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| **C:\Projects\Kenya\PMTCT\Operations\Certificate\kenya-shield.jpgMINISTRY OF HEALTH**  **KENYA AIDS INDICATOR SURVEY II**  **INDIVIDUAL CHILDRENS 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) | | | | | | | | |

###### Parental Consent : Children’s Questionnaire

***[Interviewer: The statement below should be read to parents/guardians of children ages 10-14. 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. 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 children ages 10-14]***

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 8,000 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. Whatever information your child provides will be kept private and will not be shown to anyone outside of the study team.

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].***

***[Interviewer: Following parental consent, the statement below should be read to children ages 10-14. 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. 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.***

###### Child (10-14) Assent: Children’s Questionnaire

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 Public Sanitation, the Kenya National Bureau of Statistics, and the US Centers for Disease Control and Prevention. This survey asks children ages 10-14 some questions about awareness of HIV/AIDS, knowledge of prevention of HIV, knowledge of HIV messages and some questions on your behaviour. Approximately 8,000 children will be participating in this national survey.

We have talked to your parents/guardians and they said it was okay to ask you if you want to do this. We would very much appreciate your participation in this survey as your views are important. The information we are collecting will help the government to plan for health services. The survey usually takes about 20 minutes to complete. All the answers you give will be kept private and will not be shown to anyone outside of the study team. We will not share your answers with your family.

**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

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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].***

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

Name of Interviewer

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

Signature or Initial of Interviewer Date

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Interviewer: This questionnaire is administered to eligible children aged between 10-14 years after informed Parental/guardian consent and minor assent.** | | | | | |
| 100 | Enter line number of the child from the household listing. | \_\_\_\_\_\_\_\_ | | |  |
| **MODULE 1: socio-demographic characteristics** | | | | | |
| 101 | What is your date of birth? | DAY \_\_ \_\_  month \_\_ \_\_  YEAR \_\_ \_\_ \_\_ \_\_  don’T KNOW = 88 | | |  |
| 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 = 88 | | |  |
| 103 | Are you a boy or a girl? | boy = 1  girl = 2 | | |  |
| 104 | Do you go to school? | YES = 1  NO = 2 | | | IF NO  🡪106 |
| 105 | What class are you in? | nursery/kindergarten = 1  primary = 2  post-primary/vocational = 3  secondary/ (form 1-4/ GCE) = 4  other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SPECIFY) | | | GO TO 201 |
| 106 | What class were you in when you stopped going to school? | Never went to school = 1  nursery/kindergarten = 2  primary = 3  post-primary/vocational = 4  secondary(form 1-4/ GCE ) = 5  other = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (SPECIFY) | | |  |
| 107 | What is the **main** reason you are not attending school? | I have been sick = 1  I don’t feel safe traveling to school = 2  I don’t feel safe while IN school = 3  I don’t like school = 4  I have to look after my  younger brothers and sisters = 5  I have to look after a sick family member = 6  there’s not enough money to send me to school = 7  school is too far away = 8  i have to work = 9  I have a child (girls only) = 10  i am pregnant (girls only) = 11  i MISSED TOO MUCH SCHOOL BECAUSE OF MY PERIOD (menstRUation) (Girls only) = 12  don’’T KNOW = 88  Other (Specify) = 96  (Specify) | | |  |
| **SECTION 2: KNOWLEDGE, ATTITIDES AND SOURCES OF HIV INFORMATION** | | | | | |
| 201 | Have you **ever** heard of HIV or the disease called AIDS? | Yes = 1  No = 2  I do not know = 8 | | | IF NO,DK  🡪 401 |
| 202 | From where have you learned about HIV or AIDS? ***(Multiple Response)***  Interviewer:  DO NOT READ RESPONSES.  Probe for multiple responses | Schools/Teachers = 1  Parents/Guardian/family = 2  Friends = 3  Religious leaders = 4  Internet = 5  Mobile phones = 6  Health providers/ doctors/nurses/ clinical officers = 7  Television/Film = 8  Radio = 9  don’’T KNOW = 88  Other (Specify) = 96  (Specify) | | |  |
| 203 | Have you ever discussed HIV or AIDS with your parents or guardian? | YES = 1  NO = 2  DON’T KNOW = 8 | | |  |
| 204 | Can one reduce their chance of getting HIV by not having sex at all? | YES = 1  NO = 2  DON’T KNOW = 8 | | |  |
| 205 | Can one reduce their chance of getting HIV by using condoms when having sex? | YES = 1  NO = 2  DON’T KNOW = 8 | | |  |
| 206 | Can a healthy-looking person have HIV or AIDS? | Yes = 1  No = 2  DON’T KNOW = 8 | | |  |
| 207 | Can a mother with HIV or AIDS pass HIV to her unborn baby? | Yes = 1  No = 2  DON’T KNOW = 8 | | |  |
| 208 | Are there medicines that people with HIV or AIDS can take to help them live longer? | Yes = 1  No = 2  DON’T KNOW = 8 | | |  |
| **SECTION 3: HIV PREVENTION INTERVENTIONS** | | | | | |
| 301 | Have you taken part in any of the following HIV prevention programs?  INTERVIEWER: SHOW CHILD LOGO FOR EACH PROGRAM | YES | NO | DON’T KNOW |  |
| a | Families Matter Program | 1 | 2 | 8 |  |
| b | Healthy Choices | 1 | 2 | 8 |  |
| c | Watched the TV drama called *Shuga* | 1 | 2 | 8 |  |
| d | *G-Pange* | 1 | 2 | 8 |  |
| e | *Chill* Club | 1 | 2 | 8 |  |
| f | Life skills program | 1 | 2 | 8 |  |

