THIS-2   **TANZANIA HIV/AIDS INDICATOR SURVEY**   **Version 3: 4 Nov. 2003**
                              INDIVIDUAL QUESTIONNAIRE

NATIONAL BUREAU OF STATISTICS   TANZANIA AIDS COMMISSION

IDENTIFICATION	
REGION _____	☐☐
DISTRICT _____	☐☐☐
WARD	. . . . ☐☐☐
EA NUMBER	. . . . ☐☐☐
NAME OF HOUSEHOLD HEAD _____	
THIS CLUSTER NUMBER	. . . . ☐☐☐
HOUSEHOLD NUMBER	. . . . ☐☐
DAR ES SALAAM=1; SMALL CITY*=2; TOWN=3; RURAL/VILLAGE=4	. . . . ☐
NAME AND LINE NUMBER OF RESPONDENT _____	. . . . ☐☐
SEX OF RESPONDENT (MALE=1; FEMALE=2)	. . . ☐

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY ☐☐
				MONTH ☐☐
				YEAR ☐2☐0☐0☐
INTERVIEWER'S NAME	_____	_____	_____	INTERVIEWER NO. ☐☐
RESULT*	_____	_____	_____	RESULT ☐
NEXT VISIT: DATE	_____	_____	▒▒▒▒▒	TOTAL NUMBER
TIME	_____	_____	▒▒▒▒▒	OF VISITS ☐

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

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	☐☐	☐☐
DATE _____ ☐☐	DATE _____ ☐☐		

