

ENGLISH



MINISTRY OF HEALTH
KENYA AIDS INDICATOR SURVEY 2012
INDIVIDUAL CHILDREN'S QUESTIONNAIRE

CONFIDENTIAL

IDENTIFICATION

PROVINCE NAME: _____	PROVINCE CODE: <input type="text"/>
NASCOP REGION NAME: _____	NASCOP REGION CODE: <input type="text"/>
COUNTY NAME: _____	COUNTY CODE: <input type="text"/>
DISTRICT NAME: _____	DISTRICT CODE: <input type="text"/>
	NASSEP V CLUSTER NUMBER: <input type="text"/>
NAME OF HOUSEHOLD HEAD: _____	HOUSEHOLD NUMBER: <input type="text"/>
NAME OF RESPONDENT: _____	LINE NUMBER: <input type="text"/>

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
VISIT DATE:				DAY: <input type="text"/>
INTERVIEWER NAME:				MONTH: <input type="text"/>
VISIT RESULT*				YEAR: <input type="text"/>
				INT. CODE: <input type="text"/>
				RESULT: <input type="text"/>
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS: <input type="text"/>
NEXT VISIT: TIME				

LAB TECHNICIAN VISITS

LAB RESULT**			AFFIX BAR CODE LABEL HERE	LAB RESULT: <input type="text"/>
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS: <input type="text"/>
NEXT VISIT: TIME				

LANGUAGE OF INTERVIEW: <input type="text"/>	LANGUAGE CODES:	(05) KISII	(10) MIJIKENDA
HOME LANGUAGE OF RESPONDENT: <input type="text"/>	(01) EMBU	(06) LUHYA	(11) SOMALI
	(02) KALENJIN	(07) LUO	(12) KISWAHILI
	(03) KAMBA	(08) MAASAI	(13) ENGLISH
	(04) KIKUYU	(09) MERU	(14) OTHER

SUPERVISOR NAME: _____	DATE: _____	EDITOR: <input type="text"/>	KEYED: <input type="text"/>
SUPERVISOR CODE: <input type="text"/>			

* VISIT RESULT CODES: (1) COMPLETED (3) POSTPONED (5) PARTLY COMPLETED (7) OTHER (SPECIFY)
(2) NOT AT HOME (4) REFUSED (6) INCAPACITATED

** LAB RESULT CODES: (1) AGREE (2) REFUSE (3) ABSENT

Children's Questionnaire Parental/Guardian Consent (10-14 Years)

[Interviewer: The statement should be read to parents/guardians of youth ages 10-14. Consent must be obtained from a parent/guardian or other adult responsible for the youth's health and welfare before the child/youth is asked for assent. Only if the parent or guardian agrees will assent be sought from the child/youth.

Throughout the process of obtaining consent, it is important that you are patient and allow the respondent to ask questions and to consider the decision. Never rush or otherwise pressure the respondent to give consent or assent. [Provide a copy of this consent script to all parents of eligible youth ages 10-14]

Hello. My name is _____ and I am working with the Ministry of Health and Public Sanitation. We are conducting a survey with the National AIDS and STD Control Program and the National Public Health Laboratory of the Ministry of Health, the Kenya National Bureau of Statistics, the University of California San Francisco and the US Centers for Disease Control and Prevention. This study asks women and men ages 15-64 and children ages 10-14 about HIV/AIDS. Approximately 10,475 households with about 24,000 adults and 8,000 children will be taking part in this survey.

We would very much appreciate your permission to have your child take part in this survey. The information we are collecting will help us plan for health services. Some of the questions will be about personal sexual behaviour. The survey usually takes about 20 minutes for children 10-14 years. All the survey information will be confidentially recorded and stored in a small computer as we collect the data. Whatever information your child provides will be kept private and will not be shown to anyone outside of the study team.

For children ages 10-14 years, this study asks some questions about HIV/AIDS, knowledge of how to fight HIV/AIDS, seeing and hearing HIV messages and some questions on personal sexual behaviour. Questions in the children survey will be different from the adult questionnaire.

[Provide a copy of the children questionnaire to the parent/guardian of all eligible children ages 10-14. Pause to allow the parent/guardian time to look at the children questionnaire and ask questions.]

Your child taking part in the survey is up to you. If you do not want (name of minor) to take part he/she does not have to. If we should come to any questions that (name of minor) does not want to answer he/she will let me know and I will go on to the next question; or she/he can stop at any time.

After completing the questionnaire, we will ask you if we can take some of your child's blood, taken either from a vein in your child's arm or from a finger-prick or heel-prick, to test for HIV. **You may agree to the interview without agreeing to let us take some of your child's blood.**

Allowing your child to be in the study is up to you. Please take your time to decide. Before you decide, is important that you know the following:

- The study will only include people who choose to take part.
- Your child taking part in the study is up to you. No one can make you give permission for your child to take part if you do not want to.
- Your child may decide not to take part, or stop the study at any time. If your child does not take part or decides to stop, they will not lose their health care services.
- All of the information collected in this survey will be private and answers to these questions will not be shared with anyone outside of the study team.
- If there are any questions your child doesn't want to answer, they can tell me, and I will go on to the next question; or they can stop at any time.

