



## 2008 BOTSWANA AIDS IMPACT SURVEY III



Collected under Statistics Act (Chap. 17:01)

IDENTIFICATION					
STRATUM NUMBER					
DISTRICT NAME /CODE					
VILLAGE NAME/CODE					
LOCALITY NAME/CODE					
EA NUMBER					
EA SERIAL NUMBER					
DWELLING NUMBER					
HOUSEHOLD NUMBER					
RESPONDENT LINE NUMBER					
NAME OF ENUMERATOR					
NAME OF SUPERVISOR					

		INTERVIEWERS VISITS			INTERVIEW STATUS FINAL VISIT		
		1	2	3	INTERVIEWERS CODE		
DATE					*RESULT CODE		
NAME					TOTAL VISITS		
RESULTS*					TOTAL INDIVIDUAL ELIGIBLE		
NEXT VISIT	DATE TIME				TOTAL PERSONS IN HOUSEHOLD		

<p><b>*RESULT CODE</b></p> <p>1. COMPLETED</p> <p>2. PRESENT BUT NOT AVAILABLE FOR INTERVIEWS</p> <p>3. POSTPONED</p> <p>4. REFUSED</p> <p>5. PARTIALLY COMPLETED</p> <p>6. OTHER_____</p> <p style="text-align: right;"><i>(SPECIFY)</i></p>	<p><b>COMMENTS BOX:</b></p>
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	CHECKED BY	CODED	ENTERED	ONLINE EDITED
NAME				
DATE				

BIAS III HOUSEHOLD QUESTIONNAIRE 2008

**BE SURE TO INTRODUCE YOURSELF AND READ ALOUD THE INFORMED CONSENT FORM.**

Hello, my name is \_\_\_\_\_ and I am working with the Central Statistics Office. The Department is working on a project concerned with the HIV/AIDS status of the society. I am here on their behalf to collect such information. This information will ensure that the right programmes are in place to address the HIV/AIDS epidemic in the country. As part of this survey we would first like to ask some questions about your household. We will then go on to the individual questionnaire which is administered to those eligible. Again as part of this survey we also are asking eligible people to provide their blood specimen. All of the answers you give, together with the blood sample will be anonymous and will be very confidential.

Your participation in this survey is voluntary. You can say yes or no to answering any questions or to giving a blood specimen without fear of penalty or any adverse consequences. However, we hope you will participate in the survey since your input will assist the nation in the fight against HIV and AIDS

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

«sernumber»

ALL PERSONS							ALL PERSONS AGED BELOW 18 YEARS					
SR NO.	NAME	RELATIONSHIP TO CURRENT HEAD	SEX	AGE		CITIZENSHIP	PLACE OF USUAL RESIDENCE.	PARENTAL SURVIVAL & FOSTERING				
								MOTHER :	FATHER :			
	<p>Please give me names of <u>all persons who slept</u> with this household last night. Make sure to include :</p> <ol style="list-style-type: none"> <li>Persons who were away last night on duty, prayer meetings, wake keeping, etc</li> <li>Babies, newly born, elderly, visitors and persons with disability who slept with this household</li> </ol> <p>Please also give names of all persons who did not sleep here last night but usually live with this household and no other house- hold</p> <p>Make sure to include:</p> <ol style="list-style-type: none"> <li>Usual members hospitalised, in prisons, in boarding schools, hotels and outside the country.</li> <li>Babies, newly- born, and persons with disabilities.</li> </ol> <p><b>(START WITH THE HEAD OF HOUSEHOLD)</b></p>	<p>What is ...'s relationship to head of this household?</p> <p>00 Head 01 Spouse/partner 02 Son/Daughter 03 Stepchild 04 Grandchild 05 Parent 06 Grand parent 07 Brother/Sister 08 Nephew/Niece 09 Son/Daughter-in-law 10 Parent-in-law 11 Other relative 12 Not related</p>	<p>Is ... male or female?</p> <p>1 Male 2 Female</p>	<p>How old is ... in completed years?</p> <p><b>RECORD EXACT AGE IN YEARS AND MONTHS FOR THOSE LESS THAN TWO YEARS IN THE FORMAT</b></p> <p>( YY MM)</p>		<p>What is the country of ...'s citizenship?</p> <p>001 Botswana 002 Angola 003 Lesotho 004 Malawi 005 Mozambique 006 Namibia 007 South Africa 008 Swaziland 009 Zambia 010 Zimbabwe 011 Tanzania 039 India 057 Mauritius 085 UK 086 USA Other (Specify)</p>	<p>Does ... usually live in this household?</p> <p>1 Yes, spent the night 2 Yes, did not spend the night 3 No, visitor</p>	<p>Is ...'s biological mother alive?</p> <p>1 Yes 2 No <b>9 Don't know</b></p> <p><i>(If No or Don't Know Go to P09)</i></p>	<p>Does ...'s biological mother usually live in this household?</p> <p>1 Yes 2 No <b>9 Don't know</b></p>	<p>Is ...'s biological father alive?</p> <p>1 Yes 2 No <b>9 Don't know</b></p> <p><i>(If No or Don't Know Go to P11)</i></p>	<p>Does ...'s biological father usually live in this household?</p> <p>1 Yes 2 No <b>9 Don't know</b></p>	
P00	P01	P02	P03	P04	(YY)	(MM)	P05	P06	P07	P08	P09	P10
01												
02												
03												
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09												
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11												
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13												
14												
15												

«sernumber»

SR NO.	ALL PERSONS AGED 12 YEARS AND OVER( use P04 to check age)			OCCUPATION	INDUSTRY	AGE 10 - 64 yrs	AGE 18 mnths and above
	TYPE OF ECONOMIC ACTIVITY IN THE PAST 7 DAYS					ELIGIBILITY	
						Individual	Dried Blood Spot (DBS)
	In the past 7 days did ... work for payment, profit or home use for at least 1 hour?  <b>IF NO,            PROBE AS FOLLOWS:</b>  Has ... worked unpaid at own lands/cattlepost, or unpaid in family business?  1 Yes (GO TO P13) 2 No	Since ... did not work for payment, profit or home use, what did he/she do?  1 Actively seeking work 2 Housework 3 Student 4 Too old to work 5 Too sick to work Other (Specify)  (All Go To P17)	What was ... mainly working as during the past 7 days?  1 Employee - Paid cash 2 Employee - Paid in kind only 3 Self-employed (no employees) 4 Self-employed (with employees) 5 Member - Producer Cooperatives 6 Unpaid helper in family business 7 Working at own lands/cattlepost 8 Apprentice 9 Volunteer	What type of work did ... do in the past 7 days?  To be precise, what were the main tasks and duties?  <b>Probe as necessary and            write occupation in full.            Also reconcile with level            of education.</b>	What was the main product, service or activity at ... place of work?  <b>Probe as necessary. Use two or            more words to describe the            Industry.</b>	Circle line numbers of all persons aged 10 to 64 years & are usual members who spent last night in this household  P04 =10 - 64 yrs & P07 = 1	Circle line numbers of all persons aged 18 mnths and above and are usual members who spent last night in this household  P04 =18 mnths and above P07 = 1
P00	P11	P12	P13	P14	P15	P16	P17
01						01	01
02						02	02
03						03	03
04						04	04
05						05	05
06						06	06
07						07	07
08						08	08
09						09	09
10						10	10
11						11	11
12						12	12
13						13	13
14						14	14
15						15	15

H01	H02	H03	H04																																										
Among the persons who are members of this household, is there anybody who stayed at least for 3 months and bedridden for at least 3 months in the past 12 months?	How old is this person in completed years? Any others? How old is person B? How old is person C?	Has your household received any care or assistance from outside in relation to reported illnesses?	What kind of help did you receive?  <b>READ OUT: MULTIPLE RESPONSES.</b>																																										
Yes 1 No 2 <b>(Go to H11)</b>	Person A: Age <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Person B: Age <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Person C: Age <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			Yes 1 No 2 <b>(Go to H11)</b> Don't know 9 <b>(Go to H11)</b>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1 Counseling</td> <td>1</td> <td>2</td> </tr> <tr> <td>2 Free medicines</td> <td>1</td> <td>2</td> </tr> <tr> <td>3 Extra food</td> <td>1</td> <td>2</td> </tr> <tr> <td>4 Money</td> <td>1</td> <td>2</td> </tr> <tr> <td>5 Help with toiletry</td> <td>1</td> <td>2</td> </tr> <tr> <td>wheel chairs, disposable diapers, gloves</td> <td></td> <td></td> </tr> <tr> <td>Other (Specify).....</td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	1 Counseling	1	2	2 Free medicines	1	2	3 Extra food	1	2	4 Money	1	2	5 Help with toiletry	1	2	wheel chairs, disposable diapers, gloves			Other (Specify).....		
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H05	H06	H07	H08																																																																			
Who provided the care or assistance?  <b>CIRCLE ALL MENTIONED:</b> Any one else?	In the past 12 months have any children in this household lived with parents/guardians who were continuously ill for at least three months	In the past 12 months has your household received any help or support specifically for children living with sick parents/guardian?	What kind of help or support did you receive?  <b>READ OUT: MULTIPLE RESPONSE</b>																																																																			
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H09	H10	H11	H12
Who provided the help or support?  <b>CIRCLE ALL MENTIONED:</b> Ask if there is any one else?	How satisfied is the household with the care or assistance given to ill persons?	Think back over the past 12 months. Has anyone who had lived with this household for at least 14 days died in the past 12 months?	How many household members died in the past 12 months?
<div> <div> Relatives Friends Hospital/Clinic FBO Community Organisations NGO's Spiritual Healer Women's Group Social Worker Traditional Healer Other (Specify) </div> <div> 1 2 3 4 5 6 7 8 9 10 </div> </div>	<div> <div> Very satisfied Satisfied Not satisfied Don't Know </div> <div> 1 2 3 9 </div> </div>	<div> <div> Yes No Don't know </div> <div> 1 2 (Go to H14) 9 (Go to H14) </div> </div>	<div> <div> Number of persons </div> <div> <div>Males</div> <div>Females</div> </div> </div>

