any daily nutritional supplements? | YES = 1  NO = 2  DON’T KNOW = 8 | IF NO  🡪 801 |
| 724 | What nutritional supplements are you taking?  PROBE: Anything else?  RECORD ALL RESPOPNSES | PLUMPY NUT…………………………….A  NUTRIMIX………………………………....B  FIRST FOOD………………………………C  FOUNDATION PLUS…………………….D  FOUNDATION ADVANTAGE…………...E  IMMUNE BOOSTERS……………………F  MULTIVITAMINS…………………………G  OTHER…………………………………….X  (specify) |  |

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| **module 8: tuberculosis and OTHER HEALTH ISSUES** | | | |
| 801 | Have you ever heard of an illness called tuberculosis or TB? | YES = 1  NO = 2 | IF NO 🡪 811 |
| 802 | Can tuberculosis be cured? | YES = 1  NO = 2  Don’t know = 8 | if no, dk 🡪 804 |
| 803 | Can tuberculosis be cured in people with HIV? | YES = 1  NO = 2  Don’t know = 8 |  |
| 804 | Have you ever been told by a doctor or other health professional that you had tuberculosis? | YES = 1  NO=2  DON’T KNOW = 8 | IF NO, dk 🡪 811 |
| 805 | What month and year did a doctor or other health professional last tell you that you have (had) tuberculosis? | month \_\_\_\_ \_\_\_\_  don’t remember month= 88  year \_\_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  don’t remember year=8888 |  |
| 806 | Have you ever been to a TB clinic to receive care for your tuberculosis diagnosis? | YES = 1  NO=2  DON’T KNOW = 8 | IF NO, dk 🡪 811 |
| 807 | Were you tested for HIV at the TB clinic? | Yes = 1  No = 2  DON’T KNOW = 8 |  |
| 808 | Were you ever treated for your tuberculosis? | Yes = 1  No = 2  DON’T KNOW = 8 | if no,dk 🡪811 |
| 809 | Are you currently taking treatment for your tuberculosis? | Yes = 1  No = 2  DON’T KNOW = 8 |  |

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| 810 | How many months did you take treatment for tuberculosis? | months \_\_\_\_ \_\_\_\_\_  DON’T KNOW = 88 |  |
| 811 | Did you sleep under a mosquito net last night? | Yes = 1  No = 2 | if no🡪  901 |
| 812 | Do you know if this mosquito net was ever treated with an insecticide to kill or repel mosquitos? | Yes = 1  No = 2  DON’T KNOW = 8 |  |
| **QUESTIONS 813-815 ARE NOT ASKED FOR MALES.** | | | |

