APPENDIX E HOUSEHOLD QUESTIONNAIRE

NIGERIA AIDS INDICATOR AND IMPACT SURVEY (NAIIS) HOUSEHOLD QUESTIONNAIRE

		IDENTIFICATION	(1)	
PLACE NAME NAME OF HOUSEHOLD ENUMERATION AREA HOUSEHOLD NUMBER PEDIATRIC HOUSEHO				
		INTERVIEWER VIS	ITS	
	1	2	3	FINAL VISIT
DATE INTERVIEWER NAME				DAY MONTH YEAR INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHO AT HOME AT 3 ENTIRE HOUS 4 POSTPONED 5 REFUSED 6 DWELLING V. 7 DWELLING D 8 DWELLING N 9 OTHER	TOTAL ELIGIBLE MEN (ADULTS AND MATURE MINORS) TOTAL ELIGIBLE WOMEN (ADULTS AND MATURE MINORS) TOTAL ELIGIBLE CHILDREN (6 TO 14 YEARS) TOTAL CHILDREN (0 MONTHS TO 5 YEARS)			
NAME AND ID OF SUPI	ERVISOR			

MODULE 0: HEAD OF HOUSEHOLD ELIGIBILITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
H1A	IS [NAME] AGED 18 YEARS OR OLDER?		
	HOUSEHOLD HEAD MUST BE 18 YEARS OF OLDER, OR MUST BE AN EMANCIPATED MINOR AGE 15-17 YEARS.	YES	→ H2
H1B	IS [NAME] AGED 15 YEARS OR OLDER?	YES	INELIGIBLE →END INT
H1C	IS [NAME] AN EMANCIPATED MINOR?		
	AN EMANCIPATED MINOR IS 15-17 YEARS OF AGE WHO IS MARRIED, OR PREGNANT, OR A PARENT, OR HEAD OF THE HOUSEHOLD.	YES	INELIGIBLE →END INT
H2	DOES [NAME] HAVE A HEARING DISABILITY?		
	OBSERVE IF THE PARTICIPANT HAS DIFFICULTY ENGAGING IN CONVERSATIONS.	YES	→ H4
H3	CAN THE SURVEY TEAM ACCOMMODATE HEARING DISABILITY OF [NAME]?	YES	INELIGIBLE →END INT
H4	CAN SURVEY BE CONDUCTED IN A LANGUAGE [NAME] SPEAKS?	YES	INELIGIBLE →END INT
H5	DOES [NAME] HAVE A VISUAL IMPAIRMENT?	YES	→ H8
H6	ASK [NAME] TO READ THE TEXT BELOW.		
	Purpose of Survey: This survey will help us know how many people in Nigeria health services. Your taking part will help the Federal Minis Nigeria.		
H7	WAS [NAME] ABLE TO READ THE TEXT WITHOUT MUCH PROBLEM?	YES	→ н9
H8	IS [NAME] ABLE TO IDENTIFY A WITNESS?	YES	INELIGIBLE
H9	IS [NAME] COGNITIVELY ABLE TO CONSENT?	YES 1	→ H10
	DOES THE RESPONDENT UNDERSTAND THE TEXT HE/SHE HAS READ?	NO 2	INELIGIBLE →END INT.
			+

not listed? 2B) Are the your family usually live 2C) Are the anyone else listed?	2A) Ju any oth	ĺ	10	99	08	07	06	05	2	03	02	9	-	N E	
not listed? 28) Ave there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? 20) Ave there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?	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												Please give me the first names of the persons who usually live in your household or guests of the household who stayed here last end to household who stayed here last the household is someone who regularly consumes or contributes to food and other shared household resources. AFTER LISTING THE NAMES AND RECORPING THE REA AT DRESON, ASK OS. 2A-2C TO BE SURE THAT THE LISTING IS OWHAT THE CUESTINGS IN COLUMNS 5.	USUAL RESIDENTS AND VISITORS	
be members of ers, or friends who s staying here, or have not been	listing: are there nfants that we have												HOUSEHOLD 3 What is the relationship of (MAME) to the head of the head of the head of the SEE CODES BELOW.	RELATIONSHIP TO HEAD OF	
řes řes	YES		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	4 to (NAME) male or female?	SEX	
ADD TO → TABLE ADD TO TABLE	ADD TO → TABLE		1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 Y 2 N	5 Does (NAME) usually live here?	RESIDENCE	
S S	Š		2	1 2	1 2	1 2	2	1 2	2	1 2	2	1 Y 2 Z	6 Did (NAME) stay here stay here night?	ENCE	
06 = = = = = = = = = = = = = = = = = = =	01 = HEAD 02 = WIFE	cor	2	1 2	2	2	2	2	2	2	2	1 2	(NAME)? CIRCLE '1' FOR AGE FOR AGE FOR AGE FOR MORE RECORD '95' FOR FAGE IS IE AGE IS	AGE	
03 = SON OR DAUGHTER 04 = SON-HALAW OR DAUGHTER-IN-LAW 05 = GRANDCHILD 06 = PARENT 07 = PARENTIN-LAW 08 = BROTHER OR SISTER	01 = HEAD 02 = WIFE OR HUSBAND OR PARTNER	CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	Y N DK	17 YEARS 9 18 (NAME) a mature minor? PERSON 15- 17 YEARS WHO IS WHO IS PRESSAN 15- 17 YEARS OF AGE WHO IS OF AGE	MATURE MINOR STATUS, IF AGE IS 15-	
TER DAUGHTER-I	AND OR PART	RELATIONSHII	1 2 T 8 GO TO 11	1 2 T 8 GO TO 11	1 2 T 8 GO TO 11	1 2 T 8 GO TO 11	1 2 T 8 GO TO 11	1 2 T 8 GO TO 11	1 2 T 8 GO TO 11	1 2 T 8 GO TO 11	1 2 T 8 GO TO 11	Y N DK 1 2 T 8 60 TO 11	10 Is (NAME)'s natural mother alive/		
N-LAW	NER	P TO HEAD OF											Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES RECORD IF YES RECORD WITHER LINE WIMMER, SKIPTO 12. IF NO, RECORD YOU IF NATURAL MOTHERS NOT PRESENT IN HOUSEHOLD		
		HOUSEHOLD	1 2 T 8 GO TO 12	1 2 T 8 GO TO 12	1 2 T 8	1 2 T 8	1 2 T 8 GO TO 12	1 2 T 8	1 2 T 8	1 2 T 8 GO TO 12	1 2 T 8 GO TO 12	Y N DK 1 2 T 8 GO TO 12	Does (NAME) have a female guardian?	OR	
12 = OTHER RELATIVE 13 = ADOPTED OR FOSTER OR STEPCHILD 14 = NOT RELATED 98 = DON'T KNOW	09 = NIECE OR NEPHEW 11 = CO-WIFE												Does (NAME)'s female guardian usually live in this household or was the a guest last night? Was sine a guest last night? WAS STRECORD GUARDIANS LINE NUMBER. LINE NUMBER. IF NO: RECORD O'D IF FEMALE GUARDIAN NOT FEMALE GUARDI	ORPHAN STATUS/PARENT OR GUARDIAN	IF AGE 0-17 YEARS
ATIVE DR FOSTER OR LD ED N	IEPHEW	·	1 2 8 GO TO 13	1 2 T 8 GO TO 13	1 2 T 8 GO TO 13	1 2 T 8	1 2 8 GO TO 13	1 2 T 8 GO TO 13	1 2 8 GO TO 13	1 2 T 8 GO TO 13	1 2 8 GO TO 13	Y N DK 1 2 8 GOTO 13	12 Is (NAME)'s natural father? allve?	ARENT OR GU	ARS TO CELE
													Does C(AAME')s natural father usally live in household or was he a guest last night? FYTES: RECORD FATHERS ENTO 14. FATHER NOT RECORD '00' RECORD '	ARDIAN	
		'	1 2 8 GO TO 14	1 2 T 8 GO TO 14	1 2 T 8 GO TO 14	1 2 T 8 GO TO 14	1 2 T 8 GO TO 14	1 2 T 8 GO TO 14	1 2 T 8 GO TO 14	1 2 T 8 60 TO 14	1 2 T 8 GO TO 14	Y N DK 1 2 7 8 GO TO 14	Does (NAME) have a male guardian?		
			8 4	8	8 4	8	4 8	4 8	8	4 8	4 8	14 8 X	13a Doss (NAME)'s male guardan usual) live in this household or was he a gued last night? IF YES. RECORD MALE GUARDIAN'S LINE GUARDIAN'S NUMBER UNMER ON TENDER ON TENDER ON THE SEARCH OF THE NOT		
													RECORD LINE NUMBER OF PARENT GLARBIAN HUMO WILL FUNDEN CHUDEN S MODULE FOR (NAME)	IF AGE 0-14 YEARS	
		ĺ	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 2	1 Y	15 CHECK IF (NAME) ELIGIBLE FOR SURVEY?	HOUSE- HOLD MEMBER S	FOR ALL
		İ	1 2 T 8 GO TO NEXT	1 2 8	1 2 8 GO TO NEXT	1 2 T 8	1 2 8	1 2 T 8	1 2 8	1 2 T 8	1 2 8	Y N DK 1 2 8 GO TO NEXT	Does (NAME) have a wife or co. habting partner who usually lines household or was a guest last night? If NO GO TO NETH MEMBER (9)		
		İ											16a Please give me the me the mane of (NAME's wife/partner, NAME's NUMBER OR NAME'S ARTNER 1.	WIVES AN	ONDENT IS MAL
													Does (NAME) have any other wife or co- habiling partner who usually lines in this household or was a guest last night? IF YES, IF YES, IN MEER OF (NAME)'S WIFE/ PARTNER 2. PARTNER 2. PARTNER 2.	WIVES AND CO-HABITATING PARTNERS	E AND 18 YEARS O
													Does (NAME) Phave any Phave any Phave any Phave any Does (NAME) Phave any Phave any Does in this household In this house	ING PARTNERS	IF RESPONDENT IS MALE AND 18 YEARS OR OLDER, OR MATURE MINOR
													Does (NAME) have any other wife or ochabiling partner who to busehold or was a guest last night? F YES, RECORD NAME/S RECORD NAME/S PARTNER 3. PF NO, SKIP TO NEXT 9.		TURE MINOR

2A) List to make sure that I have a complete listing are there any other persons such as small children or infarts that we have roll kised?

