

Household ID

hhid - - -

Household Composition (A1)

Question 9 Instructions: Read choices out loud to member. Mark all that apply.

9. Which of the following does your household have?

Ngukuphi lokukhona endlini yakakho noma lanako emalunga endlu yakakho (labo lopheka noma lodla nabo)?

- | | | |
|--|---|---|
| <input type="checkbox"/> HCwofele Electricity
Gesi | <input type="checkbox"/> HCwofmob Mobile telephone
Lucingo lolungumahlalekhikhini | <input type="checkbox"/> HCwofsto Stove
Sitofu |
| <input type="checkbox"/> HCwofrad Radio
Umsakato wemoya (iradio) | <input type="checkbox"/> HCwofnon Non-mobile telephone
Lucingo lwesendlini | <input type="checkbox"/> HCwofwat Watch
Liwashi |
| <input type="checkbox"/> HCwoftel Television
Umsakato wetitfombe (ITV) | <input type="checkbox"/> HCwofrfr Refrigerator
Kwekubandzisa (iFrijii) | <input type="checkbox"/> HCwofref REF |

HOUSEHOLD MEMBERS

Interviewer reads: Now I would like you to give me the names of the persons who live in your household and guests who stayed here last night starting with the head of the household.

Nyalo ngidzinga (ngitawucela) kutsi unginike emagama ebantfu labahlala endlini yakakho noma lenipheka nidle nabo kanye nalabo labakufikele balala itolo ebusuku, ucale ngaloyinhloko yendlu.

Member #1	Initials	Usual member? <input type="checkbox"/> HC1um yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> HC1sh1n yes <input type="checkbox"/> no	Gender <input type="checkbox"/> HC1gen male <input type="checkbox"/> female	Age <input type="text"/> HC1age years	Eligible? <input type="checkbox"/> HC1elig yes <input type="checkbox"/> no → If no, skip to next member.
	Enrollment Status	<input type="checkbox"/> HC1es Enrolled → Assign PTID. → <input type="text"/> HC1ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #2	Initials	Usual member? <input type="checkbox"/> HC2um yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> HC2sh1n yes <input type="checkbox"/> no	Gender <input type="checkbox"/> HC2gen male <input type="checkbox"/> female	Age <input type="text"/> HC2age years	Eligible? <input type="checkbox"/> HC2elig yes <input type="checkbox"/> no → If no, skip to next member.
	Enrollment Status	<input type="checkbox"/> HC2es Enrolled → Assign PTID. → <input type="text"/> HC2ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #3	Initials	Usual member? <input type="checkbox"/> HC3um yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> HC3sh1n yes <input type="checkbox"/> no	Gender <input type="checkbox"/> HC3gen male <input type="checkbox"/> female	Age <input type="text"/> HC3age years	Eligible? <input type="checkbox"/> HC3elig yes <input type="checkbox"/> no → If no, skip to next member.
	Enrollment Status	<input type="checkbox"/> HC3es Enrolled → Assign PTID. → <input type="text"/> HC3ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

HCnapt No additional members. Complete/verify questions 5, 6, and 7 on page 1. End of form.

Household ID

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Household Composition (A1)

Member #4

Initials	Usual member? HC4um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC4sh1n <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC4gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC4age years	Eligible? HC4elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC4es <input type="checkbox"/> Enrolled → Assign PTID. → HC4ptid <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #5

Initials	Usual member? HC5um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC5sh1n <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC5gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC5age years	Eligible? HC5elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC5es <input type="checkbox"/> Enrolled → Assign PTID. → HC5ptid <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #6

Initials	Usual member? HC6um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC6sh1n <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC6gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC6age years	Eligible? HC6elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC6es <input type="checkbox"/> Enrolled → Assign PTID. → HC6ptid <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #7

Initials	Usual member? HC7um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC7sh1n <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC7gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC7age years	Eligible? HC7elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC7es <input type="checkbox"/> Enrolled → Assign PTID. → HC7ptid <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #8

Initials	Usual member? HC8um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC8sh1n <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC8gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC8age years	Eligible? HC8elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC8es <input type="checkbox"/> Enrolled → Assign PTID. → HC8ptid <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

HCnap2 No additional members. Complete/verify questions 5, 6, and 7 on page 1. End of form.

Household ID

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Household Composition (A1)

Member #9

Initials	Usual member? HC9um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC9shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC9gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC9age <input type="text"/> years	Eligible? HC9elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC9es <input type="checkbox"/> Enrolled → Assign PTID. → HC9ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #10

Initials	Usual member? HC10um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC10shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC10gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC10age <input type="text"/> years	Eligible? HC10elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC10es <input type="checkbox"/> Enrolled → Assign PTID. → HC10ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #11

Initials	Usual member? HC11um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC11shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC11gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC11age <input type="text"/> years	Eligible? HC11elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC11es <input type="checkbox"/> Enrolled → Assign PTID. → HC11ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #12

Initials	Usual member? HC12um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC12shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC12gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC12age <input type="text"/> years	Eligible? HC12elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC12es <input type="checkbox"/> Enrolled → Assign PTID. → HC12ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #13

Initials	Usual member? HC13um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC13shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC13gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC13age <input type="text"/> years	Eligible? HC13elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC13es <input type="checkbox"/> Enrolled → Assign PTID. → HC13ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

HCnap3 No additional members. Complete/verify questions 5, 6, and 7 on page 1. End of form.

Household ID

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Household Composition (A1)

Member #14

Initials	Usual member? HC14um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC14shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC14gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC14age years	Eligible? HC14elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC14es <input type="checkbox"/> Enrolled → Assign PTID. → HC14ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #15

Initials	Usual member? HC15um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC15shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC15gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC15age years	Eligible? HC15elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC15es <input type="checkbox"/> Enrolled → Assign PTID. → HC15ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #16

Initials	Usual member? HC16um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC16shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC16gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC16age years	Eligible? HC16elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC16es <input type="checkbox"/> Enrolled → Assign PTID. → HC16ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #17

Initials	Usual member? HC17um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC17shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC17gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC17age years	Eligible? HC17elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC17es <input type="checkbox"/> Enrolled → Assign PTID. → HC17ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #18

Initials	Usual member? HC18um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC18shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC18gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC18age years	Eligible? HC18elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC18es <input type="checkbox"/> Enrolled → Assign PTID. → HC18ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

HCnap4 No additional members. Complete/verify questions 5, 6, and 7 on page 1. End of form.

Household ID

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Household Composition (A1)

Member #19

Initials	Usual member? HC19um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC19shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC19gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC19age years	Eligible? HC19elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC19es <input type="checkbox"/> Enrolled → Assign PTID. → HC19ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #20

Initials	Usual member? HC20um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC20shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC20gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC20age years	Eligible? HC20elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC20es <input type="checkbox"/> Enrolled → Assign PTID. → HC20ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #21

Initials	Usual member? HC21um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC21shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC21gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC21age years	Eligible? HC21elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC21es <input type="checkbox"/> Enrolled → Assign PTID. → HC21ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #22

Initials	Usual member? HC22um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC22shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC22gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC22age years	Eligible? HC22elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC22es <input type="checkbox"/> Enrolled → Assign PTID. → HC22ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #23

Initials	Usual member? HC23um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC23shln <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC23gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC23age years	Eligible? HC23elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC23es <input type="checkbox"/> Enrolled → Assign PTID. → HC23ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

HCnaps No additional members. Complete/verify questions 5, 6, and 7 on page 1. End of form.

Household ID

hhid - - -

Household Composition (A1)

Member #24

Initials	Usual member? HC24um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC24sh <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC24gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC24age <input type="text"/> years	Eligible? HC24elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC24es <input type="checkbox"/> Enrolled → Assign PTID. → HC24ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #25

Initials	Usual member? HC25um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC25sh <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC25gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC25age <input type="text"/> years	Eligible? HC25elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC25es <input type="checkbox"/> Enrolled → Assign PTID. → HC25ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #26

Initials	Usual member? HC26um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC26sh <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC26gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC26age <input type="text"/> years	Eligible? HC26elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC26es <input type="checkbox"/> Enrolled → Assign PTID. → HC26ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #27

Initials	Usual member? HC27um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC27sh <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC27gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC27age <input type="text"/> years	Eligible? HC27elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
Enrollment Status	HC27es <input type="checkbox"/> Enrolled → Assign PTID. → HC27ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #28

Initials	Usual member? HC28um <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? HC28sh <input type="checkbox"/> yes <input type="checkbox"/> no	Gender HC28gen <input type="checkbox"/> male <input type="checkbox"/> female	Age HC28age <input type="text"/> years	Eligible? HC28elig <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, end of form.</i>
Enrollment Status	HC28es <input type="checkbox"/> Enrolled → Assign PTID. → HC28ptid <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

PTID

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Refusal: Short-term Cohort (A1)

Visit Date

dd MMM yy

Staff ID: Team ID:

Instructions: Complete this form for participants who decline to enroll in the longitudinal cohort. Read the following statement to the participant to determine his/her willingness to provide the reason(s) for their refusal to participate in the cohort. If the participant declines to give a reason, note that in question 1. If the participant agrees to provide a reason, record their reason(s) in question 2.

Interviewer reads:

Thank you for completing the household survey and considering taking part in the cohort study. If it is okay with you, I would like to ask you about the reasons you decided not to participate in the cohort study. If you don't wish to answer, that is fine, but your answers will help us better understand why persons like you may not wish to participate.

Ngiyabonga kuphendvula imibuto ngaluluhlolo nekutinika sikhatsi kucabanga kuchubeka ube yincenye yaluluhlolo etikhatsini letitako. Nawungafisi kunika letizatfu kulungile, kodywa timphendvulo takho betingasisita kucondza kancono tizatfu letingenta bantfu bangafisi kubayincenye yaluluhlolo.

1. Was participant willing to give a reason for not wanting to participate in the cohort study? ^{yes} ^{no} **RSCpart** **→ If no, go to Final Statement section.**

2. What are the reasons that you did not wish to participate in the survey?
 Yini tizatfu letente ungangafisi kuba yincenye yaluluhlolo?

Do not read reasons aloud. Mark all that apply.

- RSCtime** I don't have time to participate in the survey
- RSCnpos** I already know that I am HIV positive
- RSCtest** I don't wish to be tested for HIV/get my test results
- RSCtkbl** I don't want you to draw my blood/take my blood away
- RSCcomf** I find the topic uncomfortable or embarrassing
- RSCprtno** Need partner permission/partner wouldn't allow it
- RSCparno** Need parental permission/parent wouldn't allow it
- RSChome** Prefer to test away from home
- RSCwoprt** Prefer to test without partner present
- RSCconf** Fear breach of confidentiality
- RSCothr** Other, specify: **RSCreaso** _____

Instructions: Make certain that the correct information is marked above.

FINAL STATEMENT

Interviewer reads: Thank you very much for your time. Do you have any final questions or comments?
 Ngiyabonga kunginika sikhatsi sakho. Ingabe unayo yini imibuto noma longakwengeta?

PTID

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Routine Questionnaire (A1)

Question 4 Instructions: Read choices out loud to participant. Mark the one best answer.

4. I would like to ask you about your employment status. Are you now...

- | | |
|---|---|
| <input checked="" type="checkbox"/> RQempl regularly employed full time? | <input type="checkbox"/> unemployed/not looking for work? |
| <input type="checkbox"/> employed part-time? | <input type="checkbox"/> retired or disabled? |
| <input type="checkbox"/> employed seasonally? | <input type="checkbox"/> other? If other, specify: |
| <input type="checkbox"/> self-employed? | RQemplo _____ |
| <input type="checkbox"/> unemployed/looking for work? | <input type="checkbox"/> REF |

5. Are you currently married (civil or traditional) or living together with a man/woman as married?

- | | | |
|--|------------------------------|--|
| <input checked="" type="checkbox"/> RQmarrie yes, currently married | <input type="checkbox"/> no | ➔ If no or REF, skip to Question 7 Instructions. |
| <input type="checkbox"/> yes, living with a man/woman | <input type="checkbox"/> REF | |

6. Is your husband/wife or partner living with you now or is he/she staying elsewhere?

- | | |
|--|------------------------------|
| <input checked="" type="checkbox"/> RQplwy living with me | <input type="checkbox"/> REF |
| <input type="checkbox"/> staying elsewhere | |

Question 7 Instructions: This question for women only. If participant is male, skip to Sexual Activity section.

