ENGLISH

CONFIDENTIAL

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

IDENTIFICATION

PROVINCE NAME: _____ PROVINCE CODE: ☐

NASCOP REGION NAME: _____ NASCOP REGION CODE: ☐

COUNTY NAME : _____ COUNTY CODE: ☐☐

DISTRICT NAME: _____ DISTRICT CODE: ☐☐

NASSEP V CLUSTER NUMBER: ☐☐☐☐

NAME OF HOUSEHOLD HEAD: _____ HOUSEHOLD NUMBER: ☐☐☐

NAME OF RESPONDENT: _____ LINE NUMBER: ☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
VISIT DATE:	_____	_____	_____	DAY: ☐☐
INTERVIEWER NAME:	_____	_____	_____	MONTH: ☐☐
				YEAR: ☐☐☐☐
				INT. CODE: ☐☐☐
VISIT RESULT*	_____	_____	_____	RESULT: ☐
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS: ☐
NEXT VISIT: TIME	_____	_____		

LAB TECHNICIAN VISITS

	1	2	3	FINAL
LAB RESULT**	_____	_____	AFFIX BAR CODE LABEL HERE	LAB RESULT: ☐
NEXT VISIT: DATE	_____	_____		
NEXT VISIT: TIME	_____	_____		TOTAL NUMBER OF VISITS: ☐

LANGUAGE OF INTERVIEW: ☐☐

HOME LANGUAGE OF RESPONDENT: ☐☐

LANGUAGE CODES:
(01) EMBU
(02) KALENJIN
(03) KAMBA
(04) KIKUYU
(05) KISII
(06) LUHYA
(07) LUO
(08) MAASAI
(09) MERU
(10) MIJIKENDA
(11) SOMALI
(12) KISWAHILI
(13) ENGLISH
(14) OTHER

SUPERVISOR NAME: _____ SUPERVISOR CODE: ☐☐☐☐	DATE: _____	EDITOR: ☐☐☐	KEYED: ☐☐☐

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

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

[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. <u>Only if the parent or guardian agrees will assent be asked of the child/youth.</u>

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 Pubic 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 8,000children 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.

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 (NASCOP). Your name will not appear when we discuss this project. When the results of this study are discussed, we will focus on all answers from the big group so no one will know your answers.

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 <u>individual questionnaire</u> 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).*

- *<u>For participants ages 10-17 years</u>: Record consent of parent/guardian (Consent #3). Then record the assent of participants ages 10-17 years (Consent #2).*

[Interviewer: The statement should be read to parents/guardians of youth ages 10-17. <u>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).</u> 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.**

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:]

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

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 MALE		
NO.	**QUESTIONS AND INSTRUCTIONS**	**CODING CATEGORIES**	**SKIP**

	START TIME		
START	Record the start time. USE 24 HOUR TIME. IF START TIME IS 3:12 PM, RECORD 15 HOURS, 12 MINUTES, NOT 03 HOURS, 12 MINUTES.	HOUR: ☐☐ MINUTES: ☐☐	

	KAIS 2012 INDIVIDUAL MALE		
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: ▢▢ MONTH: ▢▢ YEAR: ▢▢▢▢	
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: ▢▢	
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 UNIVERSITY ..…………………........……...7 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 ⟶ NO…………………………………………2	➤ 107
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	

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

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

	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 ever been married or lived with a partner as if married?	YES.....................................………1 NO..………2	➔ 300
202	Have you ever 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 UNION…………………………..……5	➔ 300
204	Are you currently married or together with a partner (s) as if married?	I'M CURRENTLY MARRIED……..…….….1 I'M WITH A PARTNER (S)……………........2	
	➤ **INTERVIEWER SAY: "The next several questions are about your current wife or partner."**		
205	Is your wife/partner(s) living with you now or is she staying elsewhere?	LIVING TOGETHER…………………..…….1 STAYING ELSEWHERE……………..…….2	
206	Do you have more than one wife or woman you live with as if married?	YES.…………………………………..…….1 NO………………………………..………….2 DON'T KNOW………………………....…….8	➔ 208
207	Altogether, how many wives or partners do you live with now? IF DON'T KNOW RECORD '88'	NUMBER OF WIVES OR PARTNERS:	

KAIS 2012 INDIVIDUAL MALE				
NO.	**QUESTIONS AND INSTRUCTIONS**	**FIRST WIFE OR PARTNER**	**SECOND WIFE OR PARTNER**	**THIRD WIFE OR PARTNER**
	WIFE OR PARTNER MATRIX INTRO: CHECK 206: CHECK FOR MULTIPLE WIVES OR PARTNERS: **IF '2' NO, ONLY ONE WIFE/PARTNER:** **ASK**: Please tell me the initials of your wife or partner you are living with as if married? **IF '1' YES, MORE THAN ONE WIFE/PARTNER:** **ASK**: Please tell me the initials of your current wives and/or or partners you are living with as if married?	INITIALS (1) _____	INITIALS (2) _____	INITIALS (3) _____
208	DO NOT READ TO RESPONDENT: RECORD THE LINE NUMBER FROM THE HOUSEHOLD SCHEDULE OF THE RESPONDENT'S WIFE OR LIVE-IN PARTNER. IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	LINE NUMBER: ☐☐	LINE NUMBER: ☐☐	LINE NUMBER: ☐☐
209	How old was your wife/partner on her last birthday? IF DON'T KNOW AGE RECORD '88'	AGE OF WIFE OR PARTNER: ☐☐	AGE OF WIFE OR PARTNER: ☐☐	AGE OF WIFE OR PARTNER: ☐☐
210	In what month and year did you start living with your wife/partner? DON'T KNOW MONTH RECORD '88' DON'T KNOW YEAR RECORD '8888'	MONTH: ☐☐ YEAR: ☐☐☐☐	MONTH: ☐☐ YEAR: ☐☐☐☐	MONTH: ☐☐ YEAR: ☐☐☐☐