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . MINUTES . . . . MORNING . . . . 1 AFTERNOON . . . . 2 EVENING, NIGHT 3	
102	In what month and year were you born?	MONTH . . . . DON'T KNOW MONTH . . . . 98 YEAR . . . . DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
104	Have you ever attended school?	YES . . . . 1 NO 2	→ 107
105	What is the highest standard or form of school you completed?	LESS THAN ONE YEAR . . . . 00 STANDARD 1 . . . . 01 STANDARD 2 . . . . 02 STANDARD 3 . . . . 03 STANDARD 4 . . . . 04 STANDARD 5 . . . . 05 STANDARD 6 . . . . 06 STANDARD 7 . . . . 07 STANDARD 8 . . . . 08 TRAINING AFTER PRIMARY . . . . 09 PRE-FORM 1 . . . . 10 FORM 1 . . . . 11 FORM 2 . . . . 12 FORM 3 . . . . 13 FORM 4 . . . . 14 FORM 5 . . . . 15 FORM 6 . . . . 16 TRAINING AFTER SECONDARY . . . . . . 17 UNIVERSITY . . . . 18 OTHER _____ 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL . . . . 4 CANNOT READ 8	
108	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
109	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
110	MALE ☐ Are you currently working? FEMALE ☐ As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES . . . . 1 NO 2	→ 112
111	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 113
112	What is your occupation, that is, what kind of work do you mainly do? INTERVIEWER: PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK RESPONDENT DOES.	_____ _____ _____ ☐☐☐	→ 114
113	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING . . . . . . 01 LOOKING FOR WORK . . . . 02 RETIRED . . . . 03 TOO ILL TO WORK . . . . 04 HANDICAPPED, CANNOT WORK . . . 05 HOUSEWORK/CHILD CARE . . . . 06 OTHER _____ 96 (SPECIFY)	
114	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . ☐☐ ALWAYS . . . . 95 VISITOR 96	
115	What is your religion?	MOSLEM . . . . 1 CATHOLIC . . . . 2 PROTESTANT . . . . 3 NONE . . . . 4 OTHER _____ 6 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES	SKIP
201	MALE ☐ ↓ Now I would like to ask about all of the children you have had during your lifetime. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	FEMALE ☐ ↓ Now I would like to ask about all of the births you have had during your lifetime. Have you ever given birth?	YES . . . . 1 NO 2	→ 206
202	Do you have any children whom you have fathered who are now living with you?	Do you have any children to whom you have given birth who are now living with you?	YES . . . . 1 NO 2	→ 204
203	How many children are living with you?		CHILDREN AT HOME . . . . . . ☐☐	
204	MALE ☐ ↓ Do you have any children whom you have fathered who are alive but do not live with you?	FEMALE ☐ ↓ Do you have any children to whom you have given birth who are alive but not living with you?	YES . . . . 1 NO 2	→ 206
205	How many children live elsewhere?		CHILDREN LIVING ELSEWHERE ☐☐	
206	MALE ☐ ↓ Have you ever fathered a child who was born alive but later died? Any baby who cried or showed signs of life but did not survive?	FEMALE ☐ ↓ Have you ever given birth to a child who was born alive but later died? Any baby who cried or showed signs of life but did not survive?	YES . . . . 1 NO 2	→ 208
207	How many children have died?		CHILDREN DEAD . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.		TOTAL . . . . ☐☐	
209	MALE ☐ ↓ Just to make sure that I have this right: you have fathered _____ children in your lifetime. Is that correct? YES ☐ ↓ NO ☐ →	FEMALE ☐ ↓ Just to make sure that I have this right: you have had _____ births in your lifetime. Is that correct? PROBE AND CORRECT 201-208 AS NECESSARY.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
210	MALE ☐ FEMALE ☐		→ 218
211	CHECK 208: ONE OR MORE ☐ NO BIRTHS ☐ BIRTHS		→ 215
212	Now I would like to ask you about your last birth, whether the child is still alive or not. In what month and year did you have your last birth?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 214
213	About how many years ago was your last birth?	YEARS AGO . . . . ☐☐	
214	Was this birth registered with civil authorities? IF NO: Do you have a birth certificate?	YES . . . . 1 NO . . . . 2 UNSURE 8	
215	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	→ 218
216	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 218
217	What method are you using? IF USING MORE THAN ONE METHOD, CIRCLE THE ONE HIGHEST UP ON THE LIST	FEMALE STERILISATION . . . . 01 MALE STERILISATION . . . . 02 PILL . . . . 03 IUD . . . . 04 INJECTIONS . . . . 05 IMPLANTS . . . . 06 MALE CONDOM . . . . 07 FEMALE CONDOM . . . . 08 RHYTHM, CALENDAR METHOD . . . 09 WITHDRAWAL . . . . 10 OTHER _____ 96 (SPECIFY)	
218	Think back over the past 12 months. Did you receive an injection for any reason?	YES . . . . 1 NO . . . . 2 DON'T REMEMBER, UNSURE 8	
219	In the past 12 months, did you get a blood tranfusion?	YES . . . . 1 NO . . . . 2 DON'T REMEMBER, UNSURE 8	

SECTION 3. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	MALE ☐ Have you ever been married or lived together with a woman as if married? FEMALE ☐ Have you ever been married or lived together with a man as if married?	YES . . . . 1 NO 2	→ 309
302	Are you currently married or living together with a woman as if married? Are you currently married or living together with a man as if married?	YES . . . . 1 NO 2	→ 306
303	MALE ☐ At this time, do you have more than one wife or woman with whom you are living as married? FEMALE ☐ Besides yourself, does your husband have other wives or does he live with other women as if married?	YES . . . . 1 NO 2	→ 305
304	Altogether, how many wives or other partners live with you now? Including yourself, how many wives or other partners live with your husband now?	NUMBER OF WIVES AND LIVE-IN PARTNERS . . . . ☐☐	
305	RECORD THE NAME(S) AND THE LINE NUMBER(S) FROM THE HOUSEHOLD QUESTIONNAIRE FOR SPOUSE(S) AND LIVE-IN PARTNER(S). IF THE PERSON IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. FEMALE ☐→ Please tell me the name of your husband (the man you are living together with as if married). **AFTER RECORDING, GO TO 306.** MALE ☐→ CHECK 304: IF ONE WIFE/PARTNER: Please tell me the name of your wife (the woman you are living with as if married). **AFTER RECORDING, GO TO 306.** IF MORE THAN ONE WIFE/PARTNER: Please tell me the name of each of your current wives (and/or of each woman you are living with as if married). **AFTER RECORDING, GO TO 307B.**	NAME _____ ☐☐ NAME _____ ☐☐ NAME _____ ☐☐ NAME _____ ☐☐	
306	MALE ☐ Have you been married or lived with a woman only once or more than once? FEMALE ☐ Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . 1 MORE THAN ONCE 2	→ 307B