H13			
	Most recent death	Next-to-last death	Second-to-last death
a) What was the name(s) of the person(s) who died?	1).....	2).....	3).....
b) Was ... .. male or female.	<div> <div>1. Male</div> <div>2. Female</div> </div>	<div> <div>1. Male</div> <div>2. Female</div> </div>	<div> <div>1. Male</div> <div>2. Female</div> </div>
c) How old was ... when he/she died? (Record 00 if age was less than one year)	<div> <div>Age</div> <div>Don't know</div> </div>	<div> <div>Age</div> <div>Don't know</div> </div>	<div> <div>Age</div> <div>Don't know</div> </div>
d) What was the main cause of ... ..'s death?	<div> <div>AIDS</div> <div>TB</div> <div>Malaria</div> <div>Heart disease</div> <div>Stroke</div> <div>Violence/injuries</div> <div>Car/Road accident</div> <div>Maternal/Pregnancy</div> <div>Other (Specify)</div> </div>	<div> <div>AIDS</div> <div>TB</div> <div>Malaria</div> <div>Heart disease</div> <div>Stroke</div> <div>Violence/injuries</div> <div>Car/Road accident</div> <div>Maternal/Pregnancy</div> <div>Other (Specify)</div> </div>	<div> <div>AIDS</div> <div>TB</div> <div>Malaria</div> <div>Heart disease</div> <div>Stroke</div> <div>Violence/injuries</div> <div>Car/Road accident</div> <div>Maternal/Pregnancy</div> <div>Other (Specify)</div> </div>
e) For how many months had ... been sick before he/she died? (Record 00 if less than one month)	<div> <div>Months</div> <div>Don't know</div> </div>	<div> <div>Months</div> <div>Don't know</div> </div>	<div> <div>Months</div> <div>Don't know</div> </div>

H14	H15	H16	H17																														
<b>H14 (a) CHECK P04, P07 &amp; P09:</b>  <b>If both parents are alive, for all under 18s, goto H18:</b>  <b>If one or both parent(s) dead: Ask the question below</b>	What kind of help did you receive?  <b>READ OUT: MULTIPLE RESPONSES.</b>	Who provided the care or assistance?  <b>CIRCLE ALL MENTIONED:</b> Any one else?	How often was the care or assistance provided?																														
<b>H 14(b)</b>  In the last 12 months did you get any outside help for ... <b>(Read names of orphans)</b> Line No. and Name of child <table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> </tbody> </table> <b>If No / Don't know go to H18</b>	Yes	No	DK	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	Counseling 01 Money 02 Extra Food 03 Free Medicine 04 Help with child care 05 Help with school expenses 06 Income-generating projects 07 Help with housework 08 Help with food preparation 09 Spiritual / Religious support 10 Support group 11 Hospice 12 Don't know 99  Other (Specify)	Relatives 1 Friends 2 Hospital/Clinic 3 Community Organizations 4 NGOs 5 Traditional Healer 6 Spiritual Healer 7 Women's Group 8 Social Worker 9  Other (Specify)	Daily 1 Weekly 2 Monthly 3 Other (Specify)
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H18	H19	H20			H21		
TYPE OF HOUSING UNIT	NUMBER OF ROOMS	MATERIAL OF CONSTRUCTION OF THE HOUSING UNIT			WATER		
	How many 'living rooms' are there in this housing unit?	What is the main material of construction of:			What is the source of water supply for the household?		
01 Lolwapa 02 Mixed Structures 03 Detached 04 Semi-detached 05 Town house/Terraced 06 Flats, Apartments 07 Part of commercial building 08 Movable/Caravan/Tent 09 Shack 10 Rooms	Exclude kitchen, toilet, garage, store, etc if not used as 'living rooms'.  <table border="1"> <tr> <td></td> <td></td> </tr> </table>			<b>WALL</b> 01 Stones/Blocks/ Cement bricks 02 Asbestos 03 Iron/Zinc/Tin 04 Mud/Mud bricks 05 Mud & Poles 06 Mud & reeds 07 Poles & reeds 08 Mud Poles & reeds Other .....	<b>FLOOR</b> 1 Concrete 2 Cement 3 Stones 4 Wood 5 Mud 6 Tiles 7 None Other .....	<b>ROOF</b> 1 Iron/Zinc/tin 2 Tiles 3 Asbestos 4 Concrete 5 Thatch 6 Slate Other .....	01 Piped 02 Stand 03 Comm 04 Boreh 05 Well 06 Flowin 07 Sand r 08 Dam/l 09 Bouse 10 Neigh

«sernumber»

H22		H23	H24	H25
SOURCE OF ENERGY		TOILET	ACCESS TO MEDIA	TRANSPORT FACILITIES
What is the main source of energy used for:		What is the main toilet facility used by this household?	Does any member of this household have access to the following?	Does any member of this household (excluding visitors) own any of the following forms of transport in working condition?
COOKING	LIGHTING		READ OUT RESPONSES:	
01 Electricity (Mains)	1 Electricity (Mains)	1 Own flush toilet	YES NO	YES NO
02 Electricity (Solar)	2 Electricity (Solar)	2 Own pit latrine	1 Working Radio 1 2	01 Motor Vehicle 1 2
03 Gas(LPG)	3 Gas	3 Neighbour's flush toilet	2 Working Television 1 2	02 Tractor 1 2
04 Paraffin	4 Paraffin/Candle	4 Neighbours pit latrine	3 Telephone 1 2	03 Motor Cycle 1 2
05 Wood/Charcoal	5 Diesel	5 Communal flush toilet	4 Cell Phone 1 2	04 Bicycle 1 2
06 Coal	6 Wood	6 Communal pit latrine	5 Printed Media 1 2	05 Donkey Cart 1 2
07 Biogas	Other.....	7 Pail/Bucket latrine	6 Electronic Media 1 2	06 Donkeys/Horses 1 2
08 Cow dung		8 Bush	7 Performing Arts 1 2	07 Camels 1 2
Other.....				08 Canoe/mokoro 1 2
				09 Boat with motor 1 2

TICK IN THE BOX IF  
CONTINUATION IS USE

☐





Republic of Botswana

**STRICTLY CONFIDENTIAL**

MINISTRY OF FINANCE AND DEVELOPMENT PLANNING  
CENTRAL STATISTICS OFFICE

**2008 BOTSWANA AIDS IMPACT SURVEY III****INDIVIDUAL (10-64 YEARS) QUESTIONNAIRE***Collected under Statistics Act (Chap. 17:01)***GENERAL INFORMATION**

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HOUSEHOLD NUMBER			
RESPONDENTS' NAME & LINE NO.			
NAME OF ENUMERATOR			
NAME OF SUPERVISOR			

	INTERVIEWERS VISITS			INTERVIEW STATUS FINAL VISIT	
	1	2	3	INTERVIEWERS CODE	
DATE				*RESULT CODE	
NAME				TOTAL VISITS	
RESULTS*					
NEXT VISIT					
DATE					
TIME					

<b>*RESULT CODE</b> 1. COMPLETED 2. PRESENT BUT NOT AVAILABLE FOR INTERVIEWS 3. POSTPONED 4. REFUSED 5. PARTIALLY COMPLETED 6. OTHER _____ <i>(SPECIFY)</i>	<b>COMMENTS BOX:</b>
--	----------------------

	CHECKED BY	CODED	ENTERED	ONLINE EDITED
NAME				
DATE				

IF FOUND PLEASE SEND TO: CENTRAL STATISTICS OFFICE, PRIVATE BAG 0024, GABORONE

**Section 1: Background Characteristics****BE SURE TO INTRODUCE YOURSELF AND READ ALOUD THE INFORMED CONSENT FORM.**

Good Morning/Afternoon, my name is \_\_\_\_\_ and I am working with the Central Statistics Office (CSO). The Department is working on a project concerned with the HIV/AIDS status of the society. I am here as an enumerator and employee of CSO to collect such information. This information will ensure that the right programs are in place to address the HIV/AIDS epidemic in the country. As part of this survey we would like to ask you some questions about yourself. Again as part of this survey we also are asking eligible people to provide their blood specimen. All of the answers you give, together with the blood sample will be anonymous and kept confidential.

Your participation in this survey is voluntary. You can say yes or no to answering any questions or to giving a blood specimen without fear of penalty or any adverse consequences. However, we hope you will participate in the survey since your input will assist the nation in the fight against HIV and AIDS.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: \_\_\_\_\_

First, I would like to ask some questions about you.