	KAIS 2012 INDIVIDUAL MALE		
NO.	**QUESTIONS AND INSTRUCTIONS**	**CODING CATEGORIES**	**SKIP**

	MODULE 3: REPRODUCTION		
	➤ **INTERVIEWER SAY: "Now I would like to move on to some questions about children. These are children who are biologically yours, even if they are not legally yours or do not have your last name"**		
300	Have you fathered any children with any women?	YES...1 NO...…..2	
301-344	NOT ASKED TO MALES		
	CHECK 203: IF '5' IN A UNION → 345 **IF ANY OTHER RESPONSE → MODULE 3A**		
345	Is your wife or partner currently pregnant?	YES...1 NO..…..2 DON'T KNOW……………………………....8	
346 - 359	NOT ASKED TO MALES		
	➤ **INTERVIEWER SAY: "Now I have some questions about your future plans."**		
360	**CHECK 345: READ QUESTION ACCORDING TO RESPONSE** **IF '2' WIFE/PARTNER NOT PREGNANT, '8' NOT SURE SAY:** Would you like to have (a/another) child, or would you prefer not to have any (more) children? **IF '1' WIFE/PARTNER 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?	HAVE (A/ANOTHER) CHILD…………………1 ▸ 362 NO MORE/NONE…………………………...2 ▸ 363 UNABLE TO CONCEIVE………………….....3 UNDECIDED/DON'T KNOW…………………8 ▸ 363	

361	You mentioned that you cannot have a child, can you tell me why? DO NOT READ ANSWERS PROBE FOR MAIN REASON ONLY	I'M STERILIZED.......................................1 PARTNER STERILIZED...........................2 I'M INFECUND.......................................3 PARTNER INFECUND ....4 WIFE/PARTNER MENOPAUSAL…………......5 WIFE/PARTNER HAD HYSTERECTOMY…..6 OTHER……………………………………...96 _____ (SPECIFY)	MODULE 3A
362	**CHECK 345: READ QUESTION ACCORDING TO 347 RESPONSE** **IF '2' WIFE/PARTNER NOT PREGNANT, '8' NOT SURE SAY:** How long would you like to wait from now before the birth of (a/another) child? **IF '1' WIFE/PARTNER 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? IF "DON'T KNOW" THEN RECORD '88' IN MONTHS AND YEARS FIELDS	TIME TO NEXT CHILD: MONTHS : ☐☐ YEARS: ☐☐	
CHECK 345: IF '1' WIFE/PARTNER CURRENTLY PREGNANT → MODULE 3A			
363	Are you (or your partner) **currently** doing something or using any method to delay or avoid getting pregnant?	YES……………………………………...…..1 NO………………………………………….2	→ 365

	KAIS 2012 INDIVIDUAL MALE		
NO.	**QUESTIONS AND INSTRUCTIONS**	**CODING CATEGORIES**	**SKIP**

364	Which method are you (or your partner) using? PROBE: Are you/your partner using anything else? RECORD ALL MENTIONED DO NOT READ RESPONSES	A. FEMALE STERILIZATION...............☐ B. MALE STERILIZATION...................☐ C. PILL...☐ D. IUD/"COIL"................................☐ E. INJECTIONS..............................☐ F. IMPLANT...................................☐ G. CONDOM.................................☐ H. FEMALE CONDOM.....................☐ I. RHYTHM/NATURAL METHODS.......☐ J. WITHDRAWAL............................☐ K. NOT HAVING SEX.......................☐ L. OTHER.....................................☐ _____ (SPECIFY)	MODULE 3A
365	Can you tell me why you (or your partner) are not currently using any method to delay or avoid getting pregnant? PROBE: Anything else? RECORD ALL MENTIONED DO NOT READ RESPONSES	A. I/MY PARTNER/ WE WANT TO HAVE A BABY................................☐ B. I'M NOT HAVING SEX.....................☐ C. I AM NOT/MY PARTNER IS NOT ABLE TO HAVE CHILDREN...............☐ D. MY WIFE/PARTNER'S PERIOD HASN'T RETURNED FROM HER LAST PREGNANCY........................☐ E. MY WIFE/PARTNER IS STILL BREASTFEEDING..........................☐ F. I LEAVE IT TO FATE/GOD/ GOD'S WILL..................................☐ G. I'M OPPOSED.............................☐ H. MY PARTNER IS OPPOSED..............☐ I. I'M NOT AWARE OF ANY METHOD TO USE..☐ J. I HAVE CONCERNS ABOUT SIDE EFFECTS.............................☐ K. INCONVENIENT TO USE..................☐ L. INTERFERES WITH BODY'S NORMAL PROCESSES...................☐ M. OTHER.......................................☐ _____ (SPECIFY)	MODULE 3A

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."**

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
P0	DO NOT READ: CHECK HOUSEHOLD SCHEDULE TO GET NUMBER OF CHILDREN IF NONE RECORD '00'	NUMBER OF CHILDREN: ☐☐ IF '00' NONE → 401 AT LEAST ONE CHILD CONTINUE TO PAEDIATRIC MATRIX	401

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 LISTING.	☐☐	☐☐	☐☐
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: ☐☐ MONTH: ☐☐ YEAR: ☐☐	DAY: ☐☐ MONTH: ☐☐ YEAR: ☐☐	DAY: ☐☐ MONTH: ☐☐ YEAR: ☐☐
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 ◄────