7. Are you currently pregnant? **RQpreg** no DK REF

SEXUAL ACTIVITY

Instructions: This section of the form addresses sexual behaviors and asks that the participant recall his/her sexual partners over the **past 6 months**.

Interviewer reads:

Now I would like to ask you some questions about your recent sexual activity. I know these questions are sensitive and want to remind you that your answers are completely private. This means that they will not be shared with anyone outside of the study team. No one will know what particular answers you give. This form will not have your name anywhere on it. Instead, you will only be identified by a number. If we should come to any questions that you don't want to answer, just let me know and we will go on to the next one.

Different people have different definitions of "sex" or "sexual intercourse." For this study, when we say "sex" we mean:

- Vaginal sex, which is when a man puts his penis in a woman's vagina.
- Anal sex, which is when a man puts his penis in another person's anus.

Do you have any questions before continuing?

PTID

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Routine Questionnaire (A1)

8. How old were you when you had sexual intercourse for the very first time? *age (years)*
- have never had sex* REF ▶ *If have never had sex, skip to HIV Status section.*
9. In total, with how many different people have you had sexual intercourse in the last 6 months? It is okay to estimate the number if you do not remember exactly.
- number of partners*
- REF ▶ *If zero, skip to HIV Status section.*
10. With the _____ (*insert number of partners from question 9 or say "this or these" if 9 = REF*) sex partners that you have had in the last 6 months, how often did you use a condom when you had sexual intercourse?
- sometimes* DK
 always REF
 never

Instructions: Read **down** each column of the table (for each partner, one at a time), **not** across each row.

Interviewer reads:

Now I would like to ask you more details about your most recent sex partners in the last 6 months. Please tell me about them starting with the most recent sex partner.

	<i>Partner 1</i>	<i>Partner 2</i>	<i>Partner 3</i>
11. First name, nickname, or marker of each partner	<input type="text" value="RQp1fn"/>	<input type="text" value="RQp2fn"/>	<input type="text" value="RQp3fn"/>
12. Month/year sexual relationship began	<i>MMM yy</i> <input type="text" value="RQp1rbmy"/> <input type="text"/> <input type="text"/> <input type="text" value="RQp1rbr"/>	<i>MMM yy</i> <input type="text" value="RQp2rbmy"/> <input type="text"/> <input type="text"/> <input type="text" value="RQp2rbr"/>	<i>MMM yy</i> <input type="text" value="RQp3rbmy"/> <input type="text"/> <input type="text"/> <input type="text" value="RQp3rbr"/>
13. Month/year sexual relationship ended <i>Interviewer: Record today's date if relationship has not ended.</i>	<i>MMM yy</i> <input type="text" value="RQp1remy"/> <input type="text"/> <input type="text"/> <input type="text" value="RQp1rer"/>	<i>MMM yy</i> <input type="text" value="RQp2remy"/> <input type="text"/> <input type="text"/> <input type="text" value="RQp2rer"/>	<i>MMM yy</i> <input type="text" value="RQp3remy"/> <input type="text"/> <input type="text"/> <input type="text" value="RQp3rer"/>
14. Partner's sex	<input type="checkbox"/> <i>male</i> <input type="checkbox"/> REF <input type="checkbox"/> <i>female</i>	<input type="checkbox"/> <i>male</i> <input type="checkbox"/> REF <input type="checkbox"/> <i>female</i>	<input type="checkbox"/> <i>male</i> <input type="checkbox"/> REF <input type="checkbox"/> <i>female</i>

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Routine Questionnaire (A1)

Instructions: If response to Question 14 is female or REF, skip to 15. If response to Question 14 is "male", continue to Question 14a.

	Partner 1	Partner 2	Partner 3
14a. Was his penis circumcised or uncircumcised? <i>Interviewer: Show participant male circumcision drawings on Interview Card #1.</i>	<input type="checkbox"/> RQp1pcuc circumcised <input type="checkbox"/> uncircumcised <input type="checkbox"/> became circumcised during relationship <input type="checkbox"/> DK <input type="checkbox"/> REF	<input type="checkbox"/> RQp2pcuc circumcised <input type="checkbox"/> uncircumcised <input type="checkbox"/> became circumcised during relationship <input type="checkbox"/> DK <input type="checkbox"/> REF	<input type="checkbox"/> RQp3pcuc circumcised <input type="checkbox"/> uncircumcised <input type="checkbox"/> became circumcised during relationship <input type="checkbox"/> DK <input type="checkbox"/> REF
15. About how old was she/he the first time you had sex with her/him?	years <input type="text"/> RQp1fityy <input type="text"/> RQp1fityr	years <input type="text"/> RQp2fityy <input type="text"/> RQp2fityr	years <input type="text"/> RQp3fityy <input type="text"/> RQp3fityr

For the next question, I am going to ask you if your partner was a husband/wife, a regular partner, or a casual partner:

- By husband/wife we mean someone who you are married to or living with as if married.
- By regular partner we mean someone who you are NOT married to or living with as married, but who is a steady partner such as a girlfriend or boyfriend.
- By casual partner we mean someone who is NOT your spouse or a regular partner, but with whom you have had sex with in the last 6 months.

16. Keeping these definitions in mind, is this partner your spouse, a regular partner, or a casual partner?	<input type="checkbox"/> RQp1psr husband/wife <input type="checkbox"/> regular partner <input type="checkbox"/> casual partner <input type="checkbox"/> REF	<input type="checkbox"/> RQp2psr husband/wife <input type="checkbox"/> regular partner <input type="checkbox"/> casual partner <input type="checkbox"/> REF	<input type="checkbox"/> RQp3psr husband/wife <input type="checkbox"/> regular partner <input type="checkbox"/> casual partner <input type="checkbox"/> REF
17. On approximately how many days did you have sex with him/her in the last 6 months?	<input type="checkbox"/> RQp1hm6s <input type="checkbox"/> between 2–5 <input type="checkbox"/> between 6–10 <input type="checkbox"/> more than 10 <input type="checkbox"/> REF	<input type="checkbox"/> RQp2hm6s <input type="checkbox"/> between 2–5 <input type="checkbox"/> between 6–10 <input type="checkbox"/> more than 10 <input type="checkbox"/> REF	<input type="checkbox"/> RQp3hm6s <input type="checkbox"/> between 2–5 <input type="checkbox"/> between 6–10 <input type="checkbox"/> more than 10 <input type="checkbox"/> REF

Instructions: For questions 18–25, show participant Interview Card #2 to help them remember the response options: always, sometimes, or never.

18. How often did you use a condom when you had sexual intercourse?	<input type="checkbox"/> RQp1hocu always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> RQp2hocu always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> RQp3hocu always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF
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Routine Questionnaire (A1)

	Partner 1	Partner 2	Partner 3
19. How often did you give or receive money or gifts so that you would have sex with this person?	<input type="checkbox"/> RQp1grms <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> RQp2grms <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> RQp3grms <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF
20. Did you and your partner engage in vaginal sex in the last 6 months?	<input type="checkbox"/> RQp1us6m <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> RQp2us6m <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> RQp3us6m <input type="checkbox"/> REF <input type="checkbox"/> no
▶ If no, skip to 22.			
21. How often did you and your partner use a condom when you had vaginal sex in the last 6 months?	<input type="checkbox"/> RQp1ho6c <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> RQp2ho6c <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> RQp3ho6c <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF
22. Did you and your partner engage in anal sex in the last 6 months?	<input type="checkbox"/> RQp1al6m <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> RQp2al6m <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> RQp3al6m <input type="checkbox"/> REF <input type="checkbox"/> no
▶ If no, skip to Questions 24–25 Instructions.			
23. How often did you and your partner use a condom when you had anal sex in the last 6 months?	<input type="checkbox"/> RQp1ca6m <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> RQp2ca6m <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> RQp3ca6m <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF

Questions 24–25 Instructions: Complete questions 24–25 for all male participants who had a male sex partner(s) in the past 6 months. All other participants, skip to question 26.

24. Did you and your partner have anal sex in the last 6 months?	<input type="checkbox"/> RQp1pa6m <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> RQp2pa6m <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> RQp3pa6m <input type="checkbox"/> REF <input type="checkbox"/> no
▶ If no, skip to 26.			
25. How often did you and your partner use a condom when you had anal sex in the last 6 months?	<input type="checkbox"/> RQp1uc6m <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> RQp2uc6m <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> RQp3uc6m <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF

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Routine Questionnaire (A1)

	Partner 1	Partner 2	Partner 3
26. When you were having a sexual relationship with this partner, do you think that he/she was HIV positive?	<input type="checkbox"/> RQp1thiv <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF	<input type="checkbox"/> RQp2thiv <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF	<input type="checkbox"/> RQp3thiv <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF
27. Do you think that this partner was taking ART for HIV/AIDS?	<input type="checkbox"/> RQp1tart <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF	<input type="checkbox"/> RQp2tart <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF	<input type="checkbox"/> RQp3tart <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF

HIV STATUS INFORMATION

Instructions: This section of the form addresses prior HIV testing.

Interviewer reads:

Now I would like to ask you some questions about HIV testing. Your answers are completely private. This form will not have your name anywhere on it; instead you will only be identified by a number.

28. Have you ever been tested to see if you have the AIDS virus? yes no DK REF ▶ If no, DK, or REF, skip to 34.
- RQtest**
29. How many times have you had an HIV test in your lifetime? number of times
- RQntest** **RQntestr**
30. When was the last time you had an HIV test? Give best approximate date. MMM yy REF
- RQltmy** **RQltestr**
31. Did you get the result of your last HIV test? yes no DK REF ▶ If DK or REF, skip to 34.
- RQresult**
- ▶ If yes, skip to 33.

Question 32 Instructions: Do not read. Record reason as described by participant.

32. What are some of the reasons that you did not get your HIV test result?
- | | |
|---|--|
| <input type="checkbox"/> RQwhyaf
I did not want to know/was afraid to know my test result | <input type="checkbox"/> RQwhywp
wanted to test with partner |
| <input type="checkbox"/> RQwhygv
provider did not give result to me | <input type="checkbox"/> RQhyti
did not have time to wait for result |
| <input type="checkbox"/> RQwhypp
had to get partner permission to test | <input type="checkbox"/> RQhyoth RQhyotx
other _____ |

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Routine Questionnaire (A1)

Instructions: If question 32 was answered, skip to HIV Prevention Exposure Information section..

33. I would like to ask you the result of your latest HIV test, but I want to remind you again that you should only answer the question if you feel comfortable. If you feel comfortable, could you tell me the result of your latest HIV test?

positive	negative	indeterminate	DK	REF
<input type="checkbox"/> RQrltest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Has a doctor or nurse ever told you that you should be taking ART to treat HIV (including during pregnancy)?

yes	no	DK	REF
<input type="checkbox"/> RQdocart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. Are you currently taking ART to treat HIV?

yes	no	DK	REF
<input type="checkbox"/> RQctart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HIV PREVENTION EXPOSURE INFORMATION

Instructions: Read each question and mark yes or no, as appropriate. Each time a participant answers 'yes', ask the participant "What is the source of this information?" Read the list of sources of information aloud. Show participant Interviewer Card #4 with response categories. Use the key below to indicate the source(s) that correspond to the participant's answer(s). More than one response is acceptable.

