

# APPENDIX E HOUSEHOLD QUESTIONNAIRE

## NIGERIA AIDS INDICATOR AND IMPACT SURVEY (NAIS) HOUSEHOLD QUESTIONNAIRE

| IDENTIFICATION (1)                      |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PLACE NAME _____                        | <table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| NAME OF HOUSEHOLD HEAD _____            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ENUMERATION AREA   .....                |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HOUSEHOLD NUMBER .....                  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PEDIATRIC HOUSEHOLD (1=YES, 2=NO) ..... |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| INTERVIEWER VISITS  |       |       |       |  |  |  |  |  |  |  |  |  |
|---|-------|-------|-------|--|--|--|--|--|--|--|--|--|
|   | 1     | 2     | 3     | FINAL VISIT  |  |  |  |  |  |  |  |  |
| DATE  | _____ | _____ | _____ | DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>   |  |  |  |  |  |  |  |  |
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| INTERVIEWER NAME  | _____ | _____ | _____ | MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>       |  |  |  |  |  |  |  |  |
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| RESULT*   | _____ | _____ | _____ | YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>        |  |  |  |  |  |  |  |  |
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| NEXT VISIT: DATE  | _____ | _____ | _____ | INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> |  |  |  |  |  |  |  |  |
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| TIME  | _____ | _____ | _____ | RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>  |  |  |  |  |  |  |  |  |
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| TOTAL NUMBER OF VISITS  |       |       |       | <table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>   |  |  |  |  |  |  |  |  |
|   |       |       |       |  |  |  |  |  |  |  |  |  |
| *RESULT CODES:<br>1 COMPLETED<br>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT<br>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME<br>4 POSTPONED<br>5 REFUSED<br>6 DWELLING VACANT OR ADDRESS NOT A DWELLING<br>7 DWELLING DESTROYED<br>8 DWELLING NOT FOUND<br>9 OTHER _____ (SPECIFY) |       |       |       | TOTAL ELIGIBLE MEN (ADULTS AND MATURE MINORS) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>   |  |  |  |  |  |  |  |  |
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|   |       |       |       | TOTAL ELIGIBLE WOMEN (ADULTS AND MATURE MINORS) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>   |  |  |  |  |  |  |  |  |
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|   |       |       |       | TOTAL ELIGIBLE CHILDREN (6 TO 14 YEARS) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>   |  |  |  |  |  |  |  |  |
|   |       |       |       |  |  |  |  |  |  |  |  |  |
|   |       |       |       | TOTAL CHILDREN (0 MONTHS TO 5 YEARS) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>  |  |  |  |  |  |  |  |  |
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|   |  |  |  |  |
|---|--|--|--|--|
| NAME AND ID OF SUPERVISOR   |  |  |  |  |
| NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> |  |  |  |  |
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### MODULE 0: HEAD OF HOUSEHOLD ELIGIBILITY

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES                    | SKIP  |
|-----|--|--------------------------------------|---|
| H1A | <p>IS [NAME] AGED 18 YEARS OR OLDER?</p> <p>HOUSEHOLD HEAD MUST BE 18 YEARS OF OLDER, OR MUST BE AN EMANCIPATED MINOR AGE 15-17 YEARS.</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> | → H2  |
| H1B | <p>IS [NAME] AGED 15 YEARS OR OLDER?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> | <p>INELIGIBLE</p> <p>→END INT.</p>              |
| H1C | <p>IS [NAME] AN EMANCIPATED MINOR?</p> <p>AN EMANCIPATED MINOR IS 15-17 YEARS OF AGE WHO IS MARRIED, OR PREGNANT, OR A PARENT, OR HEAD OF THE HOUSEHOLD.</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> | <p>INELIGIBLE</p> <p>→END INT.</p>              |
| H2  | <p>DOES [NAME] HAVE A HEARING DISABILITY?</p> <p>OBSERVE IF THE PARTICIPANT HAS DIFFICULTY ENGAGING IN CONVERSATIONS.</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> | → H4  |
| H3  | <p>CAN THE SURVEY TEAM ACCOMMODATE HEARING DISABILITY OF [NAME]?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> | <p>INELIGIBLE</p> <p>→END INT.</p>              |
| H4  | <p>CAN SURVEY BE CONDUCTED IN A LANGUAGE [NAME] SPEAKS?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> | <p>INELIGIBLE</p> <p>→END INT.</p>              |
| H5  | <p>DOES [NAME] HAVE A VISUAL IMPAIRMENT?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> | → H8  |
| H6  | <p>ASK [NAME] TO READ THE TEXT BELOW.</p> <p>Purpose of Survey:<br/>This survey will help us know how many people in Nigeria are at risk for getting HIV, have HIV and need health services. Your taking part will help the Federal Ministry of Health make health services better in Nigeria.</p> |                                      |   |
| H7  | <p>WAS [NAME] ABLE TO READ THE TEXT WITHOUT MUCH PROBLEM?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> | → H9  |
| H8  | <p>IS [NAME] ABLE TO IDENTIFY A WITNESS?</p>   | <p>YES ..... 1</p> <p>NO ..... 2</p> | <p>INELIGIBLE</p> <p>→END INT.</p>              |
| H9  | <p>IS [NAME] COGNITIVELY ABLE TO CONSENT?</p> <p>DOES THE RESPONDENT UNDERSTAND THE TEXT HE/SHE HAS READ?</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> | <p>→ H10</p> <p>INELIGIBLE</p> <p>→END INT.</p> |
| H10 | <p>PROCEED TO ASK THE INFORMED CONSENT FOR THE HOUSEHOLD SURVEY.</p>   |                                      |   |



| LINE NO. | USUAL RESIDENTS AND VISITORS  | RELATIONSHIP TO HEAD OF HOUSEHOLD                    | SEX                       | RESIDENCE                      |                                  | AGE                | MATURE MINOR STATUS IF AGE IS 15-17 YEARS |                                   |  | ORPHAN STATUS/PARENT OR GUARDIAN    |  |  |  |  |  |                                      |   |   |   | IF AGE 14-17 YEARS  | FOR ALL HOUSEHOLD MEMBERS   | IF RESPONDENT IS MALE AND 14 YEARS OR OLDER, OR MATURE MINOR (SEE COLUMN 7) |     |     |  |
|----------|---|--|---------------------------|--------------------------------|----------------------------------|--------------------|---|-----------------------------------|--|-------------------------------------|--|--|--|--|--|--------------------------------------|---|---|---|---|---|---|-----|-----|--|
|          |   |  |                           | 5                              | 6                                |                    | 9   | 10                                | 10a  | 11                                  | 11a  | 12   | 12a  | 13   | 13a  | 14                                   | 15  | 16  | 16a   |   |   | 16b   | 16c | 16d |  |
| 1        | Please give me the first names of the persons who usually live in your household or guests of the household who stayed here last night, starting with the head of the household.                    | What is the relationship of (NAME) to the household? | Is (NAME) male or female? | Does (NAME) usually live here? | Did (NAME) stay here last night? | How old is (NAME)? | Is (NAME) a mature minor?                 | Is (NAME)'s natural mother alive? | Does (NAME)'s natural mother usually live in this household or was she a guest last night? | Does (NAME) have a female guardian? | Does (NAME)'s natural father usually live in this household or was she a guest last night? | Does (NAME)'s natural father usually live in this household or was she a guest last night? | Does (NAME) have a male guardian or was he a guest last night? | Does (NAME)'s male guardian usually live in this household or was he a guest last night? | RECORD NUMBER OF PARENT/ GUARDIAN WHO WILL FILL OUT CHILDREN'S SCHEDULE FOR (NAME) | CHECK IF (NAME) ELIGIBLE FOR SURVEY? | Does (NAME) have a wife or co-habiting partner who usually lives in this household or was a guest last night? | Please give me the name of (NAME)'s wife/partner. | Does (NAME) have any other wife or co-habiting partner who usually lives in this household or was a guest last night? | Does (NAME) have any other wife or co-habiting partner who usually lives in this household or was a guest last night? | Does (NAME) have any other wife or co-habiting partner who usually lives in this household or was a guest last night? |   |     |     |  |
|          | A person who usually lives in your household is someone who regularly consumes or contributes to food and other shared household resources.   | SEE CODES BELOW.                                     |                           |                                |                                  |                    |   |                                   |  |                                     |  |  |  |  |  |                                      |   |   |   |   |   |   |     |     |  |
|          | AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP, ASK FOR EACH PERSON ASK Qs. 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-16D FOR EACH PERSON. |  |                           |                                |                                  |                    |   |                                   |  |                                     |  |  |  |  |  |                                      |   |   |   |   |   |   |     |     |  |
| 11       |   |  | M F                       | Y N                            | Y N                              | 1 2                | Y N DK                                    | Y N DK                            |  |                                     |  |  |  |  |  |                                      |   |   |   |   |   |   |     |     |  |
| 12       |   |  | 1 2                       | 1 2                            | 1 2                              | 1 2                | 1 2 3                                     | 1 2 8                             |  |                                     |  |  |  |  |  |                                      |   |   |   |   |   |   |     |     |  |
| 13       |   |  | 1 2                       | 1 2                            | 1 2                              | 1 2                | 1 2 3                                     | 1 2 8                             |  |                                     |  |  |  |  |  |                                      |   |   |   |   |   |   |     |     |  |
| 14       |   |  | 1 2                       | 1 2                            | 1 2                              | 1 2                | 1 2 3                                     | 1 2 8                             |  |                                     |  |  |  |  |  |                                      |   |   |   |   |   |   |     |     |  |
| 15       |   |  | 1 2                       | 1 2                            | 1 2                              | 1 2                | 1 2 3                                     | 1 2 8                             |  |                                     |  |  |  |  |  |                                      |   |   |   |   |   |   |     |     |  |
| 16       |   |  | 1 2                       | 1 2                            | 1 2                              | 1 2                | 1 2 3                                     | 1 2 8                             |  |                                     |  |  |  |  |  |                                      |   |   |   |   |   |   |     |     |  |
| 17       |   |  | 1 2                       | 1 2                            | 1 2                              | 1 2                | 1 2 3                                     | 1 2 8                             |  |                                     |  |  |  |  |  |                                      |   |   |   |   |   |   |     |     |  |
| 18       |   |  | 1 2                       | 1 2                            | 1 2                              | 1 2                | 1 2 3                                     | 1 2 8                             |  |                                     |  |  |  |  |  |                                      |   |   |   |   |   |   |     |     |  |
| 19       |   |  | 1 2                       | 1 2                            | 1 2                              | 1 2                | 1 2 3                                     | 1 2 8                             |  |                                     |  |  |  |  |  |                                      |   |   |   |   |   |   |     |     |  |
| 20       |   |  | 1 2                       | 1 2                            | 1 2                              | 1 2                | 1 2 3                                     | 1 2 8                             |  |                                     |  |  |  |  |  |                                      |   |   |   |   |   |   |     |     |  |

2A) Just to make sure that I have a complete listing, are there any other persons such as small children or infants that we have not listed?

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually stay here, guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

YES  ADD TO TABLE NO

YES  ADD TO TABLE NO

**CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD**

01 = HEAD  
02 = WIFE OR HUSBAND OR PARTNER  
03 = SON OR DAUGHTER  
04 = SON-IN-LAW OR DAUGHTER-IN-LAW  
05 = GRANDCHILD  
06 = AUNT  
07 = PARENT-IN-LAW  
08 = BROTHER OR SISTER  
09 = NIECE OR NEPHEW  
10 = CO-WIFE  
11 = OTHER RELATIVE  
12 = ADOPTEE OR FOSTER OR STEPCHILD  
13 = ADOPTEE OR FOSTER OR STEPCHILD  
14 = NATURAL FATHER OR MOTHER  
15 = BORN UNKNOWN



