

FMOH/NASCP/FHI/CDC
2007 HIV/AIDS/STD INTEGRATED BIOLOGICAL AND BEHAVIORAL
SURVEILLANCE SURVEYS (IBSS) OF
MALES AND FEMALES AGED 15-49

Sexually Transmitted and Blood-borne Infection Prevalence Assessment in High -
Risk Populations - Nigeria - 2007

SECTION 0: IDENTIFICATION PARTICULARS

FOR ALL GROUPS:

001 GROUP ID / 002 STATE ID / 003 QUEST. ID No.

FOR SEX WORKERS, TRANSPORTATION WORKERS, POLICE AND ARMED FORCES:

004 CLUSTER NUMBER

FOR MSM AND IDU ONLY:

005 COUPON NUMBER

006 NUMBER OF PERSON WHO REFERRED
PARTICIPANT

007 INTERVIEWER: Code Name _____

008 DATE OF INTERVIEW: ____ \ ____ \ 2007

009 CHECKED BY SUPERVISOR: Signature _____ CODE Date _____

010 SIGNATURE AND CODE OF SAPC: _____ CODE Date _____

011 MANUAL EDITOR/CODER:

012 DATA ENTRY CLERK CODE:

Interviewer visit

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			

013 RESULT OF INTERVIEW:

- | | |
|--|---|
| Completed interview and accepted counseling & testing | 1 |
| Completed interview but refused counseling and testing | 2 |
| Partially completed Interview | 3 |
| Refused interview | 4 |
| Others | 5 |

Target groups

(Please circle the appropriate target group that this PARTICULAR questionnaire is meant for)

No.	Questions and filters	Group Codes
014	Brothel Based Female Sex Workers (FSW) Aged 15-49	A22
	Non-Brothel Based Female Sex Workers (FSW) Aged 15-49	B33
	Men who have sex with men (MSM) Aged 18-49	C44
	Males of the Armed Forces Aged 18-49	E66
	Transport Workers Aged 18-49	F77
	Male and Female Injecting Drug Users Aged 18-49	G88
	Males and Females of the Police Aged 18-49	H99

Section 1: Background characteristics

No.	Questions and filters	Coding categories	Skip to
THIS SURVEY ONLY INTERVIEWS MALES AND FEMALES AGED UP TO 15-49 YEARS. IF THE RESPONDENT IS OLDER THAN 49 YEARS OR UNDER 15 DO NOT INTERVIEW THIS PERSON.			
Q100	Time interview started	TIME [] [] : [] [] AM/PM	
Q101	RECORD SEX OF THE RESPONDENT	1 = MALE 2 = FEMALE	<input type="checkbox"/>
Q102	[Ask Non brothel based Sex Workers only] Record whether the respondent is a street or bar based sex worker?	1 = Street based 2 = Bar based 3 = Both	<input type="checkbox"/>
Q103	[Ask Male Transport Workers only] What is your occupation?	1 = Long distance trailer/truck driver/mate 2 = Long distance bus/taxi driver/mate 3 = Taxi or bus (within the state) driver 4 = Commercial motorcycle driver 5 = Others specify[]	<input type="checkbox"/>
Q104	When were you born?	MONTH OF BIRTH [] [] YEAR OF BIRTH [] [] [] []	
Q105	How old were you at your last birthday? ESTIMATE BEST ANSWER	AGE IN COMPLETED YEARS [] [] 88 = DON'T KNOW 99 = NO RESPONSE	
Q106	What is the highest level of school you completed: primary, secondary or higher? CIRCLE ONE	0 = NEVER ATTENDED SCHOOL 1 = QURANIC EDUCATION ONLY 2 = SOME PRIMARY 3 = COMPLETED PRIMARY 4 = SOME SECONDARY 5 = COMPLETED SECONDARY 6 = TERTIARY EDUCATION	<input type="checkbox"/> → If no education, go to Q108
Q107	How many years of education have you completed up to now? (Assist respondent to calculate)	NUMBER OF YEARS COMPLETED [] [] 99 = NO RESPONSE 00 = NONE	
Q108	How long have you lived or worked here in this state capital or its surrounding area?	NUMBER OF YEARS RECORD 00 IF LESS THAN 1 YEAR 77 = DON'T LIVE IN THIS STATE 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>
Q109	In the last 12 months have you been away from your home for one continuous month or more?	1 = YES 2 = NO 7 = DON'T REMEMBER 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
Q110	How many other cities have you lived or worked in the last 12 month?	No of Cities [] [] 77 = DON'T REMEMBER	
Q111	[Ask Female sex workers only] In how many brothels, bars or other places where you meet customers have you worked in the last 12 months? (SPECIFY NUMBER)?	NUMBER OF LOCATIONS 77 = DON'T REMEMBER 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>

Q112	What is your religion? CIRCLE ONE	0 = NO RELIGION 1 = CHRISTIANITY 2 = ISLAM 3 = TRADITIONAL 4 = OTHER [SPECIFY] 9 = NO RESPONSE	<input type="checkbox"/>
Q113	To which ethnic group do you belong? CIRCLE ONE	1 = BIROM 2 = BURA 3 = EDO 4 = EFIK 5 = FULANI 6 = GWARI 7 = HAUSA 8 = IBIBIO 9 = IGALA 10 = IGBO 11 = IJAW 12 = IKWERE 13 = ITSEKIRI 14 = KAJE 15 = KANURI 16 = OKRIKA 17 = NUPE 18 = SHUWA-ARAB 19 = URHOBO 20 = TIV 21 = YORUBA 22 = IDOMA 23 = OTHERS SPECIFY[]	<input type="checkbox"/>
Q114	ASK MEN ONLY Are you circumcised?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
Q115	ASK POLICE ONLY What is your rank in the Police force?	1 = Constable to Sergeant 2 = Inspectors 3 = Assistant Superintendent to Chief Superintendent 4 = Assistant Commissioner of Police and above 5 = Others Specify[]	<input type="checkbox"/>
Q116	ASK ARMED FORCES ONLY What is your rank in the Armed Forces?	1 = Private to Corporal 2 = Sergeant and Warrant Officer 3 = Lieutenant to Majors 4 = Colonel and above 5 = Others Specify[]	<input type="checkbox"/>

Section 2 Marriage and partnerships

No.	Questions and filters	Coding categories	Skip to
Q201	Have you ever been married?	1 = YES 2 = NO 9 = NO RESPONSE	<input type="checkbox"/> → If no, go to Q204
Q202	How old were you when you first married?	Age in years 77 = DON'T REMEMBER 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>
Q203	Are you	1 = currently married, living with spouse 2 = currently married, living with other sexual partner 3 = currently married, not living with spouse or any other sexual partner	<input type="checkbox"/> → All, go to Q205
Q204	Are you	1 = not married, living with sexual partner 2 = not married, not living with sexual partner 9 = NO RESPONSE	<input type="checkbox"/> → All, go to Q301
Q205	MEN: How many wives do you have? WOMEN: How many wives does your husband have? (including yourself)	Number 99 = NO RESPONSE	<input type="checkbox"/>

