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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"/> <b>RQempl</b> 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?   | <b>RQemplo</b> _____                                      |
| <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"/> <b>RQmarrie</b> 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"/> <b>RQplwy</b> 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?

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8. How old were you when you had sexual intercourse for the very first time? *age (years)*
- 
- have never had sex*  REF
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*
- 
- never*  REF
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"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
12. Month/year sexual relationship began	<i>MMM</i> <i>yy</i>	<i>MMM</i> <i>yy</i>	<i>MMM</i> <i>yy</i>
	<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="text"/> <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="text"/>
13. Month/year sexual relationship ended <i>Interviewer: Record today's date if relationship has not ended.</i>	<i>MMM</i> <i>yy</i>	<i>MMM</i> <i>yy</i>	<i>MMM</i> <i>yy</i>
	<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="text"/> <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="text"/>
14. Partner's sex	<input type="checkbox"/> <i>male</i> <input type="checkbox"/> REF	<input type="checkbox"/> <i>male</i> <input type="checkbox"/> REF	<input type="checkbox"/> <i>male</i> <input type="checkbox"/> REF
	<input type="checkbox"/> <i>female</i>	<input type="checkbox"/> <i>female</i>	<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"/> <b>RQp1pcuc</b> circumcised <input type="checkbox"/> uncircumcised <input type="checkbox"/> became circumcised during relationship <input type="checkbox"/> DK <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp2pcuc</b> circumcised <input type="checkbox"/> uncircumcised <input type="checkbox"/> became circumcised during relationship <input type="checkbox"/> DK <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp3pcuc</b> 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"/> <b>RQp1fityy</b> <input type="text"/> <b>RQp1fityr</b>	years <input type="text"/> <b>RQp2fityy</b> <input type="text"/> <b>RQp2fityr</b>	years <input type="text"/> <b>RQp3fityy</b> <input type="text"/> <b>RQp3fityr</b>

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"/> <b>RQp1psr</b> husband/wife <input type="checkbox"/> regular partner <input type="checkbox"/> casual partner <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp2psr</b> husband/wife <input type="checkbox"/> regular partner <input type="checkbox"/> casual partner <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp3psr</b> 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"/> <b>RQp1hm6s</b> <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"/> <b>RQp2hm6s</b> <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"/> <b>RQp3hm6s</b> <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"/> <b>RQp1hocu</b> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp2hocu</b> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp3hocu</b> 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"/> <b>RQp1grms</b> <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp2grms</b> <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp3grms</b> <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"/> <b>RQp1us6m</b> <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> <b>RQp2us6m</b> <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> <b>RQp3us6m</b> <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"/> <b>RQp1ho6c</b> <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp2ho6c</b> <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp3ho6c</b> <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"/> <b>RQp1al6m</b> <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> <b>RQp2al6m</b> <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> <b>RQp3al6m</b> <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"/> <b>RQp1ca6m</b> <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp2ca6m</b> <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp3ca6m</b> <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"/> <b>RQp1pa6m</b> <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> <b>RQp2pa6m</b> <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> <b>RQp3pa6m</b> <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"/> <b>RQp1uc6m</b> <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp2uc6m</b> <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp3uc6m</b> <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"/> <b>RQp1thiv</b> <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp2thiv</b> <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp3thiv</b> <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"/> <b>RQp1tart</b> <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp2tart</b> <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF	<input type="checkbox"/> <b>RQp3tart</b> <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"/> <b>RQwhyaf</b><br>I did not want to know/was afraid to know my test result | <input type="checkbox"/> <b>RQwhywp</b><br>wanted to test with partner         |
| <input type="checkbox"/> <b>RQwhygv</b><br>provider did not give result to me                       | <input type="checkbox"/> <b>RQhyti</b><br>did not have time to wait for result |
| <input type="checkbox"/> <b>RQwhypp</b><br>had to get partner permission to test                    | <input type="checkbox"/> <b>RQhyoth</b> <b>RQhyotx</b><br>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?

		<b>If yes, ask:</b> 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"/>