| NO.                            | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP   |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
|--------------------------------|---|--|--------|---|---|----|---|------------------------------|--------------------------------|------------------------------|------------------------|-----------------------------|-----------------------------|---------------------------|-------------------------------|------------------------|------------------------|----------------------|-----------------------|---------------------------|--------------------------------|--------------------------------|----------------------------|----------------------|--|
| 103                            | What kind of toilet facility do members of your household usually use?      | <p><b>FLUSH OR POUR FLUSH TOILET</b></p> <p>FLUSH TO PIPED SEWER SYSTEM 11</p> <p>FLUSH TO SEPTIC TANK ..... 12</p> <p>FLUSH TO PIT LATRINE ..... 13</p> <p>FLUSH TO SOMEWHERE ELSE ... 14</p> <p>FLUSH, DON'T KNOW WHERE ..... 15</p> <p><b>PIT LATRINE</b></p> <p>VENTILATED IMPROVED</p> <p>PIT LATRINE (VIP)..... 21</p> <p>PIT LATRINE WITH SLAB ..... 22</p> <p>PIT LATRINE WITHOUT SLAB/<br/>OPEN PIT ..... 23</p> <p>COMPOSTING TOILET ..... 31</p> <p>BUCKET TOILET ..... 41</p> <p>HANGING TOILET/HANGING LATRINE .. 51</p> <p>NO FACILITY/BUSH/FIELD ..... 61</p> <p>OTHER _____ 96<br/>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p> <p>REFUSED ..... 99</p>  | → 105  |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| 104                            | Do you share this toilet facility with other households?                    | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>OTHER _____ 6<br/>(SPECIFY)</p> <p>DON'T KNOW ..... 8</p> <p>REFUSED ..... 9</p>   | → 104B |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| 104A                           | Including your own household, how many households use this toilet facility? | <p>NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text"/> <input type="text"/></p> <p>10 OR MORE HOUSEHOLDS ..... 95</p> <p>DON'T KNOW ..... 98</p> <p>REFUSED ..... 99</p>  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| 104B                           | Where is this toilet facility located?                                      | <p>IN OWN DWELLING ..... 1</p> <p>IN OWN YARD/PLOT ..... 2</p> <p>ELSEWHERE ..... 3</p>  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| 105                            | Does your household have:   | <table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> <th>R</th> </tr> </thead> <tbody> <tr><td>a) ELECTRICITY ..... 1 2 8 9</td></tr> <tr><td>b) NATIONAL GRID ..... 1 2 8 9</td></tr> <tr><td>c) SOLAR OR INVERTER 1 2 8 9</td></tr> <tr><td>d) RADIO ..... 1 2 8 9</td></tr> <tr><td>e) TELEVISION ..... 1 2 8 9</td></tr> <tr><td>f) NON-MOBILE PHONE 1 2 8 9</td></tr> <tr><td>g) COMPUTER ..... 1 2 8 9</td></tr> <tr><td>h) REFRIGERATOR ..... 1 2 8 9</td></tr> <tr><td>i) TABLE ..... 1 2 8 9</td></tr> <tr><td>j) CHAIR ..... 1 2 8 9</td></tr> <tr><td>k) BED ..... 1 2 8 9</td></tr> <tr><td>l) SOFA ..... 1 2 8 9</td></tr> <tr><td>m) CUPBOARD ..... 1 2 8 9</td></tr> <tr><td>n) AIR CONDITIONER ... 1 2 8 9</td></tr> <tr><td>o) ELECTRIC IRON ..... 1 2 8 9</td></tr> <tr><td>p) GENERATOR ..... 1 2 8 9</td></tr> <tr><td>q) FAN ..... 1 2 8 9</td></tr> </tbody> </table> |        | Y | N | DK | R | a) ELECTRICITY ..... 1 2 8 9 | b) NATIONAL GRID ..... 1 2 8 9 | c) SOLAR OR INVERTER 1 2 8 9 | d) RADIO ..... 1 2 8 9 | e) TELEVISION ..... 1 2 8 9 | f) NON-MOBILE PHONE 1 2 8 9 | g) COMPUTER ..... 1 2 8 9 | h) REFRIGERATOR ..... 1 2 8 9 | i) TABLE ..... 1 2 8 9 | j) CHAIR ..... 1 2 8 9 | k) BED ..... 1 2 8 9 | l) SOFA ..... 1 2 8 9 | m) CUPBOARD ..... 1 2 8 9 | n) AIR CONDITIONER ... 1 2 8 9 | o) ELECTRIC IRON ..... 1 2 8 9 | p) GENERATOR ..... 1 2 8 9 | q) FAN ..... 1 2 8 9 |  |
|                                | Y   | N  | DK     | R |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| a) ELECTRICITY ..... 1 2 8 9   |   |  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| b) NATIONAL GRID ..... 1 2 8 9 |   |  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| c) SOLAR OR INVERTER 1 2 8 9   |   |  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| d) RADIO ..... 1 2 8 9         |   |  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| e) TELEVISION ..... 1 2 8 9    |   |  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| f) NON-MOBILE PHONE 1 2 8 9    |   |  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| g) COMPUTER ..... 1 2 8 9      |   |  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| h) REFRIGERATOR ..... 1 2 8 9  |   |  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| i) TABLE ..... 1 2 8 9         |   |  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| j) CHAIR ..... 1 2 8 9         |   |  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| k) BED ..... 1 2 8 9           |   |  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| l) SOFA ..... 1 2 8 9          |   |  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| m) CUPBOARD ..... 1 2 8 9      |   |  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| n) AIR CONDITIONER ... 1 2 8 9 |   |  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| o) ELECTRIC IRON ..... 1 2 8 9 |   |  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| p) GENERATOR ..... 1 2 8 9     |   |  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |
| q) FAN ..... 1 2 8 9           |   |  |        |   |   |    |   |                              |                                |                              |                        |                             |                             |                           |                               |                        |                        |                      |                       |                           |                                |                                |                            |                      |  |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP |
|--|--|---|------|
| 106  | What type of fuel does your household <b>mainly</b> use for cooking? | ELECTRICITY ..... 01<br>LIQUID PROPANE GAS ..... 02<br>NATURAL GAS ..... 03<br>BIOGAS ..... 04<br>PARAFFIN/KEROSENE ..... 05<br>COAL, LIGNITE ..... 06<br>CHARCOAL FROM WOOD ..... 07<br>FIREWOOD ..... 08<br>STRAW/SHRUBS/GRASS ..... 09<br>ANIMAL DUNG ..... 10<br><br>NO FOOD COOKED<br>IN THE HOUSEHOLD ..... 95<br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW ..... 98<br>REFUSED ..... 99    |      |
| <b>FOR QUESTIONS 107-109, OBSERVE, DO NOT ASK.</b> |  |   |      |
| 107  | MAIN MATERIAL OF THE FLOOR.<br><br>RECORD OBSERVATION.               | <b>NATURAL FLOOR</b><br>EARTH/SAND ..... 11<br>DUNG ..... 12<br><b>RUDIMENTARY FLOOR</b><br>WOOD PLANKS ..... 21<br>BAMBOO SLATS ..... 22<br><b>FINISHED FLOOR</b><br>PARQUET OR POLISHED WOOD ... 31<br>VINYL OR ASPHALT STRIPS ..... 32<br>CERAMIC TILES ..... 33<br>CEMENT ..... 34<br>CARPET/RUG ..... 35<br>TERAZZO ..... 36<br>OTHER _____ 96<br>(SPECIFY)                                  |      |
| 108  | MAIN MATERIAL OF THE ROOF.<br><br>RECORD OBSERVATION.                | NO ROOF ..... 11<br><b>NATURAL ROOFING</b><br>THATCH/PALM LEAF(CIYAWA) .... 12<br>MUD ..... 13<br><b>RUDIMENTARY ROOFING</b><br>WOOD PLANKS ..... 21<br>CARDBOARD ..... 22<br><b>FINISHED ROOFING</b><br>METAL/ZINC ..... 32<br>WOOD ..... 33<br>CALAMINE/CEMENT FIBER ..... 34<br>CERAMIC TILES ..... 35<br>CEMENT/CONCRETE ..... 36<br>ROOFING SHINGLES ..... 37<br>OTHER _____ 96<br>(SPECIFY) |      |

| NO.                  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |   |   |    |   |          |   |   |   |   |                 |   |   |   |   |            |   |   |   |   |                    |   |   |   |   |                      |   |   |   |   |              |   |   |   |   |                    |   |   |   |   |          |   |   |   |   |                 |   |   |   |   |  |
|----------------------|---|--|-------|---|---|----|---|----------|---|---|---|---|-----------------|---|---|---|---|------------|---|---|---|---|--------------------|---|---|---|---|----------------------|---|---|---|---|--------------|---|---|---|---|--------------------|---|---|---|---|----------|---|---|---|---|-----------------|---|---|---|---|--|
| 109                  | MAIN MATERIAL OF THE EXTERIOR WALLS.<br><br>RECORD OBSERVATION.   | NO WALLS ..... 11<br><b>NATURAL WALLS</b><br>DIRT ..... 12<br>CANE/PALM/TREE TRUNKS ..... 13<br>BAMBOO WITH MUD ..... 14<br>STONE WITH MUD ..... 15<br>MUD ..... 16<br><b>RUDIMENTARY WALLS</b><br>CARDBOARD ..... 21<br>REUSED WOOD ..... 22<br>PLYWOOD ..... 23<br>UNBAKED BRICKS ..... 24<br>CARTON ..... 25<br><b>FINISHED WALLS</b><br>WOOD PLANKS/SHINGLES ..... 31<br>UNBAKED BRICKS COVERED ..... 32<br>WITH PLASTER ..... 33<br>BRICKS ..... 34<br>CEMENT BLOCKS ..... 35<br>CEMENT ..... 36<br>STONE WITH LIME/CEMENT ..... 37<br><br>OTHER _____ 96<br>(SPECIFY)  |       |   |   |    |   |          |   |   |   |   |                 |   |   |   |   |            |   |   |   |   |                    |   |   |   |   |                      |   |   |   |   |              |   |   |   |   |                    |   |   |   |   |          |   |   |   |   |                 |   |   |   |   |  |
| 110                  | How many rooms in this household are used for sleeping?   | ROOMS ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98<br>REFUSED ..... 99   |       |   |   |    |   |          |   |   |   |   |                 |   |   |   |   |            |   |   |   |   |                    |   |   |   |   |                      |   |   |   |   |              |   |   |   |   |                    |   |   |   |   |          |   |   |   |   |                 |   |   |   |   |  |
| 111                  | Is the cooking usually done in the house, in a separate building, or outdoors?  | IN THE HOUSE ..... 1<br>IN A SEPARATE BUILDING ..... 2<br>OUTDOORS ..... 3<br>OTHER _____ 6<br>(SPECIFY)   | → 113 |   |   |    |   |          |   |   |   |   |                 |   |   |   |   |            |   |   |   |   |                    |   |   |   |   |                      |   |   |   |   |              |   |   |   |   |                    |   |   |   |   |          |   |   |   |   |                 |   |   |   |   |  |
| 112                  | Do you have a separate room which is used as a kitchen?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   |       |   |   |    |   |          |   |   |   |   |                 |   |   |   |   |            |   |   |   |   |                    |   |   |   |   |                      |   |   |   |   |              |   |   |   |   |                    |   |   |   |   |          |   |   |   |   |                 |   |   |   |   |  |
| 113                  | Does any member of this household own:<br><br>a) A watch?<br>b) A mobile phone?<br>c) A bicycle?<br>d) A motorcycle or motor scooter?<br>e) An animal-drawn cart?<br>f) A car or truck?<br>g) A boat with a motor?<br>h) A canoe?<br>i) A Keke Napep? | <table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>a) WATCH</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>b) MOBILE PHONE</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>c) BICYCLE</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>d) M-CYCLE/SCOOTER</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>e) ANIMAL-DRAWN CART</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>f) CAR/TRUCK</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>g) BOAT WITH MOTOR</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>h) CANOE</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>i) KEKE - NAPEP</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> </tbody> </table> |       | Y | N | DK | R | a) WATCH | 1 | 2 | 8 | 9 | b) MOBILE PHONE | 1 | 2 | 8 | 9 | c) BICYCLE | 1 | 2 | 8 | 9 | d) M-CYCLE/SCOOTER | 1 | 2 | 8 | 9 | e) ANIMAL-DRAWN CART | 1 | 2 | 8 | 9 | f) CAR/TRUCK | 1 | 2 | 8 | 9 | g) BOAT WITH MOTOR | 1 | 2 | 8 | 9 | h) CANOE | 1 | 2 | 8 | 9 | i) KEKE - NAPEP | 1 | 2 | 8 | 9 |  |
|                      | Y   | N  | DK    | R |   |    |   |          |   |   |   |   |                 |   |   |   |   |            |   |   |   |   |                    |   |   |   |   |                      |   |   |   |   |              |   |   |   |   |                    |   |   |   |   |          |   |   |   |   |                 |   |   |   |   |  |
| a) WATCH             | 1   | 2  | 8     | 9 |   |    |   |          |   |   |   |   |                 |   |   |   |   |            |   |   |   |   |                    |   |   |   |   |                      |   |   |   |   |              |   |   |   |   |                    |   |   |   |   |          |   |   |   |   |                 |   |   |   |   |  |
| b) MOBILE PHONE      | 1   | 2  | 8     | 9 |   |    |   |          |   |   |   |   |                 |   |   |   |   |            |   |   |   |   |                    |   |   |   |   |                      |   |   |   |   |              |   |   |   |   |                    |   |   |   |   |          |   |   |   |   |                 |   |   |   |   |  |
| c) BICYCLE           | 1   | 2  | 8     | 9 |   |    |   |          |   |   |   |   |                 |   |   |   |   |            |   |   |   |   |                    |   |   |   |   |                      |   |   |   |   |              |   |   |   |   |                    |   |   |   |   |          |   |   |   |   |                 |   |   |   |   |  |
| d) M-CYCLE/SCOOTER   | 1   | 2  | 8     | 9 |   |    |   |          |   |   |   |   |                 |   |   |   |   |            |   |   |   |   |                    |   |   |   |   |                      |   |   |   |   |              |   |   |   |   |                    |   |   |   |   |          |   |   |   |   |                 |   |   |   |   |  |
| e) ANIMAL-DRAWN CART | 1   | 2  | 8     | 9 |   |    |   |          |   |   |   |   |                 |   |   |   |   |            |   |   |   |   |                    |   |   |   |   |                      |   |   |   |   |              |   |   |   |   |                    |   |   |   |   |          |   |   |   |   |                 |   |   |   |   |  |
| f) CAR/TRUCK         | 1   | 2  | 8     | 9 |   |    |   |          |   |   |   |   |                 |   |   |   |   |            |   |   |   |   |                    |   |   |   |   |                      |   |   |   |   |              |   |   |   |   |                    |   |   |   |   |          |   |   |   |   |                 |   |   |   |   |  |
| g) BOAT WITH MOTOR   | 1   | 2  | 8     | 9 |   |    |   |          |   |   |   |   |                 |   |   |   |   |            |   |   |   |   |                    |   |   |   |   |                      |   |   |   |   |              |   |   |   |   |                    |   |   |   |   |          |   |   |   |   |                 |   |   |   |   |  |
| h) CANOE             | 1   | 2  | 8     | 9 |   |    |   |          |   |   |   |   |                 |   |   |   |   |            |   |   |   |   |                    |   |   |   |   |                      |   |   |   |   |              |   |   |   |   |                    |   |   |   |   |          |   |   |   |   |                 |   |   |   |   |  |
| i) KEKE - NAPEP      | 1   | 2  | 8     | 9 |   |    |   |          |   |   |   |   |                 |   |   |   |   |            |   |   |   |   |                    |   |   |   |   |                      |   |   |   |   |              |   |   |   |   |                    |   |   |   |   |          |   |   |   |   |                 |   |   |   |   |  |
| 114                  | Does any member of this household have a bank account?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   |       |   |   |    |   |          |   |   |   |   |                 |   |   |   |   |            |   |   |   |   |                    |   |   |   |   |                      |   |   |   |   |              |   |   |   |   |                    |   |   |   |   |          |   |   |   |   |                 |   |   |   |   |  |
| 115                  | Does this household own any livestock, herds, other farm animals, camels, or poultry?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   | → 117 |   |   |    |   |          |   |   |   |   |                 |   |   |   |   |            |   |   |   |   |                    |   |   |   |   |                      |   |   |   |   |              |   |   |   |   |                    |   |   |   |   |          |   |   |   |   |                 |   |   |   |   |  |



| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP                |
|-----|--|--|---------------------|
| 116 | <p>How many of the following animals does this household own?<br/> IF NONE, RECORD '00'.<br/> IF 95 OR MORE, RECORD '95'.<br/> IF UNKNOWN, RECORD '98'.</p> <p>a) Milk cows or bulls?<br/> b) Other cattle?<br/> c) Horses, donkeys, or mules?<br/> d) Goats?<br/> e) Sheep?<br/> f) Chicken or other poultry such as ducks?<br/> g) Pigs?<br/> h) Camels?<br/> i) Dogs?<br/> j) Other? SPECIFY: _____</p> | <p>a) COWS/BULLS ..... <input type="text"/> <input type="text"/></p> <p>b) OTHER CATTLE ..... <input type="text"/> <input type="text"/></p> <p>c) HORSES/DONKEYS/MULES ..... <input type="text"/> <input type="text"/></p> <p>d) GOATS ..... <input type="text"/> <input type="text"/></p> <p>e) SHEEP ..... <input type="text"/> <input type="text"/></p> <p>f) CHICKENS/POULTRY ..... <input type="text"/> <input type="text"/></p> <p>g) PIGS ..... <input type="text"/> <input type="text"/></p> <p>h) CAMELS ..... <input type="text"/> <input type="text"/></p> <p>i) DOGS ..... <input type="text"/> <input type="text"/></p> <p>j) OTHER ..... <input type="text"/> <input type="text"/></p> |                     |
| 117 | <p>Does any member of this household own any agricultural land?</p>  | <p>YES ..... 1<br/> NO ..... 2<br/> DON'T KNOW ..... 8<br/> REFUSED ..... 9</p>  | <p>→ 119</p>        |
| 118 | <p>How many plot/acres/hectares of agricultural land do members of this household own?</p>   | <p>PLOT ..... 1 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>ACRES ..... 2 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>HECTARES ..... 3 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>95 OR MORE UNITS ..... 9995<br/> DON'T KNOW ..... 9998<br/> REFUSED ..... 9999</p>  |                     |
| 119 | <p>Does your household have any mosquito nets that can be used while sleeping?</p>   | <p>YES ..... 1<br/> NO ..... 2<br/> DON'T KNOW ..... 8<br/> REFUSED ..... 9</p>  | <p>→ END MODULE</p> |
| 120 | <p>How many mosquito nets does your household have?</p> <p>ASK TO OBSERVE ALL NETS. COUNT AND RECORD NUMBER.</p>   | <p>NUMBER OF NETS <input type="text"/></p> <p>IF MORE THAN 7, RECORD 7.</p>  |                     |

