

PTID

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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 REF

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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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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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 EQsextn *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?
 EQsextc 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 *If no, for none of them or REF, skip to Question 24 Instructions.*
 EQkhivs
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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	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"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <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"/> EQ1rel always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> EQ2rel always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> EQ3rel 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 yes <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> EQ2evs yes <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> EQ3evs yes <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 yes <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> EQ2eas yes <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> EQ3eas yes <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

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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

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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 EQtfaid no DK REF **If no, DK, or REF, skip to 49.**

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 EQwthiv

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

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

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

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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"/>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
51b. Reduce your number of sex partners.	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
51c. Use condoms every time you have sex.	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
51d. Male circumcision for HIV prevention.	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
51e. ART is available in clinics to treat HIV.	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
51f. All pregnant women should get an HIV test.	<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"/>	<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"/>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
51h. Other, specify: <u>EQother</u>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Instructions: If the participant is female, skip to Final Statement section. If the participant is male, continue to Male Circumcision Status section.

MALE CIRCUMCISION STATUS

Interviewer reads:

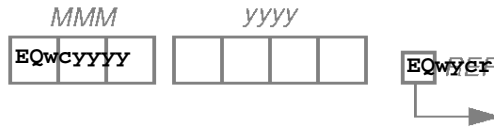
Now I would like to ask you about male circumcision. I am going to show you some drawings to help answer the questions. As a reminder, by male circumcision, I mean removal of the foreskin of the penis. Before we begin, do you have any questions?

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

52. 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)?



53. When were you circumcised?



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?