2B) Are there any other people who may not be members of your family, such as domestic servants, bodges, or friends who isstally live here?

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? NO E 20 19 18 17 6 15 4 13 12 ⇉ AFTER LISTING THE NAMES
AND RECORDING THE
RELATIONSHIP AND SEC FOR
EACH FERSON, ASK QS. 2A-2C
TO BE SURE THAT THE
LISTING IS COMPLETE.
THEN ASK APPROPRIATE
QUESTIONS IN COLUMNIS 5.
16D FOR EACH PERSON. Please give me the first names of a the persons who usually live in an your household or guests of the household who stayed here last it night, starting with the head of the household. A person who usually lives in your household is someone who regularly consumes or contributes to food and other shared household resources. USUAL RESIDENTS AND VISITORS relationship of (NAME) to the head of the household? RELATIONSHIP TO HEAD OF SEE CODES BELOW. HOUSEHOLD YES YES is (NAME) male or female? _ _ ے د SEX 2 2 2 ADD TO Does (NAME) usually live here? ADD TO TABLE ADD TO RESIDENCE 2 N Z 8 ĕ Did (NAME) stay here last night? _ _ _ **→** ≺ 2 2 2 2 2 2 z CIRCLE 'Z'
FOR
MONTHS
IF AGE IS
LESS
THAN ONE
YEAR How old is (NAME)? CIRCLE '1'
FOR AGE
IN YEARS;
IF AGE 95
OR MORE,
RECORD
'95' _ 1 = YEAR01 = HEAD

02 = WIFE OR HUSBAND OR PARTNER

03 = SON OR DAUGHTER

04 = SONNALAW OR DAUGHTER-IN-LAW

05 = FARANDENIL D

06 = PARENIL OF

07 = PARENIL OF

08 = BROTHER OR SISTER AGE 2 CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD A MATURE MINOR IS A PERSON 15-17 YEARS OF TAGE WHO IS MARRIED PREGNANT OR HAS CHILDREN, OR IS NO LONGER THE CARE OF A PARENTY GUARDIAN MATURE MINOR STATUS, IF AGE IS 15-17 YEARS Is (NAME) a mature minor? 1 2 3 2 3 2 2 3 2 3 2 2 2 2 2 3 N DK ω ω ω ω ω Is (NAME)'s natural mother alive? 2 T 8 GO TO 11 2 T 8 GO TO 11 2 T 8 GO TO 11 2 T 8 GO TO 11 2 T 8 GO TO 11 2 GO TO . 2 GO TO 2 T 8 2 T 8 GO TO 11 2 T 8 GO TO 11 z 6 믓 Natural mother usually live in this household or was she a guest last night? IF NO: RECORD '00' IF NATURAL MOTHER NOT PRESENT IN HOUSEHOLD IF YES: RECORD MOTHER'S LINE NUMBER, SKIP TO 12. 10a Does (NAME) have a female guardian? 1 2 T 8 GO TO 12 GO TO 12 GO TO 12 1 2 T 8 GO TO 12 1 2 T 8 GO TO 12 1 2 T 8 GO TO 12 GO TO 12 **G**0 TO 12 GO TO 12 GO TO 12 2 7 8 ² | 8 2 — 8 2 — 8 ⇉ 믓 ORPHAN STATUS/PARENT OR GUARDIAN 09 = NIECE OR NEPHEW
11 = CO-WIFE
12 = OTHER RELATIVE
13 = ADOPTED OR FOSTER OR
STEPCHILD
14 = NOT RELATED
98 = DON'T KNOW Does (NAME)'s female guardian usually live in this household or was she a guest last night? IF NO: RECORD '00' IF FEMALE GUARDIAN NOT PRESENT IN HOUSEHOLD IF YES: RECORD FEMALE GUARDIAN'S LINE NUMBER. 11a natural father alive? Is (NAME)'s 2 T 8 GO TO 13 2 T 8 GO TO 13 2 T 8 GO TO 13 2 8 GO TO 13 2 T 8 GO TO 13 2 T 8 GO TO 13 2 T 8 GO TO 13 2 T 8 GO TO 13 **2** − 8 GO TO 13 GO TO 13 N PK IF NO: RECORD '00' IF NATURAL FATHER NOT PRESENT IN HOUSEHOLD IF YES:
RECORD
FATHER'S
LINE NUMBER
SKIP TO 14. Does
((NAME)'s
natural father
usually live in
this
household or
was he a
guest last
night? 12a have a male guardian? Does (NAME) 2 T 8 GO TO 14 2 T 8 2 T 8 GO TO 14 2 T 8 GO TO 14 2 T 8 GO TO 14 ² ⁸ GO TO 14 2 T 8 GO TO 14 GO TO 14 2 — 8 2 **→** GO TO 14 GO TO 14 무 Does (NAME)'s male guardian usually live in this household or was he a guest last night? IF NO:
RECORD '00
IF MALE
GUARDIAN
NOT
PRESENT IN
HOUSEHOLD IF YES:
RECORD
MALE
GUARDIAN'S
LINE
NUMBER. 13a RECORD
LINE
NUMBER
OF
PARENT/
GUARDIAN
WHO WILL
FILL OUT
CHILDREN'
S MODULE
FOR
(NAME) IF AGE 0-14 YEARS 4 CHECK IF (NAME)
ELIGIBLE FOR SURVEY? FOR ALL HOUSE-HOLD MEMBER 5 N 2 N Z partner who usually lives in this household or was a Does (NAME) have a wife or co-habiting 1 2 T 8 GO TO NEXT 1 2 T 8 GO TO NEXT GO TO NEXT IF NO, GO TO NEXT MEMBER (9) guest last night? 30 TO NEXT 30 TO NEXT 30 TO NEXT 30 TO NEXT 30 TO NEXT 30 TO NEXT ² **~**² **2** 2 **~**2 **2 → −**2 TO NEXT 6 IF RESPONDENT IS MALE AND 18 YEARS OR OLDER, OR MATURE MINOR (SEE COLUMN 7) NUMBER OF (NAME)'S WIFE OR PARTNER 1. RECORD (NAME)'s wife/partner Please give me the name of WIVES AND CO-HABITATING PARTNERS 16a usually lives in this household or was a guest last night? IF YES,
RECORD
LINE
NUMBER OF
(NAME)'S
WIFE/
PARTNER 2. Does (NAME)
have any other
wife or cohabiting
partner who IF NO, SKIP TO NEXT 9. 16b IF YES,
RECORD
LINE
NUMBER OF
(NAME)'S
WIFE/
PARTNER 3. Does (NAME)
have any
other wife or
co-habiting
partner who
usually lives in
this household
or was a guest
last night? IF NO, SKIP TO NEXT 9. 16c Does (NAME) have any other wife or co-habiting partner who usually lives in this household or was a guest IF NO, SKIP TO NEXT 9. RECORD LINE NUMBER OF (NAME)'S WIFE/ PARTNER 3. last night? 16d

YES

N O

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	PIPED WATER 11 PIPED INTO DWELLING 11 PIPED TO YARD/PLOT 12 PUBLIC TAP/STANDPIPE 13 PIPED TO NEIGHBOR 14 TUBE WELL OR BOREHOLE 21 DUG WELL 31 PROTECTED WELL 32 WATER FROM SPRING 41 UNPROTECTED SPRING 42 RAINWATER 51 TANKER TRUCK 61 CART WITH SMALL TANK/JERRY 61 CAN/CARTLESS VENDOR 71 SURFACE WATER (RIVER/DAM/ 1 LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81 BOTTLED WATER/DISPENSER WATER 91 SACHET (PURE) WATER 92 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	→ 101B
101A	Where is the water source located?	IN OWN DWELLING	
101B	Do you do anything to the water to make it safer to drink?	YES	103
102	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED	BOIL	

	I	1	1
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
103	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO SEPTIC TANK 12 FLUSH TO SOMEWHERE ELSE 14 FLUSH, DON'T KNOW WHERE 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE (VIP) 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 COMPOSTING TOILET 31 BUCKET TOILET 41 HANGING TOILET/HANGING LATRINE 51 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	→ 105
104	Do you share this toilet facility with other households?	YES 1 NO 2 OTHER 6 (SPECIFY) DON'T KNOW 8 REFUSED 9	→ 104B
104A	Including your own household, how many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10	
		10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98 REFUSED 99	
104B	Where is this toilet facility located?	IN OWN DWELLING 1 IN OWN YARD/PLOT 2 ELSEWHERE 3	
105	Does your housheold have:	YNDKR	
	a) Electricity? b) A connection to the national grid? c) A solar power or inverter? d) A radio? e) A television? f) A non-mobile telephone? g) A computer? h) A refrigerator? i) A table? j) A chair? k) A bed? l) A sofa? m) A cupboard? n) An air conditioner? o) An electric iron? p) A generator? q) A fan?	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 j) CHAIR 1 2 8 9 k) BED 1 2 8 9 l) SOFA 1 2 8 9 m) CUPBOARD 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 mainly use for cooking?	ELECTRICITY 01 LIQUID PROPANE GAS 02 NATURAL GAS 03 BIOGAS 04 PARAFFIN/KEROSENE 05 COAL, LIGNITE 06 CHARCOAL FROM WOOD 07 FIREWOOD 08 STRAW/SHRUBS/GRASS 09 ANIMAL DUNG 10 NO FOOD COOKED IN THE HOUSEHOLD 95 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	
	FOR QUESTIONS 107-109, OBSERVE, DO NOT ASK.	REFUSED 99	
107	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 BAMBOO SLATS 22 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET/RUG 35 TERAZZO 36 OTHER 96 (SPECIFY)	
108	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NO ROOF 11 NATURAL ROOFING 12 THATCH/PALM LEAF(CIYAWA) 12 MUD 13 RUDIMENTARY ROOFING 32 WOOD PLANKS 21 CARDBOARD 22 FINISHED ROOFING 32 WOOD 33 CALAMINE/CEMENT FIBER 34 CERAMIC TILES 35 CEMENT/CONCRETE 36 ROOFING SHINGLES 37 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NO WALLS 11 NATURAL WALLS 12 DIRT 12 CANE/PALM/TREE TRUNKS 13 BAMBOO WITH MUD 14 STONE WITH MUD 15 MUD 16 RUDIMENTARY WALLS 21 CARDBOARD 21 REUSED WOOD 22 PLYWOOD 23 UNBAKED BRICKS 24 CARTON 25 FINISHED WALLS 31 WOOD PLANKS/SHINGLES 31 UNBAKED BRICKS COVERED 32 WITH PLASTER 33 BRICKS 34 CEMENT BLOCKS 35 CEMENT 36 STONE WITH LIME/CEMENT 37	
		OTHER 96 (SPECIFY)	
110	How many rooms in this household are used for sleeping?	ROOMS	
111	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE	113
112	Do you have a separate room which is used as a kitchen?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
113	Does any member of this housheold own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor? h) A canoe? i) A Keke Napep?	A) WATCH	
114	Does any member of this household have a bank account?	YES	
115	Does this household own any livestock, herds, other farm animals, camels, or poultry?	YES	117

