

SAMPLE. Do NOT FAX
TO DATAFAX

SHIMS001 (186)



HC-1 (001)

Household ID

- - - -

Household Composition (A1)

Team ID:

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

Attempts to Survey Household			
	1	2	3
	dd MMM yy	dd MMM yy	dd MMM yy
2. Date	<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"/>
3. Staff ID	<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"/>
4. Result Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <i>Note: 5 and 6 are not valid codes for third attempt.</i>
<i>Result Code Key</i>	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 → <i>If 5 or 6, complete Next Visit Date/Time.</i>
Next Visit Date/Time	_____	_____	_____
5. Total number in household	<input type="text"/> <input type="text"/>	6. Total eligible	<input type="text"/> <input type="text"/>
		7. Total given PTID	<input type="text"/> <input type="text"/>

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 ngaloluhlolo. 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 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="checkbox"/> 8c. Public taps/standpipe | <input type="checkbox"/> 8i. Rainwater | _____ |
| <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
<i>(river/dam/lake/ponds/stream/canal/irrigation channel)</i> | |
| <input type="checkbox"/> 8f. Unprotected well | | |

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SHIMS001 (186)

HC-2 (002)

Household ID

- - - -

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"/> 9a. Electricity
Gesi | <input type="checkbox"/> 9d. Mobile telephone
Lucingo lolungumahlalekhikhini | <input type="checkbox"/> 9g. Stove
Sitofu |
| <input type="checkbox"/> 9b. Radio
Umsakato wemoya (iradio) | <input type="checkbox"/> 9e. Non-mobile telephone
Lucingo lwasendlini | <input type="checkbox"/> 9h. Watch
Liwashi |
| <input type="checkbox"/> 9c. Television
Umsakato wetitfombe (iTV) | <input type="checkbox"/> 9f. Refrigerator
Kwekubandzisa (iFriji) | <input type="checkbox"/> 9i. 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"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

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

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

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

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SHIMS001 (186)

HC-3 (003)

Household ID

- - - -

Household Composition (A1)

Member #4	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #5	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

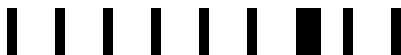
Member #6	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #7	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #8	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

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

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SHIMS001 (186)

HC-4 (004)

Household ID

- - - -

Household Composition (A1)

Member #9	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #10	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #11	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #12	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #13	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

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

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SHIMS001 (186)

HC-5 (005)

Household ID

- - - -

Household Composition (A1)

Member #14

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

Member #15

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

Member #16

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

Member #17

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

Member #18

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

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

SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

HC-6 (006)

Household ID

- - - -

Household Composition (A1)

Member #19	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no <i>→ If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #20	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no <i>→ If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #21	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no <i>→ If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #22	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no <i>→ If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #23	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no <i>→ If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

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

SAMPLE. Do NOT FAX
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SHIMS001 (186)

HC-7 (007)

Household ID

- - - -

Household Composition (A1)

Member #24	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #25	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #26	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #27	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, skip to next member.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

Member #28	Initials	Usual member? <input type="checkbox"/> yes <input type="checkbox"/> no	Slept here last night? <input type="checkbox"/> yes <input type="checkbox"/> no	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Age <input type="text"/> <input type="text"/> years	Eligible? <input type="checkbox"/> yes <input type="checkbox"/> no → <i>If no, end of form.</i>
	Enrollment Status	<input type="checkbox"/> Enrolled → Assign PTID. → <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="checkbox"/> Refused <input type="checkbox"/> Unable to contact → No PTID assigned.				

SAMPLE Do NOT FAX
TO DATAFAX

SHIMS001 (186)



AHA-1 (051)

Household ID

- - - -

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: Routine 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"/> <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"/> <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"/> <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"/> <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"/>
4. Result Code	<input type="checkbox"/> If 5 or 6, complete Next Visit/Time.	<input type="checkbox"/> If 5 or 6, complete Next Visit/Time.	<input type="checkbox"/> 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"/> <input type="text"/>	6. Total eligible	<input type="text"/> <input type="text"/>
		7. Total given PTID	<input type="text"/> <input type="text"/>

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.

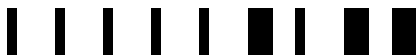
Ngiyabonga kutsatsa sikhatsi sakho kukhuluma nami ngaluluhlo. Ngitawucela kukubuta imibuto ngendlu yakakho kanye nalabo lopheka noma lodla nabo.

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

Emanti leniwanatsako achamuka kuphi?

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

SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

RPC-1 (011)

PTID

- - - -

Refusal: Pre-cohort Survey (A1)

Visit Date

dd MMM yy

Staff ID: Team ID:

Instructions: Complete this form for participants who decline to complete the Pre-cohort Survey. Read the following statement to the participant to determine his/her willingness to provide the reason(s) for their refusal to participate in the 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 this 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.

Ngiyabonga kutsatsa sikhatsi sakho ucabange ngaluluhlolo. Nangabe kukulungela bengingafisa kwati tizatfu letikwente kutsi ungafisi kuba yincenye yalo. Nawungafisi kunika letizatfu kulungile, kodvwa 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 pre-cohort survey? yes no → 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 ungafisi kuba yincenye yaluluhlolo?

Do not read reasons aloud. Mark all that apply.

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

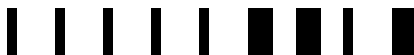
Instructions: Make certain that the correct information is marked above.

FINAL STATEMENT

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

Comments: _____

SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

RSC-1 (013)

PTID

- - - -

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, kodvwa 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 **→ 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 ungfafisi kuba yincenye yaluluhlolo?

Do not read reasons aloud. Mark all that apply.

- I don't have time to participate in the survey
- I already know that I am HIV positive
- I don't wish to be tested for HIV/get my test results
- I don't want you to draw my blood/take my blood away
- I find the topic uncomfortable or embarrassing
- Need partner permission/partner wouldn't allow it
- Need parental permission/parent wouldn't allow it
- Prefer to test away from home
- Prefer to test without partner present
- Fear breach of confidentiality
- 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?
Ngiyabonga kunginika sikhatsi sakho. Ingabe unayo yini imibuto noma longakwengeta?

Comments: _____

SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

ENR-1 (045)

PTID

- - - -

Enrollment Status:
Short-term Cohort (A1)

Enrollment Date

dd MMM yy

Staff ID: Team ID:

1. Was the participant eligible for the Short-term Cohort A1? *yes* *no*
If yes, go to item 2.

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

- Did not complete Pre-cohort survey
- HIV reactive/positive → Referral #: A No referral
- Not planning to be in Swaziland in 6 months
- Did not receive HIV test results
- Other, specify: _____

2. If the participant was eligible, did the participant enroll in the short-term cohort A1? *yes* *no*
If yes, end of form.

