

ENGLISH



CONFIDENTIAL

MINISTRY OF HEALTH
KENYA AIDS INDICATOR SURVEY 2012
INDIVIDUAL ADULT FEMALE QUESTIONNAIRE

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

Consent/Assent 2: Individual Questionnaire Consent/Assent (1 of 3)

[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 or guardian agrees will assent be asked of 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 eligible persons ages 10-64]

For ages 18-64 or emancipated minors read:

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 research asks women and men about HIV/AIDS. Approximately 10,475 households with about 24,000 adults and 8,000 children will be participating in this national survey.

We would very much appreciate if you take part in this survey as your views are important. The information you give to us will help us to plan for health services. Some of these questions will be about your behaviour. The survey usually takes about 45 minutes. All the survey information will be confidentially recorded and stored in a small computer as we collect the data. Whatever information you give will be kept private and will not be shown to anyone outside of the study team.

For youth ages 15-17 read:

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, and the US Centers for Disease Control and Prevention. This research asks women and men questions about HIV/AIDS. Approximately 24,000 adults and 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 if you take part in this survey as your views are important. The information will help us plan for health services. Some of these questions will be about your personal sexual behaviour. The survey usually takes about 45 minutes. All the answers you give will be kept private and will not be shown to anyone outside of the study team.

For ages youth ages 10-14 read:

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, 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 to 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.

Consent/Assent 2: Individual Questionnaire Consent/Assent (2 of 3)

Read to All:

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, 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.
- 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 may be uncomfortable to answer. You are free to not answer any questions that you feel are too uncomfortable. The information you give us private but there is a very small chance that someone might tell information about you with someone outside the study. However, the benefits 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 will be kept private, even among your family. We will keep the records using numbers, not names. We will keep the records at Kenya National Bureau of Statistics (KNBS) and at the National AIDS and STD Control Program (NAS COP). 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.

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

Consent/Assent 2: Individual Questionnaire Consent/Assent (3 of 3)

[Interviewer Read:]

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

May I begin the interview now? YES ☐ NO ☐

Interviewer Name: _____

Interviewer Signature: _____ Date: _____

[Interviewer: Indicate whether participant says “Yes” or “NO” to the above statement, write your name and sign/initial on the above line and record the date. Record decision on individual questionnaire for each eligible person age 10-64].

- ***Record consent of all adults and emancipated minors (those with no parent/guardian or those who are not living with their parent/guardian).***
- ***For participants ages 10-17 years: Record consent of parent/guardian (Consent #3). Then record the assent of participants ages 10-17 years (Consent #2).***

Consent 3: Individual Questionnaire Parental/Guardian Consent (10-17 Years) 1 of 3

[Interviewer: The statement should be read to parents/guardians of youth ages 10-17. 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 consent (Consent #2). Only if the parent or guardian agrees will assent be asked of 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. [Interviewer: Provide a copy of this consent script to all parents of eligible youth ages 10-17]

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 118,000 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 and 45 minutes for youth 15-17 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 youth ages 15-17 years, this research asks some questions about HIV-related issues and some of the questions will be about their personal sexual behaviour. These questions will be the same questions in the adult questionnaire.

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.

[Interviewer: 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.]

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 for 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 give your child's blood.**

Consent 3: Individual Questionnaire Parental/Guardian Consent (10-17 Years) 2 of 3

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

- The study will only include people who choose to take part.
- Taking part in the study is up to you. No one can make you 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.
- If there are any questions your child doesn't want to answer, they just let me know and I will go on to the next question; or they can stop at any time.

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 may be uncomfortable to answer. They are free to not answer any questions that they feel are too uncomfortable to answer. The information your child gives us very private but there is a very small chance that someone might tell information about your child with someone outside the study. However, the benefits 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 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 tell us.

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:]

Consent 3: Individual Questionnaire Parental/Guardian Consent (10-17 Years) 3 of 3

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 (NASCO): 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
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Tel: 020-2722541, 072222050901; 0733400003
Email: erc@kemri.org

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 participant says “YES” or “NO” to the above statement, write your names and sign/initial on the above line and record the date].

Interviewer:

- Record decision on individual adult questionnaire for youth ages 15-17 years.
- Record decision on individual child questionnaire for children ages 10-14 years.

Once parent/guardian consent is given, ask child/youth for assent using Consent # 2.

- Record the individual assent of each child/youth on their respective individual questionnaires.

KAIS 2012 INDIVIDUAL FEMALE			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
START TIME			
START	<p>Record the start 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>	

KAIS 2012 INDIVIDUAL FEMALE											
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP								
MODULE 1: RESPONDENT BACKGROUND											
➤ INTERVIEWER SAY: “The first set of questions is about your life in general. Afterwards, we will move on to other topics.”											
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: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
102	How old were you at your last birthday? DON'T KNOW AGE RECORD '88' COMPARE AND CORRECT 101 AND/OR 102 IF INCONSISTENT	AGE IN COMPLETED YEARS: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
103	Have you ever attended school?	YES.....1 NO.....2 → 105									
104	What is the highest level of school you completed? PROBE TO GET SPECIFIC EDUCATION LEVEL	NURSERY/KINDERGARTEN.....1 PRIMARY.....2 POST-PRIMARY/VOCATIONAL.....3 SECONDARY/ 'O' LEVEL (FORM 1-4).....4 SECONDARY/ 'A' LEVEL (FORM 5-6).....5 COLLEGE (MIDDLE LEVEL, CERTIFICATE OR DIPLOMA).....6 UNIVERSITY7 POST GRADUATE.....8 DON'T KNOW.....88									
105	Aside from your own housework, have you done any work in the last seven days for which you received a paycheck, cash or goods as payment?	YES.....1 → 107 NO.....2									
106	Aside from your own housework, have you done any work in the last 12 months for which you received a paycheck, cash or goods as payment?	YES.....1 NO.....2									

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
107	<p>How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'</p> <p>IF 'ALWAYS LIVED' RECORD '95'</p> <p>IF 'VISITOR' RECORD '96'</p>	<p>NUMBER OF YEARS: <input type="text"/> <input type="text"/></p>	
108	<p>In the last 12 months, on how many separate occasions have you traveled away from your current place of residence and slept away?</p> <p>IF NONE RECORD '00'</p> <p>IF "DON'T KNOW" RECORD '88'</p>	<p>NUMBER OF TRIPS: <input type="text"/> <input type="text"/></p> <p>IF '00' NONE OR DON'T KNOW '88' → 110</p>	
109	<p>In the last 12 months, have you been away from your current place of residence for more than one month at a time?</p>	<p>YES.....1</p> <p>NO.....2</p>	
110	<p>What is your religion?</p> <p>PROBE: IF CHRISTIAN, PROBE TO IDENTIFY CATHOLIC OR PROTESTANT/OTHER CHRISTIAN.</p>	<p>ROMAN CATHOLIC.....1</p> <p>PROTESTANT/OTHER CHRISTIAN.....2</p> <p>MUSLIM.....3</p> <p>NO RELIGION.....4</p> <p>OTHER.....96</p> <hr/> <p>(SPECIFY)</p>	

KAIS 2012 INDIVIDUAL FEMALE			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
111	<p>What is your ethnic group/tribe?</p> <p>PROBE FOR MAIN ETHNIC GROUP/TRIBE</p>	<p>EMBU.....1</p> <p>KALENJIN.....2</p> <p>KAMBA.....3</p> <p>KIKUYU.....4</p> <p>KISII.....5</p> <p>LUHYA.....6</p> <p>LUO.....7</p> <p>MASAI.....8</p> <p>MERU.....9</p> <p>MIJIKENDA.....10</p> <p>SOMALI.....11</p> <p>TAITA/TAVETA.....12</p> <p>SWAHILI.....13</p> <p>OTHER.....96</p> <hr/> <p>(SPECIFY)</p>	

KAIS 2012 INDIVIDUAL FEMALE			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
MODULE 2: MARRIAGE AND COHABITATION			
➤ INTERVIEWER SAY: “Now I would like to ask you about your current and previous relationships and/or marriages.”			
201	Have you <u>ever</u> been married or lived with a partner as if married?	YES.....1 NO.....2	→ 300
202	Have you <u>ever</u> been widowed? That is, did a spouse ever pass away while you were still married or living with them?	YES.....1 NO.....2	
203	Are you currently single, widowed, divorced, separated, or in a union? IF RESPONDENT SAYS ‘MARRIED’ RECORD ‘IN A UNION’	SINGLE (NOT IN A UNION)1 WIDOWED.....2 DIVORCED.....3 SEPARATED.....4 IN A UNION5	→ 300
204	Are you currently married or together with a partner as if married?	I'M CURRENTLY MARRIED.....1 I'M WITH A PARTNER.....2	
➤ INTERVIEWER SAY: “The next several questions are about your current husband or partner.”			
205	Is your husband/partner living with you now or is he staying elsewhere?	LIVING TOGETHER.....1 STAYING ELSEWHERE.....2	
206	Does your husband/partner have other wives or partners besides you?	YES.....1 NO.....2 DON'T KNOW.....8	→ 208
207	Including yourself, in total, how many wives or partners does your husband/partner live with now? IF RESPONDENT IS ONLY WIFE OR PARTNER THEN RECORD ‘01’ IF DON'T KNOW RECORD ‘88’	NUMBER OF WIVES OR LIVE-IN PARTNERS: <div style="display: inline-block; border: 1px solid black; width: 40px; height: 30px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 30px; vertical-align: middle;"></div>	













KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
208	<p>DO NOT READ TO RESPONDENT: RECORD THE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE OF THE RESPONDENT'S HUSBAND OR PARTNER. IF NOT LISTED IN THE HOUSEHOLD SCHEDULE, RECORD '00'.</p>	<p>LINE NUMBER OF HUSBAND OR LIVE-IN PARTNER:</p> <div> <div></div> <div></div> </div>	
209	<p>How old was your husband/partner on his last birthday?</p> <p>IF DON'T KNOW AGE RECORD '88'</p>	<p>AGE OF HUSBAND/ PARTNER:</p> <div> <div></div> <div></div> </div>	
210	<p>In what month and year did you start living with your husband/partner?</p> <p>DON'T KNOW MONTH RECORD '88'</p> <p>DON'T KNOW YEAR RECORD '8888'</p>	<p>MONTH:</p> <div> <div></div> <div></div> </div> <p>YEAR:</p> <div> <div></div> <div></div> <div></div> <div></div> </div>	

KAIS 2012 INDIVIDUAL FEMALE					
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP		
MODULE 3: REPRODUCTION					
<u>CHECK 102 (AGE):</u> IF AGE IS 15-54 YEARS OR EMANCIPATED MINOR → 300 IF AGE IS 55 YEARS OR OLDER → 401					
➤ INTERVIEWER SAY: “Now I would like to move on to some questions about children.”					
300	I would like to ask about all the births you have had during your lifetime. Have you ever given birth?	YES.....1 NO.....2	→ 345		
➤ INTERVIEWER SAY: “The next questions will ask about live births that you have had since January 2008 to the present. Children who survived only for a few minutes, but showed signs of life by crying, breathing, or moving, should be included. Can we begin?”					
301	How many live births have you had since January 2008 to the present? PROBE TO GET EXACT NUMBER OF LIVE BIRTHS SINCE JANUARY 2008 IF NONE RECORD '00'	NUMBER OF LIVE BIRTHS: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> IF '00' NONE ↓ AT LEAST ONE LIVE BIRTH ↓ CONTINUE TO BIRTH MATRIX			→ 345

KAIS 2012 INDIVIDUAL FEMALE				
NO.	QUESTIONS AND INSTRUCTIONS	LAST BIRTH	SECOND-TO-LAST BIRTH	THIRD TO LAST BIRTH
➤ INTERVIEWER SAY: "Now I would like to ask you questions about these children (this child)."				
BIRTH MATRIX INTRO: INTERVIEWER SAY" "Before we start, can I get the initials of your youngest (second-to-last, third-to-last) children? This includes babies that have died since being born." IF THE CHILD WAS NOT NAMED BEFORE DEATH, INPUT "BIRTH1", "BIRTH2", AND "BIRTH3" IN THE INITIALS FIELD. MAKE SURE THE INITIALS ARE UNIQUE.		INITIALS (1) _____	INITIALS (2) _____	INITIALS (3) _____
➤ INTERVIEWER SAY: "Thank you. Let's start with questions only about (INITIALS). I will ask you about the others afterwards".				
302	Is (INITIALS) a boy or a girl?	BOY.....1 GIRL.....2	BOY.....1 GIRL.....2	BOY.....1 GIRL.....2
303	When did you give birth to (INITIALS)? IF "DON'T KNOW" DAY, MONTH, OR YEAR RECORD '88'	DAY: <input type="text"/> <input type="text"/> MONTH: <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/>	DAY: <input type="text"/> <input type="text"/> MONTH: <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/>	DAY: <input type="text"/> <input type="text"/> MONTH: <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/>
304	Where did you give birth to (INITIALS)?	AT A HOME.....1 AT A HOSPITAL/ HEALTH FACILITY.....2 OTHER.....96 _____ (SPECIFY)	AT A HOME.....1 AT A HOSPITAL/ HEALTH FACILITY.....2 OTHER.....96 _____ (SPECIFY)	AT A HOME.....1 AT A HOSPITAL/ HEALTH FACILITY.....2 OTHER.....96 _____ (SPECIFY)
305	Is (INITIALS) still alive?	YES.....1 307 ← NO.....2 REFUSED.....98 306A ←	YES.....1 307 ← NO.....2 REFUSED.....98 306A ←	YES.....1 307 ← NO.....2 REFUSED.....98 306A ←

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	LAST BIRTH	SECOND-TO-LAST BIRTH	THIRD TO LAST BIRTH
306	<p>When did (INITIALS) die?</p> <p>IF "DON'T KNOW" DAY, MONTH, YEAR RECORD '88'</p> <p>IF REFUSED THEN RECORD '98' IN ALL FIELDS</p>	<p>DAY: <input type="text"/> <input type="text"/></p> <p>MONTH: <input type="text"/> <input type="text"/></p> <p>YEAR: <input type="text"/> <input type="text"/></p>	<p>DAY: <input type="text"/> <input type="text"/></p> <p>MONTH: <input type="text"/> <input type="text"/></p> <p>YEAR: <input type="text"/> <input type="text"/></p>	<p>DAY: <input type="text"/> <input type="text"/></p> <p>MONTH: <input type="text"/> <input type="text"/></p> <p>YEAR: <input type="text"/> <input type="text"/></p>
306A	<p>Is it okay if I ask you some more questions about (INITIALS)?</p> <p>PAUSE IF NECESSARY</p>	<p>YES.....1</p> <p>NO.....2</p> <p>NEXT  345 IF NO MORE BIRTHS</p>	<p>YES.....1</p> <p>NO.....2</p> <p>NEXT  345 IF NO MORE BIRTHS</p>	<p>YES.....1</p> <p>NO.....2</p> <p> 345 IF NO MORE BIRTHS</p>
307	<p>DO NOT READ:</p> <p>INTERVIEWER: ENTER THE LINE NUMBER OF (INITIALS) FROM THE HOUSEHOLD SCHEDULE.</p> <p>IF (INITIALS) IS NOT ON HOUSEHOLD SCHEDULE OR HAS DIED THEN RECORD '00'.</p>	<p>LINE NUMBER OF (INITIALS):</p> <p><input type="text"/> <input type="text"/></p>	<p>LINE NUMBER OF (INITIALS):</p> <p><input type="text"/> <input type="text"/></p>	<p>LINE NUMBER OF (INITIALS):</p> <p><input type="text"/> <input type="text"/></p>
308	<p>When you were pregnant with (INITIALS), did you go to a clinic for antenatal care?</p>	<p>YES.....1</p> <p>NO.....2</p> <p> 309</p> <p>DON'T KNOW.....8</p> <p> 310</p>	<p>YES.....1</p> <p>NO.....2</p> <p> 309</p> <p>DON'T KNOW.....8</p> <p> 310</p>	<p>YES.....1</p> <p>NO.....2</p> <p> 309</p> <p>DON'T KNOW.....8</p> <p> 310</p>
308A	<p>How many times did you visit the antenatal care clinic during your pregnancy with (INITIALS)?</p>	<p>NUMBER OF VISITS:</p> <p><input type="text"/> <input type="text"/></p> <p></p> <p>311</p>	<p>NUMBER OF VISITS:</p> <p><input type="text"/> <input type="text"/></p> <p></p> <p>311</p>	<p>NUMBER OF VISITS:</p> <p><input type="text"/> <input type="text"/></p> <p></p> <p>311</p>