Children's Questionnaire Parental/Guardian Consent (10-14 Years)

Risks and Benefits

If your child takes part in this survey, the risk to your child is small. We may ask your child questions that make your child uncomfortable. They are free to not answer any questions for any reason. The information your child gives will be kept private, but there is a very small chance that someone might share information about your child with someone outside the study. However, the benefit of taking part is that the information that you provide to us will be used to improve the health of Kenyans by helping us develop programs to fight HIV/AIDS and other disease in Kenya.

Confidentiality

What we talk about with your child will be kept private. We will not be able to tell you the answers your child gives us. We will keep the records at the Kenya National Bureau of Statistics (KNBS) and at the National AIDS and STD Control Program (NASCOP). Your child's name will not appear when we discuss this project. When the results of this study are discussed, we will focus on all answers from the big group so no one will know your child's answers.

This study is funded by the Government of Kenya, the United States Government, the United Nations, and other partners. There are no costs for you to participate in this study.

At this time, do you want to ask me anything about the survey? If you have any questions at any time, we want you to ask us.

[Interviewer: provide the following information to the parent/guardian:]

If you feel that you have been harmed by your participation you should contact the deputy director of the survey (Dr. Davies Kimanga).

National AIDS and STD Control Program (NASCOP): Dr. Davies Kimanga
P O Box 19361-00200 Nairobi
Tel: 2729549

If you have any additional questions about the study you can contact the technical manager of the survey (Dr. Collins Opiyo).

Kenya National Bureau of Statistics (KNBS): Dr. Collins Opiyo
P O Box 30266-00100 Nairobi
Tel: 205544067, 317783/86
Email: dpss@knbs.or.ke

If you have any questions on what your rights are as a participant in this study you can contact the Secretary Ethical Review Committee at KEMRI.

Secretary of Ethical Review Committee:
Kenya Medical Research Institute (KEMRI)
P O Box 54840 – 00200 Nairobi
Tel: 020-2722541, 072222050901; 0733400003
Email: erc@kemri.org

Children's Questionnaire Parental/Guardian Consent (10-14 Years)

Does (name of minor) have any hearing/mental disabilities that would hinder him/her from answering questions about themselves?

YES ☐ NO ☐

May I interview (name of minor)? YES ☐ NO ☐

Interviewer Name: _____

Interviewer Signature: _____ Date: _____

[Interviewer: Indicate whether parent/guardian says "Yes" or "NO" to the above statements, write your name and sign/initial on the above line and record the date].

Interviewer:

- Record the decision on the individual child questionnaire for children ages 10-14 years.

Once parent/guardian consent is given, ask child/youth for assent using the Children Questionnaires Assent.

Children's Questionnaire Assent (10-14 Years)

[Interviewer: The statement should be read to all participants ages 10-64 years. In the case of participants ages 10-17 years; consent must be obtained from a parent/guardian or other adult responsible for the child/youth's health and welfare (Consent #3) before the child/youth is asked for his/her assent. Only if the parent of guardian consents will youth ages 10-17 be requested to assent.

Throughout the process of obtaining consent, it is important that you are patient and allow the respondent to ask questions and to consider the decision. Never rush or otherwise pressure the respondent to give consent or assent. [Provide a copy of this consent script to all eligible persons ages 10-14]

Hello. My name is _____ and I am working with the Ministry of Health and Public Sanitation. We are conducting a survey with the National AIDS and STD Control Program and the National Public Health Laboratory of the Ministry of Health and Public Sanitation, the Kenya National Bureau of Statistics, the University of California San Francisco and the US Centers for Disease Control and Prevention. This survey asks children ages 10-14 some questions about awareness of HIV/AIDS, knowledge of prevention of HIV, knowledge of HIV messages and some questions on your behaviour. Approximately 8,000 children will be participating in this national survey.

We have talked to your parents/guardians and they said it was okay to ask you if you want to do this. We would very much appreciate your participation in this survey as your views are important. The information we are collecting will help the government plan for health services. The survey usually takes about 20 minutes to complete. All the answers you give will be kept private and will not be shown to anyone outside of the study team. We will not share your answers with your family.

After completing the questionnaire we will ask you for some blood to be taken either from a vein in your arm or from a finger-prick or heel-prick, to test for HIV. **You may agree to the interview without agreeing to give your blood.**

Being in the study is your choice. Please take your time to make your decision about taking part. Before you make your decision, it is important that you know the following:

- The study will only include people who choose to take part.
- Your participation in this study is up to you. No one can make you take part if you do not want to.
- You may decide not to answer the questions, or to stop the study at any time. If you do not take part or decide to stop, you will not lose your health care services.
- All of the information collected in this survey will be private and answers to these questions will not be shared with anyone outside of the study team.
- If there are any questions you don't want to answer, just let me know and I will go on to the next question; or you can stop at any time.

Risks and Benefits

If you take part of this survey, the risk to you is small. We ask you questions that might make you feel uncomfortable. You are free to not answer any questions for any reason. The information you give us will be kept private, but there is a very small chance that someone might share information about you with someone outside the study. However, the benefit of taking part is that the information that you provide to us will be used to improve the health of Kenyans by helping us develop programs to fight HIV/AIDS and other diseases in Kenya.