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

- Refused → **Complete Refusal: Short-term Cohort A1**
- Other, specify: _____

SAMPLE. Do NOT FAX
TO DATAFAX

SHIMS001 (186)



RQ-1 (021)

PTID

- - - -

Routine Questionnaire (A1)

Enrollment Date

dd *MMM* *yy*

Staff ID: Team ID:

Instructions: Use this Routine Questionnaire for all participants meeting the eligibility criteria who have provided written 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. If the participant refuses to answer a question, mark the "REF" box for "refused" to answer.

1. Mark the sex of participant: male female

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 30 minutes.

2. In what month and year were you born?
MMM *yy* *If unknown, record age at last birthday: Estimate OK.* *years*
 →

3. What is the highest level of school you attended?
primary *secondary* *higher* *did not attend* *DK* *REF* *If did not attend, DK, or REF, skip to 4.*
 →

3a. What is the highest grade/form/year you completed at that level? years DK REF

SAMPLE. Do NOT FAX
TO DATAFAX

SHIMS001 (186)



RQ-3 (023)

PTID

- - - -

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.

	Partner 1	Partner 2	Partner 3
11. First name, nickname, or marker of each partner	<input type="text"/> <input type="checkbox"/> REF	<input type="text"/> <input type="checkbox"/> REF	<input type="text"/> <input type="checkbox"/> REF
12. Month/year sexual relationship began	MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> REF	MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> REF	MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> REF
13. 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="checkbox"/> REF	MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> REF	MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> REF
14. Partner's sex	<input type="checkbox"/> male <input type="checkbox"/> REF <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> REF <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> REF <input type="checkbox"/> female

SAMPLE. Do NOT FAX
TO DATAFAX

SHIMS001 (186)



RQ-4 (024)

PTID

- - - -

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"/> 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
15. About how old was she/he the first time you had sex with her/him?	years <input type="text"/> <input type="text"/> <input type="checkbox"/> REF	years <input type="text"/> <input type="text"/> <input type="checkbox"/> REF	years <input type="text"/> <input type="text"/> <input type="checkbox"/> REF

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"/> 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
17. On approximately how many days did you have sex with him/her in the last 6 months?	<input type="checkbox"/> 1 <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"/> 1 <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"/> 1 <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"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF
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SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

RQ-5 (025)

PTID

- - - -

Routine Questionnaire (A1)

	<i>Partner 1</i>	<i>Partner 2</i>	<i>Partner 3</i>
19. How often did you give or receive money or gifts so that you would have sex with this person?	<input type="checkbox"/> <i>always</i> <input type="checkbox"/> <i>sometimes</i> <input type="checkbox"/> <i>never</i> <input type="checkbox"/> <i>REF</i>	<input type="checkbox"/> <i>always</i> <input type="checkbox"/> <i>sometimes</i> <input type="checkbox"/> <i>never</i> <input type="checkbox"/> <i>REF</i>	<input type="checkbox"/> <i>always</i> <input type="checkbox"/> <i>sometimes</i> <input type="checkbox"/> <i>never</i> <input type="checkbox"/> <i>REF</i>
20. Did you and your partner engage in <i>vaginal</i> sex in the last 6 months?	<input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>REF</i> <input type="checkbox"/> <i>no</i>	<input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>REF</i> <input type="checkbox"/> <i>no</i>	<input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>REF</i> <input type="checkbox"/> <i>no</i>
If no, skip to 22.			
21. How often did you and your partner use a condom when you had <i>vaginal</i> sex in the last 6 months?	<input type="checkbox"/> <i>always</i> <input type="checkbox"/> <i>sometimes</i> <input type="checkbox"/> <i>never</i> <input type="checkbox"/> <i>REF</i>	<input type="checkbox"/> <i>always</i> <input type="checkbox"/> <i>sometimes</i> <input type="checkbox"/> <i>never</i> <input type="checkbox"/> <i>REF</i>	<input type="checkbox"/> <i>always</i> <input type="checkbox"/> <i>sometimes</i> <input type="checkbox"/> <i>never</i> <input type="checkbox"/> <i>REF</i>
22. Did you and your partner engage in <i>anal</i> sex in the last 6 months?	<input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>REF</i> <input type="checkbox"/> <i>no</i>	<input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>REF</i> <input type="checkbox"/> <i>no</i>	<input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>REF</i> <input type="checkbox"/> <i>no</i>
If no, skip to Questions 24–25 Instructions.			
23. How often did you and your partner use a condom when you had <i>anal</i> sex in the last 6 months?	<input type="checkbox"/> <i>always</i> <input type="checkbox"/> <i>sometimes</i> <input type="checkbox"/> <i>never</i> <input type="checkbox"/> <i>REF</i>	<input type="checkbox"/> <i>always</i> <input type="checkbox"/> <i>sometimes</i> <input type="checkbox"/> <i>never</i> <input type="checkbox"/> <i>REF</i>	<input type="checkbox"/> <i>always</i> <input type="checkbox"/> <i>sometimes</i> <input type="checkbox"/> <i>never</i> <input type="checkbox"/> <i>REF</i>

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 <i>anal</i> sex in the last 6 months?	<input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>REF</i> <input type="checkbox"/> <i>no</i>	<input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>REF</i> <input type="checkbox"/> <i>no</i>	<input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>REF</i> <input type="checkbox"/> <i>no</i>
If no, skip to 26.			
25. How often did you and your partner use a condom when you had <i>anal</i> sex in the last 6 months?	<input type="checkbox"/> <i>always</i> <input type="checkbox"/> <i>sometimes</i> <input type="checkbox"/> <i>never</i> <input type="checkbox"/> <i>REF</i>	<input type="checkbox"/> <i>always</i> <input type="checkbox"/> <i>sometimes</i> <input type="checkbox"/> <i>never</i> <input type="checkbox"/> <i>REF</i>	<input type="checkbox"/> <i>always</i> <input type="checkbox"/> <i>sometimes</i> <input type="checkbox"/> <i>never</i> <input type="checkbox"/> <i>REF</i>

SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

RQ-6 (026)

PTID

- - - -

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"/> yes	<input type="checkbox"/> DK	<input type="checkbox"/> yes	<input type="checkbox"/> DK	<input type="checkbox"/> yes	<input type="checkbox"/> DK
	<input type="checkbox"/> no	<input type="checkbox"/> REF	<input type="checkbox"/> no	<input type="checkbox"/> REF	<input type="checkbox"/> no	<input type="checkbox"/> REF
27. Do you think that this partner was taking ART for HIV/AIDS?	<input type="checkbox"/> yes	<input type="checkbox"/> DK	<input type="checkbox"/> yes	<input type="checkbox"/> DK	<input type="checkbox"/> yes	<input type="checkbox"/> DK
	<input type="checkbox"/> no	<input type="checkbox"/> REF	<input type="checkbox"/> no	<input type="checkbox"/> REF	<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.