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

307A — In what month and year did you start living with your your wife/partner? (IF YEAR IS KNOWN, SKIP TO 309; ELSE, SKIP TO 308) | In what month and year did you start living with your your husband/partner? (IF YEAR IS KNOWN, SKIP TO 309; ELSE, SKIP TO 308)

307B — Now I would like to ask about when you married or began living with a woman as if married for the very first time. / In what month and year did you first marry or start living with a woman as if married? | Now I would like to ask about when you married or began living with a man as if married for the very first time. / In what month and year did you first marry or start living with a man as if married?

MONTH . . . . [ ][ ]

DON'T KNOW MONTH 98

YEAR . . . . [ ][ ][ ][ ]

DON'T KNOW YEAR . . . . 9998 → 309

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308 — How old were you when you started living with her? | How old were you when you started living with him?

AGE . . . . [ ][ ]

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309 — Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.

How old were you when you first had sexual intercourse (if ever)?

NEVER . . . . 00 → 337

AGE IN YEARS . . . . [ ][ ]

FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/WIFE/PARTNER. 95

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310 — CHECK 103:

15-24 YEARS OLD [ ] ↓   25-49 YEARS OLD [ ] → 312

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311 — The first time you had sexual intercourse, was a condom used?

YES 1
NO 2
DON'T KNOW/DON'T REMEMBER . . . 8

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312 — When was the last time you had sexual intercourse?

RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.

DAYS AGO . . . . 1 [ ][ ]

WEEKS AGO . . . . 2 [ ][ ]

MONTHS AGO . . . . 3 [ ][ ]

YEARS AGO . . . . 4 [ ][ ] → 336

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313 — The last time you had sexual intercourse, was a condom used?

YES 1
NO 2

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314 — What was your relationship to the person with whom you last had sex?

IF BOYFRIEND/GIRLFRIEND: Were you living together as if married?
IF YES, CIRCLE '02'.
IF NO, CIRCLE '03'.

HUSBAND/WIFE 01
LIVE-IN PARTNER . . . . 02 → 317A
BOYFRIEND/GIRLFRIEND NOT
  LIVING WITH RESPONDENT . . . 03
CASUAL ACQUAINTANCE 04
COMMERCIAL SEX WORKER 05
OTHER _____ 96
    (SPECIFY)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
315	CHECK 103: WOMAN 15-24 YEARS OLD □ MAN 15-49/ WOMAN 25-49 YEARS OLD □		→ 317A
316	How old is this man?	AGE OF PARTNER . . . . □□ DON'T KNOW 98	→ 317A
317	Do you think that he is at least 10 years older than you?	YES, 10 OR MORE YEARS OLDER . . . 1 NO, LESS THAN 10 YEARS OLDER . . . 2 OLDER, DON'T KNOW DIFFERENCE . . 3 YOUNGER THAN WOMAN 4	
317A	In this relationship, do you feel you can say 'No' to having sex when you do not feel like it?	YES, CAN SAY 'NO' . . . . 1 CANNOT SAY 'NO' . . . . 2 DON'T KNOW 8	
318	The last time you had sexual intercourse, did you or your partner drink alcohol? IF YES: Who was drinking?	RESPONDENT ONLY . . . . 1 PARTNER ONLY . . . . 2 RESPONDENT AND PARTNER . . . . . 3 NEITHER 4	
319	Have you had sex with any other people in the last 12 months?	YES . . . . 1 NO 2	→ 333A
320	The last time you had sexual intercourse with another person, was a condom used?	YES . . . . 1 NO 2	

321	What was your relationship to this person at that time?
	
	IF BOYFRIEND/GIRLFRIEND: Were you living together as if married?
		HUSBAND/WIFE 01
		LIVE-IN PARTNER 02
		BOYFRIEND/GIRLFRIEND NOT
		  LIVING WITH RESPONDENT . . . 03
		CASUAL ACQUAINTANCE 04
		COMMERCIAL SEX WORKER . . . 05
		OTHER _____ 96
		       (SPECIFY)
			→ 325