Section 3 Sexual history: numbers and types of partners

No.	Questions and filters	Coding categories	Skip to
Q301	Have you <i>ever</i> had sexual intercourse? [For the purposes of this survey, "sexual intercourse," is defined as vaginal or anal sex.]	1 = YES 2 = NO 9 = NO RESPONSE	<input type="checkbox"/> → If no, go to Q90
Q302	At what age did you first have sexual intercourse?	AGE IN YEARS 77 = DON'T REMEMBER 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>
Q303	How much older or younger was the person with whom you had your first sexual experience? READ OUT ANSWERS:	1 = OLDER, MORE THAN 10 YEARS 2 = OLDER, 5-10 YEARS 3 = OLDER, LESS THAN 5 YEARS 4 = YOUNGER, LESS THAN 5 YEARS 5 = YOUNGER, 5 OR MORE YEARS 6 = SAME AGE 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
Q304	Under what circumstance did you first have sexual intercourse? READ OUT ANSWERS: CIRCLE THE PRIMARY CIRCUMSTANCE ONLY	1 = IN LOVE 2 = GOT MARRIED 3 = WANTED TO PLEASE PARTNER 4 = HAVING FUN 5 = UNDER PRESSURE 6 = TO OBTAIN MONEY 7 = DRUNK 8 = TO GET PREGNANT 9 = FORCED 10 = Others specify _____ 99 = NO RESPONSE	<input type="checkbox"/>
Q305a	Have you ever heard of a condom?	1 = YES 2 = NO 7 = DON'T REMEMBER 9 = NO RESPONSE	<input type="checkbox"/>
Q305b	Did you or your partner use a condom the first time you had sexual intercourse?	1 = YES 2 = NO 7 = DON'T REMEMBER 9 = NO RESPONSE	<input type="checkbox"/>
Q306	Have you had sexual intercourse in the last 12 months (i.e. since June 2006)?	1 = YES 2 = NO 9 = NO RESPONSE	<input type="checkbox"/> → If no, to Q901
Q307	In the last one year (i.e. since June 2006), have you ever had sex with <u>someone older than you</u> ?	1 = YES 2 = NO 9 = NO RESPONSE	<input type="checkbox"/> → If no, to Q309
Q308	The last time you had sex with someone older than you, how much older was the person? READ OUT ANSWERS:	1 = MORE THAN 10 YRS OLDER 2 = 5-10 YRS OLDER 3 = LESS THAN 5 YRS OLDER 7 = DON'T REMEMBER 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>

No.	Questions and filters	Coding categories	Skip to
Q309	<p>READ OUT: Please take time to think about your answer to these questions so that we can get the most accurate information possible. Remember we are not recording your name and this information is strictly confidential.</p> <p>Note: For MSM, questions 309 A, B, C and D are referring to female sex partners only</p> <p>Think about the sexual partners you've had in the last 12 months (i.e. since June 2006)? (MULTIPLE ANSWERS POSSIBLE) How many were:</p> <ul style="list-style-type: none"> - A. Your spouse(s) or live-in sexual partners - B. Your "boyfriend" or "girl friend" - C. partners with whom you had sex in exchange for gifts or money - D. Sexual partners to whom you are not married and have never lived with and are not boyfriend or girlfriend 	<p>REGULAR <input type="checkbox"/></p> <p>88 = DON'T KNOW 99 = NO RESPONSE</p> <p>BOY/GIRL FRIEND <input type="checkbox"/></p> <p>88 = DON'T KNOW 99 = NO RESPONSE</p> <p>COMMERCIAL <input type="checkbox"/></p> <p>88 = DON'T KNOW 99 = NO RESPONSE</p> <p>CASUAL <input type="checkbox"/></p> <p>88 = DON'T KNOW 99 = NO RESPONSE</p>	
Q310	<p>(Ask MEN only):</p> <ul style="list-style-type: none"> - A. We've just talked about your female sexual partners. Have you ever had any sexual experience with any man? <p>That is, have you done any of the following: oral sex, anal sex, or have you touched the penis of another man, or had another man touch your penis for sexual arousal)</p> <ul style="list-style-type: none"> - B. How many men have you had insertive or receptive anal intercourse with in the last 12 months (i.e. since June 2006)? 	<p>1 = YES <input type="checkbox"/></p> <p>2 = NO 9 = NO RESPONSE</p> <p>No of Male partners <input type="checkbox"/></p> <p>88 = DON'T KNOW 99 = NO RESPONSE</p>	

Q311	Have you <u>ever</u> used a condom with any of your sex partners?	1= YES 2= NO 8= DON'T KNOW 9= NO RESPONSE	<input type="checkbox"/>	→ If no, f to Q401
Q312	For people who had sex with someone who was not a regular partner only: Cross-check Q309 B, C or D >=1 Think of your very last sex act in the past 12 months with a person who was not your spouse, in that last sex act did you use a condom?	1= YES 2= NO 7 =DON'T REMEMBER 9 = NO RESPONSE	<input type="checkbox"/>	
Q313	For people who had sex with someone who was not a regular partner only: Cross-check Q309 B, C or D >=1 During the past 12 months, did you ever have sexual intercourse with a person who was not your spouse <i>without</i> using a condom	1= YES 2= NO 7 =DON'T REMEMBER 9= NO RESPONSE	<input type="checkbox"/>	
Q314	Do you know of any place or person from which you can obtain male condoms?	1= YES 2= NO 9 = NO RESPONSE	<input type="checkbox"/>	
Q315	Suppose you wanted to buy a male condom and some people were in the store. Would you	1= Wait and buy it another time 2=Try to hide the fact that you were buying a condom 3= Buy the condom without hiding your purpose in the store 4 = Others _____ 9 = No response	<input type="checkbox"/>	

Section 4 Sexual history: regular partners (For those with spouse/live-in sexual partners only; for MSM, female spouse/live-in sexual partners only)