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

REF

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

31. Did you get the result of your last HIV test? yes no DK REF ▶ If DK or REF, skip to 34.

▶ 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"/> I did not want to know/was afraid to know my test result | <input type="checkbox"/> wanted to test with partner |
| <input type="checkbox"/> provider did not give result to me | <input type="checkbox"/> did not have time to wait for result |
| <input type="checkbox"/> had to get partner permission to test | <input type="checkbox"/> other _____ |

SAMPLE Do NOT FAX TO DATAFAX



SHIMS001 (186)

RQ-8 (028)

PTID

PTID form: []-[][][]-[][][]-[]-[][][]

Routine Questionnaire (A1)

If yes, ask: What is the source of this information? Mark all that apply.

Source of information scale: 1-9 with checkboxes

36d. Male circumcision for HIV prevention.

Response checkboxes for 36d

36e. ART is available in clinics to treat HIV.

Response checkboxes for 36e

36f. All pregnant women should get an HIV test.

Response checkboxes for 36f

36g. ART is available to prevent a mother from transmitting HIV to her baby.

Response checkboxes for 36g

36h. Other, specify: _____

Response checkboxes for 36h

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.

37. 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)?

Response options for 37: circumcised, uncircumcised, DK, REF with checkboxes and skip instructions

38. When were you circumcised?

Response options for 38: MMM, YYYY, REF with checkboxes

If REF, skip to Final Statement.

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?

SAMPLE. Do NOT FAX
TO DATAFAX

SHIMS001 (186)



EQ-1 (021)

PTID

- - - -

Extended Questionnaire (A1)

Enrollment Date

dd MMM yy

Staff ID: Team ID:

Instructions: Use this Extended Questionnaire for all participants meeting the eligibility criteria who have provided written 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. If the participant refuses to answer a question, mark the "REF" box for "refused" to answer.

1. Mark the sex of participant: male female

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 45 minutes.

2. In what month and year were you born?
MMM *yy* *If unknown, record age at last birthday: Estimate OK.* *years*
 →

3. What is the highest level of school you attended?
primary *secondary* *higher* *did not attend* *DK* *REF* *If did not attend, DK, or REF, skip to 4.*
 →

3a. What is the highest grade/form/year you completed at that level? years DK REF

SAMPLE. Do NOT FAX
TO DATAFAX

SHIMS001 (186)



EQ-2 (032)

PTID

- - - -

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.

- | | |
|---|---|
| <input type="checkbox"/> farmer, forestry, fishing | <input type="checkbox"/> clerical |
| <input type="checkbox"/> soldier, policeman | <input type="checkbox"/> professional/manager (includes teacher, accountant, nurse, etc.) |
| <input type="checkbox"/> driver | <input type="checkbox"/> student |
| <input type="checkbox"/> manual worker | <input type="checkbox"/> none |
| <input type="checkbox"/> sales, service worker | <input type="checkbox"/> other? If other, specify: |
| <input type="checkbox"/> factory worker | _____ |
| <input type="checkbox"/> take care of my home/children (housewife, homemaker) | <input type="checkbox"/> 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...

- | | |
|--|---|
| <input type="checkbox"/> 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? | _____ |
| <input type="checkbox"/> unemployed/looking for work? | <input type="checkbox"/> REF |

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

- | | | |
|---|------------------------------|---|
| <input type="checkbox"/> yes, currently married | <input type="checkbox"/> no | ➔ If no or REF, skip to question 11 instructions. |
| <input type="checkbox"/> yes, living with a man/woman | <input type="checkbox"/> REF | |

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

- | | |
|--|------------------------------|
| <input type="checkbox"/> living with me | <input type="checkbox"/> REF |
| <input type="checkbox"/> 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 REF

9. In the last 12 months, have you been away from your home for more than one month at a time? yes no REF

➔ If no, skip to Binge Drinking section.

SAMPLE. Do NOT FAX
TO DATAFAX

SHIMS001 (186)



EQ-3 (033)

PTID

- - - -

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?

yes

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?

I 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?

yes

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

SAMPLE. DO NOT FAX
TO DATAFAX



SHIMS001 (186)

EQ-5 (035)

PTID

- - - -

Extended Questionnaire (A1)

17. 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.
18. Have you had sexual intercourse with a girl or woman in the last 6 months?
 yes no REF
19. Have you had sexual intercourse with a boy or man in the last 6 months?
 yes 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
 REF → 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?
 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.
23. How many of these partners did you know were HIV-positive?
all of them some of them none of them REF

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="checkbox"/> REF <hr/>	<input type="checkbox"/> no 2 nd partner Skip to HIV Status section. <hr/> <input type="checkbox"/> REF	<input type="checkbox"/> no 3 rd partner Skip to HIV Status section. <hr/> <input type="checkbox"/> REF
25. Month/year sexual relationship began	MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> REF	MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> REF	MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> REF

SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

EQ-6 (036)

Page 6 of 11

PTID

- - - -

Extended Questionnaire (A1)

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

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"/> 1 <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"/> 1 <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"/> 1 <input type="checkbox"/> between 2-5 <input type="checkbox"/> between 6-10 <input type="checkbox"/> more than 10 <input type="checkbox"/> REF

SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

EQ-7 (037)

PTID

- - - -

Extended Questionnaire (A1)

No 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"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> 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"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> 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"/> yes <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> REF <input type="checkbox"/> no If no, skip to 35.	<input type="checkbox"/> yes <input type="checkbox"/> REF <input type="checkbox"/> no
34. How often did you and your partner use a condom when you had vaginal sex in the last 6 months?	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> 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"/> yes <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> REF <input type="checkbox"/> no If no, skip to Questions 37–40 Instructions.	<input type="checkbox"/> yes <input type="checkbox"/> REF <input type="checkbox"/> no
36. How often did you and your partner use a condom when you had anal sex in the last 6 months?	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF

SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

EQ-8 (038)

PTID

- - - -

Extended Questionnaire (A1)

No 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?	<input type="checkbox"/> yes <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> REF <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?	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <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?	<input type="checkbox"/> yes <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF	<input type="checkbox"/> yes <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF	<input type="checkbox"/> yes <input type="checkbox"/> DK <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?	<input type="checkbox"/> yes <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF	<input type="checkbox"/> yes <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF	<input type="checkbox"/> yes <input type="checkbox"/> DK <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 yes no DK REF

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

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

SAMPLE. Do NOT FAX
TO DATAFAX

SHIMS001 (186)



EQ-9 (039)

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.