322	CHECK 103: WOMAN 15-24 YEARS OLD □ MAN 15-49/ WOMAN 25-49 YEARS OLD □		→ 325
323	How old is this man?	AGE OF PARTNER . . . . □□ DON'T KNOW 98	→ 325
324	Do you think that he is at least 10 years older than you?	YES, 10 OR MORE YEARS OLDER . . . 1 NO, LESS THAN 10 YEARS OLDER . . . 2 OLDER, DON'T KNOW DIFFERENCE . . 3 YOUNGER THAN WOMAN 4	
325	The last time you had sexual intercourse with this partner, did you or your partner drink alcohol? IF YES: Who was drinking?	RESPONDENT ONLY . . . . 1 PARTNER ONLY . . . . 2 RESPONDENT AND PARTNER . . . . . 3 NEITHER 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	Other than these two people, have you had sex with anyone else in the last 12 months?	YES . . . . 1 NO 2	→ 333A
327	The last time you had sexual intercourse with this third person, was a condom used?	YES . . . . 1 NO 2	

328	What was your relationship to this person at that time?
	
	IF BOYFRIEND/GIRLFRIEND: Were you living together as if married?
		HUSBAND/WIFE 01
		LIVE-IN PARTNER 02
		BOYFRIEND/GIRLFRIEND NOT
		   LIVING WITH RESPONDENT . . . 03
		CASUAL ACQUAINTANCE 04
		COMMERCIAL SEX WORKER 05
		OTHER _____ 96
		         (SPECIFY)
			→ 332

329	CHECK 103:
	      WOMAN 15-24 ☐ MAN 15-49/ ☐
	      YEARS OLD ↓ WOMAN 25-49
	            YEARS OLD
			→ 332

330	How old is this man?	AGE OF PARTNER . . . . ☐☐ DON'T KNOW 98	→ 332
331	Do you think that he is at least 10 years older than you?	YES, 10 OR MORE YEARS OLDER . . . 1 NO, LESS THAN 10 YEARS OLDER . . . 2 OLDER, DON'T KNOW DIFFERENCE . . 3 YOUNGER THAN WOMAN 4	
332	The last time you had sexual intercourse with this partner, did you or your partner drink alcohol? IF YES: Who was drinking?	RESPONDENT ONLY . . . . 1 PARTNER ONLY . . . . 2 RESPONDENT AND PARTNER . . . . . 3 NEITHER 4	
333	In total, how many different people have you had sex with in the last 12 months?	NUMBER OF PARTNERS . . . ☐☐	
333A	MALE ☐ ↓ FEMALE ☐		→ 335
334	In the last 12 months, did you have sex with a prostitute?	YES . . . . 1 NO 2	→ 336
334A	The last time you had sex with a prostitute, did you use a condom?	YES . . . . 1 NO 2	→ 336 → 336
335	In the last 12 months, has anyone forced you to have sex when you did not want to?	YES . . . . 1 NO 2	
336	In total, how many different people have you had sex with in your lifetime? IF NON NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE 95.	NUMBER OF PARTNERS . . . . . ☐☐ DON'T KNOW 98	
337	Do you know of a place where a person can get condoms?	YES . . . . 1 NO 2	→ 339