No.	Questions and Filters	Coding categories	Skip to
Q401	Have you had sex with a spouse or live-in sexual partner in the past 12 months? [cross check Q309 A >=1]	1= YES 2= NO 7= DON'T REMEMBER 9= NO RESPONSE	<input type="checkbox"/> → If no, go to Q501
Q402	How many times did you have sexual intercourse with your spouse or live-in partner within the last 30 days?	Number of times 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>
Q403	The last time you had sex with a spouse or live-in partner, did you and your partner use a condom?	1= YES 2= NO 7= DON'T REMEMBER 9= NO RESPONSE	<input type="checkbox"/> → If no, go to Q406
Q404	Who suggested using a condom that time? CIRCLE ONE	1= Myself 2= My partner 3= Joint decision 7= DON'T REMEMBER 9= NO RESPONSE	<input type="checkbox"/>
Q405	What is the main reason you or your spouse or live-in partner used condom the last time you had sex? CIRCLE THE MAIN REASON MENTIONED	1= To prevent pregnancy 2= To prevent STI 3= To prevent HIV 4= Partner insisted 5= Don't trust partner 6= Just for the fun of it 7= It's convenient 8= Others 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/> } Go to Q407
Q406	What was the main reason you or your spouse or live-in partner didn't use a condom the last time you had sex? PROBE CIRCLE THE MAIN REASON MENTIONED	1= Never heard of condom 2= Not available 3= Partner objected 4= Don't like them 5= Used other contraceptive 6= Didn't think it was necessary 7= Desired the pregnancy 8= Didn't think of it 9= Trust my partner 10 Other _____ 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>
Q407	In general, with what frequency did you or your spouse or live-in partner use a condom every time you had sex in the past 12 months, i.e. since June 2006?	1= EVERY TIME 2= ALMOST EVERY TIME 3= SOMETIMES 4= NEVER 8= DON'T KNOW 9= NO RESPONSE	<input type="checkbox"/>
Q408	If you want to use a condom with your spouse, how confident are you that you would be able to convince your spouse or live-in partner to use a condom every time you want to have sex?	1 = Confident 2 = Not Confident 9 = No response	<input type="checkbox"/>

Section 5 Sexual history: Boyfriends/girl friends (For those with boyfriend/girlfriend sexual partners only; for MSM, female girlfriend sexual partners only)

No.	Questions and Filters	Coding categories	Skip to
Q501	Have you had sex with a boyfriend/girlfriend you did not live with in the past 12 months? [cross check Q309 B >=1]	1= YES 2= NO 7 = DON'T REMEMBER 9 = NO RESPONSE	<input type="checkbox"/> → If no, to Q601
Q502	Think about your most recent boyfriend/girlfriend. How many times did you have sexual intercourse with this person within the last 30 days?	Number of times 77 = DON'T REMEMBER 99 = NO RESPONSE	<input type="checkbox"/>
Q503	The last time you had sex with your boyfriend/girlfriend; did you or your partner use a condom?	1= YES 2= NO 7 = DON'T REMEMBER 9 = NO RESPONSE	<input type="checkbox"/> → If no, to Q506
Q504	Who suggested using a condom that time? CIRCLE ONE	1= Myself 2= My partner 3= Joint decision 7 = DON'T REMEMBER 9 = NO RESPONSE	<input type="checkbox"/>
Q505	Why did you or your boyfriend/girlfriend use condom the last time you had sex? CIRCLE THE MAIN REASON MENTIONED	1= To prevent pregnancy 2= To prevent STI 3= To prevent HIV 4= Partner insisted 5= Don't trust partner 6= Just for the fun of it 7= It's convenient 8= Others 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/> } Go Q506
Q506	What is the main reason you or your partner didn't use a condom the last time you had sex? CIRCLE THE MAIN REASON MENTIONED	1= Never heard of condom 2= Not available 3= Partner objected 4 = Don't like them 5 = Used other contraceptive 6 = Didn't think it was necessary 7 = Desired the pregnancy 8= Didn't think of it 9 = Trust my partner 10 Other _____ 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>
Q507	In general, with what <i>frequency</i> did you or your boyfriend/girlfriend use a condom every time you had sex in the past 12 months, i.e. since June 2006?	1= EVERY TIME 2= ALMOST EVERY TIME 3 = SOMETIMES 4 = NEVER 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
Q508	If you want to use condom, with your boyfriend/girlfriend, how confident are you that you would be able to convince your boyfriend/girlfriend to use a condom every time you want to have sex?	1 = Confident 2 = Not Confident 9 = No response	<input type="checkbox"/>

Section 6 Sexual history: purchasing sex (MALES only)(For those with a commercial sex partner only; for MSM, female commercial sexpartners only)

No.	Questions and Filters	Coding categories	Skip to
Q601	Have you given money or gifts in exchange for sex with a woman in the past 12 months? [cross check Q309 C >=1]	1= YES 2= NO 7 = DON'T REMEMBER 9 = NO RESPONSE	<input type="checkbox"/> →If no, go to Q701
Q602	In the past 12 months, how many times have you given money or gifts in exchange for sex with a woman?	Number of times 77 = DON'T REMEMBER 99 = NO RESPONSE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q603	The last time you gave money or gift for sex; did you or your partner use a condom?	1= YES 2= NO 7 = DON'T REMEMBER 9 = NO RESPONSE	<input type="checkbox"/> →If no, go to Q606
Q604	Who suggested condom use that time? CIRCLE ONE	1= Myself 2= My partner 3= Joint decision 7 = DON'T REMEMBER 9 = NO RESPONSE	<input type="checkbox"/>
Q605	What was the main reason you or your commercial partner used a condom the last time you had sex ? CIRCLE THE MAIN REASON MENTIONED	1= To prevent pregnancy 2= To prevent STI 3= To prevent HIV 4= Partner insisted 5= Don't trust partner 6= Just for the fun of it 7= It's convenient 8= Others 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> } Go to Q607
Q606	What was the main reason you or your commercial partner did not use a condom the last time you had sex ? CIRCLE THE MAIN REASON MENTIONED	1= Never heard of condom 2= Not available 3= Partner objected 4 = Don't like them 5 = Used other contraceptive 6 = Didn't think it was necessary 7 = Desired the pregnancy 8= Didn't think of it 9 = Trust my partner 10 Other _____ 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Q607	In general, with what frequency did you and your commercial partners use a condom every time you had sex in the past 12 months (i.e. since June 2006)	1= EVERY TIME 2= ALMOST EVERY TIME 3 = SOMETIMES 4 = NEVER 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
Q608	If you want to use condom with a partner you are giving money or gifts for sex, how confident are you to use condom every time you want to have sex?	1 = Confident 2 = Not Confident 9 = No response	<input type="checkbox"/>

Q609	The last time you gave someone money or gifts in exchange for sex, what was the primary reason?	1 = Had extra money 2 = Had an argument with spouse or girlfriend <input type="checkbox"/> 3 = Physically attracted to the person 4 = To enhance self esteem 5 = Peer pressure 6 = Drunk 7 = Other 8 = DON'T KNOW 9 = NO RESPONSE
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Section 8: Selling sex (For FEMALE populations only)