# APPENDIX F ADULT QUESTIONNAIRE

## MODULE 0: ADULT RESPONDENT ELIGIBILITY

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES             | SKIP                                  |
|-----|--|-------------------------------|---------------------------------------|
| M1A | IS [NAME] AGED 18 YEARS OR OLDER?<br><br>ADULT RESPONDENT MUST BE 18 YEARS OF OLDER, OR MUST BE AN EMANCIPATED MINOR AGE 15-17 YEARS.  | YES ..... 1<br>NO ..... 2     | → M2                                  |
| M1B | IS [NAME] AGED 15 YEARS OR OLDER?  | YES ..... 1<br>NO ..... 2     | INELIGIBLE<br>→ END INT.              |
| M1C | IS [NAME] AN EMANCIPATED MINOR?<br><br>AN EMANCIPATED MINOR IS 15-17 YEARS OF AGE WHO IS MARRIED, OR PREGNANT, OR A PARENT, OR HEAD OF THE HOUSEHOLD.  | YES ..... 1<br>NO ..... 2     | → PARENT ELIGIBILITY /CONSENT.        |
| M2  | DOES [NAME] HAVE A HEARING DISABILITY?<br><br>OBSERVE IF THE PARTICIPANT HAS DIFFICULTY ENGAGING IN CONVERSATIONS.   | YES ..... 1<br>NO ..... 2     | → M4                                  |
| M3  | CAN THE SURVEY TEAM ACCOMMODATE HEARING DISABILITY OF [NAME]?  | YES ..... 1<br>NO ..... 2     | INELIGIBLE<br>→ END INT.              |
| M4  | CAN SURVEY BE CONDUCTED IN A LANGUAGE [NAME] SPEAKS?   | YES ..... 1<br>NO ..... 2     | INELIGIBLE<br>→ END INT.              |
| M5  | DOES [NAME] HAVE A VISUAL IMPAIRMENT?  | YES ..... 1<br>NO ..... 2     | → M8                                  |
| M6  | ASK [NAME] TO READ THE TEXT BELOW.<br><br>Purpose of Survey:<br>This survey will help us know how many people in Nigeria are at risk for getting HIV, have HIV and need health services. Your taking part will help the Federal Ministry of Health make health services better in Nigeria. |                               |                                       |
| M7  | WAS [NAME] ABLE TO READ THE TEXT WITHOUT MUCH PROBLEM?   | YES ..... 1<br>NO ..... 2     | → M9                                  |
| M8  | IS [NAME] ABLE TO IDENTIFY A WITNESS?  | YES ..... 1<br>NO ..... 2     | INELIGIBLE<br>→ END INT.              |
| M9  | IS [NAME] COGNITIVELY ABLE TO CONSENT?<br><br>DOES THE RESPONDENT UNDERSTAND THE TEXT HE/SHE HAS READ?   | YES ..... 1<br><br>NO ..... 2 | → M10<br><br>INELIGIBLE<br>→ END INT. |
| M10 | PROCEED TO ASK THE INFORMED CONSENT FOR THE ADULT QUESTIONNAIRE.   |                               |                                       |

**MODULE 1: RESPONDENT CONSENT AND BACKGROUND**

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP            |
|------|---|--|-----------------|
| 100A | ENTER LINE NUMBER OF THE RESPONDENT FROM THE HOUSEHOLD SCHEDULE:  | <input type="text"/> <input type="text"/>  |                 |
| 100B | ENTER NAME OF RESPONDENT:<br><br>(RESPONDENT'S NAME)  |  |                 |
| C1   | OBTAIN CONSENT. DOES [NAME] AGREE TO PARTICIPATE IN THE SURVEY?   | YES ..... 1<br>NO ..... 2  | → END INTERVIEW |
| L1   | ENTER LANGUAGE OF THE QUESTIONNAIRE   | ENGLISH ..... 1<br>HAUSA ..... 2<br>YORUBA ..... 3<br>IGBO ..... 4   |                 |
| L2   | ENTER LANGUAGE OF THE INTERVIEW   | ENGLISH ..... 1<br>HAUSA ..... 2<br>YORUBA ..... 3<br>IGBO ..... 4<br>OTHER _____ 6<br>(SPECIFY)   |                 |
| L3   | ENTER NATIVE LANGUAGE OF THE RESPONDENT   | ENGLISH ..... 1<br>HAUSA ..... 2<br>YORUBA ..... 3<br>IGBO ..... 4<br>OTHER _____ 6<br>(SPECIFY)   |                 |
| L4   | WAS A TRANSLATOR USED?  | YES ..... 1<br>NO ..... 2  |                 |
| 100  | Thank you for agreeing to participate in this survey. Now, I would like to ask you some general questions about yourself, your education, and work. |  |                 |
| 101  | CHECK: IS RESPONDENT MALE OR FEMALE?  | MALE ..... 1<br>FEMALE ..... 2   |                 |
| 102  | How old were you on your last birthday?   | AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98<br>REFUSED ..... 99  |                 |
| 103  | What is your religion?  | ISLAM ..... 1<br>CHRISTIANITY ..... 2<br>TRADITIONAL ..... 3<br>NO RELIGION ..... 4<br>OTHER _____ 6<br>(SPECIFY)<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |                 |
| 104  | Have you ever attended school?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   | } → 108         |
| 105  | Are you currently enrolled in school?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   |                 |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP   |
|-----|--|---|--|
| 106 | What is the highest level of school you have attended?<br>Is it primary, secondary or higher?  | PRIMARY ..... 01<br>JUNIOR SECONDARY ..... 02<br>SECONDARY ..... 03<br>A-LEVEL ..... 04<br>UNIVERSITY OR ABOVE ..... 05<br>TECHNICAL OR VOCATIONAL ..... 06<br>ADULT LITERACY ONLY (NO FORMAL<br>EDUCATION) ..... 07<br>KORANIC/RELIGIOUS ONLY (NO<br>FORMAL EDUCATION) ..... 08<br>DON'T KNOW ..... 98<br>REFUSED ..... 99 |  |
| 107 | What is the highest [CLASS/YEAR] you completed at that level?                                  | NONE ..... 00<br>YEARS ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98<br>REFUSED ..... 99   |  |
| 108 | Have you done any work in the last 12 months for which you received cash or goods as payment?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  | <div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 2px;">             → END<br/>MODULE           </div> |
| 109 | Have you done any work in the last seven days for which you received cash or goods as payment? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  |  |

**MODULE 2: MARRIAGE**

200 Now I would like to ask you about your current and previous relationships and/or marriages.

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES                                     |                                       |                                       |                                       | SKIP                             |       |
|------|--|---|---------------------------------------|---------------------------------------|---------------------------------------|----------------------------------|-------|
| 201  | Have you ever been married or lived together with a [man/woman] as if married?   | YES .....   | 01                                    |                                       |                                       | → END<br>MODULE                  |       |
|      |  | NO .....  | 02                                    |                                       |                                       |                                  |       |
|      |  | DON'T KNOW .....                                      | 98                                    |                                       |                                       |                                  |       |
|      |  | REFUSED .....   | 99                                    |                                       |                                       |                                  |       |
| 202  | How old were you the first time you married or started living with a [man/woman] as if married?  | YEARS .....   | <input type="text"/>                  | <input type="text"/>                  |                                       |                                  |       |
|      |  | AGE AT MARRIAGE OR<br>FIRST TIME LIVED TOGETHER ..... | 95                                    |                                       |                                       |                                  |       |
|      |  | DON'T KNOW .....                                      | 98                                    |                                       |                                       |                                  |       |
|      |  | REFUSED .....   | 99                                    |                                       |                                       |                                  |       |
| 203  | What is your marital status now?<br><br>Are you married, living together with someone as if married, widowed, divorced, or separated?  | MARRIED .....   | 1                                     |                                       |                                       | → END<br>MODULE                  |       |
|      |  | LIVING TOGETHER .....                                 | 2                                     |                                       |                                       |                                  |       |
|      |  | WIDOWED .....   | 3                                     |                                       |                                       |                                  |       |
|      |  | DIVORCED .....  | 4                                     |                                       |                                       |                                  |       |
|      |  | SEPARATED .....                                       | 5                                     |                                       |                                       |                                  |       |
|      |  | DON'T KNOW .....                                      | 8                                     |                                       |                                       |                                  |       |
|      |  | REFUSED .....   | 9                                     |                                       |                                       |                                  |       |
| 203A | CHECK: IS RESPONDENT MALE OR FEMALE?   | MALE .....  | 1                                     |                                       |                                       | → 212                            |       |
|      |  | FEMALE .....  | 2                                     |                                       |                                       |                                  |       |
| 204  | Altogether, how many wives or live-in partners do you have?  | NUMBER .....  | <input type="text"/>                  | <input type="text"/>                  |                                       | → END<br>MODULE                  |       |
|      |  | DON'T KNOW .....                                      | 98                                    |                                       |                                       |                                  |       |
|      |  | REFUSED .....   | 99                                    |                                       |                                       |                                  |       |
| 205  | CHECK 16a-16d: IF NO WIVES/PARTNERS RECORDED, SKIP TO 208.<br><br>The household information shows that you have [NUMBER] household members as your wives or partners.<br><br>VERIFY AND READ THE NAMES OF WIVES AND PARTNERS LISTED IN THE HOUSEHOLD SCHEDULE. |   |                                       |                                       |                                       |                                  |       |
| 205a | CHECK 16a-16d. RECORD NAMES OF WIVES AND PARTNERS FROM HOUSEHOLD.  | <u>                    </u><br>(NAME)                 | <u>                    </u><br>(NAME) | <u>                    </u><br>(NAME) | <u>                    </u><br>(NAME) |                                  |       |
| 206  | Is [NAME] your wife or partner?  | YES .....   | 1                                     | YES .....                             | 1                                     | YES .....                        | 1     |
|      |  | NO .....  | 2                                     | NO .....                              | 2                                     | NO .....                         | 2     |
| 207  | Does [NAME] live in the household?   | YES .....   | 1                                     | YES .....                             | 1                                     | YES .....                        | 1     |
|      |  | NO .....  | 2                                     | NO .....                              | 2                                     | NO .....                         | 2     |
|      |  |   |                                       |                                       |                                       |                                  | 208 ← |
| 207a | DOES THE RESPONDENT HAVE ANOTHER WIFE OR PARTNER?  | YES .....   | 1                                     | YES .....                             | 1                                     | YES .....                        | 1     |
|      |  | GO TO NEXT WIFE/PARTNER (205a) ←                      |                                       | GO TO NEXT WIFE/PARTNER (205a) ←      |                                       | GO TO NEXT WIFE/PARTNER (205a) ← |       |
|      |  | NO .....  | 2                                     | NO .....                              | 2                                     | NO .....                         | 2     |
|      |  |   | 208 ←                                 |                                       | 208 ←                                 |                                  | 208 ← |

| NO.                                | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP                               |              |              |              |                                    |                                    |                                    |                                    |  |
|------------------------------------|--|---|------------------------------------|--------------|--------------|--------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|--|
| 208                                | Do you have additional spouse(s) or partner(s) that live with you?   | YES ..... 1<br>NO ..... 2   | → 211                              |              |              |              |                                    |                                    |                                    |                                    |  |
| 209                                | How many additional spouse(s) or partners(s) live with you?  | NUMBER ..... <input type="text"/> <input type="text"/>  |                                    |              |              |              |                                    |                                    |                                    |                                    |  |
| 210                                | ENTER THE NAME OF [RESPONDENT'S] SPOUSE OR PARTNER THAT LIVE IN HOUSEHOLD.   | <table border="1"> <tr> <td>_____ (NAME)</td> <td>_____ (NAME)</td> <td>_____ (NAME)</td> <td>_____ (NAME)</td> </tr> <tr> <td>DON'T KNOW .. 8<br/>REFUSED ..... 9</td> <td>DON'T KNOW .. 8<br/>REFUSED ..... 9</td> <td>DON'T KNOW .. 8<br/>REFUSED ..... 9</td> <td>DON'T KNOW .. 8<br/>REFUSED ..... 9</td> </tr> </table> | _____ (NAME)                       | _____ (NAME) | _____ (NAME) | _____ (NAME) | DON'T KNOW .. 8<br>REFUSED ..... 9 | DON'T KNOW .. 8<br>REFUSED ..... 9 | DON'T KNOW .. 8<br>REFUSED ..... 9 | DON'T KNOW .. 8<br>REFUSED ..... 9 |  |
| _____ (NAME)                       | _____ (NAME)   | _____ (NAME)  | _____ (NAME)                       |              |              |              |                                    |                                    |                                    |                                    |  |
| DON'T KNOW .. 8<br>REFUSED ..... 9 | DON'T KNOW .. 8<br>REFUSED ..... 9   | DON'T KNOW .. 8<br>REFUSED ..... 9  | DON'T KNOW .. 8<br>REFUSED ..... 9 |              |              |              |                                    |                                    |                                    |                                    |  |
| 211                                | How many other wives or live-in partners do you have who live elsewhere?   | NUMBER OF ADDITIONAL SPOUSES OR PARTNERS .... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98<br>REFUSED ..... 99  | → END MODULE                       |              |              |              |                                    |                                    |                                    |                                    |  |
| 211A                               | CHECK: IS RESPONDENT MALE OR FEMALE?   | MALE ..... 1<br>FEMALE ..... 2  | → END MODULE                       |              |              |              |                                    |                                    |                                    |                                    |  |
| 212                                | Is your husband or partner living with you now or is he staying elsewhere?   | LIVING TOGETHER ..... 1<br>STAYING ELSEWHERE ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   | → 216                              |              |              |              |                                    |                                    |                                    |                                    |  |
| 212A                               | CHECK Q.212: IS THE RESPONDENT STAYING ELSEWHERE (CODED '2') AND THERE IS NO PARTNER LISTED IN THE HOUSEHOLD ROSTER  |   | → 216                              |              |              |              |                                    |                                    |                                    |                                    |  |
| 213                                | The household information shows that [NAME OF HUSBAND OR PARTNER] as your [husband or partner] who lives with you in this household.<br><br>Is that correct? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  | → 216<br>→ 216                     |              |              |              |                                    |                                    |                                    |                                    |  |
| 214                                | FROM THE HOUSEHOLD SCHEDULE SELECT THE SPOUSE OR PARTNER THAT LIVES WITH THE RESPONDENT  | _____ (NAME OF SPOUSE OR PARTNER)<br>NOT LISTED IN THE HOUSEHOLD ..... 00   | → 216                              |              |              |              |                                    |                                    |                                    |                                    |  |
| 215                                | Please tell me the name of your spouse/partner that lives with you?  | _____ (NAME OF SPOUSE OR PARTNER)<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  |                                    |              |              |              |                                    |                                    |                                    |                                    |  |
| 216                                | Does your husband or partner have other wives or does he live with other women as if married?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  | → END MODULE                       |              |              |              |                                    |                                    |                                    |                                    |  |
| 217                                | Including yourself, in total, how many wives or live-in partners does your husband or partner have?  | NUMBER OF WIVES OR LIVE-IN PARTNERS <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98<br>REFUSED ..... 99  |                                    |              |              |              |                                    |                                    |                                    |                                    |  |