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
338	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** 　REGIONAL CONSULTANT HOSP. . A 　DISTRICT HOSPITAL . . . . B 　GOVT. HEALTH CENTRE . . . . C 　DISPENSARY/PARASTATAL . . . . . D 　VILLAGE HEALTH POST/WORKER . E 　OTHER PUBLIC _____ F 　　　　　　　　　　(SPECIFY) **PRIVATE MEDICAL SECTOR** 　MISSION HOSP/RELIGIOUS ORG . G 　PRIVATE DOCTOR/CLINIC . . . . H 　PHARMACY/CHEMIST . . . . I 　UMATI . . . . J 　OTHER PRIVATE 　　MEDICAL _____ K **OTHER** 　SHOP, KIOSK . . . . L 　WORK PLACE . . . . M 　BAR . . . . N 　SCHOOL . . . . O 　GUEST HOUSE . . . . P 　FRIEND, RELATIVES . . . . Q OTHER _____ X	
339	Have you ever heard of or seen the slogan "Ishi"?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 342 → 342
340	Where did you hear or see "Ishi"? Anywhere else? DO NOT READ LIST OF ANSWERS. CIRCLE ALL MENTIONED.	TELEVISION . . . . A RADIO . . . . B NEWSPAPERS . . . . C MAGAZINES . . . . D BILLBOARDS . . . . E FOOTBALL MATCH . . . . F CONCERT . . . . G COMMUNITY RALLY, ROAD SHOW . H T-SHIRT, HAT . . . . I STICKER . . . . J POSTER . . . . K OTHER _____ X	
341	What do you think of when you hear the word "Ishi"? Anything else? DO NOT READ LIST OF ANSWERS. CIRCLE ALL MENTIONED.	HIV PREVENTION . . . . A YOU CAN'T TELL BY LOOKING . . . . . B WAIT OR USE A CONDOM . . . . C OTHER _____ X 　　　　　(SPECIFY) DON'T KNOW . . . . Z	
342	During the past 12 months, did you ever watch a talk show on the television called "Femina"?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 401 → 401
343	During the past 3 months, how many times did you watch "Femina"?	NUMBER OF TIMES . . . . . ☐☐	
344	What messages does the Femina talk show promote? Anything else? DO NOT READ LIST OF CODES. CIRCLE ALL MENTIONED.	HOW HIV SPREADS . . . . A HOW TO PREVENT HIV . . . . B TALK TO OTHERS ABOUT HIV . . . . . C TALK TO OTHERS ABOUT SEX . . . . . D USE CONDOMS . . . . E ABSTAIN FROM SEX . . . . F HEALTHY-LOOKING PEOPLE CAN 　HAVE HIV . . . . G RESPONSIBLE SEX BEHAVIOUR . . . H NON-PENETRATIVE SEX . . . . I OTHER _____ X 　　　　　(SPECIFY) DON'T KNOW . . . . Z	

SECTION 4. HUSBAND'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 301 AND 302: MALE ☐ ────────────────────────────────→ WOMAN CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ WOMAN FORMERLY MARRIED/ LIVED WITH A MAN ☐ ────────→ WOMAN NEVER MARRIED AND NEVER LIVED WITH A MAN ☐ ────→		501 403 501
402	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
403	Did your (last) husband/partner ever attend school?	YES . . . . 1 NO 2	→ 406
404	What was the highest standard or form of school he completed?	LESS THAN ONE YEAR . . . . 00 STANDARD 1 . . . . 01 STANDARD 2 . . . . 02 STANDARD 3 . . . . 03 STANDARD 4 . . . . 04 STANDARD 5 . . . . 05 STANDARD 6 . . . . 06 STANDARD 7 . . . . 07 STANDARD 8 . . . . 08 TRAINING AFTER PRIMARY . . . . 09 PRE-FORM 1 . . . . 10 FORM 1 . . . . 11 FORM 2 . . . . 12 FORM 3 . . . . 13 FORM 4 . . . . 14 FORM 5 . . . . 15 FORM 6 . . . . 16 TRAINING AFTER SECONDARY . . . . . . 17 UNIVERSITY . . . . 18 OTHER _____ 96 DON'T KNOW 98	
406	CHECK 401: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ FORMERLY MARRIED/ LIVED WITH A MAN ☐ ↓ What is your husband's/ partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do? INTERVIEWER: PROBE TO OBTAIN DETAILED INFORMATION ON THE KIND OF WORK HUSBAND/PARTNER DOES.	_____ _____ _____ ☐☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . 1 NO 2	→ 601
502	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
503	Can people get the AIDS virus from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
504	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
505	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
506	Can people reduce their chance of getting the AIDS virus by not having sex at all?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
507	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
508	Is there anything (else) a person can do to avoid or reduce the chances of getting AIDS or the virus that causes AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⌐ → 510

509	What can a person do?
	
	Anything else?
	