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| --- | --- | --- | --- |
| **CHECK Q103: IF BOY, GO TO Q401.**  **IF GIRL, GO TO Q501.** | | | |
| **SECTION 4: CIRCUMCISION** | | | |
| 401 | Are you circumcised? | YES = 1  NO = 2  DON’T KNOW = 8 | IF YES 🡪 501 |
| 402 | Are your parents planning to have you circumcised? | YES = 1  NO = 2  DON’T KNOW = 8 |  |
| **Interviewer: Questions Q501 to Q704 are ONLY for children aged 12 to 14 years.**  **Check age of child (Q101). If child is 10-11 years old, GO TO 🡪 Q801.**  **READ: The next questions ask about sexual behavior. There is no right or wrong answer. Your responses will not be linked to you in any way or shared with anyone, including your parents.**  **Note to Interviewer: Please look out for signs of distress in child when asking the following sexual behaviour questions. If the child seems distressed, ask child if they want to stop the interview. If the distress continues, offer appropriate referrals if they wish to seek counseling or other support services.** | | | |
| **SECTION 5: SEXUAL BEHAVIOR** | | | |
| 501 | **(Interviewer: For 12-14 year olds ONLY)**  Have you ever had sex? | YES = 1  NO = 2  I DON’T KNOW WHAT SEX IS = 3 NO RESPONSE = 98 | IF NO, DK  🡪601 |
| 502 | **(Interviewer: For 12-14 year olds ONLY)**  What types of sex have you had?  DO NOT READ RESPONSES  PROBE FOR MULTIPLE RESPONSES  RECORD ALL MENTIONED | ORAL = 1  ANAL = 2  VAGINAL = 3  Other = 96  SPECIFY  NO RESPONSE = 98 |  |
| 503 | **(Interviewer: For 12-14 year olds ONLY)**  What was the **main** reason that you had sex for the first time? | IT JUST HAPPENED = 1  MY FRIENDS LED ME TO HAVE SEX = 2  TO PROVE MY LOVE = 3  I WANTED TO HAVE SEX = 4  MY BOYFRIEND/GIRLFRIEND LED ME  TO HAVE SEX = 5  I WAS DRUNK OR TAKING DRUGS = 6  I WAS TRICKED = 7  I WAS THREATENED/FORCED/RAPED = 8  FOR MONEY/GIFTS = 9  I WANTED TO HAVE A BABY = 10  I DON’T KNOW = 88  OTHER = 96  (SPECIFY)  NO RESPONSE = 98 |  |
| 504 | **(Interviewer: For 12-14 year olds ONLY)**  How old were you when you had sex for the first time? | AGE \_\_ \_\_  DON’T KNOW = 88  NO RESPONSE =98 |  |
| 505 | **(Interviewer: For 12-14 year olds ONLY)**  Was the first person you had sex with older, younger, or the same age as you?  (IF OLDER, ASK RESPONDENT  How many years older was this person? | 10 OR MORE YEARS OLDER = 1  5 -9 YEARS OLDER = 2  1-4 YEARS OLDER = 3  SAME AGE AS MYSELF = 4  YOUNGER THAN ME = 5  I DON’T KNOW = 8  NO RESPONSE =98 |  |
| 506 | **(Interviewer: For 12-14 year olds ONLY)**  The first time you had sex, was a condom used? | YES = 1  NO = 2  DON’T KNOW = 8  NO RESPONSE = 98 |  |
| 507 | **(Interviewer: For 12-14 year olds ONLY)**  The last time you had sex was a condom used? | YES = 1  NO = 2  DON’T KNOW =8  NO RESPONSE =98 |  |
| 508 | **(Interviewer: For 12-14 year olds ONLY)**  How often was a condom used when you had sex? | ALWAYS = 1  SOMETIMES = 2  NEVER = 3  DON’T REMEMBER = 4  NO RESPONSE =98 |  |
| 509 | **(Interviewer: For 12-14 year olds ONLY)**  Do you know where to get a condom? | YES = 1  NO = 2  NO RESPONSE = 98 | IF NO 🡪511 |
| 510 | **(Interviewer: For 12-14 year olds ONLY)**  Where would you get a condom? | HEALTH FACILITY/CLINIC/HOSPITAL = 1  PHARMACY = 2  SHOP/SUPERMARKET/MARKET KIOSK = 3  FRIENDS = 4  PARENTS/GUARDIANS/FAMILY = 5  PUBLIC PLACES (TOILETS,CLUBS) = 6  OTHER = 96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SPECIFY  DON’T KNOW = 88 |  |
| 511 | **(Interviewer: For 12-14 year olds ONLY)**  How many different people have you ever had sex with? | NUMBER OF PARTNERS \_\_ \_\_  DON’T KNOW =88  NO RESPONSE = 98 |  |
| 512 | **(Interviewer: For 12-14 year olds ONLY)**  For Girls: Have you ever been pregnant?  For Boys: Have you ever made someone  pregnant? | YES = 1  NO = 2  DON’T KNOW = 8  NO RESPONSE = 98 |  |