**MODULE 3: REPRODUCTION**

300 Now I would like to ask you some questions about pregnancies and children.

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES                       |   |   | SKIP   |
|------|--|---|---|---|--------|
| 300A | CHECK: IS RESPONDENT MALE OR FEMALE?   | MALE .....                              | 1                                       |   | → 335A |
|      |  | FEMALE .....                            | 2                                       |   |        |
| 301  | How many times have you been pregnant including a current pregnancy?   | NUMBER OF TIMES .....                   | <input type="text"/>                    | <input type="text"/>                    |        |
|      |  | NEVER .....                             | 00                                      |   | → 335A |
|      |  | DON'T KNOW .....                        | 98                                      |   | → 334  |
|      |  | REFUSED .....                           | 99                                      |   |        |
| 302  | Have you ever had a pregnancy that resulted in a live birth?<br><br>A live birth is when the baby shows signs of life, such as breathing, beating of the heart or movement.  | YES .....                               | 1                                       |   |        |
|      |  | NO .....                                | 2                                       |   | → 334  |
|      |  | DON'T KNOW .....                        | 8                                       |   |        |
|      |  | REFUSED .....                           | 9                                       |   |        |
| 303  | How many live births have you had since the 1st of January 2015?<br><br>ENTER '00' IF NONE.  | NONE .....                              | 00                                      |   | → 334  |
|      |  | NUMBER OF CHILDREN .....                | <input type="text"/>                    | <input type="text"/>                    |        |
|      |  | DON'T KNOW .....                        | 98                                      |   |        |
|      |  | REFUSED .....                           | 99                                      |   |        |
| 303a | Now I would like to ask you some questions about the last pregnancy that resulted in a live birth since the 1st of January, 2015.  |   |   |   |        |
| 304  | Did your last pregnancy result in birth to twins or more?  | YES .....                               | 1                                       |   |        |
|      |  | NO .....                                | 2                                       |   | → 306  |
|      |  | DON'T KNOW .....                        | 8                                       |   |        |
|      |  | REFUSED .....                           | 9                                       |   |        |
| 305  | What is the name of the [INSERT ORDER OF BIRTH] born child from your last pregnancy that resulted in a live birth?<br><br>A live birth is when the baby shows signs of life, such as breathing, beating of the heart or movement.<br><br>IF THE CHILD WAS NOT NAMED BEFORE DEATH, ENTER 'BIRTH 1'. | <hr/><br>(NAME)                         | <hr/><br>(NAME)                         | <hr/><br>(NAME)                         |        |
| 305a | DID THE RESPONDENT HAVE ANOTHER CHILD BORN FROM THE LAST PREGNANCY?  | YES..... 1<br>GO TO THE ←<br>NEXT CHILD | YES..... 1<br>GO TO THE ←<br>NEXT CHILD | YES..... 1<br>GO TO THE ←<br>NEXT CHILD |        |
|      |  | NO ..... 2<br>306 ←                     | NO ..... 2<br>306 ←                     | NO ..... 2<br>306 ←                     |        |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP            |
|------|--|--|-----------------|
| 306  | <p>What is the name of the child from your last pregnancy that resulted in a live birth?</p> <p>A live birth is when the baby shows signs of life, such as breathing, beating of the heart or movement.</p> <p>IF THE CHILD WAS NOT NAMED BEFORE DEATH, ENTER 'BIRTH 1'.</p> | <p>_____</p> <p>(NAME OF CHILD)</p>  |                 |
| 307  | When you were pregnant with [NAME], did you visit a health facility for antenatal care?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   | → 308A<br>→ 318 |
| 308  | What is the main reason you did not visit a clinic for antenatal care when you were pregnant with [NAME]?  | CLINIC WAS TOO FAR AWAY ..... 01<br>COULD NOT TAKE TIME OFF<br>WORK/TOO BUSY ..... 02<br>COULD NOT AFFORD TO PAY<br>FOR THE VISIT ..... 03<br>DID NOT TRUST THE CLINIC STAFF ... 04<br>RECEIVED CARE AT HOME ..... 05<br>DID NOT WANT AN HIV TEST DONE ... 06<br>HUSBAND/FAMILY WOULD NOT<br>LET ME GO ..... 07<br>USED TRADITIONAL BIRTH<br>ATTENDANT/HEALER ..... 08<br>COST OF TRANSPORT ..... 09<br>RELIGIOUS REASONS ..... 10<br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW ..... 98<br>REFUSED ..... 99 | → 318           |
| 308a | Now, I will ask you some questions about HIV testing. Please remember that your responses will be kept confidential and will not be shared with anyone else.   |  |                 |
| 309  | Were you ever tested for HIV before your pregnancy with [NAME]?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   | → 312           |
| 310  | Did you test positive for HIV before your pregnancy with [NAME]?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   | → 312           |
| 311  | At the time of your first antenatal care visit when you were pregnant with [NAME], were you taking ARVs, that is, antiretroviral medications to treat HIV?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   | → 318<br>→ 316  |
| 312  | During any of your visits to the antenatal care clinic when you were pregnant with [NAME], were you <u>offered</u> an HIV test?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   |                 |
| 313  | Were you <u>tested</u> for HIV during any of your antenatal care clinic visits when you were pregnant with [NAME]?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   | → 315<br>→ 318  |





| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP  |
|------|---|--|-------|
| 320a | CHECK 310: WAS RESPONDENT HIV POSITIVE BEFORE PREGNANCY WITH [NAME]?  | YES ..... 1<br>NO ..... 2  | → 322 |
| 320b | CHECK 315: DID RESPONDENT GET A POSITIVE TEST RESULT DURING PREGNANCY WITH [NAME]?                          | YES ..... 1<br>NO ..... 2  | → 322 |
| 320  | Were you tested for HIV during labor?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   | → 325 |
| 321  | What was the result of the HIV test?  | POSITIVE ..... 1<br>NEGATIVE ..... 2<br>UNKNOWN/INDETERMINANT ..... 3<br>DID NOT RECEIVE RESULTS ..... 4<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  | → 325 |
| 322a | CHECK 311: WAS RESPONDENT ON ARVS AT TIME OF FIRST ANTENATAL CARE VISIT WHEN PREGNANT WITH [NAME]?          | YES ..... 1<br>NO ..... 2  | → 325 |
| 322b | CHECK 316: DID RESPONDENT TAKE ARVS DURING PREGNANCY WITH [NAME]?   | YES ..... 1<br>NO ..... 2  | → 325 |
| 322  | During labor, were you offered ARVs to protect [NAME] against HIV?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   |       |
| 323  | During labor, did you take ARVs to protect [NAME] against HIV?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   | → 325 |
| 324  | Did you continue to take the ARVs after delivery?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   |       |
| 325  | When did you give birth to [NAME]?<br><br>IF THE RESPONDENT DOES NOT KNOW, PROBE USING LOCAL EVENT CALENDAR | DAY ..... <input type="text"/> <input type="text"/><br>DON'T KNOW DAY ..... 98<br>REFUSED ..... 99<br><br>MONTH ..... <input type="text"/> <input type="text"/><br>DON'T KNOW MONTH ..... 98<br>REFUSED ..... 99<br><br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW YEAR ..... 9998<br>REFUSED ..... 9999 |       |

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  |  |   | SKIP |
|-----|--|--|--|---|------|
| 326 | Is [NAME] still alive?   | YES ..... 1<br>(SKIP TO 329) ←<br>NO ..... 2<br>DON'T KNOW... 8<br>REFUSED ..... 9<br>(SKIP TO 329) ←  | YES ..... 1<br>(SKIP TO 329) ←<br>NO ..... 2<br>DON'T KNOW... 8<br>REFUSED ..... 9<br>(SKIP TO 329) ←  | YES ..... 1<br>(SKIP TO 329) ←<br>NO ..... 2<br>DON'T KNOW... 8<br>REFUSED ..... 9<br>(SKIP TO 329) ←   |      |
| 327 | How old was [NAME] in years when he/she died?<br><br>ENTER '00' IF CHILD WAS LESS THAN ONE YEAR OLD.                                   | LESS THAN 1 YR 00<br><br>AGE IN YEARS <input type="text"/> <input type="text"/><br><br>DON'T KNOW .. 98<br>REFUSED ... 99<br>(SKIP TO 331) ←   | LESS THAN 1 YR 00<br><br>AGE IN YEARS <input type="text"/> <input type="text"/><br><br>DON'T KNOW .. 98<br>REFUSED ... 99<br>(SKIP TO 331) ←   | LESS THAN 1 YR 00<br><br>AGE IN YEARS <input type="text"/> <input type="text"/><br><br>DON'T KNOW .. 98<br>REFUSED ... 99<br>(SKIP TO 331) ←  |      |
| 328 | How old was [NAME] in months when he/she died?<br><br>ENTER '00' IF CHILD WAS LESS THAN ONE MONTH OLD.                                 | LESS THAN 1 MO. 00<br><br>AGE IN MONTHS <input type="text"/> <input type="text"/><br><br>DON'T KNOW .. 98<br>REFUSED ... 99<br>(SKIP TO 331) ←   | LESS THAN 1 MO. 00<br><br>AGE IN MONTHS <input type="text"/> <input type="text"/><br><br>DON'T KNOW .. 98<br>REFUSED ... 99<br>(SKIP TO 331) ←   | LESS THAN 1 MO... 00<br><br>AGE IN MONTHS <input type="text"/> <input type="text"/><br><br>DON'T KNOW .. 98<br>REFUSED ... 99<br>(SKIP TO 331) ←  |      |
| 329 | Is [NAME] living with you?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW... 8<br>REFUSED ..... 9  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW... 8<br>REFUSED ..... 9  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW... 8<br>REFUSED ..... 9   |      |
| 330 | ENTER THE LINE NUMBER AND NAME OF CHILD FROM THE HOUSEHOLD SCHEDULE  | _____<br>(NAME)<br><br>LINE NO. <input type="text"/> <input type="text"/><br><br>NOT LISTED IN HOUSEHOLD .... 96   | _____<br>(NAME)<br><br>LINE NO. <input type="text"/> <input type="text"/><br><br>NOT LISTED IN HOUSEHOLD .... 96   | _____<br>(NAME)<br><br>LINE NO. <input type="text"/> <input type="text"/><br><br>NOT LISTED IN HOUSEHOLD .... 96  |      |
| 331 | Did you ever breastfeed [NAME]?  | YES ..... 1<br>NO, NEVER BREASTFED .. 2<br>NO, CHILD NOT ALIVE ... 3<br>DON'T KNOW . 8<br>REFUSED ..... 9<br>(SKIP TO 334) ←   | YES ..... 1<br>NO, NEVER BREASTFED .. 2<br>NO, CHILD NOT ALIVE ... 3<br>DON'T KNOW . 8<br>REFUSED ..... 9<br>(SKIP TO 334) ←   | YES ..... 1<br>NO, NEVER BREASTFED .... 2<br>NO, CHILD NOT ALIVE ... 3<br>DON'T KNOW ... 8<br>REFUSED ..... 9<br>(SKIP TO 334) ←  |      |
| 332 | For how long did you breastfeed [NAME]?<br><br>RECORD ANSWER ONLY IN WEEKS OR IN MONTHS.<br><br>CODE '00' IF LESS THAN 1 WEEK.         | WEEKS..... 1 <input type="text"/> <input type="text"/><br><br>MONTHS... 2 <input type="text"/> <input type="text"/><br><br>STILL BREASTFEEDING 996<br>DON'T KNOW.....998<br>REFUSED..... 999 | WEEKS..... 1 <input type="text"/> <input type="text"/><br><br>MONTHS... 2 <input type="text"/> <input type="text"/><br><br>STILL BREASTFEEDING 996<br>DON'T KNOW.....998<br>REFUSED..... 999 | WEEKS..... 1 <input type="text"/> <input type="text"/><br><br>MONTHS... 2 <input type="text"/> <input type="text"/><br><br>STILL BREASTFEEDING 996<br>DON'T KNOW..... 998<br>REFUSED..... 999 |      |
| 333 | Thank you for the information regarding [NAME].<br><br>CHECK 305: DID THE LAST BIRTH HAVE MORE THAN ONE CHILD (I.E., TWINS, TRIPLETS)? | YES ..... 1<br>(SKIP TO NEXT 326) ←<br>NO ..... 2  | YES ..... 1<br>(SKIP TO NEXT 326) ←<br>NO ..... 2  | YES ..... 1<br>(SKIP TO NEXT 326) ←<br>NO ..... 2   |      |



**MODULE 4: CHILDREN**

400 THE HOUSEHOLD SCHEDULE NOTED THAT [NAME OF PARTICIPANT] WILL FILL OUT THE CHILDREN'S MODULE FOR [NUMBER OF CHILDREN].

I am going to ask you a number of questions about your child/children regarding their health and where they get their health services. We will ask you about these children:

| NO.  | QUESTIONS  | CHILD 1  | CHILD 2  | CHILD 3  |
|------|--|--|--|--|
| 401A | ENTER THE NAME AND LINE NUMBER OF [CHILD].<br><br>Now, I am going to ask you about [CHILD NAME].             | _____<br>(NAME)<br><br>LINE NO. <input type="text"/> <input type="text"/>  | _____<br>(NAME)<br><br>LINE NO. <input type="text"/> <input type="text"/>  | _____<br>(NAME)<br><br>LINE NO. <input type="text"/> <input type="text"/>  |
| 401  | How old was [CHILD] in years at his/her last birthday?<br><br>ENTER '00' IF CHILD IS LESS THAN ONE YEAR OLD. | LESS THAN 1 YR... 00<br><br>AGE IN YEARS <input type="text"/> <input type="text"/><br><br>DON'T KNOW .... 98<br>REFUSED ..... 99<br>(SKIP TO 403) ←                  | LESS THAN 1 YR... 00<br><br>AGE IN YEARS <input type="text"/> <input type="text"/><br><br>DON'T KNOW .... 98<br>REFUSED ..... 99<br>(SKIP TO 403) ←                  | LESS THAN 1 YR... 00<br><br>AGE IN YEARS <input type="text"/> <input type="text"/><br><br>DON'T KNOW .... 98<br>REFUSED ..... 99<br>(SKIP TO 403) ←                  |
| 402  | How old is [CHILD] in months?<br><br>ENTER '00' IF CHILD IS LESS THAN ONE MONTH OLD.                         | AGE IN MONTHS <input type="text"/> <input type="text"/><br><br>DON'T KNOW .. 98<br>REFUSED ..... 99  | AGE IN MONTHS <input type="text"/> <input type="text"/><br><br>DON'T KNOW .. 98<br>REFUSED ..... 99  | AGE IN MONTHS <input type="text"/> <input type="text"/><br><br>DON'T KNOW .. 98<br>REFUSED ..... 99  |
| 403  | Is [CHILD] a boy or girl?  | BOY ..... 1<br>GIRL ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9  | BOY ..... 1<br>GIRL ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9  | BOY ..... 1<br>GIRL ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9  |
| 404  | Is [CHILD] enrolled in school?   | YES ..... 1<br>NO, NOT CURRENTLY IN SCHOOL .. 2<br>(SKIP TO 407) ←<br>NO, TOO YOUNG TO BE IN SCHOOL .... 3<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 408a) ← | YES ..... 1<br>NO, NOT CURRENTLY IN SCHOOL .. 2<br>(SKIP TO 407) ←<br>NO, TOO YOUNG TO BE IN SCHOOL .... 3<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 408a) ← | YES ..... 1<br>NO, NOT CURRENTLY IN SCHOOL .. 2<br>(SKIP TO 407) ←<br>NO, TOO YOUNG TO BE IN SCHOOL .... 3<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 408a) ← |
| 405  | What is the highest level of school [CHILD] has attended: nursery, primary or secondary?                     | NURSERY .... 1<br>PRIMARY .... 2<br>JR. SECONDARY 3<br>SR. SECONDARY 4<br>DON'T KNOW .. 98<br>REFUSED ..... 99<br>(SKIP TO 408a) ←                                   | NURSERY .... 1<br>PRIMARY .... 2<br>JR. SECONDARY 3<br>SR. SECONDARY 4<br>DON'T KNOW .. 98<br>REFUSED ..... 99<br>(SKIP TO 408a) ←                                   | NURSERY .... 1<br>PRIMARY .... 2<br>JR. SECONDARY 3<br>SR. SECONDARY 4<br>DON'T KNOW .. 98<br>REFUSED ..... 99<br>(SKIP TO 408a) ←                                   |
| 406  | What grade/form/year is [CHILD] in now?  | GRADE/FORM /YEAR ... <input type="text"/><br><br>DON'T KNOW .. 98<br>REFUSED ..... 99<br>(SKIP TO 408a) ←  | GRADE/FORM /YEAR ... <input type="text"/><br><br>DON'T KNOW .. 98<br>REFUSED ..... 99<br>(SKIP TO 408a) ←  | GRADE/FORM /YEAR ... <input type="text"/><br><br>DON'T KNOW .. 98<br>REFUSED ..... 99<br>(SKIP TO 408a) ←  |