- | | | |
|----------------|-----------------------------------|-------------------|
| 1 = Billboard | 4 = Community group/organization | 7 = Friend |
| 2 = Radio | 5 = Health care provider | 8 = Family member |
| 3 = Television | 6 = Religions leader/organization | 9 = Other |

Interviewer reads:

Now I would like to ask you some questions about HIV prevention messages that you may have heard or seen in the past 6 months and how or where you heard or saw them. Please use this card to help you answer.

36. In the past 6 months, have you heard or seen any messages about the following topics related to HIV?

		If yes, ask: What is the source of this information? Mark all that apply.
	yes no REF	1 2 3 4 5 6 7 8 9
36a. Get an HIV test to know your status.	<input type="checkbox"/> RQgett <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
36b. Reduce your number of sex partners.	<input type="checkbox"/> RQrsp <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
36c. Use condoms every time you have sex.	<input type="checkbox"/> RQuc <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Extended Questionnaire (A1)

4. What is your usual occupation? *[Interviewer probe: What kind of work do you most of the time?]*
Mark all that apply.

EQocfa farmer, forestry, fishing

EQoccl clerical

EQocso soldier, policeman

EQocpro professional/manager (includes teacher, accountant, nurse, etc.)

EQocdr driver

EQocstu student

EQocma manual worker

EQocnon none

EQocsa sales, service worker

EQocoth other? If other, specify:

EQocfw factory worker

EQocotx _____

EQocho take care of my home/children (housewife, homemaker)

EQocref _____

Question 5 Instructions: Read choices out loud to participant. Mark the one best answer.

5. I would like to ask you about your employment status. Are you now...

EQempl regularly employed full time?

unemployed/not looking for work?

employed part-time?

retired or disabled?

employed seasonally?

other? If other, specify:

self-employed?

EQemplo _____

unemployed/looking for work?

REF

6. Are you currently married (civil or traditional) or living together with a man/woman as married?

EQmarrie yes, currently married

no

yes, living with a man/woman

REF

➔ If no or REF, skip to question 11 instructions.

7. Is your husband/wife or partner living with you now or is he/she staying elsewhere?

EQpswy living with me

REF

staying elsewhere

Question 8 Instructions: For women, skip to question 11 instructions.

8. How many wives/live-in partners do you have?

number of wives/partners

EQnumw

REF

EQnumwr

9. In the last 12 months, have you been away from your home for more than one month at a time?

EQaway

no

REF

➔ If no, skip to Binge Drinking section.

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Extended Questionnaire (A1)

10. In the last 12 months, how many times have you been away from your home for more than one month at a time?

number of trips

REF

If REF, skip to Binge Drinking section.

Question 11 Instructions: This question for women only. If participant is male, skip to Binge Drinking section.

11. Are you currently pregnant?

no

DK

REF

EXPERIENCE WITH BINGE DRINKING

Instructions: Show participants the picture of the different alcoholic beverages on Interview Card #3. Then ask questions 12–14.

Interviewer reads:

Now I would like to ask you some questions about drinking alcohol. This picture shows common types of alcoholic beverages in our area. Some types of beverages contain more alcohol than other types of beverages. Below each beverage in this picture is a number. This number refers to how many drinks of alcohol each type of beverage contains. For example, one jar of umcombotsi is the same as 4 drinks, and one bottle of Spirits is the same as 30 drinks. Before we begin, do you have any questions?

Question 12 Instructions: Do not read responses. Allow participant to answer in own words, but okay to prompt.

12. How frequently do you drink alcohol?

don't drink

every day or almost daily

weekly but not daily

monthly but not weekly

less than monthly

REF

13. Using the information from this picture, have you ever had 6 or more drinks in one day?

no

DK

REF

If no, skip to Beliefs Regarding Male Circumcision section.

14. In the past year, how often did you have 6 or more drinks in one day?

more than a year ago

every day or almost daily

weekly but not daily

monthly but not weekly

less than monthly

REF

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Extended Questionnaire (A1)

BELIEFS REGARDING MALE CIRCUMCISION ASKED OF BOTH MEN AND WOMEN

Interviewer reads:

Now I would like to ask you some questions about male circumcision, and I am going to show you some drawings to help answer the questions. By male circumcision, I mean removal of the foreskin of the penis. Because circumcision is only performed on males, I will show you drawings only of the male genitalia/penis. Do you have any questions?

Instructions: Show participant male circumcision drawings on Interview Card #1.

15. Do you think male circumcision has any benefits? EQmcbe no DK REF → If no, DK, or REF, skip to 16.

15a. What benefits? Do not read choices aloud. Mark all that apply.

- | | |
|--|---|
| <input type="checkbox"/> EQmcbhiv reduce risk of HIV infection | <input type="checkbox"/> EQmcbpre women prefer/enjoy sex more |
| <input type="checkbox"/> EQmcbsti reduce risk of other STI infection | <input type="checkbox"/> EQmcbcul cultural requirement/identity |
| <input type="checkbox"/> EQmcbhyg better hygiene/cleaner | <input type="checkbox"/> EQmcbcan cancer prevention |
| <input type="checkbox"/> EQmcbcur HIV cure | <input type="checkbox"/> EQmcbotx other: _____ |
| <input type="checkbox"/> EQmcbsex best sexual performance | <input type="checkbox"/> EQmcbdk _____ |
| <input type="checkbox"/> EQmcbwom reduce women's risk of HIV infection | <input type="checkbox"/> EQmcbref _____ |

16. Do you believe that if a man's penis is circumcised, his risk of getting HIV will be increased, decreased, or remain the same? EQybcr increased decreased remain the same DK REF

SEXUAL ACTIVITY

Instructions: This section of the form addresses sexual behaviors and asks that the participant recall his/her sexual partners over the **past 6 months**.

Interviewer reads:

Now I would like to ask you some questions about your recent sexual activity. I know these questions are sensitive and want to remind you that your answers are completely private. This means that they will not be shared with anyone outside of the study team. No one will know what particular answers you give. This form will not have your name anywhere on it. Instead, you will only be identified by a number. If we should come to any questions that you don't want to answer, just let me know and we will go on to the next one.

Different people have different definitions of "sex" or "sexual intercourse." For this study, when we say "sex" we mean:

- Vaginal sex, which is when a man puts his penis in a woman's vagina.
- Anal sex, which is when a man puts his penis in another person's anus.

Do you have any questions before continuing?

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Extended Questionnaire (A1)

17. How old were you when you had sexual intercourse for the very first time? *age (years)*
 EQsexft *have never had sex* EQsexftn REF *If have never had sex, skip to HIV Status section.*
18. Have you had sexual intercourse with a girl or woman in the last 6 months?
 EQsex6mg no REF
19. Have you had sexual intercourse with a boy or man in the last 6 months?
 EQsex6mb no REF
20. In total, how many different people have you had sexual intercourse with in the last 6 months? It is okay to estimate the number if you do not remember exactly. *number of partners*
 EQsext REF EQsexttr *If zero, skip to HIV Status section.*
21. With the _____ (insert number of partners from question 20 or say "this or these" if 20 = REF) sex partners that you have had in the last 6 months, how often did you use a condom when you had sexual intercourse?
 EQsexctc sometimes DK
 always REF
 never
22. Did you know the HIV status of these partners? *yes, for all of them* *yes, for some of them* *no, for none of them* REF
 EQkhivs *If no, for none of them or REF, skip to Question 24 Instructions.*
23. How many of these partners did you know were HIV-positive? *all of them* *some of them* *none of them* REF
 EQnkhivs

Instructions: Read **down** each column of the table (for each partner, one at a time), **not** across each row. First list the last three partners by name/nickname, then ask questions in order (most recent first) about the partners.

Interviewer reads:

Now I would like to ask you more details about the three most recent sex partners that you have had in the **last 6 months**. Please tell me about them starting with the most recent sex partners.

	Partner 1	Partner 2	Partner 3
24. First name, nickname, or marker of each partner	<input type="text"/> EQp1fn	<input type="text"/> EQp2fn	<input type="text"/> EQp3fn
25. Month/year sexual relationship began	MMM YY <input type="text"/> <input type="text"/> EQp1rbmy <input type="text"/> <input type="text"/> <input type="checkbox"/> EQp1rbr	MMM YY <input type="text"/> <input type="text"/> EQp2rbmy <input type="text"/> <input type="text"/> <input type="checkbox"/> EQp2rbr	MMM YY <input type="text"/> <input type="text"/> EQp3rbmy <input type="text"/> <input type="text"/> <input type="checkbox"/> EQp3rbr

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Extended Questionnaire (A1)

	Partner 1	Partner 2	Partner 3
26. Month/year sexual relationship ended <i>Interviewer: Record today's date if relationship has not ended.</i>	MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> EQp1reny <input type="text"/> <input type="text"/> EQp1fer	MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> EQp2reny <input type="text"/> <input type="text"/> EQp2fer	MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> EQp3reny <input type="text"/> <input type="text"/> EQp3fer
27. Partner's sex	<input type="checkbox"/> male <input type="checkbox"/> DK <input type="checkbox"/> female <input type="checkbox"/> REF	<input type="checkbox"/> male <input type="checkbox"/> DK <input type="checkbox"/> female <input type="checkbox"/> REF	<input type="checkbox"/> male <input type="checkbox"/> DK <input type="checkbox"/> female <input type="checkbox"/> REF

Instructions: If response to Question 27 is female or REF, skip to 28. If response to Question 27 is "male", continue to Question 27a.

27a. Was his penis circumcised or uncircumcised? <i>Interviewer: Show participant male circumcision drawings on Interview Card #1.</i>	<input type="checkbox"/> circumcised <input type="checkbox"/> uncircumcised <input type="checkbox"/> became circumcised during relationship <input type="checkbox"/> DK <input type="checkbox"/> REF	<input type="checkbox"/> circumcised <input type="checkbox"/> uncircumcised <input type="checkbox"/> became circumcised during relationship <input type="checkbox"/> DK <input type="checkbox"/> REF	<input type="checkbox"/> circumcised <input type="checkbox"/> uncircumcised <input type="checkbox"/> became circumcised during relationship <input type="checkbox"/> DK <input type="checkbox"/> REF
28. About how old was she/he the first time you had sex with her/him?	years <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	years <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	years <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

For the next question, I am going to ask you if your partner was a husband/wife, a regular partner, or a casual partner:

- By spouse we mean someone who you are married to or living with as if married.
- By regular partner we mean someone who you are NOT married to or living with as married, but who is a steady partner such as a girlfriend or boyfriend.
- By casual partner we mean someone who is NOT your spouse or a regular partner, but with whom you have had sex with in the last 6 months.

29. Keeping these definitions in mind, is this partner your husband/wife, a regular partner, or a casual partner?	<input type="checkbox"/> husband/wife <input type="checkbox"/> regular partner <input type="checkbox"/> casual partner <input type="checkbox"/> REF	<input type="checkbox"/> husband/wife <input type="checkbox"/> regular partner <input type="checkbox"/> casual partner <input type="checkbox"/> REF	<input type="checkbox"/> husband/wife <input type="checkbox"/> regular partner <input type="checkbox"/> casual partner <input type="checkbox"/> REF
30. On approximately how many days did you have sex with him/her in the last 6 months?	<input type="checkbox"/> between 2-5 <input type="checkbox"/> between 6-10 <input type="checkbox"/> more than 10 <input type="checkbox"/> REF	<input type="checkbox"/> between 2-5 <input type="checkbox"/> between 6-10 <input type="checkbox"/> more than 10 <input type="checkbox"/> REF	<input type="checkbox"/> between 2-5 <input type="checkbox"/> between 6-10 <input type="checkbox"/> more than 10 <input type="checkbox"/> REF

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Extended Questionnaire (A1)

All data recorded on this page.

Instructions: For questions 31–38, show participant Interview Card #2 to help them remember the response options: always, sometimes, or never.

