

**Appendix H:
BAIS II 2004 Tools**



Republic of Botswana

**BOTSWANA MINISTRY OF FINANCE AND DEVELOPMENT PLANNING
CENTRAL STATISTICS OFFICE
BOTSWANA AIDS IMPACT SURVEY 2004**

PART A. HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION																																
Q01	DISTRICT NAME /CODE _____			<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																												
Q02	LOCALITY NAME _____																															
Q03	STRATUM NAME/CODE _____																															
Q04	EA SERIAL NUMBER _____																															
Q05	EA NUMBER _____																															
Q06	DWELLING NUMBER _____																															
Q07	HOUSEHOLD NUMBER _____																															
Q08. INTERVIEWER VISITS																																
VISIT NO.	1	2	3	FINAL VISIT																												
	DAY / MO. / YR.	DAY / MO. / YR.	DAY / MO. / YR.	DAY MONTH YEAR																												
DATE	____/____/____	____/____/____	____/____/____	____/____/____																												
INTERVIEWER NAME	_____	_____	_____	INTERV.ID.NO. TOTAL PERSONS IN HOUSEHOLD TOTAL ELIGIBLE PERSONS																												
INTERVIEWER IDENTIF. NO.	____ ____ ____	____ ____ ____	____ ____ ____	INDIVIDUAL QUESTIONNAIRES COMPLETED																												
RESULT*	____	____	____	RESULT																												
STARTING TIME: _____																																
ENDING TIME: _____																																
Next Visit:	DATE TIME	____/____/____	____/____/____	TOTAL NO. OF VISITS																												
*RESULT CODES: 1 COMPLETED 2 PRESENT BUT NOT FOUND AT HOME/NOT AVAILABLE FOR INTERVIEWS 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED OTHER _____ (SPECIFY)				<i>If lost but found please Send to: Central Statistics Office P/B 0024, Gaborone OR Nearest District Commissioner's Office</i>																												
TEAM SUPERVISOR		DISTRICT SUPERVISOR		OFFICE EDITOR																												
NAME	____ ____	NAME	____ ____	____ ____																												
DATE	____ ____	DATE	____ ____	____ ____																												
				KEYED BY																												
				____ ____																												
				VERIFIED BY																												
				____ ____																												

ALL PERSONS							
SR NO.	NAME	RELATIONSHIP TO CURRENT HEAD	SEX	AGE		CITIZENSHIP	PLACE OF USUAL LIVING NOW
	List all persons who spent last night in this household? Have you included babies? Have you included elderly persons? Have you included visitors? Also include usual members of this household who did not spend last night here because they were away on wakekeeping, night duty, travelling, or night clubs, etc.	What is ...'s relationship to head of this household? 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	Is ... male or female? 1 Male 2 Female	How old is ... in completed years? Record exact age in years and months for those less than two years in the Format: (YY MM)		What is the country of ...'s citizenship? 01 Botswana 02 Angola 03 Lesotho 04 Malawi 05 Mozambique 06 Namibia 07 South Africa 08 Swaziland 09 Zambia 10 Zimbabwe 11 Tanzania 39 India 57 Mauritius 85 UK 86 USA Other (Specify)	Does ... usually live in this household? 1 Yes, usual member 2 No, visitor
P00	P01	P02	P03	P04		P05	P06
				(YY)	(MM)		
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
12							
13							
14							
15							

SR NO.	ALL PERSONS AGED 2 YEARS & OVER (Use P04 to check age)						ALL PERSONS AGED < 18 YEARS (Use P04 to check age)				
	SCHOOL ATTENDANCE & HIGHEST GRADE COMPLETED						PARENTAL SURVIVAL & FOSTERING				
	What level or grade is ... currently studying?			What is the highest level that ... has completed?			MOTHER :	Does ...'s biological mother usually live in this household?	FATHER :	Does ...'s biological father usually live in this household?	
	Has ... ever attended school?	Primary	Secondary	Tertiary	Primary	Secondary	Tertiary	Is ...'s biological mother alive?		Is ...'s biological father alive?	
	1 Yes, attending 2 Yes, left (GO TO P09) 3 No (GO TO P10)	11 Standard 1 12 Standard 2 13 Standard 3 14 Standard 4 15 Standard 5 16 Standard 6 17 Standard 7 19 Don't know	21 Form 1 22 Form 2 23 Form 3 24 Form 4 25 Form 5 26 Form 6 29 Don't know	31 Apprentice Certificate 32 Brigade Certificate 33 Vocational Certificate 34 Education College Cert. 35 University Certificate 36 Other Certificate 41 Vocational Diploma 42 Education College Diploma 43 IHS Diploma 44 University Diploma 45 Other Diploma 51 University Degree 59 Don't know <i>(ALL GO TO P10)</i>	11 Standard 1 12 Standard 2 13 Standard 3 14 Standard 4 15 Standard 5 16 Standard 6 17 Standard 7 19 Don't know	21 Form 1 22 Form 2 23 Form 3 24 Form 4 25 Form 5 26 Form 6 29 Don't know	31 Apprentice Certificate 32 Brigade Certificate 33 Vocational Certificate 34 Education College Cert. 35 University Certificate 36 Other Certificate 41 Vocational Diploma 42 Education College Diploma 43 IHS Diploma 44 University Diploma 45 Other Diploma 51 University Degree 59 Don't know	1 Yes 2 No 9 Don't know <i>(If No or Don't Know Go to P12)</i>	1 Yes 2 No 9 Don't know <i>(If No or Don't Know Go to P14)</i>	1 Yes 2 No 9 Don't know <i>(If No or Don't Know Go to P14)</i>	
P00	P07	P08			P09			P10	P11	P12	P13
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											