Confidentiality

What we talk about will be kept private, even from your family. We will keep the records using numbers, not names. We will keep the records at the Kenya National Bureau of Statistics (KNBS) and at the National AIDS and STD Control Program (NASCOP). Your name will not appear when we discuss this project. When the results of this study are discussed, we will focus on all answers from the big group so no one will know your answers.

Children's Questionnaire Assent (10-14 Years)

This study is funded by the Government of Kenya, the United States Government, the United Nations, and other partners. There are no costs for you to participate in this study.

At this time, do you want to ask me anything about the survey? If you have any questions at any time, we want you to ask us.

[Interviewer: provide the following information to the participant:]

If you feel that you have been harmed by your participation you should contact the deputy director of the survey (Dr. Davies Kimanga).

National AIDS and STD Control Program (NAS COP): Dr. Davies Kimanga

P O Box 19361-00200 Nairobi

Tel: 2729549

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Kenya Medical Research Institute (KEMRI)

P O Box 54840 – 00200 Nairobi

Tel: 020-2722541, 072222050901; 0733400003

Email: erc@kemri.org

May I begin the interview now?

YES ☐

NO ☐

Interviewer Name: _____

Interviewer Signature: _____ Date: _____

[Interviewer: Record assent of participants ages 10-14 years only after receiving consent from the parent/guardian. Write your name and sign/initial on the above line and record the date. Record the decision on the individual questionnaire for each eligible person age 10-14].

KAIS 2012 CHILDREN'S QUESTIONNAIRE (10-14 YEARS)

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
START TIME			
START	Record the start time. USE 24 HOUR TIME. IF START TIME IS 3:12 PM, RECORD 15 HOURS, 12 MINUTES, NOT 03 HOURS, 12 MINUTES.	HOUR: <input type="text"/> <input type="text"/> MINUTES: <input type="text"/> <input type="text"/>	
MODULE 1: RESPONDENT BACKGROUND			
101	When is your date of birth? DON'T KNOW DAY RECORD '88' DON'T KNOW MONTH RECORD '88' DON'T KNOW YEAR RECORD '8888'	DAY: <input type="text"/> <input type="text"/> MONTH: <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
102	How old were you at your last birthday? COMPARE AND CORRECT 101 AND/OR 102 IF INCONSISTENT DON'T KNOW AGE RECORD '88'	AGE IN COMPLETED YEARS: <input type="text"/> <input type="text"/>	
103	Are you a boy or a girl?	BOY.....1 GIRL.....2	
104	Do you go to school?	YES.....1 NO.....2	→ 106
105	What class are you in?	NURSERY/KINDERGARTEN.....1 PRIMARY.....2 POST-PRIMARY/VOCATIONAL.....3 SECONDARY/ (FORM 1-4/GCE).....4 OTHER.....96 _____ (SPECIFY)	→ 106

KAIS 2012 CHILDREN'S QUESTIONNAIRE (10-14 YEARS)			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
106	What is the highest level of school you ever completed?	NURSERY/KINDERGARTEN.....1 PRIMARY.....2 POST-PRIMARY/VOCATIONAL.....3 SECONDARY/ (FORM 1-4/GCE).....4 OTHER.....96 <hr/> (SPECIFY)	
CHECK 104: IF '1' YES → 201			
107	What is the <u>main</u> reason you are not attending school?	I HAVE BEEN SICK.....1 I DON'T FEEL SAFE TRAVELING TO SCHOOL.....2 I DON'T FEEL SAFE WHILE IN SCHOOL.....3 I DON'T LIKE SCHOOL.....4 I HAVE TO LOOK AFTER MY YOUNGER BROTHERS AND SISTERS.....5 I HAVE TO LOOK AFTER A SICK FAMILY MEMBER.....6 THERE'S NOT ENOUGH MONEY TO SEND ME TO SCHOOL.....7 SCHOOL IS TOO FAR AWAY.....8 I HAVE TO WORK.....9 I HAVE A CHILD (GIRLS ONLY).....10 I AM PREGNANT (GIRLS ONLY).....11 I MISSED TOO MUCH SCHOOL BECAUSE OF MY PERIOD (MENSTRUATION) (GIRLS ONLY).....12 OTHER.....96 <hr/> (SPECIFY)	