	Partner 1	Partner 2	Partner 3
31. How often did you use a condom when you had sexual intercourse?	<input type="checkbox"/> EQ1rel1 always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> EQ2rel1 always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> EQ3rel1 always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF
32. How often did you give or receive money or gifts so that you would have sex with this person?	<input type="checkbox"/> EQ1horg always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> EQ2horg always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> EQ3horg always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF
33. Did you and your partner engage in vaginal sex in the last 6 months?	<input type="checkbox"/> EQ1evs always <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> EQ2evs always <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> EQ3evs always <input type="checkbox"/> REF <input type="checkbox"/> no
			<p>▶ If no, skip to 35.</p>
34. How often did you and your partner use a condom when you had vaginal sex in the last 6 months?	<input type="checkbox"/> EQ1v6c always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> EQ2v6c always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> EQ3v6c always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF
35. Did you and your partner engage in anal sex in the last 6 months?	<input type="checkbox"/> EQ1eas always <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> EQ2eas always <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> EQ3eas always <input type="checkbox"/> REF <input type="checkbox"/> no
			<p>▶ If no, skip to Questions 37–40 Instructions.</p>
36. How often did you and your partner use a condom when you had anal sex in the last 6 months?	<input type="checkbox"/> EQ1a6c always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> EQ2a6c always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> EQ3a6c always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF

PTID

ptid - - -

Extended Questionnaire (A1)

EQndr2 data recorded on this page.

Questions 37–40 Instructions: Complete questions 37–40 for all male participants who had a male sex partner(s) in the past 6 months. All other participants, skip to question 39.

	Partner 1	Partner 2	Partner 3
37. Did you and your partner have <i>anal</i> sex in the last 6 months?	EQ1as6m <input type="checkbox"/> REF <input type="checkbox"/> <input type="checkbox"/> no	EQ2as6m <input type="checkbox"/> REF <input type="checkbox"/> <input type="checkbox"/> no	EQ3as6m <input type="checkbox"/> REF <input type="checkbox"/> <input type="checkbox"/> no
	If no, skip to 39.		
38. How often did you and your partner use a condom when you had <i>anal</i> sex in the last 6 months?	EQ1s6mc <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	EQ2s6mc <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	EQ3s6mc <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF
39. When you were having a sexual relationship with this partner, do you think that he/she was HIV positive?	EQ1tphi <input type="checkbox"/> DK <input type="checkbox"/> <input type="checkbox"/> no <input type="checkbox"/> REF	EQ2tphi <input type="checkbox"/> DK <input type="checkbox"/> <input type="checkbox"/> no <input type="checkbox"/> REF	EQ3tphi <input type="checkbox"/> DK <input type="checkbox"/> <input type="checkbox"/> no <input type="checkbox"/> REF
	If no, skip to 41.		
40. Do you think that this partner was taking ART for HIV/AIDS?	EQ1tart <input type="checkbox"/> DK <input type="checkbox"/> <input type="checkbox"/> no <input type="checkbox"/> REF	EQ2tart <input type="checkbox"/> DK <input type="checkbox"/> <input type="checkbox"/> no <input type="checkbox"/> REF	EQ3tart <input type="checkbox"/> DK <input type="checkbox"/> <input type="checkbox"/> no <input type="checkbox"/> REF

Question 41 is for women only. If participant is male, skip to 42.

41. Have you had any of the following symptoms of a sexually transmitted infection in the last 12 months?

41a. abnormal or unusual discharge from your vagina EQabdfv no DK REF

41b. sores in your genital area EQsiygav no DK REF

Question 42 is for men only. If participant is female, skip to HIV Status Information section.

42. Have you had any of the following symptoms of a sexually transmitted infection in the last 12 months?

42a. abnormal or unusual discharge from your penis EQabdfp no DK REF

42b. sores in your genital area EQsiygap no DK REF

PTID

ptid - - -

Extended Questionnaire (A1)

HIV STATUS INFORMATION

Instructions: This section of the form addresses prior HIV testing.

Interviewer reads:

Now I would like to ask you some questions about HIV testing. Your answers are completely private. This form will not have your name anywhere on it; instead you will only be identified by a number.

43. Have you ever been tested to see if you have the AIDS virus? yes no DK REF If no, DK, or REF, skip to 49.

EQtfaid

44. How many times have you had an HIV test in your lifetime? number of times

EQhothiv EQntestr

45. When was the last time you had an HIV test? Give best approximate date. MMM YY REF

EQwthiv EQwthivy

46. Did you get the result of your last HIV test? yes no DK REF If DK or REF, skip to 49.

EQgrhiv

If yes, skip to 48.

Question 47 Instructions: Do not read. Record reason as described by participant.

47. What are some of the reasons that you did not get your HIV test result?

EQwhyaf *did not want to know/was afraid to know my test result* EQwhywp *wanted to test with partner*

EQwhygv *provider did not give result to me* EQwhyti *did not have time to wait for result*

EQwhypp *had to get partner permission to test* EQwhyoth *other* EQwhyotx

Instructions: If question 47 was answered, skip to HIV Prevention Exposure Information section.

48. I would like to ask you the result of your latest HIV test, but I want to remind you again that you should only answer the question if you feel comfortable. If you feel comfortable, could you tell me the result of your latest HIV test? positive negative indeterminate DK REF

EQrltest

49. Has a doctor or nurse ever told you that you should be taking ART to treat HIV (including during pregnancy)? yes no DK REF

EQdtart

50. Are you currently taking ART to treat HIV? yes no DK REF

EQctart

PTID

ptid - - -

Extended Questionnaire (A1)

HIV PREVENTION EXPOSURE INFORMATION

Instructions: Read each question and mark yes or no, as appropriate. Each time a participant answers 'yes', ask the participant "What is the source of this information?" Read the list of sources of information aloud. Show participant Interviewer Card #4 with response categories. Use the key below to indicate the source(s) that correspond to the participant's answer(s). More than one response is acceptable.

- | | | |
|----------------|-----------------------------------|-------------------|
| 1 = Billboard | 4 = Community group/organization | 7 = Friend |
| 2 = Radio | 5 = Health care provider | 8 = Family member |
| 3 = Television | 6 = Religions leader/organization | 9 = Other |

Interviewer reads:

Now I would like to ask you some questions about HIV prevention messages that you may have heard or seen in the past 6 months and how or where you heard or saw them. Please use this card to help you answer.

51. In the **past 6 months**, have you heard or seen any messages about the following topics related to HIV?

	yes	no	REF																			
51a. Get an HIV test to know your status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p style="text-align: right; margin-right: 10px;">If yes, ask: What is the source of this information? Mark all that apply.</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
51b. Reduce your number of sex partners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
51c. Use condoms every time you have sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
51d. Male circumcision for HIV prevention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
51e. ART is available in clinics to treat HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
51f. All pregnant women should get an HIV test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
51g. ART is available to prevent a mother from transmitting HIV to her baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
51h. Other, specify: <u>EQother</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														

Household ID

hhid- - - -

Household Contacts - Additional Attempts (A1)

Instructions: If Final Result Code = 1, complete questions 5-8 on this form, and complete question 9 and Household Members information on the original Household Composition (A1) form, starting with page 2.

Team ID:

1. Indicate the questionnaire that will be completed for this household: Immediate Extended

Additional Attempts to Survey Household			
	1	2	3
2. Date	dd <input type="text"/> <input type="text"/> MMM <input type="text"/> <input type="text"/> yy <input type="text"/> <input type="text"/>	dd <input type="text"/> <input type="text"/> MMM <input type="text"/> <input type="text"/> yy <input type="text"/> <input type="text"/>	dd <input type="text"/> <input type="text"/> MMM <input type="text"/> <input type="text"/> yy <input type="text"/> <input type="text"/>
2a. Time	hr <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> 24-hr clock	hr <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> 24-hr clock	hr <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> 24-hr clock
3. Staff ID	<input type="text" value="AHA1stid"/> <input type="text"/> <input type="text"/>	<input type="text" value="AHA2stid"/> <input type="text"/> <input type="text"/>	<input type="text" value="AHA3stid"/> <input type="text"/> <input type="text"/>
4. Result Code	<input type="text" value="AHA1rcod"/> If 5 or 6, complete Next Visit/Time.	<input type="text" value="AHA2rcod"/> If 5 or 6, complete Next Visit/Time.	<input type="text" value="AHA3rcod"/> Note: 5 is not a valid code for final attempt.
Result Code Key: 1 = members listed 2 = household refused 3 = household absent for extended period of time 4 = vacant/destroyed/not found/not residential 5 = postponed 6 = no one home			
Next Visit Date/Time	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Total number in household	<input type="text" value="AHAtnih"/>	6. Total eligible	<input type="text" value="AHAtelig"/>
		7. Total given PTID	<input type="text" value="AHAtgptd"/>

HOUSEHOLD PARTICIPATION

Instructions: Ask these questions of the head of the household or an adult member of the household who has information about the household to determine the household composition. For each eligible member of the household, complete all questions. Please do not leave any questions blank.

Interviewer reads:

Thank you for taking the time to speak with me about this study. We would like to first ask you some questions about your household and then I am going to ask you about household members.

Ngiyabonga kutsatsa sikhatsi sakho kukhuluma nami ngaluluholo. Ngitawucela kukubuta imibuto ngendlu yakakho kanye nalabo lopheka noma lodla nabo.

8. What is the main source of drinking water for members of your household? Mark only one.

Emanti leniwanatsako achamuka kuphi?

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> 8a. Piped into dwelling | <input type="checkbox"/> 8g. Protected spring | <input type="checkbox"/> 8l. Bottled water |
| <input type="checkbox"/> 8b. Piped yard/plot | <input type="checkbox"/> 8h. Unprotected spring | <input type="checkbox"/> 8m. Other, specify: <input type="text" value="AHAmstdwo"/> |
| <input type="checkbox"/> 8c. Public taps/standpipe | <input type="checkbox"/> 8i. Rainwater | <input type="text"/> |
| <input type="checkbox"/> 8d. Borehole | <input type="checkbox"/> 8j. Tanker truck | <input type="checkbox"/> 8n. DK/REF |
| <input type="checkbox"/> 8e. Protected well | <input type="checkbox"/> 8k. Surface water (river/dam/lake/ponds/stream/canal/irrigation channel) | |
| <input type="checkbox"/> 8f. Unprotected well | | |

PTID

ptid - - -

Short-term Cohort Follow-up (A1)

Interview Date

SCPid
 dd MMM yy

Staff ID: SCPstid Team ID: SCPtmid

ATTEMPTS TO CONTACT PARTICIPANT

	1	2	3
1. Date	SCP1asdt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd MMM yy	SCP2asdt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd MMM yy	SCP3asdt <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd MMM yy
1a. Time	SCPtime1 <input type="text"/> <input type="text"/> 24-hr clock hr min	SCPtime2 <input type="text"/> <input type="text"/> 24-hr clock hr min	SCPtime3 <input type="text"/> <input type="text"/> 24-hr clock hr min
2. Staff ID	SCP1stid <input type="text"/> <input type="text"/>	SCP2stid <input type="text"/> <input type="text"/>	SCP3stid <input type="text"/> <input type="text"/>
3. Result Code	SCP1rcod <input type="text"/> <input type="text"/> If 30, 40, or 60, complete Next Visit/Time. If 20, 51-53, 70, or 80, complete Completion/Termination form. If 54, specify: _____	SCP2rcod <input type="text"/> <input type="text"/> If 30, 40, or 60, complete Next Visit/Time. If 20, 51-53, 70, or 80, complete Completion/Termination form. If 54, specify: _____	SCP3rcod <input type="text"/> <input type="text"/> Note: 30, 40, and 60 not valid codes for 3rd attempt. If 20, 51-53, 70, or 80, complete Completion/Termination form. If 54, specify: _____

Result Code Key
 Complete Completion/Termination form
 10 = visit completed 53 = incapacitated
 20 = refused visit 54 = other (specify)
 51 = incarcerated 70 = relocated outside of Swaziland
 52 = deceased

Complete Locator Update and Status forms
 60 = relocated in Swaziland

After three attempts, complete Completion/Termination form
 30 = unable to contact ppt; visit to be scheduled
 40 = visit postponed
 80 = unable to contact ppt; no revisit scheduled for now

Next Visit Date/Time _____

Instructions: Use this Short-term Cohort Follow-up form for all participants in Cohort A1 who agree to participate in follow-up evaluation. Please do not leave any questions blank. Instead, mark the "DK" box if the participant states that they "don't know" the answer to a question. If the participant is willing to answer but doesn't know the exact answer, encourage him/her to estimate, as this is better than a DK answer. If the participant refuses to answer a question, mark the "REF" box for "refused" to answer.