	RECORD ALL WAYS MENTIONED.
		ABSTAIN FROM SEX . . . . A
		USE CONDOMS . . . . B
		LIMIT SEX TO ONE PARTNER/STAY
		   FAITHFUL TO ONE PARTNER . . . C
		LIMIT NUMBER OF SEXUAL
		   PARTNERS . . . . D
		AVOID SEX WITH PROSTITUTES . . . E
		AVOID SEX WITH PERSONS WHO
		   HAVE MANY PARTNERS . . . . F
		AVOID SEX WITH HOMOSEXUALS . G
		AVOID SEX WITH PERSONS WHO
		   INJECT DRUGS INTRAVENOUSLY . H
		AVOID BLOOD TRANSFUSIONS I
		AVOID INJECTIONS . . . . J
		AVOID SHARING RAZORS/BLADES . K
		AVOID KISSING L
		AVOID MOSQUITO BITES . . . . M
		SEEK PROTECTION FROM
		   TRADITIONAL PRACTITIONER . . . N
		
		OTHER _____ W
		          (SPECIFY)
		
		OTHER _____ X
		          (SPECIFY)
		DON'T KNOW . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
511	Can the virus that causes AIDS be transmitted from a mother to a child?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 514
512	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNANCY 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	

512A	CHECK 512:
	
	    'YES' TO BREASTFEEDING ☐ 'NO' OR 'DK' TO ☐
	                                   BREASTFEEDING
		→ 513

512B	What can a mother who is infected with the AIDS virus do to reduce the chances of passing the virus to her child in her breast milk? **DO NOT READ ANSWERS.** CIRCLE ALL MENTIONED.	STOP BREASTFEEDING . . . . A TAKE SPECIAL DRUGS, ARV . . . . B GET COUNCELLING . . . . C OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
513	Are there any special drugs that a doctor or nurse can give to a pregnant woman infected with the AIDS virus in order to reduce the risk of transmitting the virus to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
514	If you knew that a shopkeeper or vendor had the AIDS virus, would you buy fresh vegetables from that person?	YES, WOULD BUY . . . . 1 NO, WOULD NOT BUY . . . . 2 DON'T KNOW 8	
514A	Would you shake hands with someone who is infected with the virus that causes AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS . 8	
515	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS . 8	
515A	If a member of your family got infected with the virus that causes AIDS, would you be embarrassed or feel shame for your family?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS . 8	
516	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/DEPENDS . 8	
517	If a <u>female</u> teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	CAN CONTINUE . . . . 1 SHOULD NOT CONTINUE . . . . 2 DON'T KNOW/NOT SURE/DEPENDS . 8	
517A	If a <u>male</u> teacher has the AIDS virus but is not sick, should he be allowed to continue teaching in the school?	CAN CONTINUE . . . . 1 SHOULD NOT CONTINUE . . . . 2 DON'T KNOW/NOT SURE/DEPENDS . 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
517B	In a health facility, should people with HIV sit in a separate area from other people?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
517C	Should children who are infected with the AIDS virus be allowed to go to school with other children?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
518	Should children <u>age 12-14</u> be taught about using a condom to avoid AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
518A	Should children <u>age 10 and 11</u> be taught about using a condom to avoid AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
518B	Do you think your chances of getting AIDS are small, moderate, great or no risk at all?	SMALL . . . . 1 MODERATE . . . . 2 GREAT . . . . 3 NO RISK AT ALL . . . . 4 DOES NOT KNOW 8	
518C	Do you think that eating fruits and vegetables can help people living with HIV/AIDS?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW 8	
518D	Do you think that good nutrition can make people who have HIV/AIDS live longer?	YES . . . . 1 NO . . . . 2 DOES NOT KNOW 8	
519	MALE ☐ FEMALE ☐ ↓		→ 528
520	CHECK 212 AND 213 NO BIRTHS ☐ LAST BIRTH SINCE LAST BIRTH BEFORE JANUARY 2001/ ☐ JANUARY 2001/ ☐ WITHIN PAST 2 YEARS ↓ THREE YEARS OR MORE AGO		→ 528 → 528
521	Now I would like to ask some questions about your last birth. Did you see anyone for antenatal care during that pregnancy?	YES . . . . 1 NO 2	→ 528

522	During any of the antenatal visits for that pregnancy, did anyone talk to you about:
	
	  Children getting the AIDS virus from their mother?
	