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	LAST BIRTH	SECOND-TO-LAST BIRTH	THIRD TO LAST BIRTH
309	<p>Can you tell me the <u>main</u> reason you did not go to a clinic for antenatal care when you were pregnant with (INITIALS)?</p> <p>PROBE TO IDENTIFY THE MAIN REASON FOR NOT ATTENDING ANC CLINIC AND CIRCLE THE APPROPRIATE CODE.</p>	<p>THE CLINIC WAS TOO FAR AWAY.....1</p> <p>I COULDN'T TAKE TIME OFF WORK/ TOO BUSY.....2</p> <p>I COULDN'T AFFORD TO PAY FOR THE VISIT.....3</p> <p>I KNEW ALL I NEEDED TO GIVE BIRTH.....4</p> <p>I RELIED ON MY FRIENDS/ FAMILY WHO TOLD ME ABOUT GIVING BIRTH.....5</p> <p>MY CULTURE/RELIGION DOESN'T ALLOW.....6</p> <p>I DIDN'T TRUST THE CLINIC STAFF.....7</p> <p>I DID NOT WANT AN HIV TEST DONE.....8</p> <p>DON'T KNOW.....88</p> <p>OTHER.....96</p> <p>_____</p> <p align="center">(SPECIFY)</p>	<p>THE CLINIC WAS TOO FAR AWAY.....1</p> <p>I COULDN'T TAKE TIME OFF WORK/ TOO BUSY.....2</p> <p>I COULDN'T AFFORD TO PAY FOR THE VISIT.....3</p> <p>I KNEW ALL I NEEDED TO GIVE BIRTH.....4</p> <p>I RELIED ON MY FRIENDS/ FAMILY WHO TOLD ME ABOUT GIVING BIRTH.....5</p> <p>MY CULTURE/RELIGION DOESN'T ALLOW.....6</p> <p>I DIDN'T TRUST THE CLINIC STAFF.....7</p> <p>I DID NOT WANT AN HIV TEST DONE.....8</p> <p>DON'T KNOW.....88</p> <p>OTHER.....96</p> <p>_____</p> <p align="center">(SPECIFY)</p>	<p>THE CLINIC WAS TOO FAR AWAY.....1</p> <p>I COULDN'T TAKE TIME OFF WORK/ TOO BUSY.....2</p> <p>I COULDN'T AFFORD TO PAY FOR THE VISIT.....3</p> <p>I KNEW ALL I NEEDED TO GIVE BIRTH.....4</p> <p>I RELIED ON MY FRIENDS/ FAMILY WHO TOLD ME ABOUT GIVING BIRTH.....5</p> <p>MY CULTURE/RELIGION DOESN'T ALLOW.....6</p> <p>I DIDN'T TRUST THE CLINIC STAFF.....7</p> <p>I DID NOT WANT AN HIV TEST DONE.....8</p> <p>DON'T KNOW.....88</p> <p>OTHER.....96</p> <p>_____</p> <p align="center">(SPECIFY)</p>
310	<p>Did you receive antenatal care at home?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p align="center">332 ←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p align="center">332 ←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p align="center">332 ←</p>

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	LAST BIRTH	SECOND-TO-LAST BIRTH	THIRD TO LAST BIRTH
311	<p>What type of clinic(s) did you go when you received antenatal care when you were pregnant with (INITIALS)?</p> <p>PROBE: Was there another clinic type? RECORD ALL MENTIONED</p> <p>PROBE TO IDENTIFY TYPE(S) OF CLINIC(S) AND TICK THE APPROPRIATE RESPONSE.</p> <p>IF UNABLE TO DETERMINE IF CLINIC IS PUBLIC OR NON-PUBLIC SECTOR, TICK 'OTHER SECTOR' AND RECORD CLINIC NAME.</p>	<p>PUBLIC SECTOR</p> <p>A. GOV HOSPITAL<input type="checkbox"/></p> <p>B. GOV HEALTH CTR.....<input type="checkbox"/></p> <p>C. GOV DISPENSARY.....<input type="checkbox"/></p> <p>D. OTHER PUBLIC SECTOR<input type="checkbox"/></p> <p>NON-PUBLIC SECTOR</p> <p>E. MISSION/CHURCH HOSP/CLINIC.....<input type="checkbox"/></p> <p>F. PRIVATE HOSP<input type="checkbox"/></p> <p>G.PRIVATE CLINIC.....<input type="checkbox"/></p> <p>H. OTHER NON-PUBLIC SECTOR<input type="checkbox"/></p> <p>I. OTHER SECTOR.....<input type="checkbox"/></p> <p>_____ (SPECIFY)</p> <p>J. DON'T KNOW.....<input type="checkbox"/></p>	<p>PUBLIC SECTOR</p> <p>A. GOV HOSPITAL<input type="checkbox"/></p> <p>B. GOV HEALTH CTR.....<input type="checkbox"/></p> <p>C. GOV DISPENSARY.....<input type="checkbox"/></p> <p>D. OTHER PUBLIC SECTOR<input type="checkbox"/></p> <p>NON-PUBLIC SECTOR</p> <p>E. MISSION/CHURCH HOSP/CLINIC.....<input type="checkbox"/></p> <p>F. PRIVATE HOSP<input type="checkbox"/></p> <p>G.PRIVATE CLINIC.....<input type="checkbox"/></p> <p>H. OTHER NON-PUBLIC SECTOR<input type="checkbox"/></p> <p>I. OTHER SECTOR.....<input type="checkbox"/></p> <p>_____ (SPECIFY)</p> <p>J. DON'T KNOW.....<input type="checkbox"/></p>	<p>PUBLIC SECTOR</p> <p>A. GOV HOSPITAL<input type="checkbox"/></p> <p>B. GOV HEALTH CTR.....<input type="checkbox"/></p> <p>C. GOV DISPENSARY.....<input type="checkbox"/></p> <p>D. OTHER PUBLIC SECTOR<input type="checkbox"/></p> <p>NON-PUBLIC SECTOR</p> <p>E. MISSION/CHURCH HOSP/CLINIC.....<input type="checkbox"/></p> <p>F. PRIVATE HOSP<input type="checkbox"/></p> <p>G.PRIVATE CLINIC.....<input type="checkbox"/></p> <p>H. OTHER NON-PUBLIC SECTOR<input type="checkbox"/></p> <p>I. OTHER SECTOR.....<input type="checkbox"/></p> <p>_____ (SPECIFY)</p> <p>J. DON'T KNOW.....<input type="checkbox"/></p>
<p>PREFACE BEFORE QUESTIONS 312-316: During any of your antenatal care clinic visits during your pregnancy with (INITIALS), did anyone <u>talk</u> to you about:</p>				
312	How it is possible for babies to get HIV from their mothers during pregnancy?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>
313	Things that you can do to prevent getting HIV?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>
314	Getting tested for HIV?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>
315	Getting tested for syphilis?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>
316	Family planning?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>

KAIS 2012 INDIVIDUAL FEMALE				
NO.	QUESTIONS AND INSTRUCTIONS	LAST BIRTH	SECOND-TO-LAST BIRTH	THIRD TO LAST BIRTH
317	When during your pregnancy did you first attend the antenatal care clinic with (INITIALS) ?	0-3 MONTHS.....1 4-6 MONTHS.....2 7-9 MONTHS.....3 DON'T KNOW.....8	0-3 MONTHS.....1 4-6 MONTHS.....2 7-9 MONTHS.....3 DON'T KNOW.....8	0-3 MONTHS.....1 4-6 MONTHS.....2 7-9 MONTHS.....3 DON'T KNOW.....8
➤ INTERVIEWER SAY: "The next questions are also about your child and pregnancy. Some of these questions are about HIV. Please keep in mind that your answers will be kept secret."				
318	During any of your visits to the antenatal care clinic when you were pregnant with (INITIALS) , were you <u>offered</u> an HIV test?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
319	Were you tested for HIV during <u>any</u> of your clinic visits when you were pregnant with (INITIALS) ?	YES.....1 NO.....2 323 ← DON'T KNOW.....8 332 ←	YES.....1 NO.....2 323 ← DON'T KNOW.....8 332 ←	YES.....1 NO.....2 323 ← DON'T KNOW.....8 332 ←
320	At what clinic were you tested for HIV during your pregnancy with (INITIALS) ? READ CHOICES	ANC CLINIC.....1 MATERNITY CLINIC.....2 BOTH.....3 DON'T KNOW.....8 OTHER.....96 _____ (SPECIFY)	ANC CLINIC.....1 MATERNITY CLINIC.....2 BOTH.....3 DON'T KNOW.....8 OTHER.....96 _____ (SPECIFY)	ANC CLINIC.....1 MATERNITY CLINIC.....2 BOTH.....3 DON'T KNOW.....8 OTHER.....96 _____ (SPECIFY)
321	Did you receive the result of your HIV test during your pregnancy with (INITIALS) ?	YES.....1 NO.....2 332 ←	YES.....1 NO.....2 332 ←	YES.....1 NO.....2 332 ←

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	LAST BIRTH	SECOND-TO-LAST BIRTH	THIRD TO LAST BIRTH
322	What was the result of that HIV test?	POSITIVE.....1 325 ← NEGATIVE.....2 INDETERMINATE.....3 NOT WILLING TO SHARE.....4 332 ←	POSITIVE.....1 325 ← NEGATIVE.....2 INDETERMINATE.....3 NOT WILLING TO SHARE.....4 332 ←	POSITIVE.....1 325 ← NEGATIVE.....2 INDETERMINATE.....3 NOT WILLING TO SHARE.....4 332 ←
323	Can you tell me the <u>main</u> reason you were <u>not</u> tested for HIV during antenatal care/maternity services with (INITIALS) ? PROBE TO IDENTIFY THE MAIN REASON FOR NOT TESTING FOR HIV DURING ANC SERVICES AND CIRCLE THE APPROPRIATE CODE.	I TESTED HIV POSITIVE PREVIOUSLY AND ALREADY KNEW MY STATUS.....1 324 ← I DID NOT WANT AN HIV TEST DONE/ DON'T WANT TO KNOW MY STATUS.....2 HIV TEST KIT WAS NOT AVAILABLE.....3 HIV TEST WAS NOT OFFERED TO ME.....4 I DON'T NEED TO TEST/LOW RISK.....5 AFRAID OTHERS WILL KNOW ABOUT TEST RESULTS.....6 HIV TEST COSTS TOO MUCH.....7 CAN'T GET TREATMENT IF HAVE HIV.....8 OTHER.....9 _____ (SPECIFY) 332 ←	I TESTED HIV POSITIVE PREVIOUSLY AND ALREADY KNEW MY STATUS.....1 324 ← I DID NOT WANT AN HIV TEST DONE/ DON'T WANT TO KNOW MY STATUS.....2 HIV TEST KIT WAS NOT AVAILABLE.....3 HIV TEST WAS NOT OFFERED TO ME.....4 I DON'T NEED TO TEST/LOW RISK.....5 AFRAID OTHERS WILL KNOW ABOUT TEST RESULTS.....6 HIV TEST COSTS TOO MUCH.....7 CAN'T GET TREATMENT IF HAVE HIV.....8 OTHER.....9 _____ (SPECIFY) 332 ←	I TESTED HIV POSITIVE PREVIOUSLY AND ALREADY KNEW MY STATUS.....1 324 ← I DID NOT WANT AN HIV TEST DONE/ DON'T WANT TO KNOW MY STATUS.....2 HIV TEST KIT WAS NOT AVAILABLE.....3 HIV TEST WAS NOT OFFERED TO ME.....4 I DON'T NEED TO TEST/LOW RISK.....5 AFRAID OTHERS WILL KNOW ABOUT TEST RESULTS.....6 HIV TEST COSTS TOO MUCH.....7 CAN'T GET TREATMENT IF HAVE HIV.....8 OTHER.....9 _____ (SPECIFY) 332 ←

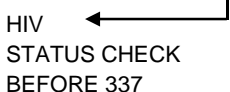
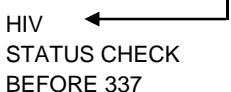
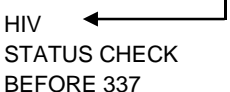
KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	LAST BIRTH	SECOND-TO-LAST BIRTH	THIRD TO LAST BIRTH						
324	Since you knew you were HIV positive, were you already taking HIV medications <u>for your own health</u> while you were pregnant with (INITIALS) ?	YES.....1 328 ← NO.....2 DON'T KNOW.....8	YES.....1 328 ← NO.....2 DON'T KNOW.....8	YES.....1 328 ← NO.....2 DON'T KNOW.....8						
325	During any of your antenatal care visit were you told of a place where you could receive care and treatment services to prevent (INITIALS) from getting HIV infection?	YES.....1 NO.....2 DON'T KNOW.....8 332 ←	YES.....1 NO.....2 DON'T KNOW.....8 332 ←	YES.....1 NO.....2 DON'T KNOW.....8 332 ←						
326	Did you go to this place where you could receive care and treatment services to prevent (INITIALS) from getting HIV infection?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8						
327	Did <u>you</u> take any medications to prevent (INITIALS) from getting HIV?	YES.....1 NO.....2 DON'T KNOW.....8 332 ←	YES.....1 NO.....2 DON'T KNOW.....8 332 ←	YES.....1 NO.....2 DON'T KNOW.....8 332 ←						
328	Did <u>you</u> take this HIV medication during your pregnancy (before birth) with (INITIALS) ? IF A WOMAN WAS TAKING HIV MEDICINE FOR HER OWN HEALTH WHILE PREGNANT THEN RECORD AS 'YES'	YES.....1 NO.....2 DON'T KNOW.....8 330 ←	YES.....1 NO.....2 DON'T KNOW.....8 330 ←	YES.....1 NO.....2 DON'T KNOW.....8 330 ←						
329	How many months pregnant were you with (INITIALS) when <u>you</u> started taking this HIV medication? IF LESS THAN 1 MONTH RECORD MONTHS AS '01' IF A WOMAN WAS ALREADY TAKING HIV MEDICINE FOR HER OWN HEALTH THEN RECORD MONTHS AS '01'. IF "DON'T KNOW" THEN RECORD '88'	MONTHS PREGNANT: <table border="1"><tr><td></td><td></td></tr></table>			MONTHS PREGNANT: <table border="1"><tr><td></td><td></td></tr></table>			MONTHS PREGNANT: <table border="1"><tr><td></td><td></td></tr></table>		

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	LAST BIRTH	SECOND-TO-LAST BIRTH	THIRD TO LAST BIRTH
330	Did <u>you</u> take HIV medication during labour and/or delivery with (INITIALS) ?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
331	Did (INITIALS) take any medications to prevent him/her from getting HIV infection?	YES..... 1 NO.....2 DON'T KNOW.....8	YES..... 1 NO.....2 DON'T KNOW.....8	YES..... 1 NO.....2 DON'T KNOW.....8
332	Did you ever breastfeed (INITIALS) ?	YES.....1 NO.....2 HIV ← STATUS CHECK BEFORE 337	YES.....1 NO.....2 HIV ← STATUS CHECK BEFORE 337	YES.....1 NO.....2 HIV ← STATUS CHECK BEFORE 337
<u>CHECK 305: IS (INITIALS) ALIVE?:</u> IF '1' YES (STILL ALIVE) → 333 IF '2' NO (CHILD HAD DIED) → 334				
333	Are you still breastfeeding (INITIALS) ?	YES.....1 335 ← NO.....2	YES.....1 335 ← NO.....2	YES.....1 335 ← NO.....2
334	How old was (INITIALS) when you <u>stopped</u> breastfeeding? IF LESS THAN ONE MONTH RECORD IN WEEKS, IF LESS THEN ONE YEAR RECORD IN MONTHS, IF 12 MONTHS OR MORE THEN RECORD IN YEARS. IF "DON'T KNOW" THEN RECORD '88' IN ALL FIELDS.	(INITIALS) AGE IN: WEEKS: <input type="text"/> <input type="text"/> MONTHS: <input type="text"/> <input type="text"/> YEARS: <input type="text"/> <input type="text"/>	(INITIALS) AGE IN: WEEKS: <input type="text"/> <input type="text"/> MONTHS: <input type="text"/> <input type="text"/> YEARS: <input type="text"/> <input type="text"/>	(INITIALS) AGE IN: WEEKS: <input type="text"/> <input type="text"/> MONTHS: <input type="text"/> <input type="text"/> YEARS: <input type="text"/> <input type="text"/>