No.	Questions and filters	Coding categories	Skip to
Q101	<b>CIRCLE SEX OF THE RESPONDENT</b>	MALE ..... 1 FEMALE..... 2	
Q102	a) How old are you in completed years?  b) What is your date of birth? [DD/MM/YY]  <b>IF AGE IS LESS THAN 10 OR GREATER THAN 64, END INTERVIEW</b>	AGE IN COMPLETED YEARS..... [ ][ ]  Day [ ][ ] Month [ ][ ] Year [ ][ ][ ][ ]	
Q103	Are you a usual member of this household?  <b>Reconcile with P06 in the Household Questionnaire</b>	YES..... 1 NO ..... 2	→ <b>END INTERVIEW</b>
Q104	a) Can you read and understand a letter/newspaper/bible or anything easily, with difficulty or not at all?	EASILY ..... 1 WITH DIFFICULTY ..... 2 NOT AT ALL ..... 3	
Q105	Have you ever attended school, formal or non-formal?	YES..... 1 NO ..... 2	→ <b>Q108</b>
Q106	What is the highest level of school you have attended: non-formal, primary, secondary, or higher?	NON- FORMAL..... 1 PRIMARY..... 2 SECONDARY ..... 3 HIGHER..... 4	
Q107	How many years of education did you complete in total? (Exclude years in pre-school)	YEARS COMPLETED..... [ ][ ]	

No.	Questions and filters	Coding categories	Skip to
Q108	How long have you been living in this locality? <b>RECORD 00 IF LESS THAN A YEAR.</b>	YEARS..... [ ][ ]	
Q109	a) Are you currently employed/self employed?  b) What is your current occupation?	YES..... 1 NO..... 2  SPECIFY _____ CODE ..... [ ][ ]	→ Q110
Q110	What is your main religious affiliation?	CHRISTIANITY ..... 1 ISLAM ..... 2 BAHAI ..... 3 HINDUISM ..... 4 BADIMO ..... 5 NO RELIGION ..... 6 OTHER(SPECIFY) _____	→ Q112
Q111	How often do you attend your place of worship?	TIMES IN A WEEK ..... 1 [ ][ ] TIMES IN A MONTH ..... 2 [ ][ ] TIMES IN A YEAR ..... 3 [ ][ ] NEVER ..... 4	
Q112	What is your current marital status?	NEVER MARRIED ..... 1 MARRIED ..... 2 LIVING TOGETHER ..... 3 SEPARATED ..... 4 DIVORCED ..... 5 WIDOWED ..... 6	→ Q201
Q113	How old were you when you <i>first</i> married/started living together?	AGE IN YEARS ..... [ ][ ]	
<b>LOOK AT Q112, IF ANSWERS ARE CODES 4, 5 OR 6 SKIP TO Q201</b>			
Q114	Does your husband/wife/partner live with you or does he/she live somewhere else?	WITH RESPONDENT ..... 1 SOMEWHERE ELSE ..... 2	
Q115	For how many years have you been married or living together? <b>RECORD 00 IF LESS THAN ONE YEAR.</b>	YEARS..... [ ][ ]	

## Section 2: Alcohol Consumption and Drug Use

No.	Questions and filters	Coding categories	Skip to
Q201	Have you ever consciously taken an alcoholic drink?	YES.....1 NO.....2	→ Q203
Q202	a) Normally how many days in a week do you take an alcohol-containing drink?	NUMBER OF DAYS.....[ ][ ] OCCASIONALLY.....96 NON-DRINKER.....98	→ Q203
	b) In the last 4 weeks on how many occasions have you been intoxicated?	NUMBER OF TIMES.....[ ][ ]	
Q203	a) Have you ever taken drugs for recreation other than alcohol? e.g. mandrax, motokwane or glue.	YES.....1 NO.....2	→ Q301
	b) Name of drug	NAME OF DRUG_____	
	c) How often do you take drugs?	DAILY ..... 1 WEEKLY ..... 2 MONTHLY ..... 3 OCCASSIONALLY ..... 4 NO LONGER TAKING DRUGS ..... 5	

## 3. Sexual History and Behaviour

**READ OUT:**

I am going to ask you some very personal questions about sex. Please bear with us as collecting information on HIV/AIDS issues requires us to ask such sensitive questions. I know it may be difficult to remember exactly, but I would like you to answer the questions to the best of your knowledge, as this information is very important for the survey. Again, this information is all completely private and anonymous and cannot be linked to you or any partner in any way.

No.	Questions and filters	Coding categories	Skip to
Q301	a) Have you ever had a biological child?	YES ..... 1 NO ..... 2	→ Q302
	b) Have you ever had sexual intercourse?	YES ..... 1 NO ..... 2	→ Q401
Q302	At what age did you first have sexual intercourse?	AGE IN YEARS ..... [ ][ ] DON'T KNOW ..... 99	
Q303	What were the circumstances under which you first had sex?	WITH CONSENT ..... 1 WITHOUT CONSENT ..... 2	→ Q305
Q304	Why did you consent to have sex at the first time?	MARITAL FULFILLMENT ..... 1 PERSUASION ..... 2 CURIOSITY ..... 3 ECONOMIC REASONS ..... 4 RELATIONSHIP FULFILMENT ..... 5 OLD ENOUGH ..... 6 OTHER (SPECIFY) _____	
Q305	a) Did you use anything to protect yourself?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 3	→ Q306 → Q306
	b) What did you use?	CONDOMS ..... 1 MODERN CONTRACEPTIVES ..... 2 TRADITIONAL METHODS ..... 3 SPRITUAL ..... 4 OTHER (SPECIFY) _____	
	c) Please state the main reason for protecting yourself:	PREGNANCY ..... 1 HIV ..... 2 STI ..... 3 HIV/PREGNANCY ..... 4 OTHER (SPECIFY) _____	

FILTER	CHECK Q305B, Used Condom?	YES ..... 1 NO ..... 2	Q307a
Q306	The first time you had sex was a male/female condom used?	MALE CONDOM..... 1 FEMALE CONDOM ..... 2	
Q307	a) Have you ever had a sexual partner who was ten years older or younger than you?	YES ..... 1 NO ..... 2	Q307c
	b) Would you consider this partner economically worse off or better off than yourself?	BETTER OFF ..... 1 WORSE OFF ..... 2 EQUAL ..... 3 DON'T KNOW..... 9	
	c) Have you ever had sex without your consent?	YES ..... 1 NO ..... 2	Q307f
	d) With whom?	SPOUSE..... 1 FAMILY MEMBER ..... 2 EMPLOYER..... 3 COLLEAGUE..... 4 SUPERVISOR ..... 5 STRANGER..... 6 OTHER (SPECIFY) _____	
	e) When was the last time you had sex without your consent?	DAYS AGO .....1[ ][ ] WEEKS AGO.....2[ ][ ] MONTHS AGO .....3[ ][ ] YEARS AGO.....4[ ][ ]	
	f) Currently how many sexual partners do you have?	[ ][ ]	
	g) When was the <i>last time</i> you had sexual intercourse? <b>ENTER 00 IF LESS THAN A DAY AGO. MORE THAN 12 MONTHS, ENTER "01" AND SKIP TO Q401.</b> Circle and enter code and complete one option Complete only one option	DAYS AGO .....1[ ][ ] WEEKS AGO.....2[ ][ ] MONTHS AGO .....3[ ][ ] YEARS AGO.....4[ ][ ]	

Now I would like you to think about the last time you had sex, and I am going to ask you some questions about your sexual partners, beginning with the person with whom you had sex most recently. I will begin by asking about your most recent sexual partner, and if there is more than one partner, I will ask only about the three most recent sexual partners you may have had in the past **12 months**. This includes anyone you might have had sex with: husband, wife or wives, girlfriends, boyfriends, friends, casual partners, prostitutes, someone you may have met at a bar, or at a wedding or other special event, etc.