KAIS 2012 CHILDREN'S QUESTIONNAIRE (10-14 YEARS)			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
MODULE 2: KNOWLEDGE, ATTITUDES, AND SOURCES OF HIV RISK PERCEPTION			
➤ INTERVIEWER SAY: "Now I would like to ask you some questions about what you know about some things related to health."			
201	Have you ever heard of an infection called HIV, the virus that causes AIDS?	YES.....1 NO.....2 DON'T KNOW.....8	<div> <div></div> <div>→ 301</div> </div>
202	From where have you learned about HIV or AIDS? PROBE: Anywhere else? RECORD ALL MENTIONED	A. SCHOOLS/TEACHERS..... <input type="checkbox"/> B. PARENTS/GAURDIAN/ FAMILY/FRIENDS..... <input type="checkbox"/> C. RELIGIOUS LEADERS..... <input type="checkbox"/> D. INTERNET..... <input type="checkbox"/> E. MOBILE PHONES..... <input type="checkbox"/> F. HEALTH PROVIDERS/DOCTORS/ NURSES/CLINICAL OFFICERS..... <input type="checkbox"/> G. TELEVISION/FILM..... <input type="checkbox"/> H. RADIO..... <input type="checkbox"/> I. OTHER..... <input type="checkbox"/> _____ (SPECIFY)	
203	Have you <u>ever</u> discussed HIV or AIDS with your parents or guardian?	YES.....1 NO.....2 DON'T KNOW.....8	
204	Can one reduce their chance of getting HIV by not having sex at all?	YES.....1 NO.....2 DON'T KNOW.....8	
205	Can one reduce their chance of getting HIV by using condoms when having sex?	YES.....1 NO.....2 DON'T KNOW.....8	
206	Can a healthy-looking person have HIV or AIDS?	YES.....1 NO.....2 DON'T KNOW.....8	

KAIS 2012 CHILDREN'S QUESTIONNAIRE (10-14 YEARS)			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
207	Can a mother with HIV or AIDS pass HIV to her unborn baby?	YES.....1 NO.....2 DON'T KNOW.....8	
208	Are there medicines that people with HIV or AIDS can take to help them live longer?	YES.....1 NO.....2 DON'T KNOW.....8	
MODULE 3: HIV PREVENTION INTERVENTIONS			
<p>PREFACE TO QUESTIONS 301-306: Have you taken part in any of the following HIV prevention programs?</p> <p>INTERVIEWER: SHOW CHILD LOGO FOR EACH PROGRAM</p>			
301	Families Matter Program?	YES.....1 NO.....2 DON'T KNOW.....8	
302	Healthy Choices?	YES.....1 NO.....2 DON'T KNOW.....8	
303	Watched the TV drama called <i>Shuga</i>	YES.....1 NO.....2 DON'T KNOW.....8	
304	<i>G-Pange?</i>	YES.....1 NO.....2 DON'T KNOW.....8	
305	Chill Club	YES.....1 NO.....2 DON'T KNOW.....8	
306	Life skills program?	YES.....1 NO.....2 DON'T KNOW.....8	

KAIS 2012 CHILDREN'S QUESTIONNAIRE (10-14 YEARS)			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
MODULE 4: CIRCUMCISION			
CHECK 103 (SEX OF CHILD): IF '1' BOY → 401. IF '2' GIRL → 501.			
401	Are you circumcised?	YES.....1 → 501 NO.....2 DON'T KNOW.....8	
402	Are your parents planning to have you circumcised?	YES.....1 NO.....2 DON'T KNOW.....8	

KAIS 2012 CHILDREN'S QUESTIONNAIRE (10-14 YEARS)			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
MODULE 5: SEXUAL ACTIVITY			
<p><u>CHECK 102 (AGE OF CHILD):</u></p> <p>IF CHILD IS 10 OR 11 YEARS OLD THEN →801</p> <p>IF CHILD IS 12 TO 14 YEARS →501</p> <p>ALL QUESTIONS IN MODULE 5, 6, AND 7 ARE ASKED <u>ONLY</u> FOR CHILDREN AGED 12 TO 14 YEARS.</p>			
<p>➤ INTERVIEWER SAY: “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.”</p> <p>NOTE TO INTERVIEWER: PLEASE LOOK OUT FOR SIGNS OF DISTRESS IN CHILD WHEN ASKING THE FOLLOWING SEXUAL BEHAVIOUR QUESTIONS. IF THE CHILD SEEMS DISTRESSED, ASK CHILD IF THEY WANT TO STOP THE INTERVIEW. IF THE DISTRESS CONTINUES, OFFER APPROPRIATE REFERRALS IF THEY WISH TO SEEK COUNSELING OR OTHER SUPPORT SERVICES.</p>			
501	Have you ever had sex?	YES.....1 NO.....2 I DON'T KNOW WHAT SEX IS.....3 REFUSED.....98	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> → 601 </div>
502	What types of sex have you had? PROBE: Anything else? RECORD ALL MENTIONED. DO NOT READ RESPONSES. PROBE FOR MULTIPLE RESPONSES.	A. ORAL..... <input type="checkbox"/> B. ANAL..... <input type="checkbox"/> C. VAGINAL..... <input type="checkbox"/> D. OTHER..... <input type="checkbox"/> _____ (SPECIFY) E. REFUSED..... <input type="checkbox"/>	

KAIS 2012 CHILDREN'S QUESTIONNAIRE (10-14 YEARS)