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	LAST BIRTH	SECOND-TO-LAST BIRTH	THIRD TO LAST BIRTH
335	When you were breastfeeding, did you ever give (INITIALS) cow's milk, powdered milk, water, or any other foods or liquid?	YES.....1 NO.....2 	YES.....1 NO.....2 	YES.....1 NO.....2 
336	How old was (INITIALS) when you started giving (INITIALS) cow's milk, powdered milk, water, or any other foods or liquid? IF LESS THAN ONE WEEK RECORD IN DAYS, IF LESS THEN ONE MONTH RECORD IN WEEKS, IF LESS THEN ONE YEAR RECORD IN MONTHS, IF 12 MONTHS OR MORE RECORD IN YEARS. IF SUPPLEMENTAL FEEDING STARTED AT BIRTH RECORD '01' DAYS. IF "DON'T KNOW" THEN RECORD '88' IN ALL FIELDS.	(INITIALS) AGE IN: DAYS: <input type="text"/> <input type="text"/> WEEKS: <input type="text"/> <input type="text"/> MONTHS: <input type="text"/> <input type="text"/> YEARS: <input type="text"/> <input type="text"/>	(INITIALS) AGE IN: DAYS: <input type="text"/> <input type="text"/> WEEKS: <input type="text"/> <input type="text"/> MONTHS: <input type="text"/> <input type="text"/> YEARS: <input type="text"/> <input type="text"/>	(INITIALS) AGE IN: DAYS: <input type="text"/> <input type="text"/> WEEKS: <input type="text"/> <input type="text"/> MONTHS: <input type="text"/> <input type="text"/> YEARS: <input type="text"/> <input type="text"/>
<u>HIV STATUS CHECK:</u> THE REMAINING QUESTIONS ARE FOR RESPONDENTS WHO ARE HIV POSITIVE: <u>CHECK HIV STATUS 322 AND 323:</u>		IF 322 '1' (POSITIVE) <u>OR</u> IF 323 '1' (ALREADY TESTED POSITIVE) → 337 OTHERWISE → MATRIX END	IF 322 '1' (POSITIVE) <u>OR</u> IF 323 '1' (ALREADY TESTED POSITIVE) → 337 OTHERWISE → MATRIX END	IF 322 '1' (POSITIVE) <u>OR</u> IF 323 '1' (ALREADY TESTED POSITIVE) → 337 OTHERWISE → MATRIX END
➤ INTERVIEWER SAY: "Now there will be some detailed questions about breastfeeding. If you do not know the answer, please tell me and we will move to the next question."				

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	LAST BIRTH	SECOND-TO-LAST BIRTH	THIRD TO LAST BIRTH
337	While breastfeeding (INITIALS) did <u>you</u> take any HIV medications to prevent (INITIALS) from getting HIV? IF A WOMAN WAS TAKING HIV MEDICINE FOR HER OWN HEALTH WHILE BREASTFEEDING THEN RECORD AS 'YES'.	YES.....1 NO.....2 DON'T KNOW.....8 340 ←	YES.....1 NO.....2 DON'T KNOW.....8 340 ←	YES.....1 NO.....2 DON'T KNOW.....8 340 ←
338	Did you take the HIV medications the entire time you were breastfeeding (INITIALS) ?	YES.....1 NO.....2 DON'T KNOW.....8 340 ←	YES.....1 NO.....2 DON'T KNOW.....8 340 ←	YES.....1 NO.....2 DON'T KNOW.....8 340 ←
339	How old was (INITIALS) when you <u>stopped</u> taking the HIV medications while breastfeeding? IF LESS THAN ONE MONTH RECORD IN WEEKS, IF LESS THEN ONE YEAR RECORD IN MONTHS, IF 12 MONTHS OR MORE THEN RECORD IN YEARS. IF "DON'T KNOW" THEN RECORD '88' IN ALL FIELDS.	(INITIALS) AGE IN: WEEKS: <input type="text"/> <input type="text"/> MONTHS: <input type="text"/> <input type="text"/> YEARS: <input type="text"/> <input type="text"/>	(INITIALS) AGE IN: WEEKS: <input type="text"/> <input type="text"/> MONTHS: <input type="text"/> <input type="text"/> YEARS: <input type="text"/> <input type="text"/>	(INITIALS) AGE IN: WEEKS: <input type="text"/> <input type="text"/> MONTHS: <input type="text"/> <input type="text"/> YEARS: <input type="text"/> <input type="text"/>
340	While breastfeeding (INITIALS) , did (INITIALS) receive HIV medicine to prevent (INITIALS) from getting HIV infection?	YES.....1 NO.....2 DON'T KNOW.....8 343 ←	YES.....1 NO.....2 DON'T KNOW.....8 343 ←	YES.....1 NO.....2 DON'T KNOW.....8 343 ←
341	While breastfeeding, did (INITIALS) receive a daily dose or a single dose of medicine to prevent (INITIALS) from getting HIV infection?	DAILY.....1 SINGLE DOSE2 DON'T KNOW.....8 343 ←	DAILY.....1 SINGLE DOSE2 DON'T KNOW.....8 343 ←	DAILY.....1 SINGLE DOSE2 DON'T KNOW.....8 343 ←

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	LAST BIRTH	SECOND-TO-LAST BIRTH	THIRD TO LAST BIRTH
342	<p>While you were breastfeeding (INITIALS), how long did (INITIALS) take this HIV medication?</p> <p>IF LESS THAN ONE MONTH RECORD IN WEEKS, IF LESS THAN ONE YEAR RECORD IN MONTHS, IF 12 MONTHS OR MORE RECORD IN YEARS.</p> <p>IF "DON'T KNOW" THEN RECORD '88' IN ALL FIELDS</p>	<p>WEEKS: <input type="text"/> <input type="text"/></p> <p>MONTHS: <input type="text"/> <input type="text"/></p> <p>YEARS: <input type="text"/> <input type="text"/></p>	<p>WEEKS: <input type="text"/> <input type="text"/></p> <p>MONTHS: <input type="text"/> <input type="text"/></p> <p>YEARS: <input type="text"/> <input type="text"/></p>	<p>WEEKS: <input type="text"/> <input type="text"/></p> <p>MONTHS: <input type="text"/> <input type="text"/></p> <p>YEARS: <input type="text"/> <input type="text"/></p>
343	Was (INITIALS) tested for HIV at time of first immunization or any time thereafter?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p>MATRIX END ←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p>MATRIX END ←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p>MATRIX END ←</p>
344	What were the results of (INITIALS) 's HIV test?	<p>POSITIVE, (INITIALS) HAS HIV.....1</p> <p>NEGATIVE, (INITIALS) DOES NOT HAVE HIV.....2</p> <p>INDETERMINATE.....3</p> <p>NOT WILLING TO SHARE.....4</p>	<p>POSITIVE, (INITIALS) HAS HIV.....1</p> <p>NEGATIVE, (INITIALS) DOES NOT HAVE HIV.....2</p> <p>INDETERMINATE.....3</p> <p>NOT WILLING TO SHARE.....4</p>	<p>POSITIVE, (INITIALS) HAS HIV.....1</p> <p>NEGATIVE, (INITIALS) DOES NOT HAVE HIV.....2</p> <p>INDETERMINATE.....3</p> <p>NOT WILLING TO SHARE.....4</p>

MATRIX END

➤ **INTERVIEWER SAYS: "Thank you for the information regarding **(INITIALS)**."**

CHECK BIRTH MATRIX INTRO:

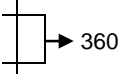

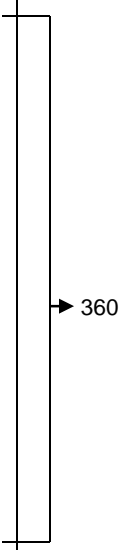
IF MORE BIRTHS → 302

➤ **INTERVIEWER SAYS: "Now I would like to ask you about your next birth".**

IF NO MORE BIRTHS CHECK 102 (AGE):

IF 15-49 OR EMANCIPATED MINOR → 345

IF 50-64 YEARS → 401

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NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP		
➤ INTERVIEWER SAY: "Now I would like to move on to a new topic."					
345	Are you pregnant now?	YES.....1 NO.....2 DON'T KNOW.....8	 → 360		
➤ INTERVIEWER SAY: "The next questions are about your current pregnancy."					
346	How many months pregnant are you? IF LESS THAN ONE MONTH RECORD AS '01' MONTHS IF "DON'T KNOW" THEN RECORD '88'	MONTHS PREGNANT: <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>			
347	Have you visited an antenatal care clinic during this current pregnancy?	YES.....1 NO.....2	 → 349		
348	At what month in your pregnancy did you first attend the antenatal care clinic?	0-3 MONTHS.....1 4-6 MONTHS.....2 7-9 MONTHS.....3 DON'T KNOW.....8			
349	Can you tell me the <u>main</u> reason you have not attended an antenatal care clinic during your current pregnancy? PROBE TO IDENTIFY MAIN REASON FOR NOT ATTENDING ANC AND CIRCLE THE APPROPRIATE CODE.	THE CLINIC IS TOO FAR AWAY.....1 I CAN'T TAKE TIME OFF WORK/TOO BUSY.....2 I CAN'T AFFORD TO PAY FOR THE VISIT.....3 I KNOW ALL I NEED TO GIVE BIRTH.....4 I WILL ASK FRIENDS/FAMILY WHO CAN TELL ME ABOUT GIVING BIRTH.....5 MY CULTURE/RELIGION DOESN'T ALLOW.....6 I DON'T TRUST THE CLINIC STAFF.....7 I'M RECEIVING CARE AT HOME.....8 I JUST FOUND OUT I AM PREGNANT.....9 I DO NOT WANT AN HIV TEST DONE.....10 OTHER.....96 _____ (SPECIFY)	 → 360		

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NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
350	<p>What type of antenatal clinic did you go to?</p> <p>PROBE: Was there another type of clinic?</p> <p>RECORD ALL MENTIONED</p> <p>PROBE TO IDENTIFY CLINIC TYPE(S) AND TICK THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF CLINIC IS PUBLIC OR NON-PUBLIC SECTOR, TICK 'OTHER SECTOR' AND RECORD CLINIC NAME.</p>	<p>PUBLIC SECTOR</p> <p>A. GOV HOSPITAL..... <input type="checkbox"/></p> <p>B. GOV HEALTH CENTER..... <input type="checkbox"/></p> <p>C. GOV DISPENSARY..... <input type="checkbox"/></p> <p>D. OTHER PUBLIC SECTOR..... <input type="checkbox"/></p> <p>NON-PUBLIC SECTOR</p> <p>E. MISSION/CHURCH HOSP/CLINIC..... <input type="checkbox"/></p> <p>F. PRIVATE HOSP..... <input type="checkbox"/></p> <p>G.PRIVATE CLINIC..... <input type="checkbox"/></p> <p>H. OTHER NON-PUBLIC SECTOR..... <input type="checkbox"/></p> <p>I. OTHER SECTOR</p> <p>_____ (SPECIFY)</p> <p>J. DON'T KNOW..... <input type="checkbox"/></p>	
351	During this current pregnancy, was an HIV test <u>offered</u> to you during any of your antenatal care clinic visits?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	
352	During this current pregnancy, have you been <u>tested</u> for HIV during any of your antenatal care clinic visits?	<p>YES.....1</p> <p>NO.....2</p>	→ 356
353	Did you get the result of this last HIV test you received at the antenatal clinic?	<p>YES.....1</p> <p>NO.....2</p>	→ 360
354	Would you be willing to share with me the results of this last test?	<p>YES.....1</p> <p>NO.....2</p>	→ 360
355	What were the results of your HIV test?	<p>POSITIVE.....1</p> <p>NEGATIVE.....2</p> <p>INDETERMINATE.....3</p>	<p>→ 358</p> <p>→ 360</p>



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NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
356	<p>Can you tell me the <u>main</u> reason you have not tested for HIV during antenatal care with your current pregnancy?</p> <p>PROBE TO IDENTIFY THE MAIN REASON FOR NOT TESTING FOR HIV DURING ANC VISITS AND CIRCLE THE APPROPRIATE CODE.</p>	<p>I TESTED HIV POSITIVE PREVIOUSLY AND ALREADY KNEW MY STATUS.....1</p> <p>I DID NOT WANT AN HIV TEST DONE.....2</p> <p>HIV TEST KIT WAS NOT AVAILABLE3</p> <p>HIV TEST WAS NOT OFFERED TO ME4</p> <p>DON'T NEED TO TEST/LOW RISK5</p> <p>DON'T WANT TO KNOW MY STATUS.....6</p> <p>AFRAID OTHERS WILL KNOW ABOUT MY TEST RESULTS7</p> <p>TEST COST TOO MUCH8</p> <p>CAN'T GET TREATMENT IF HAVE HIV/AIDS.....9</p> <p>OTHER.....96</p> <p>_____</p> <p>(SPECIFY)</p>	<p>→ 357</p> <p>→ 360</p>
357	<p>Since you already know you are infected with HIV are you now taking HIV medications for <u>your own health</u>?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>→ 360</p>
358	<p>Are you going to a place where you could receive care and treatment services to prevent your baby from getting HIV?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>→ 360</p>
359	<p>Are you taking any medications to prevent your baby from getting HIV?</p> <p>IF A WOMAN IS TAKING HIV MEDICINE FOR HER OWN HEALTH WHILE PREGNANT THEN RECORD AS 'YES'</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	
<p>➤ INTERVIEWER SAY: “Now I have some questions about your future plans.”</p>			

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NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
360	<p>CHECK 345: READ QUESTION ACCORDING TO RESPONSE</p> <p>IF '2' NOT PREGNANT, '8' DON'T KNOW SAY: Would you like to have (a/another) child, or would you prefer not to have any (more) children?</p> <p>IF '1' CURRENTLY PREGNANT SAY: After the child you are expecting now, would you like to have another child, or would prefer not to have any more children?</p>	<p>HAVE (A/ANOTHER) CHILD.....1 → 362</p> <p>NO MORE/NONE.....2 → 363</p> <p>UNABLE TO CONCEIVE.....3</p> <p>UNDECIDED/DON'T KNOW.....8 → 363</p>	
361	<p>You mentioned that you cannot get pregnant, can you tell me why?</p> <p>DO NOT READ ANSWERS</p> <p>PROBE FOR MAIN REASON ONLY</p>	<p>I'M STERILIZED.....1</p> <p>PARTNER STERILIZED.....2</p> <p>I'M INFECUND.....3</p> <p>PARTNER INFECUND4</p> <p>MENOPAUSAL.....5</p> <p>HYSTERECTOMY.....6</p> <p>OTHER.....96</p> <p>_____</p> <p>(SPECIFY)</p>	<p>↓</p> <p>MODULE 3A</p>
362	<p>CHECK 345: READ QUESTION ACCORDING TO RESPONSE</p> <p>IF '2' NOT PREGNANT, '8' NOT SURE SAY: How long would you like to wait from now before the birth of (a/another) child?</p> <p>IF '1' CURRENTLY PREGNANT SAY: After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p> <p>IF "DON'T KNOW" THEN RECORD '88' IN MONTHS AND YEARS FIELDS</p>	<p>TIME TO NEXT CHILD:</p> <p>MONTHS : <input type="text"/> <input type="text"/></p> <p>YEARS: <input type="text"/> <input type="text"/></p>	
CHECK 345: IF '1' CURRENTLY PREGNANT → MODULE 3A			
363	<p>Are you (or your partner) currently doing something or using any method to delay or avoid getting pregnant?</p>	<p>YES.....1</p> <p>NO.....2 → 365</p>	