HIV RAPID TESTING RESULTS

Interviewer reads:

Thank you for continuing to participate in the study. I am going to draw a small sample of your blood for an HIV test. I will then place a drop of your blood on the HIV test kit. The test will take about 30 minutes to process. Then I will give you your HIV test results. Before we begin, do you have any questions?

Ngiyakubonga kuchubeka kwakho kutsi ube yincenye yalolucwaningo. Ngitawutsatsa ingati lencane kuwe kute ngikwati kukuhlola ligciwane leHIV. Lokuhlola kutawutsatsa sikhatsi lesingangemizuzu lengemashumi lamatsafu, bese ngikunika imiphumela yakho. Ingabe unayo yini imibuto ngaphambi kwekutsi ngicale?

Instructions: If the participant declines to have his/her blood drawn, mark the "Participant refused venipuncture" box and complete the Completion/Termination form.

Participant refused venipuncture → End of form. Complete Completion/Termination form.

PTID

ptid - - -

Short-term Cohort Follow-up (A1)

p6378 Participant is female. No data recorded on this page.

12. On the day you got circumcised, did you have an HIV test?
Ngabe walihlola yini ligciwane leHIV ngelilanga usoka?

yes no REF
SCPdayhi

If no or REF, skip to Interviewer reads text after question 13.

13. I would like to ask you the result of your HIV test on the day of your circumcision surgery, but I want to remind you again that you should only answer the question if you feel comfortable. If you feel comfortable, could you tell me the result of your latest HIV test?
Ngitawutsandza kwati kabanti ngemphumela wakho weHIV nawuhlola ngelilanga utawusoka. Ngicela kukukhumbuta kutsi lombuto ungawuphendvula uma utiva ukhululekile. Uma utiva ukhululekile, ungangitjela umphumela wakho wekucina weHIV?

positive negative indeterminate DK REF
SCPdayhr

Interviewer reads:

Thank you for answering questions about your circumcision surgery. I would now like to ask you to complete a release of medical information form.
Ngiyabonga kutsi uphendvule lemibuto mayelana nekusoka kwakho. Ngitocela imvume yakho yekutsi ngitfole emarekhodi ngekusoka kwakho.

Question 14 Instructions: Ask the participant to complete the release of medical information form.

14. Indicate if the participant completed the release of medical information:
completed REF
SCPpcrmi

FINAL STATEMENT

Interviewer reads:

Thank you very much for your time. Do you have any final questions or comments that you would like to share with me?
Siyabongeka kakhulu sikhatsi sakho. Ingabe unayoyini leminywe imibuto nomakukhona yini longatsandza kungatisa kona?

SCPfcomm

PTID

ptid - - -

Follow-up HIV Test Results (A1)

Specimen Collection Date

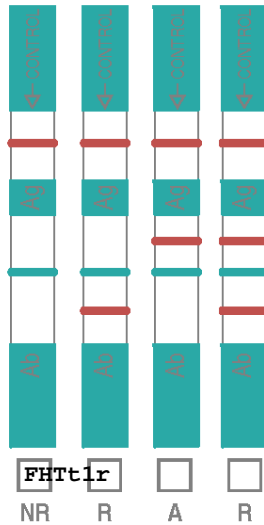
FHTscdt
 dd MMM yy

Staff ID: FHTstid Team ID: FHTtmid

1. Test #1: Determine 4th Generation

Lot No. _____ Exp. Date _____

Mark **one** box indicating the results from the Determine test strip:



If test is invalid (no control line), mark box and repeat Determine Test.

Valid Determine Test Results

1. If **NR**, **STOP** and record as **NR** in Sample Test Result and Participant Result sections. No further testing is required.
2. If **R** or **A**, test blood sample with Unigold test.

2. Specimen Collection/Storage

Was a 9ml tube of blood fully or partially collected? yes no FHT9coll

3. Test #2: Unigold

Lot No. _____ Exp. Date _____

Mark the box indicating the result from the Unigold test strip:

- REACTIVE (R)** If Valid Unigold Results, record in both Sample Test Result and Participant Result sections.
- NON-REACTIVE (NR)**

Test Results Interpretation

1. Determine Test = **R** and Unigold Test = **R**: Record **R** in both Sample Test Result and Participant Result sections.
2. Determine Test = **R** and Unigold Test = **NR**: Record as **IND** in both Sample Test Result and Participant Result sections
3. Determine Test = **A** and Unigold Test = **R**: Record as **IND** in both Sample Test Result and Participant Result sections
4. Determine Test = **A** and Unigold Test = **NR**: Record as **A** in Sample Test Result section and **IND** in Participant Result section.

4. Sample Test Result

Mark box and record on Sample Tube Label.

- STR** (Determine = **R** and Unigold = **R**)
- NR** (Determine **NR** only)
- IND** (Determine = **R** and Unigold = **NR** or Determine = **A** and Unigold = **R**)
- A** (Determine = **A** and Unigold = **NR**)

5. Participant Result

- STR**
- R**
- IND (IND or A)*** ** In both cases, counsel as indeterminate result.*

6. Were the results given to the participant?

- YES**
- No, participant refused
- No, other: FHTprgo _____

7. If the participant is HIV-positive, provide the name of the nearest health facility, recommend that the participant go to that facility for care and treatment, and record the referral number:

A FHTref

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Short-term Cohort Follow-up (A1)

Interview Date

SCFidt
 dd MMM yy

Staff ID: Team ID:

ATTEMPTS TO CONTACT PARTICIPANT

1. Total contact attempts:

2. At the time of the terminal result code, where did the participant reside?

Original EA
 outside of Swaziland
 in Swaziland but different EA

GPS coordinates:
 - ° . ' LATITUDE
 ° . ' LONGITUDE

3. Terminal result code:

visit completed (10)
 ↓
 Skip to Instructions below.

For these codes, end of form. Only fax this page to SCHARP DataFax.

<input type="checkbox"/> refused visit (20)	<input type="checkbox"/> other (54), specify: <input type="text" value="SCFcdx"/>
<input type="checkbox"/> incarcerated (51)	<input type="checkbox"/> relocated outside of Swaziland indefinitely (70)
<input type="checkbox"/> deceased (52)	<input type="checkbox"/> unable to contact participant; no revisit scheduled for now (80)
<input type="checkbox"/> incapacitated (53)	

Instructions: Use this Short-term Cohort Follow-up form for all participants in Cohort A1 who agree to participate in follow-up evaluation. Please do not leave any questions blank. Instead, mark the "DK" box if the participant states that they "don't know" the answer to a question. If the participant is willing to answer but doesn't know the exact answer, encourage him/her to estimate, as this is better than a DK answer. If the participant refuses to answer a question, mark the "REF" box for "refused" to answer.

HIV RAPID TESTING

Interviewer reads:

Thank you for continuing to participate in the study. I am going to draw a small sample of your blood for an HIV test. I will then place a drop of your blood on the HIV test kit. The test will take about 30 minutes to process. During that time, I will ask you some questions which you answered during your last interview. Then I will give you your HIV test results. Before we begin, do you have any questions?

Ngiyakubonga kuchubeka kwakho kutsi ube yincenye yalolucwaningo. Ngitawutsatsa ingati lencane kuwe kute ngikwati kukuhlola ligciwane leHIV. Ngalesosikhatsi ngitakubuta leminyane yemibuto lengakubuta yona nasigcina kukuvakashela. Lokuhlola kutawutsatsa sikhatsi lesingangemizuzu lengemashumi lamatsafu, bese ngikunika imiphumela yakho. Ingabe unayo yini imibuto ngaphambi kwekutsi ngicale?

Instructions: If the participant declines to have his/her blood drawn, mark the "Participant refused venipuncture" box.

Participant refused venipuncture

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Short-term Cohort Follow-up (A1)

SEXUAL ACTIVITY

Instructions: This section of the form addresses sexual behaviors and asks that the participant recall his/her sexual partners over the **past 6 months**.

Question 4 Instructions: This question for women only. If participant is male, skip to Interview Reads paragraph after question 4a.

4. Are you currently pregnant? **SCFpreg** no DK REF

Ngabe ukhulelwe yini nyalo?

If yes, skip to Interview Reads paragraph after question 4a.

4a. Have you been pregnant since your last visit? **SCFpslv** no DK REF

Uke wakhulelwa yini kusukela esikhatsini nasigcina ngaso kukuvakashela?

Interviewer reads:

Now I would like to ask you some questions about your recent sexual activity. I know these questions are sensitive and want to remind you that your answers are completely private. This means that they will not be shared with anyone outside of the study team. No one will know what particular answers you give. This form will not have your name anywhere on it. Instead, you will only be identified by a number. If we should come to any questions that you don't want to answer, just let me know and we will go on to the next one.

Different people have different definitions of "sex" or "sexual intercourse." For this study, when we say "sex" we mean:

- Vaginal sex, which is when a man puts his penis in a woman's vagina.
- Anal sex, which is when a man puts his penis in another person's anus.

Do you have any questions before continuing?

Interviewer reads:

Nyalo-ke ngingatsandza kubuta imibuto lemayelana nekulala kwakho kulesikhashana lesendlulile. Ngiyati kutsi lemibuto iyahhedleta/itsintsana ne-buntfu bakho, kungako nje ngikukhumbuta kutsi timphendvulo takho titawugcineka kahle. Loku kusho kutsi akukho lomunye longatati ngaphandle kwalaba labachuba lolucwaningo. Angeke libhalwe ligama lakho kuleli-phepha letimphendvulo. Utawunikwa inombolo lotawatiwa ngayo. Uma kunemibuto longatsandzi kuyiphendvula ngicela ungatise ngitewuyeca ngichubekele kuleminye.

Bantfu labehlukene banetinchazelo letahlukene ngekulala noma kulalana. Kulolucwaningo kulala kufaka ekhatsi naku lokulandzelako:

- Kulalana ngekwelicansi kwalomdvuna nalomsikati, lokusho kutsi lomdvuna ufaka indvuku yakhe kulentfombi yalonalomsikati.
- Kulalana ngemuva, lona wesilisa ufaka indvuku yakhe etibunu noma embotjeni lengemuva kulomunye umuntfu.

Ingabe unayo yini imibuto ngaphambi kwekutsi ngichubekele embili?

5. How old were you when you had sexual intercourse for the very first time?

age (years)

SCFftage

SCFhnref have never had sex

REF

If have never had sex, skip to Follow-up HIV Test Results CRF.

Bewuneminyaka lemingakhi uma ucala ngca kulala?

6. In total, with how many different people have you had sexual intercourse in the last 6 months? It is okay to estimate the number if you do not remember exactly.

number of partners

SCFtnp6m

SCFtpr6m REF

If zero, skip to Follow-up HIV Test Results CRF.

Sebabonkhe ngabe bangakhi bantfu labehlukene lolene nabo kuletinyanga letisitfupha letendlulile? Uma ungasakhumbuli kahle, ungabekisa.

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Short-term Cohort Follow-up (A1)

7. With the _____ (insert number of partners from question 6 or say "this or these" if 9 = REF) sex partners that you have had in the last 6 months, how often did you use a condom when you had sexual intercourse?
- SCFno2p** *no times* DK
 always REF
 never

Kulabantfu labangu (insert number of partners from question 9 or say "this or these" if 9 = REF) lolele nabo kuletinyanga letisitfupha letendlulile bewuyisebentisa ngemahlandla lamangaki ikhondomu?