ALL PERSONS AGED 12 YEARS & OVER (use P04 to check age)						AGE 10 - 64 yrs	AGE 18 mths and above	
SR NO.	MARITAL STATUS	TYPE OF ECONOMIC ACTIVITY IN THE PAST 7 DAYS			OCCUPATION	INDUSTRY	ELIGIBILITY	
						Individual	Biomarker	
	What is ... marital status? 1 Married 2 Living together 3 Separated 4 Divorced 5 Widowed 6 Never married	In the past 7 days did ... work for payment, profit or home use for at least 1 hour? IF NO, PROBE AS FOLLOWS: Has ... worked unpaid at own lands/cattlepost, or unpaid in family business? 1 Yes (GO TO P17) 2 No (GO TO P16)	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 P20)	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? Probe as necessary and write occupation in full. Also reconcile with level of education.	What was the main product, service or activity at ... place of work? Probe as necessary. Use two or more words to describe the Industry.	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 & P06 = 1	Circle line numbers of all persons aged 18 mths and above and are usual members who spent last night in this household P04 = 18 mths and over P06 = 1
P00	P14	P15	P16	P17	P18	P19	P20	P21
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

<p>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?</p> <p>Yes 1 No 2 (Go to H11)</p>	<p>How old is this person in completed years? Any others? How old is person B? How old is person C?</p> <p>Person A: Age <input type="text"/> Person B: Age <input type="text"/> Person C: Age <input type="text"/></p>	<p>Has your household received any care or assistance from outside in relation to reported illness?</p> <p>Yes 1 No 2 (Go to H11) Don't know 9 (Go to H11)</p>	<p>What kind of help did you receive?</p> <p>READ OUT: MULTIPLE RESPONSES.</p> <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1 Counselling</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 wheel chairs, disposable diapers, gloves</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other (Specify).....</td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	1 Counselling	1	2	2 Free medicines	1	2	3 Extra food	1	2	4 Money	1	2	5 Help with toiletry wheel chairs, disposable diapers, gloves	1	2	Other (Specify).....		
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Other (Specify).....																								
H01	H02	H03	H04																					

<p>Who provided the care or assistance?</p> <p>CIRCLE ALL MENTIONED: Any one else?</p> <p>Relatives <input type="text"/> 1 Friends <input type="text"/> 2 Hospital/Clinic <input type="text"/> 3 FBO <input type="text"/> 4 Community Organisations <input type="text"/> 5 NGOs <input type="text"/> 6 Spiritual Healer <input type="text"/> 7 Women's Group <input type="text"/> 8 Social Worker <input type="text"/> 9 Traditional Healer <input type="text"/> 10</p> <p>Other (Specify) _____</p>	<p>In the past 12 months have any children in this household lived with parents/guardians who were continuously ill for at least three months</p> <p>Yes 1 No 2 (Go to H11)</p>	<p>In the past 12 months has your household received any help or support specifically for children living with sick parents/guardian?</p> <p>Yes 1 No 2 (Go to H11) Don't know 9 (Go to H11)</p>	<p>What kind of help or support did you receive?</p> <p>CIRCLE ALL MENTIONED MULTIPLE RESPONSE</p> <p>Counselling <input type="text"/> 1 Money <input type="text"/> 2 Extra Food <input type="text"/> 3 Free Medicine / Nursing care <input type="text"/> 4 Help with child care <input type="text"/> 5 Help with school expenses <input type="text"/> 6 Income-generating projects <input type="text"/> 7 Help with housework <input type="text"/> 8 Help with food preparation <input type="text"/> 9 Spiritual / Religious support <input type="text"/> 10 Support group <input type="text"/> 11 Hospice (Day care) <input type="text"/> 12 Don't know <input type="text"/> 99</p> <p>Other (Specify)_____</p>
H05	H06	H07	H08