Note: Male to male commercial sex covered in MSM section

No.	Questions and Filters	Coding categories	Skip to
SW01	Have you ever received money or gifts in exchange for sex in the last 6 month?	1 = YES 2 = NO 7 = DON'T REMEMBER 9 = NO RESPONSE	<input type="checkbox"/> →If no, go to Q901
SW02	At what age did you first receive money for sex?	AGE IN YEARS 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>
SW03	What was the main reason for going into sex work?	1 = Financial gains 2 = Unemployment 3 = Pleasure 4 = Marital frustration/Jilted 5 = Divorced/Separated 6 = Widowed 7 = Incest/Abused 8 = Other (Specify.....) 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>
SW04	How long have you been involved in sex work? (Assist respondents to calculate in months)	Record no of months 888 = DON'T KNOW 999 = NO RESPONSE	<input type="checkbox"/>
SW05	Do you have another source of income?	1 = YES 2 = NO 9 = NO RESPONSE	<input type="checkbox"/> →If no, to SW07
SW06	If yes, how much of your work is selling sex, and how much is working in another	1 = Work longer each week as a sex work than in another trade 2 = Work longer each week in another trade other than as a sex worker 3 = Spend equal time in both sex work and in another trade	<input type="checkbox"/>
SW07	On a normal day, how many customers/clients do you have?	Number of clients 00 = NONE 77 = DON'T REMEMBER 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>
SW08	How many customers/clients did you have on the last <i>day</i> you worked?	Number of clients 00 = NONE 77 = DON'T REMEMBER 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>
SW09	How many customers/clients did you have on the last <i>week</i> you worked?	Number of clients 00 = NONE 77 = DON'T REMEMBER 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>

SW10	The last time you had sex with a client/customer; did you or your partner use a condom?	1 = YES 2 = NO 7 = DON'T REMEMBER 9 = NO RESPONSE	<input type="checkbox"/>	
SW11	During the last 30 days, how often did you use condoms with your client/customer?	1 = EVERY TIME 2 = ALMOST EVERY TIME 3 = SOMETIMES 4 = NEVER 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
SW12	On average, how much money do you charge each time you have sex with a client/customer?	Amount in Naria 77777 = DON'T REMEMBER 88888 = DON'T KNOW 99999 = NO RESPONSE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SW13	Do you charge a client/customer more money to have sex without using condom,?	1 = Yes 2 = No 3 = Never had sex without condom 9 = NO RESPONSE	<input type="checkbox"/>	
SW14	With how many sexual partners that are not clients/customers (did not give you money or gifts) did you have sex with during the last seven days (one week)?	NUMBER IN LAST 7 DAYS 77 = DON'T REMEMBER 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/> <input type="checkbox"/>	
SW15	Has a client/customer ever forced you to have sex without a condom after you requested that he use a condom?	1 = YES 2 = NO 7 = DON'T REMEMBER 9 = NO RESPONSE	<input type="checkbox"/>	
SW16	Have you being forced to have sex by any person (client or non-client) in the past 12 months?	1 = YES 2 = NO 7 = DON'T REMEMBER 9 = NO RESPONSE	<input type="checkbox"/>	→If no, go to SW18
SW17	If yes, who forced you to have sex? Record all responses	Spouse/Live -in partner Casual partner Boyfriend Client/customer Family member other then a spouse A policeman Other (specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SW18	Have you ever had anal intercourse with any of your clients/customers in the last 12 months?	1 = YES 2 = NO 7 = DON'T REMEMBER 9 = NO RESPONSE	<input type="checkbox"/>	
SW19	Have you ever had oral sex with any of your clients/customers in the last 12 months?	1 = YES 2 = NO 7 = DON'T REMEMBER 9 = NO RESPONSE	<input type="checkbox"/>	
SW20	In the past 6 months, how frequently has a law enforcement agent arrested you or threatened to arrest you in the place where you meet your clients?	1 = Very often 2 = Often 3 = Only once or twice 4 = Never 8 = Don't know 9 = No response	<input type="checkbox"/>	

Section 9. Social habits [ALL GROUPS]

Q901	During the last 4 weeks how often would you say you drink alcohol? ..READ OUT CIRCLE ONE	1 = Every day 2 = At least once a week 3 = Less than once a week 4 = Never 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>		
Q902	Some people have tried a range of different types of drugs. Which of the following, if any, have you tried? READ LIST	A. Cocaine B. Heroin C. Marijuana (Weed) D. Glue E. Pethidine F. Pentazocine G. Chinese Capsules H. Amphetamines I. Other drugs (Specify) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Q903	Some people have tried injecting drugs using a syringe. Have you injected drugs in the last 12 months? DRUGS INJECTED FOR MEDICAL PURPOSES OR TREATMENT OF AN ILLNESS DO NOT COUNT	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	No → QMSM Or Q12	
Q904	Which of the following types of drugs have you used in the past one month and which were injected? READ LIST. MULTIPLE ANSWERS POSSIBLE.	Used in last month YES NO DK NR	Injected in last month YES NO DK NR		
	Pentazocine	1 2 8 9	<input type="checkbox"/>	1 2 8 9	<input type="checkbox"/>
	Heroin (not in combination with cocaine)	1 2 8 9	<input type="checkbox"/>	1 2 8 9	<input type="checkbox"/>
	Cocaine (not in combination with heroin)	1 2 8 9	<input type="checkbox"/>	1 2 8 9	<input type="checkbox"/>
	Heroin and cocaine together	1 2 8 9	<input type="checkbox"/>	1 2 8 9	<input type="checkbox"/>
	Crack	1 2 8 9	<input type="checkbox"/>	1 2 8 9	<input type="checkbox"/>
	Buprenorphine (Tidigesic)	1 2 8 9	<input type="checkbox"/>	1 2 8 9	<input type="checkbox"/>
	Dextropropoxyphene	1 2 8 9	<input type="checkbox"/>	1 2 8 9	<input type="checkbox"/>
	Amphetamines (such as...)	1 2 8 9	<input type="checkbox"/>	1 2 8 9	<input type="checkbox"/>
	Tranquilizers (such as...)	1 2 8 9	<input type="checkbox"/>	1 2 8 9	<input type="checkbox"/>
	Barbiturates (such as...)	1 2 8 9	<input type="checkbox"/>	1 2 8 9	<input type="checkbox"/>
	Anything else? (Such as...)	1 2 8 9	<input type="checkbox"/>	1 2 8 9	<input type="checkbox"/>

Section 10: Drug use/needle sharing (All populations reporting drug injection in the past 12 months, Q903 = yes)

No.	Questions and filters	Coding categories	Skip to
IDU01	Remember we are not recording your name and this information is strictly confidential . How long have you been using non-medical/addictive drugs? (Use local definition for what is meant by "non-medical" or addictive drugs)	NUMBER OF YEARS <input type="checkbox"/> <input type="checkbox"/> NUMBER OF MONTHS <input type="checkbox"/> <input type="checkbox"/> RECORD 00 IF LESS THAN 1 MONTH 88 = DON'T KNOW 99 = NO RESPONSE	
IDU02	How long have you been <i>injecting</i> drugs?	NUMBER OF YEARS <input type="checkbox"/> <input type="checkbox"/> NUMBER OF MONTHS <input type="checkbox"/> <input type="checkbox"/> RECORD 00 IF LESS THAN 1 MONTH 88 = DON'T KNOW 99 = NO RESPONSE	
IDU03	How old were you when you first injected additive/non-medical drugs? (Includes self-injection or injection by another).	AGE IN COMPLETED YEARS <input type="checkbox"/> <input type="checkbox"/> DON'T REMEMBER 77 DON'T KNOW 88 NO RESPONSE 99 ESTIMATE BEST ANSWER	
IDU04	During the past one month how often would you say you injected drugs?	0 = ONLY ONCE 1 = 2-3 TIMES 2 = ABOUT ONCE A WEEK 3 = 2-6 TIMES A WEEK <input type="checkbox"/> 4 = 4-6 TIMES A WEEK 5 = ABOUT ONCE A DAY 6 = 2-3 TIMES A DAY 7 = 4 OR MORE TIMES/DAY 8 = DON'T KNOW 9 = NO RESPONSE	

In the next section, I would like to ask you a few questions about injecting yourself or being injected by someone else. I am interested in the times you **have** injected with needles or syringes that had previously been used. Later, I will ask you about the times you let other people use needles and syringes **after** you had used them.