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NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
364	<p>Which method are you (or your partner) using?</p> <p>PROBE: Are you/your partner using anything else?</p> <p>RECORD ALL MENTIONED</p> <p>DO NOT READ RESPONSES</p>	<p>A. FEMALE STERILIZATION..... <input type="checkbox"/></p> <p>B. MALE STERILIZATION..... <input type="checkbox"/></p> <p>C. PILL..... <input type="checkbox"/></p> <p>D. IUD/"COIL"..... <input type="checkbox"/></p> <p>E. INJECTIONS..... <input type="checkbox"/></p> <p>F. IMPLANT..... <input type="checkbox"/></p> <p>G. CONDOM..... <input type="checkbox"/></p> <p>H. FEMALE CONDOM..... <input type="checkbox"/></p> <p>I. RHYTHM/NATURAL METHODS..... <input type="checkbox"/></p> <p>J. WITHDRAWAL..... <input type="checkbox"/></p> <p>K. NOT HAVING SEX..... <input type="checkbox"/></p> <p>L. OTHER..... <input type="checkbox"/></p> <hr/> <p>(SPECIFY)</p>	 <p>MODULE 3A</p>
365	<p>Can you tell me why you (or your partner) are not currently using any method to delay or avoid getting pregnant?</p> <p>PROBE: Anything else?</p> <p>RECORD ALL MENTIONED</p> <p>DO NOT READ RESPONSES</p>	<p>A. I/MY PARTNER/ WE WANT TO HAVE A BABY..... <input type="checkbox"/></p> <p>B. I'M NOT HAVING SEX..... <input type="checkbox"/></p> <p>C. I AM NOT/MY PARTNER IS NOT ABLE TO HAVE CHILDREN..... <input type="checkbox"/></p> <p>D. MY PERIOD HASN'T RETURNED FROM MY LAST PREGNANCY..... <input type="checkbox"/></p> <p>E. I AM BREASTFEEDING..... <input type="checkbox"/></p> <p>F. I LEAVE IT TO FATE/GOD/ GOD'S WILL..... <input type="checkbox"/></p> <p>G. I'M OPPOSED..... <input type="checkbox"/></p> <p>H. MY PARTNER IS OPPOSED..... <input type="checkbox"/></p> <p>I. I'M NOT AWARE OF ANY METHOD TO USE..... <input type="checkbox"/></p> <p>J. I HAVE CONCERNS ABOUT SIDE EFFECTS..... <input type="checkbox"/></p> <p>K. INCONVENIENT TO USE..... <input type="checkbox"/></p> <p>L. INTERFERES WITH BODY'S NORMAL PROCESSES..... <input type="checkbox"/></p> <p>M. OTHER..... <input type="checkbox"/></p> <hr/> <p>(SPECIFY)</p>	 <p>MODULE 3A</p>

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NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
MODULE 3A: PAEDIATRIC			
THIS IS ADMINISTERED TO AN ELIGIBLE PARENT/GUARDIAN OF CHILDREN AGED 18 MONTHS-14 YEARS LISTED ON THE HOUSEHOLD SCHEDULE. CHECK HOUSEHOLD SCHEDULE TO GET NUMBER OF CHILDREN FOR THIS PARENT OR GUARDIAN.			
➤ INTERVIEWER SAY: “Thank you for that information. Now I am going to ask you a number of questions about your child/children’s health and where they get their health services.”			
P0	DO NOT READ: CHECK HOUSEHOLD SCHEDULE TO GET NUMBER OF CHILDREN IF NONE RECORD '00'	<div>NUMBER OF CHILDREN:</div> <div><div><div></div><div></div></div><div>IF '00' NONE → 401</div><div>↓</div><div>AT LEAST ONE CHILD</div><div>↓</div><div>CONTINUE TO PAEDIATRIC MATRIX</div></div>	

KAIS 2012 INDIVIDUAL FEMALE				
NO.	QUESTIONS AND INSTRUCTIONS	FIRST CHILD	SECOND CHILD	THIRD CHILD
PAEDIATRIC MATRIX INTRO: P1 INTERVIEWER SAY "Before we start, can I get the names of your children? You don't have to provide the exact name. Let's begin with your youngest child."		NAME (1) _____	NAME (2) _____	NAME (3) _____
P2	DO NOT READ: INTERVIEWER: ENTER THE LINE NUMBER OF THE CHILD FROM THE HOUSEHOLD SCHEDULE.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
P3	When is (NAME) 's date of birth? COMPUTE CURRENT AGE. CONFIRM (NAME) IS BETWEEN 18 MONTHS – 14 YEARS. IF 'DON'T KNOW' THEN RECORD '88' FOR ALL FIELDS	DAY: <input type="text"/> <input type="text"/> MONTH: <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/>	DAY: <input type="text"/> <input type="text"/> MONTH: <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/>	DAY: <input type="text"/> <input type="text"/> MONTH: <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/>
P4	Is (NAME) a boy or girl?	BOY.....1 GIRL..... 2	BOY.....1 GIRL..... 2	BOY.....1 GIRL..... 2
P5	Has (NAME) ever received a blood transfusion?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
CHECK P4: IF '2' GIRL → P9				
P6	Is (NAME) circumcised?	YES.....1 P8 ← NO.....2 DON'T KNOW.....8 P9 ←	YES.....1 P8 ← NO.....2 DON'T KNOW.....8 P9 ←	YES.....1 P8 ← NO.....2 DON'T KNOW.....8 P9 ←
P7	Are you planning to circumcise (NAME) in the future?	YES.....1 NO.....2 DON'T KNOW.....8 P9 ←	YES.....1 NO.....2 DON'T KNOW.....8 P9 ←	YES.....1 NO.....2 DON'T KNOW.....8 P9 ←

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NO.	QUESTIONS AND INSTRUCTIONS	FIRST CHILD	SECOND CHILD	THIRD CHILD
P8	Where was (NAME) circumcised?	IN A CLINIC OR HEALTH FACILITY.....1 IN THE VILLAGE.....2 MOBILE MC CLINIC.....3 PRIVATE CLINIC.....4 DON'T KNOW8 OTHER.....96 _____ (SPECIFY)	IN A CLINIC OR HEALTH FACILITY.....1 IN THE VILLAGE.....2 MOBILE MC CLINIC.....3 PRIVATE CLINIC.....4 DON'T KNOW8 OTHER.....96 _____ (SPECIFY)	IN A CLINIC OR HEALTH FACILITY.....1 IN THE VILLAGE.....2 MOBILE MC CLINIC.....3 PRIVATE CLINIC.....4 DON'T KNOW8 OTHER.....96 _____ (SPECIFY)
➤ INTERVIEWER SAY: "I have some more questions about your child. Some of these are about HIV. Your answers will not be told to anyone outside the study. They will not be told to your child or anyone else in your family."				
P9	Has (NAME) ever been tested for HIV?	YES.....1 NO.....2 DON'T KNOW.....8 NEXT ← CHILD <u>OR</u> 401 IF NO OTHER CHILD	YES.....1 NO.....2 DON'T KNOW.....8 NEXT ← CHILD <u>OR</u> 401 IF NO OTHER CHILD	YES.....1 NO.....2 DON'T KNOW.....8 401 ←
P10	When was (NAME)'s last HIV test? IF "DON'T KNOW" MONTH RECORD '88' IF "DON'T KNOW" YEAR RECORD '8888'	MONTH: <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <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"/>	MONTH: <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
P11	Are you willing to disclose (NAME)'s HIV test results?	YES.....1 NO.....2 DID NOT RECEIVE THE RESULT.....8 NEXT ← CHILD <u>OR</u> 401 IF NO OTHER CHILD	YES.....1 NO.....2 DID NOT RECEIVE THE RESULT.....8 NEXT ← CHILD <u>OR</u> 401 IF NO OTHER CHILD	YES.....1 NO.....2 DID NOT RECEIVE THE RESULT.....8 401 ←

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NO.	QUESTIONS AND INSTRUCTIONS	FIRST CHILD	SECOND CHILD	THIRD CHILD
P12	What was (NAME) 's <u>last</u> HIV test result?	POSITIVE.....1 NEGATIVE.....2 INDETERMINATE.....8 NEXT CHILD OR 401 IF NO OTHER CHILD	POSITIVE.....1 NEGATIVE.....2 INDETERMINATE.....8 NEXT CHILD OR 401 IF NO OTHER CHILD	POSITIVE.....1 NEGATIVE.....2 INDETERMINATE.....8 401
P13	Has (NAME) <u>ever</u> attended an HIV clinic?	YES.....1 NO.....2 DON'T KNOW.....8 P15	YES.....1 NO.....2 DON'T KNOW.....8 P15	YES.....1 NO.....2 DON'T KNOW.....8 P15
P14	When did (NAME) first attend an HIV clinic? IF "DON'T KNOW" MONTH RECORD '88' IF "DON'T KNOW" YEAR RECORD '8888'	MONTH: <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> P16	MONTH: <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> P16	MONTH: <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> P16
P15	Can you tell me the <u>main</u> reason why (NAME) has not attended an HIV clinic? PROBE FOR MAIN REASON ONLY	THE FACILITY TOO FAR AWAY.....1 I DON'T KNOW WHERE TO GET SERVICES FOR (NAME)2 I CAN NOT AFFORD IT.....3 I DON'T THINK (NAME) NEEDS IT, HE/SHE IS NOT SICK.....4 I FEAR PEOPLE WILL KNOW THAT (NAME) HAS HIV IF I TAKE HIM/HER TO A CLINIC.....5 OTHER.....96 _____ (SPECIFY)	THE FACILITY TOO FAR AWAY.....1 I DON'T KNOW WHERE TO GET SERVICES FOR (NAME)2 I CAN NOT AFFORD IT.....3 I DON'T THINK (NAME) NEEDS IT, HE/SHE IS NOT SICK.....4 I FEAR PEOPLE WILL KNOW THAT (NAME) HAS HIV IF I TAKE HIM/HER TO A CLINIC.....5 OTHER.....96 _____ (SPECIFY)	THE FACILITY TOO FAR AWAY.....1 I DON'T KNOW WHERE TO GET SERVICES FOR (NAME)2 I CAN NOT AFFORD IT.....3 I DON'T THINK (NAME) NEEDS IT, HE/SHE IS NOT SICK.....4 I FEAR PEOPLE WILL KNOW THAT (NAME) HAS HIV IF I TAKE HIM/HER TO A CLINIC.....5 OTHER.....96 _____ (SPECIFY)

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NO.	QUESTIONS AND INSTRUCTIONS	FIRST CHILD	SECOND CHILD	THIRD CHILD
P16	Is (NAME) currently taking Septrin or cotrimoxazole?	YES.....1 P18 ← NO.....2 DON'T KNOW.....8 P19 ←	YES.....1 P18 ← NO.....2 DON'T KNOW.....8 P19 ←	YES.....1 P18 ← NO.....2 DON'T KNOW.....8 P19 ←
P17	Can you tell me the <u>main</u> reason why (NAME) is not currently taking Septrin or Cotrimoxazole daily? PROBE TO GET MAIN REASON ONLY	I HAVE TROUBLE GIVING (NAME) A TABLET EVERYDAY.....1 (NAME) HAD SIDE EFFECTS/RASH.....2 FACILITY/PHARMACY TOO FAR AWAY TO GET MEDICNE REGULARLY.....3 I CAN'T AFFORD.....4 I DON'T THINK (NAME) NEEDS IT, HE/SHE IS NOT SICK.....5 PHARMACY/FACILITY WAS OUT OF STOCK OF THE MEDICINE.....6 I FEAR PEOPLE WILL KNOWN THAT (NAME) HAS HIV IF MEDICINE IS GIVEN.....7 TOO BUSY/NO TIME TO GIVE.....8 DOCTOR HAS NOT RECOMMENDED.....9 OTHER.....96 _____ (SPECIFY) DON'T KNOW.....88 P19 ←	I HAVE TROUBLE GIVING (NAME) A TABLET EVERYDAY.....1 (NAME) HAD SIDE EFFECTS/RASH.....2 FACILITY/PHARMACY TOO FAR AWAY TO GET MEDICNE REGULARLY.....3 I CAN'T AFFORD.....4 I DON'T THINK (NAME) NEEDS IT, HE/SHE IS NOT SICK.....5 PHARMACY/FACILITY WAS OUT OF STOCK OF THE MEDICINE.....6 I FEAR PEOPLE WILL KNOWN THAT (NAME) HAS HIV IF MEDICINE IS GIVEN.....7 TOO BUSY/NO TIME TO GIVE.....8 DOCTOR HAS NOT RECOMMENDED.....9 OTHER.....96 _____ (SPECIFY) DON'T KNOW.....88 P19 ←	I HAVE TROUBLE GIVING (NAME) A TABLET EVERYDAY.....1 (NAME) HAD SIDE EFFECTS/RASH.....2 FACILITY/PHARMACY TOO FAR AWAY TO GET MEDICNE REGULARLY.....3 I CAN'T AFFORD.....4 I DON'T THINK (NAME) NEEDS IT, HE/SHE IS NOT SICK.....5 PHARMACY/FACILITY WAS OUT OF STOCK OF THE MEDICINE.....6 I FEAR PEOPLE WILL KNOWN THAT (NAME) HAS HIV IF MEDICINE IS GIVEN.....7 TOO BUSY/NO TIME TO GIVE.....8 DOCTOR HAS NOT RECOMMENDED.....9 OTHER.....96 _____ (SPECIFY) DON'T KNOW.....88 P19 ←

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NO.	QUESTIONS AND INSTRUCTIONS	FIRST CHILD	SECOND CHILD	THIRD CHILD
P18	<p>What type of clinic(s) did you get the Septrin or Cotrimoxazole (NAME) is currently taking?</p> <p>RECORD ALL MENTIONED</p> <p>PROBE TO IDENTIFY TYPE(S) OF CLINIC(S) AND TICK THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF CLINIC IS PUBLIC OR NON-PUBLIC SECTOR, TICK 'OTHER SECTOR' AND RECORD CLINIC NAME.</p>	<p>PUBLIC SECTOR</p> <p>A. GOV HOSPITAL <input type="checkbox"/></p> <p>B. GOV HEALTH CTR... <input type="checkbox"/></p> <p>C. GOV DISPENSARY... <input type="checkbox"/></p> <p>D. OTHER PUBLIC SECTOR <input type="checkbox"/></p> <p>NON-PUBLIC SECTOR</p> <p>E. MISSION/CHURCH HOSP/CLINIC..... <input type="checkbox"/></p> <p>F. PRIVATE HOSP ... <input type="checkbox"/></p> <p>G.PRIVATE CLINIC... <input type="checkbox"/></p> <p>H. OTHER NON-PUBLIC SECTOR <input type="checkbox"/></p> <p>I. OTHER SECTOR... <input type="checkbox"/></p> <p>_____ (SPECIFY)</p> <p>J. DON'T KNOW..... <input type="checkbox"/></p>	<p>PUBLIC SECTOR</p> <p>A. GOV HOSPITAL <input type="checkbox"/></p> <p>B. GOV HEALTH CTR... <input type="checkbox"/></p> <p>C. GOV DISPENSARY... <input type="checkbox"/></p> <p>D. OTHER PUBLIC SECTOR <input type="checkbox"/></p> <p>NON-PUBLIC SECTOR</p> <p>E. MISSION/CHURCH HOSP/CLINIC..... <input type="checkbox"/></p> <p>F. PRIVATE HOSP ... <input type="checkbox"/></p> <p>G.PRIVATE CLINIC... <input type="checkbox"/></p> <p>H. OTHER NON-PUBLIC SECTOR <input type="checkbox"/></p> <p>I. OTHER SECTOR... <input type="checkbox"/></p> <p>_____ (SPECIFY)</p> <p>J. DON'T KNOW..... <input type="checkbox"/></p>	<p>PUBLIC SECTOR</p> <p>A. GOV HOSPITAL <input type="checkbox"/></p> <p>B. GOV HEALTH CTR... <input type="checkbox"/></p> <p>C. GOV DISPENSARY... <input type="checkbox"/></p> <p>D. OTHER PUBLIC SECTOR <input type="checkbox"/></p> <p>NON-PUBLIC SECTOR</p> <p>E. MISSION/CHURCH HOSP/CLINIC..... <input type="checkbox"/></p> <p>F. PRIVATE HOSP ... <input type="checkbox"/></p> <p>G.PRIVATE CLINIC... <input type="checkbox"/></p> <p>H. OTHER NON-PUBLIC SECTOR <input type="checkbox"/></p> <p>I. OTHER SECTOR... <input type="checkbox"/></p> <p>_____ (SPECIFY)</p> <p>J. DON'T KNOW..... <input type="checkbox"/></p>
P19	<p>Has (NAME) ever taken ARVs, that is, antiretroviral medication, to treat his/her HIV infection?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>P21 ← <input type="checkbox"/></p> <p>DON'T KNOW.....8</p> <p>P23 ← <input type="checkbox"/></p>	<p>YES.....1</p> <p>NO.....2</p> <p>P21 ← <input type="checkbox"/></p> <p>DON'T KNOW.....8</p> <p>P23 ← <input type="checkbox"/></p>	<p>YES.....1</p> <p>NO.....2</p> <p>P21 ← <input type="checkbox"/></p> <p>DON'T KNOW.....8</p> <p>P23 ← <input type="checkbox"/></p>
P20	<p>Is (NAME) currently taking ARVs, that is, antiretroviral medications daily?</p>	<p>YES.....1</p> <p>P22 ← <input type="checkbox"/></p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p>P23 ← <input type="checkbox"/></p>	<p>YES.....1</p> <p>P22 ← <input type="checkbox"/></p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p>P23 ← <input type="checkbox"/></p>	<p>YES.....1</p> <p>P22 ← <input type="checkbox"/></p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p>P23 ← <input type="checkbox"/></p>