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

APPENDIX F ADULT QUESTIONNAIRE

MODULE 0: ADULT RESPONDENT ELIGIBILITY

	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M1A	IS [NAME] AGED 18 YEARS OR OLDER?		
	ADULT REPSONDENT MUST BE 18 YEARS OF OLDER, OR MUST BE AN EMANCIPATED MINOR AGE 15-17 YEARS.	YES	
M1B	IS [NAME] AGED 15 YEARS OR OLDER?	YES	1
M1C	IS [NAME] AN EMANCIPATED MINOR? AN EMANCIPATED MINOR IS 15-17 YEARS OF AGE WHO IS MARRIED, OR PREGNANT, OR A PARENT, OR HEAD OF THE HOUSEHOLD.	YES	
M2	DOES [NAME] HAVE A HEARING DISABILITY?		
	OBSERVE IF THE PARTICIPANT HAS DIFFICULTY ENGAGING IN CONVERSATIONS.	YES	1
M3	CAN THE SURVEY TEAM ACCOMMODATE HEARING DISABILITY OF [NAME]?	YES	INELIGIBLE →END INT
M4	CAN SURVEY BE CONDUCTED IN A LANGUAGE [NAME] SPEAKS?	YES	
M5	DOES [NAME] HAVE A VISUAL IMPAIRMENT?	YES	
M6	ASK [NAME] TO READ THE TEXT BELOW. Purpose of Survey: This survey will help us know how many people in Nigeria health services. Your taking part will help the Federal Minis Nigeria.		
			1
M7	WAS [NAME] ABLE TO READ THE TEXT WITHOUT MUCH PROBLEM?	YES	
M7 M8			INELIGIBLE
	MUCH PROBLEM?	NO 2 YES 1	INELIGIBLE →END INT.
M8	MUCH PROBLEM? IS [NAME] ABLE TO IDENTIFY A WITNESS?	NO 2 YES 1 NO 2	INELIGIBLE →END INT. → M10 INELIGIBLE

MODULE 1: RESPONDENT CONSENT AND BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100A	ENTER LINE NUMBER OF THE RESPONDENT FROM THE	HOUSEHOLD SCHEDULE:	
100B	ENTER NAME OF RESPONDENT: (RESPOND	ENT'S NAME)	
<u>C1</u>	OBTAIN CONSENT. DOES [NAME] AGREE TO	·	
C1	PARTICIPATE IN THE SURVEY?	YES 1 NO 2	→ END INTERVIEW
L1	ENTER LANGUAGE OF THE QUESTIONNAIRE	ENGLISH 1	
		HAUSA	
		IGBO 4	
L2	ENTER LANGUAGE OF THE INTERVIEW	ENGLISH 1	
		HAUSA 2	
		YORUBA	
		OTHER 6	
		(SPECIFY)	
L3	ENTER NATIVE LANGUAGE OF THE RESPONDENT	ENGLISH 1	
		HAUSA 2 YORUBA 3	
		IGBO 4	
		OTUED .	
		OTHER6 (SPECIFY)	
L4	WAS A TRANSLATOR USED?	YES 1	
		NO 2	
100	Thank you for agreeing to participate in this survey. Now, I about yourself, your education, and work.	would like to ask you some general questions	
101	CHECK: IS RESPONDENT MALE OR FEMALE?	MALE 1	
		FEMALE 2	
102	How old were you on your last birthday?	AGE IN COMPLETED VEADS	
		AGE IN COMPLETED YEARS	
		DON'T KNOW	
		REFUSED99	
103	What is your religion?	ISLAM 1	
		CHRISTIANITY	
		NO RELIGION 4	
		OTHER 6	
		(SPECIFY)	
		DON'T KNOW	
104	Have you ever attended school?	YES 1	
104	you over allowed dolloom	NO 2	Ь
		DON'T KNOW	→ 108
		REFUSED 9	
105	Are you currently enrolled in school?	YES 1	
		NO	
		REFUSED	

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

MODULE 2: MARRIAGE

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

NO.	QUESTIONS AND FILTERS				CODING CATEGORIES			
201	Have you ever be [man/woman] as	een married or lived togethe if married?	er with a	NO DON'T KI	NOW	02	→ END MODULE	
202		u the first time you married / /woman] as if married?	or started	YEARS				
				AGE AT I FIRST DON'T KI REFUSEI				
203		rital status now? living together with someor d, divorced, or separated?	ne as if	LIVING T WIDOWE DIVORCE SEPARA DON'T KI	OOGETHEROGETHEROGETHEROT	2 3 4 5	→ END MODULE	
203A	CHECK: IS RESI	PONDENT MALE OR FEMA	ALE?				→ 212	
204	Altogether, how r have?	nany wives or live-in partne	ers do you	NUMBER DON'T KNOW 98 REFUSED 99			→ END MODULE	
205	CHECK 16a-16d: IF NO WIVES/PARTNERS RECORDED, SKIP TO 208. The household information shows that you have [NUMBER] household members as your wives or partners. 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.	(NAME)	(NAME	:)	(NAME)	(NAM	E)	
206	Is [NAME] your wife or partner?	YES 1 NO 2	YES		YES	YES		
207	Does [NAME] live in the household?	YES	YES NO		YES		2 208	
207a	DOES THE RESPONDENT HAVE ANOTHER WIFE OR PARTNER?	YES	YES GO TO NEX WIFE/PART (205a) NO	(T ← ☐ TNER	YES			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
208	Do you have additional spouse(s) or partner(s) that li with you?	ve YES	→ 211
209	How many additional spouse(s) or partners(s) live with you?	NUMBER	
210	[RESPONDENT'S] SPOUSE OR PARTNER THAT LIVE IN DON'T KNOW 8 DON'	NAME) (NAME) (NAME) T KNOW 8 DON'T KNOW 8 DON'T KNOW REFUSED 9	/8
211	How many other wives or live-in partners do you hav live elsewhere?	DON'T KNOW	→ END MODULE
211A	CHECK: IS RESPONDENT MALE OR FEMALE?	MALE 1 FEMALE 2	→ END MODULE
212	Is your husband or partner living with you now or is h staying elsewhere?	STAYING ELSEWHERE 2]→ 216
212A	CHECK Q.212: IS THE RESPODENT STAYING ELSEWHERE (CODED '2') AND THERE IS NO PARTNER LISTED IN THE HOUSEHOLD ROSTER		
213	The household information shows that [NAME OF HUSBAND OR PARTNER] as your [husband or partner] who lives with you in this household. Is that correct?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 216 → 216
214	FROM THE HOUSEHOLD SCHEDULE SELECT THE SPOUSE OR PARTNER THAT LIVES WITH THE RESPONDENT	(NAME OF SPOUSE OR PARTNER) 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) DON'T KNOW	
216	Does your husband or partner have other wives or do he live with other women as if married?	Des YES 1 NO 2 DON'T KNOW 8 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 DON'T KNOW	

MODULE 3: REPRODUCTION

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

NO.	QUESTIONS AND FILTER		CODING CATEGORIES		SKIP	
300A	CHECK: IS RESPONDENT MALE OR FE	EMALE?	l	E		→ 335A
301	How many times have you been pregnant including a current pregnancy?		NEVEF DON'T	ER OF TIMES	00	→ 335A]→ 334
302	Have you ever had a pregnancy that resulted in a live birth? A live birth is when the baby shows signs of life, such as breathing, beating of the heart or movement.		NO DON'T	KNOW	2 8	→ 334
303	How many live births have you had since the 1st of January 2015? ENTER '00' IF NONE.		NUMBI DON'T	ER OF CHILDREN KNOW	. 98	→ 334
303a	Now I would like to ask you some question of January, 2015.	ns about the last p	regnancy	that resulted in a live birth s	since the 1st	
304	Did your last pregnancy result in birth to to	Did your last pregnancy result in birth to twins or more?		KNOW	2 8	306
305	What is the name of the [INSERT ORDER OF BIRTH] born child from your last pregnancy that resulted in a live birth? A live birth is when the baby shows signs of life, such as breathing, beating of the heart or movement. IF THE CHILD WAS NOT NAMED BEFORE DEATH, ENTER 'BIRTH 1'.	(NAME	· · · · · · · · · · · · · · · · · · ·	(NAME)	(NAMI	E)
305a	DID THE RESPONDENT HAVE ANOTHER CHILD BORN FROM THE LAST PREGNANCY?	YESGO TO TH NEXT CHILL NO	Æ ← D	YES	YES GO TO NEXT C	THE ← ☐ ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306	What is the name of the child from your last pregnancy that resulted in a live birth? A live birth is when the baby shows signs of life, such as breathing, beating of the heart or movement. IF THE CHILD WAS NOT NAMED BEFORE DEATH, ENTER 'BIRTH 1'.		_
		(NAME OF CHILD)	
307	When you were pregnant with [NAME], did you visit a health facility for antenatal care?	NO DON'T KNOW	308A 2 8 9 318
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 COULD NOT TAKE TIME OFF WORK/TOO BUSY COULD NOT AFFORD TO PAY FOR THE VISIT DID NOT TRUST THE CLINIC STAFF RECEIVED CARE AT HOME DID NOT WANT AN HIV TEST DONE HUSBAND/FAMILY WOULD NOT LET ME GO USED TRADITIONAL BIRTH ATTENDANT/HEALER COST OF TRANSPORT RELIGIOUS REASONS OTHER (SPECIFY) DON'T KNOW REFUSED 0 0 0 0 0 0 0 0 0 0 0 0 0	2 3 4 5 5 6 6 7 318 8 9 0 6 6 8 8
308a	Now, I will ask you some questions about HIV testing. Plea confidential and will not be shared with anyone else.	se remember that your responses will be kept	
309	Were you ever tested for HIV before your pregnancy with [NAME]?	NO	1 2 3 9 312
310	Did you test positive for HIV before your pregnancy with [NAME]?	NO	1 2 3 3 9
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?	NO DON'T KNOW	318 2 3 3 316
312	During any of your visits to the antenatal care clinic when you were pregnant with [NAME], were you offered an HIV test?	NO DON'T KNOW	1 2 3 9
313	Were you <u>tested</u> for HIV during any of your antenatal care clinic visits when you were pregnant with [NAME]?	NO	1 → 315 2 8 9 → 318