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 KNOW ....8 OTHER....................96 _____ (SPECIFY)	IN A CLINIC OR HEALTH FACILITY.......1 IN THE VILLAGE.........2 MOBILE MC CLINIC.....3 PRIVATE CLINIC.........4 DON'T KNOW ....8 OTHER....................96 _____ (SPECIFY)	IN A CLINIC OR HEALTH FACILITY.......1 IN THE VILLAGE.........2 MOBILE MC CLINIC.....3 PRIVATE CLINIC.........4 DON'T KNOW ....8 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 ⌐ NEXT ← CHILD <u>OR</u> 401 IF NO OTHER CHILD
P10	When was (**NAME**)'s last HIV test? IF "DON'T KNOW" MONTH RECORD '88' IF "DON'T KNOW" YEAR RECORD '8888'	MONTH: ☐☐ YEAR: ☐☐☐☐	MONTH: ☐☐ YEAR: ☐☐☐☐	MONTH: ☐☐ YEAR: ☐☐☐☐
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 ⌐ NEXT ← CHILD <u>OR</u> 401 IF NO OTHER CHILD

	KAIS 2012 INDIVIDUAL MALE			
NO.	**QUESTIONS AND INSTRUCTIONS**	**FIRST CHILD**	**SECOND CHILD**	**THIRD CHILD**
P12	What was (**NAME**)'s last HIV test result?	POSITIVE…………..1 NEGATIVE………...2 ¬ INDETERMINATE......8 ¬ NEXT ◄ CHILD <u>OR</u> 401 IF NO OTHER CHILD	POSITIVE…………..1 NEGATIVE………...2 ¬ INDETERMINATE......8 ¬ NEXT ◄ CHILD <u>OR</u> 401 IF NO OTHER CHILD	POSITIVE…………..1 NEGATIVE………...2 ¬ INDETERMINATE......8 ¬ NEXT ◄ CHILD <u>OR</u> 401 IF NO OTHER CHILD
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: ☐☐ YEAR: ☐☐☐☐ P16 ◄	MONTH: ☐☐ YEAR: ☐☐☐☐ P16 ◄	MONTH: ☐☐ YEAR: ☐☐☐☐ 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)

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 ←

KAIS 2012 INDIVIDUAL MALE			
NO.	**QUESTIONS AND INSTRUCTIONS**	**FIRST CHILD**	**SECOND CHILD**	**THIRD CHILD**

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

	KAIS 2012 INDIVIDUAL MALE			
NO.	**QUESTIONS AND INSTRUCTIONS**	**FIRST CHILD**	**SECOND CHILD**	**THIRD CHILD**
P21	Can you tell me the <u>main</u> reason why (**NAME**) is not taking ARVs daily? PROBE FOR MAIN REASON ONLY	I HAVE TROUBLE GIVING (**NAME**) ARVS EVERYDAY……………..1 ⌐ (**NAME**) HAD SIDE EFFECTS/ARVS MADE (**NAME**) SICK………....2 ⌐ FACILITY/PHARMACY TOO FAR AWAY TO GET ARVS REGULARLY…………3 ⌐ I CAN'T AFFORD/ ARVS TOO EXPENSIVE….....…..4 ⌐ I DON'T THINK (**NAME**) NEEDS ARVS, (**NAME**) IS NOT SICK…………5 ⌐ PHARMACY/FACILITY WAS OUT OF STOCK OF ARVS…………...6 ⌐ I FEAR PEOPLE WILL KNOWN THAT (**NAME**) HAS HIV IF ARVS ARE GIVEN…………..7 ⌐ TOO BUSY/NO TIME TO GIVE………………8 ⌐ DOCTOR HAS NOT RECOMMENDED ARVS……………..…...9 ⌐ OTHER………………96 ⌐ _____ (SPECIFY) DON'T KNOW……….88 ⌐ P23 ◄	I HAVE TROUBLE GIVING (**NAME**) ARVS EVERYDAY……………..1 ⌐ (**NAME**) HAD SIDE EFFECTS/ARVS MADE (**NAME**) SICK………....2 ⌐ FACILITY/PHARMACY TOO FAR AWAY TO GET ARVS REGULARLY…………3 ⌐ I CAN'T AFFORD/ ARVS TOO EXPENSIVE….....…..4 ⌐ I DON'T THINK (**NAME**) NEEDS ARVS, (**NAME**) IS NOT SICK…………5 ⌐ PHARMACY/FACILITY WAS OUT OF STOCK OF ARVS…………...6 ⌐ I FEAR PEOPLE WILL KNOWN THAT (**NAME**) HAS HIV IF ARVS ARE GIVEN…………..7 ⌐ TOO BUSY/NO TIME TO GIVE………………8 ⌐ DOCTOR HAS NOT RECOMMENDED ARVS……………..…...9 ⌐ OTHER………………96 ⌐ _____ (SPECIFY) DON'T KNOW……….88 ⌐ P23 ◄	I HAVE TROUBLE GIVING (**NAME**) ARVS EVERYDAY……………..1 ⌐ (**NAME**) HAD SIDE EFFECTS/ARVS MADE (**NAME**) SICK………....2 ⌐ FACILITY/PHARMACY TOO FAR AWAY TO GET ARVS REGULARLY…………3 ⌐ I CAN'T AFFORD/ ARVS TOO EXPENSIVE….....…..4 ⌐ I DON'T THINK (**NAME**) NEEDS ARVS, (**NAME**) IS NOT SICK…………5 ⌐ PHARMACY/FACILITY WAS OUT OF STOCK OF ARVS…………...6 ⌐ I FEAR PEOPLE WILL KNOWN THAT (**NAME**) HAS HIV IF ARVS ARE GIVEN…………..7 ⌐ TOO BUSY/NO TIME TO GIVE………………8 ⌐ DOCTOR HAS NOT RECOMMENDED ARVS……………..…...9 ⌐ OTHER………………96 ⌐ _____ (SPECIFY) DON'T KNOW……….88 ⌐ P23 ◄