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP		
503	What was the <u>main</u> reason that you had sex for the first time?	IT JUST HAPPENED.....1 MY FRIENDS LED ME TO HAVE SEX.....2 TO PROVE MY LOVE.....3 I WANTED TO HAVE SEX.....4 MY BOYFRIEND/GIRLFRIEND LED ME TO HAVE SEX.....5 I WAS DRUNK OR TAKING DRUGS.....6 I WAS TRICKED.....7 I WAS THREATENED/FORCED/RAPED.....8 FOR MONEY/GIFTS.....9 I WANTED TO HAVE A BABY.....10 OTHER.....96 _____ (SPECIFY) DON'T KNOW.....88 REFUSED.....98			
504	How old were you when you had sexual intercourse for the very <u>first</u> time? IF "DON'T KNOW" THEN RECORD '88' IF RESUSED RECORD '98'	AGE IN YEARS: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table>			
505	Was the first person you had sex with older, younger, or the same age as you?	OLDER THAN ME.....1 SAME AGE AS ME2 YOUNGER THAN ME.....3 DON'T KNOW.....88 REFUSED.....98	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 40px; margin: 0 auto; width: 20px;"></div> <div style="position: absolute; left: 10px; top: 50%; transform: translateY(-50%);">→ 506</div>		
505A	How much older than yourself was the first person you had sex with?	10 OR MORE YEARS OLDER.....1 5 -9 YEARS OLDER.....2 1-4 YEARS OLDER.....3 DON'T KNOW.....88 REFUSED.....98			
506	The first time you had sex, was a condom used?	YES.....1 NO.....2 DO NOT KNOW WHAT CONDOM IS.....3 DON'T KNOW.....88 REFUSED.....98	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 40px; margin: 0 auto; width: 20px;"></div> <div style="position: absolute; left: 10px; top: 50%; transform: translateY(-50%);">→ 511</div>		

KAIS 2012 CHILDREN'S QUESTIONNAIRE (10-14 YEARS)

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
507	The <u>last</u> time you had sex was a condom used?	YES.....1 NO.....2 DON'T KNOW.....88 REFUSED.....98	
508	How often was a condom used when you had sex?	ALWAYS.....1 SOMETIMES.....2 NEVER.....3 DON'T KNOW.....88 REFUSED.....98	
509	Do you know where to get a condom?	YES.....1 NO.....2 → 511 REFUSED.....98	
510	Where would you get a condom? PROBE: Anywhere else? DO NOT READ RESPONSES. PROBE FOR MULTIPLE RESPONSES. RECORD ALL MENTIONED.	A. HEALTH FACILITY/CLINIC/ HOSPITAL..... <input type="checkbox"/> B. PHARMACY..... <input type="checkbox"/> C. SHOP/SUPERMARKET/ MARKET KIOSK..... <input type="checkbox"/> D. FRIENDS..... <input type="checkbox"/> E. PARENTS/GUARDIANS/ FAMILY..... <input type="checkbox"/> F. PUBLIC PLACES (TOILETS, CLUBS)..... <input type="checkbox"/> G. GIRLFRIEND/BOYFRIEND..... <input type="checkbox"/> H. OTHER..... <input type="checkbox"/> _____ (SPECIFY)	
511	How many different people have you ever had sex with? IF A NON-NUMERIC ANSWER IS GIVEN ("I'VE HAD MANY"), PROBE TO GET AN ESTIMATE. IF NO PARTNERS RECORD '00'. IF RESPONDENT CAN'T ESTIMATE RECORD '88'. IF RESPONDENT REFUSES TO RECORD '98'	NUMBER OF PARTNERS: <input type="text"/> <input type="text"/>	


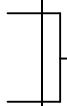
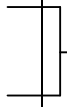
KAIS 2012 CHILDREN'S QUESTIONNAIRE (10-14 YEARS)			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
512	<p>CHECK 103 (SEX) TO DETERMINE WHICH QUESTION TO READ:</p> <p>IF '1' BOY THEN READ: Have you ever made someone pregnant?</p> <p>IF '2' GIRL THEN READ: Have you ever been pregnant?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....88</p> <p>REFUSED.....98</p>	
MODULE 6: HIV RISK PERCEPTION			
<p><u>CHECK 102 (AGE OF CHILD):</u> IF CHILD IS 10 OR 11 YEARS OLD THEN →801 IF CHILD IS 12 TO 14 YEARS →601 MODULE 6 IS ONLY ASKED FOR RESPONDENTS 12 TO 14 YEARS.</p>			
601	Do you think you have a chance of getting HIV?	<p>YES.....1</p> <p>NO.....2</p> <p>I HAVE HIV.....3</p> <p>DON'T KNOW.....8</p>	<p>→ 701</p>
602	<p>Why do you think you have a chance of getting HIV?</p> <p>PROBE: Anything else?</p> <p>DO NOT READ RESPONSES. PROBE FOR MULTIPLE RESPONSES. RECORD ALL MENTIONED.</p>	<p>A. I HAVE HAD SEX WITHOUT A CONDOM..... <input type="checkbox"/></p> <p>B. I HAVE MANY BOY/GIRLFRIENDS..... <input type="checkbox"/></p> <p>C. I HAVE HAD A BLOOD TRANSFUSION..... <input type="checkbox"/></p> <p>D. I HAVE INJECTED/INJECT DRUGS..... <input type="checkbox"/></p> <p>E. MY MOTHER/FATHER HAS HIV/AIDS..... <input type="checkbox"/></p> <p>F. I AM NOT CIRCUMCISED..... <input type="checkbox"/></p> <p>G. I DON'T TRUST MY BOYFRIEND/GIRLFRIEND..... <input type="checkbox"/></p> <p>H. I AM SICK..... <input type="checkbox"/></p> <p>I. MY GIRL/BOYFRIEND IS SICK..... <input type="checkbox"/></p> <p>J. MY BOY/GIRLFRIEND DIED..... <input type="checkbox"/></p> <p>K. I HAD AN ACCIDENT/CUTS..... <input type="checkbox"/></p> <p>L. OTHER..... <input type="checkbox"/></p> <p>_____ (SPECIFY)</p> <p>M. REFUSED..... <input type="checkbox"/></p>	