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
314	What is the main reason you were not tested for HIV during antenatal care with [NAME]?	DID NOT WANT AN HIV TEST DONE/DID NOT WANT TO KNOW MY STATUS DID NOT RECEIVE PERMISSION FROM SPOUSE/FAMILY AFRAID OTHERS WOULD KNOW ABOUT TEST RESULT! DID NOT NEED TEST/LOW RISK. OTHER (SPECIFY) DON'T KNOW REFUSED	1 2 3 4 6 8 9	→ 318
315	What was the result of your last HIV test during your pregnancy with [NAME]?	POSITIVE NEGATIVE UNKNOWN/INDETERMINANTE DID NOT RECEIVE RESULTS DON'T KNOW REFUSED	1 2 3 4 8 9	→ 318
316	Did you take ARVs during your pregnancy with [NAME] to stop [NAME] from getting HIV?	YES NO DON'T KNOW REFUSED	1 2 8 9	→ 318 → 318
317	What was the main reason you did not take ARVs while you were pregnant with [NAME]?	FELT HEALTHY/NOT SICK COST OF MEDICATIONS COST OF TRANSPORT RELIGIOUS REASONS TAKING TRADITIONAL MEDICATIONS DID NOT WANT PEOPLE TO KNOW HIV STATUS DID NOT RECEIVE PERMISSION FROM SPOUSE/FAMILY OTHER (SPECIFY) DON'T KNOW	01 02 03 04 05 06 07 08 96 98	
318	Where did you give birth to [NAME]?	AT HOME AT A HEALTH FACILITY IN TRANSIT OTHER (SPECIFY) DON'T KNOW REFUSED	1 2 3 6 8 9	→ 325 → 325
319	Were you offered an HIV test during labor (at time of delivery)?	YES NO DON'T KNOW REFUSED	1 2 8 9	

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

NO.	QUESTIONS AND FILTER	RS		CODING CATEGORIE	ES	SKIP
326	Is [NAME] still alive?	YES (SKIP TO 3 NO DON'T KNOW REFUSED (SKIP TO 3	29) ← 2 8 7 9 4	YES 1 (SKIP TO 329) NO 2 DON'T KNOW 8 REFUSED 9 (SKIP TO 329)	NO DON'T KNOW REFUSED	○ 329) ← ☐ ······ 2 V ··· 8 ☐
327	How old was [NAME] in years when he/she died? ENTER '00' IF CHILD WAS LESS THAN ONE YEAR OLD.	LESS THAN 1 AGE IN YEARS DON'T KNOW REFUSED (SKIP TO	7 98 - . 99 -	AGE IN YEARS DON'T KNOW 98 - REFUSED 99 - (SKIP TO 331)	Ī	
328	How old was [NAME] in months when he/she died? ENTER '00' IF CHILD WAS LESS THAN ONE MONTH OLD.	LESS THAN 1 AGE IN MONTHS DON'T KNOW REFUSED (SKIP TO	' 98 - . 99 -	AGE IN MONTHS DON'T KNOW 98 - REFUSED 99 - (SKIP TO 331)		
329	Is [NAME] living with you?	YES NO	2	YES	YES NO DON'T KNOW REFUSED	2
330	ENTER THE LINE NUMBER AND NAME OF CHILD FROM THE HOUSEHOLD SCHEDULE	(NAME LINE NO NOT LISTED HOUSEHOLD	IN	(NAME) LINE NO NOT LISTED IN HOUSEHOLD 96	LINE NO NOT LISTED HOUSEHOLE	IN .
331	Did you ever breastfeed [NAME]?	YES NO, NEVER BREASTFEE NO, CHILD NOT ALIVE DON'T KNOW REFUSED (SKIP TO	3 -	YES	l	D 2] 3 -
332	For how long did you breastfeed [NAME]? RECORD ANSWER ONLY IN WEEKS OR IN MONTHS. CODE '00' IF LESS THAN 1 WEEK.	WEEKS1 MONTHS2 STILL BREASTFEEDIN DON'T KNOW REFUSED	998	WEEKS1 MONTHS2 STILL BREASTFEEDING 996 DON'T KNOW998 REFUSED999	WEEKS 1 MONTHS 2 STILL BREASTFEEDII DON'T KNOW REFUSED	NG 996 998 999
333	Thank you for the information regarding [NAME]. CHECK 305: DID THE LAST BIRTH HAVE MORE THAN ONE CHILD (I.E., TWINS, TRIPLETS)?	YES (SKIP TO NEXT NO	326)◀	YES	YES (SKIP TO NE NO	XT 326) <

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
334a	Now, I will ask about your current pregnancies.			
334	Are you pregnant now?	YES NO DON'T KNOW/UNSURE REFUSED	1 2 8 9	→ END MODULE
335a	Now, I will ask you some questions about methods that are	used to avoid getting pregnant.		
335	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES NO DON'T KNOW REFUSED	1 2 8 9	END ➤ MODULE
336	Which method are you or your partner using? SELECT ALL THAT APPLY.	FEMALE STERILIZATION MALE STERILIZATION PILL IUD/COIL INJECTIONS IMPLANT CONDOM FEMALE CONDOM RHYTHM/NATURAL METHODS WITHDRAWAL NOT HAVING SEX OTHER (SPECIFY) DON'T KNOW REFUSED	A B C D E F G H I J K X Y Z	

FOOTNOTE:

For Q.305, Q.326 to Q.333 - additional form(s) is/are required for multiple births.

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:

	<u> </u>			
NO.	QUESTIONS	CHILD 1	CHILD 2	CHILD 3
401A	ENTER THE NAME AND LINE NUMBER OF [CHILD].			
	Now, I am going to ask you about [CHILD NAME].	(NAME)	(NAME)	(NAME)
		LINE NO.	LINE NO.	LINE NO.
401	How old was [CHILD] in years at his/her last birthday?	LESS THAN 1 YR 00	LESS THAN 1 YR 00	LESS THAN 1 YR 00
	ENTER '00' IF CHILD IS LESS THAN ONE YEAR OLD.	AGE IN YEARS	AGE IN YEARS	AGE IN YEARS
		DON'T KNOW 98 - REFUSED 99 - (SKIP TO 403) -	DON'T KNOW 98 - REFUSED 99 - (SKIP TO 403) -	DON'T KNOW 98 - REFUSED 99 - (SKIP TO 403) -
402	How old is [CHILD] in months? ENTER '00' IF CHILD IS LESS THAN ONE MONTH OLD.	AGE IN MONTHS	AGE IN MONTHS	AGE IN MONTHS
	6.126625.	DON'T KNOW 98 REFUSED 99	DON'T KNOW 98 REFUSED 99	DON'T KNOW 98 REFUSED 99
403	Is [CHILD] a boy or girl?	BOY	BOY 1 GIRL 2 DON'T KNOW 8 REFUSED 9	BOY 1 GIRL 2 DON'T KNOW 8 REFUSED 9
404	Is [CHILD] enrolled in school?	YES	YES	YES
405	What is the highest level of school [CHILD] has attended: nursery, primary or secondary?	NURSERY 1 PRIMARY 2 JR. SECONDARY 3 SR. SECONDARY 4 DON'T KNOW 98 REFUSED 99 (SKIP TO 408a)	NURSERY 1 PRIMARY 2 JR. SECONDARY 3 SR. SECONDARY 4 DON'T KNOW 98 REFUSED 99 (SKIP TO 408a)	NURSERY 1 PRIMARY 2 JR. SECONDARY 3 SR. SECONDARY 4 DON'T KNOW 98 REFUSED 99 (SKIP TO 408a)
406	What grade/form/year is [CHILD] in now?	GRADE/FORM /YEAR	GRADE/FORM /YEAR	GRADE/FORM /YEAR
		DON'T KNOW 98 REFUSED 99 (SKIP TO 408a)	DON'T KNOW 98 REFUSED 99 (SKIP TO 408a)	DON'T KNOW 98 REFUSED 99 (SKIP TO 408a)