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

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 MALE			
NO.	**QUESTIONS AND INSTRUCTIONS**	**CODING CATEGORIES**	**SKIP**

	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 NO, I'VE NEVER HAD SEXUAL INTERCOURSE............................ 2 REFUSED......................................98	➔ 403 ➔ 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?	AGE IN YEARS: ☐☐	
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	➔ 410
407	Have you ever had anal sex?	YES...1 NO...2 REFUSED..................................... 98	➔ 410

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
	KAIS 2012 INDIVIDUAL MALE		
408	Have you had anal sex in the last 12 months?	YES...1 NO...2 REFUSED...................................... 98	→ 410
409	Did you or your partner use a condom the last time you had anal sex?	YES...1 NO...2 REFUSED...................................... 98	
410	Have you heard of men having sex with men?	YES...1 NO...2 REFUSED...................................... 98	→ 412
411	Have you ever had sex with a man?	YES...1 NO...2 REFUSED...................................... 98	
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: ☐☐☐	
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: ☐☐☐ IF '000' NONE ⟶	→ 434
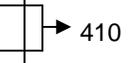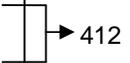
CHECK 413 (NUMBER OF PARTNERS LAST 12-MONTHS):

IF LESS THAN 3:

➤ **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."**

IF 3 OR GREATER:

➤ **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."**

INTERVIEWER SAY TO ALL:

➤ **"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."**

SEXUAL PARTNER MATRIX INTRO:

INTERVIEWER SAY: "Before we start, can I get the initials of your last partner(s) so I can keep track? You don't have to give me exact initials."

GET INITIALS OF ALL PARTNERS BEFORE BEGINNING OF SEXUAL PARTNER MATRIX.

INITIALS (1)

_____

INITIALS (2)

_____

INITIALS (3)

_____

➤ **INTERVIEWER SAY: "Thank you. Let's start with questions only about (INITIALS)."**
➤
➤ **IF MORE THAN ONE PARTNER ALSO SAY: "I will ask you about the others afterwards".**

CHECK 411 (HAD SEX WITH A MAN):

IF '1' YES THEN → 414

IF '2' NO OR '98' REFUSED THEN → 415

NO.	QUESTIONS AND INSTRUCTIONS	LAST SEXUAL PARTNER	SECOND-TO-LAST PARTNER	THIRD TO LAST SEXUAL PARTNER
414	Is (**INITIALS**) a man or a woman?	MAN………….….1 WOMAN………….2 REFUSED……….98	MAN………….….1 WOMAN………….2 REFUSED……….98	MAN………….….1 WOMAN………….2 REFUSED……….98
415	When was the last time you had sexual intercourse with (**INITIALS**)? IF LESS THAN ONE WEEK RECORD IN DAYS, IF LESS THEN ONE MONTH RECORD IN WEEKS, OTHERWISE RECORD IN MONTHS. IF "DON'T KNOW" RECORD '88'	DAYS: ☐☐ WEEKS: ☐☐ MONTHS: ☐☐	DAYS: ☐☐ WEEKS: ☐☐ MONTHS: ☐☐	DAYS: ☐☐ WEEKS: ☐☐ MONTHS: ☐☐

NO.	QUESTIONS AND INSTRUCTIONS	LAST SEXUAL PARTNER	SECOND-TO-LAST PARTNER	THIRD TO LAST SEXUAL PARTNER
416	When was the <u>first</u> time you had sexual intercourse with (**INITIALS**)? 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 "DON'T KNOW" RECORD '88'	DAYS: ☐☐ WEEKS: ☐☐ MONTHS: ☐☐ YEARS: ☐☐	DAYS: ☐☐ WEEKS: ☐☐ MONTHS: ☐☐ YEARS: ☐☐	DAYS: ☐☐ WEEKS: ☐☐ MONTHS: ☐☐ YEARS: ☐☐
417	Is (**INITIALS**) older than you, younger than you, or about the same age?	OLDER………………1 YOUNGER…………..2 419 ← SAME AGE………....3 ⌐ DON'T KNOW……..8 ⌐ 420 ←	OLDER………………1 YOUNGER…………..2 419 ← SAME AGE………....3 ⌐ DON'T KNOW……..8 ⌐ 420 ←	OLDER………………1 YOUNGER…………..2 419 ← SAME AGE………....3 ⌐ DON'T KNOW……..8 ⌐ 420 ←
418	Would you say (**INITIALS**) is ten or more years older than you, or less than ten years older than you?	TEN OR MORE YEARS OLDER…...1 ⌐ LESS THAN TEN YEARS OLDER…...2 ⌐ OLDER, UNSURE HOW MUCH………3 ⌐ 420 ←	TEN OR MORE YEARS OLDER…...1 ⌐ LESS THAN TEN YEARS OLDER…...2 ⌐ OLDER, UNSURE HOW MUCH………3 ⌐ 420 ←	TEN OR MORE YEARS OLDER…...1 ⌐ LESS THAN TEN YEARS OLDER…...2 ⌐ OLDER, UNSURE HOW MUCH………3 ⌐ 420 ←
419	Would you say (**INITIALS**) is ten or more years younger than you, or less than ten years younger than you?	TEN OR MORE YEARS YOUNGER....1 LESS THAN TEN YEARS YOUNGER....2 YOUNGER, UNSURE HOW MUCH…………3	TEN OR MORE YEARS YOUNGER....1 LESS THAN TEN YEARS YOUNGER....2 YOUNGER, UNSURE HOW MUCH…………3	TEN OR MORE YEARS YOUNGER....1 LESS THAN TEN YEARS YOUNGER....2 YOUNGER, UNSURE HOW MUCH…………3