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| **SECTION 6: HIV RISK PERCEPTION** | | | |
| 601 | **(Interviewer: For 12-14 year olds ONLY)**  Do you think you have a chance of getting HIV? | YES = 1  NO = 2  DON’T KNOW = 8 | IF NO, DK 🡪 701 |
| 602 | **(Interviewer: For 12-14 year olds ONLY)**  Why do you think you have a chance of getting HIV?  Interviewer:  DO NOT READ RESPONSES.  Probe for multiple responses | I HAVE HAD SEX WITHOUT A  CONDOM = 1  I HAVE MANY BOY/GIRL FRIENDS = 2  I HAVE HAD A BLOOD TRANSFUSION=3  I HAVE INJECTED/INJECT DRUGS = 4  MY MOTHER/FATHER HAS HIV/AIDS=5  I AM NOT CIRCUMCISED = 6  I don't trust my BOY/GIRLFRiEND =7  I am sick = 8  My GIRL/BOY FRIEND is sick = 9  My BOY/GIRL FRIEND died = 10  I had an accident / cuts = 11  NO RESPONSE = 88  OTHER =96  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **SECTION 7: SOCIAL NORMS, INTENTION TO ABSTAIN, SELF-EFFICACY AND ASSERTIVENESS** | | | |
| **INTERVIEWER: These questions are ONLY to be asked to children aged 12-14 years.**  **CHECK QUESTION Q501. IF NEVER HAD SEX, CONTINUE TO Q701. IF RESPONDENT HAS EVER HAD SEX GOTO Q801** | | | |
| 701 | **(Interviewer: For 12-14 year olds ONLY)**  Will you have sex before you get married? | YES = 1  NO = 2  I DO NOT PLAN TO GET MARRIED = 3  DON’T KNOW = 88  NO RESPONSE = 98 |  |
| 702 | **(Interviewer: For 12-14 year olds ONLY)**  Do you think all, many, some, a few or none of your friends are having sex? | ALL = 1  MOST = 2  SOME = 3  A FEW = 4  NONE = 5  DON’T KNOW = 88  NO RESPONSE = 98 |  |
| 703 | **(Interviewer: For 12-14 year olds ONLY)**  Do you think you will abstain (not have sex) in the next one year? | YES = 1  NO = 2  DON’T KNOW = 8  NO RESPONSE = 98 |  |
| 704 | **(Interviewer: For 12-14 year olds ONLY)**  If you did not want to have sex with someone, could you tell them that you do not want to have sex with them? | YES = 1  NO = 2  DON’T KNOW = 88  NO RESPONSE = 98 |  |