NO.	QUESTIONS	CHILD 1	CHILD 2	CHILD 3
407	Was [CHILD] enrolled in school during the previous school year?	YES	YES	YES
407a	What level of school was [CHILD] attending during the previous school year: nursery, primary or secondary?	NURSERY 1 PRIMARY 2 JR. SECONDARY 3 SR. SECONDARY 4 DON'T KNOW 98 7 REFUSED 99 7 (SKIP TO 408a)	NURSERY 1 PRIMARY 2 JR. SECONDARY 3 SR. SECONDARY 4 DON'T KNOW 98 REFUSED 99 (SKIP TO 408a)	NURSERY 1 PRIMARY 2 JR. SECONDARY 3 SR. SECONDARY 4 DON'T KNOW 98 REFUSED 99 (SKIP TO 408a)
408	What grade/form/year was [CHILD] enrolled in during the previous school year?	GRADE/FORM /YEAR	GRADE/FORM /YEAR	GRADE/FORM /YEAR
		DON'T KNOW 98 REFUSED 99	DON'T KNOW 98 REFUSED 99	DON'T KNOW 98 REFUSED 99
408A	CHECK: IS [CHILD] A GIRL?	YES 1 (SKIP TO 411) 1	YES 1 (SKIP TO 411) ← NO	YES 1
409	Is [CHILD] circumcised?			
	Circumcision is the complete removal of the foreskin from the penis.	YES	YES	YES 1 NO 2 DON'T KNOW 8 - REFUSED 9 - (SKIP TO 411)
410	Who circumcised [CHILD]?	DOCTOR/NURSE/ CLINICAL OFFICER 1 TRADITIONAL PRACTITIONER/ CIRCUMCIZER 2 MIDWIFE 3 OTHER 6 (SPECIFY)	DOCTOR/NURSE/ CLINICAL OFFICER 1 TRADITIONAL PRACTITIONER/ CIRCUMCIZER 2 MIDWIFE 3 OTHER 6 (SPECIFY)	DOCTOR/NURSE/ CLINICAL OFFICER 1 TRADITIONAL PRACTITIONER/ CIRCUMCIZER 2 MIDWIFE 3 OTHER 6 (SPECIFY)
		DON'T KNOW 8 REFUSED 9	DON'T KNOW 8 REFUSED 9	DON'T KNOW 8 REFUSED 9

NO.	QUESTIONS	CHILD 1	CHILD 2	CHILD 3
411	Has [CHILD] ever been tested for HIV?	YES	YES	YES
412	Why has [CHILD] never been tested for HIV? SELECT ALL THAT APPLY.	DON'T KNOW WHERE TO TEST	DON'T KNOW WHERE TO TEST A T TEST COSTS TOO MUCH B T TRANSPORT COSTS TOO MUCH C T TOO FAR AWAY D T AFRAID OTHERS WILL KNOW ABOUT TEST RESULTS E T DON'T NEED TEST/ LOW RISK F T DID NOT RECEIVE PERMISSION FROM SPOUSE/ PARTNER/ FAMILY G T AFRAID SPOUSE/ PARTNER/ FAMILY WILL KNOW RESULTS H T DON'T WANT TO KNOW CHILD HAS HIV I T CANNOT GET TREATMENT FOR HIV J T TEST KITS NOT AVAILABLE K T RELIGIOUS REASONS L T OTHER X T (SPECIFY) DON'T KNOW Y T REFUSED Z T	DON'T KNOW WHERE TO TEST
413	What month and year was [CHILD]'s last HIV test done?	MONTH 98 REFUSED 99 YEAR	(SKIP TO 430) MONTH DON'T KNOW 98 REFUSED 99 YEAR	(SKIP TO 430) ← MONTH DON'T KNOW 98 REFUSED 99 YEAR
		DON'T KNOW 9998 REFUSED 9999	DON'T KNOW 9998 REFUSED 9999	DON'T KNOW 9998 REFUSED9999
414	What was [CHILD]'s last HIV test result?	POSITIVE 1 NEGATIVE 2 UNKNOWN/ INDETERMINATE . 3 - DID NOT RECEIVE RESULTS 4 - DON'T KNOW 8 - REFUSED 9 - (SKIP to 430)	POSITIVE 1 NEGATIVE 2 UNKNOWN/ INDETERMINATE . 3 - DID NOT RECEIVE RESULTS 4 - DON'T KNOW 8 - REFUSED 9 - (SKIP to 430)	POSITIVE 1 NEGATIVE 2 7 UNKNOWN/ INDETERMINATE . 3 - DID NOT RECEIVE RESULTS 4 7 DON'T KNOW 8 7 REFUSED 9 7 (SKIP to 430)

NO.	QUESTIONS	CHILD 1	CHILD 2	CHILD 3
415	What was the month and year of [CHILD]'s first HIV positive test result? Please give your best guess. This will be the very first HIV positive test result that you have received. PROBE TO VERIFY DATE.	MONTH DON'T KNOW 98 REFUSED 99 YEAR DON'T KNOW 9998 REFUSED 9999	MONTH 98 REFUSED 99 YEAR DON'T KNOW 9998 REFUSED 9999	MONTH DON'T KNOW 98 REFUSED 99 YEAR DON'T KNOW 9998 REFUSED 9999
416	Has [CHILD] ever received HIV medical care from a doctor, clinical officer, nurse or any health worker?	YES	YES 1 (SKIP TO 418) NO 2 DON'T KNOW 8 REFUSED 9 (SKIP TO 421)	YES 1 (SKIP TO 418) NO 2 DON'T KNOW 8 REFUSED 9 (SKIP TO 421)
417	What is the main reason why [CHILD] has never seen a doctor, clinical officer, or nurse for HIV medical care? READ RESPONSES ALOUD	FACILITY TOO FAR AWAY . 01 ¬ DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD . 02 ¬ COST OF CARE 03 ¬ COST OF TRANSPORT 04 ¬ DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK . 05 ¬ FEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC . 06 ¬ RELIGIOUS REASONS . 07 ¬ CHILD IS TAKING TRAD. MED. 08 ¬ OTHER (SPECIFY) DON'T KNOW 98 ¬ REFUSED 99 ¬ (SKIP TO 421)	FACILITY TOO FAR AWAY 01 7 DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD 02 7 COST OF CARE 03 7 COST OF TRANSPORT 04 7 DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK 05 7 FEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC 06 7 RELIGIOUS REASONS 07 7 CHILD IS TAKING TRAD. MED. 08 7 OTHER (SPECIFY) DON'T KNOW 98 7 REFUSED 99 7	FACILITY TOO FAR AWAY 01 ¬ DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD 02 ¬ COST OF CARE 03 ¬ COST OF TRANSPORT 04 ¬ DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK 05 ¬ FEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC 06 ¬ RELIGIOUS REASONS 07 ¬ CHILD IS TAKING TRAD. MED. 08 ¬ OTHER (SPECIFY) DON'T KNOW 98 ¬ REFUSED 99 ¬ (SKIP TO 421)
418	What month and year did [CHILD] <u>first</u> see a doctor, clinical officer or nurse for HIV medical care? PROBE TO VERIFY DATE.	MONTH DON'T KNOW 98 REFUSED 99 YEAR	MONTH 98 REFUSED 99 YEAR	MONTH 98 REFUSED 99 YEAR
		DON'T KNOW 9998 REFUSED 9999	DON'T KNOW 9998 REFUSED 9999	DON'T KNOW 9998 REFUSED 9999

		CHILD 1	CHILD 2	CHILD 3
NO.	QUESTIONS	OTHED 1	OTHER 2	OTHED 0
419	What month and year did [CHILD] <u>last</u> see a doctor, clinical officer or nurse for HIV medical care?	MONTH	MONTH	MONTH
		DON'T KNOW 98 7 REFUSED 99 - (SKIP TO 421)	DON'T KNOW 98 7 REFUSED 99 - (SKIP TO 421)	DON'T KNOW 98 7 REFUSED 99 - (SKIP TO 421)
		YEAR DON'T KNOW 9998 REFUSED 9999 (SKIP TO 421)	DON'T KNOW 9998 REFUSED 9999 (SKIP TO 421)	DON'T KNOW 9998 REFUSED 9999 (SKIP TO 421)
419A	CHECK 419: WAS LAST VISIT LESS THAN 7 MONTHS AGO?	YES 1 (SKIP TO 421) NO	YES 1 (SKIP TO 421) 1	YES 1 (SKIP TO 421) 1
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? READ RESPONSES ALOUD	FACILITY TOO FAR AWAY . 01 DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD . 02 COST OF CARE 03 COST OF TRANSPORT 04 DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK . 05 FEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC . 06 RELIGIOUS REASONS . 07 CHILD IS TAKING TRAD. MED. 08 NO APPT. SCHEDULED/ DID NOT MISS MOST RECENT APPT 09 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED . 99	FACILITY TOO FAR AWAY 01 DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD 02 COST OF CARE 03 COST OF TRANSPORT 04 DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK 05 FEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC 06 RELIGIOUS REASONS 07 CHILD IS TAKING TRAD. MED. 08 NO APPT. SCHEDULED/ DID NOT MISS MOST RECENT APPT. 09 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	FACILITY TOO FAR AWAY DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD COST OF CARE O3 COST OF TRANSPORT DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK STEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC TO CLINIC TRANSPORT O6 RELIGIOUS REASONS O7 CHILD IS TAKING TRAD. MED. NO APPT. SCHEDULED/ DID NOT MISS MOST RECENT APPT. O9 OTHER O9 OTHER O9 OTHER O9 REFUSED O9 99
421	Has [CHILD] ever had a CD4 count test? The CD4 count tells you how sick you are with HIV and if you need to take ARVs or other HIV medications.	YES	YES	YES