<p>Who provided the help or support?</p> <p>CIRCLE ALL MENTIONED: Any one else?</p> <p>Relatives <input type="text"/> 1 Friends <input type="text"/> 2 Hospital/Clinic <input type="text"/> 3 Community Organisations <input type="text"/> 4 NGOs <input type="text"/> 5 Traditional Healer <input type="text"/> 6 Spiritual Healer <input type="text"/> 7 Women's Group <input type="text"/> 8 Social Worker <input type="text"/> 9</p> <p>Other (Specify) _____</p>	<p>How satisfied is the household with the care or assistance given to ill persons?</p> <p>Very satisfied <input type="text"/> 1 Satisfied <input type="text"/> 2 Not satisfied <input type="text"/> 3</p>	<p>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?</p> <p>Yes 1 No 2 (Go to H14) Don't know 9 (Go to H14)</p>	<p>How many household members died in the past 12 months?</p> <p>Number of persons <input type="text"/></p>
H09	H10	H11	H12

	Most recent death	Next-to-last death	Second-to-last death
a) What was the name(s) of the person(s) who died?	_____	_____	_____
b) How old was ... when he/she died? (Record 00 if age was less than one year)	Age Don't know <input type="text" value="99"/>	Age Don't know <input type="text" value="99"/>	Age Don't know <input type="text" value="99"/>
c) From what cause did ... die?	A I D S <input type="text" value="01"/> T B <input type="text" value="02"/> Malaria <input type="text" value="03"/> Heart disease <input type="text" value="04"/> Stroke <input type="text" value="05"/> Violence/injuries <input type="text" value="06"/> Car/Road accident <input type="text" value="07"/> Other (Specify) _____	A I D S <input type="text" value="01"/> T B <input type="text" value="02"/> Malaria <input type="text" value="03"/> Heart disease <input type="text" value="04"/> Stroke <input type="text" value="05"/> Violence/injuries <input type="text" value="06"/> Car/Road accident <input type="text" value="07"/> Other (Specify) _____	A I D S <input type="text" value="01"/> T B <input type="text" value="02"/> Malaria <input type="text" value="03"/> Heart disease <input type="text" value="04"/> Stroke <input type="text" value="05"/> Violence/injuries <input type="text" value="06"/> Car/Road accident <input type="text" value="07"/> Other (Specify) _____
d) For how many months had ... been sick before he/she died? (Record 00 if less than one month)	Months Don't know <input type="text" value="99"/>	Months Don't know <input type="text" value="99"/>	Months Don't know <input type="text" value="99"/>

H 13

<p>CHECK IN THE HOUSEHOLD SCHEDULE P10 & P12:</p> <p>If both parents are alive, for all under 19s, goto H18:</p> <p>If one or both parent(s) dead: Ask the question below</p> <p>In the last 12 months did you get any outside help for ... (Read names of orphans) Line No. and Name of child</p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr><td>_____</td><td><input type="text" value="1"/></td><td><input type="text" value="2"/></td><td><input type="text" value="3"/></td></tr> </tbody> </table> <p>If No / Don't know go to H18</p>		Yes	No	DK	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	_____	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<p>What kind of help did you receive?</p> <p>READ OUT: MULTIPLE RESPONSES.</p> <table border="1"> <tbody> <tr><td>Counselling</td><td><input type="text" value="1"/></td></tr> <tr><td>Money</td><td><input type="text" value="2"/></td></tr> <tr><td>Extra Food</td><td><input type="text" value="3"/></td></tr> <tr><td>Free Medicine</td><td><input type="text" value="4"/></td></tr> <tr><td>Help with child care</td><td><input type="text" value="5"/></td></tr> <tr><td>Help with school expenses</td><td><input type="text" value="6"/></td></tr> <tr><td>Income-generating projects</td><td><input type="text" value="7"/></td></tr> <tr><td>Help with housework</td><td><input type="text" value="8"/></td></tr> <tr><td>Help with food preparation</td><td><input type="text" value="9"/></td></tr> <tr><td>Spiritual / Religious support</td><td><input type="text" value="10"/></td></tr> <tr><td>Support group</td><td><input type="text" value="11"/></td></tr> <tr><td>Hospice</td><td><input type="text" value="12"/></td></tr> <tr><td>Don't know</td><td><input type="text" value="99"/></td></tr> </tbody> </table> <p>Other (Specify) _____</p>	Counselling	<input type="text" value="1"/>	Money	<input type="text" value="2"/>	Extra Food	<input type="text" value="3"/>	Free Medicine	<input type="text" value="4"/>	Help with child care	<input type="text" value="5"/>	Help with school expenses	<input type="text" value="6"/>	Income-generating projects	<input type="text" value="7"/>	Help with housework	<input type="text" value="8"/>	Help with food preparation	<input type="text" value="9"/>	Spiritual / Religious support	<input type="text" value="10"/>	Support group	<input type="text" value="11"/>	Hospice	<input type="text" value="12"/>	Don't know	<input type="text" value="99"/>	<p>Who provided the care or assistance?</p> <p>CIRCLE ALL MENTIONED: Any one else?</p> <table border="1"> <tbody> <tr><td>Relatives</td><td><input type="text" value="1"/></td></tr> <tr><td>Friends</td><td><input type="text" value="2"/></td></tr> <tr><td>Hospital/Clinic</td><td><input type="text" value="3"/></td></tr> <tr><td>Community Organisations</td><td><input type="text" value="4"/></td></tr> <tr><td>NGOs</td><td><input type="text" value="5"/></td></tr> <tr><td>Traditional Healer</td><td><input type="text" value="6"/></td></tr> <tr><td>Spiritual Healer</td><td><input type="text" value="7"/></td></tr> <tr><td>Women's Group</td><td><input type="text" value="8"/></td></tr> <tr><td>Social Worker</td><td><input type="text" value="9"/></td></tr> </tbody> </table> <p>Other (Specify) _____</p>	Relatives	<input type="text" value="1"/>	Friends	<input type="text" value="2"/>	Hospital/Clinic	<input type="text" value="3"/>	Community Organisations	<input type="text" value="4"/>	NGOs	<input type="text" value="5"/>	Traditional Healer	<input type="text" value="6"/>	Spiritual Healer	<input type="text" value="7"/>	Women's Group	<input type="text" value="8"/>	Social Worker	<input type="text" value="9"/>	<p>How often was the care or assistance provided?</p> <table border="1"> <tbody> <tr><td>Daily</td><td><input type="text" value="1"/></td></tr> <tr><td>Weekly</td><td><input type="text" value="2"/></td></tr> <tr><td>Monthly</td><td><input type="text" value="3"/></td></tr> </tbody> </table> <p>Other (Specify) _____</p>	Daily	<input type="text" value="1"/>	Weekly	<input type="text" value="2"/>	Monthly	<input type="text" value="3"/>
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H 14	H 15	H 16	H 17																																																																																		