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

REF

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

46. Did you get the result of your last HIV test? yes 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?

<input type="checkbox"/> I did not want to know/was afraid to know my test result	<input type="checkbox"/> wanted to test with partner
<input type="checkbox"/> provider did not give result to me	<input type="checkbox"/> did not have time to wait for result
<input type="checkbox"/> had to get partner permission to test	<input type="checkbox"/> other _____

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

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

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

SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

EQ-10 (040)

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

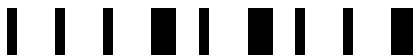
Interviewer reads:

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"/>	1	2	3	4	5	6	7	8	9
				<i>If yes, ask: What is the source of this information? Mark all that apply.</i>								
51b. Reduce your number of sex partners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9
51c. Use condoms every time you have sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9
51d. Male circumcision for HIV prevention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9
51e. ART is available in clinics to treat HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9
51f. All pregnant women should get an HIV test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9
51g. ART is available to prevent a mother from transmitting HIV to her baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9
51h. Other, specify: _____	<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"/>	1	2	3	4	5	6	7	8	9

SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

EQ-11 (041)

PTID

- - - -

Extended Questionnaire (A1)

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)?

circumcised uncircumcised ——— DK REF → If uncircumcised, DK, or REF, skip to Final Statement.

53. When were you circumcised?

MMM yyyy REF → If REF, skip to Final Statement.

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?

SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

SCF-1 (061)

PTID

- - -

Short-term Cohort Follow-up (A1)

Interview Date

dd MMM yy

Staff ID: Team ID:

ATTEMPTS TO CONTACT PARTICIPANT

	1	2	3
1. Date	dd MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	dd MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	dd MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1a. Time	hr min 24-hr clock <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24-hr clock	hr min 24-hr clock <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24-hr clock	hr min 24-hr clock <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24-hr clock
2. Staff ID	<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"/>
3. Result Code	<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: _____	<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: _____	<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 ngicala?

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.

SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

SCF-3 (063)

PTID

- - - -

Short-term Cohort Follow-up (A1)

Participant is female. No data recorded on this page.

12. On the day you got circumcised, did you have an HIV test? yes no REF

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

Ngabe walihlola yini ligciwane leHIV ngelilanga usoka?

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?

positive *negative* *indeterminate* *DK* *REF*

Ngitawutsandza kwati kabanti ngemphumela wakho weHIV nawuhlola ngelilanga utawusoka. Ngicela kukukhumbuta kutsi lombuto ungawuphendvula uma utiva ukhululekile. Uma utiva ukhululekile, ungangitjela umphumela wakho wekugcina weHIV?

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*

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?

SAMPLE: DO NOT FAX TO DATAFAX

Not a DataFax page. Do not fax this page to DataFax.

SHIMS001 (186)

PTID

- - - -

Short-term Cohort Follow-up (A1)

	1	2	3
1. Date	<i>dd</i> <input type="text"/> <input type="text"/> <i>MMM</i> <input type="text"/> <input type="text"/> <input type="text"/> <i>yy</i> <input type="text"/> <input type="text"/>	<i>dd</i> <input type="text"/> <input type="text"/> <i>MMM</i> <input type="text"/> <input type="text"/> <input type="text"/> <i>yy</i> <input type="text"/> <input type="text"/>	<i>dd</i> <input type="text"/> <input type="text"/> <i>MMM</i> <input type="text"/> <input type="text"/> <input type="text"/> <i>yy</i> <input type="text"/> <input type="text"/>
1a. Time	<i>hr</i> <input type="text"/> <input type="text"/> : <i>min</i> <input type="text"/> <input type="text"/> 24-hr clock	<i>hr</i> <input type="text"/> <input type="text"/> : <i>min</i> <input type="text"/> <input type="text"/> 24-hr clock	<i>hr</i> <input type="text"/> <input type="text"/> : <i>min</i> <input type="text"/> <input type="text"/> 24-hr clock
2. Staff ID	<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"/>
3. Result Code	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____

Next Visit Date/Time & Location

	4	5	6
4. Date	<i>dd</i> <input type="text"/> <input type="text"/> <i>MMM</i> <input type="text"/> <input type="text"/> <input type="text"/> <i>yy</i> <input type="text"/> <input type="text"/>	<i>dd</i> <input type="text"/> <input type="text"/> <i>MMM</i> <input type="text"/> <input type="text"/> <input type="text"/> <i>yy</i> <input type="text"/> <input type="text"/>	<i>dd</i> <input type="text"/> <input type="text"/> <i>MMM</i> <input type="text"/> <input type="text"/> <input type="text"/> <i>yy</i> <input type="text"/> <input type="text"/>
4a. Time	<i>hr</i> <input type="text"/> <input type="text"/> : <i>min</i> <input type="text"/> <input type="text"/> 24-hr clock	<i>hr</i> <input type="text"/> <input type="text"/> : <i>min</i> <input type="text"/> <input type="text"/> 24-hr clock	<i>hr</i> <input type="text"/> <input type="text"/> : <i>min</i> <input type="text"/> <input type="text"/> 24-hr clock
5. Staff ID	<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"/>
6. Result Code	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____

Next Visit Date/Time & Location

	7	8	9
7. Date	<i>dd</i> <input type="text"/> <input type="text"/> <i>MMM</i> <input type="text"/> <input type="text"/> <input type="text"/> <i>yy</i> <input type="text"/> <input type="text"/>	<i>dd</i> <input type="text"/> <input type="text"/> <i>MMM</i> <input type="text"/> <input type="text"/> <input type="text"/> <i>yy</i> <input type="text"/> <input type="text"/>	<i>dd</i> <input type="text"/> <input type="text"/> <i>MMM</i> <input type="text"/> <input type="text"/> <input type="text"/> <i>yy</i> <input type="text"/> <input type="text"/>
7a. Time	<i>hr</i> <input type="text"/> <input type="text"/> : <i>min</i> <input type="text"/> <input type="text"/> 24-hr clock	<i>hr</i> <input type="text"/> <input type="text"/> : <i>min</i> <input type="text"/> <input type="text"/> 24-hr clock	<i>hr</i> <input type="text"/> <input type="text"/> : <i>min</i> <input type="text"/> <input type="text"/> 24-hr clock
8. Staff ID	<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"/>
9. Result Code	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____

Next Visit Date/Time & Location

Result Code Key	<i>Complete Completion/Termination and Status forms</i> 10 = visit completed 20 = refused visit 51 = incarcerated 52 = deceased 53 = incapacitated 54 = other (specify) 70 = relocated outside of Swaziland indefinitely	<i>Complete Locator Update and Status forms</i> 60 = relocated in Swaziland
		<i>Complete Next visit/time and Status form</i> 30 = unable to contact ppt; visit to be scheduled 40 = visit postponed
		<i>After all attempts, complete Completion/Termination and Status forms</i> 80 = unable to contact ppt; no revisit scheduled for now

06-AUG-11

SAMPLE. Do NOT FAX
TO DATAFAX

SHIMS001 (186)



SCF-2 (082)

PTID

- - - -

**Short-term Cohort
Follow-up (A1)**

Interview Date

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.