**EMPHASIS SHOULD BE MADE HERE THAT THE PARTNERS WE ARE TALKING ABOUT SHOULD BE OF THE PAST 12 MONTHS!**

**ASK Q308-Q319 , BEGINNING WITH MOST RECENT PARTNER (15- 49 YEARS ONLY).**

		<b>Partner 1</b> <b>Most Recent Sexual Partner</b>	<b>Partner 2</b> <b>Next Most Recent Sexual Partner</b>	<b>Partner 3</b> <b>Second Most Recent Sexual Partner</b>
Q308	What is your relationship to [MOST RECENT/NEXT MOST RECENT PARTNER] READ OUT.	HUSBAND / WIFE ..... 1 LIVING TOGETHER ..... 2 GIRLFRIEND / BOYFRIEND ..... 3 SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX ..... 4 CASUAL ACQUAINTANCE ..... 5 OTHER _____ (SPECIFY)	HUSBAND / WIFE ..... 1 LIVING TOGETHER ..... 2 GIRLFRIEND / BOYFRIEND ..... 3 SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX ..... 4 CASUAL ACQUAINTANCE ..... 5 OTHER _____ (SPECIFY)	HUSBAND / WIFE ..... 1 LIVING TOGETHER ..... 2 GIRLFRIEND / BOYFRIEND ..... 3 SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX ..... 4 CASUAL ACQUAINTANCE ..... 5 OTHER _____ (SPECIFY)
Q309	a) How old is this partner?  <b>IF DON'T KNOW EXACT AGE, PROBE FOR APPROXIMATE AGE.</b>	AGE ..... [ ][ ]	AGE ..... [ ][ ]	AGE ..... [ ][ ]
	b) What is the sex of this partner?	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2	MALE ..... 1 FEMALE ..... 2
Q310	How long ago did you <b>first</b> have sex with this partner? <b>IF LESS THAN ONE DAY ENTER 00</b>  <b>COMPLETE ONLY ONE OPTION.</b>	DAYS ..... 1 [ ][ ] WEEKS ..... 2 [ ][ ] MONTHS ..... 3 [ ][ ] YEARS ..... 4 [ ][ ] DO NOT KNOW ..... 9	DAYS ..... 1 [ ][ ] WEEKS ..... 2 [ ][ ] MONTHS ..... 3 [ ][ ] YEARS ..... 4 [ ][ ] DO NOT KNOW ..... 9	DAYS ..... 1 [ ][ ] WEEKS ..... 2 [ ][ ] MONTHS ..... 3 [ ][ ] YEARS ..... 4 [ ][ ] DO NOT KNOW ..... 9
Q311	In the past 12 months have you always used a condom with this partner?	YES ALWAYS ..... 1 NO, NEVER ..... 2 NO, SOMETIMES ..... 3	YES ALWAYS ..... 1 NO, NEVER ..... 2 NO, SOMETIMES ..... 3	YES ALWAYS ..... 1 NO, NEVER ..... 2 NO, SOMETIMES ..... 3
Q312	Did you use a condom the <b>first</b> time you had sexual intercourse with this partner?	YES, MALE CONDOM ..... 1 YES, FEMALE CONDOM ..... 2 NO ..... 3 DON'T REMEMBER ..... 9	YES, MALE CONDOM ..... 1 YES, FEMALE CONDOM ..... 2 NO ..... 3 DON'T REMEMBER ..... 9	YES, MALE CONDOM ..... 1 YES, FEMALE CONDOM ..... 2 NO ..... 3 DON'T REMEMBER ..... 9



		<b>Partner 1</b> <b>Most Recent Sexual Partner</b>	<b>Partner 2</b> <b>Next Most Recent Sexual Partner</b>	<b>Partner 3</b> <b>Second Most Recent Sexual Partner</b>
Q313	a) How long ago did you <b>last</b> have sex with this partner?  <b>COMPLETE ONLY ONE OPTION.</b>	DAYS AGO..... 1 [ ][ ] WEEKS AGO..... 2 [ ][ ] MONTHS AGO..... 3 [ ][ ] YEARS AGO..... 4 [ ][ ] DON'T KNOW..... 9	DAYS AGO..... 1 [ ][ ] WEEKS AGO..... 2 [ ][ ] MONTHS AGO..... 3 [ ][ ] YEARS AGO..... 4 [ ][ ] DON'T KNOW..... 9	DAYS AGO..... 1 [ ][ ] WEEKS AGO..... 2 [ ][ ] MONTHS AGO..... 3 [ ][ ] YEARS AGO..... 4 [ ][ ] DON'T KNOW..... 9
	b) The <b>last</b> time you had sexual intercourse with this partner did you or this partner use a condom?	YES, MALE CONDOM..... 1  YES, FEMALE CONDOM..... 2 NO..... 3 <b>IF NO GO TO Q315</b> DON'T REMEMBER..... 9  <b>IF DON'T REMEMBER GO TO Q317</b>	YES MALE CONDOM..... 1  YES, FEMALE CONDOM..... 2 NO..... 3 <b>IF NO GO TO Q315</b> DON'T REMEMBER..... 9  <b>IF DON'T REMEMBER GO TO Q317</b>	YES, MALE CONDOM..... 1  YES, FEMALE CONDOM..... 2 NO..... 3 <b>IF NO GO TO Q315</b> DON'T REMEMBER..... 9  <b>IF DON'T REMEMBER GO TO Q317</b>
Q314	What was the main reason for using the condom the last time you had sex?	HIV/STI PREVENTION..... 1 PREGNANCY PREVENTION..... 2 BOTH HIV/STI AND PREGNANCY..... 3 NO TRUST OF PARTNER..... 4 PARTNER INSISTED..... 5 DON'T KNOW..... 9  <b>SKIP TO Q316</b>	HIV/STI PREVENTION..... 1 PREGNANCY PREVENTION..... 2 BOTH HIV/STI AND PREGNANCY..... 3 NO TRUST OF PARTNER..... 4 PARTNER INSISTED..... 5 DON'T KNOW..... 9  <b>SKIP TO Q316</b>	HIV/STI PREVENTION..... 1 PREGNANCY PREVENTION..... 2 BOTH HIV/STI AND PREGNANCY..... 3 NO TRUST OF PARTNER..... 4 PARTNER INSISTED..... 5 DON'T KNOW..... 9  <b>SKIP TO Q316</b>
Q315	What was the main reason for <b>NOT</b> using the condom?	NOT AVAILABLE..... 1 COSTLY..... 2 USE OTHER FAMILY PLANNING METHOD..... 3 PARTNER REFUSED..... 4 PARTNER DRUNK/ON DRUGS..... 5 IT REDUCES PLEASURE..... 6 WE TRUST EACH OTHER..... 7 OTHER (SPECIFY)..... 9 <b>SKIP TO Q317</b>	NOT AVAILABLE..... 1 COSTLY..... 2 USE OTHER FAMILY PLANNING METHOD..... 3 PARTNER REFUSED..... 4 PARTNER DRUNK/ON DRUGS..... 5 IT REDUCES PLEASURE..... 6 WE TRUST EACH OTHER..... 7 OTHER (SPECIFY)..... 9 <b>SKIP TO Q317</b>	NOT AVAILABLE..... 1 COSTLY..... 2 USE OTHER FAMILY PLANNING METHOD..... 3 PARTNER REFUSED..... 4 PARTNER DRUNK/ON DRUGS..... 5 IT REDUCES PLEASURE..... 6 WE TRUST EACH OTHER..... 7 OTHER (SPECIFY)..... 9 <b>SKIP TO Q317</b>
Q316	From what place or person did you or this partner get that condom?	SHOP/PETROL STATION..... 1 PHARMACY..... 2 HOSPITAL/CLINIC..... 3 BAR/HOTEL/RESTAURANT..... 4 OFFICE/PLACE OF WORK..... 5 PUBLIC DISPENSER..... 6 ANOTHER PERSON..... 7 DON'T KNOW..... 9 OTHER..... (SPECIFY)	SHOP/PETROL STATION..... 1 PHARMACY..... 2 HOSPITAL/CLINIC..... 3 BAR/HOTEL/RESTAURANT..... 4 OFFICE/PLACE OF WORK..... 5 PUBLIC DISPENSER..... 6 DON'T KNOW..... 9 OTHER..... (SPECIFY)	SHOP/PETROL STATION..... 1 PHARMACY..... 2 HOSPITAL/CLINIC..... 3 BAR/HOTEL/RESTAURANT..... 4 OFFICE/PLACE OF WORK..... 5 PUBLIC DISPENSER..... 6 DON'T KNOW..... 9 OTHER..... (SPECIFY)

		<b>Partner 1</b> <b>Most Recent Sexual Partner</b>	<b>Partner 2</b> <b>Next Most Recent Sexual Partner</b>	<b>Partner 3</b> <b>Second Most Recent Sexual Partner</b>
Q317	Were you and/or your partner drunk the <b>last</b> time you had sex?	YES, I WAS ..... 1 YES, HE/SHE WAS ..... 2 YES BOTH OF US..... 3 NO ..... 4 DON'T KNOW ..... 9	YES, I WAS ..... 1 YES, HE/SHE WAS ..... 2 YES BOTH OF US..... 3 NO ..... 4 DON'T KNOW..... 9	YES, I WAS ..... 1 YES, HE/SHE WAS ..... 2 YES BOTH OF US..... 3 NO ..... 4 DON'T KNOW..... 9
Q318	Do you think this partner has other partners?	YES..... 1 NO ..... 2 DON'T KNOW ..... 9	YES..... 1 NO ..... 2 DON'T KNOW ..... 9	YES ..... 1 NO ..... 2 DON'T KNOW..... 9
Q319	<b>Now think about the partner you had sexual intercourse with before the partner we just talked about.</b>  Was this sexual contact within the past 12 months?	YES..... 1 <b>IF YES, GO BACK TO Q308 AND ASK ABOUT NEXT PARTNER.</b> NO ..... 2 <b>IF NO, GO TO Q320.</b>	YES..... 1 <b>IF YES, GO BACK TO Q308 AND ASK ABOUT NEXT PARTNER.</b> NO ..... 2 <b>IF NO, GO TO Q320.</b>	YES ..... 1 NO ..... 2

**CAUTION! GO ON TO Q320 ONLY AFTER ASKING ABOUT ALL THREE OF THE PARTNERS  
IN THE LAST 12 MONTHS.**

No.	Questions and Filters	Coding Categories	Skip to
Q320	In the last 12 months with how many people <u>overall</u> have you had sexual intercourse (including the last partners we've discussed)?	NUMBER..... [ ][ ]	
Q321	In the last ONE-month with how many people <u>overall</u> have you had sexual intercourse with?	NUMBER..... [ ][ ]	
Q322	In the last 12 months have you exchanged or received gifts or money for sex?	YES.....1 NO.....2	→ <b>Q324</b>
Q323	The last time you had sex with someone and exchanged gifts or money, did you or this partner use a condom?	YES.....1 NO.....2	
Q324	Have you ever used a female condom?	YES.....1 NO.....2	
Q325	Do you believe you can persuade a sex partner to use a condom?	YES, ALL THE TIME .....1 YES, SOMETIMES.....2 NO.....3 DON'T KNOW.....9	
Q326	Could you persuade a sex partner <b>NOT</b> to have sex if you weren't interested?	YES, ALL THE TIME .....1 YES SOMETIMES.....2 NO.....3 DON'T KNOW.....9	
Q327	Do you think your peers who are sexually active always use a condom with new sex partners?	YES, ALL THE TIME .....1 YES SOMETIMES.....2 NO.....3 DON'T KNOW.....9	
Q328	Do you think that avoiding sex to protect against HIV, STI and pregnancy is acceptable among your peers?	YES, ALL THE TIME .....1 YES SOMETIMES.....2 NO.....3 DON'T KNOW.....9	
Q329	Do you agree that people in this community are able to discuss the HIV and AIDS problems that affect everyone?	AGREE.....1 UNSURE.....2 DISAGREE.....3	
Q330	Do you agree that this community can come up with creative ways to improve the HIV and AIDS situation, even without outside support?	AGREE.....1 UNSURE.....2 DISAGREE.....3	

## Section 4: Male Circumcision and Sexually Transmitted Infections

Now I would like to ask some questions relating to circumcision and sexually transmitted infections.