<u>CHECK 408 (HAVE YOU HAD ANAL SEX IN LAST 12-MONTHS)</u>:

IF '1' YES → 420

IF '2' NO, '98' REFUSED, OR 'SKIPPED' (NOT ASKED) → 424

	KAIS 2012 INDIVIDUAL MALE			
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	During anal sex with (**INITIALS**) did you have insertive or receptive anal sex or both?	INSERTIVE............1 RECEPTIVE...........2 BOTH..................3 REFUSED............98	INSERTIVE............1 RECEPTIVE...........2 BOTH..................3 REFUSED............98	INSERTIVE............1 RECEPTIVE...........2 BOTH..................3 REFUSED............98
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 a 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

NO.	QUESTIONS AND INSTRUCTIONS	LAST SEXUAL PARTNER	SECOND-TO-LAST PARTNER	THIRD TO LAST SEXUAL PARTNER
	KAIS 2012 INDIVIDUAL MALE			
426	What is your relationship with (**INITIALS**)? IF GIRLFRIEND ASK: "Were you living together as if married?" IF YES, CIRCLE '2' IF NO, CIRCLE '3'	WIFE……….............1 ⌐ LIVE-IN PARTNER….2 ⌐ 426A ◄ PARTNER, NOT LIVING WITH RESPONDENT……..3 ⌐ CASUAL ACQUAINTANCE…..4 ⌐ SEX WORKER…...5 ⌐ SEX WORKER CLIENT…………...6 ⌐ OTHER………….96 ⌐ 427 ◄	WIFE………..........1 ⌐ LIVE-IN PARTNER….2 ⌐ 426A ◄ PARTNER, NOT LIVING WITH RESPONDENT……..3 ⌐ CASUAL ACQUAINTANCE…..4 ⌐ SEX WORKER…...5 ⌐ SEX WORKER CLIENT………….6 ⌐ OTHER………….96 ⌐ 427 ◄	WIFE.........…………1 ⌐ LIVE-IN PARTNER….2 ⌐ 426A ◄ PARTNER, NOT LIVING WITH RESPONDENT……..3 ⌐ CASUAL ACQUAINTANCE…..4 ⌐ SEX WORKER…...5 ⌐ SEX WORKER CLIENT………….6 ⌐ OTHER………….96 ⌐ 427 ◄
426A	DO NOT READ: RECORD THE LINE NUMBER OF (**INITIALS**) FROM THE HOUSEHOLD SCHEDULE. IF (**INITIALS**) IS NOT ON HOUSEHOLD SCHEDULE RECORD '00'.	LINE NUMBER OF (**INITIALS**): ☐ ☐	LINE NUMBER OF (**INITIALS**): ☐ ☐	LINE NUMBER OF (**INITIALS**): ☐ ☐
427	Is your relationship with (**INITIALS**) an ongoing sexual relationship?	YES, ONGOING…….1 NO, IT IS OVER…….2 DON'T KNOW……….8	YES, ONGOING…….1 NO, IT IS OVER…….2 DON'T KNOW……….8	YES, ONGOING…….1 NO, IT IS OVER…….2 DON'T KNOW……….8
428	Have you ever taken an HIV test with (**INITIALS**) where you both received the test results together?	YES………………....1 431 ◄ NO……………….....2 DON'T KNOW……...8 430 ◄	YES………………....1 431 ◄ NO……………….....2 DON'T KNOW……...8 430 ◄	YES………………....1 431 ◄ NO……………….....2 DON'T KNOW……...8 430 ◄

KAIS 2012   ENGLISH MALE 31   Version 6.4 (20 July 2012)

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

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 MALE		
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	➤ 437
	CHECK 413: IF 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	➤ 440
	CHECK 413: IF 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	
	➤ **INTERVIEWER SAYS: "Now I would like to ask you some questions about sexual health."**		
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	➤ 446

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	
446	During the last 12 months have you had an abnormal discharge from your penis?	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 penis?	YES..1 NO..2 DON'T KNOW.....................................8	

IF EITHER 446 OR 447 '1' YES →448. OTHERWISE →501

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
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

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP

KAIS 2012 INDIVIDUAL MALE

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

	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	→ 506 → 507
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..................☐ B. I USE CONDOMS........................☐ C. I HAD ONLY ONE SEX PARTNER..☐ D. I HAVE FEW SEX PARTNERS.......☐ E. MY PARTNER HAS NO OTHER SEX PARTNERS..............☐ F. OTHER.......................................☐ _____ (SPECIFY)	→ 507

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
506	Why do you think you have a moderate or great risk of getting HIV? PROBE: Any other reasons? RECORD ALL MENTIONED	A. I DON'T USE CONDOMS.............. ☐ B. I HAVE MORE THAN ONE SEX PARTNER…………………………. ☐ C. MY PARTNER HAS OTHER SEX PARTNERS…………………………. ☐ D. I'VE HAD HOMOSEXUAL CONTACTS…………………………. ☐ E. I'VE HAD BLOOD TRANSFUSIONS/ INJECTIONS……………………. ☐ F. MY PARTNER IS HIV POSITIVE….. ☐ G. OTHER…………………………….. ☐ _____ (SPECIFY)	

PREFACE BEFORE QUESTIONS 507-509:
If a mother is HIV-positive can she transmit HIV to her baby:

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
507	During pregnancy?	YES……………………………………1 NO……………………………………..2 DON'T KNOW……………………………8	
508	During delivery?	YES……………………………………1 NO……………………………………..2 DON'T KNOW……………………………8	
509	By breastfeeding?	YES……………………………………1 NO……………………………………..2 DON'T KNOW……………………………8	

CHECK 507, 508, 509:

IF ALL ARE '2' NO, '8' DON'T KNOW → 511

IF '1' YES FOR ONE OR MORE → 510

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
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?	YES……………………………………1 NO……………………………………..2 DON'T KNOW……………………………8	

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 your partner 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 MALE			
NO.	**QUESTIONS AND INSTRUCTIONS**	**CODING CATEGORIES**	**SKIP**

	MODULE 6: HIV/AIDS TESTING		

CHECK FOR PRESCENCE OF OTHERS BEFORE CONTINUING. MAKE EVERY EFFORT TO ENSURE PRIVACY.