| NO.  | QUESTIONS  | CHILD 1   | CHILD 2   | CHILD 3   |
|------|--|---|---|---|
| 407  | Was [CHILD] enrolled in school during the previous school year?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 408a) ←   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 408a) ←   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 408a) ←   |
| 407a | What level of school was [CHILD] attending during the previous school year: nursery, primary or secondary? | NURSERY .... 1<br>PRIMARY .... 2<br>JR. SECONDARY 3<br>SR. SECONDARY 4<br>DON'T KNOW .. 98<br>REFUSED ..... 99<br>(SKIP TO 408a) ←  | NURSERY .... 1<br>PRIMARY .... 2<br>JR. SECONDARY 3<br>SR. SECONDARY 4<br>DON'T KNOW .. 98<br>REFUSED ..... 99<br>(SKIP TO 408a) ←  | NURSERY .... 1<br>PRIMARY .... 2<br>JR. SECONDARY 3<br>SR. SECONDARY 4<br>DON'T KNOW .. 98<br>REFUSED ..... 99<br>(SKIP TO 408a) ←  |
| 408  | What grade/form/year was [CHILD] enrolled in during the previous school year?                              | GRADE/FORM<br>/YEAR ... <input type="text"/><br><br>DON'T KNOW .. 98<br>REFUSED ..... 99  | GRADE/FORM<br>/YEAR ... <input type="text"/><br><br>DON'T KNOW .. 98<br>REFUSED ..... 99  | GRADE/FORM<br>/YEAR ... <input type="text"/><br><br>DON'T KNOW .. 98<br>REFUSED ..... 99  |
| 408A | CHECK: IS [CHILD] A GIRL?  | YES ..... 1<br>(SKIP TO 411) ←<br>NO ..... 2  | YES ..... 1<br>(SKIP TO 411) ←<br>NO ..... 2  | YES ..... 1<br>(SKIP TO 411) ←<br>NO ..... 2  |
| 409  | Is [CHILD] circumcised?<br><br>Circumcision is the complete removal of the foreskin from the penis.        | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 411) ←  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 411) ←  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 411) ←  |
| 410  | Who circumcised [CHILD]?   | DOCTOR/NURSE/<br>CLINICAL<br>OFFICER .... 1<br>TRADITIONAL<br>PRACTITIONER/<br>CIRCUMCIZER 2<br>MIDWIFE ..... 3<br><br>OTHER _____ 6<br>(SPECIFY)<br>DON'T KNOW .. 8<br>REFUSED ..... 9 | DOCTOR/NURSE/<br>CLINICAL<br>OFFICER .... 1<br>TRADITIONAL<br>PRACTITIONER/<br>CIRCUMCIZER 2<br>MIDWIFE ..... 3<br><br>OTHER _____ 6<br>(SPECIFY)<br>DON'T KNOW .. 8<br>REFUSED ..... 9 | DOCTOR/NURSE/<br>CLINICAL<br>OFFICER .... 1<br>TRADITIONAL<br>PRACTITIONER/<br>CIRCUMCIZER 2<br>MIDWIFE ..... 3<br><br>OTHER _____ 6<br>(SPECIFY)<br>DON'T KNOW .. 8<br>REFUSED ..... 9 |

| NO. | QUESTIONS  | CHILD 1   | CHILD 2   | CHILD 3   |
|-----|--|---|---|---|
| 411 | Has [CHILD] ever been tested for HIV?                                    | YES ..... 1<br>(SKIP TO 413) ←<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 430) ←   | YES ..... 1<br>(SKIP TO 413) ←<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 430) ←   | YES ..... 1<br>(SKIP TO 413) ←<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 430) ←   |
| 412 | Why has [CHILD] never been tested for HIV?<br><br>SELECT ALL THAT APPLY. | DON'T KNOW WHERE TO TEST ..... A<br>TEST COSTS TOO MUCH .. B<br>TRANSPORT COSTS TOO MUCH ..... C<br>TOO FAR AWAY ..... D<br>AFRAID OTHERS WILL KNOW ABOUT TEST RESULTS .... E<br>DON'T NEED TEST/ LOW RISK .... F<br>DID NOT RECEIVE PERMISSION FROM SPOUSE/ FAMILY ..... G<br>AFRAID SPOUSE/ PARTNER/ FAMILY WILL KNOW RESULTS .... H<br>DON'T WANT TO KNOW CHILD HAS HIV .... I<br>CANNOT GET TREATMENT FOR HIV .... J<br>TEST KITS NOT AVAILABLE .. K<br>RELIGIOUS REASONS .. L<br>OTHER ..... X<br>(SPECIFY)<br>DON'T KNOW .. Y<br>REFUSED ..... Z<br>(SKIP TO 430) ← | DON'T KNOW WHERE TO TEST ..... A<br>TEST COSTS TOO MUCH .. B<br>TRANSPORT COSTS TOO MUCH ..... C<br>TOO FAR AWAY ..... D<br>AFRAID OTHERS WILL KNOW ABOUT TEST RESULTS .... E<br>DON'T NEED TEST/ LOW RISK .... F<br>DID NOT RECEIVE PERMISSION FROM SPOUSE/ FAMILY ..... G<br>AFRAID SPOUSE/ PARTNER/ FAMILY WILL KNOW RESULTS .... H<br>DON'T WANT TO KNOW CHILD HAS HIV .... I<br>CANNOT GET TREATMENT FOR HIV .... J<br>TEST KITS NOT AVAILABLE .. K<br>RELIGIOUS REASONS .. L<br>OTHER ..... X<br>(SPECIFY)<br>DON'T KNOW .. Y<br>REFUSED ..... Z<br>(SKIP TO 430) ← | DON'T KNOW WHERE TO TEST ..... A<br>TEST COSTS TOO MUCH .. B<br>TRANSPORT COSTS TOO MUCH ..... C<br>TOO FAR AWAY ..... D<br>AFRAID OTHERS WILL KNOW ABOUT TEST RESULTS .... E<br>DON'T NEED TEST/ LOW RISK .... F<br>DID NOT RECEIVE PERMISSION FROM SPOUSE/ FAMILY ..... G<br>AFRAID SPOUSE/ PARTNER/ FAMILY WILL KNOW RESULTS .... H<br>DON'T WANT TO KNOW CHILD HAS HIV .... I<br>CANNOT GET TREATMENT FOR HIV .... J<br>TEST KITS NOT AVAILABLE .. K<br>RELIGIOUS REASONS .. L<br>OTHER ..... X<br>(SPECIFY)<br>DON'T KNOW .. Y<br>REFUSED ..... Z<br>(SKIP TO 430) ← |
| 413 | What month and year was [CHILD]'s last HIV test done?                    | MONTH <input type="text"/> <input type="text"/><br>DON'T KNOW .. 98<br>REFUSED ..... 99<br><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998<br>REFUSED .....9999   | MONTH <input type="text"/> <input type="text"/><br>DON'T KNOW .. 98<br>REFUSED ..... 99<br><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998<br>REFUSED .....9999   | MONTH <input type="text"/> <input type="text"/><br>DON'T KNOW .. 98<br>REFUSED ..... 99<br><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998<br>REFUSED .....9999   |
| 414 | What was [CHILD]'s last HIV test result?                                 | POSITIVE ..... 1<br>NEGATIVE .... 2<br>UNKNOWN/ INDETERMINATE . 3<br>DID NOT RECEIVE RESULTS .... 4<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP to 430) ←  | POSITIVE ..... 1<br>NEGATIVE .... 2<br>UNKNOWN/ INDETERMINATE . 3<br>DID NOT RECEIVE RESULTS .... 4<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP to 430) ←  | POSITIVE ..... 1<br>NEGATIVE .... 2<br>UNKNOWN/ INDETERMINATE . 3<br>DID NOT RECEIVE RESULTS .... 4<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP to 430) ←  |

| NO. | QUESTIONS   | CHILD 1   | CHILD 2   | CHILD 3   |
|-----|---|---|---|---|
| 415 | <p>What was the month and year of [CHILD]'s first HIV positive test result? Please give your best guess.</p> <p>This will be the very first HIV positive test result that you have received.</p> <p>PROBE TO VERIFY DATE.</p> | <p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .. 98</p> <p>REFUSED ..... 99</p> <p>YEAR</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW 9998</p> <p>REFUSED .....9999</p>  | <p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .. 98</p> <p>REFUSED ..... 99</p> <p>YEAR</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW 9998</p> <p>REFUSED .....9999</p>  | <p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .. 98</p> <p>REFUSED ..... 99</p> <p>YEAR</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW 9998</p> <p>REFUSED .....9999</p>  |
| 416 | <p>Has [CHILD] ever received HIV medical care from a doctor, clinical officer, nurse or any health worker?</p>  | <p>YES ..... 1 ]</p> <p>(SKIP TO 418) ←</p> <p>NO ..... 2</p> <p>DON'T KNOW .. 8 ]</p> <p>REFUSED ..... 9 ]</p> <p>(SKIP TO 421) ←</p>  | <p>YES ..... 1 ]</p> <p>(SKIP TO 418) ←</p> <p>NO ..... 2</p> <p>DON'T KNOW .. 8 ]</p> <p>REFUSED ..... 9 ]</p> <p>(SKIP TO 421) ←</p>  | <p>YES ..... 1 ]</p> <p>(SKIP TO 418) ←</p> <p>NO ..... 2</p> <p>DON'T KNOW .. 8 ]</p> <p>REFUSED ..... 9 ]</p> <p>(SKIP TO 421) ←</p>  |
| 417 | <p>What is the main reason why [CHILD] has never seen a doctor, clinical officer, or nurse for HIV medical care?</p> <p>READ RESPONSES ALOUD</p>  | <p>FACILITY TOO FAR AWAY .. 01 ]</p> <p>DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD ..... 02</p> <p>COST OF CARE COST OF TRANSPORT 03 04</p> <p>DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK .... 05</p> <p>FEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC .... 06</p> <p>RELIGIOUS REASONS .. 07</p> <p>CHILD IS TAKING TRAD. MED. 08</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p> <p>(SKIP TO 421) ←</p> | <p>FACILITY TOO FAR AWAY .. 01 ]</p> <p>DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD ..... 02</p> <p>COST OF CARE COST OF TRANSPORT 03 04</p> <p>DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK .... 05</p> <p>FEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC .... 06</p> <p>RELIGIOUS REASONS .. 07</p> <p>CHILD IS TAKING TRAD. MED. 08</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p> <p>(SKIP TO 421) ←</p> | <p>FACILITY TOO FAR AWAY .. 01 ]</p> <p>DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD ..... 02</p> <p>COST OF CARE COST OF TRANSPORT 03 04</p> <p>DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK .... 05</p> <p>FEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC .... 06</p> <p>RELIGIOUS REASONS .. 07</p> <p>CHILD IS TAKING TRAD. MED. 08</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p> <p>(SKIP TO 421) ←</p> |
| 418 | <p>What month and year did [CHILD] first see a doctor, clinical officer or nurse for HIV medical care?</p> <p>PROBE TO VERIFY DATE.</p>   | <p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> <p>REFUSED ..... 99</p> <p>YEAR</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW 9998</p> <p>REFUSED .... 9999</p>   | <p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> <p>REFUSED ..... 99</p> <p>YEAR</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW 9998</p> <p>REFUSED .... 9999</p>   | <p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> <p>REFUSED ..... 99</p> <p>YEAR</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>DON'T KNOW 9998</p> <p>REFUSED .... 9999</p>   |



| NO.  | QUESTIONS   | CHILD 1  | CHILD 2  | CHILD 3  |
|------|---|--|--|--|
| 419  | What month and year did [CHILD] last see a doctor, clinical officer or nurse for HIV medical care?  | MONTH <input type="text"/> <input type="text"/><br><br>DON'T KNOW 98<br>REFUSED ..... 99<br>(SKIP TO 421) ←<br><br>YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998<br>REFUSED ... 9999<br>(SKIP TO 421) ←   | MONTH <input type="text"/> <input type="text"/><br><br>DON'T KNOW 98<br>REFUSED ..... 99<br>(SKIP TO 421) ←<br><br>YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998<br>REFUSED ... 9999<br>(SKIP TO 421) ←   | MONTH <input type="text"/> <input type="text"/><br><br>DON'T KNOW 98<br>REFUSED ..... 99<br>(SKIP TO 421) ←<br><br>YEAR<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998<br>REFUSED ... 9999<br>(SKIP TO 421) ←   |
| 419A | CHECK 419: WAS LAST VISIT LESS THAN 7 MONTHS AGO?   | YES ..... 1<br>(SKIP TO 421) ←<br>NO ..... 2   | YES ..... 1<br>(SKIP TO 421) ←<br>NO ..... 2   | YES ..... 1<br>(SKIP TO 421) ←<br>NO ..... 2   |
| 420  | What is the main reason for [CHILD] not seeing a doctor, clinical officer or nurse for HIV medical care for more than 6 months?<br><br>READ RESPONSES ALOUD | FACILITY TOO FAR AWAY .. 01<br>DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD ..... 02<br>COST OF CARE 03<br>COST OF TRANSPORT 04<br>DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK .... 05<br>FEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC .... 06<br>RELIGIOUS REASONS .. 07<br>CHILD IS TAKING TRAD. MED. 08<br>NO APPT. SCHEDULED/ DID NOT MISS MOST RECENT APPT. .... 09<br>OTHER ..... 96<br>(SPECIFY)<br>DON'T KNOW 98<br>REFUSED ..... 99 | FACILITY TOO FAR AWAY .. 01<br>DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD ..... 02<br>COST OF CARE 03<br>COST OF TRANSPORT 04<br>DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK .... 05<br>FEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC .... 06<br>RELIGIOUS REASONS .. 07<br>CHILD IS TAKING TRAD. MED. 08<br>NO APPT. SCHEDULED/ DID NOT MISS MOST RECENT APPT. .... 09<br>OTHER ..... 96<br>(SPECIFY)<br>DON'T KNOW 98<br>REFUSED ..... 99 | FACILITY TOO FAR AWAY .. 01<br>DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD ..... 02<br>COST OF CARE 03<br>COST OF TRANSPORT 04<br>DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK .... 05<br>FEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC .... 06<br>RELIGIOUS REASONS .. 07<br>CHILD IS TAKING TRAD. MED. 08<br>NO APPT. SCHEDULED/ DID NOT MISS MOST RECENT APPT. .... 09<br>OTHER ..... 96<br>(SPECIFY)<br>DON'T KNOW 98<br>REFUSED ..... 99 |
| 421  | Has [CHILD] ever had a CD4 count test?<br><br>The CD4 count tells you how sick you are with HIV and if you need to take ARVs or other HIV medications.      | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 423) ←   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 423) ←   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 423) ←   |