	  Getting tested for the AIDS virus?
		<table><tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr><tr><td>AIDS FROM MOTHER</td><td>1</td><td>2</td><td>8</td></tr><tr><td>GETTING AIDS TEST</td><td>1</td><td>2</td><td>8</td></tr></table>	

523	I don't want to know the results, but were you tested for the AIDS virus during any of your antenatal care visits?	YES . . . . 1 NO 2	→ 528
524	Did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . 1 OFFERED AND ACCEPTED . . . . 2 REQUIRED 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
525	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

526	Where was the test done?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   REGIONAL CONSULTANT HOSP. 11
		   DISTRICT HOSPITAL 12
		   GOVT. HEALTH CENTRE 13
		   DISPENSARY/PARASTATAL 14
		   VCT CENTRE 15
		
		   OTHER PUBLIC _____ 16
		                (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   MISSION HOSP/RELIGIOUS ORG 21
		   PRIVATE DOCTOR/CLINIC 22
		   PHARMACY/CHEMIST 23
		   OTHER PRIVATE
		     MEDICAL _____ 26
		              (SPECIFY)
		
		SHOP 31
		HOME 32
		TRADITIONAL HEALER 33
		
		OTHER _____ 96
		           (SPECIFY)	

527	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES . . . . 1 NO 2	➤ 529 ➤ 601
528	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . 1 NO 2	➤ 532
529	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . . . . . . 1 12-23 MONTHS AGO . . . . 2 2 YEARS OR MORE AGO 3	
530	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST . . . . 1 OFFERED AND ACCEPTED . . . . 2 REQUIRED 3	
531	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	➤ 601 ➤ 601
532	Do you know a place where you could get an HIV test if you wanted to?	YES . . . . 1 NO 2	

533	There are many reasons why people do not get tested for HIV. Can you tell me why you have not been tested?	DOES NOT WANT TO KNOW/AFRAID . . . 01
		IS SURE SHE/HE DOES NOT HAVE HIV 02
		IS SURE SHE/HE IS HIV POSITIVE . . . 03
		LACK OF ANONYMITY/ PEOPLE . . .
		  AT VCT KNOW HIM/HER 04
		COSTS TOO MUCH 05
		LAZY/ NO TIME TO GO 06
		PLANS TO GO 07
		UNDECIDED. 08
		
		OTHER _____ 96
		           (SPECIFY)	

SECTION 6. OTHER REPRODUCTIVE HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	MALE ☐ FEMALE ☐ Some men are circumcised. Are you circumcised? Some women are circumcised, that is, they may have part of their genitals cut. Are you circumcised?	YES . . . . 1 NO 2	
602	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES . . . . 1 NO 2	
603	CHECK 309: HAS HAD SEXUAL INTERCOURSE ☐ HAS NOT HAD SEXUAL INTERCOURSE ☐		→611
604	CHECK 602: HEARD ABOUT INFECTION TRANSMIITTED THROUGH SEXUAL CONTACT ☐ HAS NOT HEARD ABOUT INFECTION TRANSMITTED THROUGH SEXUAL CONTACT ☐		606
605	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
606	MALE ☐ FEMALE ☐ Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis? Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a a bad smelling abnormal genital discharge?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
607	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had an ulcer or sore on or near your penis? Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a a genital sore or ulcer?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
608	CHECK 605, 606, 607: HAS HAD AN INFECTION (ANY 'YES') ☐ HAS NOT HAD AN INFECTION OR DOES NOT KNOW ☐		→611
609	The last time you had (PROBLEM FROM 605/606/607), did you seek any kind of advice or treatment?	YES . . . . 1 NO 2	→611