➢ **INTERVIEWER SAY: "I would like to ask some questions about HIV testing."**

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............................☐ B. MOBILE VCT...............................☐ C. AT HOME....................................☐ D. HOSPITAL OUTPATIENT CLINICS....☐ E. TB CLINIC...................................☐ F. STI CLINIC ....☐ G. HOSPITAL INPATIENT WARDS......☐ H. BLOOD DONATION CENTER.........☐ I. FAMILY PLANNING CLINIC............☐ J. ANTENATAL CARE CLINIC............☐ K. MATERNITY CLINIC......................☐ L. VMMC CLINIC.............................☐ M. OTHER.......................................☐ _____ (SPECIFY)	
603	Have you <u>ever</u> been tested for HIV?	YES...1 NO...2	➤ 605

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

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 CLINIC ……………………………….6 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	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	701

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
	KAIS 2012 INDIVIDUAL MALE		

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
611	In what <u>type</u> of health facility were you offered HIV testing? PROBE: Was there another type of facility? RECORD ALL MENTIONED PROBE TO IDENTIFY TYPE(S) FACILITIES AND TICK THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A FACILITY IS PUBLIC OR NON-PUBLIC SECTOR, CHOOSE OTHER SECTOR AND RECORD NAME OF FACILITY IN SPECIFY FIELD.	**PUBLIC SECTOR** A. GOV HOSPITAL…………………………. ☐ B. GOV HEALTH CENTER…………………. ☐ C. GOV DISPENSARY………………………. ☐ D. OTHER PUBLIC SECTOR……………... ☐ **NON-PUBLIC SECTOR** E. MISSION/CHURCH HOSP/CLINIC……. ☐ F. PRIVATE HOSP…………………………. ☐ G. PRIVATE CLINIC………………………... ☐ H. OTHER NON-PUBLIC SECTOR……….. ☐ **I. OTHER SECTOR** _____ (SPECIFY) J. DON'T KNOW……………………………. ☐	
	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?	YES……………………………………….1 NO………………………………………...2	
613	Have you been tested more than one time?	YES…………………………………1 NO…………………………………..2 ——→ 701	
614	How many times have you been tested for HIV? IF DON'T KNOW RECORD '88'	NUMBER OF TIMES: ☐☐	

	MODULE 7: HIV STATUS, CARE AND TREATMENT		

CHECK 603 (EVER BEEN TESTED FOR HIV):

IF 603 IS '1' (YES, HAD AN HIV TEST) → 701

IF 603 IS '2' (NO, NEVER TESTED) → 801

> ➤ **INTERVIEWER SAY: "Now I'm going to ask you more about your experience with HIV testing."**

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
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: ☐☐ YEAR: ☐☐☐☐	
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 a HIV clinic to receive care? IF "DON'T KNOW" MONTH THEN RECORD '88' IF "DON'T KNOW" YEAR THEN RECORD '8888'	MONTH: ☐☐ YEAR: ☐☐☐☐	IF ASKED 707

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?	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
707	When was the <u>last</u> time you attended an HIV clinic?	WITHIN THE LAST MONTH.……………..1 WITHIN THE LAST 2 MONTHS ………....2 WITHIN THE LAST 3 MONTHS ………...3 WITHIN THE LAST 6 MONTHS ………...4 MORE THAN 6 MONTHS BUT LESS THAN A YEAR AGO………………………5 A YEAR OR MORE AGO…………..6 DON'T KNOW………………………………8	→ 709 → 709

	KAIS 2012 INDIVIDUAL MALE		
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 OTHER ....96 _____ (SPECIFY) DON'T KNOW....................................88	→ 712

	KAIS 2012 INDIVIDUAL MALE		
NO.	**QUESTIONS AND INSTRUCTIONS**	**CODING CATEGORIES**	**SKIP**
711	From what type of clinic did you get the Septrin or Cotrimoxazole you are currently taking? PROBE: Was there another type of clinic? RECORD ALL MENTIONED PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND TICK THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF FACILITY IS PUBLIC OR NON-PUBLIC SECTOR, TICK 'OTHER SECTOR' AND RECORD FACILITY NAME.	**PUBLIC SECTOR** A. GOV HOSPITAL............................... ☐ B. GOV HEALTH CENTER.................... ☐ C. GOV DISPENSARY.......................... ☐ D. OTHER PUBLIC SECTOR................. ☐ **NON-PUBLIC SECTOR** E. MISSION/CHURCH HOSP/CLINIC....... ☐ F. PRIVATE HOSP............................... ☐ G.PRIVATE CLINIC............................. ☐ H. OTHER NON-PUBLIC SECTOR........... ☐ **I. OTHER SECTOR** _____ (SPECIFY) J. DON'T KNOW.................................. ☐	
712	Have you <u>ever</u> taken ARVs, that is, antiretroviral medication, to treat your HIV infection?	YES...1 NO...2 DON'T KNOW....................................8	→ 714 → 717
713	Are you <u>currently</u> taking ARVs, that is, antiretroviral medications daily?	YES...1 NO...2 DON'T KNOW....................................8	→ 715 → 717