| NO. | QUESTIONS  | CHILD 1   | CHILD 2   | CHILD 3   |
|-----|--|---|---|---|
| 422 | What month and year was [CHILD] last tested for his/her CD4 count?                               | MONTH <input type="text"/> <input type="text"/><br>DON'T KNOW 98<br>REFUSED ..... 99<br><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998<br>REFUSED ... 9999   | MONTH <input type="text"/> <input type="text"/><br>DON'T KNOW 98<br>REFUSED ..... 99<br><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998<br>REFUSED ... 9999   | MONTH <input type="text"/> <input type="text"/><br>DON'T KNOW 98<br>REFUSED ..... 99<br><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998<br>REFUSED ... 9999   |
| 423 | Has [CHILD] ever taken ARVs, that is, antiretroviral medications to treat his/her HIV infection? | YES ..... 1 ]<br>(SKIP TO 425) ←<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9 ]<br>(SKIP TO 429) ←   | YES ..... 1 ]<br>(SKIP TO 425) ←<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9 ]<br>(SKIP TO 429) ←   | YES ..... 1 ]<br>(SKIP TO 425) ←<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9 ]<br>(SKIP TO 429) ←   |
| 424 | What is the main reason [CHILD] has never taken ARVs?  | CHILD NOT ELIGIBLE .... 01 ]<br>PROVIDER DIDN'T PRESCRIBE .. 02<br>HIV MED. NOT AVAILABLE .. 03<br>DO NOT THINK HE/SHE NEEDS IT/NOT SICK .. 04<br>COST OF MED. .. 05<br>COST OF TRANSPORT 06<br>RELIGIOUS REASONS .. 07<br>CHILD TAKING TRAD. MED. .. 08<br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW 98<br>REFUSED 99<br>(SKIP TO 429) ← | CHILD NOT ELIGIBLE .... 01 ]<br>PROVIDER DIDN'T PRESCRIBE .. 02<br>HIV MED. NOT AVAILABLE .. 03<br>DO NOT THINK HE/SHE NEEDS IT/NOT SICK .. 04<br>COST OF MED. .. 05<br>COST OF TRANSPORT 06<br>RELIGIOUS REASONS .. 07<br>CHILD TAKING TRAD. MED. .. 08<br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW 98<br>REFUSED 99<br>(SKIP TO 429) ← | CHILD NOT ELIGIBLE .... 01 ]<br>PROVIDER DIDN'T PRESCRIBE .. 02<br>HIV MED. NOT AVAILABLE .. 03<br>DO NOT THINK HE/SHE NEEDS IT/NOT SICK .. 04<br>COST OF MED. .. 05<br>COST OF TRANSPORT 06<br>RELIGIOUS REASONS .. 07<br>CHILD TAKING TRAD. MED. .. 08<br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW 98<br>REFUSED 99<br>(SKIP TO 429) ← |
| 425 | What month and year did [CHILD] first start taking ARVs?<br><br>PROBE TO VERIFY DATE.            | MONTH <input type="text"/> <input type="text"/><br>DON'T KNOW 98<br>REFUSED ..... 99<br><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998<br>REFUSED ... 9999   | MONTH <input type="text"/> <input type="text"/><br>DON'T KNOW 98<br>REFUSED ..... 99<br><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998<br>REFUSED ... 9999   | MONTH <input type="text"/> <input type="text"/><br>DON'T KNOW 98<br>REFUSED ..... 99<br><br>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW 9998<br>REFUSED ... 9999   |

| NO. | QUESTIONS   | CHILD 1   | CHILD 2   | CHILD 3   |
|-----|---|---|---|---|
| 426 | <p>Is [CHILD] currently taking ARVs, that is, antiretroviral medications?</p> <p>By currently, I mean that [CHILD] may have missed some doses but [CHILD] is still taking ARVs.</p>   | <p>YES ..... 1<br/>(SKIP TO 428) ←</p> <p>NO ..... 2</p> <p>DON'T KNOW .. 8</p> <p>REFUSED ..... 9<br/>(SKIP TO 429) ←</p>  | <p>YES ..... 1<br/>(SKIP TO 428) ←</p> <p>NO ..... 2</p> <p>DON'T KNOW .. 8</p> <p>REFUSED ..... 9<br/>(SKIP TO 429) ←</p>  | <p>YES ..... 1<br/>(SKIP TO 428) ←</p> <p>NO ..... 2</p> <p>DON'T KNOW .. 8</p> <p>REFUSED ..... 9<br/>(SKIP TO 429) ←</p>  |
| 427 | <p>Can you tell me the main reason why [CHILD] is not currently taking ARVs?</p> <p>-----</p>   | <p>HAVE TROUBLE GIVING CHILD TABLET EVERYDAY .. 01</p> <p>CHILD HAS SIDE EFFECTS/ RASH 02</p> <p>FACILITY/PHARM. TOO FAR TO GET MED. REG 03</p> <p>COST OF MED. .. 04</p> <p>COST OF TRANSPORT 05</p> <p>CHILD IS HEALTH/NOT SICK ..... 06</p> <p>FACILITY/PHARM. OUT OF STOCK 07</p> <p>RELIGIOUS REASONS .. 08</p> <p>CHILD TAKING TRAD. MED. .. 09</p> <p>OTHER (SPECIFY) 96</p> <p>DON'T KNOW .. 98</p> <p>REFUSED ..... 99<br/>(SKIP TO 429) ←</p> | <p>HAVE TROUBLE GIVING CHILD TABLET EVERYDAY .. 01</p> <p>CHILD HAS SIDE EFFECTS/ RASH 02</p> <p>FACILITY/PHARM. TOO FAR TO GET MED. REG 03</p> <p>COST OF MED. .. 04</p> <p>COST OF TRANSPORT 05</p> <p>CHILD IS HEALTH/NOT SICK ..... 06</p> <p>FACILITY/PHARM. OUT OF STOCK 07</p> <p>RELIGIOUS REASONS .. 08</p> <p>CHILD TAKING TRAD. MED. .. 09</p> <p>OTHER (SPECIFY) 96</p> <p>DON'T KNOW .. 98</p> <p>REFUSED ..... 99<br/>(SKIP TO 429) ←</p> | <p>HAVE TROUBLE GIVING CHILD TABLET EVERYDAY .. 01</p> <p>CHILD HAS SIDE EFFECTS/ RASH 02</p> <p>FACILITY/PHARM. TOO FAR TO GET MED. REG 03</p> <p>COST OF MED. .. 04</p> <p>COST OF TRANSPORT 05</p> <p>CHILD IS HEALTH/NOT SICK ..... 06</p> <p>FACILITY/PHARM. OUT OF STOCK 07</p> <p>RELIGIOUS REASONS .. 08</p> <p>CHILD TAKING TRAD. MED. .. 09</p> <p>OTHER (SPECIFY) 96</p> <p>DON'T KNOW .. 98</p> <p>REFUSED ..... 99<br/>(SKIP TO 429) ←</p> |
| 428 | <p>People sometimes forget to take all their ARVs every day. In the last 30 days, how many days has [CHILD] missed taking any ARV pills?</p> <p>CODE '00' IF NONE.</p>  | <p>DAYS MISSED <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .. 98</p> <p>REFUSED ..... 99</p>  | <p>DAYS MISSED <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .. 98</p> <p>REFUSED ..... 99</p>  | <p>DAYS MISSED <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .. 98</p> <p>REFUSED ..... 99</p>  |
| 429 | <p>Is [CHILD] currently taking Septrin or Cotrimoxazole for his/her HIV treatment?</p> <p>Septrin or Cotrimoxazole is a medicine recommended for people with HIV, even if they have not started treatment for HIV. It helps prevent certain infections but it is not treatment for HIV.</p> <p>By currently, I mean that [CHILD] may have missed some doses but is still taking Septrin or Cotrimoxazole.</p> | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW .. 8</p> <p>REFUSED ..... 9</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW .. 8</p> <p>REFUSED ..... 9</p>  | <p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW .. 8</p> <p>REFUSED ..... 9</p>  |

| NO. | QUESTIONS   | CHILD 1  | CHILD 2  | CHILD 3  |
|-----|---|--|--|--|
| 430 | Has [CHILD] ever visited a clinic for tuberculosis for TB diagnosis or treatment?                           | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 435) ← | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 435) ← | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 435) ← |
| 431 | Have you ever been told by a doctor, clinical officer, nurse or health worker that [CHILD] had TB?          | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 435) ← | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 435) ← | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 435) ← |
| 432 | Was [CHILD] ever treated for TB?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 435) ← | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 435) ← | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 435) ← |
| 433 | Is [CHILD] currently on treatment for TB?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 435) ← | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 435) ← | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9<br>(SKIP TO 435) ← |
| 434 | The last time [CHILD] was treated for TB, did [CHILD] complete at least 6 months of treatment?              | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9                    | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9                    | YES ..... 1<br>NO ..... 2<br>DON'T KNOW .. 8<br>REFUSED ..... 9                    |
| 435 | Thank you for the information about [CHILD].<br><br>DOES THE RESPONDENT HAVE ANOTHER CHILD AGED 0-14 YEARS? | YES ..... 1<br>GO TO THE ←<br>NEXT CHILD<br>NO ..... 2<br>(END MODULE) ←           | YES ..... 1<br>GO TO THE ←<br>NEXT CHILD<br>NO ..... 2<br>(END MODULE) ←           | YES ..... 1<br>GO TO THE ←<br>NEXT CHILD<br>NO ..... 2<br>(END MODULE) ←           |

### MODULE 5: MALE CIRCUMCISION

500 I will be asking a few questions about circumcision. Circumcision is the complete removal of the foreskin from the penis.

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP                     |  |  |
|------|---|---|--------------------------|--|--|
| 500A | CHECK: IS RESPONDENT MALE OR FEMALE?  | MALE ..... 1<br>FEMALE ..... 2  | END<br>→ MODULE          |  |  |
| 501  | Some men are uncomfortable talking about circumcision but it is important for us to have this information. Some men are circumcised. Are you circumcised? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  | → 503<br>] END<br>MODULE |  |  |
| 502  | Are you planning to get circumcised?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  | ] END<br>MODULE          |  |  |
| 503  | How old were you when you were circumcised? Please give your best guess.<br><br>IF LESS THAN ONE YEAR, CODE '00'  | LESS THAN ONE YEAR ..... 00<br><br>AGE IN YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table><br>DON'T KNOW ..... 98<br>REFUSED ..... 99 |                          |  |  |
|      |   |   |                          |  |  |
| 504  | Who did the circumcision?   | DOCTOR, CLINICAL OFFICER, NURSE ..... 1<br>TRADITIONAL PRACTITIONER/<br>CIRCUMCISER ..... 2<br>MIDWIFE ..... 3<br>OTHER _____ 6<br>(SPECIFY)<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   |                          |  |  |

**MODULE 6: SEXUAL ACTIVITY**

600 In this part of the interview, I will be asking questions about your sexual relationships and practices. These questions will help us have a better understanding of how they may affect your life and risk for HIV.

Let me assure you again that your answers are completely confidential and will not be shared with anyone. If there are questions that you do not want to answer, we can go to the next question.

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP          |
|------|--|--|---------------|
| 601  | Have you ever had vaginal sex before?<br><br>Vaginal sex is when a penis enters a vagina.  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   | END<br>MODULE |
| 602  | How old were you when you had vaginal sex for the very first time?   | AGE IN YEARS ..... <input type="text"/> <input type="text"/><br><br>DON'T KNOW ..... 98<br>REFUSED ..... 99  |               |
| 603  | People often have sex with different people over their lifetime. In total, with how many different people have you had sex in the last 12 months?<br><br>IF NONE, ENTER '000'.<br><br>IF NUMBER OF PARTNERS IS GREATER THAN 100, ENTER '100'.  | NO PARTNERS IN LAST 12 MONTHS 000<br><br>NUMBER OF SEXUAL PARTNERS IN LAST 12 MONTHS ..... <input type="text"/> <input type="text"/> <input type="text"/><br><br>DON'T KNOW ..... 998<br>REFUSED ..... 999 | END<br>MODULE |
| 604a | Now I would like to ask you some questions about the people you have had sex with in the last 12 months. Let me assure you again that your answers are completely confidential and will not be told to anyone. I will first ask you about the most recent person you had sex with.<br><br>ASK ONLY ABOUT THE LAST 3 PERSONS THE RESPONDENT HAS HAD SEX WITH. |  |               |

|     |  | LAST SEXUAL PARTNER  | SECOND-TO-LAST SEXUAL PARTNER  | THIRD-TO-LAST SEXUAL PARTNER   |
|-----|--|--|--|--|
| 604 | Does the person you had sex with live in this household?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 606) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 606) ←   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 606) ←   |
| 605 | Please identify the person you had sex with.<br><br>SELECT THE NAME FROM THE HOUSEHOLD SCHEDULE. | _____<br>(NAME)<br><br>IF LISTED IN THE HOUSEHOLD ...<br>(SKIP TO 607) ←<br><br>NOT LISTED IN THE HOUSEHOLD ... 96 | _____<br>(NAME)<br><br>IF LISTED IN THE HOUSEHOLD ...<br>(SKIP TO 607) ←<br><br>NOT LISTED IN THE HOUSEHOLD ... 96 | _____<br>(NAME)<br><br>IF LISTED IN THE HOUSEHOLD ...<br>(SKIP TO 607) ←<br><br>NOT LISTED IN THE HOUSEHOLD ... 96 |

|      |   | LAST SEXUAL PARTNER   | SECOND-TO-LAST SEXUAL PARTNER   | THIRD-TO-LAST SEXUAL PARTNER  |
|------|---|---|---|---|
| 606  | I would like to ask you for the initials of this person so I can keep track. They do not have to be the actual initials of this person.   | _____<br>[INITIALS]   | _____<br>[INITIALS]   | _____<br>[INITIALS]   |
| 607  | What is your relationship with [INITIALS]?  | HUSBAND/<br>WIFE ..... 01<br>LIVE-IN PARTNER 02<br>PARTNER, NOT<br>LIVING WITH<br>RESPONDENT. 03<br>EX-SPOUSE/<br>EX-PARTNER .. 04<br>FRIEND /<br>ACQUAINTANCE 05<br>SEX WORKER .. 06<br>SEX WORKER<br>CLIENT ..... 07<br>STRANGER ... 08<br>OTHER ..... 96<br>(SPECIFY)<br>DON'T KNOW . 98<br>REFUSED ..... 99 | HUSBAND/<br>WIFE ..... 01<br>LIVE-IN PARTNER 02<br>PARTNER, NOT<br>LIVING WITH<br>RESPONDENT. 03<br>EX-SPOUSE/<br>EX-PARTNER .. 04<br>FRIEND /<br>ACQUAINTANCE 05<br>SEX WORKER .. 06<br>SEX WORKER<br>CLIENT ..... 07<br>STRANGER ... 08<br>OTHER ..... 96<br>(SPECIFY)<br>DON'T KNOW . 98<br>REFUSED ..... 99 | HUSBAND/<br>WIFE ..... 01<br>LIVE-IN PARTNER 02<br>PARTNER, NOT<br>LIVING WITH<br>RESPONDENT. 03<br>EX-SPOUSE/<br>EX-PARTNER .. 04<br>FRIEND /<br>ACQUAINTANCE 05<br>SEX WORKER .. 06<br>SEX WORKER<br>CLIENT ..... 07<br>STRANGER ... 08<br>OTHER ..... 96<br>(SPECIFY)<br>DON'T KNOW ... 98<br>REFUSED ..... 99 |
| 608  | Is [INITIALS] male or female?   | MALE ..... 1<br>FEMALE ..... 2<br>DON'T KNOW . 8<br>REFUSED ..... 9   | MALE ..... 1<br>FEMALE ..... 2<br>DON'T KNOW . 8<br>REFUSED ..... 9   | MALE ..... 1<br>FEMALE ..... 2<br>DON'T KNOW ... 8<br>REFUSED ..... 9   |
| 609  | How old is [INITIALS]? Please give your best guess.   | AGE IN <input type="text"/> <input type="text"/><br>YEARS<br>DON'T KNOW ... 98<br>REFUSED ..... 99  | AGE IN <input type="text"/> <input type="text"/><br>YEARS<br>DON'T KNOW ... 98<br>REFUSED ..... 99  | AGE IN <input type="text"/> <input type="text"/><br>YEARS<br>DON'T KNOW ... 98<br>REFUSED ..... 99  |
| 610  | The last time you had sex with [INITIALS] was a condom used?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW . 8<br>REFUSED ..... 9  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW . 8<br>REFUSED ..... 9  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ... 8<br>REFUSED ..... 9  |
| 611a | CHECK 607: WAS [INITIALS] A SEX WORKER OR SEX WORKER CLIENT?  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 613) ←  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 613) ←  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 613) ←  |
| 611  | Did you enter into a sexual relationship with [INITIALS] because [INITIALS] provided you with or you expected that [INITIALS] would provide you gifts, help you to pay for things, or help you in other ways? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW . 8<br>REFUSED ..... 9<br>(SKIP TO 613) ←   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW . 8<br>REFUSED ..... 9<br>(SKIP TO 613) ←   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW . 8<br>REFUSED ..... 9<br>(SKIP TO 613) ←   |
| 612a | CHECK 607: WAS [INITIALS] THE RESPONDENT'S SPOUSE OR LIVE-IN PARTNER?   | YES ..... 1<br>NO ..... 2<br>(SKIP TO 613) ←  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 613) ←  | YES ..... 1<br>NO ..... 2<br>(SKIP TO 613) ←  |