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

610	Where did you go?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		    REGIONAL CONSULTANT HOSP. A
		    DISTRICT HOSPITAL . . . . B
		    GOVT. HEALTH CENTRE C
		    DISPENSARY/PARASTATAL . . . D
		    VILLAGE HEALTH POST/WORKER E
		
		    OTHER PUBLIC _____ F
		                  (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    MISSION HOSP/RELIGIOUS ORG G
		    PRIVATE DOCTOR/CLINIC . . . . . . H
		    PHARMACY/CHEMIST I
		    OTHER PRIVATE
		       MEDICAL _____ J
		                (SPECIFY)
		SHOP . . . . K
		HOME L
		TRADITIONAL HEALER . . . . M
		
		OTHER _____ X
		             (SPECIFY)	

611	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
612	When a wife knows her husband has a disease that can be transmitted through sexual contact, is she justified in asking that they use a condom when they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
613	RECORD THE TIME.	HOUR . . . . ☐☐ MINUTES . . . . ☐☐ MORNING . . . . 1 AFTERNOON . . . . 2 EVENING, NIGHT 3	

SECTION 7. BLOOD SPOT COLLECTION

THIS PAGE TO BE DESTROYED BEFORE MERGING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK Q. 103: AGE 15-17 ☐ AGE 18-49 ☐		→ 704
702	FIND THE PARENT OR GUARDIAN OF THE YOUTH. WRITE NAME AND LINE NUMBER OF PARENT/GUARDIAN FROM THE HOUSEHOLD QUESTIONNAIRE. (IF YOUTH LIVES INDEPENDENTLY, WRITE A NOTE TO INDICATE THIS AT BOTTOM, AND SKIP TO Q. 704)	NAME _____ ☐☐	
703	**ASK PARENT/GUARDIAN:** As part of this survey, we are also studying **HIV** among women and men. As you know, HIV is the virus that causes AIDS. We are trying to find out how big the AIDS problem is in Tanzania, so we are asking the people we interview to give a **few drops of blood from a finger.** The things we use for taking the blood are completely **clean and safe**. The blood will be sent to a laboratory for testing. **No names** will be attached. So we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have **any questions**? **Will you allow _____ to take the test?** (NAME OF 15-17 YEAR OLD)	YES . . . . 1 NO . . . . 2 SIGNATURE OF INTERVIEWER: _____ DO NOT FORGET TO SIGN	
704	**ASK RESPONDENT:** As part of this survey, we are also studying **HIV** among women and men. As you know, HIV is the virus that causes AIDS. We are trying to find out how big the AIDS problem is in Tanzania, so we are asking the people we interview to give a **few drops of blood from a finger**. The things we use for taking the blood are completely **clean and safe**. The blood will be sent to a laboratory for testing. **No names** will be attached. So we will not be able to tell you the test results. No one else will be able to know your test results either. Do you have **any questions**? **Will you accept the test?**	YES . . . . 1 NO . . . . 2 SIGNATURE OF INTERVIEWER: _____ DO NOT FORGET TO SIGN	
705	SAMPLE RESULTS	SAMPLE TAKEN . . . . 1 REFUSED . . . . 2 TECHNICAL PROBLEM . . . . 3 OTHER _____ 6 (SPECIFY)	
706	BAR CODE LABEL PASTE SECOND LABEL ON FILTER PAPER PASTE THIRD LABEL ON BLOOD SAMPLE TRANSMITTAL FORM	PASTE FIRST BAR CODE LABEL HERE	

<u>INTERVIEWER'S OBSERVATIONS</u>

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____
_____
_____
_____
_____
_____

COMMENTS ON SPECIFIC QUESTIONS:

_____
_____
_____
_____
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_____
_____

ANY OTHER COMMENTS:

_____
_____
_____
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<u>SUPERVISOR'S OBSERVATIONS</u>

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_____

NAME OF THE SUPERVISOR: _____   DATE: _____

<u>EDITOR'S OBSERVATIONS</u>

_____
_____
_____
_____

NAME OF EDITOR: _____   DATE: _____