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	FIRST CHILD	SECOND CHILD	THIRD CHILD
P21	<p>Can you tell me the <u>main</u> reason why (NAME) is not taking ARVs daily?</p> <p>PROBE FOR MAIN REASON ONLY</p>	<p>I HAVE TROUBLE GIVING (NAME) ARVS EVERYDAY.....1</p> <p>(NAME) HAD SIDE EFFECTS/ARVS MADE (NAME) SICK.....2</p> <p>FACILITY/PHARMACY TOO FAR AWAY TO GET ARVS REGULARLY.....3</p> <p>I CAN'T AFFORD/ ARVS TOO EXPENSIVE.....4</p> <p>I DON'T THINK (NAME) NEEDS ARVS, (NAME) IS NOT SICK.....5</p> <p>PHARMACY/FACILITY WAS OUT OF STOCK OF ARVS.....6</p> <p>I FEAR PEOPLE WILL KNOWN THAT (NAME) HAS HIV IF ARVS ARE GIVEN.....7</p> <p>TOO BUSY/NO TIME TO GIVE.....8</p> <p>DOCTOR HAS NOT RECOMMENDED ARVS.....9</p> <p>OTHER.....96</p> <p>_____ (SPECIFY)</p> <p>DON'T KNOW.....88</p> <p align="right">P23 ←</p>	<p>I HAVE TROUBLE GIVING (NAME) ARVS EVERYDAY.....1</p> <p>(NAME) HAD SIDE EFFECTS/ARVS MADE (NAME) SICK.....2</p> <p>FACILITY/PHARMACY TOO FAR AWAY TO GET ARVS REGULARLY.....3</p> <p>I CAN'T AFFORD/ ARVS TOO EXPENSIVE.....4</p> <p>I DON'T THINK (NAME) NEEDS ARVS, (NAME) IS NOT SICK.....5</p> <p>PHARMACY/FACILITY WAS OUT OF STOCK OF ARVS.....6</p> <p>I FEAR PEOPLE WILL KNOWN THAT (NAME) HAS HIV IF ARVS ARE GIVEN.....7</p> <p>TOO BUSY/NO TIME TO GIVE.....8</p> <p>DOCTOR HAS NOT RECOMMENDED ARVS.....9</p> <p>OTHER.....96</p> <p>_____ (SPECIFY)</p> <p>DON'T KNOW.....88</p> <p align="right">P23 ←</p>	<p>I HAVE TROUBLE GIVING (NAME) ARVS EVERYDAY.....1</p> <p>(NAME) HAD SIDE EFFECTS/ARVS MADE (NAME) SICK.....2</p> <p>FACILITY/PHARMACY TOO FAR AWAY TO GET ARVS REGULARLY.....3</p> <p>I CAN'T AFFORD/ ARVS TOO EXPENSIVE.....4</p> <p>I DON'T THINK (NAME) NEEDS ARVS, (NAME) IS NOT SICK.....5</p> <p>PHARMACY/FACILITY WAS OUT OF STOCK OF ARVS.....6</p> <p>I FEAR PEOPLE WILL KNOWN THAT (NAME) HAS HIV IF ARVS ARE GIVEN.....7</p> <p>TOO BUSY/NO TIME TO GIVE.....8</p> <p>DOCTOR HAS NOT RECOMMENDED ARVS.....9</p> <p>OTHER.....96</p> <p>_____ (SPECIFY)</p> <p>DON'T KNOW.....88</p> <p align="right">P23 ←</p>

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	FIRST CHILD	SECOND CHILD	THIRD CHILD
P22	<p>From what type of clinic did you get the ARVs (NAME) is currently taking?</p> <p>PROBE: Any other clinic?</p> <p>RECORD ALL MENTIONED</p> <p>PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND TICK THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF FACILITY IS PUBLIC OR NON-PUBLIC SECTOR, TICK 'OTHER SECTOR' AND RECORD FACILITY NAME.</p>	<p>PUBLIC SECTOR</p> <p>A. GOV HOSPITAL <input type="checkbox"/></p> <p>B. GOV HEALTH CTR... <input type="checkbox"/></p> <p>C. GOV DISPENSARY... <input type="checkbox"/></p> <p>D. OTHER PUBLIC SECTOR <input type="checkbox"/></p> <p>NON-PUBLIC SECTOR</p> <p>E. MISSION/CHURCH HOSP/CLINIC..... <input type="checkbox"/></p> <p>F. PRIVATE HOSP ... <input type="checkbox"/></p> <p>G.PRIVATE CLINIC... <input type="checkbox"/></p> <p>H. OTHER NON-PUBLIC SECTOR <input type="checkbox"/></p> <p>I. OTHER SECTOR... <input type="checkbox"/></p> <p>_____ (SPECIFY)</p> <p>J. DON'T KNOW..... <input type="checkbox"/></p>	<p>PUBLIC SECTOR</p> <p>A. GOV HOSPITAL <input type="checkbox"/></p> <p>B. GOV HEALTH CTR... <input type="checkbox"/></p> <p>C. GOV DISPENSARY... <input type="checkbox"/></p> <p>D. OTHER PUBLIC SECTOR <input type="checkbox"/></p> <p>NON-PUBLIC SECTOR</p> <p>E. MISSION/CHURCH HOSP/CLINIC..... <input type="checkbox"/></p> <p>F. PRIVATE HOSP ... <input type="checkbox"/></p> <p>G.PRIVATE CLINIC... <input type="checkbox"/></p> <p>H. OTHER NON-PUBLIC SECTOR <input type="checkbox"/></p> <p>I. OTHER SECTOR... <input type="checkbox"/></p> <p>_____ (SPECIFY)</p> <p>J. DON'T KNOW..... <input type="checkbox"/></p>	<p>PUBLIC SECTOR</p> <p>A. GOV HOSPITAL <input type="checkbox"/></p> <p>B. GOV HEALTH CTR... <input type="checkbox"/></p> <p>C. GOV DISPENSARY... <input type="checkbox"/></p> <p>D. OTHER PUBLIC SECTOR <input type="checkbox"/></p> <p>NON-PUBLIC SECTOR</p> <p>E. MISSION/CHURCH HOSP/CLINIC..... <input type="checkbox"/></p> <p>F. PRIVATE HOSP ... <input type="checkbox"/></p> <p>G.PRIVATE CLINIC... <input type="checkbox"/></p> <p>H. OTHER NON-PUBLIC SECTOR <input type="checkbox"/></p> <p>I. OTHER SECTOR... <input type="checkbox"/></p> <p>_____ (SPECIFY)</p> <p>J. DON'T KNOW..... <input type="checkbox"/></p>
P23	Has (NAME) been told that he/she is infected with HIV?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>

PAEDIATRIC MATRIX END

➤ **INTERVIEWER SAYS:** "Thank you for the information regarding (**NAME**)."

IF PARENT/GUARDIAN HAS ANOTHER CHILD BETWEEN 18 MONTHS – 14 YEARS BESIDES (NAME) →P1 FOR NEXT CHILD.

➤ **INTERVIEWER SAYS:** "Now I would like to ask you about (**NAME** of next child)".

☐ **TICK IF PAEDIATRIC CONTINUATION SHEET REQUIRED**

IF NO OTHER CHILDREN CONTINUE TO 401.

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
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MODULE 4: SEXUAL ACTIVITY

- **INTERVIEWER SAY: “Now there will be some questions about your sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. Please answer as well as you can. If you are uncomfortable with any questions, please let me know. Can we begin?”**

401	Have you ever had sexual intercourse?	YES.....1 → 403 NO, I'VE NEVER HAD SEXUAL INTERCOURSE..... 2 REFUSED.....98 → 501	
402	Do you intend to wait until you get married to have sex for the first time?	YES..... 1 NO..... 2 DON'T KNOW/UNSURE.....8 → 501	
403	How old were you when you had sexual intercourse for the very <u>first</u> time? IF “DON'T KNOW” THEN RECORD ‘88’	AGE IN YEARS: <input type="text"/> <input type="text"/>	
404	Have you ever used a condom?	YES..... 1 NO..... 2 → 406	
405	The <u>first</u> time you had sexual intercourse, was a condom used?	YES..... 1 NO..... 2 DON'T KNOW.....8	
406	Have you heard of anal sex?	YES.....1 NO.....2 REFUSED..... 98 → 412	
407	Have you ever had anal sex?	YES.....1 NO.....2 REFUSED..... 98 → 412	

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
408	Have you had anal sex in the last 12 months?	YES.....1 NO.....2 REFUSED..... 98	<div> <div></div> <div>→ 412</div> </div>
409	Did you or your partner use a condom the last time you had anal sex?	YES.....1 NO.....2 REFUSED..... 98	
410 - 411	NOT ASKED FOR FEMALES		
412	In total, how many different people have you had sexual intercourse with in your lifetime? IF A NON-NUMERIC ANSWER IS GIVEN ("I'VE HAD MANY"), PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 100 WRITE ' 100'. IF RESPONDENT CAN NOT ESTIMATE RECORD '888'.	NUMBER OF SEXUAL PARTNERS IN LIFETIME: <div> <div></div> <div></div> <div></div> </div>	
413	In total, with how many different people have you had sexual intercourse in the last 12 months? IF A NON-NUMERIC ANSWER IS GIVEN ("I'VE HAD MANY"), PROBE TO GET AN ESTIMATE. IF NO PARTNERS RECORD '000'. IF NUMBER OF PARTNERS IS GREATER THAN 100 WRITE ' 100'. IF RESPONDENT CAN'T ESTIMATE RECORD '888'.	NUMBER OF PARTNERS IN LAST 12 MONTHS: <div> <div></div> <div></div> <div></div> </div> IF '000' NONE	<div> <div></div> <div>→ 434</div> </div>

KAIS 2012 INDIVIDUAL FEMALE				
NO.	QUESTIONS AND INSTRUCTIONS	LAST SEXUAL PARTNER	SECOND-TO-LAST PARTNER	THIRD TO LAST SEXUAL PARTNER
<p><u>CHECK 413 (NUMBER OF PARTNERS LAST 12-MONTHS):</u></p> <p>IF LESS THAN 3:</p> <p>➤ INTERVIEWER SAY: “Now I would like to ask you some questions about the ____ partners you have had sexual intercourse with in the last 12 months.”</p> <p>IF 3 OR GREATER:</p> <p>➤ INTERVIEWER SAY: “Now I would like to ask you some questions about the LAST 3 partners you have had sex with in the past 12 months.”</p> <p>INTERVIEWER SAY TO ALL:</p> <p>➤ “Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.”</p>				
<p>SEXUAL PARTNER MATRIX INTRO:</p> <p>INTERVIEWER SAY: “Before we start, can I get the initials of your last partners so I can keep track? You don't have to give me exact initials.”</p> <p>GET INITIALS OF ALL PARTNERS BEFORE BEGINNING OF SEXUAL PARTNER MATRIX.</p>		<p>INITIALS (1)</p> <p>_____</p>	<p>INITIALS (2)</p> <p>_____</p>	<p>INITIALS (3)</p> <p>_____</p>
<p>➤ INTERVIEWER SAY: “Thank you. Let's start with questions only about (INITIALS). I will ask you about the others afterwards”.</p> <p>➤ IF MORE THAN ONE PARTNER ALSO SAY: “I will ask you about the others afterwards”.</p>				
414	NOT ASKED FOR FEMALES			
415	<p>When was the <u>last</u> time you had sexual intercourse with (INITIALS)?</p> <p>IF LESS THAN ONE WEEK RECORD IN DAYS, IF LESS THEN ONE MONTH RECORD IN WEEKS, OTHERWISE RECORD IN MONTHS.</p> <p>IF “DON'T KNOW” RECORD '88'</p>	<p>DAYS: <input type="text"/> <input type="text"/></p> <p>WEEKS: <input type="text"/> <input type="text"/></p> <p>MONTHS: <input type="text"/> <input type="text"/></p>	<p>DAYS: <input type="text"/> <input type="text"/></p> <p>WEEKS: <input type="text"/> <input type="text"/></p> <p>MONTHS: <input type="text"/> <input type="text"/></p>	<p>DAYS: <input type="text"/> <input type="text"/></p> <p>WEEKS: <input type="text"/> <input type="text"/></p> <p>MONTHS: <input type="text"/> <input type="text"/></p>

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	LAST SEXUAL PARTNER	SECOND-TO-LAST PARTNER	THIRD TO LAST SEXUAL PARTNER
416	<p>When was the <u>first</u> time you had sexual intercourse with (INITIALS)?</p> <p>IF LESS THAN ONE WEEK RECORD IN DAYS, IF LESS THEN ONE MONTH RECORD IN WEEKS, IF LESS THEN ONE YEAR RECORD IN MONTHS, IF 12 MONTHS OR MORE RECORD IN YEARS.</p> <p>IF "DON'T KNOW" RECORD '88'</p>	<p>DAYS: <input type="text"/> <input type="text"/></p> <p>WEEKS: <input type="text"/> <input type="text"/></p> <p>MONTHS: <input type="text"/> <input type="text"/></p> <p>YEARS: <input type="text"/> <input type="text"/></p>	<p>DAYS: <input type="text"/> <input type="text"/></p> <p>WEEKS: <input type="text"/> <input type="text"/></p> <p>MONTHS: <input type="text"/> <input type="text"/></p> <p>YEARS: <input type="text"/> <input type="text"/></p>	<p>DAYS: <input type="text"/> <input type="text"/></p> <p>WEEKS: <input type="text"/> <input type="text"/></p> <p>MONTHS: <input type="text"/> <input type="text"/></p> <p>YEARS: <input type="text"/> <input type="text"/></p>
417	Is (INITIALS) older than you, younger than you, or about the same age?	<p>OLDER.....1</p> <p>YOUNGER.....2</p> <p align="center">419 ←</p> <p>SAME AGE.....3</p> <p>DON'T KNOW.....8</p> <p align="center">420 ←</p>	<p>OLDER.....1</p> <p>YOUNGER.....2</p> <p align="center">419 ←</p> <p>SAME AGE.....3</p> <p>DON'T KNOW.....8</p> <p align="center">420 ←</p>	<p>OLDER.....1</p> <p>YOUNGER.....2</p> <p align="center">419 ←</p> <p>SAME AGE.....3</p> <p>DON'T KNOW.....8</p> <p align="center">420 ←</p>
418	Would you say (INITIALS) is ten or more years older than you, or less than ten years older than you?	<p>TEN OR MORE YEARS OLDER.....1</p> <p>LESS THAN TEN YEARS OLDER.....2</p> <p>OLDER, UNSURE HOW MUCH.....3</p> <p align="center">420 ←</p>	<p>TEN OR MORE YEARS OLDER.....1</p> <p>LESS THAN TEN YEARS OLDER.....2</p> <p>OLDER, UNSURE HOW MUCH.....3</p> <p align="center">420 ←</p>	<p>TEN OR MORE YEARS OLDER.....1</p> <p>LESS THAN TEN YEARS OLDER.....2</p> <p>OLDER, UNSURE HOW MUCH.....3</p> <p align="center">420 ←</p>
419	Would you say (INITIALS) is ten or more years younger than you, or less than ten years younger than you?	<p>TEN OR MORE YEARS YOUNGER.....1</p> <p>LESS THAN TEN YEARS YOUNGER.....2</p> <p>YOUNGER, UNSURE HOW MUCH.....3</p>	<p>TEN OR MORE YEARS YOUNGER.....1</p> <p>LESS THAN TEN YEARS YOUNGER.....2</p> <p>YOUNGER, UNSURE HOW MUCH.....3</p>	<p>TEN OR MORE YEARS YOUNGER.....1</p> <p>LESS THAN TEN YEARS YOUNGER.....2</p> <p>YOUNGER, UNSURE HOW MUCH.....3</p>
<p><u>CHECK 408 (HAVE YOU HAD ANAL SEX IN LAST 12-MONTHS):</u></p> <p>IF '1' YES → 420</p> <p>IF '2' NO, '98' REFUSED, OR 'SKIPPED' (NOT ASKED) → 424</p>				