No.	Questions and filters	Coding categories	Skip to
IDU05	Think about the times you have injected drugs during the past one month. How often was it with a needle or syringe that had previously been used by someone else?	1 = EVERY TIME 2 = ALMOST EVERY TIME 3 = SOMETIMES 4 = NEVER 8 = DON'T KNOW 9 NO RESPONSE	<input type="checkbox"/> →Never go to IDU10
IDU06	In the past one month, did you ever use needles or syringes that had already been used by any of the following people? READ OUT LIST. MULTIPLE ANSWERS POSSIBLE.	YES NO DK NR	
	Your regular sexual partner	1 2 8 9	<input type="checkbox"/>
	A sexual partner who you did not know	1 2 8 9	<input type="checkbox"/>
	A friend	1 2 8 9	<input type="checkbox"/>
	A dealer	1 2 8 9	<input type="checkbox"/>
	Someone you do not know	1 2 8 9	<input type="checkbox"/>

IDU07	With how many different injecting partners did you share needles or syringes in the past one month?	NUMBER OF PEOPLE 77 = DON'T REMEMBER 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>																												
IDU08	In the past one month, when you injected with needles or syringes that had previously been used, how often did you clean them first?	1 = EVERY TIME 2 = ALMOST EVERY TIME 3 = SOMETIMES 4 = NEVER 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	→Never, go to IDU10																											
IDU9	IF CLEANED How did you usually clean them? DO NOT READ OUT LIST, RECORD ALL THAT APPLY	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td>Cold water</td> <td>1</td> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hot water</td> <td>1</td> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Boiling</td> <td>1</td> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Bleach</td> <td>1</td> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Alcohol</td> <td>1</td> <td>2</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other _____</td> <td>1</td> <td>2</td> <td><input type="checkbox"/></td> </tr> </table>		Yes	No		Cold water	1	2	<input type="checkbox"/>	Hot water	1	2	<input type="checkbox"/>	Boiling	1	2	<input type="checkbox"/>	Bleach	1	2	<input type="checkbox"/>	Alcohol	1	2	<input type="checkbox"/>	Other _____	1	2	<input type="checkbox"/>	
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Boiling	1	2	<input type="checkbox"/>																												
Bleach	1	2	<input type="checkbox"/>																												
Alcohol	1	2	<input type="checkbox"/>																												
Other _____	1	2	<input type="checkbox"/>																												
IDU10	When you injected in the past one month, how often was it with a needle that <i>no one</i> else had ever used other than yourself?	1 = EVERY TIME 2 = ALMOST EVERY TIME 3 = SOMETIMES 4 = NEVER 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>																												
IDU11	In the past one month, how often did you give, lend, sell or rent a needle or syringe to someone else, after you had already used it?	1 = EVERY TIME 2 = ALMOST EVERY TIME 3 = SOMETIMES 4 = NEVER 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	→Never, go IDU14																											
IDU12	In the past one month, to how many different people did you give, lend, rent or sell used needles or syringes?	NUMBER OF PEOPLE 83 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>																												

Now I would like to ask you a few more questions about the times you have given, lent or sold your needles or syringes to someone else.

<p>IDU13</p> <p>In the past one month, when you gave, lent, rented or sold a used needle and/or a syringe, was it ever to the following people?:</p> <p>READ OUT LIST.</p> <p>MULTIPLE ANSWERS POSSIBLE.</p> <p>Your regular sexual partner A sexual partner who you did not know A friend A dealer Someone you do not know</p>		<table border="0"> <thead> <tr> <th>YES</th> <th>NO</th> <th>DK</th> <th>NR</th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>8</td> <td>9</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	DK	NR		1	2	8	9	<input type="checkbox"/>	1	2	8	9	<input type="checkbox"/>	1	2	8	9	<input type="checkbox"/>	1	2	8	9	<input type="checkbox"/>	1	2	8	9	<input type="checkbox"/>																						
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<p>IDU14</p>	<p>Can you obtain new, unused needles and syringes every time you need them?</p>	<p>1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE</p>	<p><input type="checkbox"/></p>																																																			
<p>IDU15</p>	<p>Where can you obtain <i>new, unused</i> needles and syringes?</p> <p>DO NOT READ OUT LIST.</p> <p>MULTIPLE ANSWERS POSSIBLE.</p> <p>PROBE ONLY WITH "ANYWHERE ELSE?"</p> <p>Pharmacist/chemist Drugstore/other shop Health worker Hospital Drug worker/drug agency Family/relatives Sexual partner Friends Other drug users Drug dealer Needle exchange program Theft from legitimate source Buy on streets Other _____ Don't know any locations</p>	<table border="0"> <thead> <tr> <th>YES</th> <th>NO</th> <th></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO		1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	
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IDU16	In the past one month, did you ever inject with a pre-filled syringe (by that I mean a syringe that was filled with drugs without your witnessing it)?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
IDU17	In the past one month, how often did you inject drugs using a syringe after someone else had squirted drugs into it from his/her used syringe (frontloading/backloading/splitting)?	1 = EVERY TIME 2 = ALMOST EVERY TIME 3 = SOMETIMES 4 = NEVER 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
IDU18	In the past one month, when you injected drugs, how often did you share a cooker/vial/container, cotton/filter, or rinse water?	1 = EVERY TIME 2 = ALMOST EVERY TIME 3 = SOMETIMES 4 = NEVER 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
IDU19	In the past one month, how often did you draw up your drug solution from a common container shared by others?	1 = EVERY TIME 2 = ALMOST EVERY TIME 3 = SOMETIMES 4 = NEVER 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
IDU20	Are you currently under treatment (or receiving help) or have you ever received treatment (or help) because of your drug use?	1 = Currently under treatment 2 = Was in treatment but not now 3 = Have never received treatment 9 = NO RESPONSE	<input type="checkbox"/>	→If never, go toMSM01 or Q1201
IDU21	How many months ago did you last receive treatment or help for your drug use?	NUMBER OF MONTHS <input type="text"/> <input type="text"/> <input type="text"/> RECORD 00 IF LESS THAN 1 MONTH 88 = DON'T KNOW 99 = NO RESPONSE		
IDU22	What kind of treatment or help have you received? DO NOT READ OUT THE RESPONSES PROBE by asking "Are there any other kinds of treatment that you've received?" MULTIPLE ANSWERS POSSIBLE	Outpatient counseling Self-help groups Detoxification w/methadone Maintenance w/methadone Detoxification w/other drugs Detoxification with no drug Residential rehabilitation Helped to quit <i>cold turkey</i> Forced to quit <i>cold turkey</i> Other NO RESPONSE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Section 11. MSM [Ask all male respondents]