- refused visit (20)
- incarcerated (51)
- deceased (52)
- incapacitated (53)
- other (54), specify: _____
- relocated outside of Swaziland indefinitely (70)
- unable to contact participant; no revisit scheduled for now (80)

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. Ngalesikhatsi 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

SAMPLE Do NOT FAX TO DATAFAX

SHIMS001 (186)



SCF-3 (083)

PTID

Form for PTID: []-[][]-[][]-[]-[][]

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? [] yes [] 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? [] yes [] 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:

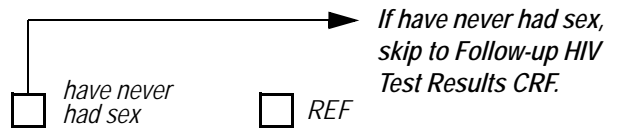
Nyalo-ke ngingatsandza kubuta imibuto lemayelana nekulala kwakho kulesikhashana lesendlulile. Ngiyati kutsi lemibuto iyahhedleta/itsintsana ne-buntfu bakho, kungako nje ngikukhumbuta kutsi timphendvulo takho titawugcineka kahle. Loku kusho kutsi akukho lomunye longatati ngaphandle kwalaba labachuba lolucwaningo.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

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.

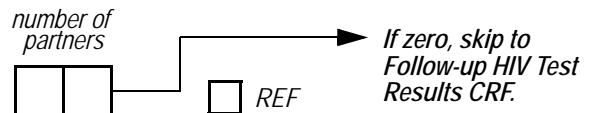
Ingabe unayo yini imibuto ngaphambi kwekutsi ngichubekele embili?

5. How old were you when you had sexual intercourse for the very first time? [][] age (years)



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.



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

SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

SCF-4 (084)

PTID

- - - -

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?
- sometimes 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	<input type="checkbox"/> no 2 nd partner Skip to Providing HIV Test Results section. Partner 2	<input type="checkbox"/> no 3 rd 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="checkbox"/> REF	_____ <input type="checkbox"/> REF	_____ <input type="checkbox"/> REF
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"/> <input type="text"/> <input type="checkbox"/> REF	MMM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> REF	MMM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> REF
10. Month/year sexual relationship ended Ngiphe inyanga nemnyaka lenahlukana ngawo <i>Interviewer: Record today's date if relationship</i>	MMM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> REF	MMM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> REF	MMM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> REF
11. Partner's sex Bulili bakhe	<input type="checkbox"/> male <input type="checkbox"/> REF <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> REF <input type="checkbox"/> female	<input type="checkbox"/> male <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? <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
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SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

SCF-6 (086)

PTID

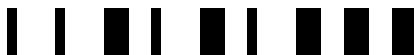
□ - □□□ - □□ - □ - □□

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	<input type="checkbox"/> no 2 nd partner <i>Skip to Providing HIV Test Results section.</i> Partner 2	<input type="checkbox"/> no 3 rd partner <i>Skip to Providing HIV Test Results section.</i> Partner 3
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"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <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? Ngemahlandla lamangakhi lawuke wakhipha noma wafola imali noma lokusipho kuze kutsi alalene nawe lomuntfu?	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF
17. Did you and your partner engage in <i>vaginal</i> sex in the last 6 months? Ngabe wena naphathina wakho nilalene yini <i>entfombini</i> kuletinyanga letisitfupha letendlulile?	<input type="checkbox"/> yes <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> REF <input type="checkbox"/> no If no, skip to 19.	<input type="checkbox"/> yes <input type="checkbox"/> REF <input type="checkbox"/> no
18. How often did you and your partner use a condom when you had <i>vaginal</i> sex in the last 6 months? Ngabe uma nilalana entfombini kuletinyanga letisitfupha letendlulile ikhondomu beniyisebentisa ngaso sonkhe sikhatsi, ngalesinye sikhatsi noma beningayisebentisi?	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF
19. Did you and your partner engage in <i>anal</i> sex in the last 6 months? Ngabe wena naphathina wakho nilalene yini ngemuva (<i>embotjeni lengemuva</i>) kuletinyanga letisitfupha letendlulile?	<input type="checkbox"/> yes <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> REF <input type="checkbox"/> no If no, skip to Questions 21–22 Instructions.	<input type="checkbox"/> yes <input type="checkbox"/> REF <input type="checkbox"/> no
20. How often did you and your partner use a condom when you had <i>anal</i> sex in the last 6 months? Ngabe niyisebentise emahlandla lamangakhi ikhondomu uma nilalana ngemuva (<i>embotjeni lengemuva</i>) kuletinyanga letisitfupha letendlulile?	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF

SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

SCF-7 (087)

PTID

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Short-term Cohort Follow-up (A1)

Questions 21–22 Instructions: Complete questions 21–22 for all male participants who had a male sex partner(s) in the past 6 months. All other participants, skip to question 23.

		<input type="checkbox"/> no 2 nd partner Skip to Providing HIV Test Results section.	<input type="checkbox"/> no 3 rd partner Skip to Providing HIV Test Results section.
	Partner 1	Partner 2	Partner 3
21. Did you and your partner have <i>anal</i> sex in the last 6 months? Ngabe wena naphathina wakho nilalene yini ngemuva (<i>embotjeni lengemuva</i>) kuletinyanga letisitfupha letendlulile?	<input type="checkbox"/> yes <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> REF <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> REF <input type="checkbox"/> no
		If no, skip to 23.	
22. How often did you and your partner use a condom when you had <i>anal</i> sex in the last 6 months? Ngabe niyisebentise emahlandla lamangakhi ikhondomu uma nilalana ngemuva (<i>embotjeni lengemuva</i>) kuletinyanga letisitfupha letendlulile?	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF	<input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> REF
23. When you were having a sexual relationship with this partner, do you think that he/she was HIV positive? Ngalesikhatsi ulalana nalophathina lona, ucabanga kutsi abenalo yini ligciwane leHIV?	<input type="checkbox"/> yes <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF	<input type="checkbox"/> yes <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF	<input type="checkbox"/> yes <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF
24. Do you think that this partner was taking ART for HIV/AIDS? Nawucabanga, ngabe lophathina wakho abedla imitsi/emaphilisi ekutsintsibalisa ligciwane leHIV yini, pheceleti ema ARVs?	<input type="checkbox"/> yes <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF	<input type="checkbox"/> yes <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF	<input type="checkbox"/> yes <input type="checkbox"/> DK <input type="checkbox"/> no <input type="checkbox"/> REF

PROVIDING HIV TEST RESULTS TO PARTICIPANT

Instructions: Complete the HIV Tests, provide the result to the participant, and complete the Follow-up HIV Test Result CRF. After completing the Follow-up HIV Test Result CRF, continue with this form (starting with HIV Status Information section).