|     |   | LAST SEXUAL PARTNER  | SECOND-TO-LAST SEXUAL PARTNER  | THIRD-TO-LAST SEXUAL PARTNER   |
|-----|---|--|--|--|
| 612 | In the last 12 months, what have you received from (INITIALS)?<br><br>Did you receive...<br>Money?<br>Food?<br>School fees?<br>Employment?<br>Gifts or favors?<br>Transport?<br>Shelter or rent?<br>Protection?<br><br>SELECT ALL THAT APPLY. | DID NOT RECEIVE ANYTHING ... A<br>MONEY ..... B<br>FOOD ..... C<br>SCHOOL FEES .. D<br>EMPLOYMENT .. E<br>GIFTS/FAVORS F<br>TRANSPORT ... G<br>SHELTER/RENT.. H<br>PROTECTION... I<br><br>OTHER _____ X<br>(SPECIFY)<br><br>DON'T KNOW . Y<br>REFUSED ..... Z  | DID NOT RECEIVE ANYTHING ... A<br>MONEY ..... B<br>FOOD ..... C<br>SCHOOL FEES .. D<br>EMPLOYMENT .. E<br>GIFTS/FAVORS F<br>TRANSPORT ... G<br>SHELTER/RENT.. H<br>PROTECTION... I<br><br>OTHER _____ X<br>(SPECIFY)<br><br>DON'T KNOW . Y<br>REFUSED ..... Z  | DID NOT RECEIVE ANYTHING ... A<br>MONEY ..... B<br>FOOD ..... C<br>SCHOOL FEES .. D<br>EMPLOYMENT .. E<br>GIFTS/FAVORS F<br>TRANSPORT ... G<br>SHELTER/RENT.. H<br>PROTECTION... I<br><br>OTHER _____ X<br>(SPECIFY)<br><br>DON'T KNOW . Y<br>REFUSED ..... Z  |
| 613 | Do you expect to have sex with (INITIALS) again?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW . 8<br>REFUSED ..... 9   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW . 8<br>REFUSED ..... 9   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW . 8<br>REFUSED ..... 9   |
| 614 | Does (INITIALS) know your HIV status? HIV status could mean you are HIV negative or HIV positive.   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW . 8<br>REFUSED ..... 9   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW . 8<br>REFUSED ..... 9   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW . 8<br>REFUSED ..... 9   |
| 615 | What is the HIV status of (INITIALS)?<br><br>READ THE RESPONSES ALOUD.  | I THINK [(INITIALS)] IS POSITIVE . 1<br>[(INITIALS)] TOLD ME HE/SHE IS POSITIVE . 2<br>[(INITIALS)] IS POSITIVE, TESTED TOGETHER . 3<br>I THINK [(INITIALS)] IS NEGATIVE . 4<br>[(INITIALS)] TOLD ME HE/SHE IS NEGATIVE ... 5<br>[(INITIALS)] IS NEGATIVE, TESTED TOGETHER . 6<br>DON'T KNOW STATUS ..... 8<br>REFUSED ..... 9 | I THINK [(INITIALS)] IS POSITIVE . 1<br>[(INITIALS)] TOLD ME HE/SHE IS POSITIVE . 2<br>[(INITIALS)] IS POSITIVE, TESTED TOGETHER . 3<br>I THINK [(INITIALS)] IS NEGATIVE . 4<br>[(INITIALS)] TOLD ME HE/SHE IS NEGATIVE ... 5<br>[(INITIALS)] IS NEGATIVE, TESTED TOGETHER . 6<br>DON'T KNOW STATUS ..... 8<br>REFUSED ..... 9 | I THINK [(INITIALS)] IS POSITIVE . 1<br>[(INITIALS)] TOLD ME HE/SHE IS POSITIVE . 2<br>[(INITIALS)] IS POSITIVE, TESTED TOGETHER . 3<br>I THINK [(INITIALS)] IS NEGATIVE . 4<br>[(INITIALS)] TOLD ME HE/SHE IS NEGATIVE ... 5<br>[(INITIALS)] IS NEGATIVE, TESTED TOGETHER . 6<br>DON'T KNOW STATUS ..... 8<br>REFUSED ..... 9 |
| 616 | CHECK 603: HAS RESPONDENT HAD ANOTHER PARTNER IN THE LAST 12 MONTHS?<br><br>I will now ask you about the person you have had sex with prior to (INITIALS).  | YES ..... 1 ]<br>(GO BACK ← TO 604 IN NEXT COLUMN)<br>NO ..... 2 ]<br>(END MODULE) ←   | YES ..... 1 ]<br>(GO BACK ← TO 604 IN NEXT COLUMN)<br>NO ..... 2 ]<br>(END MODULE) ←   |  |







**MODULE 8: HIV STATUS, CARE AND TREATMENT**

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP            |
|------|--|---|-----------------|
| 800a | CHECK 705: IS THE RESPONDENT HIV POSITIVE?   | YES ..... 1<br>NO ..... 2   | → END<br>MODULE |
| 800  | Now I am going to ask you more about your experience with HIV support, care and treatment.                                   |   |                 |
| 801  | After learning you had HIV, have you ever received HIV medical care from a doctor, clinical officer or nurse?                | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  | → 803<br>→ 806  |
| 802  | What is the main reason why you have never received HIV medical care from a doctor, clinical officer, or nurse?              | FACILITY IS TOO FAR AWAY ..... 01<br>I DON'T KNOW WHERE TO GET<br>HIV MEDICAL CARE ..... 02<br>COST OF CARE ..... 03<br>COST OF TRANSPORT ..... 04<br>I DO NOT NEED IT / I FEEL HEALTHY /<br>NOT SICK ..... 05<br>I FEAR PEOPLE WILL KNOW THAT<br>I HAVE HIV IF I GO TO A CLINIC ..... 06<br>RELIGIOUS REASONS ..... 07<br>I'M TAKING TRADITIONAL MEDICINE ... 08<br>DO NOT TRUST THE STAFF /<br>QUALITY OF CARE ..... 09<br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW ..... 98<br>REFUSED ..... 99 | → 806           |
| 803  | What month and year did you first see a doctor, clinical officer or nurse for HIV medical care?<br><br>PROBE TO VERIFY DATE. | MONTH ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98<br>REFUSED ..... 99<br><br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 9998<br>REFUSED ..... 9999   |                 |
| 804  | What month and year did you last see a doctor, clinical officer or nurse for HIV medical care?                               | MONTH ..... <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98<br>REFUSED ..... 99<br><br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 9998<br>REFUSED ..... 9999   |                 |
| 805A | CHECK 804: WAS MONTH AND YEAR LESS THAN 7 MONTHS FROM DATE OF INTERVIEW OR DID RESPONDENT ANSWER DON'T KNOW?                 | YES ..... 1<br>NO ..... 2   | → 806           |
| 805  | What is the main reason for not seeing a doctor, clinical officer or nurse for HIV medical care for more than 6 months?      | FACILITY IS TOO FAR AWAY ..... 01<br>DON'T KNOW WHERE TO GET<br>HIV MEDICAL CARE ..... 02<br>COST OF CARE ..... 03<br>COST OF TRANSPORT ..... 04<br>DO NOT NEED IT / I FEEL HEALTHY /<br>NOT SICK ..... 05<br>FEAR PEOPLE WILL KNOW THAT<br>I HAVE HIV IF I GO TO A CLINIC ..... 06<br>RELIGIOUS REASONS ..... 07<br>TAKING TRADITIONAL MEDICINE ..... 08<br>DO NOT TRUST THE STAFF /<br>QUALITY OF CARE ..... 09<br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW ..... 98<br>REFUSED ..... 99         |                 |

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP                  |
|-----|---|---|-----------------------|
| 806 | Have you ever had a CD4 count test?<br><br>The CD4 count tells you how sick you are with HIV and if you need to take ARVs or other HIV medications.                     | YES ..... 1<br>NO ..... 2<br>DONT KNOW ..... 8<br>REFUSED ..... 9   | → 808A                |
| 807 | What month and year were you last tested for your CD4 count?  | MONTH ..... <input type="text"/> <input type="text"/><br>DONT KNOW ..... 98<br>REFUSED ..... 99<br><br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DONT KNOW ..... 9998<br>REFUSED ..... 9999   |                       |
| 808 | Have you ever taken ARVs, that is, antiretroviral medications to treat HIV infection?   | YES ..... 1<br>NO ..... 2<br>DONT KNOW ..... 8<br>REFUSED ..... 9   | → 810<br>→ END MODULE |
| 809 | What is the main reason you have never taken ARVs?  | NOT ELIGIBLE FOR TREATMENT ..... 01<br>HEALTH CARE PROVIDER DID NOT<br>PRESCRIBE ..... 02<br>HIV MEDICINES NOT AVAILABLE ..... 03<br>FEEL HEALTHY/NOT SICK ..... 04<br>COST OF MEDICATIONS ..... 05<br>COST OF TRANSPORT ..... 06<br>RELIGIOUS REASONS ..... 07<br>TAKING TRADITIONAL MEDICATIONS ..... 08<br><br>OTHER _____ 96<br>(SPECIFY)<br>DONT KNOW ..... 98<br>REFUSED ..... 99 | → END MODULE          |
| 810 | What month and year did you first start taking ARVs?<br><br>PROBE TO VERIFY DATE.   | MONTH ..... <input type="text"/> <input type="text"/><br>DONT KNOW ..... 98<br>REFUSED ..... 99<br><br>YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>DONT KNOW ..... 9998<br>REFUSED ..... 9999   |                       |
| 811 | Are you currently taking ARVs, that is, antiretroviral medications?<br><br>By currently, I mean that you may have missed some doses but you are still taking ARVs.      | YES ..... 1<br>NO ..... 2<br>DONT KNOW ..... 8<br>REFUSED ..... 9   | → 813<br>→ END MODULE |
| 812 | Can you tell me the main reason why you are not currently taking ARVs?  | TROUBLE TAKING IT EVERYDAY ..... 01<br>SIDE EFFECTS ..... 02<br>FACILITY TOO FAR ..... 03<br>COST OF MEDICATIONS ..... 04<br>COST OF TRANSPORT ..... 05<br>FEEL HEALTHY/NOT SICK ..... 06<br>FACILITY WAS OUT OF STOCK ..... 07<br>RELIGIOUS REASONS ..... 08<br>TAKING TRADITIONAL MEDICINES ..... 09<br><br>OTHER _____ 96<br>(SPECIFY)<br>DONT KNOW ..... 98<br>REFUSED ..... 99     | → END MODULE          |
| 813 | People sometimes forget to take all of their ARVs every day. In the last 30 days, how many days have you missed taking any of your ARV pills?<br><br>CODE '00' IF NONE. | NUMBER OF DAYS ..... <input type="text"/> <input type="text"/><br><br>DONT KNOW ..... 98<br>REFUSED ..... 99  |                       |

## MODULE 9: TUBERCULOSIS AND OTHER HEALTH ISSUES

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP              |
|-----|---|--|-------------------|
| 900 | Now I will ask you about tuberculosis, or TB.   |  |                   |
| 901 | Have you ever visited clinic for TB diagnosis or treatment?                             | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 | ] → END<br>MODULE |
| 902 | Have you ever been told by a doctor, clinical officer or nurse that you had TB?         | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 | ] → END<br>MODULE |
| 903 | Were you ever treated for TB?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 | ] → END<br>MODULE |
| 904 | Are you currently on treatment for TB?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 | ] → END<br>MODULE |
| 905 | The last time you were treated for TB, did you complete at least 6 months of treatment? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |                   |

## MODULE 10: GENDER NORMS

| NO.   | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP            |
|-------|---|--|-----------------|
| 1000  | Now I would like to ask you some questions on attitudes and decision-making in your home.   |  |                 |
| 1001A | CHECK 203: IS THE RESPONDENT MARRIED OR LIVING TOGETHER WITH A [MAN/WOMAN] AS IF MARRIED?   | YES ..... 1<br>NO ..... 2  | → END<br>MODULE |
| 1001  | Who usually makes decisions about health care for yourself: you, your (spouse/partner), you and your (spouse/partner) together, or someone else?  | SELF ..... 1<br>SPOUSE/PARTNER ..... 2<br>JOINTLY ..... 3<br>SOMEONE ELSE ..... 4<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |                 |
| 1002  | Who generally decides about how the money you receive/make is spent: you, your (spouse/partner), you and your (spouse/partner) together, or someone else?   | SELF ..... 1<br>SPOUSE/PARTNER ..... 2<br>JOINTLY ..... 3<br>SOMEONE ELSE ..... 4<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |                 |
| 1003A | CHECK Q.607: DID RESPONDENT EVER SELL SEX, ANSWER CODED '7'?  | YES ..... 1<br>NO ..... 2  | → END<br>MODULE |
| 1003B | CHECK Q.7 FROM HOUSEHOLD ROSTER: IS RESPONDENT 18 YEARS OR OLDER?   | YES ..... 1<br>NO ..... 2  | → END<br>MODULE |
| 1003  | <p>You mentioned earlier that you have sold sex for money. Thank you for sharing your personal experiences with me. If you want to talk further about these experiences, I can refer you to a place that can provide you with help.</p> <p>FILL OUT REFERRAL FORM FOR CHILDREN IDENTIFIED AS TRAFFICKED MINORS. FILL OUT SUMMARY OF REFERRED TRAFFICKED MINORS. PROVIDE PARTICIPANT WITH LIST OF ORGANIZATIONS, IF NOT ALREADY GIVEN.</p> |  |                 |
|       |   |  |                 |

# APPENDIX G ADOLESCENT QUESTIONNAIRE

## EARLY ADOLESCENT QUESTIONNAIRE (10-14 YEARS)

THIS QUESTIONNAIRE IS ADMINISTERED TO ELIGIBLE CHILDREN AGED BETWEEN 10-14 YEARS AFTER INFORMED PARENTAL/GUARDIAN CONSENT AND MINOR ASSENT.

|      |   |   |
|------|---|---|
| 100A | ENTER LINE NUMBER OF THE CHILD FROM THE HOUSEHOLD SCHEDULE: | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |
| 100B | ENTER NAME OF CHILD: _____<br>(CHILD'S NAME)                |   |

### MODULE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS

100C Now I will be asking you some general questions about yourself and education.