CIRCLE THE APPROPRIATE RESPONSES EXCEPT IN H19 WHERE YOU SHOULD WRITE THE NUMBER OF ROOMS.

TYPE OF HOUSING UNIT	NUMBER OF ROOMS	MATERIAL OF CONSTRUCTION OF THE HOUSING UNIT			WATER SUPPLY
		WALL	FLOOR	ROOF	
01 Lolwapa	How many 'living rooms' are there in this housing unit? Exclude kitchen, toilet, garage, store, etc if not used as 'living rooms'. <input type="text" value=""/> <input type="text" value=""/>	What is the main material of construction of:			What is the principal source of water supply for this household? 1 Piped indoors 2 Stand pipe within plot 3 Stand pipe outside plot 4 Borehole 5 Well 6 Flowing river 7 Sand river (riverbed) 8 Dam/Lake/Pan Other.....
02 Detached houses		1 Stones/Blocks/ Cement bricks	1 Concrete	1 Iron/Zinc?tin	
03 Semi-detached		2 Asbestos	2 Cement	2 Tiles	
04 Town house		3 Iron/Zinc/Tin	3 Stones	3 Asbestos	
05 Flat		4 Mud/Mud bricks	4 Wood	4 Concrete	
06 Rooms		5 Mud & Poles	5 Mud	5 Thatch	
07 Servant's quarter		6 Mud & reeds	6 None	6 Slate	
08 Part of commercial building		7 Poles & reeds	Other	Other	
09 Shack		8 Mud Poles & reeds	Other	Other	
10 Movable/Caravan/Tent		Other	Other	Other	
H18	H19	H20			H21

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? READ OUT RESPONSES:	Does any member of this household (excluding visitors) own any of the following forms of transport in working condition?
COOKING	LIGHTING		YES NO	YES NO
1 Electricity (Mains)	1 Electricity (Mains)	1 Own flush toilet	1 Working Radio 1 2	1 Motor Vehicle 1 2
2 Electricity (Solar)	2 Electricity (Solar)	2 Own pit latrine	2 Working Television 1 2	2 Tractor 1 2
3 Gas	3 Gas	3 Neighbour's flush toilet	3 Telephone 1 2	3 Motor Cycle 1 2
4 Paraffin	4 Paraffin/Candle	4 Neighbours pit latrine	4 Cell Phone 1 2	4 Bicycle 1 2
5 Wood/Charcoal	5 Diesel	5 Communal flush toilet	5 Printed Media 1 2	5 Donkey Cart 1 2
6 Coal	6 Wood	6 Communal pit latrine	6 Electronic Media 1 2	6 Donkeys/Horses 1 2
Other.....	Other.....	7 Pail/Bucket latrine	7 Performing Arts 1 2	7 Camels 1 2
		8 Bush		
H22		H23	H24	H25

TICK IN THE BOX IF
CONTINUATION IS USED

«SERNUMBER»



Republic of Botswana

BOTSWANA MINISTRY OF FINANCE AND DEVELOPMENT PLANNING
 CENTRAL STATISTICS OFFICE
 BOTSWANA AIDS IMPACT SURVEY 2004
 ADULT GENERAL POPULATION AGED 10 –
 PART B. INDIVIDUAL QUESTIONNAIRE