KAIS 2012 CHILDREN'S QUESTIONNAIRE (10-14 YEARS)			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
MODULE 7: SOCIAL NORMS, INTENTION TO ABSTAIN, SELF-EFFICACY AND ASSERTIVENESS			
<p><u>CHECK 102 (AGE OF CHILD):</u> IF CHILD IS 10 OR 11 YEARS OLD THEN →801 MODULE 7 IS ONLY ASKED FOR RESPONDENTS 12 TO 14 YEARS.</p> <p><u>ALSO CHECK 501 (EVER HAD SEX)</u> IF '2' 'NO NEVER HAD SEX' → 701. ALL OTHER RESPONSES →801</p>			
➤ INTERVIEWER SAY: "Now I would like to ask you some questions about the future."			
701	Will you have sex before you get married?	YES.....1 NO.....2 DON'T KNOW.....88 REFUSED.....98	
702	Do you think all, many, some, a few or none of your friends are having sex?	ALL.....1 MOST.....2 SOME.....3 A FEW.....4 NONE.....5 DON'T KNOW.....88 REFUSED.....98	
703	Do you think you will abstain (not have sex) in the next one year?	YES.....1 NO.....2 DON'T KNOW.....88 REFUSED.....98	
704	If you did not want to have sex with someone, could you tell them that you do not want to have sex with them?	YES.....1 NO.....2 DON'T KNOW.....88 REFUSED.....98	

KAIS 2012 CHILDREN'S QUESTIONNAIRE (10-14 YEARS)

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
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MODULE 8: HIV TESTING

801	Have you ever been tested for HIV?	YES.....1 NO.....2 DON'T KNOW.....88 REFUSED.....98	 901
802	When was the last time you were tested?	LESS THAN 12 MONTHS AGO.....1 12-23 MONTHS AGO.....2 2 OR MORE YEARS AGO.....3 DON'T KNOW.....88 REFUSED.....98	
803	Did you receive the results of your last HIV test?	YES.....1 NO.....2 DON'T KNOW.....88 REFUSED.....98	 901
804	Would you be willing to tell me the last HIV test result you received?	YES.....1 NO.....2 DON'T KNOW.....88 REFUSED.....98	 901
805	What were the results of that HIV test?	POSITIVE.....1 NEGATIVE.....2 INDETERMINATE.....3 DON'T KNOW.....88	

KAIS 2012 CHILDREN'S QUESTIONNAIRE (10-14 YEARS)			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
MODULE 9: ALCOHOL AND DRUGS			
➤ INTERVIEWER SAY: "I would like to 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."			
901	Have you ever taken alcohol?	YES.....1 NO.....2 DON'T KNOW.....88 REFUSED.....98	→ 904
902	During the past 3 months, on how many days did you have at least one drink containing alcohol? IF "HAVEN'T HAD A DRINK IN PAST 3 MONTHS" THEN RECORD '00' IF "DON'T KNOW" THEN RECORD '88' IF REFUSED THEN RECORD '98'	NUMBER OF DAYS: <input type="text"/> <input type="text"/> IF '00' DAYS	→ 904
903	During the past 3 months, on the days you drank alcohol, how many drinks did you usually drink per day? IF "DON'T KNOW" THEN RECORD '88' IF REFUSED THEN RECORD '98'	NUMBER OF ALCOHOLIC DRINKS PER DAY: <input type="text"/> <input type="text"/>	
904	Have you ever tried drugs such as Miraa, Bhang, Glue, Kuber, Mandrax, Cocaine, Heroin and others?	YES.....1 NO.....2 DON'T KNOW.....88 REFUSED.....98	→ 1001
PREFACE FOR 905-912: Have you ever tried any of the following drugs:			
905	Khat/Miraa?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....98	
906	Glue, Petrol/Gundi?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....98	

KAIS 2012 CHILDREN'S QUESTIONNAIRE (10-14 YEARS)

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
907	Bhangi/Bangi?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....98	
908	Mandrax?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....98	
909	Cocaine?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....98	
910	Heroin?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....98	
911	Kuber/Tobacco?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....98	
912	Have you used <u>other</u> drugs not listed above?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....98 IF YES: _____	

KAIS 2012 CHILDREN'S QUESTIONNAIRE (10-14 YEARS)			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
MODULE 10: HIV STIGMA			
CHECK 201: IF '2' NO OR '8' DON'T KNOW, GO TO END OF INTERVIEW.			
1001	Would you be willing to share food with someone who has HIV or AIDS?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....98	
1002	Would you play with someone who has HIV or AIDS?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....98	
➤ INTERVIEWER SAY: "This is the end of the survey. Thank you very much for your time and for your responses."			