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	LAST SEXUAL PARTNER	SECOND-TO-LAST PARTNER	THIRD TO LAST SEXUAL PARTNER
420	In the last 12-months, have you had anal sex with (INITIALS) ?	YES.....1 NO.....2 DON'T KNOW.....8 424 ←	YES.....1 NO.....2 DON'T KNOW.....8 424 ←	YES.....1 NO.....2 DON'T KNOW.....8 424 ←
421	NOT ASKED FOR FEMALES			
422	The last time you had anal sex with (INITIALS) was a condom used?	YES.....1 NO.....2 DON'T KNOW.....8 424 ←	YES.....1 NO.....2 DON'T KNOW.....8 424 ←	YES.....1 NO.....2 DON'T KNOW.....8 424 ←
423	In the last 12-months, was condom used every time you had anal sex with (INITIALS) ?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
424	The last time you had any sexual intercourse with (INITIALS) was a condom used?	YES.....1 NO.....2 DON'T KNOW.....8 426 ←	YES.....1 NO.....2 DON'T KNOW.....8 426 ←	YES.....1 NO.....2 DON'T KNOW.....8 426 ←
425	In the last 12-months, was a condom used every time you had any sexual intercourse with (INITIALS) ?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	LAST SEXUAL PARTNER	SECOND-TO-LAST PARTNER	THIRD TO LAST SEXUAL PARTNER						
426	<p>What is your relationship with (INITIALS)?</p> <p>IF RESPONENT SAY BOYFRIEND ASK: Were you living together as if married?</p> <p>IF YES, CIRCLE '2' IF NO, CIRCLE '3'</p>	<p>HUSBAND.....1</p> <p>LIVE-IN PARTNER....2</p> <p>426A ←</p> <p>PARTNER, NOT LIVING WITH RESPONDENT.....3</p> <p>CASUAL ACQUAINTANCE....4</p> <p>SEX WORKER.....5</p> <p>SEX WORKER CLIENT.....6</p> <p>OTHER.....96</p> <p>427 ←</p>	<p>HUSBAND.....1</p> <p>LIVE-IN PARTNER....2</p> <p>426A ←</p> <p>PARTNER, NOT LIVING WITH RESPONDENT.....3</p> <p>CASUAL ACQUAINTANCE....4</p> <p>SEX WORKER.....5</p> <p>SEX WORKER CLIENT.....6</p> <p>OTHER.....96</p> <p>427 ←</p>	<p>HUSBAND.....1</p> <p>LIVE-IN PARTNER....2</p> <p>426A ←</p> <p>PARTNER, NOT LIVING WITH RESPONDENT.....3</p> <p>CASUAL ACQUAINTANCE....4</p> <p>SEX WORKER.....5</p> <p>SEX WORKER CLIENT.....6</p> <p>OTHER.....96</p> <p>427 ←</p>						
426A	<p>DO NOT READ:</p> <p>RECORD THE LINE NUMBER OF (INITIALS) FROM THE HOUSEHOLD SCHEDULE.</p> <p>IF (INITIALS) IS NOT ON HOUSEHOLD SCHEDULE RECORD '00'.</p>	<p>LINE NUMBER OF (INITIALS):</p> <table border="1" style="width: 100px; height: 30px; margin: 0 auto;"> <tr> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> </table>			<p>LINE NUMBER OF (INITIALS):</p> <table border="1" style="width: 100px; height: 30px; margin: 0 auto;"> <tr> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> </table>			<p>LINE NUMBER OF (INITIALS):</p> <table border="1" style="width: 100px; height: 30px; margin: 0 auto;"> <tr> <td style="width: 50px;"></td> <td style="width: 50px;"></td> </tr> </table>		
427	<p>Is your relationship with (INITIALS) an ongoing sexual relationship?</p>	<p>YES, ONGOING.....1</p> <p>NO, IT IS OVER.....2</p> <p>DON'T KNOW.....8</p>	<p>YES, ONGOING.....1</p> <p>NO, IT IS OVER.....2</p> <p>DON'T KNOW.....8</p>	<p>YES, ONGOING.....1</p> <p>NO, IT IS OVER.....2</p> <p>DON'T KNOW.....8</p>						
428	<p>Have you ever taken an HIV test with (INITIALS) where you both received the test results together?</p>	<p>YES.....1</p> <p>431 ←</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p>430 ←</p>	<p>YES.....1</p> <p>431 ←</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p>430 ←</p>	<p>YES.....1</p> <p>431 ←</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p>430 ←</p>						

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	LAST SEXUAL PARTNER	SECOND-TO-LAST PARTNER	THIRD TO LAST SEXUAL PARTNER
429	<p>Why haven't you tested for HIV with (INITIALS) as a couple?</p> <p>SELECT MAIN REASON</p> <p>PROBE TO IDENTIFY BEST RESPONSE</p>	<p>WE'VE NEVER DISCUSSED IT.....1</p> <p>WE'VE DISCUSSED BUT DECIDED NOT TO.....2</p> <p>I ASKED, MY PARTNER REFUSED..... 3</p> <p>MY PARTNER ASKED, BUT I REFUSED.....4</p> <p>WE KNOW OUR STATUS ALREADY.....5</p> <p>NEVER HEARD OF COUPLE'S TESTING...6</p> <p>DON'T KNOW WHERE TO GET COUPLE'S TESTING.....7</p> <p>OTHER.....96</p> <p>_____ (SPECIFY)</p>	<p>WE'VE NEVER DISCUSSED IT.....1</p> <p>WE'VE DISCUSSED BUT DECIDED NOT TO.....2</p> <p>I ASKED, MY PARTNER REFUSED..... 3</p> <p>MY PARTNER ASKED, BUT I REFUSED.....4</p> <p>WE KNOW OUR STATUS ALREADY.....5</p> <p>NEVER HEARD OF COUPLE'S TESTING...6</p> <p>DON'T KNOW WHERE TO GET COUPLE'S TESTING.....7</p> <p>OTHER.....96</p> <p>_____ (SPECIFY)</p>	<p>WE'VE NEVER DISCUSSED IT.....1</p> <p>WE'VE DISCUSSED BUT DECIDED NOT TO.....2</p> <p>I ASKED, MY PARTNER REFUSED..... 3</p> <p>MY PARTNER ASKED, BUT I REFUSED.....4</p> <p>WE KNOW OUR STATUS ALREADY.....5</p> <p>NEVER HEARD OF COUPLE'S TESTING...6</p> <p>DON'T KNOW WHERE TO GET COUPLE'S TESTING.....7</p> <p>OTHER.....96</p> <p>_____ (SPECIFY)</p>
430	Do you know if (INITIALS) has tested for HIV?	<p>YES.....1</p> <p>NO.....2</p> <p>434 ←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>434 ←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>434 ←</p>
431	Do you know the HIV status of (INITIALS) ?	<p>YES.....1</p> <p>NO.....2</p> <p>434 ←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>434 ←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>434 ←</p>
432	Are you willing to share the HIV status of (INITIALS) ?	<p>YES.....1</p> <p>NO.....2</p> <p>434 ←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>434 ←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>434 ←</p>
433	What is the HIV status of (INITIALS) ?	<p>POSITIVE.....1</p> <p>NEGATIVE.....2</p> <p>INDETERMINATE..... 3</p>	<p>POSITIVE.....1</p> <p>NEGATIVE.....2</p> <p>INDETERMINATE..... 3</p>	<p>POSITIVE.....1</p> <p>NEGATIVE.....2</p> <p>INDETERMINATE..... 3</p>

KAIS 2012 INDIVIDUAL FEMALE				
NO.	QUESTIONS AND INSTRUCTIONS	LAST SEXUAL PARTNER	SECOND-TO-LAST PARTNER	THIRD TO LAST SEXUAL PARTNER

SEX PARTNER MATRIX END:

➤ **INTERVIEWER SAYS: “Thank you for the information about (INITIALS).”**

CHECK SEXUAL PARTNER MATRIX INTRO: IF RESPONDENT HAS ANOTHER PARTNER THEN →415

➤ **INTERVIEWER SAYS: “Now I would like to ask you about next partner.”**

IF NO MORE PARTNERS → 434

KAIS 2012 INDIVIDUAL FEMALE			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
➤ INTERVIEWER SAY: "Now I would like to talk with you about your sexual activity in general."			
434	Have you <u>ever</u> received money, gifts, or favors in exchange for sex?	YES.....1 NO.....2 REFUSED.....98	<div style="border-left: 1px solid black; border-right: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> → 437
CHECK 413: IF '000' NO PARTNERS IN LAST 12 MONTHS → 437			
435	In the <u>last 12 months</u> , have you received money, gifts, or favors in exchange for sex?	YES.....1 NO.....2	→ 440
436	The <u>last time</u> you received money, gifts, or favors in exchange for sex, was a condom used?	YES.....1 NO.....2 DON'T KNOW.....8	
437	Have you <u>ever</u> given money, gifts, or favors in exchange for sex?	YES.....1 NO.....2 REFUSED.....98	<div style="border-left: 1px solid black; border-right: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> → 440
CHECK 413: IF '000' NO PARTNERS IN LAST 12 MONTHS → 444			
438	In the last <u>12-months</u> , have you given money, gifts, or favors in exchange for sex?	YES.....1 NO.....2	→ 440
439	The last time you gave money, gifts, or favors in exchange for sex, was a condom used?	YES.....1 NO.....2 DON'T KNOW.....8	
440	Have you had sexual intercourse in the last 3-months?	YES.....1 NO.....2	→ 446
441	Have you used a condom with any of your partners in the last 3-months?	YES.....1 NO.....2 DON'T KNOW.....8	<div style="border-left: 1px solid black; border-right: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> → 446

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NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
442	In the last 3-months when you had sexual intercourse, did you or your partner ever put the condom on after you had already started having sex?	YES.....1 NO.....2 DON'T KNOW.....8	
443	In the last 3-months when you had sexual intercourse, did you or your partner ever take the condom off before you were finished having sex?	YES.....1 NO.....2 DON'T KNOW.....8	
444	In the last 3-months when you had sexual intercourse, did the condom ever break/leak during sex or while pulling out?	YES.....1 NO.....2 DON'T KNOW.....8	
445	In the last 3-months when you had sexual intercourse, did the condom ever slip off during sex or while pulling out?	YES.....1 NO.....2 DON'T KNOW.....8	
➤ INTERVIEWER SAYS: “Now I would like to ask you some questions about sexual health.”			
446	During the last 12 months have you had an abnormal discharge from your vagina? This may include an unusual smell, colour, or texture.	YES.....1 NO.....2 DON'T KNOW.....8	
447	During the last 12 months, have you had an ulcer or sore on or near your vagina?	YES.....1 NO.....2 DON'T KNOW.....8	
IF EITHER 446 OR 447 '1' YES →448. OTHERWISE →501			
448	Did you visit a health facility or see a healthcare provider because of these problems?	YES.....1 NO.....2	→ 501
449	Did the healthcare provider tell you that you had a sexually transmitted infection?	YES.....1 NO.....2	
450	Did you get treatment for this sexually transmitted infection?	YES.....1 NO.....2	→ 501

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
451	<p>Where did you go to seek treatment?</p> <p>PROBE: Was there another place?</p> <p>RECORD ALL MENTIONED</p> <p>PROBE TO IDENTIFY CLINIC TYPE(S) AND TICK THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF FACILITY IS PUBLIC OR NON-PUBLIC SECTOR, TICK 'OTHER SECTOR' AND RECORD FACILITY NAME.</p>	<p>PUBLIC SECTOR</p> <p>A. GOV HOSPITAL..... <input type="checkbox"/></p> <p>B. GOV HEALTH CENTER..... <input type="checkbox"/></p> <p>C. GOV DISPENSARY..... <input type="checkbox"/></p> <p>D. OTHER PUBLIC SECTOR..... <input type="checkbox"/></p> <p>NON-PUBLIC SECTOR</p> <p>E. MISSION/CHURCH HOSP/CLINIC..... <input type="checkbox"/></p> <p>F. PRIVATE HOSP..... <input type="checkbox"/></p> <p>G.PRIVATE CLINIC..... <input type="checkbox"/></p> <p>H. OTHER NON-PUBLIC SECTOR..... <input type="checkbox"/></p> <p>I. OTHER SECTOR</p> <p>_____ (SPECIFY)</p> <p>J. DON'T KNOW..... <input type="checkbox"/></p>	

KAIS 2012 INDIVIDUAL FEMALE			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
MODULE 5: HIV KNOWLEDGE AND ATTITUDES			
➤ INTERVIEWER SAY: “Now I would like to ask you some questions about what you know about HIV.”			
501	Have you ever heard of an infection called HIV, the virus that causes AIDS?	YES.....1 NO.....2	→ 601
502	If a man/woman has HIV, does his/her partner always have HIV?	YES.....1 NO.....2 DON'T KNOW.....8	
503	Is it possible for a healthy-looking person to have HIV?	YES.....1 NO.....2 DON'T KNOW.....8	
504	Do you think that your chances of getting HIV are no risk, small, moderate or great?	NO RISK AT ALL.....1 SMALL.....2 MODERATE.....3 GREAT.....4 I ALREADY HAVE HIV.....5 DON'T KNOW.....8	<div>→ 506</div> <div>→ 507</div>
505	Why do you think you have no risk/small chance of getting HIV? PROBE: Any other reason? RECORD ALL MENTIONED	A. I'M NOT HAVING SEX..... <input type="checkbox"/> B. I USE CONDOMS..... <input type="checkbox"/> C. I HAD ONLY ONE SEX PARTNER..... <input type="checkbox"/> D. I HAVE FEW SEX PARTNERS..... <input type="checkbox"/> E. MY PARTNER HAS NO OTHER SEX PARTNERS..... <input type="checkbox"/> F. OTHER..... <input type="checkbox"/> _____ (SPECIFY)	→ 507

KAIS 2012 INDIVIDUAL FEMALE			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
506	<p>Why do you think you have a moderate or great risk of getting HIV?</p> <p>PROBE: Any other reasons?</p> <p>RECORD ALL MENTIONED</p>	<p>A. I DON'T USE CONDOMS..... <input type="checkbox"/></p> <p>B. I HAVE MORE THAN ONE SEX PARTNER..... <input type="checkbox"/></p> <p>C. MY PARTNER HAS OTHER SEX PARTNERS..... <input type="checkbox"/></p> <p>D. I'VE HAD HOMOSEXUAL CONTACTS..... <input type="checkbox"/></p> <p>E. I'VE HAD BLOOD TRANSFUSIONS/ INJECTIONS..... <input type="checkbox"/></p> <p>F. MY PARTNER IS HIV POSITIVE..... <input type="checkbox"/></p> <p>G. OTHER..... <input type="checkbox"/></p> <p>_____</p> <p>(SPECIFY)</p>	
<p>PREFACE BEFORE QUESTIONS 507-509:</p> <p>If a mother is HIV positive can she transmit HIV to her baby:</p>			
507	During pregnancy?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	
508	During delivery?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	
509	By breastfeeding?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	
<p><u>CHECK 507, 508, 509:</u></p> <p>IF ALL ARE '2' NO, '8' DON'T KNOW → 511</p> <p>IF '1' YES FOR ONE OR MORE → 510</p>			
510	Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
511	Have you heard of antiretroviral drugs or ARVs that people with HIV can take to help them live longer?	YES.....1 NO.....2 DON'T KNOW.....8	
512	Should children age 12-14 be taught about using a condom to avoid HIV?	AGREE.....1 DISAGREE.....2 DON'T KNOW/NO OPINION.....8	
513	Do you know of a place where a person can get a condom?	YES.....1 NO.....2	
514	Scientists are now studying a medication that, if put into a woman's vagina before they have sex, can reduce her chances of getting HIV infection. If such a medication was available to you, would you want to use it?	YES.....1 NO.....2 UNSURE.....3	
515	Scientists are now studying a medication where, if taken orally every day, can reduce a person's chances of getting HIV infection. If such a medication was available, would you want to take it?	YES.....1 NO.....2 UNSURE.....3	
516	An HIV self-test kit is a method where people can test for HIV in private or at home. If such a kit was available to you, would you be willing to use it to test yourself?	YES.....1 NO.....2 UNSURE.....3	