	KAIS 2012 INDIVIDUAL MALE		
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?	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 OTHER ………………………………………96 _____ (SPECIFY) DON'T KNOW…………………………..88	→ 717
715	From what type of clinic did you get the ARVs you are currently taking? PROBE: Was there another type of clinic? RECORD ALL MENTIONED PROBE TO IDENTIFY TYPE(S) OF CLINIC(S) AND TICK THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF CLINIC IS PUBLIC OR NON-PUBLIC SECTOR, TICK 'OTHER SECTOR' AND RECORD CLINIC NAME.	**PUBLIC SECTOR** A. GOV HOSPITAL…………………………. ☐ B. GOV HEALTH CENTER………………... ☐ C. GOV DISPENSARY……………………... ☐ D. OTHER PUBLIC SECTOR……………... ☐ **NON-PUBLIC SECTOR** E. MISSION/CHURCH HOSP/CLINIC……. ☐ F. PRIVATE HOSP…………………………. ☐ G.PRIVATE CLINIC…………………………... ☐ H. OTHER NON-PUBLIC SECTOR……….. ☐ **I. OTHER SECTOR** _____ (SPECIFY) J. DON'T KNOW…………………………….. ☐	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
716	How long have you been taking daily ARVs? RECORD THE ANSWER IN MONTHS IF LESS THAN ONE YEAR. RECORD '00' IF LESS THAN ONE MONTH. IF "DON'T KNOW" MONTHS OR YEARS THEN RECORD '88'	NUMBER OF MONTHS: ☐☐ NUMBER OF YEARS: ☐☐	
716A	In the past 30 days, have you missed taking any of your ARV pills?	YES..1 NO...2 DON'T KNOW...................................8 REFUSED.......................................98	
717	Have you ever had a CD4 count test to see if your immune system is working properly?	YES..1 NO...2 DON'T KNOW...................................8	
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.	YES..1 NO...2 DON'T KNOW...................................8	→ 720

719	From what type of clinic did you receive this carton box? PROBE: Was there another type of clinic? RECORD ALL MENTIONED PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND TICK THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF FACILITY IS PUBLIC OR NON-PUBLIC SECTOR, TICK 'OTHER SECTOR' AND RECORD FACILITY NAME.	**PUBLIC SECTOR** A. GOV HOSPITAL.............................. ☐ B. GOV HEALTH CENTER.................... ☐ C. GOV DISPENSARY.......................... ☐ D. OTHER PUBLIC SECTOR................. ☐ **NON-PUBLIC SECTOR** E. MISSION/CHURCH HOSP/CLINIC....... ☐ F. PRIVATE HOSP............................... ☐ G. PRIVATE CLINIC............................. ☐ H. OTHER NON-PUBLIC SECTOR........... ☐ **I. OTHER SECTOR** _____ (SPECIFY) J. DON'T KNOW.................................. ☐	
720	Are you taking any daily nutritional supplements?	YES...1 NO...2 DON'T KNOW....................................8	→ 801
721	What nutritional supplements are you taking? PROBE: Anything else? RECORD ALL RESPONSES	A. PLUMPY NUT............................. ☐ B. NUTRIMIX................................. ☐ C. FIRST FOOD.............................. ☐ D. FOUNDATION PLUS.................... ☐ E. FOUNDATION ADVANTAGE......... ☐ F. IMMUNE BOOSTERS.................. ☐ G. MULTIVITAMINS........................ ☐ H. OTHER..................................... ☐ _____ (SPECIFY)	

CHECK 413: (NUMBER OF SEX PARTNERS IN LAST 12 MONTHS)
IF '000' NONE → 801.

| 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 | |

	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: ☐☐ YEAR: ☐☐☐☐	
806	Have you <u>ever</u> been to a TB clinic to seek care for your tuberculosis?	YES..1 NO..2	
807	Have you ever 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: ☐☐	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
	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	→ 901
813	Was this mosquito net ever treated with an insecticide to kill or repel mosquitoes?	YES..1 NO...2 DON'T KNOW.....................................8	
814 - 816	NOT ASKED TO MALES		

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."**

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
901	Have you ever had a blood transfusion?	YES...1 NO...2 DON'T KNOW...................................8	➔ 903
902	When was the last time you had a blood transfusion? IF "DON'T KNOW" THEN RECORD '88'	DAYS AGO: ☐☐ WEEKS AGO: ☐☐ MONTHS AGO: ☐☐ YEARS AGO: ☐☐	
903	Have you ever donated blood?	YES...1 NO...2	➔ 910
904	Have you donated blood in the last 12 months?	YES...1 NO...2	➔ 910
905	How many times did you donate blood in the last 12 months? IF "DON'T KNOW" THEN RECORD '88'	NUMBER OF TIMES: ☐☐	
906	The last 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	➔ 908

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
907	Who <u>asked</u> you to donate blood the last time?	FAMILY/FRIENDS……………………………1 NATIONAL BLOOD TRANSFUSION SERVICE (NBTS)……………………………...2 A HOSPITAL BLOOD SERVICE…………...3 KENYA RED CROSS………………………..4 HOPE WORLD WIDE KENYA……………..5 BLOODLINK FOUNDATION ………………6 BLOODLIFE INITIATIVE KENYA…………..7 OTHER………………………………… 96 _____ (SPECIFY) DON'T KNOW………………………………88	
908	Where was your <u>last</u> blood donation made?	MOBILE DRIVE (SCHOOL, COLLEGE, CHURCH, WORKPLACE, PUBLIC GATHERING)………………………………1 KENYA NATIONAL BLOOD SERVICE CENTER……………………………………2 PUBLIC HOSPITAL………………………..3 MISSION HOSPITAL………………………4 PRIVATE HOSPITAL………………………5 OTHER……………………………………..96 _____ (SPECIFY) DON'T KNOW……………………………88	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
909	What was the <u>main</u> reason you donated blood <u>this</u> last time? PROBE FOR MAIN REASON	IN RESPONSE TO PUBLIC REQUESTS FOR BLOOD DONORS (CIVIC/ ALTRUISTIC REASONS)......................1 AS PART OF A BLOOD COLLECTION DRIVE (THERE WAS A BLOOD DRIVE WHERE I WORK, GO TO SCHOOL, SHOP)………………………………..2 SPECIFICALLY FOR A FAMILY MEMBER OR FRIEND……………….....3 AS PART OF A BLOOD DONOR CLUB………………………………….4 IN EXCHANGE FOR COMPENSATION (FROM A FRIEND OR FAMILY)………….5 I AM A REGULAR DONOR……………….6 TO KNOW MY HIV STATUS……………..7 OTHER…………………………………….96 _____ (SPECIFY)	