HIV STATUS INFORMATION

Instructions: Ask these questions **only** if the participant has a positive test today.

25. Before today's test, have you ever tested HIV positive? yes no DK REF **If no, DK, or REF, skip to Male Circumcision section.**

Ngaphambi kwanamuhla, wake wahlolwa yini kwakhandzakala kutsi unalo ligciwane leHIV emtimbeni wakho?

SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

SCF-8 (088)

PTID

- - - -

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

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

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 lotefwele)?

yes no DK REF

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
 → 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
 → 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 REF

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

→ If REF, skip to Final Statement.

SAMPLE. Do NOT FAX
TO DATAFAX

SHIMS001 (186)



SCF-9 (089)

PTID

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Short-term Cohort Follow-up (A1)

Participant is female. No data recorded on this page.

28. Did you get circumcised at a location providing medical circumcision services in Swaziland?

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

Ngabe wasoka endzaweni leniketa luhlelo lwekusoka kwebesilisa lolulapha eSwatini?

29. What is the name of the site where you had your circumcision done?

_____ DK

Yini ligama lalenzawo lapho wasoka khona?

30. On the day you got circumcised, did you have an HIV test?

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

Ngabe walihlola yini ligciwane leHIV ngelilanga usoka?

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

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

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?

Identification Verification

PTID

- - - -

Today's Date

dd MMM yy

Staff ID

SECTION A

1. Did the person produce a photo ID? *yes* *no* → *If no, skip to Section B*

1a. Mark the type of ID National Identity Card Passport Work ID
 Drivers License University/College ID Other, specify: _____

1b. Does the name on the ID match with the records for this PTID? *yes* *no* → *If no, do not proceed with visit, and make a comment in the EA Summary Sheet.*
 → *If yes, end of form, and proceed with visit.*

SECTION B *Instructions: If the person does not have a photo ID, he/she must correctly answer two of the three questions below correctly.*

Instructions: Ask the participant either #1 or #1a.

1. What is your date of birth? *MMM* *yy* OR 1a. What is your current age? *age*

1b. Does the **date of birth** match with the record OR is the **current age** within one year of the record for this PTID? *yes* *no*

2. What is the primary cell phone number you gave us when we first came to visit you? _____ 2a. Does cell phone number match with the record for this PTID? *yes* *no*

3. What is the highest level of education you obtained when we first came to visit you? _____ 3a. What is the highest grade/ form/year you completed at that level? *grade/form/year* 3b. Does this response match with the record for this PTID? *yes* *no*

4. *In Section B, how many questions did the participant answer correctly?* _____ *Instructions: If 2 or more correct, end of form, proceed with visit. If less than 2, refer to your supervisor and make a comment on the EA Summary Sheet.*

SECTION C

Instructions: This section is for the supervisor to complete.

Supervisor ID Date *dd* *MMM* *yy*

1. Does the participant have a SHIMS PTID card? *yes* *no* → *If no, do not proceed with visit, comment on EA Summary Sheet.* 1a. Does the number on the SHIMS PTID card match with the record for this PTID card? *yes* *no* → *If no, do not proceed with visit, comment on EA Summary Sheet.*

2. Is there a witness 18 years old or older within the household who can confirm the person's identity? *yes* *no* → *If no, do not proceed with visit, comment on EA Summary Sheet.*

2a. What is the relationship of the witness to the participant?
 Mother Spouse Grandmother Other, specify: _____
 Father Child Grandfather

3. Please have the witness complete the following documentation: *Identity verified, proceed with visit.*

I, _____ (witness name and surname), hereby confirm that _____ (participant name and surname) is indeed the person he/she claims to be.

SAMPLE. Do NOT FAX TO DATAFAX



Visit Code [] [] . [] []

[1]

SHIMS001 (186)

HTR-1 (145)

PTID

[] - [] [] [] - [] [] [] - [] [] []

HIV Test Results (A1)

Specimen Collection Date

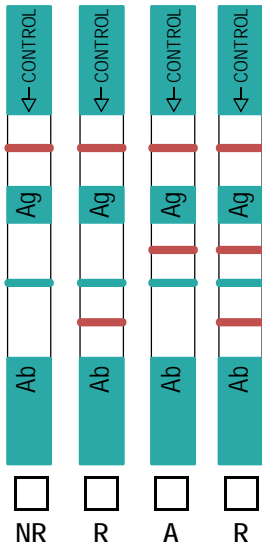
[] [] [] [] [] [] [] [] [] []
dd MMM yy

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

- 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

- 2a. Was a 9ml tube of blood fully or partially collected? yes [] no []
- 2b. Was consent given for long-term storage? [] []

3. Test #2: Unigold

Lot No. _____ Exp. Date _____

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

REACTIVE (R)

NON-REACTIVE (NR)

If Valid Unigold Results, record in both Sample Test Result and Participant Result sections.

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.

R (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

NR

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: _____

SAMPLE. Do NOT FAX TO DATAFAX



Visit Code 2 . [] []

[1]

SHIMS001 (186)

FHT-1 (064)

PTID

[] - [] [] [] - [] [] [] - [] [] []

Specimen Collection Date

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

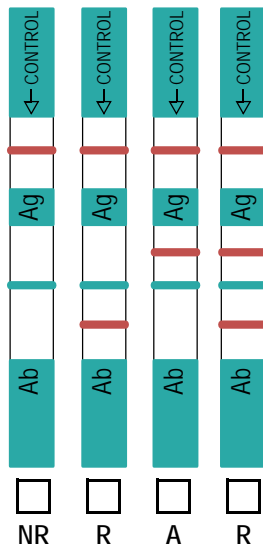
Follow-up HIV Test Results (A1)

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

- 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*

3. Test #2: Unigold

Lot No. _____ Exp. Date _____

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

- REACTIVE (R)
- NON-REACTIVE (NR)

If Valid Unigold Results, record in both Sample Test Result and Participant Result sections.

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.

- R (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

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

6. Were the results given to the participant?

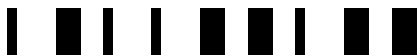
- Yes
- No, participant refused
- No, other: _____

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 [] [] [] [] [] []

If conducting a follow-up interview, return to the Short-term Follow-up (A1) CRF.

[0] [1]
Language

SAMPLE. Do NOT FAX
TO DATAFAX



Visit Code .

1

SHIMS001 (186)

NRL-1 (155)

PTID

- - - -

**Indeterminate:
NRL Results (A1)**

Specimen Collection Date

dd MMM yy

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

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

Initials _____

Test Date

dd MMM yy

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

- >
- =
- <

Initials _____

Test Date

viral copies/mL

dd MMM yy

- Not tested
- Target 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:

dd MMM yy

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

Staff ID: Team ID:

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

SAMPLE. Do NOT FAX
TO DATAFAX

SHIMS001 (186)



NIC-1 (165)

Visit Code .