No.	Questions and filters	Coding categories	Skip to
ISM01	In the past six months, have you had any sexual contact with another man, that is, have you done any of the following: oral sex, anal sex, or have you touched the penis of another man, or had another man touch your penis for sexual arousal? (This question will need to be adapted for each local setting)	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
ISM02	I would now like to ask you several questions about different kinds of sex with men. In the past six months, have you had oral sex with a man, that is, where another man has put his penis in your mouth or you have put your penis in his mouth?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
ISM03	Think about how many different male partners you have had oral sex with in the past six months. How many are they? READ OUT: Please take time to think about your answer to this question so that we can get the most accurate information possible. Remember this information is strictly confidential.	NUMBER IN THE PAST SIX MONTHS 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>
ISM04	The last time you had oral sex with a man, did you or your partner use a condom?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
ISM05	In the past 6 months, how often did you or your male partners use a condom during oral sex?	1 = EVERY TIME 2 = ALMOST EVERY TIME 3 = SOMETIMES 4 = NEVER 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
ISM06	In the past six months, did you ejaculate in another man's mouth or did a man ejaculate in your mouth?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
ISM07	Now please think about how many different men you have had anal sex with, that is, both the number where you have been the insertive partner and the number where you have been the receptive partner in the past six months. A. How many men have you had anal sex with in the past six months where you were the insertive partner? B. And how many in the past six months where you were the receptive partner?	NUMBER WHERE INSERTIVE 00 = NONE 88 = DON'T KNOW 99 = NO RESPONSE NUMBER WHERE RECEPTIVE 00 = NONE 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>
			<input type="checkbox"/>
			If None for both, go to →MSM21

MSM08	Of all these male partners, how many were: A. Partners whom you had to pay for sex (money or gifts) B. partners who paid you for sex (money or gifts) C. Other non-paying Partners	PAID PARTNERS 88 = DON'T KNOW 99 = NO RESPONSE PAYING PARTNERS 88 = DON'T KNOW 99 = NO RESPONSE OTHER NON-PAYING PARTNERS 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PAID PARTNERS				
MSM09	The last time you paid for anal sex (money or gifts); did you or your male partner use a condom? Check MSM08 A >=1 If no paid partners, go to MSM13	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	If no, go to →MSM 11
MSM10	What was the primary reason you or your male partner used a condom the last time you paid a man for anal sex? CIRCLE THE MAIN REASON MENTIONED	1 = To prevent STIs 2 = To prevent HIV 3 = Partner insisted 4 = Don't trust partner 5 = Just for the fun of it 6 = It's convenient 7 = Other (Specify)..... 8 = Don't know 9 = No response	<input type="checkbox"/>	Go to →MSM 11
MSM11	What was the primary reason you or your male partner did not use a condom the last time you paid a man for anal sex? CIRCLE THE MAIN REASON MENTIONED	1 = Never heard of condom 2 = Not available 3 = Partner objected 4 = Don't like them 5 = Didn't think it was necessary 6 = Didn't think of it 7 = Trust my partner 8 = Other (Specify)..... 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>	
MSM12	How often did you or your male partners use a condom every time you paid a man for anal sex during the past 6 months?	1 = EVERY TIME 2 = ALMOST EVERY TIME 3 = SOMETIMES 4 = NEVER 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
PAYING PARTNERS				
MSM13	The last time you were paid by a man to have anal sex (money or gifts); did you or your male partner use a condom? Check MSM08 B >=1 If no paying partners, go to MSM17	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	If no, go to →MSM 15
MSM14	What was the primary reason you or your male partner used a condom the last time you were paid by a man for anal sex? CIRCLE THE MAIN REASON MENTIONED	1 = To prevent STIs 2 = To prevent HIV 3 = Partner insisted 4 = Don't trust partner 5 = Just for the fun of it 6 = It's convenient 7 = Other (Specify)..... 8 = Don't know 9 = No response	<input type="checkbox"/>	All, Go to →MSM 16

MSM15	What was the primary reason you or your male partner did not use a condom the last time you paid a man for anal sex? CIRCLE THE MAIN REASON MENTIONED	1 = Never heard of condom 2 = Not available 3 = Partner objected 4 = Don't like them 5 = Didn't think it was necessary 6 = Didn't think of it 7 = Trust my partner 8 = Other (Specify) _____ 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>	
MSM16	How often did you or your male partners use a condom every time you paid a man for anal sex during the past 6 months?	1 = EVERY TIME 2 = ALMOST EVERY TIME 3 = SOMETIMES 4 = NEVER 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
NON-PAYING PARTNERS				
MSM17	The last time you had sex with a non-paying (non-commercial) partner, did you or your male partner use a condom? Check MSM08 C >=1 If no non-paying partners, go to MSM21	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	If no, go to →MSM 19
MSM18	What was the primary reason you or your non-paying (non-commercial) male partner used a condom the last time you were paid by a man for anal sex? CIRCLE THE MAIN REASON MENTIONED	1 = To prevent STIs 2 = To prevent HIV 3 = Partner insisted 4 = Don't trust partner 5 = Just for the fun of it 6 = It's convenient 7 = Other (Specify)..... 8 = Don't know 9 = No response	<input type="checkbox"/>	} All, Go to →MSM 20
MSM19	What was the primary reason you or your non-paying (non-commercial) male partner did not use a condom the last time you paid a man for anal sex? CIRCLE THE MAIN REASON MENTIONED	1 = Never heard of condom 2 = Not available 3 = Partner objected 4 = Don't like them 5 = Didn't think it was necessary 6 = Didn't think of it 7 = Trust my partner 8 = Other (Specify) _____ 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/>	
MSM20	How often did you or your male partners use a condom every time you had sex with a non-paying (non-commercial) male partner during the past 6 months?	1 = EVERY TIME 2 = ALMOST EVERY TIME 3 = SOMETIMES 4 = NEVER 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
MSM21	During the past year, did any of your male partner(s) force you to have sex with them even though you did not want to have sex?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
MSM22	Now I would like to ask you some questions about the use of lubricants during sexual intercourse with men. Have you ever used lubricants during anal intercourse with a man?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	→No, go to MSM27

Section 12 STIs [Ask all respondents]