NO.	QUESTIONS	CHILD 1	CHILD 2	CHILD 3
422	What month and year was [CHILD] last tested for his/her CD4 count?	MONTH DON'T KNOW 98 REFUSED 99 YEAR DON'T KNOW 9998 REFUSED 9999	MONTH DON'T KNOW 98 REFUSED 99 YEAR DON'T KNOW 9998 REFUSED 9999	MONTH DON'T KNOW 98 REFUSED 99 YEAR DON'T KNOW 9998 REFUSED 9999
423	Has [CHILD] ever taken ARVs, that is, antiretroviral medications to treat his/her HIV infection?	YES 1 (SKIP TO 425)	YES	YES 1 7 (SKIP TO 425) NO 2 DON'T KNOW 8 7 REFUSED 9 (SKIP TO 429)
424	What is the main reason [CHILD] has never taken ARVs?	CHILD NOT ELIGIBLE 01 - PROVIDER DIDN'T PRESCRIBE 02 - HIV MED. NOT AVAILABLE 03 - DO NOT THINK HE/SHE NEEDS IT/NOT SICK 04 - COST OF MED 05 - COST OF TRANSPORT 06 - RELIGIOUS REASONS 07 - CHILD TAKING TRAD. MED 08 - OTHER 96 - (SPECIFY) DON'T KNOW 98 - REFUSED 99 - (SKIP TO 429)	CHILD NOT ELIGIBLE 01 — PROVIDER DIDN'T PRESCRIBE 02 — HIV MED. NOT AVAILABLE 03 — DO NOT THINK HE/SHE NEEDS IT/NOT SICK 04 — COST OF MED 05 — COST OF TRANSPORT 06 — RELIGIOUS REASONS 07 — CHILD TAKING TRAD. MED 08 — OTHER 96 — (SPECIFY) DON'T KNOW 98 — REFUSED 99 — (SKIP TO 429)	CHILD NOT ELIGIBLE 01 — PROVIDER DIDN'T PRESCRIBE 02 — HIV MED. NOT AVAILABLE 03 — DO NOT THINK HE/SHE NEEDS IT/NOT SICK 04 — COST OF MED 05 — COST OF TRANSPORT 06 — RELIGIOUS REASONS 07 — CHILD TAKING TRAD. MED 08 — OTHER 96 — (SPECIFY) DON'T KNOW 98 — REFUSED 99 — (SKIP TO 429)
425	What month and year did [CHILD] first start taking ARVs? PROBE TO VERIFY DATE.	MONTH 98 REFUSED 99	MONTH 98 REFUSED 99	MONTH 98 REFUSED 99
		YEAR DON'T KNOW 9998 REFUSED 9999	YEAR DON'T KNOW 9998 REFUSED 9999	YEAR DON'T KNOW 9998 REFUSED 9999

NO.	QUESTIONS	CHILD 1	CHILD 2	CHILD 3
426	Is [CHILD] currently taking ARVs, that is, antiretroviral medications? By currently, I mean that [CHILD] may have missed some doses but [CHILD] is still taking ARVs.	YES	YES	YES
427	Can you tell me the main reason why [CHILD] is not currently taking ARVs?	HAVE TROUBLE GIVING CHILD TABLET EVERYDAY . 01 ¬ CHILD HAS SIDE EFFECTS/ RASH 02 ¬ FACILITY/PHARM. TOO FAR TO GET MED. REG 03 ¬ COST OF MED 04 ¬ COST OF TRANSPORT 05 ¬ CHILD IS HEALTH/NOT SICK 06 FACILITY/PHARM. OUT OF STOCK 07 ¬ RELIGIOUS REASONS . 08 ¬ CHILD TAKING TRAD. MED 09 ¬ OTHER 96 ¬ (SPECIFY) DON'T KNOW 98 ¬ REFUSED 99 ¬ (SKIP TO 429)	HAVE TROUBLE GIVING CHILD TABLET EVERYDAY . 01 ¬ CHILD HAS SIDE EFFECTS/ RASH 02 ¬ FACILITY/PHARM. TOO FAR TO GET MED. REG 03 ¬ COST OF MED 04 ¬ COST OF TRANSPORT 05 ¬ CHILD IS HEALTH/NOT SICK 06 FACILITY/PHARM. OUT OF STOCK 07 ¬ RELIGIOUS REASONS . 08 ¬ CHILD TAKING TRAD. MED 09 ¬ OTHER 96 ¬ (SPECIFY) DON'T KNOW 98 ¬ REFUSED 99 ¬ (SKIP TO 429)	HAVE TROUBLE GIVING CHILD TABLET EVERYDAY . 01 ¬ CHILD HAS SIDE EFFECTS/ RASH 02 ¬ FACILITY/PHARM. TOO FAR TO GET MED. REG 03 ¬ COST OF MED 04 ¬ COST OF TRANSPORT 05 ¬ CHILD IS HEALTH/NOT SICK . 06 FACILITY/PHARM. OUT OF STOCK 07 ¬ RELIGIOUS REASONS 08 ¬ CHILD TAKING TRAD. MED. 09 ¬ OTHER 96 ¬ (SPECIFY) DON'T KNOW 98 ¬ REFUSED . 99 ¬ (SKIP TO 429)
428	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? CODE '00' IF NONE.	DAYS MISSED DON'T KNOW 98 REFUSED 99	DAYS MISSED DON'T KNOW 98 REFUSED 99	DAYS MISSED DON'T KNOW 98 REFUSED 99
429	Is [CHILD] currently taking Septrin or Cotrimoxazole for his/her HIV treatment? 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. By currently, I mean that [CHILD] may have missed some doses but is still taking Septrin or Cotrimoxazole.	YES	YES	YES

NO.	QUESTIONS	CHILD 1	CHILD 2	CHILD 3
430	Has [CHILD] ever visited a clinic for tuberculosis for TB diagnosis or treatment?	YES	YES	YES
431	Have you ever been told by a doctor, clinical officer, nurse or health worker that [CHILD] had TB?	YES	YES	YES 1 NO 2 ¬ DON'T KNOW 8 ¬ REFUSED 9 ¬ (SKIP TO 435) ←
432	Was [CHILD] ever treated for TB?	YES	YES	YES
433	Is [CHILD] currently on treatment for TB?	YES	YES	YES
434	The last time [CHILD] was treated for TB, did [CHILD] complete at least 6 months of treatment?	YES	YES	YES
435	Thank you for the information about [CHILD]. DOES THE RESPONDENT HAVE ANOTHER CHILD AGED 0-14 YEARS?	YES 1 ¬ GO TO THE ← NEXT CHILD NO	YES	YES 1 ☐ GO TO THE ← NEXT CHILD NO 2 ☐ (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	END →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 NO 2 DON'T KNOW 8 REFUSED 9	→ 503 END MODULE
502	Are you planning to get circumcised?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	END → MODULE
503	How old were you when you were circumcised? Please give your best guess. IF LESS THAN ONE YEAR, CODE '00'	LESS THAN ONE YEAR 00 AGE IN YEARS 98 REFUSED 99	
504	Who did the circumcision?	DOCTOR, CLINICAL OFFICER, NURSE 1 TRADITIONAL PRACTITIONER/ CIRCUMCISER 2 MIDWIFE 3 3	

MODULE 6: SEXUAL ACTIVITY

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 FILTER	lS .		CODING CATEGORIE	S	SKIP
601	Have you ever had vaginal sex before? Vaginal sex is when a penis enters a vagin	na.	NO DON'T	KNOW	2	END MODULE
602	How old were you when you had vaginal s first time?	ex for the very	DON'T	NYEARS	98	
603	People often have sex with different peopl lifetime. In total, with how many different p you had sex in the last 12 months? IF NONE, ENTER '000'. IF NUMBER OF PARTNERS IS GREATE ENTER '100'.	eople have	NUMBI PARTN 12 MO DON'T	RTNERS IN LAST 12 MON ER OF SEXUAL NERS IN LAST NTHS KNOW SED	998	END →MODULE
604a	Let me assure you again that your answer first ask you about the most recent person	ns about the people you have had sex with in the last 12 months. rs are completely confidential and will not be told to anyone. I will n you had sex with.				
		LAST SEXU PARTNE	_	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO SEXUAL PA	
604	Does the person you had sex with live in this household?	YES NO (SKIP TO	2 1	YES	YES NO (SKIP T	
605	Please identify the person you had sex with. SELECT THE NAME FROM THE HOUSEHOLD SCHEDULE.	(NAME IF LISTED IN THOUSEHOLD (SKIP TO THOUSEHOLD HOUSEHOLD)	, THE 607) ←] N THE	(NAME) IF LISTED IN THE HOUSEHOLD (SKIP TO 607) NOT LISTED IN THE HOUSEHOLD 96	(NAM IF LISTED II HOUSEHOL (SKIP T NOT LISTEI HOUSEHOL	N THE D O 607)

		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.	[INITIALS]	[INITIALS]	[INITIALS]
607	What is your relationship with [INITIALS]?	HUSBAND/ WIFE	HUSBAND/ WIFE 01 LIVE-IN PARTNER 02 PARTNER, NOT LIVING WITH RESPONDENT. 03 EX-SPOUSE/ EX-PARTNER 04 FRIEND / ACQUAINTANCI05 SEX WORKER 06 SEX WORKER CLIENT 07 STRANGER 08 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	HUSBAND/ WIFE 01 LIVE-IN PARTNER 02 PARTNER, NOT LIVING WITH RESPONDENT. 03 EX-SPOUSE/ EX-PARTNER 04 FRIEND / ACQUAINTANCE05 SEX WORKER 06 SEX WORKER CLIENT 07 STRANGER 08 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99
608	Is [INITIALS] male or female?	MALE	MALE	MALE
609	How old is [INITIALS]? Please give your best guess.	AGE IN YEARS DON'T KNOW 98 REFUSED 99	AGE IN YEARS DON'T KNOW 98 REFUSED 99	AGE IN YEARS DON'T KNOW 98 REFUSED 99
610	The last time you had sex with [INITIALS] was a condom used?	YES	YES	YES
611a	CHECK 607: WAS [INITIALS] A SEX WORKER OR SEX WORKER CLIENT?	YES 1 7 NO 2 (SKIP TO 613)	YES 1 7 NO 2 (SKIP TO 613)	YES
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	YES	YES
612a	CHECK 607: WAS [INITIALS] THE RESPONDENT'S SPOUSE OR LIVE- IN PARTNER?	YES 1 7 NO 2 (SKIP TO 613)	YES 1 NO 2 (SKIP TO 613)	YES 1 7 NO 2 (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)? Did you receive Money? Food? School fees? Employment? Gifts or favors? Transport? Shelter or rent? Protection? SELECT ALL THAT APPLY.	DID NOT RECEIVE ANYTHING A MONEY B FOOD C SCHOOL FEES D EMPLOYMENT E GIFTS/FAVORS F TRANSPORT G SHELTER/RENT H PROTECTION I OTHER X (SPECIFY) DON'T KNOW Y	DID NOT RECEIVE ANYTHING A MONEY B FOOD C SCHOOL FEES D EMPLOYMENT E GIFTS/FAVORS F TRANSPORT G SHELTER/RENT H PROTECTION I OTHER X (SPECIFY) DON'T KNOW Y	DID NOT RECEIVE ANYTHING A MONEY B FOOD C SCHOOL FEES D EMPLOYMENT E GIFTS/FAVORS F TRANSPORT G SHELTER/RENT H PROTECTION I OTHER X (SPECIFY) DON'T KNOW Y
613	Do you expect to have sex with (INITIALS) again?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	REFUSED Z YES 1 NO 2 DON'T KNOW 8 REFUSED 9
614	Does (INITIALS) know your HIV status? HIV status could mean you are HIV negative or HIV positive.	YES	YES	YES 1 NO 2 DON'T KNOW . 8 REFUSED 9
615	What is the HIV status of (INITIALS)? READ THE RESPONSES ALOUD.	I THINK [INITIALS] IS POSITIVE . 1 [INITIALS] TOLD ME HE/SHE IS POSITIVE . 2 [INITIALS] IS POSITIVE, TESTED TOGETHER . 3 I THINK [INITIALS] IS NEGATIVE . 4 [INITIALS] TOLD ME HE/SHE IS NEGATIVE 5 [INITIALS] IS NEGATIVE, TESTED TOGETHER . 6 DON'T KNOW STATUS 8 REFUSED 9	I THINK [INITIALS] IS POSITIVE . 1 [INITIALS] TOLD ME HE/SHE IS POSITIVE . 2 [INITIALS] IS POSITIVE, TESTED TOGETHER . 3 I THINK [INITIALS] IS NEGATIVE . 4 [INITIALS] TOLD ME HE/SHE IS NEGATIVE 5 [INITIALS] IS NEGATIVE, TESTED TOGETHER . 6 DON'T KNOW STATUS 8 REFUSED 9	I THINK [INITIALS] IS POSITIVE 1 [INITIALS] TOLD ME HE/SHE IS POSITIVE 2 [INITIALS] IS POSITIVE, TESTED TOGETHER 3 I THINK [INITIALS] IS NEGATIVE 4 [INITIALS] TOLD ME HE/SHE IS NEGATIVE 5 [INITIALS] IS NEGATIVE, TESTED TOGETHER 6 DON'T KNOW STATUS 8 REFUSED 9
616	CHECK 603: HAS RESPONDENT HAD ANOTHER PARTNER IN THE LAST 12 MONTHS? I will now ask you about the person you have had sex with prior to (INITIALS).	YES 1 GO BACK TO 604 IN NEXT COLUMN) NO 2 GEND MODULE)	YES 1 (GO BACK TO 604 IN NEXT COLUMN) NO 2 (END MODULE)	