IDENTIFICATION																																																	
Q01	DISTRICT NAME / CODE _____			<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>																																													
Q02	VILLAGE NAME / CODE _____																																																
Q03	LOCALITY NAME/CODE _____																																																
Q04	STRATUM NAME/CODE _____																																																
Q05	EA SERIAL NUMBER _____																																																
Q06	EA NUMBER _____																																																
Q07	DWELLING NUMBER _____																																																
Q08	HOUSEHOLD NUMBER _____																																																
Q09	PERSON SERIAL NUMBER _____																																																
Q010. INTERVIEWER VISITS																																																	
VISIT NO.	1	2	3	FINAL VISIT																																													
DATE	DAY / MO. / YR. ____/____/____	DAY / MO. / YR. ____/____/____	DAY / MO. / YR. ____/____/____	DAY ____																																													
INTERVIEWER NAME	_____ _____ _____	_____ _____ _____	_____ _____ _____	MONTH ____																																													
INTERVIEWER CODE.	____ ____ ____ ____	____ ____ ____ ____	____ ____ ____ ____	YEAR ____																																													
RESULT*	____ ____ ____ ____	____ ____ ____ ____	____ ____ ____ ____	INTERV.ID. ____ ____ ____ ____																																													
	____ ____ ____ ____	____ ____ ____ ____	____ ____ ____ ____	RESULT ____																																													
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Next Visit:	DATE	____/____/____	____/____/____	TOTAL NO. OF VISITS ____																																													
	TIME	____:____	____:____																																														
*RESULT CODES:				<i>If lost but found please Send to: Central Statistics Office P/B 0024, Gaborone OR Nearest District Commissioner's Office</i>																																													
1	COMPLETED																																																
2	PRESENT BUT NOT FOUND AT HOME/NOT AVAILABLE FOR INTERVIEWS																																																
3	POSTPONED																																																
4	REFUSED																																																
5	PARTLY COMPLETED																																																
	OTHER _____ (SPECIFY)																																																
TEAM SUPERVISOR NAME _____ DATE _____	DISTRICT SUPERVISOR NAME _____ DATE _____	OFFICE EDITOR ____ ____	KEYED BY ____ ____	VERIFIED BY ____ ____																																													

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Section 1: Background characteristics

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

Hello, my name is _____. I am working with the Central Statistics Office collecting information about your health. Please be assured that this discussion is strictly confidential. No information will be shared or leaked to anyone.

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

No.	Questions and filters	Coding categories	Skip to
Q101	CIRCLE SEX OF THE RESPONDENT	MALE..... 1 FEMALE 2	
Q102	a) How old are you in completed years? b) What is your date of birth? [DD/MM/YY] IF AGE IS <10 OR >64 END INTERVIEW	AGE IN COMPLETED YEARS.....[][]	
Q103	Are you a usual member of this household?	YES 1 NO 2	END INTERVIEW
Q104	a) Can you read and understand a letter / newspaper / bible or anything (written in English or Setswana) easily, with difficulty or not at all? b) What language do you understand best?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3[][]	
Q105	Have you ever attended school, formal or non-formal?	YES 1 NO 2	Q108
Q106	What is the highest level of school you 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?	YEARS COMPLETED..... [][]	
Q108	How long have you been living in this locality? RECORD 00 IF LESS THAN A YEAR.	YEARS[][]	
Q109	In the last 4 weeks, how many nights in total have you slept in another dwelling unit other than your dwelling unit? IF NO PUT 00	NUMBER OF NIGHTS SLEPT ELSEWHERE [][]	
Q110	In the last 12 months, have you been away from your usual place of residence for more than 1 month at one time (30 consecutive days)?	YES 1 NO 2	
Q111	Have you ever consciously taken an alcoholic drink??	YES 1 NO 2	Q114
Q112	When did you last take a drink containing alcohol?	LESS THAN A WEEK 1 A WEEK AGO 2 LESS THAN 2 WEEKS AGO..... 3 LESS THAN 4 WEEKS AGO..... 4 MORE THAN 4 WEEKS AGO.....5	

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Q113	<p>a) Normally how many days in a week do you take an alcohol-containing drink?</p> <p>b) Do you consider yourself a light, moderate or heavy drinker?</p>	<p>NUMBER OF DAYS..... [][]</p> <p>LIGHT[][]</p> <p>MODERATE[][]</p> <p>HEAVY[][]</p>	
Q114	<p>a) Have you ever taken drugs for recreation other than alcohol? e.g mandrax, motokwane or glue</p> <p>b) Name of drug</p> <p>c) How often do you take drugs?</p>	<p>YES 1</p> <p>NO 2</p> <p>NAME OF DRUG[][]</p> <p>(SPECIFY)</p> <p>DAILY 1</p> <p>WEEKLY 2</p> <p>MONTHLY 3</p> <p>OCCASSIONALLY (SPECIFY)..... 4</p>	Q 115
Q115	<p>What is your current occupation?</p> <p>RECORD CURRENT EMPLOYMENT IN SPACE PROVIDED, INCLUDING IF UNEMPLOYED OR HOUSEWORK. NUMERICAL CODES WILL BE ASSIGNED.</p>	<p>SPECIFY _____</p> <p>CODE[][][]</p>	
Q116	<p>What is your religious affiliation?</p>	<p>_____ [][]</p>	

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Section 2: Marriage and Cohabiting Partnerships

Now I would like to ask you some general questions about marriage and live-in partnerships.