No.	Questions and filters	Coding categories		Skip to
Q1201	Have you ever heard of diseases that can be transmitted through sexual intercourse?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	→If no, go to Q1204
Q1202	Can you describe any symptoms of STIs in women? Any others? DO NOT READ OUT THE SYMPTOMS WRITE 1 FOR ALL MENTIONED. WRITE 2 FOR ALL NOT MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.	A. ABDOMINAL PAIN B. GENITAL DISCHARGE C. FOUL SMELLING DISCHARGE D. BURNING PAIN ON URINATION E. GENITAL ULCERS/SORES F. SWELLINGS IN GROIN AREA G. ITCHING OF THE GENITALS H. OTHER I. NO RESPONSE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q1203	Can you describe any symptoms of STIs in men? Any others? DO NOT READ OUT THE SYMPTOMS WRITE 1 FOR ALL MENTIONED. WRITE 2 FOR ALL NOT MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.	A. GENITAL DISCHARGE B. BURNING PAIN ON URINATION C. GENITAL ULCERS/SORES/RASH D. SWELLINGS IN GROIN AREA E. ITCHING OF THE GENITALS F. OTHER _____ G. NO RESPONSE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q1204	Have you had unusual genital <u>discharge</u> during the past 12 months?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
Q1205	Have you had a genital <u>ulcer/sore</u> during the past 12 months?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	→If No to Q1204 AND Q1205, go to Q1301
Q1206	Did you obtain treatment last time you had unusual genital discharge or a genital ulcer/sore?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	→If No, go to Q1301

Q1207	Where did you seek treatment first?	1 = Public hospital or clinic 2 = Private hospital or clinic 3 = NGO 4 = Pharmacy or chemist 5 = Traditional healer 6 = Friend or family member 7 = Other (Specify) 8 = Don't know 9 = No response	<input type="checkbox"/>	
Q1208	How long after first experiencing symptoms did you seek treatment?	1 = 1 WEEK OR LESS 2 = GREATER THAN ONE WEEK BUT LESS THAN ONE MONTH 3 = ONE MONTH OR MORE 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
Q1209	Did you tell your partner(s) when you experienced the STI symptoms?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
Q1210	Did all your sex partners also get treated when you had an STI symptom?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	

Section 13 Knowledge, opinions, and attitudes towards HIV/AIDS [Ask all respondents]

No.	Questions and Filters	Coding categories	Skip to
Q1301	Have you ever heard of HIV or the disease called AIDS?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE <input type="checkbox"/>	→If no, go to Q1401
Q1302	Do you know anyone who is infected with HIV?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE <input type="checkbox"/>	
Q1303	Do you know anyone who has died of AIDS?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE <input type="checkbox"/>	→If no to Q1302 AND Q1303, go to Q1305
Q1304	Do you have a close relative or close friend who is infected with HIV or has died of AIDS?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE <input type="checkbox"/>	

No.	Questions and Filters	Coding categories		Skip to
Q1305	<p>What can a person do to avoid getting HIV/AIDS?</p> <p>CIRCLE THE CODES FOR ALL RESPONSES GIVEN</p> <p>MULTIPLE RESPONSE POSSIBLE</p>	<p>A. Abstain from sex ----- <input type="checkbox"/></p> <p>B. Always use condom during casual sex ----- <input type="checkbox"/></p> <p>C. Have sex with only one faithful uninfected Partner ----- <input type="checkbox"/></p> <p>D. Limit number of sex Partners ----- <input type="checkbox"/></p> <p>E. Avoid sex with sex workers ----- <input type="checkbox"/></p> <p>F. Avoid sex with persons who have multiple partners ----- <input type="checkbox"/></p> <p>G. Avoid sex with men sleeping with men ----- <input type="checkbox"/></p> <p>H. Avoid blood transfusions ----- <input type="checkbox"/></p> <p>I. Praying to God ----- <input type="checkbox"/></p> <p>J. Avoid injections with reused needles ----- <input type="checkbox"/></p> <p>K. Avoid sharp objects eg razor, blades ----- <input type="checkbox"/></p> <p>L. Avoid kissing ----- <input type="checkbox"/></p> <p>M. Avoid mosquito bites ----- <input type="checkbox"/></p> <p>N. Seek protection from traditional healer ----- <input type="checkbox"/></p> <p>O. Use antibiotics ----- <input type="checkbox"/></p> <p>P. Go for check-up ----- <input type="checkbox"/></p> <p>Q. Nothing ----- <input type="checkbox"/></p> <p>R. Other (specify) ----- <input type="checkbox"/></p> <p>S. Don't know ----- <input type="checkbox"/></p>		
Q1306	<p>Can people protect themselves from the HIV the virus that causes AIDS by using a condom correctly every time they have sex?</p>	<p>1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE</p>	<input type="checkbox"/>	
Q1307	<p>Can a person get HIV from mosquito bites?</p>	<p>1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE</p>	<input type="checkbox"/>	

Q1308	Can people protect themselves from HIV by having one uninfected faithful sex partner?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
Q1309	Can people protect themselves from HIV by abstaining from sexual intercourse?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
Q1310	Can a person get HIV by sharing a meal (using the same plate/utensils) with someone who is infected?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
Q1311	Can a person get HIV by getting injections with a needle that was already used by someone else?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
Q1312	Do you think that a healthy-looking person can be infected with HIV, the virus that causes AIDS?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
Q1313	Is it possible for a person get HIV by sharing a toilet used by someone who has HIV?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
Q1314	Is it possible for a person to get HIV through transfusion with unscreened blood?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
Q1315	Can a pregnant woman infected with HIV or AIDS transmit the virus to her unborn child?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	→ If no, go to Q1317
Q1316	What can an HIV positive pregnant woman do to reduce the risk of transmission of HIV to her unborn child? DO NOT READ LIST CIRCLE ALL THAT ARE MENTIONED.	TAKE MEDICATION (Antiretroviral) EXCLUSIVE BREASTFEEDING USE OF ONLY BREAST MILK SUBSTITUTE OTHER (Specify) _____ DON'T KNOW NO RESPONSE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q1317	Do you know of any health facility or place in your community where one can receive counseling and testing for HIV/AIDS?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	→ If no, go to Q1324
Q1318	Is it possible to receive confidential testing or testing in your community without anyone apart from the counselor learning your results?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
Q1319	What is the name of the nearest facility/place where one can receive counseling and testing for HIV/AIDS?	Name _____		