1

PTID

- - - -

Indeterminate: NICD Results (A1)

Specimen Collection Date

dd MMM yy

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

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

Initials _____

Test Date

dd MMM yy

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

- >
- =
- <

Initials _____

Test Date

viral copies/mL

dd MMM yy

- Not tested
- Target 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:

dd MMM yy

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

Staff ID: Team ID:

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

SAMPLE Do NOT FAX TO DATAFAX



SHIMS001 (186)

TM-1 (491)

PTID

PTID form fields: []-[]-[]-[]-[]-[]

Completion/Termination

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

Team ID: [][]

- 1. Did the participant complete the follow-up visit? [] yes [] no -> If no, skip to 2.
1a. What is the date the visit was completed? [][] 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? [] yes [] no -> If no, skip to 3.
2a. If yes, what was the reason for refusal? Mark all that apply.
2a1. participant declined to give reason for refusal
2a2. I don't have time to participate in the survey
2a3. I already know that I am HIV positive
2a4. I don't wish to be tested for HIV/get my test results
2a5. I don't want you to draw my blood/take my blood away
2a6. I find the topic uncomfortable or embarrassing
2a7. need partner permission/partner wouldn't allow it
2a8. need parental permission/parent wouldn't allow it
2a9. prefer to test away from home
2a10. prefer to test without partner present
2a11. fear breach of confidentiality
2a12. other, specify: _____
3. Has the participant died? [] yes [] no -> If no, skip to 4.
3a. date of death [][] dd [][][] MMM [][] yy
3b. cause of death _____
4. Has the participant been incarcerated? [] yes [] no -> If no, skip to 5.
4a. Duration of incarceration: [][][] days
5. Is the participant permanently incapacitated, i.e. mentally ill/challenged, severely ill, unable to speak, etc.? [] yes [] no -> If no, skip to 6.
5a. Specify: _____
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: [][][][] [][]
7. participant relocated outside of Swaziland []
8. inappropriate enrollment -> Complete a Field Incident Report. []
9. unable to contact participant after several attempts. Specify actions taken to follow-up with participant. _____ []
10. other, specify: _____ []
11. In consultation with a manager and based on the information above, should the participant be terminated? [] yes [] no -> If no, end of form.
11a. What is the date termination was determined? [][] dd [][][] MMM [][] yy

SAMPLE. Do NOT FAX
TO DATAFAX



SHIMS001 (186)

CRS-1 (091)

PTID

- - - -

Refusal: Cross Sectional Cohort C

Visit Date

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, kodvwake 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
 → 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.

- I don't have time to participate in the survey
- I already know my CD4 cell count
- I don't wish to be tested for CD4
- I don't want you to draw my blood/take my blood away
- I find the topic uncomfortable or embarrassing
- Need partner permission/partner wouldn't allow it
- Need parental permission/parent wouldn't allow it
- Fear breach of confidentiality
- 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 _____

14-FEB-12

Staff Signature / Date

SAMPLE: DO NOT FAX TO DATAFAX

Not a DataFax page. Do not fax this page to DataFax.

SHIMS001 (186)

PTID

- - - -

**Questionnaire: Cross Sectional Cohort C
Visit Attempts Sheet**

	1	2	3
1. Date	dd MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	dd MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	dd MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1a. Time	hr min 24-hr clock <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24-hr clock	hr min 24-hr clock <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24-hr clock	hr min 24-hr clock <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24-hr clock
2. Staff ID	<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"/>
3. Result Code	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____

Next Visit Date/Time & Location

	4	5	6
4. Date	dd MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	dd MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	dd MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4a. Time	hr min 24-hr clock <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24-hr clock	hr min 24-hr clock <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24-hr clock	hr min 24-hr clock <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24-hr clock
5. Staff ID	<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"/>
6. Result Code	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____

Next Visit Date/Time & Location

	7	8	9
7. Date	dd MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	dd MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	dd MMM yy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7a. Time	hr min 24-hr clock <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24-hr clock	hr min 24-hr clock <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24-hr clock	hr min 24-hr clock <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> 24-hr clock
8. Staff ID	<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"/>
9. Result Code	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____	<input type="text"/> <input type="text"/> <i>If 54, specify:</i> _____

Next Visit Date/Time & Location

Result Code Key	<i>Complete Enrollment and Status forms</i> 10 = visit completed 20 = refused visit 51 = incarcerated 52 = deceased 53 = incapacitated 54 = other (specify) 70 = relocated outside of Swaziland indefinitely	<i>Complete Locator Update and Status forms</i> 60 = relocated in Swaziland
		<i>Complete Next visit/time and Status form</i> 30 = unable to contact ppt; visit to be scheduled 40 = visit postponed
		<i>After all attempts, complete Enrollment and Status forms</i> 80 = unable to contact ppt; no revisit scheduled for now

14-FEB-12

SAMPLE. Do NOT FAX
TO DATAFAX

SHIMS001 (186)



CQ-2 (096)

PTID

- - - -

Questionnaire: Cross Sectional Cohort C

Enrollment Date

dd MMM yy

Staff ID: Team ID:

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

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 kuyotfolala lusito?

yes no DK REF

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 kutfolala lusito mayelana ne HIV emtfolamphilo?

dd MMM yy DK REF

SAMPLE. Do NOT FAX
TO DATAFAX

SHIMS001 (186)



CQ-3 (097)

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 *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?

DK REF

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

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

MMM yy DK REF

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 waktjela yini kutsi ungatsatsa emaphilisi ekudzinzibalisa leligciwane (noma ngabe utetfwele)?

yes no DK REF

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

6a. How many months pregnant are you?

Ingabe setingaki tinyanga utetfwele?

REF

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 *If yes, skip to Question 8.*

SAMPLE. Do NOT FAX
TO DATAFAX

SHIMS001 (186)



CQ-4 (098)

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

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

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?

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

9. When did you last refill your ARV medications?

Ugcine nini kugcwalisa emaphilisi ekudzinzibalisa ligciwane le HIV?

MMM YY DK REF

SAMPLE. Do NOT FAX
TO DATAFAX

SHIMS001 (186)



CQ-5 (099)

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?

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 not written in book

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

yes no If no skip to Question 10c.

 →

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

dd MMM yy not written in book

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

 not written in book → 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 not written in book

SAMPLE. Do NOT FAX
TO DATAFAX

SHIMS001 (186)



CQ-6 (100)

PTID

- - - -

Questionnaire: Cross Sectional Cohort C

Instructions: Question 11 is for currently pregnant women only. If participant is male or is not a currently pregnant female, skip to Instructions after Question 11c.