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| **module 9: blood safety and medical injections** | | | | | |
| 901 | Have you ever had a blood transfusion? | Yes = 1  No = 2  DON'T KNOW = 8 | | | IF NO, DK 🡪 903 |
| 902 | When was the last time you had a blood transfusion? | DAYS AGO \_\_\_\_\_ \_\_\_\_\_  WEEKS AGO \_\_\_\_\_ \_\_\_\_\_  MONtHS AGO \_\_\_\_\_ \_\_\_\_\_  YEARS AGO \_\_\_\_ \_\_\_\_\_  DON'T KNOW = 88 | | |  |
| 903 | Have you ever donated blood? | Yes = 1  No = 2 | | | IF NO  🡪 911 |
| 904 | Have you donated blood in the last 12 months? | Yes = 1  No = 2 | | | IF NO  🡪 910 |
| 905 | How many times did you donate blood in the last 12 months? | \_\_ \_\_  DON'T KNOW = 88 | | |  |
| 906 | The last time you donated blood, were you asked to donate or did you donate voluntarily? | was asked to donate = 1  donated voluntarily = 2  don’t know = 8 | | | IF 2 OR 8  🡪908 |
| 907 | Who asked you to donate blood the last time? | FAMILY/FRIENDS = 1  NATIONAL BLOOD TRANSFUSION SERVICE (NBTS) = 2  a hospital BLOOD SERVICE = 3  kenya red cross = 4  hope world wide kenya = 5  bloodlink foundation = 6  bloodlife initiative kenya = 7  OTHER = 96  (specify)  DON'T KNOW = 88 | | |  |
| 908 | Where was your last blood donation made? | mobile  drive (school, college, church, workplace, public gathering) = 1  Kenya National blood service center = 2  public hospital = 3  mission hospital = 4  private hospital = 5  Other =96  (specify)  DON'T KNOw = 8 | | |  |
| 909 | What was the main reason you donate blood this last time? | In response to public requests for blood donors (civic/altruistic reasons) = 1  As part of a blood collection drive (There was a blood drive where  I work, go to school, shop) =2  Specifically for a family member or friend = 3  As part of a blood donor club = 4  In exchange for compensation (from a friend or family) = 5  I am a regular donor = 6  To know my HIV status = 7  Other =96  (specify) | | |  |
| 910 | Are you planning to donate blood again in the future? | Yes = 1  No = 2 | | |  |
| 911 | Now I would like to ask you some questions about any injections you have had in the last 12 months. Have you had an injection for any reason in the last 12 months? | Yes = 1  No = 2  don’t know = 8 | | | IF NO, DK  🡪918 |
| 912 | Have you had an injection in the last 12 months that was administered by a doctor, a clinical officer, a nurse, a pharmacist, a dentist or any other health worker? | yes = 1  no = 2  don’t know = 8 | | | IF NONE 🡪915 |
| 913 | How many injections did you have?  IF A NON-NUMERIC ANSWER IS OFFERED, PROBE TO GET AN ESTIMATE. | NUMBER OF INJECTIONS \_\_\_ \_\_\_ \_\_\_  don’t know = 888 | | |  |
| 914 | The last time you received an injection from a health worker, did the health worker take the syringe and needle from a new, unopened package? | YES = 1  NO=2  Don’t know = 8 | | |  |
| 915 | Have you had an injection in the last 12 months that was administered by a traditional practitioner or healer? | YES = 1  NO=2  Don’t know = 8 | | | IF NO, DK 🡪917 |
| 916 | How many injections did you have?  IF A NON-NUMERIC ANSWER IS PROVIDED, PROBE TO GET AN ESTIMATE. | NUMBER OF INJECTIONS \_\_\_ \_\_\_ \_\_\_  don’t know = 888 | | |  |
| 917 | In the last 12 months, have you given yourself an injection that was prescribed by a doctor, a clinical officer, a nurse, a pharmacist, a dentist or any other health worker? | YES = 1  NO=2  Don’t know = 8 | | |  |
| 918 | If you had a choice, would you like to receive medication as an injection or pill? | Injection = 1  Pill = 2  UNSURE = 3  NO PREFERENCE = 4 | | |  |
|  | In the last 12 months have you seen any of the following medical waste near your home or community? | yes | no | don’t know |  |
| 919 | Used Needles | 1 | 2 | 8 |  |
| 920 | Used syringes | 1 | 2 | 8 |  |
| 921 | Used bandages or gauzes | 1 | 2 | 8 |  |
| 922 | Smoke from burning medical waste | 1 | 2 | 8 |  |
| 923 | Other type of medical waste:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SPECIFY | 1 | 2 | 8 |  |

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| **module 10: male circumcision** | | | |
| 1001 | Does male circumcision alone protect men from HIV completely, somewhat or not at all? | PROTECTS COMPLETELY = 1  PROTECTS SOMEWHAT = 2  DOES NOT PROTECT AT ALL = 3  DON’T KNOW = 8 |  |
| **READ: DO YOU AGREE OR DIASAGREE WITH THE FOLLOWING STATEMENTS:** | | | |
| 1002 | Men who are circumcised do not need to use condoms to protect themselves from HIV | Agree = 1  Disagree = 2  UnsurE = 3  don’t know =8 |  |
| 1003 | Men who are circumcised can have many multiple sexual partners and not get HIV. | Agree = 1  Disagree = 2  UnsurE = 3  don’t know =8 |  |
| 1004 | Some men are circumcised. Are you circumcised? | Yes = 1  No = 2  DON’t know = 8 | IF YES 🡪 1006 |
| 1005 | Are you planning to get circumcised? | Yes = 1  No = 2  DON’t know = 8 | ALL 🡪 1013 |
| 1006 | Did you get circumcised within the last three years? | Yes = 1  No = 2  DON’t know = 8 |  |
| 1007 | Where were you circumcised? | In the village = 1  In a clinic or health facility = 2  mobile MC Clinic = 4  don’t know = 8  Other = 96  (specify) | IF 2  🡪1008  ELSE  🡪1009 |
| 1008 | If you were circumcised at a health facility, was it a public or private facility? | public = 1  private = 2  i don’t know = 8 |  |
| 1009 | Who performed the circumcision on you? | Traditional pracitioner/ circumciser = 1  Nurse = 2  Clinical officer = 3  Doctor = 4  home health worker = 5  Other = 96  (specify) |  |
| **NOTE: QUESTION 1010-1012 NOT ASKED FOR MALES** | | | |
| **CHECK 201: IF PARTICIPANT HAS NOT FATHERED ANY CHILDREN, goto TO 1101**  **ELSE READ: Now I would like to ask a some questions about your youngest son, if you have one.** | | | |
| 1013 | Have you fathered any sons that are still alive? | Yes = 1  No = 2  DON’t know = 8 | IF NO, DK🡪 1101 |
| 1014 | How old is your youngest son?  IF RESPONDENT IS UNSURE OF AGE, PROBE FOR APPROXIMATE AGE. | AGE \_\_\_ \_\_\_ |  |
| **CHECK 1014:**  **IF YOUNGEST SON age is 0-19 YEARS then goto to 1015**  **IF YOUNGEST SON AGE is 20 years or OLDER then goto to 1101** | | | |
| 1015 | Is your youngest son circumcised? | Yes = 1  No = 2  Don’t know = 8 | if yes  🡪 1101 |
| 1016 | Are you planning to have your youngest son circumcised? | Yes = 1  No = 2  Don’t know = 8 |  |
| **NOTE: QUESTIONS 1017 AND 1018 NOT ASKED FOR MALES** | | | |