No.	Questions and filters	Coding categories	Skip to
Q201	What is your current marital status? (read out options)	MARRIED..... 1 LIVING TOGETHER 2 DIVORCED..... 3 WIDOWED 4 SEPARATED..... 5 NEVER MARRIED..... 6	SECTION 3
Q202	How old were you when you <i>first</i> married/started living together?	AGE IN YEARS [][]	
<p>LOOK AT Q201 IF ANSWER IS CODE 1 IF ANSWER IS CODE 2 IF ANSWERS ARE CODES 3,4,5 OR 6</p> <p>GO TO Q203, GO TO Q204, SKIP TO SECTION 3.</p>			
Q203	Does your husband/wife live with you or does he/she live somewhere else?	WITH RESPONDENT 1 SOMEWHERE ELSE..... 2	
Q204	For how many years have you been married or living together? RECORD 00 IF LESS THAN ONE YEAR.	YEARS [][]	

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3. Sexual History and Behaviour

READ OUT:

I am going to ask some specific questions about sex and your sexual partners in the last 12 months. 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.

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.

No.	Questions and filters	Coding categories	Skip to
Q301	Have you <i>ever</i> had sexual intercourse?	YES 1 NO 2	SECTION 4
Q302	a) At what age did you <i>first</i> have sexual intercourse? b) Did you use anything to protect yourself?	AGE IN YEARS [][] DON'T KNOW 9 YES 1 NO 2 DON'T KNOW 9	
Q303	a) When was the <i>last time</i> you had sexual intercourse? ENTER 00 IF LESS THAN A DAY AGO. MORE THAN 12 MONTHS, ENTER "01" AND SKIP TO Q401. b) Currently how many sexual partners do you have? c) Have you ever had a sexual partner who was ten years older or younger than you? d) Would you consider your partner economically worse off or better off than yourself? e) Have you ever been raped or sexually abused?	DAYS AGO 1 [][] WEEKS AGO 2 [][] MONTHS AGO 3 [][] YEARS AGO 4 [][] <input type="text"/> <input type="text"/> YES 1 NO 2 BETTER OFF 1 WORSE OFF 2 EQUAL 3 YES 1 NO 2	SECTION 4 Q303 (e)

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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.

ASK Q304-Q320, BEGINNING WITH MOST RECENT PARTNER.

		Partner 1 Most Recent Partner	Partner 2 Next Most Recent Partner	Partner 3 Second Most Recent Partner
Q304	What is your relationship to [NAME OF MOST RECENT / NEXT MOST RECENT PARTNER]. READ OUT. IF ANSWER IS 1 OR 2, CHECK Q. 203	HUSBAND / WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND / BOYFRIEND NOT LIVING WITH YOU 3 SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX 4 CASUAL ACQUAINTANCE 5 OTHER _____ (SPECIFY)	HUSBAND / WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND / BOYFRIEND NOT LIVING WITH YOU 3 SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX 4 CASUAL ACQUAINTANCE 5 OTHER _____ (SPECIFY)	HUSBAND / WIFE 1 LIVE-IN PARTNER 2 GIRLFRIEND / BOYFRIEND NOT LIVING WITH YOU 3 SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX 4 CASUAL ACQUAINTANCE 5 OTHER _____ (SPECIFY)
Q305	a) How old is this partner? IF DON'T KNOW EXACT AGE, PROBE FOR APPROXIMATE AGE. b) What is the sex of this partner?	AGE [][] Male 1 Female 2	AGE [][] Male 1 Female 2	AGE [][] Male 1 Female 2
Q306	Where did you first meet this partner?	OWN HOUSE 1 FRIEND'S HOUSE 2 CHURCH 3 SCHOOL 4 WORK 5 WEDDING, FUNERAL / OTHER FAMILY EVENT 6 SPORTING EVENT 7 BAR/NIGHTCLUB 8 BY ROADSIDE 9 OTHER _____ (SPECIFY)	OWN HOUSE 1 FRIEND'S HOUSE 2 CHURCH 3 SCHOOL 4 WORK 5 WEDDING, FUNERAL / OTHER FAMILY EVENT 6 SPORTING EVENT 7 BAR/NIGHTCLUB 8 BY ROADSIDE 9 OTHER _____ (SPECIFY)	OWN HOUSE 1 FRIEND'S HOUSE 2 CHURCH 3 SCHOOL 4 WORK 5 WEDDING, FUNERAL / OTHER FAMILY EVENT 6 SPORTING EVENT 7 BAR/NIGHTCLUB 8 BY ROADSIDE 9 OTHER _____ (SPECIFY)