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| **SECTION 8: HIV TESTING** | | | |
| 801 | Have you ever been tested for HIV? | YES = 1  NO = 2  DON’T KNOW = 8  NO RESPONSE = 98 | IF NO, DK, NR 🡪901 |
| 802 | Did you receive the results of any of your HIV tests? | YES = 1  NO = 2  DON’T KNOW = 8  NO RESPONSE = 98 | IF NO, DK, NR 🡪901 |
| 803 | Would you be willing to tell me the last HIV test result you received? | YES = 1  NO = 2  NO RESPONSE = 98 | IF NO, DK, NR 🡪901 |
| 804 | What were the results of that HIV test? | positive= 1  negative = 2  indeterminate =3  DON’T KNOW = 8  NO RESPONSE = 98 |  |
| **SECTION 9: ALCOHOL AND DRUGS** | | | |
| 901 | Have you ever taken alcohol, for example beer? | YES = 1  NO = 2  DON’T KNOW = 8  NO RESPONSE = 98 | IF NO, NR, DK 🡪904 |
| 902 | During the past 3 months , on how many days did you have at least one drink containing alcohol? | LESS THAN ONe day A MONTH = 1  one day a month = 2  one day a week = 3  more than one day a week = 4 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 903 | During the past 3 months, on the days you drank  alcohol, how many drinks did you **usually** drink  per day? | I did not drink alcohol during the past 3 months = 1  1 drink = 2  2 drinks = 3  3 drinks = 4  4 drinks = 5  5 or more drinks = 6  don’t know = 88  NO RESPONSE = 98 |  |
| 904 | Have you ever tried drugs such as Miraa, Bhang, Glue, Kuber, Mandrax, Cocaine,Heroin and others? | YES = 1  NO = 2  DON’T KNOW = 8  NO RESPONSE = 98 | IF NO, DK, NR 🡪1001 |
| 905 | What drugs have you ever tried?  Interviewer:  DO NOT READ RESPONSES.  Probe for multiple responses | Miraa/Khat = 1  Bhang = 2  Glue/petrol = 3  Kuber/tobacco = 4  Mandrax = 5  Cocaine = 6  Heroin = 7  don’t know = 88  NO RESPONSE = 98  Other = 96  (specify) |  |
| **SECTION 10: HIV STIGMA** | | | |
| 1001 | Would you be willing to share food with someone who has HIV or AIDS? | YES = 1  NO = 2  DON’T KNOW = 8  NO RESPONSE = 98 |  |
| 1002 | Would you play with someone who has HIV or AIDS? | YES = 1  NO = 2  DON’T KNOW = 8  NO RESPONSE = 98 |  |

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

INTERVIEWER OBSERVATIONS:

TO BE COMPLETED AFTER THE INTERVIEW:

COMMENTS ABOUT RESPONDENT:

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

COMMENTS ABOUT SPECIFIC QUESTIONS:

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

GENERALS QUESTIONS:

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