Q1320	Suppose you want to receive counseling and testing for HIV/AIDS there, how long would it take you to get there?	MINUTES HOURS 88 DON'T KNOW 99 NO RESPONSE	 	
Q1321	Do you know how much people pay for HIV test in this facility?	1 YES 2 NO 9 NO RESPONSE		> If no, go to Q1324
Q1322	How much do they pay for HIV test?	AMOUNT IN NAIRA		
Q1323	Do you think this amount is too low, just right or too high for HIV test?	1 TOO LOW 2 JUST RIGHT 3 TOO HIGH 8 DON'T KNOW 9 NO RESPONSE		
Q1324	I don't want to know the result, but have you ever had an HIV test?	1 YES 2 NO 8 DON'T KNOW 9 NO RESPONSE		> If no, go to Q1330
Q1325	Did you voluntarily undergo the HIV test, or were you required to have the test?	1 Voluntary 2 Required 8 DON'T KNOW 9 NO RESPONSE		
Q1326	Where did you go for your HIV test?	1 Mobile VCT center 2 VCT center in a hospital or clinic 3 Stand-alone VCT center 4 Other (specify) 8 Don't know 9 No response		
Q1327	Please do not tell me the result, but did you find out the result of your test?	1 YES 2 NO 8 DON'T KNOW 9 NO RESPONSE		
Q1328	Did you receive pre-test and or post-test counseling when you went for your test?	1 Pre-test & post-test counseling 2 Pre-test counseling only 3 Post-test counseling only 4 No counseling 8 Don't know 9 No response		
Q1329	When did you have your most recent HIV test?	1 WITHIN THE PAST YEAR 2 BETWEEN 1-2 YEARS 3 BETWEEN 2-4 YEARS 4 MORE THAN 4 YEARS AGO 8 DON'T KNOW 9 NO RESPONSE		
Q1330	Do you feel that you yourself are at risk for infection with HIV?	1 YES 2 NO 8 DON'T KNOW 9 NO RESPONSE		-> If no, go to Q1332
Q1331	Why do you feel that you are at risk for infection with HIV? DO NOT READ LIST CIRCLE ALL THAT ARE MENTIONED.	1 Often change sex partners 2 Don't always use condoms 3 Use injected narcotics 4 Not circumcised 5 Other (specify) 8 Don't know 9 No response		

Now, I would like to ask your opinion of certain issues relating to people with HIV			
Q1332	If a student has HIV but is not sick, should he/she be allowed to continue attending school?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
Q1333	If a relative of yours became sick with AIDS, would you be willing to care of him/her in your household?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
Q1334	If a teacher has HIV but is not sick, should he/she be allowed to continue teaching in school?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
Q1335	If you knew that a shopkeeper or food seller had the HIV virus, would you buy food from him/her?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
Q1336	If a colleague in your place of work has HIV, would you be willing to continue working with him/her?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
Q1337	If a member of your family became ill with HIV, the virus that causes AIDS, would you want it to remain a secret?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
Q1338	Do you think people infected with HIV/AIDS should be quarantined (that is, physically separated from the rest of society)?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
Q1339	Would you be willing to share a meal (eat from the same plate) with a person you knew had HIV or AIDS?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>
Q1340	Do you know of any health facility or place in your community where one can receive medication for AIDS?	1 = YES 2 = NO 9 = NO RESPONSE	<input type="checkbox"/> →If no, go to Q1401
Q1341	What is the name of the nearest facility/place in your community where one can receive medication for AIDS?	Name _____	
Q1342	Suppose somebody who has AIDS wants to receive medication for AIDS from this facility, how long would it take him/her to get there?	MINUTES HOURS 88 = DON'T KNOW 99 = NO RESPONSE	<input type="text"/> <input type="text"/>
Q1343	Do you know how much people pay for AIDS drugs each month in this facility?	1 = YES 2 = NO 9 = NO RESPONSE	<input type="checkbox"/> →If no, go to Q1401
Q1344	How much do they pay for AIDS drugs each month?	AMOUNT IN NAIRA	<input type="text"/>
Q1345	Do you think this amount is too low, just right or too high for AIDS drugs?	1 = TOO LOW 2 = JUST RIGHT 3 = TOO HIGH 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>

Section 14: Exposure to interventions

No.	Questions and filters	Coding Categories		Skip to
Q1401	Have you received any information or education about HIV, AIDS, sexually transmitted diseases or condoms within the past 12 months (i.e. since June 2006)?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	→If no, end interview
Q1402	From where did you receive your information or education about HIV, AIDS, STIs or condoms in the past 12 months? MULTIPLE RESPONSES ALLOWED. DO NOT READ OPTIONS BUT CIRCLE 1 FOR ALL RESPONSES MENTIONED BY RESPONDENT	A. Radio B. Television C. Newspaper D. Poster/stickers E. Health workers F. Peer educator G. Colleague/friend H. Internet I. Place of worship J. School K. Family member L. NGO M. Public meeting M. Other (specify)	<input type="checkbox"/> <input type="checkbox"/>	
Q1403	Have you watched or listened to any of the following television or radio shows in the past 12 months? <u>RECORD ALL THAT APPLY.</u> 1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	A. One Thing at a Time If yes, approximately how many times? B. Gari Muna Fata If yes, approximately how many times? C. Odejinjin If yes, approximately how many times? D. Abule Oloke Merin If yes, approximately how many times?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Q1404	Have any outreach workers or peer educators discussed HIV or AIDS with you in the past 12 months (i.e. since June 2006)?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	→If no, go to Q1407
		If yes, how many times?	<input type="checkbox"/> <input type="checkbox"/>	
Q1405	How many times did an outreach worker or peer educator contact you with information about HIV or AIDS in the past 12 months?	NUMBER OF TIMES 88 = DON'T KNOW 99 = NO RESPONSE	<input type="checkbox"/> <input type="checkbox"/>	
Q1406	What type of information or services did the outreach worker or peer educator give you about HIV or AIDS in the past 12 months? MORE THAN ONE ANSWER POSSIBLE. RECORD ALL THAT APPLY.	1 = Free condoms 2 = Education on safe sex 3 = Education on safe injection 4 = Needles or syringes 5 = Referral for STI services 6 = Referral for VCT services 7 = Other (specify) 8 = Don't know 9 = No response	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Q1407	Have you attended any religious meetings or been visited by any one from a RELIGIOUS organization to discuss HIV and AIDS within the last 12 months (i.e. since June 2006)?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
		If yes, how many times?	<input type="checkbox"/> <input type="checkbox"/>	
Q1408	For sex workers and transportation workers only In the past 6 months, did you receive a referral from an outreach worker to a Heart to Heart counseling and testing center?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
Q1409	For MSM in Lagos only Did you attend the HIV education program held by Alliance Rights in March 2007 (3 months ago)?	1 = YES 2 = NO 8 = DON'T KNOW 9 = NO RESPONSE	<input type="checkbox"/>	
Time interview ended		TIME [] : [] AM/PM		

That is the end of our questionnaire. Thank you very much for taking time to answer these questions. We appreciate your help.

HIV /SYPHILIS Request and Result Form

Collection Date _____

Date (DD/MM/YYYY)

Client No. _____

Sex (Circle/ or Tick) M O F O

Age _____ Years _____

RESULT	Lab No. _____
HIV antibody negative <input type="checkbox"/>	Syphilis antibody negative <input type="checkbox"/>
HIV antibody positive <input type="checkbox"/>	Syphilis antibody positive <input type="checkbox"/>
	Test Date _____ Date (DD/MM/YYYY)

Tested by:

Print name _____

Signature _____

Date (DD/MM/YYYY)

Checked by:

Print name _____

Signature _____

Date (DD/MM/YYYY)

HIV Request and Result Form October 2006

HIV/Syphilis Request and Result Form May 2007