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP  |
|-----|---|---|-------|
| 101 | CHECK THE HOUSEHOLD SCHEDULE: IS THE RESPONDENT MALE OR FEMALE?           | MALE ..... 1<br>FEMALE ..... 2  |       |
| 102 | How old were you at your last birthday?                                   | AGE IN COMPLETED YEARS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/><br>DON'T KNOW ..... 98<br>REFUSED ..... 99  |       |
| 103 | Are you enrolled in school?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  | } 109 |
| 104 | During the last school week, did you miss any school days for any reason? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  | } 106 |
| 105 | Why did you miss school?  | HAVE BEEN SICK ..... 01<br>DON'T FEEL SAFE TRAVELING TO SCHOOL ..... 02<br>DON'T FEEL SAFE WHILE IN SCHOOL ..... 03<br>HAVE TO LOOK AFTER MY FAMILY ..... 04<br>THERE'S NOT ENOUGH MONEY TO SEND ME TO SCHOOL ..... 05<br>SCHOOL IS TOO FAR AWAY ..... 06<br>HAVE TO WORK ..... 07<br>HAVE A CHILD OR I AM PREGNANT (GIRLS ONLY) ..... 08<br>MISSED TOO MUCH SCHOOL BECAUSE OF MY PERIOD (MENSTRUATION) (GIRLS ONLY) ..... 09<br>OTHER ..... 96<br>(SPECIFY)<br>DON'T KNOW ..... 98<br>REFUSED ..... 99 |       |
| 106 | What is the highest level of school you have attended?                    | PRIMARY ..... 01<br>JUNIOR SECONDARY ..... 02<br>SENIOR SECONDARY ..... 03<br>A-LEVEL ..... 04<br>KORANIC/RELIGIOUS ONLY (NO FORMAL EDUCATION) ..... 05<br>DON'T KNOW ..... 98<br>REFUSED ..... 99  |       |
| 107 | What grade/form/year are you in now, at that level?                       | NONE ..... 00<br>YEARS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/><br>DON'T KNOW ..... 98<br>REFUSED ..... 99  |       |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |
|------|--|---|---|
| 108  | What grade/form/year were you in last year?  | NONE ..... 00<br>YEARS <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98<br>REFUSED ..... 99   | <input type="checkbox"/> END<br><input type="checkbox"/> MODULE |
| 109  | Why are you not enrolled in school?  | I HAVE BEEN SICK ..... 01<br>I DON'T FEEL SAFE TRAVELING<br>TO SCHOOL ..... 02<br>I DON'T FEEL SAFE WHILE IN SCHOOL<br>IN SCHOOL ..... 03<br>I DON'T LIKE SCHOOL ..... 04<br>I HAVE TO LOOK AFTER MY FAMILY ..... 05<br>THERE'S NOT ENOUGH MONEY TO<br>SEND ME TO SCHOOL ..... 06<br>SCHOOL IS TOO FAR AWAY ..... 07<br>I HAVE TO WORK ..... 08<br>I HAVE A CHILD OR IS<br>PREGNANT (GIRLS ONLY) ..... 09<br>MISSED TOO MUCH SCHOOL<br>BECAUSE OF MY PERIOD<br>(MENSTRUATION) (GIRLS ONLY) . 10<br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW ..... 98<br>REFUSED ..... 99 |   |
| 110  | Have you ever attended school?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  | <input type="checkbox"/> END<br><input type="checkbox"/> MODULE |
| 111  | When was the last time you regularly attended school?<br>Would you say it was less than a year ago or more than<br>a year ago? | LESS THAN 1 YEAR AGO ..... 1<br>1 YEAR OR LONGER ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   |   |
| 112a | What is the highest level of school you have attended?   | PRIMARY ..... 01<br>JUNIOR SECONDARY ..... 02<br>SENIOR SECONDARY ..... 03<br>A-LEVEL ..... 04<br>KORANIC/RELIGIOUS ONLY (NO<br>FORMAL EDUCATION) ..... 05<br>DON'T KNOW ..... 98<br>REFUSED ..... 99   | <input type="checkbox"/> END<br><input type="checkbox"/> MODULE |
| 112  | What is the highest [CLASS/YEAR] you completed at that<br>level?   | NONE ..... 00<br>CLASS/YEAR <input type="text"/> <input type="text"/><br>DON'T KNOW ..... 98<br>REFUSED ..... 99  |   |



## MODULE 2: PARENTAL SUPPORT

200 Now I will ask you about your parents. For each question, you can answer 'Always', 'Most of the time', 'Sometimes', 'Rarely', 'Never' or 'Don't know', or you can refuse to answer.

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP |
|-----|--|---|------|
| 201 | Do your parents/guardians understand your problems and worries?  | ALWAYS ..... 1<br>MOST OF THE TIME ..... 2<br>SOMETIMES ..... 3<br>RARELY ..... 4<br>NEVER ..... 5<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |      |
| 202 | Do your parents/guardians really know what you were doing with your free time when you were not at school or work? | ALWAYS ..... 1<br>MOST OF THE TIME ..... 2<br>SOMETIMES ..... 3<br>RARELY ..... 4<br>NEVER ..... 5<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |      |







| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP   |
|------|---|--|--------|
| 508A | CHECK Qs. 401 AND 504: DOES RESPONDENT KNOW WHAT A CONDOM IS, IF THE CODED ANSWER IS '2'  | YES ..... 1<br>NO ..... 2  | → 509  |
| 508B | CHECK 504: WAS THE RESPONDENT FORCED TO HAVE SEX?   | YES ..... 1<br>NO ..... 2  | → 509  |
| 508  | The first time you had sex, was a condom used?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   |        |
| 509  | In total, how many different people have you had sex with? Please give your best guess.   | NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/> <input type="text"/><br>DON'T KNOW .....998<br>REFUSED .....999 |        |
| 510A | CHECK 401: DOES RESPONDENT KNOW WHAT A CONDOM IS?   | YES ..... 1<br>NO ..... 2  | → 512A |
| 510B | CHECK 504: WAS THE RESPONDENT FORCED TO HAVE SEX (CODE '2')?  | YES ..... 1<br>NO ..... 2  | → 510  |
| 510C | CHECK 509: DID THE RESPONDENT ANSWER '001', ONLY ONE PARTNER?   | YES ..... 1<br>NO ..... 2  | → 512A |
| 510  | The last time you had sex was a condom used?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   |        |
| 511  | How often do you use a condom during sex?<br><br>Would you say,<br>Always?<br>Sometimes? or,<br>Never?  | ALWAYS ..... 1<br>SOMETIMES ..... 2<br>NEVER ..... 3<br>DON'T KNOW ..... 8<br>REFUSED ..... 9                                    |        |
| 512A | CHECK 504: WAS THE RESPONDENT FORCED TO HAVE SEX (CODE '2')?  | YES ..... 1<br>NO ..... 2  | → 512  |
| 512B | CHECK 509: DID THE RESPONDENT ANSWER '001', ONLY ONE PARTNER?   | YES ..... 1<br>NO ..... 2  | → 513A |
| 512  | Have you ever had sex with someone because he/she provided you with, or you expected that he/she would provide you with gifts, help you to pay for thing or help you in other ways such as giving you food or paying for school fees? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   |        |
| 513A | CHECK: IS RESPONDENT A GIRL?  | YES ..... 1<br>NO ..... 2  | → 514  |
| 513  | Have you ever been pregnant?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   |        |
| 514  | Have you ever talked with a parent or guardian about sex?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9   |        |

## MODULE 6: HIV KNOWLEDGE

600 Now I would like to ask you some questions about what you know about some things related to HIV. For each question, you can answer 'Yes', 'No', or 'Don't know' or you can refuse to answer.

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP  |
|-----|--|---|-------|
| 601 | Have you <b>ever</b> heard of HIV?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  | } 700 |
| 602 | From where have you heard about HIV?<br><br>PROBE: Anywhere else?<br><br>RECORD ALL MENTIONED  | SCHOOLS/TEACHERS ..... A<br>PARENTS/GUARDIANS/FAMILY ..... B<br>FRIENDS ..... C<br>RELIGIOUS LEADERS ..... D<br>INTERNET ..... E<br>MOBILE PHONE ..... F<br>HEALTH PROVIDERS/DOCTORS/<br>NURSES/CLINICAL OFFICIERS ..... G<br>TELEVISION/FILM ..... H<br>RADIO ..... I<br>COMMUNITY HEALTH WORKERS ..... J<br>OTHER _____ X<br>(SPECIFY)<br>DON'T KNOW ..... Y<br>REFUSED ..... Z                                 |       |
| 603 | Have you ever discussed HIV with your parents or guardian?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  |       |
| 604 | Have you taken part in any of the HIV prevention programs?<br><br>For example:<br>a) Family, life, and health education (FLHE)<br>b) Sex and sexuality training (a part of the FHLE, but sometimes offered on its own)<br>c) In-school youth program?<br>d) Out of school youth program?<br>e) HIV awareness training or peer education sessions?<br>f) Training on abstinence and being faithful?<br>g) HIV testing services (HTS)?<br><br>SELECT ALL THAT APPLY<br><br>PROBE: Any other prevention programs?<br><br>SHOW CHILD THE LOGO FOR EACH PROGRAM | FAMILY, LIFE, & HEALTH EDUCATION A<br>SEX AND SEXUALITY TRAINING ..... B<br>IN-SCHOOL YOUTH PROGRAM ..... C<br>OUT OF SCHOOL YOUTH PROGRAM . D<br>HIV AWARENESS TRAINING OR PEER<br>EDUCATION SESSIONS ..... E<br>TRAINING ON ABSTINENCE AND BEING<br>FAITHFUL ..... F<br>HIV TESTING SERVICES (HTS) ..... G<br>NO, NOT TAKEN PART ..... W<br>OTHER _____ X<br>(SPECIFY)<br>DON'T KNOW ..... Y<br>REFUSED ..... Z |       |
| 605 | Can a person reduce their chance of getting HIV by not having sex?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  |       |

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP  |
|------|--|--|-------|
| 605A | CHECK 401: DOES RESPONDENT KNOW WHAT A CONDOM IS?  | YES ..... 1<br>NO ..... 2  | → 607 |
| 605B | CHECK 501: DOES RESPONDENT KNOW WHAT SEX IS?   | YES ..... 1<br>NO ..... 2  | → 607 |
| 606  | Can a person reduce their chance of getting HIV by using condoms when having sex?                                  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |       |
| 607  | Can a healthy-looking person have HIV or AIDS?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |       |
| 608  | Can a mother with HIV or AIDS pass HIV to her unborn baby?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |       |
| 609  | Are there medicines that people with HIV or AIDS can take to help them live longer?                                | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |       |
| 610  | Can male circumcision help prevent HIV infection?<br><br>Circumcision is the removal of the foreskin from a penis. | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |       |
| 611  | Can ARVs make people with HIV less likely to spread the virus?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |       |
| 612  | Can ARVs rid HIV from an HIV-positive person's body?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |       |

### MODULE 7: HIV RISK PERCEPTION

700 One can get HIV through various ways. Now I will ask you some questions on what you know about your risks of getting HIV.

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP                            |
|------|---|--|---------------------------------|
| 701A | CHECK 601: HAS THE RESPONDENT EVER HEARD OF HIV?  | YES ..... 1<br>NO ..... 2  | → 800                           |
| 701  | How likely do you think it is for you to get HIV?<br><br>Would you say, it is ...<br>Very likely?<br>Somewhat likely?<br>Not likely?<br>Or,<br>You already know you have HIV? | VERY LIKELY ..... 1<br>SOMEWHAT LIKELY ..... 2<br>NOT LIKELY ..... 3<br>ALREADY HAVE HIV ..... 4<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  | → 703<br>→ 800<br>END<br>MODULE |
| 702  | What is the main reason you think you are likely to get HIV?  | HAD SEX WITHOUT A CONDOM ..... 01<br>HAVE OR HAD MANY BOY/GIRL FRIENDS ..... 02<br>HAVE HAD BLOOD TRANSFUSIONS ..... 03<br>MY MOTHER/FATHER/CLOSE RELATIVE HAS HIV ..... 04<br>DON'T TRUST MY BOY/GIRLFRIEND ..... 05<br>SELF SICK ..... 06<br>BOY/GIRLFRIEND IS SICK OR HAS DIED ..... 07<br>DESERVE IT/ I AM A BAD PERSON ..... 08<br><br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW ..... 98<br>REFUSED ..... 99 | END<br>MODULE                   |
| 703  | What is the <b>main</b> reason you think you are not likely to get HIV?   | ABSTINENT ..... 01<br>WILL WAIT UNTIL MARRIAGE TO HAVE SEX ..... 02<br>ALWAYS USE CONDOMS ..... 03<br>TRUST MY PARTNER ..... 04<br>HAVE ONLY ONE PARTNER ..... 05<br>GO TO CHURCH/RELIGIOUS HOUSE ..... 06<br>AM A GOOD PERSON ..... 07<br><br>OTHER _____ 96<br>(SPECIFY)<br>DON'T KNOW ..... 98<br>REFUSED ..... 99  |                                 |



## MODULE 8: HIV TESTING

800 HIV testing is the best way to confirm that someone has HIV. I will like to ask you some questions about HIV testing. Your answers will not be told to anyone, even your parents. For each question, you can tell me you 'don't know' or you can refuse to answer any question.

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP            |
|------|--|---|-----------------|
| 801a | CHECK 601: HAS THE RESPONDENT EVER HEARD OF HIV?   | YES ..... 1<br>NO ..... 2   | → 900           |
| 801  | To what extent do you agree with the following statement: Everyone should get tested for HIV.<br><br>Do you strongly agree, agree, disagree, or strongly disagree?   | STRONGLY AGREE ..... 1<br>AGREE ..... 2<br>DISAGREE ..... 3<br>STRONGLY DISAGREE ..... 4<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |                 |
| 802  | To what extent do you agree with the following statement: Only persons who think they might have HIV should get an HIV test.<br><br>Do you strongly agree, agree, disagree, or strongly disagree?                      | STRONGLY AGREE ..... 1<br>AGREE ..... 2<br>DISAGREE ..... 3<br>STRONGLY DISAGREE ..... 4<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |                 |
| 803  | Have you ever been tested for HIV?   | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  | } END<br>MODULE |
| 804  | Did you receive the results of any of your HIV tests?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  | } END<br>MODULE |
| 805  | What was the result of that HIV test?<br><br>SOME PARTICIPANTS MAY REPORT BEING TESTED MORE THAN ONCE. IF THEY REPORT GETTING A POSITIVE RESULT AND ANOTHER RESULT (I.E. A PREVIOUS NEGATIVE RESULT), SELECT POSITIVE. | HIV POSITIVE ..... 1<br>HIV NEGATIVE ..... 2<br>UNKNOWN/DON'T KNOW ..... 8<br>REFUSED ..... 9                                     | } END<br>MODULE |
| 806  | Are you currently on treatment for HIV?  | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9  |                 |

**MODULE 9: HIV STIGMA**

900 Now I would like to ask you some more questions about your attitude towards people living with HIV.

| NO.  | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP            |
|------|--|--|-----------------|
| 901a | CHECK 601: HAS THE RESPONDENT EVER HEARD OF HIV?             | YES ..... 1<br>NO ..... 2  | END<br>→MODULE  |
| 901b | CHECK 701: DOES RESPONDENT ALREADY HAVE HIV (CODE 4)?        | YES ..... 1<br>NO ..... 2  | → END<br>MODULE |
| 901c | CHECK 805: IS RESPONDENT HIV POSITIVE?                       | YES ..... 1<br>NO ..... 2  | → END<br>MODULE |
| 901  | Would you be willing to share food with someone who has HIV? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |                 |
| 902  | Would you be friends with someone who has HIV?               | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |                 |
| 903  | Would you be comfortable to have a teacher who has HIV?      | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... 8<br>REFUSED ..... 9 |                 |