Instructions: Read **down** each column of the table (for each partner, one at a time), **not** across each row.

Interviewer reads:

Now I would like to ask you more details about your most recent sex partners in the last 6 months. Please tell me about them starting with the most recent sex partner.

Nyalo ngicela kukubuta kabanti ngabophathina logcine kulalana nabo kuletinyanga letisitfupha letengcile. Ngicela ungitjele ngabo ucale ngalogcine kulalana naye.

	Partner 1	SCFno2p ^{2nd} partner Skip to Providing HIV Test Results section. Partner 2	SCFno3p ^{3rd} partner Skip to Providing HIV Test Results section. Partner 3
8. First name, nickname, or marker of each partner Ngiphe ligama lakhe, ligama lekuteketisa, noma indlela letsite yekumbekisa	<input type="text"/> SCFp1fn	<input type="text"/> SCFp2fn	<input type="text"/> SCFp3fn
9. Month/year sexual relationship began Ngiphe inyanga nemnyaka lenacala kulalana ngawo	MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SCFp1bmy <input type="text"/> <input type="text"/> SCFp1rbr	MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SCFp2rbm <input type="text"/> <input type="text"/> SCFp2rbr	MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SCFp3rbm <input type="text"/> <input type="text"/> SCFp3rbr
10. Month/year sexual relationship ended Ngiphe inyanga nemnyaka lenahlukana ngawo Interviewer: Record today's date if relationship	MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SCFp1emy <input type="text"/> <input type="text"/> SCFp1rer	MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SCFp2rem <input type="text"/> <input type="text"/> SCFp2rer	MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SCFp3rem <input type="text"/> <input type="text"/> SCFp3rer
11. Partner's sex Bulili bakhe	<input type="checkbox"/> SCFp1ps <input type="checkbox"/> REF <input type="checkbox"/> female	<input type="checkbox"/> SCFp2ps <input type="checkbox"/> REF <input type="checkbox"/> female	<input type="checkbox"/> SCFp3ps <input type="checkbox"/> REF <input type="checkbox"/> female

Instructions: If response to Question 11 is female or REF, skip to 12. If response to Question 11 is "male", continue to Question 11a.

11a. Was his penis circumcised or uncircumcised? Indvuku yakhe beyisokiwe yini noma beyingakasokwa? Interviewer: Show participant male circumcision drawings on Interview Card #1.	<input type="checkbox"/> SCFp1cu <i>circumcised</i> <input type="checkbox"/> <i>uncircumcised</i> <input type="checkbox"/> <i>became circumcised during relationship</i> <input type="checkbox"/> DK <input type="checkbox"/> REF	<input type="checkbox"/> SCFp2cu <i>circumcised</i> <input type="checkbox"/> <i>uncircumcised</i> <input type="checkbox"/> <i>became circumcised during relationship</i> <input type="checkbox"/> DK <input type="checkbox"/> REF	<input type="checkbox"/> SCFp3cu <i>circumcised</i> <input type="checkbox"/> <i>uncircumcised</i> <input type="checkbox"/> <i>became circumcised during relationship</i> <input type="checkbox"/> DK <input type="checkbox"/> REF
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Short-term Cohort Follow-up (A1)

	Partner 1	Partner 2 <i>SCF1no2p partner</i> Skip to Providing HIV Test Results section.	Partner 3 <i>SCF1no3p partner</i> Skip to Providing HIV Test Results section.
12. About how old was she/he the first time you had sex with her/him? Bekaneminyaka lemingakhi ngesikhatsi nicala ngca kulalana?	years <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	years <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	years <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Interviewer reads:

For the next question, I am going to ask you if your partner was a husband/wife, a regular partner, or a casual partner:

- By husband/wife we mean someone who you are married to or living with as if married.
- By regular partner we mean someone who you are NOT married to or living with as married, but who is a steady partner such as a girlfriend or boyfriend.
- By casual partner we mean someone who is NOT your spouse or a regular partner, but with whom you have had sex with in the last 6 months.

Interviewer reads:

Kulombuto lolandzelako ngitakubuta kutsi ngabe lomuntfu lolalana naye nitsatsene, nivame kuhlanguana /singani sakho nomake ngumuntfu lokwetfuka kwenteka kutsi ulalanenaye:

- Nge ndvodza nemfati sisho lotsetsene naye waba yindvodza noma umfati wakho nomake lohlalisana naye njengemfati noma indvodza yakhko.
- Nge kuvamisa kuhlanguana sisho umuntfu leningakatsatsani naye futsi leningahlalisani naye, kodvwa lenenta lutfo naye noma losingani sakho.
- Umumntfu nje sisho umuntfu leningakatsatsani futsi longasiso nesingani, kodvwa loke walala naye kuletinyanga letisitfupha letengcile.

	Partner 1	Partner 2 <i>SCF2no2p partner</i> Skip to Providing HIV Test Results section.	Partner 3 <i>SCF2no3p partner</i> Skip to Providing HIV Test Results section.
13. Keeping these definitions in mind, is this partner your spouse, a regular partner, or a casual partner? Uma ulandzela lenchazelo lesengikunikete yona, ungamchaza utsi bekayini lomuntfu kuwe, benitsetsene, benivame kulalana naye/ bekusingani sakho, noma ngumuntfu lewehle ulalana naye nje?	<input type="checkbox"/> <i>SCFp1psr</i> husband/wife <input type="checkbox"/> regular partner <input type="checkbox"/> casual partner <input type="checkbox"/> REF	<input type="checkbox"/> <i>SCFp2psr</i> husband/wife <input type="checkbox"/> regular partner <input type="checkbox"/> casual partner <input type="checkbox"/> REF	<input type="checkbox"/> <i>SCFp3psr</i> husband/wife <input type="checkbox"/> regular partner <input type="checkbox"/> casual partner <input type="checkbox"/> REF
14. On approximately how many days did you have sex with him/her in the last 6 months? Ungabekisa utsi nilalene emalanga lamangakhi kuletinyanga letisitfupha letendlulile?	<input type="checkbox"/> <i>SCFp1m6s</i> <input type="checkbox"/> between 2-5 <input type="checkbox"/> between 6-10 <input type="checkbox"/> more than 10 <input type="checkbox"/> REF	<input type="checkbox"/> <i>SCFp2m6s</i> <input type="checkbox"/> between 2-5 <input type="checkbox"/> between 6-10 <input type="checkbox"/> more than 10 <input type="checkbox"/> REF	<input type="checkbox"/> <i>SCFp3m6s</i> <input type="checkbox"/> between 2-5 <input type="checkbox"/> between 6-10 <input type="checkbox"/> more than 10 <input type="checkbox"/> REF

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Short-term Cohort Follow-up (A1)

Instructions: For questions 15–22, show participant Interview Card #2 to help them remember the response options: always, sometimes, or never.

	Partner 1	Partner 2 <input type="checkbox"/> SCFno2 nd partner Skip to Providing HIV Test Results section.	Partner 3 <input type="checkbox"/> SCFno3 rd partner Skip to Providing HIV Test Results section.
15. How often did you use a condom when you had sexual intercourse? Ingabe ikhondomu bewuyisebentisa sonkhe sikhatsi, ngalesinye sikhatsi noma bewungayisebentisi?	<input type="checkbox"/> SCFp1hoc <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> SCFp2hoc <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> SCFp3hoc <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF
16. How often did you give or receive money or gifts so that you would have sex with this person? Ngemahlanda lamangakhi lawuke wakhapha noma wafola imali noma lokusipho kuze kutsi alalene nawe lomuntfu?	<input type="checkbox"/> SCFp1grm <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> SCFp2grm <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> SCFp3grm <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF
17. Did you and your partner engage in vaginal sex in the last 6 months? Ingabe wena naphathina wakho nilalene yini entfombini kuletinyanga letisitfupha letendlulile?	<input type="checkbox"/> SCFp1s6m <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> SCFp2s6m <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> SCFp3s6m <input type="checkbox"/> REF <input type="checkbox"/> no
		▶ If no, skip to 19.	
18. How often did you and your partner use a condom when you had vaginal sex in the last 6 months? Ingabe uma nilalana entfombini kuletinyanga letisitfupha letendlulile ikhondomu beniyisebentisa ngaso sonkhe sikhatsi, ngalesinye sikhatsi noma beningayisebentisi?	<input type="checkbox"/> SCFp1o6c <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> SCFp2o6c <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> SCFp3o6c <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF
19. Did you and your partner engage in anal sex in the last 6 months? Ingabe wena naphathina wakho nilalene yini ngemuva (embotjeni lengemuva) kuletinyanga letisitfupha letendlulile?	<input type="checkbox"/> SCFp1a6m <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> SCFp2a6m <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> SCFp3a6m <input type="checkbox"/> REF <input type="checkbox"/> no
		▶ If no, skip to Questions 21–22 Instructions.	
20. How often did you and your partner use a condom when you had anal sex in the last 6 months? Ingabe niyisebentise emahlanda lamangakhi ikhondomu uma nilalana ngemuva (embotjeni lengemuva) kuletinyanga letisitfupha letendlulile?	<input type="checkbox"/> SCFp1a6m <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> SCFp2a6m <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> SCFp3a6m <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF

PTID

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Short-term Cohort Follow-up (A1)

26. When did you first test HIV-positive? Give best approximate date.

Kwakukunini mawuhlola kwekucala utfolakala uneligciwane leHIV? Tama kukhumbula lusuku, inyanga kanye nemnyaka.

MMM yy REF
 SCF1tmy SCF1testr

27. After you tested HIV-positive, did you see/go to see a doctor or nurse about your HIV infection?

Emuva kwekuhlola utfole kutsi unalo ligciwane leHIV, waya yini kuyawubona dokotela/ noma nesi kute ucocisane nawe ngekutsi utfolakele uneligciwane le HIV emtimbeni?

yes no DK REF
 SCFsdoc

28. Has a doctor or nurse ever told you that you should be taking ART to treat HIV (including during your pregnancy)?

Ngabe dokotela noma nesi wake wakutjela yini kutsi udle emaphilisi ekutsintsibalisa ligciwane leHIV pheceleti ema ARVs (lokufaka ekhatsi make lotetfwele)?

yes no DK REF
 SCFsdoca

Instructions: If the participant is female, mark the "Participant is female. No data recorded on this page." box on page 9. Then skip to Final Statement section. If the participant is male, continue to Male Circumcision Status section.

MALE CIRCUMCISION STATUS

Interviewer reads:

Now I would like to ask you about male circumcision. I am going to show you some drawings to help answer the questions. As a reminder, by male circumcision, I mean removal of the foreskin of the penis. Because circumcision is only performed on males, I will show you drawings only of the male genitalia/penis. Before we begin, do you have any questions?

Nyalo ngitakubuta imibuto ngekusoka kwabantfu besilisa. Ngitakukhombisa imidvwebo lesita kuphendvula lemibuto. Kukukhumbuta, kusoka kwabantfu besilisa kusho kususwa kwelijwabu endvukwini yabo. Ngesizatfu sekutsi kusoka besilisa kuphela, ngitakukhombisa imidvwebo yebulili bemuntfu wesilisa/yendvuku yemuntfu wesilisa. Ngabe unayo yini imibuto?

Instructions: Show participant male circumcision drawings on Interview Card #1.

25. Based on these drawings, when you do NOT have an erection, would you say your penis is uncircumcised (more like the first drawing) or circumcised (more like the second drawing)?

circumcised uncircumcised DK REF
 SCFccim **If uncircumcised, DK, or REF, skip to Final Statement.**

Uma ubuka lemidvwebo ungasho yini kutsi indvuku yakho uma ingakavuki kutsi ayikasokwa (njengalomdvwebo wekucala) noma isokiwe (njengalomdvwebo wesibili)?