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| **Module 11: non-prescription drug use** | | | | | |
| **Interviewer read: We would like to ask you some questions about drugs or substances that you may have taken that were not prescribed by your doctor. Please be assured that your answers will be strictly confidential.** | | | | | |
| 1101 | In the past 12-months, have you used the following drugs:  READ choices:  KHAT/Miraa  GLUE, PETROL/gundi, petrol  BHANGI/Bangi  MANDRAX  COCAINE  HEROIN  KUBER  Have you used other drugs not listed above:  SPECIFY | yes  1  1  1  1  1  1  1  1 | no  2  2  2  2  2  2  2  2 | dk  8  8  8  8  8  8  8  8 |  |
| 1102 | Some people inject drugs with a needle and syringe for pleasure. Have you ever injected drugs for pleasure? | yes = 1  no = 2  refused = 8 | | | IF NO, REFUSED 🡪1201 |
| 1103 | Have you injected drugs with a needle and syringe in the past 30 days? | yes = 1  no = 2  refused = 8 | | | IF NO, REFUSED 🡪1201 |
| 1104 | When you have injected drugs during the last 30 days, have you shared the syringe or needle with other people? | yes = 1  no = 2  don’t know = 8 | | | IF NO, DK 🡪1201 |
| 1105 | Did you know the HIV status of everyone with whom you were sharing needles? | yes = 1  no = 2  don’t know = 8 | | |  |

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| **MODULE 12: FOOD SECURITY** | | | |
| 1201 | In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food? | Yes = 1  No = 2 | IF NO OR DK 🡪1203 |
| 1202 | How often did this happen in the past 4 weeks? | Rarely (1-2 times) = 1  Sometimes (3-10 times) = 2  Often (more than 10 times) = 3 |  |
| 1203 | In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food? | Yes = 1  No = 2  Don’t know = 8 | IF NO OR DK 🡪1205 |
| 1204 | How often did this happen in the past 4 weeks? | Rarely (1-2 times) = 1  Sometimes (3-10 times) = 2  Often (more than 10 times) = 3 |  |
| 1205 | In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food? | Yes = 1  No = 2  Don’t know = 8 | IF NO OR DK 🡪1301 |
| 1206 | How often did this happen in the past 4 weeks? | Rarely (1-2 times) = 1  Sometimes (3-10 times) = 2  Often (more than 10 times) = 3 |  |

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| **MODULE 13: MIGRATION** | | | |
| **I am now going to ask you some questions about your country of birth and reasons for moving to Kenya. I will not ask for any documentation, and your responses will be private and not shared with anyone.** | | | |
| 1301 | What is your country of birth? | KENYA = 1  UGANDA = 2  TANZANIA = 3  ETHIOPIA = 4  SOMALIA = 5  SUDAN = 6  rwanda = 7  democratic republic of congo = 8  OTHER = 96  (specify) | IF KENYA  🡪 END |
| 1302 | What is your current country of nationality? | KENYAN = 1  UGANDAN = 2  TANZANIAN = 3  ETHIOPIAN = 4  SOMALI = 5  SUDNAESE = 6  rwandanese = 7  congolese = 8  OTHER=96  (specify) | IF KENYAN  🡪 END |
| 1303 | How long have you lived in Kenya? | less than ONE MONTH = 1  1-2 months = 2  3-6 months = 3  7-12 months = 4  1-2 years = 5  3-5 years = 6  6-10 years = 7  11-20 years = 8  >20 years = 9  Don’t know = 88 |  |
| 1304 | What was the main reason for moving to Kenya? | TO JOIN FAMILY LIVING IN KENYA = 1  FOR MARRIAGE = 2  to find work = 3  to go to school = 4  to escape insecurity/war = 5  TO ESCAPE environmental diaster (e.g., drought, flood, etc)= 6  other = 96  (specify) |  |
| 1305 | What kind of international migrant do you consider yourself to be?  READ CHOICES | Documented migrant = 1  undocumented migrant = 2  asylum Seeker = 3  refugee = 4  other = 96  (specify) |  |

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| **END TIME** | | | |
| END | RECORD THE END TIME | HOUR \_\_\_\_ \_\_\_\_  MINUTES \_\_\_\_ \_\_\_\_ |  |

INTERVIEWER OBSERVATIONS:

TO BE COMPLETED AFTER THE INTERVIEW:

COMMENTS ABOUT RESPONDENT:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMENTS ABOUT SPECIFIC QUESTIONS:

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GENERALS QUESTIONS:

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