No.	Questions and filters	Coding categories	Skip to
<b>Q401-Q405 FOR MALES ONLY</b>			
Q401	Are you circumcised?	YES ..... 1 NO ..... 2 → <b>Q405</b> DON'T KNOW ..... 9 → <b>Q405</b>	
Q402	When were you circumcised?	AT BIRTH ..... 1 LATER IN LIFE ..... 2 DON'T KNOW ..... 9	
Q403	Where were you circumcised?	HEALTH FACILITY ..... 1 TRADITIONAL ..... 2 DON'T KNOW ..... 9	
Q404	Did you have any complications during and after circumcision?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	
Q405	Suppose you were not circumcised and got to know/if you knew that circumcision reduces the risk of infection, would you be willing to do it?	YES ..... 1 NO ..... 2	
Q406	Have you ever heard of diseases or infections that can be transmitted through sexual intercourse (STIs)?	YES ..... 1 NO ..... 2 → <b>Q410</b>	
Q407	<b>In a woman</b> , what signs and symptoms would lead you to think that she has an STI?  <i>Any other symptoms?</i>  <b>CIRCLE ALL THAT ARE MENTIONED.            MORE THAN ONE ANSWER IS POSSIBLE.            DO NOT READ OUT THE SYMPTOMS.</b>	LOWER ABDOMINAL PAIN ..... 01 OFFENSIVE DISCHARGE FROM VAGINA ..... 02 ITCHING IN GENITAL AREA ..... 03 BURNING PAIN ON URINATION ..... 04 PAIN DURING INTERCOURSE ..... 05 GENITAL ULCERS/OPEN SORES ..... 06 SWELLINGS IN GENITAL AREA ..... 07 NO SYMPTOMS ..... 08 OTHER _____ (SPECIFY)	
Q408	<b>In a man</b> , what signs and symptoms would lead you to think that he has an STI?  <i>Any other symptoms?</i>  <b>CIRCLE ALL THAT ARE MENTIONED.            MORE THAN ONE ANSWER IS POSSIBLE.            DO NOT READ OUT THE SYMPTOMS.</b>	ABDOMINAL PAIN ..... 01 DISCHARGE FROM PENIS ..... 02 ITCHING IN GENITAL AREA ..... 03 BURNING PAIN ON URINATION ..... 04 PAIN DURING INTERCOURSE ..... 05 GENITAL ULCERS/OPEN SORES ..... 06 SWELLINGS IN GENITAL AREA ..... 07 NO SYMPTOMS ..... 12 OTHER _____ (SPECIFY)	

Q409	Where can someone go to get treatment or advice on STI's?  <b>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.</b>	<table border="1"> <thead> <tr> <th></th> <th>ADVICE</th> <th>TREATMENT</th> </tr> </thead> <tbody> <tr> <td>CLINIC/HOSPITAL.....</td> <td>1</td> <td>1</td> </tr> <tr> <td>PRIVATE DOCTOR.....</td> <td>2</td> <td>2</td> </tr> <tr> <td>PHARMACY/CHEMIST.....</td> <td>3</td> <td>3</td> </tr> <tr> <td>TRADITIONAL/SPIRITUAL HEALER ...</td> <td>4</td> <td>4</td> </tr> <tr> <td>CHURCH .....</td> <td>5</td> <td>5</td> </tr> <tr> <td>FRIENDS.....</td> <td>6</td> <td>6</td> </tr> <tr> <td>RELATIVES.....</td> <td>7</td> <td>7</td> </tr> <tr> <td colspan="3">OTHER (SPECIFY) _____</td> </tr> </tbody> </table>		ADVICE	TREATMENT	CLINIC/HOSPITAL.....	1	1	PRIVATE DOCTOR.....	2	2	PHARMACY/CHEMIST.....	3	3	TRADITIONAL/SPIRITUAL HEALER ...	4	4	CHURCH .....	5	5	FRIENDS.....	6	6	RELATIVES.....	7	7	OTHER (SPECIFY) _____			
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OTHER (SPECIFY) _____																														
MARK WITH AN "X" IN THE APPROPRIATE BOX																														
FILTER	CHECK Q307g HAS HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS  <input type="checkbox"/>	HAS NOT HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS  <input type="checkbox"/>	→ Q501																											
Q410	During the last 12 months, have you had any of the following symptoms?  <b>READ OUT SYMPTOMS</b>  <b>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.</b>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1 ABDOMINAL PAIN .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>2 GENITAL DISCHARGE. ....</td> <td>1</td> <td>2</td> </tr> <tr> <td>3 ITCHING IN GENITAL AREA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>4 BURNING PAIN ON URINATION .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>5 PAIN DURING INTERCOURSE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>6 GENITAL ULCERS/OPEN SORES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>7 SWELLINGS IN GENITAL AREA.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	1 ABDOMINAL PAIN .....	1	2	2 GENITAL DISCHARGE. ....	1	2	3 ITCHING IN GENITAL AREA.....	1	2	4 BURNING PAIN ON URINATION .....	1	2	5 PAIN DURING INTERCOURSE.....	1	2	6 GENITAL ULCERS/OPEN SORES.....	1	2	7 SWELLINGS IN GENITAL AREA.....	1	2				
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7 SWELLINGS IN GENITAL AREA.....	1	2																												

## Section 5:

## Knowledge About HIV/AIDS and Level of Access to Interventions

Now I would like to ask some questions about HIV, the virus that causes AIDS.

No.	Questions and filters	Coding categories	Skip to
Q501	Have you ever heard of the virus HIV or an illness called AIDS?	YES .....1 NO .....2	→ Q617
Q502	In the past 4 weeks, have you heard or seen any information about HIV / AIDS?	YES .....1 NO .....2	→ Q504
Q503	a) From what source(s) did you receive this information about HIV/AIDS?  Any other source?  <b>CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.</b>	YOUTH PROGRAM .....01 TELEVISION/ VIDEO .....02 RADIO .....03 NEWSPAPER .....04 HOSPITAL/CLINIC/VCT .....05 POSTERS / BANNERS / BOOKLET .....06 TRADIT'L/SPIRITUAL HEALER .....07 WORKSHOP / SEMINAR .....08 ANOTHER PERSON .....09 CHURCH .....10 KGOTLA .....11 WORKPLACE PROGRAMME (PEER EDUCATOR, COUNSELLOR, CO-WORKER) .....12 PEER EDUCATOR .....13 SCHOOL .....14 OTHER _____ (SPECIFY)	
Q504	During the past 4 weeks, have you discussed HIV/AIDS with anyone?	YES .....1 NO .....2	→ Q506
Q505	With whom have you discussed HIV/AIDS during the past 4 weeks?  Anyone else?  <b>CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.</b>	SPOUSE ..... 1 SEX PARTNER ..... 2 FRIEND ..... 3 FAMILY MEMBER/S ..... 4 OTHER RELATIVE/S ..... 5 HEALTH CARE WORKER ..... 6 CO-WORKER ..... 7 OTHER _____ (SPECIFY)	
Q506	Is there anything a person can do to prevent becoming infected with HIV, the virus that causes AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	→ Q508

Q507	<p>What can people do to prevent becoming infected with HIV?</p> <p>Any other ways?</p> <p><b>CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE. DO NOT READ OUT THE ANSWER CHOICES.</b></p>	<p>USE CONDOMS ..... 01</p> <p>HAVE FEWER PARTNERS ..... 02</p> <p>BOTH PARTNERS HAVE NO OTHER PARTNERS ..... 03</p> <p>NO CASUAL SEX ..... 04</p> <p>NO SEX AT ALL ..... 05</p> <p>NO COMMERCIAL SEX ..... 06</p> <p>AVOID INJECTIONS WITH CONTAMINATED NEEDLES ..... 07</p> <p>AVOID BLOOD TRANSFUSIONS ..... 08</p> <p>DON'T KNOW ANY ..... 99</p> <p>OTHER _____</p> <p>(SPECIFY)</p>	
------	--	---	--

Now I'm going to ask some questions about HIV, the virus that causes AIDS. Some of the questions have accurate information and others incorrect information. Don't worry about getting the right answer, just say what you think.