26. Mark the circumcision status that was reported by the participant during the Pre-cohort Survey (Routine or Extended Questionnaires).

circumcised uncircumcised DK REF
 SCFcircm **If circumcised, skip to Final Statement.**

27. When you completed the survey approximately 6 months ago, you reported being uncircumcised. When, in the last 6 months, did you become circumcised?

MMM yy
 SCFwcm SCFwycr **If REF, skip to Final Statement.**

Ngesikhatsi ucala kuba yincenye yalolucwaningo esikhatsini lesingaphasana noma ngetudlwana kwetinyanga letisitfupha, bewutsite awukasoki. Kusukakela kuleso sikhatsi kute kube ngunyalo, ngabe usoke nini?

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Participant is female. No data recorded on this page.

Short-term Cohort Follow-up (A1)

28. Did you get circumcised at a location providing medical circumcision services in Swaziland?
Ngabe wasoka endzaweni leniketa luhlelo lwekusoka kwebesilisa lolulapha eSwatini?

yes no REF
 SCFcalis → If no or REF, skip to Final Statement.

29. What is the name of the site where you had your circumcision done?
Yini ligama lalenzawo lapho wasoka khona?

SCFcsite DK
 SCFcsitk

30. On the day you got circumcised, did you have an HIV test?
Ngabe walihlola yini ligciwane leHIV ngelilanga usoka?

yes no REF
 SCFchhiv → If no or REF, skip to Interviewer reads text after question 31.

31. I would like to ask you the result of your HIV test on the day of your circumcision surgery. Please tell me the result of your HIV test on the day of your circumcision surgery.

positive negative indeterminate DK REF
 SCFrltst

Ngitawutsandza kwati kabanti ngemphumela wakho weHIV nawuhlola ngelilanga utawusoka. Ngicela ungitjele imiphumela yakho yeHIV nawuhlolela ligciwane ngelilanga usoka.

Interviewer reads:

Thank you for answering questions about your circumcision surgery. I would now like to ask you to complete a release of medical information form.
Ngiyabonga kutsi uphendvule lemibuto mayelana nekusoka kwakho. Ngitocela imvume yakho yekutsi ngitfole emarekhodi ngekusoka kwakho.

Question 32 Instructions: Ask the participant to complete the release of medical information form.

32. Indicate if the participant completed the release of medical information:
completed REF
 SCFpcrmi

FINAL STATEMENT

Interviewer reads:

Thank you very much for your time. Do you have any final questions or comments that you would like to share with me?

Siyabongeka kakhulu sikhatsi sakho. Ingabe unayoyini leminywe imibuto nomakukhona yini longatsandza kungatisa kona?

SCFfnst

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Refusal: Cross Sectional Cohort C

Visit Date

CRSvisdt
 dd MMM yy

Staff ID: Team ID:

Instructions: Complete this form for participants who decline to enroll in the Cross-Sectional Cohort C. Read the following statement to the participant to determine his/her willingness to provide the reason(s) for their refusal to participate in survey. If the participant declines to give a reason, note that in question 1. If the participant agrees to provide a reason, record their reason(s) in question 2.

Interviewer reads:

Thank you for considering taking part in the survey. If it is okay with you, I would like to ask you about the reasons you decided not to participate in the survey. If you don't wish to answer, that is fine, but your answers will help us better understand why persons like you may not wish to participate.

Siyabonga kuba yincenye yaloluncwaningo. Umangabe kukulungela ngitawutsandza kukubuta tizatfu tekutsi ungalungeneli loluncwaningo. Nawungakhoni kuphendvula imibuto kulungile, kodwake timphendvulo takho betitasisita kwati kancono kutsi yini leyenta bantfu bangatsandzi kungenela loluncwaningo.

1. Was participant willing to give a reason for not wanting to participate in the survey? yes no
 CRSpart → If no, go to Final Statement.

2. What are the reasons that you did not wish to participate in the survey?

Yini tizatfu letente ungafisi kuba yincenye yalolucwaningo?

Do not read reasons aloud. Mark all that apply.

- CRStime I don't have time to participate in the survey
- CRShpos I already know my CD4 cell count
- CRStest I don't wish to be tested for CD4
- CRStkbl I don't want you to draw my blood/take my blood away
- CRScmf I find the topic uncomfortable or embarrassing
- CRSprtno Need partner permission/partner wouldn't allow it
- CRSparno Need parental permission/parent wouldn't allow it
- CRScnf Fear breach of confidentiality
- CRSothr Other, specify:

Instructions: Make certain that the correct information is marked above.

FINAL STATEMENT

Interviewer reads: Thank you very much for your time. Do you have any final questions or comments?

Siyabonga kakhulu kunginika sikhatsi sakho. Ingabe unayo yini imibuto noma longakwengeta?

Participant Comments _____

PTID

- - -

Enrollment Status: Cross Sectional Cohort C

Enrollment Date

dd MMM yy

Staff ID: Team ID:

1. Was the participant eligible for Cohort C? **ENRpeal** *If yes, skip to item 2.*

1a. What is the primary reason the participant was not eligible?

- CENprne** Did not complete Pre-cohort survey
- Not confirmed positive by pre-cohort HIV testing
- Did not provide informed consent for contact for future research
- Informed consent for contact for future research expired
- Not able to provide informed consent or answers to study questionnaires for Cohort C in English or siSwati
- Did not receive HIV test results during pre-cohort survey
- Other, specify:

End of form. Contact supervisor.

2. If the participant was eligible, did the participant enroll in Cohort C? **CENenc** *If yes, end of form.*

2a. What is the primary reason the participant did not enroll?

- refused visit (20) **Complete Refusal: Cross Sectional Cohort C.**
- incarcerated (51)
- deceased (52)
- incapacitated (53)
- CENnenc** other (54), specify:
- relocated outside of Swaziland indefinitely (70)
- unable to contact participant; no revisit scheduled for now (80)

PTID

ptid- - - -

Questionnaire: Cross Sectional Cohort C

Enrollment Date

CQerdt
 dd MMM yy

Staff ID: CQstid Team ID: CQtmid

Instructions: Ask the below questions for all participants meeting the eligibility criteria and who have provided informed consent to participate. Please do not leave any questions blank. Instead, mark the "DK" box if the participant states that they "don't know" the answer to a question. If the participant is willing to answer but doesn't know the exact answer, encourage him/her to estimate, as this is better than a DK answer. A partial response of year but no month is acceptable, if probing by the interviewer is not successful in obtaining an estimated month. If the participant refuses to answer a question, mark the "REF" box for "refused" to answer.

Interviewer reads:

Thank you for agreeing to participate. First, I would like to ask you a few questions. Some of these questions may be uncomfortable to answer. Please remember that you do not have to answer any questions that you do not want to answer and you may discontinue the interview at any time. If I ask a question that you don't want to answer, just let me know and I will go on to the next question. Our discussion will last no more than 20 minutes.

Siyabonga kuvuma kungenela loluncwaningo. Kwekucala ngitawutsandza kukubuta imibuto lemibalwa. Leminye yalemibuto kungenteka utive ungakahululeki kuyiphendvula. Ngicela ukhumbule kutsi awukaphoceleleki kuphendvula imibuto longakhoni kuyiphendvula futsi ungakhetsa kungachubeki nemibuto nome kunini. Uma ngikubuta imibuto longakhoni kuyiphendvula ngicela ungatise sitochubekela kulomunye umbuto. Lokucocisana kwetfu kutawutsatsa imizuzu lengemashumi lamabili.

1. In what month and year were you diagnosed with HIV?

Nguyiphi inyanga nemnyaka lokwatfolakala ngawo kutsi unalo ligciwane le HIV?

MMM yy DK REF
 CQdimy CQdidr

If the participant responds that he/she has never been diagnosed with HIV, then STOP the interview and contact your supervisor.

2. After being diagnosed with HIV, did you ever attend any health facility where you were given HIV-related medical care?

Nasekutfolakele kutsi unaleligciwane le HIV, waya yini emtfolamphilo kuyotfola lusito?

yes no DK REF
 CQatth

If no, DK, or REF, skip to instruction after Question 11c.

3. When did you last visit a health facility to receive HIV-related medical care?

Bekungunini nawugcina kutfola lusito mayelana ne HIV emtfolamphilo?

dd MMM yy DK REF
 CQlvhdt CQlvhdr

PTID

ptid - - -

Questionnaire: Cross Sectional Cohort C

4. Since learning you are HIV-positive, have you had a blood test to find out your CD4 count?

Emuva sewutfolile kutsi unalo ligciwane, uke wayitsatsa yini ingati kuyohlola emasotja emtimba (i CD4 count)?

yes no DK REF **CQnbtcd** *If no, DK, or REF, skip to Question 5.*

4a. What was your CD4 count at the last test?

Bekanganani emasotja akho emtimba i CD4 nawugcina kuwahlola?

CQcd4c DK REF **CQcd4cdr**

4b. Approximately when did you receive your last CD4 test result?

Ungabekisa utsi kunini inyanga nemnyaka nawugcina kutfola uphumela wemasotja akho emtimba i CD4?

MMM yy DK REF **CQrcd4my** **CQrcd4dr**

5. Has a doctor or nurse ever told you that you should be taking ART to treat HIV (including during pregnancy)?

Ingabe dokotela noma nesi wake wakutjela yini kutsi ungatsatsa emaphilisi ekudzinzibalisa leligciwane (noma ngabe utetfwele)?

yes no DK REF **CQdtyart**

Question 6 is for female participants only. If participant is male, skip to Question 7.

6. Are you currently pregnant?

Ingabe utetfwele yini?

yes no DK REF **CQcprg** *If no, DK, or REF, skip to Question 7.*

6a. How many months pregnant are you?

Ingabe setingaki tinyanga utetfwele?

REF **CQnmprg** **p97v16**

6b. Are you currently taking ARV medications to prevent transmission of HIV to your baby?

Ingabe akhona yini emaphilisi ladzinzibalisa ligciwane lowanatsako nyalo kuvikela kutsi luswane lwakho lungesuleleki ngeligciwane le HIV?

yes no DK REF **CQctarvb** *If yes, skip to Question 8.*

PTID

ptid - - -

Questionnaire: Cross Sectional Cohort C

7. Are you currently taking ARV medications to treat HIV?

Ingabe uyawadla yini emaphilisi ekudzinzibalisa ligciwane le HIV?

yes no DK REF

CQctarv

If yes, skip to Question 8.
If DK, or REF, skip to statement above Question 10.

7a. Have you **ever** previously taken ARV medications to treat HIV?

Ngabe wake wawatsatsa yini emaphilisi ema ARVs ekudzinzibalisa ligciwane le HIV esikhatsini lesendlulile?

yes no DK REF

p98v9

If no, DK, or REF, skip to statement above Question 10.

7a1. What was the main reason that you stopped taking ARV medications?

Kwabayini sizatfu lesikhulu lesakwenta kutsi uyekele kutsatsa emaphilisi ekutsintsibalisa ligciwane leHIV?

p98v10

Medication made me sick

Ran out of medication

No money for transport to clinic

Medication was temporary to prevent HIV transmission to baby

Other

Skip to statement above Question 10.

8. When did you first start taking ARV medications for HIV?

Wacala nini kudla emaphilisi ekudzinzibalisa ligciwane le HIV?

MMM yy DK REF

CQfarvmy

CQfarvdr

9. When did you last refill your ARV medications?

Ugcine nini kugcwalisa emaphilisi ekudzinzibalisa ligciwane le HIV?

MMM yy DK REF

CQlarvmy

CQlarvdr

PTID

ptid - - -

Questionnaire: Cross Sectional Cohort C

Interviewer reads:

When people attend the HIV clinic, the clinic doctor or nurse usually gives the client a personal medical booklet. Patients are usually asked to bring their personal medical booklet to every HIV clinic visit. During the visits, the doctor or nurse sometimes prescribes medications. I would like to see your personal medical booklet to look at the date of your last visit and when you may have started medications. Could you bring your personal medical booklet for me to see?