MODULE 7: HIV TESTING

Now I would like to ask you some questions about HIV testing. 700 QUESTIONS AND FILTERS CODING CATEGORIES SKIP NO. Have you ever been tested for HIV? **→** 703 701 YES NO 2 DON'T KNOW 8 > 901 REFUSED 9 Why have you never been tested for HIV? 702 DON'T KNOW WHERE TO TEST A TEST COSTS TOO MUCH B SELECT ALL THAT APPLY. TRANSPORT COSTS TOO MUCH

		TOO FAR AWAY D AFRAID OTHERS WILL KNOW ABOUT TEST RESULTS E DON'T NEED TEST/LOW RISK F DID NOT RECEIVE PERMISSION FROM SPOUSE/FAMILY G AFRAID SPOUSE/FARTNER/ FAMILY WILL KNOW RESULTS H DON'T WANT TO KNOW I HAVE HIV I CANNOT GET TREATMENT FOR HIV J TEST KITS NOT AVAILABLE K RELIGIOUS REASONS L OTHER X (SPECIFY) DON'T KNOW Y REFUSED Z	→ 901
703	What month and year was your last HIV test?	MONTH DON'T KNOW 98 REFUSED 99 YEAR DON'T KNOW 9998 REFUSED 9999	
704	Where was the last test done?	VCT FACILITY 01 MOBILE VCT 02 AT HOME 03 HEALTH CLINIC / FACILITY 04 HOSPITAL OUTPATIENT CLINIC 05 TB CLINIC 06 STI CLINIC 07 HOSPITAL INPATIENT WARDS 08 BLOOD DONATING CENTER 09 ANC CLINIC 10 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
705	What was the result of that HIV test?	POSITIVE 1 NEGATIVE 2 UNKNOWN/INDETERMINANTE 3 DID NOT RECEIVE THE RESULT 4 DON'T KNOW 8 REFUSED 9	END OF MODULE
706	What was the month and year of your first HIV positive test result? Please give your best guess. This will be the very first HIV positive test result that you have received. PROBE TO VERIFY DATE.	MONTH 98 REFUSED 99 YEAR 9998 REFUSED 9999	
707	Of the following people, who have you told that you are HIV positive? CHECK ALL THAT APPLY.	NO ONE A SPOUSE/SEX PARTNER B DOCTOR C FRIEND D FAMILY MEMBER E OTHER X (SPECIFY) DON'T KNOW Y REFUSED Z	
708a	Now I would like to ask you questions about your experience	es with health care providers.	
708	In the last 12 months, when you sought health care in a facility where your HIV status is not known, did you feel you needed to hide your HIV status?	YES 1 NO, NO NEED TO HIDE 2 NO, NO NEED TO ATTEND HEALTH FACILITY IN LAST 12 MONTHS 3 DON'T KNOW 8 REFUSED 9	
709	In the last 12 months, have you been denied health services including dental care, because of your HIV status?	YES 1 NO 2 NO ONE KNOWS MY STATUS 3 DON'T KNOW 8 REFUSED 9	

MODULE 8: HIV STATUS, CARE AND TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
800a	CHECK 705: IS THE RESPONDENT HIV POSITIVE?	YES	END MODULE
800	Now I am going to ask you more about your experience with	HIV support, care and treatment.	1
801	After learning you had HIV, have you ever received HIV medical care from a doctor, clinical officer or nurse?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 803 → 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	→ 806
803	What month and year did you first see a doctor, clinical officer or nurse for HIV medical care? PROBE TO VERIFY DATE.	MONTH 98 REFUSED 99	
804	What month and year did you last see a doctor, clinical	YEAR 9998 DON'T KNOW 9999 REFUSED 9999	
	officer or nurse for HIV medical care?	MONTH 98 REFUSED 99 YEAR	
		DON'T KNOW	
805A	CHECK 804: WAS MONTH AND YEAR LESS THAN 7 MONTHS FROM DATE OF INTERVIEW OR DID RESPONDENT ANSWER DON'T KNOW?	YES	→ 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 DON'T KNOW WHERE TO GET 02 HIV MEDICAL CARE 02 COST OF CARE 03 COST OF TRANSPORT 04 DO NOT NEED IT / I FEEL HEALTHY / NOT SICK 05 FEAR PEOPLE WILL KNOW THAT I HAVE HIV IF I GO TO A CLINIC 06 RELIGIOUS REASONS 07 TAKING TRADITIONAL MEDICINE 08 DO NOT TRUST THE STAFF / QUALITY OF CARE 09 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
806	Have you ever had a CD4 count test? The CD4 count tells you how sick you are with HIV and if you need to take ARVs or other HIV medications.	YES 1 NO 2 DON'T KNOW 8 REFUSED 9]→ 808A
807	What month and year were you last tested for your CD4 count?	MONTH 98 REFUSED 99	
		YEAR 9998 DON'T KNOW 9999 REFUSED 9999	
808	Have you ever taken ARVs, that is, antiretroviral medications to treat HIV infection?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 810 → END MODULE
809	What is the main reason you have never taken ARVs?	NOT ELIGIBLE FOR TREATMENT 01 HEALTH CARE PROVIDER DID NOT PRESCRIBE 02 HIV MEDICINES NOT AVAILABLE 03 FEEL HEALTHY/NOT SICK 04 COST OF MEDICATIONS 05 COST OF TRANSPORT 06 RELIGIOUS REASONS 07 TAKING TRADITIONAL MEDICATIONS 08	→ END MODULE
		OTHER96	
810	What month and year did you first start taking ARVs? PROBE TO VERIFY DATE.	MONTH 98 REFUSED 99	
		YEAR	
811	Are you currently taking ARVs, that is, antiretroviral medications?		
	By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 813 → END MODULE
812	Can you tell me the main reason why you are not currently taking ARVs?	TROUBLE TAKING IT EVERYDAY 01 SIDE EFFECTS 02 FACILITY TOO FAR 03 COST OF MEDICATIONS 04 COST OF TRANSPORT 05 FEEL HEALTHY/NOT SICK 06 FACILITY WAS OUT OF STOCK 07 RELIGIOUS REASONS 08 TAKING TRADITIONAL MEDICINES 09 OTHER 96 (SPECIFY) DON'T KNOW 98 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?	NUMBER OF DAYS	
	CODE '00' IF NONE.	NUMBER OF DAYS	
	l	1	

MODULE 9: TUBERCULOSIS AND OTHER HEALTH ISSUES

900 Now I will ask you about tuberculosis, or TB.

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

MODULE 10: GENDER NORMS

Now I would like to ask you some questions on attitudes and decision-making in your home.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001A	CHECK 203: IS THE RESPONDENT MARRIED OR LIVING TOGETHER WITH A [MAN/WOMAN] AS IF MARRIED?	YES	END →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 SPOUSE/PARTNER 2 JOINTLY 3 SOMEONE ELSE 4 DON'T KNOW 8 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 SPOUSE/PARTNER 2 JOINTLY 3 SOMEONE ELSE 4 DON'T KNOW 8 REFUSED 9	
1003A	CHECK Q.607: DID RESPONDENT EVER SELL SEX, ANSWER CODED '7'?	YES	END →MODULE
1003B	CHECK Q.7 FROM HOUSEHOLD ROSTER: IS RESPONDENT 18 YEARS OR OLDER?	YES	→ END MODULE
1003	You mentioned earlier that you have sold sex for money. With me. If you want to talk further about these experience with help. FILL OUT REFERRAL FORM FOR CHILDREN IDENTIFIE SUMMARY OF REFERRED TRAFFICKED MINORS. PRO ORGANIZATIONS, IF NOT ALREADY GIVEN.	s, I can refer you to a place that can provide you D AS TRAFFICKED MINORS. FILL OUT	

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.