No.	Questions and filters	Coding categories	Skip to												
Q508	Is it possible for a healthy looking person to have HIV?	YES..... 1 NO ..... 2 DON'T KNOW ..... 9													
Q509	Can people reduce their chances of getting HIV/AIDS by using a condom correctly every time they have sex?	YES..... 1 NO ..... 2 DON'T KNOW ..... 9													
Q510	Do you think that a person can get infected with HIV/AIDS through mosquito bites?	YES..... 1 NO ..... 2 DON'T KNOW ..... 9													
Q511	Can people reduce their chances of getting HIV/AIDS by having only one uninfected sex partner who has no other partners?	YES..... 1 NO ..... 2 DON'T KNOW ..... 9													
Q512	Can a person get infected with HIV/AIDS by sharing a meal with a person who has HIV/AIDS?	YES..... 1 NO ..... 2 DON'T KNOW ..... 9													
Q513	Can people get HIV/AIDS because of witchcraft?	YES..... 1 NO ..... 2 DON'T KNOW ..... 9													
Q514	Can HIV/AIDS be transmitted from a mother to a child?	YES..... 1 NO ..... 2 DON'T KNOW ..... 9	→ Q518												
Q515	Can HIV/AIDS be transmitted from a mother to a child: <b>READ OUT</b>  A. During pregnancy? B. At delivery? C. Through breast milk?	<table border="1"> <thead> <tr> <th>YES</th><th>NO</th><th>DON'T KNOW</th></tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>9</td></tr> <tr> <td>1</td><td>2</td><td>9</td></tr> <tr> <td>1</td><td>2</td><td>9</td></tr> </tbody> </table>	YES	NO	DON'T KNOW	1	2	9	1	2	9	1	2	9	
YES	NO	DON'T KNOW													
1	2	9													
1	2	9													
1	2	9													
Q516	a) If a mother is infected with HIV/AIDS, is there any way to avoid transmission to the <b>unborn baby</b> ?	YES..... 1 NO ..... 2 DON'T KNOW ..... 9	→ Q517												
	b) If yes, what ways?	ANTIRETROVIRAL THERAPY (AZT, DRUGS BEFORE BIRTH) ..... 1 NOT BREASTFEEDING..... 2 CAESAREAN SECTION ..... 3 OTHER (SPECIFY) ..... DON'T KNOW ..... 9													
Q517	a) If a mother is infected with HIV/AIDS, is there any way to avoid transmission to the <b>newborn baby</b> ?	YES..... 1 NO ..... 2 DON'T KNOW ..... 9	→ Q518												



No.	Questions and filters	Coding categories	Skip to
	b) If yes, what ways?	ANTIRETROVIRAL THERAPY (AZT, DRUGS BEFORE BIRTH).....1 NOT BREASTFEEDING.....2 CAESAREAN SECTION.....3 OTHER (SPECIFY) _____ DON'T KNOW.....9	
Q518	a) Have you ever received a blood transfusion?	YES.....1 NO.....2 →	Q519
	b) Where did you receive the transfusion?	PRINCESS MARINA HOSPITAL.....1 NYANGABWE REFERRAL HOSPITAL.....2 GABORONE PRIVATE HOSPITAL.....3 OTHER(SPECIFY) _____ If outside Botswana list country.....[ ][ ]	
	c) When did you receive the transfusion?	Day [ ] Month [ ] Year [ ]	
Q519	What treatment options are available for HIV infected people?	ANTI-RETROVIRALS .....1 TRADITIONAL HEALING .....2 SPRITUAL HEALING.....3 OTHER (SPECIFY) _____	
Q520	Are you aware of ARV's?	YES.....1 NO.....2 →	Q601
Q521	Do you believe that ARV's cure AIDS?	YES.....1 NO.....2 DON'T KNOW .....9	
Q522	How has <b>your personal</b> concern about getting HIV changed since the introduction of ARV's?	NO DIFFERENCE, STILL NOT CONCERNED1 LESS CONCERNED .....2 NO DIFFERENCE , STILL CONCERNED .....3 MORE CONCERNED .....4 DON'T KNOW .....9	
Q523	Do you think there has been a change in concern about getting HIV among <b>other people in your community</b> since the introduction of ARVs?	NO DIFFERENCE, STILL NOT CONCERNED 1 LESS CONCERNED .....2 NO DIFFERENCE , STILL CONCERNED .....3 MORE CONCERNED .....4 DON'T KNOW .....9	

Q524	Do you think there has been a change in stigma and discrimination in your community towards those who are HIV infected since the introduction of ARV'S?	NO DIFFERENCE .....1 LESS STIGMA AND DISCRIMINATION .....2 MORE STIGMA AND DISCRIMINATION.....3 DON'T KNOW .....9	
Q525	Do you think that people on ARV's should always use condoms?	YES .....1 NO .....2 DON'T KNOW .....9	
Q526	a) Have <b>you changed</b> your safer sex practice since the introduction of ARVs?	LESS SAFER SEX PRACTICE .....1 NEVER PRACTICED SAFE SEX.....2 STILL PRACTICE SAFE SEX.....3 MORE SAFER SEX PRACTICE .....4 NEVER HAD SEX.....5 DON'T KNOW .....9	→ Q527
	b) If less safer sex practice, in what ways?	LESS CONDOM USE .....1 MORE SEXUAL PARTNERS.....2 CONTINUE TO PRACTICE MULTIPLE AND CONCURRENT PARTNERSHIPS.....3 LESS ABSITINENCE.....4 MORE SEX WITH ALCOHOL.....5 DON'T KNOW .....9 OTHER (SPECIFY) .....	
	c) Why are <b>you</b> less concerned?	HIV IS LESS CONTAGIOUS WITH ARV...1 PEOPLE ARE NOT DYING ANYMORE ....2 DON'T KNOW .....9 OTHER (SPECIFY).....	
Q527	a) Do you think <b>other people in your community</b> have changed their safer sex practices since the introduction of ARVs?	LESS SAFER SEX PRACTICE .....1 NO DIFFERENCE .....2 MORE SAFER SEX PRACTICE .....3 DON'T KNOW .....9	→ Q528
	b) If less safer sex practise, what ways?  <b>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL RESPONSES GIVEN.</b>	LESS CONDOM USE .....1 MORE SEXUAL PARTNERS.....2 CONTINUE TO PRACTICE MULTIPLE AND CONCURRENT PARTNERSHIPS.....3 LESS ABSITINENCE.....4 MORE SEX WITH ALCOHOL.....5 DON'T KNOW .....9 OTHER (SPECIFY).....	
	c) Why are <b>they</b> less concerned?	HIV IS LESS CONTAGIOUS WITH ARV .....1 PEOPLE ARE NOT DYING ANYMORE.....2 DON'T KNOW .....9 OTHER (SPECIFY).....	
Q528	Do you think a person on Anti-Retroviral (ARV) should discontinue/stop taking them once they feel better?	YES .....1 NO .....2 DON'T KNOW .....9	

## Section 6:

## Attitudes Towards People Living with HIV/AIDS, Gender Issues, and Counselling

Now I would like to ask you some questions about attitudes and what people think about people who are sick with AIDS.

No.	Questions and filters	Coding categories	Skip to
Q601	Have you ever shared a meal with a person you knew or suspected had HIV/AIDS?	YES ..... 1 NO ..... 2	
Q602	If a member of your family became sick with HIV/AIDS, would you be willing to care for him or her in your household?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	
Q603	If a teacher has HIV/AIDS but is not sick, should he/she be allowed to continue teaching in school?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	
Q604	If you knew that a shopkeeper or food seller had HIV/AIDS, would you buy vegetables from them?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	
Q605	If a member of your family got infected with HIV/AIDS, would you want it to remain a secret?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	
<b>NOW I WOULD LIKE TO ASK YOU QUESTIONS ON HIV TESTING. DO NOT TELL ME YOUR RESULTS</b>			
Q606	a) Have you ever been tested for HIV, the virus that causes AIDS?	YES ..... 1 NO ..... 2	→ Q606C
	b) What was the main reason for testing?	ILLNESS ..... 1 PREGNANCY ..... 2 WANTED TO HAVE A CHILD ..... 3 RAPE ..... 4 PRE-MARITAL ..... 5 JUST WANTED TO KNOW ..... 6 NEEDLE PRICK ..... 7 ENCOURAGED BY SOMEONE ..... 8	→ Q607
	c) Why haven't you tested?	AFRAID/SCARED ..... 1 FEARED REACTION OF PARTNER ..... 2 NO NEED ..... 3 OTHER (SPECIFY _____) ..... 4	→ Q610
Q607	a) In the past 12 months have you been tested for HIV, the virus that causes AIDS?	YES ..... 1 NO ..... 2	→ Q610
	b) Were you given information on HIV/AIDS before the test?	YES ..... 1 NO ..... 2	
Q608	a) Were you told the results?	YES ..... 1 NO ..... 2	→ Q610
	b) Did you receive counselling when you received the results?	YES ..... 1 NO ..... 2	