Uma uvakashela umfolamphilo weligciwane leHIV, dokotela noma nesi uvamise kukunika bhukwana lochaza ngemphilo yakho. Tigulane tivamise kucelwa kutsitite nabhukwana wato ngasosonkhe sikhatsi umatite emfolamphilo, dokotela noma nesi uyaye akweluleke idlela lekumele utsatse ngayo emaphilisi. Ngicela kubona bhukwana wakho ngitobona lusuku lowagcina ngalo kuya emfolamphilo nekutsi wawacala nini emaphilisi. Ngicela unginike bhukwana wakho ngitobona?

10. May I see your personal medical booklet that the HIV clinic gave you?

Ngicela kubona bhukwana labakunika wona emfolamphilo?

Qm1s yes

no, does not attend an HIV clinic

no, does not have a personal medical book

no, has a personal medical book but cannot produce the booklet

DK

REF

Skip to Instructions after Question 10d.

10a. Write down the date of the participant's last visit to the HIV clinic, as indicated in the booklet:

dd MMM yy

Qb1ardt

not written in book

Qb1arnb

10b. Does the personal medical booklet indicate the participant has **ever** taken ART?

yes no

p99v11 → If no skip to Question 10c.

10b1. Write down the date of when ART was started:

dd MMM yy

Qmb1bdt

not written in book

Qmb1bnb

10c. Write the most recent CD4 count, as indicated in the booklet:

Qm1ribdt

not written in book

Qm1ribnb

If not written in book, skip to instructions after Question 10d.

10d. Write the date of when the most recent CD4 test was conducted:

dd MMM yy

Qpmbdt

not written in book

Qpmbnb

PTID

ptid - - -

Questionnaire: Cross Sectional Cohort C

Interviewer reads:

Thank you for answering my questions. Now, I would like to draw a small amount of blood. This blood will be tested at the National Reference Laboratory to determine your CD4 count. If you would like to know the test result, we will return the results back to you in person.

Siyabonga kuphendvula imibuto. Nyalo ke ngitawutsandza kukutsatsa ingati lencane. Lengati itohlolwa e National Reference Laboratory kubona emasotja emtimba (i CD4). Nangabe ungatsandza kwati umphumela, sitophindze sibuye sikuletsele.

12. Was the 2ml tube of blood for CD4 testing partially or fully collected? Enter specimen collection date if not collected day of enrollment.

yes no Collection Date

CQttub

13. Was the 9ml tube of blood for HIV-related testing and long-term storage partially or fully collected? Enter specimen collection date if not collected day of enrollment.

yes no Collection Date

CQntub

FINAL STATEMENT

Interviewer reads:

Thank you very much for your cooperation. The information you provided is very helpful and we appreciate your time and assistance. Do you have any final questions or comments that you would like to share with me?

Siyabonga kakhulu kubambisana natsi. Leminingwane losiphe yona imcoka futsi sibonga sikhatsi nelusito lwakho. Ingabe unayo yini imibuto noma longakusho?

Participant Comments _____

Instructions: To complete this form, fill out the following questions:

14. Was consent given for return of CD4 test result? If yes, complete the Locator Information form.

yes no **CQcongiv**

15. Was consent given for long-term storage of the blood sample?

yes no **CQcltgiv**

16. Was consent given for future contact for research? If yes, complete the Locator Information form.

yes no **CQcgfc**

bit4b10b102b101_101 FEB-12

p101v19

PTID

- - -

HIV Test Results (A1)

Specimen Collection Date

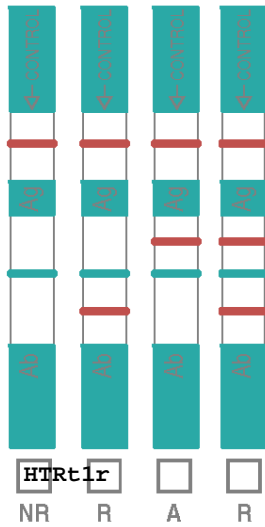
dd MMM yy

Staff ID: Team ID:

1. Test #1: Determine 4th Generation

Lot No. _____ Exp. Date _____

Mark **one** box indicating the results from the Determine test strip:



If test is invalid (no control line), mark box and repeat Determine Test.

Valid Determine Test Results

- If NR, STOP and record as NR in Sample Test Result and Participant Result sections. No further testing is required.
- If R or A, test blood sample with Unigold test.

3. Test #2: Unigold

Lot No. _____ Exp. Date _____

Mark the box indicating the result from the Unigold test strip:

- ACTIVE (R)** If Valid Unigold Results, record in both Sample Test Result and Participant Result sections.
- NON-REACTIVE (NR)**

Test Results Interpretation

- Determine Test = R and Unigold Test = R: Record R in both Sample Test Result and Participant Result sections.
- Determine Test = R and Unigold Test = NR: Record as IND in both Sample Test Result and Participant Result sections
- Determine Test = A and Unigold Test = R: Record as IND in both Sample Test Result and Participant Result sections
- Determine Test = A and Unigold Test = NR: Record as A in Sample Test Result section and IND in Participant Result section.

4. Sample Test Result

Mark box and record on Sample Tube Label.

- STR** (Determine = R and Unigold = R)
- NR** (Determine NR only)
- IND** (Determine = R and Unigold = NR or Determine = A and Unigold = R)
- A** (Determine = A and Unigold = NR)

5. Participant Result

- STR**
- R**
- IND (IND or A)*** ** In both cases, counsel as indeterminate result.*

6. Were the results given to the participant?

- Yes**
- No, participant refused**
- No, other:**

2. Specimen Collection/Storage

2a. Was a 9ml tube of blood fully or partially collected? yes no

2b. Was consent given for long-term storage?

PTID

ptid [][][] - [][][] - [][][] - [][][][]

Indeterminate: NRL Results (A1)

Specimen Collection Date

NRLscdt [][][][] [][][][] [][][][]
dd MMM yy

1. EIA RESULT (To be completed by lab staff)

- REACTIVE (R)
- NON-REACTIVE (NR)
- Not tested

Initials _____

Test Date

NRLciadt [][][][] [][][][]
dd MMM yy

2. VIRAL LOAD RESULT (To be completed by lab staff)

> = <
NRLviricp [][][][]

Initials _____

Test Date

NRLvlrvc [][][][][][][][][]
viral copies/mL

NRLvlrdt [][][][][] [][][][]
dd MMM yy

- Not tested
- Viral load not detected
- Invalid specimen

3. ACTION FOR FIELD STAFF (To be completed by Manager or designee)

- POSITIVE DIAGNOSIS
- NEGATIVE DIAGNOSIS
- INDETERMINATE/
REPEAT TESTING NEEDED

FOLLOW-UP TIMELINE

Notify participant/repeat test on:

NRLaffdt [][][][][] [][][][]
dd MMM yy

4. Were results given to the participant? (To be completed by Field Counselor)

Staff ID: NRLstid [][][][][] [][][][]

Team ID: NRLtmid [][][][][] [][][][]

- YES
- NO, PARTICIPANT REFUSED
- NO, UNABLE TO LOCATE
- NO, OTHER (specify): NRLotx _____

PTID

ptid [][][] - [][][] - [][][] - [][][][]

Indeterminate: NICD Results (A1)

Specimen Collection Date

NICscdt [][][][] [][][] [][][]
dd MMM yy

1. EIA RESULT (To be completed by lab staff)

- REACTIVE (R)
- NON-REACTIVE (NR)
- Not tested

Initials _____

Test Date

NICEiadt [][][][] [][][] [][][]
dd MMM yy

2. VIRAL LOAD RESULT (To be completed by lab staff)

> = <
NICvirllcp

Initials _____

Test Date

NICvlrv [][][][][][][][][]
viral copies/mL

NICvlrdt [][][][] [][][] [][][]
dd MMM yy

- Not tested
- Viral load not detected
- Invalid specimen

3. ACTION FOR FIELD STAFF (To be completed by Manager or designee)

- POSITIVE DIAGNOSIS
- NEGATIVE DIAGNOSIS
- INDETERMINATE/
REPEAT TESTING NEEDED

FOLLOW-UP TIMELINE

Notify participant/repeat test on:

NICaffdt [][][][] [][][] [][][]
dd MMM yy

4. Were results given to the participant? (To be completed by Field Counselor)

Staff ID: NRLstid [][][][] [][][]

Team ID: NRLtmid [][][][] [][][]

- YES
- NO, PARTICIPANT REFUSED
- NO, UNABLE TO LOCATE
- NO, OTHER (specify): NICotx _____

SHIMS001 (186)

PIL-1 (487)

PTID

- - -

Participant Incident Log —
For Internal Use Only

dd MMM yy

Form Completion Date:

Study Project Manager:

If applicable: Plate #:

Visit/Page #:

Incident: Mark all that apply

inappropriate enrollment/ineligible

randomization

HIV testing

protocol deviation/event

other, specify:

[protocol-specific reason]

Details: Provide additional information, including date(s), site(s), lab(s), outcome, etc. as appropriate.

FOR INTERNAL USE ONLY

PTID

ptid [][]-[][]-[][]-[][]

Completion/Termination

Staff ID: TMstid [][] [][]

Team ID: TMtmid [][] [][]

1. Did the participant complete the follow-up visit? **TMcfuv** **no** → If no, skip to 2.
- 1a. What is the date the visit was completed? **TMtmdt** **dd** **MMM** **yy** → End of form.

Instructions: This section is used to determine why the participant was unable to complete a follow-up visit.

2. Did the participant refuse participation? **TMprp** **no** → If no, skip to 3.
- 2a. If yes, what was the reason for refusal? Mark all that apply.
- | | |
|--|---|
| <input type="checkbox"/> p491v13 participant declined to give reason for refusal | <input type="checkbox"/> TMprtno need partner permission/partner wouldn't allow it |
| <input type="checkbox"/> TMtime I don't have time to participate in the survey | <input type="checkbox"/> TMpano need parental permission/parent wouldn't allow it |
| <input type="checkbox"/> TMhpos I already know that I am HIV positive | <input type="checkbox"/> TMhome prefer to test away from home |
| <input type="checkbox"/> TMtest I don't wish to be tested for HIV/get my test results | <input type="checkbox"/> TMwopt prefer to test without partner present |
| <input type="checkbox"/> TMtbl I don't want you to draw my blood/take my blood away | <input type="checkbox"/> TMconf1 fear breach of confidentiality |
| <input type="checkbox"/> TMconf I find the topic uncomfortable or embarrassing | <input type="checkbox"/> TMothr 2. other, specify: TMtmro _____ |

3. Has the participant died? **TMdied** **no** → If no, skip to 4.
- 3a. date of death **TMdieddt** **dd** **MMM** **yy**
- 3b. cause of death **TMdiedc** _____
4. Has the participant been incarcerated? **TMpbi** **no** → If no, skip to 5.
- 4a. Duration of incarceration: **TMduid** **days**
5. Is the participant permanently incapacitated, i.e. mentally ill/challenged, severely ill, unable to speak, etc.?) **TMinc** **no** → If no, skip to 6.
- 5a. Specify: **TMincs** _____
6. If you believe the participant is unable to complete the follow-up visit for reasons other than outlined in questions #1-5, please write your comments here and refer to your supervisor (i.e., moved outside of Swaziland, unable to contact after three attempts, unable to locate, etc.). _____

ONLY A SUPERVISOR SHOULD COMPLETE THE FOLLOWING ITEMS.

Supervisor ID: **TMsuid** [][] [][]

- TMpros** participant relocated outside of Swaziland
- TMie** inappropriate enrollment → Complete a Field Incident Report.
- TMutc** unable to contact participant after several attempts. Specify actions taken to follow-up with participant. **TMutcs** _____
- TMother** other, specify: **TMothers** _____

11. In consultation with a manager and based on the information above, should the participant be terminated? **TMiapt** **no** → If no, end of form.
- 11a. What is the date termination was determined? **TMstmdt** **dd** **MMM** **yy**