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		Partner 1 Most Recent Partner	Partner 2 Next Most Recent Partner	Partner 3 Second Most Recent Partner
Q307	Where does this partner live? READ OUT OPTIONS.	SAME LOCALITY 1 OTHER URBAN AREA..... 2 OTHER RURAL AREA 3 OTHER _____ (SPECIFY) DON'T KNOW 9	SAME LOCALITY 1 OTHER URBAN AREA..... 2 OTHER RURAL AREA..... 3 OTHER _____ (SPECIFY) DON'T KNOW 9	SAME LOCALITY 1 OTHER URBAN AREA 2 OTHER RURAL AREA..... 3 OTHER _____ (SPECIFY) DON'T KNOW 9
Q308	How long ago did you first have sex with this partner? IF LESS THAN ONE DAY ENTER 00 COMPLETE ONLY ONE OPTION.	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
Q309	Did you use a condom the first time you had sexual intercourse with this partner?	Yes..... 1 No 2 DON'T REMEMBER..... 9	Yes..... 1 No 2 DON'T REMEMBER..... 9	Yes 1 No 2 DON'T REMEMBER 9
Q310	How long ago did you last have sex with this partner? COMPLETE ONLY ONE OPTION.	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
Q311	a) The last time you had sexual intercourse with this partner, did you or this partner use a condom? b) Do you always use a condom with this partner?	YES..... 1 NO..... 2 IF NO, SKIP TO Q313 YES..... 1 NO..... 2	YES..... 1 NO 2 IF NO, SKIP TO Q313 YES..... 1 NO 2	YES 1 NO 2 IF NO, SKIP TO Q313 YES 1 NO 2
Q312	From what place or person did you or this partner get that condom?	SHOP..... 1 PHARMACY 2 HOSPITAL/CLINIC..... 3 FAMILY PLANNING CENTRE 4 BAR/HOTEL 5 OFFICE/PLACE OF WORK... 6 DON'T KNOW 9 OTHER _____ (SPECIFY)	SHOP..... 1 PHARMACY 2 HOSPITAL/CLINIC..... 3 FAMILY PLANNING CENTRE 4 BAR/HOTEL 5 OFFICE/PLACE OF WORK... 6 DON'T KNOW 9 OTHER _____ (SPECIFY)	SHOP 1 PHARMACY 2 HOSPITAL/CLINIC 3 FAMILY PLANNING CENTRE 4 BAR/HOTEL 5 OFFICE/PLACE OF WORK 6 DON'T KNOW 9 OTHER _____ (SPECIFY)

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		Partner 1 Most Recent Partner	Partner 2 Next Most Recent Partner	Partner 3 Second Most Recent Partner
Q313	<p>a) The last time you had sexual intercourse, had you taken an alcoholic drink?</p> <p>b) Did you consider yourself intoxicated?</p> <p>c) Last time you had sexual intercourse, had your partner taken an alcoholic drink?</p> <p>d) Did you consider your partner intoxicated?</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW 9</p> <p>IF NO OR DON'T KNOW SKIP TO Q313C</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW 9</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW 9</p> <p>IF NO OR DON'T KNOW SKIP TO Q314</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW 9</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW 9</p> <p>IF NO OR DON'T KNOW SKIP TO Q313C</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW 9</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW 9</p> <p>IF NO OR DON'T KNOW SKIP TO Q314</p> <p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW 9</p>	<p>YES 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 9</p> <p>IF NO OR DON'T KNOW SKIP TO Q313C</p> <p>YES 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 9</p> <p>YES 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 9</p> <p>IF NO OR DON'T KNOW SKIP TO Q314</p> <p>YES 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 9</p>
IF SEX IN Q AND Q305 ARE THE SAME SKIP TO Q316				
Q314	The last time you had sexual intercourse, did you or this partner do anything to delay or avoid pregnancy?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW 9</p> <p>IF NO OR DON'T KNOW, SKIP TO Q316</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW 9</p> <p>IF NO OR DON'T KNOW, SKIP TO Q316</p>	<p>YES 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 9</p> <p>IF NO OR DON'T KNOW, SKIP TO Q316</p>
Q315	What did you do to avoid pregnancy?	<p>USED CONDOMS..... 1</p> <p>PILL..... 2</p> <p>IUD..... 3</p> <p>INJECTION 4</p> <p>WITHDRAWAL..... 5</p> <p>SELF OR PARTNER IS STERILE 6</p> <p>OTHER (SPECIFY) _____</p>	<p>USED CONDOMS..... 1</p> <p>PILL 2</p> <p>IUD..... 3</p> <p>INJECTION 4</p> <p>WITHDRAWAL..... 5</p> <p>SELF OR PARTNER IS STERILE 6</p> <p>OTHER (SPECIFY) _____</p>	<p>USED CONDOMS 1</p> <p>PILL 2</p> <p>IUD 3</p> <p>INJECTION 4</p> <p>WITHDRAWAL 5</p> <p>SELF OR PARTNER IS STERILE 6</p> <p>OTHER (SPECIFY) _____</p>
Q316	Do you think this partner has other partners?	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW 9</p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW 9</p>	<p>YES 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 9</p>