No.	Questions and filters	Coding categories	Skip to
Q609	a) Did you tell anyone the results of the test?	YES ..... 1 NO ..... 2	→ Q610
	b) Whom did you tell? <b>CIRCLE ALL THAT ARE MENTIONED.</b> <b>MORE THAN ONE ANSWER IS POSSIBLE.</b>	SPOUSE ..... 1 SEX PARTNER ..... 2 FRIEND ..... 3 FAMILY MEMBER(S) ..... 4 OTHER RELATIVE(S) ..... 5 HEALTH CARE WORKER ..... 6 CO-WORKER ..... 7 OTHER _____ (SPECIFY)	
Q610	Would you ever want to be tested (again) for HIV?	YES ..... 1 NO ..... 2 UNDECIDED ..... 3	
Q611	Do you know of a place where you can go to get an HIV test?	YES ..... 1 NO ..... 2	→ Q613
Q612	If you wanted to be tested (again), where could you go for the test? <b>CIRCLE ALL THAT ARE MENTIONED.</b> <b>MORE THAN ONE ANSWER IS POSSIBLE.</b>	VCT CENTRE (TEBELOPELE) ..... 1 HOSPITAL/CLINIC ..... 2 PHARMACY ..... 3 MOBILE CLINIC ..... 4 FIELD WORKER ..... 5 OTHER _____ (SPECIFY)	
Q613	If you chose to be tested for HIV, the virus that causes AIDS, and were told after the test that you had HIV, would you tell anyone the results?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	→ Q615
Q614	With whom would you share this information?	A. SPOUSE/SEX PARTNER B. FAMILY MEMBER/S? C. FRIENDS D. HEALTH CARE WORKERS E. CO-WORKERS F. OTHER _____	
Q615	a) Do you think it should be acceptable for a woman to obtain male condoms	YES ..... 1 NO ..... 2 NOT SURE ..... 3	
	b) Do you think it should be acceptable for a man to obtain female condoms?	YES ..... 1 NO ..... 2 NOT SURE ..... 3	

	c) Is it acceptable to you for your partner to be in possession of condoms?  <b>READ OUT OPTIONS</b>  <b>MALE CONDOMS</b>  <b>FEMALE CONDOMS</b>	<b>YES</b> <b>NO</b> <b>NOT SURE</b>  1                      2                      3  1                      2                      3	
	d) Do you agree that men can have more than one partner at one time?	AGREE ..... 1 UNSURE.....2 DISAGREE.....3	
	e) Do you agree that women to have more than one partner at one time?	AGREE ..... 1 UNSURE.....2 DISAGREE.....3	
	f) Do you agree that it is a wife's duty to have sex with her husband even if she does not want to?	AGREE ..... 1 UNSURE.....2 DISAGREE.....3	
	g) Do you agree that It is a woman right to decide if she will have safe sex or not, e.g. use a condom?	AGREE ..... 1 UNSURE.....2 DISAGREE.....3	
Q616	Can a woman protect herself from getting a sexually transmitted Infection (STI) if her partner has it?	YES ..... 1 NO.....2 DON'T KNOW.....9	<div style="border-left: 1px solid black; padding-left: 5px; display: inline-block;"> <b>Q701</b> </div>
Q617	What can she do to protect herself? <b>AFTER FIRST RESPONSE, PROMPT FOR ADDITIONAL SUGGESTIONS.</b> <i>Anything else?</i>  <b>MORE THAN ONE ANSWER IS POSSIBLE.</b> <b>CIRCLE ALL ANSWERS GIVEN.</b>	SHE CAN REFUSE SEX..... 1 SHE CAN INSIST ON USING CONDOMS ..... 2 SHE CAN TAKE MEDICINES ..... 3 DON'T KNOW ..... 9 OTHER _____ (SPECIFY)	

**IF RESPONDENT IS MALE, SKIP SECTION 7 AND GO STRAIGHT TO SECTION 8: AVAILABILITY OF SOCIAL AND MEDICAL SERVICES**

## Section 7:

## Childbearing and Antenatal Care (WOMEN ONLY)

The following questions are about all the births you have had during your life and about your antenatal care visits.

No.	Questions and filters	Coding categories	Skip to
Q701	a) Have you ever given birth?	YES.....1 NO .....2	→ Q709
	b) How many times have you given birth?	NUMBER OF TIMES..... [ ][ ]	
Q702	How many of these were live births?	NUMBER OF BIRTHS..... [ ][ ]	
Q703	When was the last time you gave birth? <b>ENTER MONTH AND YEAR. DO NOT LEAVE BLANK.</b>	MONTH..... [ ][ ] YEAR..... [ ][ ][ ][ ]	<b>IF MORE THAN 2 YEARS AGO, SKIP TO Q705</b>
Q704	a) Did you attend an antenatal clinic during your last pregnancy?	YES.....1 NO .....2	→ Q709
	b) Have you ever been accompanied by your partner to antenatal clinic?	YES.....1 NO.....2	
Q705	a) When you attended the antenatal clinic, were you (and your partner) given any information about HIV/STI?	YES.....1 NO .....2	→ Q707
Q706	Was HIV testing offered to you (and your partner) at any time during your visit(s)?	YES.....1 NO .....2	
Q707	Did you and your partner agree to be tested for HIV during any of these visits?	YES.....1 NO .....2	→ Q709
Q708	Did you receive any post test counselling when you received your test results?	YES.....1 NO.....2 NEVER RECEIVED RESULTS.....3	
Q709	<b>CHECK Q102(a)</b> <b>IS AGE LESS THAN 49</b>	YES.....1 NO.....2	→ Q801
	a) Are you pregnant now?	YES.....1 NO.....2 NOT SURE.....3	→ Q801
Q710	If you were to test HIV positive would you be willing to enrol for PMTCT <sup>1</sup> ?	YES.....1 NO .....2	

## Section 8:

<sup>1</sup> Prevention of Mother To Child Transmission

## Availability of Social and Medical Services

The following questions are on the availability and accessibility of medical services in your Locality

No.	Questions and filters	Coding categories	Skip to																																												
Q801	Are you aware of the availability of any social and medical services in your locality/area such as:  <b>READ OUT RESPONSES</b>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr><td>HOME BASE CARE</td><td>1</td><td>2</td></tr> <tr><td>ORPHAN CARE</td><td>1</td><td>2</td></tr> <tr><td>PLWHA SUPP</td><td>1</td><td>2</td></tr> <tr><td>DESTITUTE PROGRAMMES</td><td>1</td><td>2</td></tr> <tr><td>ARV PROGRAMME</td><td>1</td><td>2</td></tr> <tr><td>PMTCT PROGRAMME</td><td>1</td><td>2</td></tr> <tr><td>IPT PROGRAMME</td><td>1</td><td>2</td></tr> <tr><td>VCT/RHT</td><td>1</td><td>2</td></tr> <tr><td>OTHER _____</td><td></td><td></td></tr> </tbody> </table> <p>(SPECIFY)</p>		YES	NO	HOME BASE CARE	1	2	ORPHAN CARE	1	2	PLWHA SUPP	1	2	DESTITUTE PROGRAMMES	1	2	ARV PROGRAMME	1	2	PMTCT PROGRAMME	1	2	IPT PROGRAMME	1	2	VCT/RHT	1	2	OTHER _____																	
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Q802	Have you ever accessed any of the following services?  <b>READ OUT RESPONSES</b>	<table> <thead> <tr> <th></th><th>YES THIS LOCALITY</th><th>YES ELSEWHERE</th><th>NO</th></tr> </thead> <tbody> <tr><td>HOME BASE CARE</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>ORPHAN CARE</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>PLWHA SUPP</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>DESTITUTE PROGRAMMES</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>ARV PROGRAMME</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>PMTCT PROGRAMME</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>VCT/RHT</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>IPT PROGRAMME</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>OTHER _____</td><td></td><td></td><td></td></tr> </tbody> </table> <p>(SPECIFY)</p>		YES THIS LOCALITY	YES ELSEWHERE	NO	HOME BASE CARE	1	2	3	ORPHAN CARE	1	2	3	PLWHA SUPP	1	2	3	DESTITUTE PROGRAMMES	1	2	3	ARV PROGRAMME	1	2	3	PMTCT PROGRAMME	1	2	3	VCT/RHT	1	2	3	IPT PROGRAMME	1	2	3	OTHER _____				<b>IF NO FOR ALL GO TO Q806</b>				
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Q803	How often have you accessed these services in the last 3 months?  <b>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL ANSWERS GIVEN.</b>	<p>NUMBER OF VISITS</p> <table> <tbody> <tr><td>HOME BASE CARE</td><td>01 [ ] [ ]</td></tr> <tr><td>ORPHAN CARE</td><td>02 [ ] [ ]</td></tr> <tr><td>PLWHA SUPP</td><td>03 [ ] [ ]</td></tr> <tr><td>DESTITUTE PROGRAMMES</td><td>04 [ ] [ ]</td></tr> <tr><td>ARV PROGRAMME</td><td>05 [ ] [ ]</td></tr> <tr><td>PMTCT PROGRAMME</td><td>06 [ ] [ ]</td></tr> <tr><td>IPT PROGRAMME</td><td>07 [ ] [ ]</td></tr> <tr><td>VCT/RHT</td><td>08 [ ] [ ]</td></tr> <tr><td>HIV CLINIC SERVICES</td><td>09 [ ] [ ]</td></tr> <tr><td>OTHER (SPECIFY) _____</td><td></td></tr> </tbody> </table>	HOME BASE CARE	01 [ ] [ ]	ORPHAN CARE	02 [ ] [ ]	PLWHA SUPP	03 [ ] [ ]	DESTITUTE PROGRAMMES	04 [ ] [ ]	ARV PROGRAMME	05 [ ] [ ]	PMTCT PROGRAMME	06 [ ] [ ]	IPT PROGRAMME	07 [ ] [ ]	VCT/RHT	08 [ ] [ ]	HIV CLINIC SERVICES	09 [ ] [ ]	OTHER (SPECIFY) _____																										
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Q804	How often have you accessed these services in the last 12 months and how long does it take you to get there?  <b>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL ANSWERS GIVEN.</b>	<table> <thead> <tr> <th></th><th>NUMBER OF VISITS</th><th colspan="2">TIME (DISTANCE) TO SERVICE</th></tr> <tr> <th></th><th></th><th>HRS</th><th>KILOMETRES</th></tr> </thead> <tbody> <tr><td>HOME BASE CARE</td><td>01 [ ] [ ]</td><td>01 [ ] [ ]</td><td>01 [ ] [ ]</td></tr> <tr><td>ORPHAN CARE</td><td>02 [ ] [ ]</td><td>02 [ ] [ ]</td><td>02 [ ] [ ]</td></tr> <tr><td>PLWHA SUPP</td><td>03 [ ] [ ]</td><td>03 [ ] [ ]</td><td>03 [ ] [ ]</td></tr> <tr><td>DESTITUTE</td><td>04 [ ] [ ]</td><td>04 [ ] [ ]</td><td>04 [ ] [ ]</td></tr> <tr><td>ARV PROGRAMME</td><td>05 [ ] [ ]</td><td>05 [ ] [ ]</td><td>05 [ ] [ ]</td></tr> <tr><td>PMTCT PROGRAMME</td><td>06 [ ] [ ]</td><td>06 [ ] [ ]</td><td>06 [ ] [ ]</td></tr> <tr><td>IPT PROGRAMME</td><td>07 [ ] [ ]</td><td>07 [ ] [ ]</td><td>07 [ ] [ ]</td></tr> <tr><td>VCT/RHT</td><td>08 [ ] [ ]</td><td>08 [ ] [ ]</td><td>08 [ ] [ ]</td></tr> <tr><td>OTHER (SPECIFY) _____</td><td></td><td></td><td></td></tr> </tbody> </table>		NUMBER OF VISITS	TIME (DISTANCE) TO SERVICE				HRS	KILOMETRES	HOME BASE CARE	01 [ ] [ ]	01 [ ] [ ]	01 [ ] [ ]	ORPHAN CARE	02 [ ] [ ]	02 [ ] [ ]	02 [ ] [ ]	PLWHA SUPP	03 [ ] [ ]	03 [ ] [ ]	03 [ ] [ ]	DESTITUTE	04 [ ] [ ]	04 [ ] [ ]	04 [ ] [ ]	ARV PROGRAMME	05 [ ] [ ]	05 [ ] [ ]	05 [ ] [ ]	PMTCT PROGRAMME	06 [ ] [ ]	06 [ ] [ ]	06 [ ] [ ]	IPT PROGRAMME	07 [ ] [ ]	07 [ ] [ ]	07 [ ] [ ]	VCT/RHT	08 [ ] [ ]	08 [ ] [ ]	08 [ ] [ ]	OTHER (SPECIFY) _____				
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Q805	a) Did you receive any HIV/AIDS prevention message through the service?	<table> <tbody> <tr><td>YES.....1</td><td rowspan="3">] → <b>Q806</b></td></tr> <tr><td>NO .....2</td></tr> <tr><td>NOT SURE.....3</td></tr> </tbody> </table>	YES.....1	] → <b>Q806</b>	NO .....2	NOT SURE.....3																																									
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Q806	What is the main factor that hinders people from accessing these services in your community?	DISTANCE.....1 LACK OF TRANSPORT.....2 POOR SERVICE DELIVERY.....3 IGNORANCE.....4 OTHER (SPECIFY) _____ DON'T KNOW.....9																															