KAIS 2012 INDIVIDUAL FEMALE			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
MODULE 6: HIV/AIDS TESTING			
<p>CHECK FOR PRESENCE OF OTHERS BEFORE CONTINUING. MAKE EVERY EFFORT TO ENSURE PRIVACY.</p> <p>➤ INTERVIEWER SAY: "I would like to ask some questions about HIV testing."</p>			
601	Do you know of a place(s) where people can get tested for HIV?	YES.....1 NO.....2	→ 603
602	Where is that place? PROBE: Any other place? RECORD ALL MENTIONED	A. VCT FACILITY..... <input type="checkbox"/> B. MOBILE VCT..... <input type="checkbox"/> C. AT HOME..... <input type="checkbox"/> D. HOSPITAL OUTPATIENT CLINICS..... <input type="checkbox"/> E. TB CLINIC..... <input type="checkbox"/> F. STI CLINIC <input type="checkbox"/> G. HOSPITAL INPATIENT WARDS..... <input type="checkbox"/> H. BLOOD DONATION CENTER..... <input type="checkbox"/> I. FAMILY PLANNING CLINIC..... <input type="checkbox"/> J. ANTENATAL CARE CLINIC..... <input type="checkbox"/> K. MATERNITY CLINIC..... <input type="checkbox"/> L. VMMC CLINIC..... <input type="checkbox"/> M. OTHER..... <input type="checkbox"/> _____ (SPECIFY)	
603	Have you <u>ever</u> been tested for HIV?	YES.....1 NO.....2	→ 605

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
604	<p>Why have you never been tested for HIV?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED.</p>	<p>A. NO KNOWLEDGE ABOUT HIV TEST.....<input type="checkbox"/></p> <p>B. DON'T KNOW WHERE TO GET ONE.....<input type="checkbox"/></p> <p>C. TEST COSTS TOO MUCH.....<input type="checkbox"/></p> <p>D. TRANSPORT TO SITE TOO MUCH.....<input type="checkbox"/></p> <p>E. TESTING FACILITY TOO FAR AWAY.....<input type="checkbox"/></p> <p>F. AFRAID OTHERS WILL KNOW ABOUT TEST/TEST RESULTS.....<input type="checkbox"/></p> <p>G. DON'T NEED TO TEST/ LOW RISK.....<input type="checkbox"/></p> <p>H. AFRAID TO KNOW IF I HAVE HIV...<input type="checkbox"/></p> <p>I. CAN'T GET TREATMENT IF HAVE HIV.....<input type="checkbox"/></p> <p>J. NEVER BEEN OFFERED A TEST....<input type="checkbox"/></p> <p>K. OTHER.....<input type="checkbox"/></p> <p>_____</p> <p>(SPECIFY)</p>	<p>609</p>
605	<p>When was your <u>last</u> HIV test?</p> <p>IF EXACT DATE PROVIDED THEN CALCULATE TIME IN MONTHS OR YEARS AND SELECT APPROPRIATE RESPONSE.</p>	<p>LESS THAN 3 MONTHS AGO.....1</p> <p>3-5 MONTHS AGO.....2</p> <p>6-11 MONTHS AGO.....3</p> <p>1-2 YEARS AGO.....4</p> <p>MORE THAN 2 YEARS AGO.....5</p> <p>DON'T KNOW.....8</p>	

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
606	Where was the <u>last</u> test done?	VCT FACILITY.....1 MOBILE VCT.....2 AT HOME.....3 HOSPITAL OUTPATIENT CLINICS.....4 TB CLINIC.....5 STI CLINIC6 HOSPITAL INPATIENT WARDS.....7 BLOOD DONATION CENTER.....8 FAMILY PLANNING CLINIC.....9 ANTENATAL CARE CLINIC.....10 MATERNITY CLINIC.....11 VMMC CLINIC.....12 OTHER.....13 _____ (SPECIFY)	
607	Have you <u>ever</u> tested yourself for HIV in private using a self-test kit?	YES.....1 NO.....2	
608	Have you <u>ever</u> taken an HIV test with any of your sex partners where you both received the test results together?	YES.....1 NO.....2 I'VE HAD NO SEX PARTNERS.....3	
609	Have you seen a doctor or health provider in a health facility in the last 12 months?	YES.....1 NO.....2 DON'T KNOW.....8	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> → 701
610	During any of your visits at a health facility in the past 12 months, did a health provider offer you an HIV test?	YES.....1 NO.....2 DON'T KNOW.....8	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> → 701

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
611	<p>In what <u>type</u> of health facility were you offered HIV testing?</p> <p>PROBE: Was there another type of facility?</p> <p>RECORD ALL MENTIONED</p> <p>PROBE TO IDENTIFY TYPE(S) FACILITIES AND TICK THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF A FACILITY IS PUBLIC OR NON-PUBLIC SECTOR, CHOOSE OTHER SECTOR AND RECORD NAME OF FACILITY IN SPECIFY FIELD.</p>	<p>PUBLIC SECTOR</p> <p>A. GOV HOSPITAL..... <input type="checkbox"/></p> <p>B. GOV HEALTH CENTER..... <input type="checkbox"/></p> <p>C. GOV DISPENSARY..... <input type="checkbox"/></p> <p>D. OTHER PUBLIC SECTOR..... <input type="checkbox"/></p> <p>NON-PUBLIC SECTOR</p> <p>E. MISSION/CHURCH HOSP/CLINIC..... <input type="checkbox"/></p> <p>F. PRIVATE HOSP..... <input type="checkbox"/></p> <p>G. PRIVATE CLINIC..... <input type="checkbox"/></p> <p>H. OTHER NON-PUBLIC SECTOR..... <input type="checkbox"/></p> <p>I. OTHER SECTOR</p> <p>_____</p> <p>(SPECIFY)</p> <p>J. DON'T KNOW..... <input type="checkbox"/></p>	
CHECK 603: IF '2' NO (NEVER TESTED FOR HIV) →801			
612	Did you accept HIV testing during any of your visits to the health facility?	<p>YES.....1</p> <p>NO.....2</p>	
613	Have you been tested more than one time?	<p>YES.....1</p> <p>NO.....2 → 701</p>	
614	<p>How many times have you been tested for HIV?</p> <p>IF "DON'T KNOW" RECORD '88'</p>	<p>NUMBER OF TIMES: <input type="text"/> <input type="text"/></p>	

KAIS 2012 INDIVIDUAL FEMALE			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
MODULE 7: HIV STATUS, CARE AND TREATMENT			
<p><u>CHECK 603 (EVER BEEN TESTED FOR HIV):</u></p> <p>IF 603 IS '1' (YES, HAD AN HIV TEST) THEN ALSO CHECK 322 AND 323:</p> <p style="padding-left: 40px;">IF 322 '1' (POSITIVE) OR 323 '8' (ALREADY KNEW I WAS POSITIVE) →703</p> <p style="padding-left: 40px;">OTHERWISE →701</p> <p>IF 603 IS '2' (NO, NEVER TESTED) → 801</p> <p>➤ INTERVIEWER SAY: “Now I’m going to ask you more about your experience with HIV testing.”</p>			
701	You indicated earlier that you were previously tested for HIV. Are you willing to tell me the last HIV test result you received?	YES.....1 NO.....2 → 801	
702	What was the result of that HIV test?	POSITIVE.....1 NEGATIVE.....2 INDETERMINATE.....3 I DID NOT RECEIVE RESULT.....4	→ 801
703	What was the month and year of your <u>first</u> HIV positive test? IF “DON’T KNOW” MONTH THEN RECORD ‘88’ IF “DON’T KNOW” YEAR THEN RECORD ‘8888’	MONTH: <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
704	Have you <u>ever</u> attended any clinic or health care facility for your HIV care?	YES.....1 NO.....2 → 706	
705	After learning your HIV diagnosis, what month and year did you <u>first</u> attend an HIV clinic to receive care? IF “DON’T KNOW” MONTH THEN RECORD ‘88’ IF “DON’T KNOW” YEAR THEN RECORD ‘8888’	MONTH: <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IF ASKED ↓ 707

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
706	What is the <u>main</u> reason that you have not visited an HIV clinic for care?	<p>THE FACILITY IS TOO FAR AWAY.....1</p> <p>I DON'T KNOW WHERE THE CLINIC IS...2</p> <p>I CAN'T AFFORD IT.....3</p> <p>I FEEL HEALTHY/NOT SICK.....4</p> <p>I FEAR PEOPLE WILL KNOW THAT I HAVE HIV IF I GO TO A CLINIC.....5</p> <p>I FEEL I WILL BE DISCRIMINATED BY THE FACILITY.....6</p> <p>I'M TAKING ALTERNATIVE MEDICINE NOT AVAILABLE AT A CLINIC.....7</p> <p>I'M TOO BUSY TO GO.....8</p> <p>OTHER.....96</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....88</p>	<p>→ 709</p>
707	When was the last time you attended an HIV clinic?	<p>WITHIN THE LAST MONTH.....1</p> <p>WITHIN THE LAST 2 MONTHS2</p> <p>WITHIN THE LAST 3 MONTHS3</p> <p>WITHIN THE LAST 6 MONTHS4</p> <p>MORE THAN 6 MONTHS BUT LESS THAN A YEAR AGO.....5</p> <p>A YEAR OR MORE AGO6</p> <p>DON'T KNOW.....8</p>	<p>→ 709</p> <p>→ 709</p>

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
708	What is the <u>main</u> reason for not going to the HIV clinic in the past 3-months?	THE FACILITY IS TOO FAR AWAY.....1 I DON'T KNOW WHERE THE CLINIC IS.....2 I CAN'T AFFORD IT.....3 I FEEL HEALTHY/NOT SICK.....4 I FEAR PEOPLE WILL KNOW THAT I HAVE HIV IF I GO TO A CLINIC.....5 I FEEL I WILL BE DISCRIMINATED BY THE FACILITY.....6 I'M TAKING ALTERNATIVE MEDICINE NOT AVAILABLE AT A CLINIC.....7 I'M TOO BUSY TO GO.....8 OTHER.....96 _____ (SPECIFY) DON'T KNOW.....88	
709	Are you <u>currently</u> taking Septrin or Cotrimoxazole daily?	YES.....1 → 711 NO.....2 DON'T KNOW.....8 → 712	
710	Can you tell me the <u>main</u> reason why you are not <u>currently</u> taking Septrin or Cotrimoxazole daily?	I HAVE TROUBLE TAKING A TABLET EVERYDAY/CAN'T REMEMBER.....1 I HAD SIDE EFFECTS/RASH.....2 THE FACILITY/PHARMACY TOO FAR AWAY FOR ME TO GET MEDICINE REGULARLY.....3 I CAN NOT AFFORD IT.....4 I DON'T THINK I NEED IT, I DON'T FEEL SICK.....5 I TRIED BUT THE PHARMACY/ FACILITY WAS OUT OF STOCK.....6 I FEAR PEOPLE WILL KNOWN THAT I HAVE HIV IF I TAKE IT.....7 TOO BUSY/NO TIME TO PICK UP MEDICINE.....8 OTHER96 _____ (SPECIFY) DON'T KNOW.....88	→ 712

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
711	<p>From what type of clinic did you get the Septrin or Cotrimoxazole you are currently taking?</p> <p>PROBE: Was there another type of clinic?</p> <p>RECORD ALL MENTIONED</p> <p>PROBE TO IDENTIFY TYPE(S) OF CLINIC(S) AND TICK THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF CLINIC IS PUBLIC OR NON-PUBLIC SECTOR, TICK 'OTHER SECTOR' AND RECORD CLINIC NAME.</p>	<p>PUBLIC SECTOR</p> <p>A. GOV HOSPITAL..... <input type="checkbox"/></p> <p>B. GOV HEALTH CENTER..... <input type="checkbox"/></p> <p>C. GOV DISPENSARY..... <input type="checkbox"/></p> <p>D. OTHER PUBLIC SECTOR..... <input type="checkbox"/></p> <p>NON-PUBLIC SECTOR</p> <p>E. MISSION/CHURCH HOSP/CLINIC..... <input type="checkbox"/></p> <p>F. PRIVATE HOSP..... <input type="checkbox"/></p> <p>G.PRIVATE CLINIC..... <input type="checkbox"/></p> <p>H. OTHER NON-PUBLIC SECTOR..... <input type="checkbox"/></p> <p>I. OTHER SECTOR</p> <p>_____ (SPECIFY)</p> <p>J. DON'T KNOW..... <input type="checkbox"/></p>	
712	<p>Have you <u>ever</u> taken ARVs, that is, antiretroviral medication, to treat your HIV infection?</p>	<p>YES.....1</p> <p>NO.....2 → 714</p> <p>DON'T KNOW.....8 → 717</p>	
713	<p>Are you <u>currently</u> taking ARVs, that is, antiretroviral medications daily?</p>	<p>YES.....1 → 715</p> <p>NO.....2</p> <p>DON'T KNOW.....8 → 717</p>	

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
714	Can you tell me the <u>main</u> reason why you are <u>not</u> taking ARVs daily?	<p>I HAVE TROUBLE TAKING A TABLET EVERYDAY/CAN'T REMEMBER.....1</p> <p>I HAD SIDE EFFECTS/RASH.....2</p> <p>THE FACILITY/PHARMACY TOO FAR AWAY FOR ME TO GET MEDICINE REGULARLY.....3</p> <p>I CAN NOT AFFORD IT.....4</p> <p>I DON'T THINK I NEED IT, I DON'T FEEL SICK.....5</p> <p>I TRIED BUT THE PHARMACY/ FACILITY WAS OUT OF STOCK.....6</p> <p>I FEAR PEOPLE WILL KNOWN THAT I HAVE HIV IF I TAKE IT.....7</p> <p>TOO BUSY/NO TIME TO PICK UP MEDICINE.....8</p> <p>OTHER96</p> <p>_____ (SPECIFY)</p> <p>DON'T KNOW.....88</p>	<p>→ 717</p>
715	<p>From what type of clinic did you get the ARVs you are currently taking?</p> <p>PROBE: Was there another type of clinic?</p> <p>RECORD ALL MENTIONED</p> <p>PROBE TO IDENTIFY TYPE(S) OF CLINIC(S) AND TICK THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF CLINIC IS PUBLIC OR NON-PUBLIC SECTOR, TICK 'OTHER SECTOR' AND RECORD CLINIC NAME.</p>	<p>PUBLIC SECTOR</p> <p>A. GOV HOSPITAL..... <input type="checkbox"/></p> <p>B. GOV HEALTH CENTER..... <input type="checkbox"/></p> <p>C. GOV DISPENSARY..... <input type="checkbox"/></p> <p>D. OTHER PUBLIC SECTOR..... <input type="checkbox"/></p> <p>NON-PUBLIC SECTOR</p> <p>E. MISSION/CHURCH HOSP/CLINIC..... <input type="checkbox"/></p> <p>F. PRIVATE HOSP..... <input type="checkbox"/></p> <p>G.PRIVATE CLINIC..... <input type="checkbox"/></p> <p>H. OTHER NON-PUBLIC SECTOR..... <input type="checkbox"/></p> <p>I. OTHER SECTOR</p> <p>_____ (SPECIFY)</p> <p>J. DON'T KNOW..... <input type="checkbox"/></p>	

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
716	<p>How long have you been taking daily ARVs?</p> <p>RECORD THE ANSWER IN MONTHS IF LESS THAN ONE YEAR. RECORD '00' IF LESS THAN ONE MONTH.</p> <p>IF "DON'T KNOW" MONTHS OR YEARS THEN RECORD '88'</p>	<p>NUMBER OF MONTHS: <input type="text"/> <input type="text"/></p> <p>NUMBER OF YEARS: <input type="text"/> <input type="text"/></p>	
716A	In the past 30 days, have you missed taking any of your ARV pills?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> <p>REFUSED.....98</p>	
717	Have you ever had a CD4 count test to see if your immune system is working properly?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	
718	During any of your visits to the HIV clinic, did you receive a carton box that contained items for your HIV care? These items may have included mosquito nets, bottles of water guard, a plastic clean water vessel, a filter cloth, condoms and educational materials.	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<div> <input type="checkbox"/> → 720 </div>