KAIS 2012 CHILDREN'S QUESTIONNAIRE (10-14 YEARS)			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP

END TIME			
END	<p>Record the end time.</p> <p>USE 24 HOUR TIME.</p> <p>IF START TIME IS 3:12 PM, RECORD 15 HOURS, 12 MINUTES, NOT 03 HOURS, 12 MINUTES.</p>	<p>HOUR: <input type="text"/> <input type="text"/></p> <p>MINUTES: <input type="text"/> <input type="text"/></p>	

INTERVIEWER OBSERVATIONS:
TO BE COMPLETED AFTER THE INTERVIEW:

COMMENTS ABOUT RESPONDENT:

COMMENTS ABOUT SPECIFIC QUESTIONS:

GENERALS QUESTIONS:

Parental/Guardian Consent For Blood Draw, Central Testing and Storage (1 of 3)

[Laboratory Technician: The statement should be read to parents/guardians of children and youth age 18 months-17 years. Consent must be obtained from a parent/guardian responsible for the child's health and welfare before the child/youth (10-17 years) is asked for assent. Only if the parent or guardian agrees will assent be asked of child/youth age 10-17 years.]

Throughout the process of obtaining consent/assent, it is important that you are patient and allow the respondent to ask questions and to consider the decision. Never rush or otherwise pressure the respondent to give consent. [Provide a copy of this consent script to all parents of eligible children aged 18months-17years]

As you know, we are conducting a national survey about HIV/AIDS and other HIV-related health issues. As part of this research, we are asking parents/guardians to provide us with consent for their children age 18 months to 17 years, to give a few drops of blood to test later in the laboratory in order to know how many people have HIV and need services. This information is very important to help the Ministry of Health plan for programs to treat HIV. If you agree to take part, I will ask you to let us draw a small amount of blood, equal to two teaspoons of blood, from a vein in child's your arm. I will put a study number, but not their name, on the container with the blood, so that all of your child's information is private and nobody else will be able to know your child's results. The blood will then be sent to the National Reference Laboratory in Nairobi where it will be tested for the following tests to better understand HIV in Kenya:

- Detection of HIV
- CD4 Counts

Here is some information on HIV infection and CD4 Counts.

[Interviewer: Provide the respondent with the brochure including information on HIV and CD4 Count. Pause to allow the respondent time to look at the brochure and ask questions].

We will not be keeping your child's name on the blood sample that is sent to Nairobi for testing, so we will not be able to return these results to you.

If you agree to this testing, the risk to your child is small. The materials used in taking the blood are clean and safe. They have never been used before and will be thrown away after each use.

Your child may get some bruising where the blood is taken from your arm. If your child has any discomfort, bleeding, or swelling at the site, please contact our study staff or your health worker.

Blood Storage: We ask you to allow the Ministry of Health to store part of your child's blood sample at the laboratory in Nairobi to be used for testing in the future. We are not certain exactly what tests will be done but they will involve testing for infections or chemicals that affect health or illness. Your blood will be stored for at least five years.

No one will be able to trace these future tests back to your child. Since we will not be keeping your child's name on the blood sample, we will not be able to contact you with results from future testing. However, if you allow your blood to be used, we may be able to find out things that will help improve health in Kenya.

Your child may join in this study without having his/her blood sample stored for future studies.

At this time, do you want to ask me anything about:

- The blood draw?
- Testing in the laboratory?

Parental/Guardian Consent For Blood Draw, Central Testing and Storage (2 of 3)

If you have any questions at any time, we want you to ask us.

If you feel that you or your child have been harmed by your participation you should contact the deputy director of the survey (Dr. Davies Kimanga).

National AIDS and STD Control Program (NASCOP): Davies Kimanga
P O Box 19361-00200 Nairobi
Tel: 2729549

If you have any additional questions about the study you can contact the technical manager of the survey (Dr. Collins Opiyo).

Kenya National Bureau of Statistics (KNBS): Collins Opiyo
P O Box 30266-00100 Nairobi
Tel: 216134

If you have any questions on what your rights are as a participant in this study you can contact the Secretary Ethical Review Committee at KEMRI.

Secretary of Ethical Review Committee:
Kenya Medical Research Institute (KEMRI)
P O Box 54840 – 00200 Nairobi
Tel: 020-2722541, 072222050901; 0733400003
Email: erc@kemri.org

[Laboratory Technician]:

You can say yes or no to giving blood.

- Would you allow me to take some blood from child's your arm for HIV testing in the laboratory?

YES ☐ NO ☐

- Will you allow us to keep your child's blood sample stored for later testing?

YES ☐ NO ☐

[Laboratory Technician]

Provide a copy of the script to the participant.

Please use the Laboratory consent/assent form to record the consent of each eligible participant.

Parental/Guardian Consent For Blood Draw, Central Testing and Storage (3 of 3)

[Laboratory Technician: If the respondent does not want to provide a venous blood sample or it is not feasible to take a venous blood sample, read the following statement:]

We can do the test for HIV with a few drops of blood from your child's finger or heel. The materials used in pricking your finger to take the blood sample are clean and safe. They have never been used before and will be thrown away after each use. No names would be attached so that no one will be able to know your child's test results.

Do you have any questions about the finger/heel prick? If you have any questions at any time, we want you to ask us.