**AFTER THE INTERVIEW THANK THE RESPONDENT**



# BAIS III SPECIMEN COLLECTION FORM

National Health Laboratory, Gaborone, Botswana.

\*TEL: +267 397 4482 \* FAX: +267 397 4494

**Barcode Label**

## ADULT

### GENERAL INFORMATION

IDENTIFICATION					
STRATUM NUMBER					
DISTRICT NAME /CODE					
VILLAGE NAME/CODE					
LOCALITY NAME/CODE					
EA NUMBER					
EA SERIAL NUMBER					
DWELLING NUMBER					
HOUSEHOLD NUMBER					
INDIVIDUAL'S LINE NUMBER					
NAME OF ENUMERATOR					
NAME OF SUPERVISOR					

### INSTRUCTIONS ON SAMPLE COLLECTION.

1. Gently squeeze and release the area to be pricked.
2. Put on gloves.
3. Clean the area to be pricked with alcohol swab and then allow to dry for at least 30 seconds.
4. Prick the selected area with the lancet.
5. Wipe away first drop of blood with dry cotton wool.
6. Allow a large drop of blood to collect.
7. Touch the filter paper gently against the large drop and allow to completely fill the circle.
8. Repeat '7' until all five circles are filled with blood.
9. Apply pressure to the pricked area with clean cotton wool until bleeding stops.
10. Place the filter paper filled with blood in the drying box.

**INSTRUCTIONS: Please complete one form for each participant.**

<b>ADULT'S CONSENT FOR HIV TEST AND STORAGE OF DRIED BLOOD SPOT SAMPLE (18 years and above)</b>																																																											
<b>BLOOD SPECIMEN</b> As I said earlier, for this survey we also are asking eligible people to provide their blood specimen. All of the answers you gave, together with the blood sample will be anonymous and kept confidential.  Taking a finger stick blood sample may cause some discomfort with possible bruising and swelling in the area where the sample was drawn. A clot may form at the site of the needle prick, but this usually heals very quickly. However, extreme care will be taken to minimize your discomfort. Disposable gloves, alcohol swabs, sterile gauze, and retractable, disposable lancets will be used.  Your participation in this survey is voluntary. You can say yes or no to giving a blood specimen without fear of penalty or any adverse consequences. However, we hope you will participate in the survey since your input will assist the nation in the fight against HIV and AIDS.  At this time, do you want to ask me anything about the survey?  Do you agree to have blood specimen collected from .....? YES <input type="checkbox"/> NO <input type="checkbox"/> (If No end interview)  Signature of interviewer: _____																																																											
H800	Check Eligibility: Is (NAME) 18 years and above? YES <input type="checkbox"/> NO <input type="checkbox"/> . (If No end interview)																																																										
H801	Record age and gender of person.  AGE [    ] GENDER [ M   F ]																																																										
H802	Line Number of the individual. [            ]																																																										
H803	Ask the individual for his/her consent to have an HIV test. GRANTED.....1      REFUSED.....2 (If refused end interview)																																																										
H804	Ask the individual for his/her consent to have their blood stored for other tests. GRANTED.....1      REFUSED.....2																																																										
H805	Ask the individual if he/she is on ARV treatment? YES <input type="checkbox"/> NO <input type="checkbox"/> Decline to answer <input type="checkbox"/>																																																										
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<b>FOR LAB USE ONLY:</b>  SAMPLE CONDITION      Satisfactory/ Accepted <input type="checkbox"/> Not Satisfactory/ Discarded <input type="checkbox"/>  PRIMARY REASON FOR DISCARDING SAMPLE.  Labelled incorrectly <input type="checkbox"/> Not enough blood <input type="checkbox"/> Scratched or damaged <input type="checkbox"/>  Other: _____																																																											

# BAIS III SPECIMEN COLLECTION FORM

National Health Laboratory, Gaborone, Botswana.  
\*TEL: +267 397 4482 \* FAX: +267 397 4494

**Barcode Label**

## CHILD

### GENERAL INFORMATION

IDENTIFICATION					
STRATUM NUMBER					
DISTRICT NAME /CODE					
VILLAGE NAME/CODE					
LOCALITY NAME/CODE					
EA NUMBER					
EA SERIAL NUMBER					
DWELLING NUMBER					
HOUSEHOLD NUMBER					
INDIVIDUAL'S LINE NUMBER					
NAME OF ENUMERATOR					
NAME OF SUPERVISOR					

### INSTRUCTIONS ON SAMPLE COLLECTION.

1. Gently squeeze and release the area to be pricked.
2. Put on gloves.
3. Clean the area to be pricked with alcohol swab and then allow to dry for at least 30 seconds.
4. Prick the selected area with the lancet.
5. Wipe away first drop of blood with dry cotton wool.
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7. Touch the filter paper gently against the large drop and allow to completely fill the circle.
8. Repeat '7' until all five circles are filled with blood.
9. Apply pressure to the pricked area with clean cotton wool until bleeding stops.
10. Place the filter paper filled with blood in the drying box.

**INSTRUCTIONS: Please complete one form for each participant.**

<b>CHILD'S CONSENT FOR HIV TEST AND STORAGE OF DRIED BLOOD SPOT SAMPLE (18 months – less than 18 years)</b>																																																				
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H700	Check Eligibility: Is(NAME) 18 months and/or less than 18 years? YES [ ] NO [ ] (If NO end interview)																																																			
H701	Record age and gender of child. AGE [ ] GENDER [ M   F ]																																																			
H702	Line Number of child. Line no[ ]																																																			
H703	Ask parent/guardian's (name) for his/her child's consent for HIV test. GRANTED.....1 REFUSED.....2 (If REFUSED end interview)																																																			
H704	Ask parent/guardian's (name) for his/her child's consent to store blood for other tests. GRANTED.....1 REFUSED.....2																																																			
H705	Ask parent/guardian's (Name) if child is on ARV treatment? YES [ ] NO [ ] Decline to answer [ ]																																																			
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