KAIS 2012 INDIVIDUAL FEMALE			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
719	<p>From what type of clinic did you receive this carton box?</p> <p>PROBE: Was there another type of clinic?</p> <p>RECORD ALL MENTIONED</p> <p>PROBE TO IDENTIFY TYPE(S) OF CLINIC(S) AND TICK THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF CLINIC IS PUBLIC OR NON-PUBLIC SECTOR, TICK 'OTHER SECTOR' AND RECORD CLINIC NAME.</p>	<p>PUBLIC SECTOR</p> <p>A. GOV HOSPITAL..... <input type="checkbox"/></p> <p>B. GOV HEALTH CENTER..... <input type="checkbox"/></p> <p>C. GOV DISPENSARY..... <input type="checkbox"/></p> <p>D. OTHER PUBLIC SECTOR..... <input type="checkbox"/></p> <p>NON-PUBLIC SECTOR</p> <p>E. MISSION/CHURCH HOSP/CLINIC..... <input type="checkbox"/></p> <p>F. PRIVATE HOSP..... <input type="checkbox"/></p> <p>G. PRIVATE CLINIC..... <input type="checkbox"/></p> <p>H. OTHER NON-PUBLIC SECTOR..... <input type="checkbox"/></p> <p>I. OTHER SECTOR</p> <p>_____ (SPECIFY)</p> <p>J. DON'T KNOW..... <input type="checkbox"/></p>	
720	<p>Are you taking any daily nutritional supplements?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>→ 801</p>
721	<p>What nutritional supplements are you taking?</p> <p>PROBE: Anything else?</p> <p>RECORD ALL RESPONSES</p>	<p>A. PLUMPY NUT..... <input type="checkbox"/></p> <p>B. NUTRIMIX..... <input type="checkbox"/></p> <p>C. FIRST FOOD..... <input type="checkbox"/></p> <p>D. FOUNDATION PLUS..... <input type="checkbox"/></p> <p>E. FOUNDATION ADVANTAGE..... <input type="checkbox"/></p> <p>F. IMMUNE BOOSTERS..... <input type="checkbox"/></p> <p>G. MULTIVITAMINS..... <input type="checkbox"/></p> <p>H. OTHER..... <input type="checkbox"/></p> <p>_____ (SPECIFY)</p>	
<p>CHECK 413: (NUMBER OF SEX PARTNERS IN LAST 12 MONTHS)</p> <p>IF '000' NONE → 801.</p>			

KAIS 2012 INDIVIDUAL FEMALE			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
722	Now that we have discussed your HIV status, I want you to remember your last sexual partner in the last 12 months that we had discussed earlier. Did you tell this person the results of your last HIV test?	YES.....1 NO.....2 DON'T KNOW.....8 REFUSED.....98	

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NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
MODULE 8: TUBERCULOSIS AND OTHER HEALTH ISSUES			
➤ INTERVIEWER SAY: "Now we will move on to new topics."			
801	Have you ever heard of an illness called tuberculosis or TB?	YES.....1 NO.....2	→ 812
802	Can tuberculosis be cured?	YES.....1 NO.....2 DON'T KNOW.....8	→ 804
803	Can tuberculosis be cured in people with HIV?	YES.....1 NO.....2 DON'T KNOW.....8	
804	Have you <u>ever</u> been told by a doctor or other health professional that you had tuberculosis?	YES.....1 NO.....2	→ 812
805	What month and year did a doctor or other health professional <u>last</u> tell you that you have (had) tuberculosis? IF "DON'T KNOW" MONTH THEN RECORD '88' IF "DON'T KNOW" YEAR THEN RECORD '8888'	MONTH: <input type="text"/> <input type="text"/> YEAR: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
806	Have you <u>ever</u> been to a TB clinic to seek care for your tuberculosis?	YES.....1 NO.....2	
807	Have you <u>ever</u> been treated for your tuberculosis?	YES.....1 NO.....2	→ 810
808	Are you <u>currently</u> taking treatment for your tuberculosis?	YES.....1 NO.....2 DON'T KNOW.....8	
809	How many months did you take treatment for tuberculosis? IF "DON'T KNOW" THEN RECORD '88'	NUMBER OF MONTHS: <input type="text"/> <input type="text"/>	

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
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CHECK 806: IF 'NO' NEVER BEEN TO A TB CLINIC' → 812

810	Were you ever offered an HIV test at the TB clinic?	YES.....1 NO.....2 DON'T KNOW.....8	→ 812
811	Were you tested for HIV at the TB clinic?	YES.....1 NO.....2 DON'T KNOW.....8	
812	Did you sleep under a mosquito net <u>last night</u> ?	YES.....1 NO.....2	→ 814
813	Was this mosquito net ever treated with an insecticide to kill or repel mosquitoes?	YES.....1 NO.....2 DON'T KNOW.....8	
814	Have you ever been screened by a doctor or other health professional for cervical cancer?	YES.....1 NO.....2 DON'T KNOW.....8	→ 901
815	Did the doctor tell you that you may have problems with your cervix?	YES.....1 NO.....2 DON'T KNOW.....8	→ 901
816	Were you referred for cervical cancer treatment?	YES.....1 NO.....2 DON'T KNOW.....8	

KAIS 2012 INDIVIDUAL FEMALE			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
MODULE 9: BLOOD SAFETY AND INJECTIONS			
➤ INTERVIEWER SAY: “Thank you for that information. Now, there are some questions about blood transfusions or injections. Please answer them as well as you can.”			
901	Have you <u>ever</u> had a blood transfusion?	YES.....1 NO.....2 DON'T KNOW.....8	<input type="checkbox"/> → 903
902	When was the <u>last</u> time you had a blood transfusion? IF “DON’T KNOW” THEN RECORD ‘88’	DAYS AGO: <input type="text"/> <input type="text"/> WEEKS AGO: <input type="text"/> <input type="text"/> MONTHS AGO: <input type="text"/> <input type="text"/> YEARS AGO: <input type="text"/> <input type="text"/>	
903	Have you <u>ever</u> donated blood?	YES.....1 NO.....2	<input type="checkbox"/> → 910
904	Have you donated blood in the <u>last 12 months</u> ?	YES.....1 NO.....2	<input type="checkbox"/> → 910
905	How many times did you donate blood in the last 12 months? IF “DON’T KNOW” THEN RECORD ‘88’	NUMBER OF TIMES: <input type="text"/> <input type="text"/>	
906	The <u>last</u> time you donated blood, were you asked to donate or did you donate voluntarily?	WAS ASKED TO DONATE.....1 DONATED VOLUNTARILY.....2 DON'T KNOW.....8	<input type="checkbox"/> → 908

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
907	Who <u>asked</u> you to donate blood the last time?	<p>FAMILY/FRIENDS.....1</p> <p>NATIONAL BLOOD TRANSFUSION SERVICE (NBTS).....2</p> <p>A HOSPITAL BLOOD SERVICE.....3</p> <p>KENYA RED CROSS.....4</p> <p>HOPE WORLD WIDE KENYA.....5</p> <p>BLOODLINK FOUNDATION6</p> <p>BLOODLIFE INITIATIVE KENYA.....7</p> <p>OTHER..... 96</p> <hr/> <p>(SPECIFY)</p> <p>DON'T KNOW.....88</p>	
908	Where was your <u>last</u> blood donation made?	<p>MOBILE DRIVE (SCHOOL, COLLEGE, CHURCH, WORKPLACE, PUBLIC GATHERING).....1</p> <p>KENYA NATIONAL BLOOD SERVICE CENTER.....2</p> <p>PUBLIC HOSPITAL.....3</p> <p>MISSION HOSPITAL.....4</p> <p>PRIVATE HOSPITAL.....5</p> <p>OTHER.....96</p> <hr/> <p>(SPECIFY)</p> <p>DON'T KNOW.....88</p>	

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
909	<p>What was the <u>main</u> reason you donated blood this last time?</p> <p>PROBE FOR MAIN REASON</p>	<p>IN RESPONSE TO PUBLIC REQUESTS FOR BLOOD DONORS (CIVIC/ALTRUISTIC REASONS).....1</p> <p>AS PART OF A BLOOD COLLECTION DRIVE (THERE WAS A BLOOD DRIVE WHERE I WORK, GO TO SCHOOL, SHOP).....2</p> <p>SPECIFICALLY FOR A FAMILY MEMBER OR FRIEND.....3</p> <p>AS PART OF A BLOOD DONOR CLUB.....4</p> <p>IN EXCHANGE FOR COMPENSATION (FROM A FRIEND OR FAMILY).....5</p> <p>I AM A REGULAR DONOR.....6</p> <p>TO KNOW MY HIV STATUS.....7</p> <p>OTHER.....96</p> <p>_____ (SPECIFY)</p>	
<p>➤ INTERVIEWER SAY: “Now I would like to ask you some questions about any injections you have had in the <u>last</u> 12 months.”</p>			
910	Have you had an injection for any reason in the last 12-months?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>→ 917</p>
911	Have you had an injection in the last 12-months that was administered by a doctor, a clinical officer, a nurse, a pharmacist, a dentist or any other health worker?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	<p>→ 914</p>
912	<p>In the last 12-months, how many injections from a doctor or health care provider did you have?</p> <p>IF A NON-NUMERIC ANSWER (“I’VE HAD MANY”) IS OFFERED, PROBE TO GET AN ESTIMATE.</p> <p>IF “DON’T KNOW” THEN RECORD ‘888’</p>	<p>NUMBER OF INJECTIONS: <input type="text"/> <input type="text"/> <input type="text"/></p>	
913	The last time you received an injection from a health worker; did the health worker take the syringe and needle from a new, unopened package?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP			
914	Have you had an injection in the last 12-months that was administered by a traditional practitioner or healer?	YES.....1 NO.....2 DON'T KNOW.....8	<div> <div>→ 916</div> </div>			
915	In the last 12-months, how many injections from a traditional practitioner or healer did you have? IF A NON-NUMERIC ANSWER ("I'VE HAD MANY") IS OFFERED, PROBE TO GET AN ESTIMATE. IF "DON'T KNOW" THEN RECORD '888'	NUMBER OF INJECTIONS: <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> <td style="width: 30px; height: 30px;"></td> </tr> </table>				
916	In the last 12-months, have you <u>given yourself</u> an injection that was prescribed by a doctor, a clinical officer, a nurse, a pharmacist, a dentist or any other health worker?	YES.....1 NO.....2 DON'T KNOW.....8				
917	If you had a choice, would you like to receive medication as an injection or pill?	INJECTION.....1 PILL.....2 UNSURE.....3 NO PREFERENCE.....4				
918	In the last 12-months have you seen any used needles/syringes near your home or community?	YES.....1 NO.....2 DON'T KNOW.....8				

KAIS 2012 INDIVIDUAL FEMALE			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
MODULE 10: MALE CIRCUMCISION			
➤ INTERVIEWER SAY: "We will move on to a new topic. The next few questions are about male circumcision and your family. First I would like to define male circumcision as the surgical removal of the foreskin from the penis."			
1001	Does male circumcision alone protect men from HIV completely, somewhat or not at all?	PROTECTS COMPLETELY.....1 PROTECTS SOMEWHAT.....2 DOES NOT PROTECT AT ALL.....3 DON'T KNOW.....8	
➤ INTERVIEWER SAY: "Do you agree or disagree with the following statements?"			
1002	Men who are circumcised do not need to use condoms to protect themselves from HIV.	AGREE.....1 DISAGREE.....2 UNSURE.....3 DON'T KNOW.....8	
1003	Men who are circumcised can have many sexual partners and not get HIV.	AGREE.....1 DISAGREE.....2 UNSURE.....3 DON'T KNOW.....8	
1004 - 1009	NOT ASKED TO FEMALES		
1010	Is your current or main sex partner circumcised?	YES.....1 NO.....2 DON'T HAVE A MAIN SEX PARTNER.....3 DON'T KNOW.....8	
1011	Would you be supportive of your current, main, or future sex partner getting circumcised now or in the future?	YES.....1 NO.....2 DON'T KNOW.....8	

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
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MODULE 11: NON-PRESCRIPTION DRUG USE

- INTERVIEWER SAY: "I would like to ask you some questions about drugs or substances that you may have taken that were not prescribed by your doctor. Please be assured that your answers will be strictly confidential."

PREFACE FOR 1101-1107:

In the past 12-months, have you used the following drugs:

1101	Khat/Miraa?	YES.....1 NO.....2 DON'T KNOW.....8	
1102	Glue, Petrol/Gundi?	YES.....1 NO.....2 DON'T KNOW.....8	
1103	Bhangi/Bangi?	YES.....1 NO.....2 DON'T KNOW.....8	
1104	Mandrax?	YES.....1 NO.....2 DON'T KNOW.....8	
1105	Cocaine?	YES.....1 NO.....2 DON'T KNOW.....8	
1106	Heroin?	YES.....1 NO.....2 DON'T KNOW.....8	
1107	Kuber?	YES.....1 NO.....2 DON'T KNOW.....8	
1108	Have you used <u>other</u> drugs not listed above?	YES.....1 NO.....2 DON'T KNOW.....8 IF YES: _____	

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
1109	Some people inject drugs with a needle and syringe for pleasure. Have you <u>ever</u> injected drugs for pleasure?	YES.....1 NO.....2 REFUSED.....98	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> → 1201
1110	Have you injected drugs with a needle and syringe in the past 30 days?	YES.....1 NO.....2 REFUSED.....98	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> → 1201
1111	When you have injected drugs during the last 30 days, have you <u>shared</u> the syringe or needle with other people?	YES.....1 NO.....2 REFUSED.....98	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> → 1201

KAIS 2012 INDIVIDUAL FEMALE			
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
MODULE 12: MIGRATION			
➤ INTERVIEWER SAY: "I am now going to ask you some questions about your country of birth, and your reasons for living in Kenya. I will not ask for any documentation, and your responses will be private and not shared with anyone outside the study."			
1201	What is your country of birth?	KENYA.....1 → END UGANDA.....2 TANZANIA.....3 ETHIOPIA.....4 SOMALIA.....5 SUDAN.....6 RWANDA.....7 DEMOCRATIC REPUBLIC OF CONGO.....8 OTHER.....96 _____ (SPECIFY)	
1202	What is your current country of nationality?	KENYAN.....1 → END UGANDAN.....2 TANZANIAN.....3 ETHIOPIAN.....4 SOMALI.....5 SUDANESE.....6 RWANDANESE.....7 CONGOLESE.....8 OTHER.....96 _____ (SPECIFY)	

KAIS 2012 INDIVIDUAL FEMALE

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
1203	How long have you lived in Kenya?	<p>LESS THAN ONE MONTH.....1</p> <p>1-2 MONTHS.....2</p> <p>3-6 MONTHS.....3</p> <p>7-12 MONTHS.....4</p> <p>1-2 YEARS.....5</p> <p>3-5 YEARS.....6</p> <p>6-10 YEARS.....7</p> <p>11-20 YEARS.....8</p> <p>>20 YEARS.....9</p> <p>DON'T KNOW.....88</p>	
1204	What was the main reason for moving to Kenya?	<p>TO JOIN FAMILY LIVING IN KENYA.....1</p> <p>FOR MARRIAGE.....2</p> <p>TO FIND WORK.....3</p> <p>TO GO TO SCHOOL.....4</p> <p>TO ESCAPE INSECURITY/WAR.....5</p> <p>TO ESCAPE ENVIRONMENTAL DISASTER (DROUGHT, FLOOD, ETC.).....6</p> <p>OTHER.....96</p> <hr/> <p>(SPECIFY)</p>	
1205	<p>What <u>kind</u> of international migrant do you consider yourself to be?</p> <p>READ CHOICES</p>	<p>DOCUMENTED MIGRANT.....1</p> <p>UNDOCUMENTED MIGRANT.....2</p> <p>ASYLUM SEEKER.....3</p> <p>REFUGEE.....4</p> <p>OTHER.....96</p> <hr/> <p>(SPECIFY)</p>	
<p>➤ INTERVIEWER SAY: "This is the end of the survey. Thank you very much for your time and for your responses."</p>			

KAIS 2012 INDIVIDUAL FEMALE			
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:

Consent/Assent 4: 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.

Consent/Assent 4: 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).

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

Consent/Assent 4: 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).

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

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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: _____

Consent 5: 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?

Consent 5: 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).

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[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.

Consent 5: 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: _____