[Interviewer: provide the following information to the participant:]

If you feel that you or your child have been harmed by your participation you should contact the deputy director of the survey (Dr. Davies Kimanga).

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You can say yes or no to giving blood. It is up to you to decide.

- Would you allow me to take some of your child's blood from their finger/heel for HIV testing in the laboratory?

YES ☐ NO ☐

[Laboratory Technician]

- Provide a copy of the script to the participant.
- Please use the Laboratory consent/assent form to record the consent of the parent/guardian.

Lab Tech Name: _____

Lab Tech Signature: _____ Date: _____

Assent for Blood Draw, Central Testing and Storage (1 of 3)

[Laboratory Technician: The statement should be read to all eligible participants age 10-64 years.]
[In the case of all other children or youth ages 18 months-17 years, consent must be obtained from a parent/guardian or other adult responsible for the child or youth's health and welfare (Consent #5). Only if the parent of guardian consents will youth ages 10-17 be requested to assent.]

Throughout the process of obtaining consent or assent, it is important that you are patient and allow the respondent to ask questions and to consider the decision. Never rush or otherwise pressure the respondent to give consent or assent. [Provide a copy of this consent script to all eligible persons age 10-64]

[Interviewer introduces Laboratory Technician]

My colleague is _____ and he/she is a member of the survey team and will be providing you information about testing options in this survey.

[Laboratory Technician]

Read to all: As you know, we are conducting a national survey about HIV/AIDS and other HIV-related health issues. As part of this study, we are asking people to give a few drops of blood to test later in the laboratory in order to know how many people have HIV and need services. This information is very important to help the Ministry of Health plan for programs to fight HIV.

For ages 10-17 years read:

We have talked to your parents and they said it was ok to ask you if you wanted to do this.

Read to all:

If you agree to take part, I will ask you to let us draw a small amount of blood, equal to two teaspoons of blood, from a vein in your arm. I will put a study number, but not your name, on the container with the blood, so that all of your information is private and nobody else will be able to know your results. The blood will then be sent to the National Reference Laboratory in Nairobi where it will be used for the following tests to help us better understand HIV in Kenya:

- Detection of HIV
- CD4 Counts

Here is some information on HIV infection and CD4 Counts.

[Interviewer: Provide the respondent with the brochure including information on HIV and CD4 Counts. Pause to allow the respondent time to look at the brochure and ask questions].

We will not be keeping your name on the blood sample that is sent to Nairobi for testing, so we will not be able to return these results to you. If you agree to this testing the risk to you is small. The materials used in taking the blood have never been used before, are clean, and safe. They will be thrown away after they have been used to take your blood. You may get some bruising where the blood is taken from your arm. If you have any discomfort, bleeding, or swelling at the site, please contact our study staff or your health worker.

Blood Storage: We ask you to allow the Ministry of Health to store some of your blood at the laboratory in Nairobi for future testing. We are not certain exactly what tests will be done but they may involve testing for infections or chemicals that affect health or illness. Your blood will be stored for at least five years.

No one will be able to trace these future tests back to you. Since we will not be keeping your name on the blood sample, we will not be able to contact you with results from future testing. However, if you allow your blood to be used, we may be able to find out things that will help improve health in Kenya.

You may agree to let us test your blood for HIV and CD4 counts and not agree to have your blood sample stored for future studies.

Assent for Blood Draw, Central Testing and Storage (2 of 3)

At this time, do you want to ask me anything about:

- The blood draw?
- Testing in the laboratory?
- Storage of blood for later testing?

If you have any questions at any time, we want you to ask us.

If you feel that you have been harmed by your participation you should contact the deputy director of the survey (Dr. Davies Kimanga).

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[Laboratory Technician]:

You can say yes or no to giving blood.

- Would you allow me to take some of your blood from your arm for HIV testing in the laboratory?

YES ☐ NO ☐

- Will you allow us to keep the blood sample stored for later testing?

YES ☐ NO ☐

[Laboratory Technician]

- Provide a copy of the script to the participant.
- Please use the Laboratory consent/assent form to record the consent of each eligible participant.

Assent for Blood Draw, Central Testing and Storage (3 of 3)

[Laboratory Technician: If the respondent does not want to provide a venous blood sample or it is not feasible to take a venous blood sample, read the following statement:]

We can do the test for HIV with a few drops of blood from your finger or heel. The materials used in pricking your finger to take the blood are clean and safe. They have never been used before and will be thrown away after we have taken your blood. No names would be attached so that no one will be able to know your test results.

Do you have any questions about the finger/heel prick? If you have any questions at any time, we want you to ask us.

[Interviewer: provide the following information to the participant:]

If you feel that you have been harmed in any way by your participation you should contact the deputy director of the survey (Dr. Davies Kimanga).

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You can say yes or no to giving blood. It is up to you to decide.

- Would you allow me to take some blood from your finger/heel for HIV testing in the laboratory?

YES ☐ NO ☐

[Laboratory Technician]

- Provide a copy of the script to the participant.
- Please use the Laboratory consent/assent form to record the consent of each eligible participant.

Lab Tech Name: _____

Lab Tech Signature: _____ Date: _____