FANLI	TALIGUARDIAN CONSENT AND MINOR ASSENT.		
100A	ENTER LINE NUMBER OF THE CHILD FROM THE HOUSEHOLD SCHEDULE: ENTER NAME OF CHILD:		
100B	(CHILD'S NAME)	_	
100C	MODULE 1: SOCIO-DEMOGRA Now I will be asking you some general questions about yourse		
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	CHECK THE HOUSEHOLD SCHEDULE: IS THE RESPONDENT MALE OR FEMALE?	MALE	
102	How old were you at your last birthday?	AGE IN COMPLETED YEARS DON'T KNOW 98 REFUSED 99	
103	Are you enrolled in school?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	109
104	During the last school week, did you miss any school days for any reason?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	106
105	Why did you miss school?	HAVE BEEN SICK	
106	What is the highest level of school you have attended?	PRIMARY 01 JUNIOR SECONDARY 02 SENIOR SECONDARY 03 A-LEVEL 04 KORANIC/RELIGIOUS ONLY (NO FORMAL EDUCATION) 05 DON'T KNOW 98 REFUSED 99	
107	What grade/form/year are you in now, at that level?	NONE 00 YEARS	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	What grade/form/year were you in last year?	NONE 00 YEARS	→ END MODULE
109	Why are you not enrolled in school?	I HAVE BEEN SICK	
110	Have you ever attended school?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	END MODULE
111	When was the last time you regularly attended school? Would you say it was less than a year ago or more than a year ago?	LESS THAN 1 YEAR AGO 1 1 YEAR OR LONGER 2 DON'T KNOW 8 REFUSED 9	
112a	What is the highest level of school you have attended?	PRIMARY 01 JUNIOR SECONDARY 02 SENIOR SECONDARY 03 A-LEVEL 04 KORANIC/RELIGIOUS ONLY (NO FORMAL EDUCTION) 05 DON'T KNOW 98 REFUSED 99	END >MODULE
112	What is the highest [CLASS/YEAR] you completed at that level?	NONE 00 CLASS/YEAR	

MODULE 2: PARENTAL SUPPORT

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 MOST OF THE TIME 2 SOMETIMES 3 RARELY 4 NEVER 5 DON'T KNOW 8 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 MOST OF THE TIME 2 SOMETIMES 3 RARELY 4 NEVER 5 DON'T KNOW 8 REFUSED 9	

256

MODULE 3: ALCOHOL AND DRUGS

Now I will ask you some questions about alcohol and drugs or substances that you may have taken that were not given to you by doctor. Your answers will not be told to anyone, even your parents. For each question, you can always tell me you 'Don't know' or you can refuse to answer any question.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Have you ever had alcohol? For example, wine, beer or liquor? SHOW GRAPHIC OF COMMON ALCOHOLIC BEVERAGES.	YES	→ 303
302	During the past 1 month, on how many days did you have at least one drink containing alcohol?	NUMBER OF DAYS DON'T KNOW 98 REFUSED 99	
303	Have you ever tried drugs such as Marijuana, also known as weed, or Benylene with Codeine, or Tramadol, or similar drugs?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	END MODULE
304	What drugs have you ever tried? ASK: Anything else?	MARIJUANA (WEED) A BENYLENE WITH CODEINE B TRAMADOI C COCAINE D HEROINE (CHARLY) E SOLUTION F CRACK G INJECTABLE H ROCHI I OTHER X (SPECIFY) DON'T KNOW Y REFUSED Z	

MODULE 4: CONDOMS

400 Now I would like to ask you some questions about condoms. Your answers will not be told to anyone, even your parents. For each of the questions, you can tell me you 'don't know' or you can refuse to answer any question.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Do you know what a condom is?	YES	→ END MODULE
402	Do you know where to get a condom?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 406
403	Where can a person go to get a condom? SELECT ALL THAT APPLY	CLINIC/HOSPITAL A KIOSK/SHOP B PHARMACY C LOCAL FREE DISPENSERY D FRIENDS/PEERS E BOYFRIEND/GIRLFRIEND F OTHER X (SPECIFY) DON'T KNOW Y REFUSED Z	
404	If you wanted to, could you yourself get a condom?	YES	→ 406 → 406
405	Why is it not easy for you to get a condom? SELECT ALL THAT APPLY	TOO FAR A COSTS TOO MUCH B DO NOT WANT OTHERS TO KNOW C OTHER X (SPECIFY) Y DON'T KNOW Y REFUSED Z	
406	Have you ever seen a male condom demonstration? By a condom demonstration, I mean someone like a nurse, peer educator, or another trained adult showed how a male condom is correctly used.	YES	

MODULE 5: SEXUAL BEHAVIOR

The next questions ask about sexual behavior. There is no right or wrong answer. Your responses will not be linked to you in any way or shared with anyone, including your parents. For each question, you can always tell me you 'don't know' or you can refuse to answer any question.

PLEASE LOOK OUT FOR SIGNS OF DISTRESS IN CHILD WHEN ASKING THE FOLLOWING SEXUAL BEHAVIOR QUESTIONS. IF THE CHILD SEEMS DISTRESSED, ASK CHILD IF HE/SHE WANTS TO STOP THE INTERVIEW.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Do you know what sex is?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 600
501A	Have you ever had sex?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 600
502	Have you ever had vaginal, anal or oral sex? Vaginal sex is when a penis enters a vagina. Anal sex is when a penis enters an anus. Oral sex is when a person puts his/her mouth on the penis or vagina of another person. SELECT ALL THAT APPLY.	VAGINAL A ANAL B ORAL C DON'T KNOW Y REFUSED Z]→ 600
503	How old were you when you had sex for the first time?	AGE IN YEARS DON'T KNOW 98 REFUSED 99	
504	The first time you had sex, was it because you wanted to or because you were forced?	WANTED TO 1 FORCED 2 DON'T KNOW 8 REFUSED 9	→ 506]→ 506
505	The first time you had sex, were you physically forced or were you pressured into having sex through harassment, threats or tricks?	PHYSICALLY FORCED 1 PRESSURED 2 DON'T KNOW 8 REFUSED 9	507
506	What was the main reason that you had sex for the first time?	JUST HAPPENED 01 FRIENDS PRESSURED ME TO HAVE SEX 02 TO SHOW MY LOVE/FEEL LOVED 03 WANTED TO HAVE SEX 04 BOYFRIEND/GIRLFRIEND WANTED TO HAVE SEX 05 FOR MONEY/GIFTS 06 WANTED TO HAVE A BABY 07 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	
507	How old was the person you first had sex with? Please give your best guess.	AGE IN YEARS	

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	→ 509
508B	CHECK 504: WAS THE RESPONDENT FORCED TO HAVE SEX?	YES	→ 509
508	The first time you had sex, was a condom used?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
509	In total, how many different people have you had sex with? Please give your best guess.	NUMBER OF PARTNERS	
510A	CHECK 401: DOES RESPONDENT KNOW WHAT A CONDOM IS?	YES	→ 512A
510B	CHECK 504: WAS THE RESPONDENT FORCED TO HAVE SEX (CODE '2')?	YES	→ 510
510C	CHECK 509: DID THE RESPONDENT ANSWER '001', ONLY ONE PARTNER?	YES	→ 512A
510	The last time you had sex was a condom used?	YES	
511	How often do you use a condom during sex? Would you say, Always? Sometimes? or, Never?	ALWAYS 1 SOMETIMES 2 NEVER 3 DON'T KNOW 8 REFUSED 9	
512A	CHECK 504: WAS THE RESPONDENT FORCED TO HAVE SEX (CODE '2')?	YES	→ 512
512B	CHECK 509: DID THE RESPONDENT ANSWER '001', ONLY ONE PARTNER?	YES	→ 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	
513A	CHECK: IS RESPONDENT A GIRL?	YES	→ 514
513	Have you ever been pregnant?	YES	
514	Have you ever talked with a parent or guardian about sex?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	

MODULE 6: HIV KNOWLEDGE

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

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

MODULE 7: HIV RISK PERCEPTION

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 RESPODNENT EVER HEARD OF HIV?	YES 1 NO 2	→ 800
701	How likely do you think it is for you to get HIV? Would you say, it is Very likely? Somewhat likely? Not likely? Or, You already know you have HIV?	VERY LIKELY 1 SOMEWHAT LIKELY 2 NOT LIKELY 3 ALREADY HAVE HIV 4 DON'T KNOW 8 REFUSED 9	→ 703 → 800]→ END MODULE
702	What is the main reason you think you are likely to get HIV?	HAD SEX WITHOUT A CONDOM	→ END MODULE
703	What is the main reason you think you are not likely to get HIV?	ABSTINENT 01 WILL WAIT UNTIL MARRIAGE TO HAVE SEX 02 ALWAYS USE CONDOMS 03 TRUST MY PARTNER 04 HAVE ONLY ONE PARTNER 05 GO TO CHURCH/RELIGIOUS HOUSE 06 AM A GOOD PERSON 07 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	

MODULE 8: HIV TESTING

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	→ 900
801	To what extent do you agree with the following statement: Everyone should get tested for HIV. Do you strongly agree, agree, disagree, or strongly disagree?	STRONGLY AGREE 1 AGREE 2 DISAGREE 3 STRONGLY DISAGREE 4 DON'T KNOW 8 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. Do you strongly agree, agree, disagree, or strongly disagree?	STRONGLY AGREE 1 AGREE 2 DISAGREE 3 STRONGLY DISAGREE 4 DON'T KNOW 8 REFUSED 9	
803	Have you ever been tested for HIV?	YES	END MODULE
804	Did you receive the results of any of your HIV tests?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	END MODULE
805	What was the result of that HIV test? 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	END MODULE
806	Are you currently on treatment for HIV?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	

MODULE 9: HIV STIGMA

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	END →MODULE
901b	CHECK 701: DOES RESPONDENT ALREADY HAVE HIV (CODE 4)?	YES	→ END MODULE
901c	CHECK 805: IS RESPONDENT HIV POSITIVE?	YES	→ END MODULE
901	Would you be willing to share food with someone who has HIV?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
902	Would you be friends with someone who has HIV?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
903	Would you be comfortable to have a teacher who has HIV?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	