> ➤ **INTERVIEWER SAY: "Now I would like to ask you some questions about any injections you have had in the <u>last</u> 12 months."**

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
910	Have you had an injection for any reason in the last 12-months?	YES..1 NO...2 DON'T KNOW……………………………..8	➔ 917
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?	YES..1 NO...2 DON'T KNOW………………………………8	➔ 914
912	In the last 12-months, how many injections from a doctor or health care provider 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: ☐☐☐	
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?	YES..1 NO...2 DON'T KNOW………………………………8	

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	→ 916
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: ▯▯▯	
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	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP

<div align="center">KAIS 2012 INDIVIDUAL MALE</div>

<div align="center">MODULE 10: MALE CIRCUMCISION</div>

> **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	Some men are circumcised. Are you circumcised?	YES...1 → 1006 NO..2	
1005	Are you planning to be circumcised?	YES...1 NO..2 → 1101 DON'T KNOW....................................8	
1006	Did you get circumcised during the last <u>three</u> years?	YES...1 NO..2 DON'T KNOW....................................8 → 1101	

	KAIS 2012 INDIVIDUAL MALE		
NO.	**QUESTIONS AND INSTRUCTIONS**	**CODING CATEGORIES**	**SKIP**
1007	Where were you circumcised?	AT A CLINIC OR HEALTH FACILITY……..1 IN THE VILLAGE………………………….2 MOBILE MALE CIRCUMCISION CLINIC…3 DON'T KNOW……………………………..8 OTHER…………………………………….96 _____ (SPECIFY)	→ 1009
1008	If you were circumcised at a clinic or health facility, was it a public or private facility?	PUBLIC………………………………………1 PRIVATE……………………………………..2 DON'T KNOW……………………………..8	
1009	Who performed the circumcision on you?	TRADITIONAL PRACTITIONER/ CIRCUMCISER………………………………1 NURSE……………………………………..2 CLINICAL OFFICER…………………….....3 DOCTOR…………………………………….4 HOME HEALTH WORKER…………………5 OTHER……………………………………..6 _____ (SPECIFY)	
1010- 1011	NOT ASKED TO MEN		
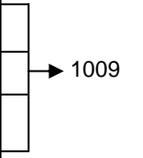
NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
	MODULE 11: NON-PRESCRIPTION DRUG USE		
	➢ **INTERVIEWER SAY: "I would like to ask you some questions about drugs or substances that you may have taken that were not prescribed by your doctor. Please be assured that your answers will be strictly confidential."**		
	PREFACE FOR 1101-1107: In the <u>past 12-months</u>, 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: _____	

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP

KAIS 2012 INDIVIDUAL MALE

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	→ 1201
1110	Have you injected drugs with a needle and syringe in the past 30 days?	YES.……………………………………1 NO.……………………………………..2 REFUSED.…………………………98	→ 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	→ 1201

	KAIS 2012 INDIVIDUAL MALE		
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)	→ END
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)	→ END

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

> **INTERVIEWER SAY: "This is the end of the survey. Thank you very much for your time and for your responses."**

NO.	QUESTIONS AND INSTRUCTIONS	CODING CATEGORIES	SKIP
	END TIME		
END	Record the end time. USE 24 HOUR TIME. IF START TIME IS 3:12 PM, RECORD 15 HOURS, 12 MINUTES, NOT 03 HOURS, 12 MINUTE.	HOUR: ☐☐ MINUTES: ☐☐	

INTERVIEWER OBSERVATIONS:
TO BE COMPLETED AFTER THE INTERVIEW:

COMMENTS ABOUT RESPONDENT:

_____

_____

_____

_____

COMMENTS ABOUT SPECIFIC QUESTIONS:

_____

_____

_____

_____

GENERALS QUESTIONS:

_____

_____

_____

_____

[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. I 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.

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 (NASCOP): Davies Kimanga
> P O Box 19361-00200 Nairobi
> Tel: 2729549

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

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

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

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

[Laboratory Technician]:

You can say yes or no to giving blood.
- Would you allow me to take some 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.

[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 (NASCOP): Davies Kimanga

    P O Box 19361-00200 Nairobi

    Tel: 2729549

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

    Kenya National Bureau of Statistics (KNBS): Collins Opiyo

    P O Box 30266-00100 Nairobi

    Tel: 216134

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

    Secretary of Ethical Review Committee:

    Kenya Medical Research Institute (KEMRI)

    P O Box 54840 – 00200 Nairobi

    Tel: 020-2722541, 072222050901; 0733400003

    Email: erc@kemri.org

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: _____

[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?

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

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

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

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

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

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

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

[Laboratory Technician]:
You can say yes or no to giving blood.

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

YES ☐   **NO** ☐

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

YES ☐   **NO** ☐

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

[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).

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

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

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

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

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

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?

<div align="center">

YES ☐   **NO** ☐

</div>

[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: _____