If the participant is currently pregnant, interviewer reads:

At the antenatal clinic, the clinic nurse usually gives the woman a personal medical booklet or antenatal card. I would like to see your antenatal card from the antenatal clinic to look at the date of your last visit and when you may have started medications. Could you bring your antenatal card from the antenatal clinic for me to see?

Emtfolamphilo nesi uvama kunika make lotetfwele libhuku lapopola ngalo. Ngicela kulibona lelibhuku, ngitobona lusuku lowagcina ngalo kuta emtfolamphilo; nekutsi ingabe wayicala nini imitsi. Ungangiphatsela yini libhuku lamake lotetfwele lowalinikwa emtfolamphilo ngitolibona?

11. May I see your personal antenatal card that the antenatal clinic gave you?

Ngicela kubona likhadi lamake lotetfwele labakunika lona emtfolamphilo?

- yes
- no, does not attend the antenatal clinic
- no, does not have a personal antenatal card
- no, has a personal antenatal card but cannot produce the card
- DK
- REF

→ Skip to Instructions after question 11c.

11a. Write down the date of the participant's last visit to the antenatal clinic, as indicated on the card:

dd	MMM	yy	not written on card
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="checkbox"/>

11b. How many times did the participant previously receive PMTCT medications, as indicated on the antenatal card?

0	1	2	more than 2	not written on card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11c. Does the antenatal card indicate that the participant is currently taking ARV prophylaxis or ART?

ARV prophylaxis	ART	neither	not written on card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: The interviewer should remind the participant the importance of attending a HIV clinic to receive medical care. If the participant has not attended an HIV clinic, the interviewer should offer a referral to a nearby clinic. If the participant is not attending an HIV clinic, 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 already attending HIV clinic refused referral

SAMPLE. Do NOT FAX
TO DATAFAX

SHIMS001 (186)



CQ-7 (101)

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 dd MMM yy
-
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 dd MMM yy
-

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
15. Was consent given for long-term storage of the blood sample? If yes, complete the Locator Information form.
- yes no
16. Was consent given for future contact for research? If yes, complete the Locator Information form.
- yes no

14-FEB-12

Recruitment Visit (Cohort C): Identity Verification

PTID

- - - -

Today's Date

dd MMM yy

Staff ID

SECTION A

1. Did the person produce a photo ID? *yes* *no* → *If no, skip to Section B*

1a. Mark the type of ID National Identity Card Passport Work ID
 Drivers License University/College ID Other, specify: _____

1b. Does the name on the ID match with the records for this PTID? *yes* *no* → *If no, do not proceed with visit, and make a comment in the EA Summary Sheet.*
 → *If yes, end of form, and proceed with visit.*

SECTION B *Instructions: If the person does not have a photo ID, he/she must correctly answer two of the three questions below correctly.*

Instructions: Ask the participant either #1 or #1a.

1. What is your date of birth? *MMM* *yy* OR 1a. What is your current age? *age*

1b. Does the **date of birth match** with the record OR is the **current age within one year** of the record for this PTID? *yes* *no*

2. What is the primary cell phone number you gave us when we first came to visit you? _____ 2a. Does cell phone number match with the record for this PTID? *yes* *no*

3. What is the highest level of education you obtained when we first came to visit you? _____ 3a. What is the highest grade/ *grade/form/year* form/year you completed at that level? 3b. Does this response match with the record for this PTID? *yes* *no*

4. *In Section B, how many questions did the participant answer correctly?* _____ *Instructions: If 2 or more correct, end of form, proceed with visit. If less than 2, refer to your supervisor and make a comment on the EA Summary Sheet.*

SECTION C

Instructions: This section is for the supervisor to complete.

Supervisor ID Date *dd* *MMM* *yy*

1. Does the participant have a completed pre-cohort informed consent form? *yes* *no* → *If no, do not proceed with visit, comment on EA Summary Sheet.* 1a. Does the name on the completed pre-cohort informed consent form match with the record for this PTID? *yes* *no* → *If no, do not proceed with visit, comment on EA Summary Sheet.*

2. Is there a witness 18 years old or older within the household who can confirm the person's identity? *yes* *no* → *If no, do not proceed with visit, comment on EA Summary Sheet.*

2a. What is the relationship of the witness to the participant?
 Mother Spouse Grandmother Other, specify: _____
 Father Child Grandfather

3. Please have the witness complete the following documentation: *Identity verified, proceed with visit.*

I, _____ (witness name and surname), hereby confirm that _____ (participant name and surname) is indeed the person he/she claims to be.

Return of Results Visit (Cohort C): Identity Verification

PTID

Today's Date

dd MMM yy

Staff ID

SECTION A

1. Did the person produce a photo ID? *yes* *no* → *If no, skip to Section B*

1a. Mark the type of ID National Identity Card Passport Work ID
 Drivers License University/College ID Other, specify: _____

1b. Does the name on the ID match with the records for this PTID? *yes* *no* → *If no, do not proceed with visit, and make a comment in the EA Summary Sheet.*
 → *If yes, end of form, and proceed with visit.*

SECTION B *Instructions: If the person does not have a photo ID, he/she must correctly answer two of the three questions below correctly.*

Instructions: Ask the participant either #1 or #1a.

1. What is your date of birth? *MMM* *yy* OR 1a. What is your current age? *age*

1b. Does the **date of birth** match with the record OR is the **current age within one year** of the record for this PTID? *yes* *no*

2. What is the primary cell phone number you gave us when we first came to visit you? _____ 2a. Does cell phone number match with the record for this PTID? *yes* *no*

3. What is the highest level of education you obtained when we first came to visit you? _____ 3a. What is the highest grade/ *grade/form/year* form/year you completed at that level? 3b. Does this response match with the record for this PTID? *yes* *no*

4. *In Section B, how many questions did the participant answer correctly?* _____ *Instructions: If 2 or more correct, end of form, proceed with visit. If less than 2, refer to your supervisor and make a comment on the EA Summary Sheet.*

SECTION C

Instructions: This section is for the supervisor to complete.

Supervisor ID Date *dd* *MMM* *yy*

1. Does the participant have a SHIMS PTID card or completed Cross sectional informed consent form? *yes* *no* → *If no, do not proceed with visit, comment on EA Summary Sheet.* 1a. Does the number on the SHIMS PTID card (or name on the Cross sectional informed consent form) match with the record for this PTID? *yes* *no* → *If no, do not proceed with visit, comment on EA Summary Sheet.*

2. Is there a witness 18 years old or older within the household who can confirm the person's identity? *yes* *no* → *If no, do not proceed with visit, comment on EA Summary Sheet.*

2a. What is the relationship of the witness to the participant?
 Mother Spouse Grandmother Other, specify: _____
 Father Child Grandfather

3. Please have the witness complete the following documentation: *Identity verified, proceed with visit.*

I, _____ (witness name and surname), hereby confirm that _____ (participant name and surname) is indeed the person he/she claims to be.