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		Partner 1 Most Recent Partner	Partner 2 Next Most Recent Partner	Partner 3 Second Most Recent Partner
Q317	<p>Now think about the partner you had sexual intercourse with before the partner we just talked about.</p> <p>Was this sexual contact within the past 12 months?</p>	<p>YES..... 1 IF YES, GO BACK TO 304 AND ASK ABOUT NEXT PARTNER.</p> <p>NO..... 2 IF NO, GO TO Q318.</p>	<p>YES..... 1 IF YES, GO BACK TO 304 AND ASK ABOUT NEXT PARTNER.</p> <p>NO 2 IF NO, GO TO Q318.</p>	<p>GO TO Q318</p>

STOP! GO ON TO Q318 ONLY AFTER ASKING ABOUT ALL THREE OF THE PARTNERS IN THE LAST 12 MONTHS.

No.	Questions and Filters	Coding Categories	Skip to
Q318	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..... [][]	
Q319	In the last 12 months have you exchanged or received gifts or money for sex?	<p>YES..... 1</p> <p>NO 2</p>	Q321
Q320	The last time you had sex with someone and exchanged gifts or money, did you or this partner use a condom?	<p>YES..... 1</p> <p>NO..... 2</p>	
Q321	Have you ever used a female condom?	<p>YES..... 1</p> <p>NO 2</p>	

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Section 4: 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																								
Q401	Have you been circumcised?	YES..... 1 NO..... 2 DON'T KNOW 9																									
Q402	Have you ever heard of diseases or infections that can be transmitted through sexual intercourse (STIs)?	YES..... 1 NO..... 2	Q407																								
Q403	Are people at risk of becoming infected with an STI if they: READ OUT: A Do not have sex? B Are bewitched? C Are married? D Have many sexual partners? E Have unprotected sex (without a condom)?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>B</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>C</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>D</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>E</td> <td>1</td> <td>2</td> <td>9</td> </tr> </tbody> </table>		YES	NO	DK	A	1	2	9	B	1	2	9	C	1	2	9	D	1	2	9	E	1	2	9	
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E	1	2	9																								
Q404	In a woman , what signs and symptoms would lead you to think that she has an STI? <i>Any other symptoms?</i> CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE. DO NOT READ OUT THE SYMPTOMS.	LOWER ABDOMINAL PAIN01 OFFENSIVE DISCHARGE FROM VAGINA.....02 ITCHING IN GENITAL AREA.....03 BURNING PAIN ON URINATION04 PAIN DURING INTERCOURSE.....05 GENITAL ULCERS/OPEN SORES.....06 SWELLINGS IN GENITAL AREA.....07 BLOOD IN URINE08 FAILURE TO PASS URINE09 LOSS OF WEIGHT10 INABILITY TO CONCEIVE11 NO SYMPTOMS.....12 OTHER _____ (SPECIFY)																									
Q405	In a man , what signs and symptoms would lead you to think that he has an STI? <i>Any other symptoms?</i> CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE. DO NOT READ OUT THE SYMPTOMS.	ABDOMINAL PAIN01 DISCHARGE FROM PENIS02 ITCHING IN GENITAL AREA.....03 BURNING PAIN ON URINATION04 PAIN DURING INTERCOURSE.....05 GENITAL ULCERS/OPEN SORES.....06 SWELLINGS IN GENITAL AREA.....07 BLOOD IN URINE08 FAILURE TO PASS URINE09 LOSS OF WEIGHT10 IMPOTENCE11 NO SYMPTOMS.....12 OTHER _____ (SPECIFY)																									

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Q406	<p>Where can someone go to get treatment, medicine or advice about a genital condition?</p> <p>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.</p>	<p>TRADIT'L/SPIRITUAL HEALER 1 CHURCH 2 CLINIC/HOSPITAL 3 PHARMACY/CHEMIST 4 PRIVATE DOCTOR 5 FRIENDS 6 RELATIVES 7</p> <p>OTHER _____ (SPECIFY)</p>																																																	
MARK WITH AN "X" IN THE APPROPRIATE BOX																																																			
FILTER	<p>CHECK Q301 HAS HAD SEXUAL INTERCOURSE</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> ↓ </div> <div style="text-align: center;"> HAS NOT HAD SEXUAL INTERCOURSE </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="checkbox"/> → </div> </div>	SECTION 5																																																
Q407	<p>During the last 12 months, have you had any of the following symptoms?</p> <p>READ OUT SYMPTOMS</p> <p>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 85%;"></th> <th style="width: 5%; text-align: center;">Yes</th> <th style="width: 5%; text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>1</td><td>ABDOMINAL PAIN</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>2</td><td>GENITAL DISCHARGE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>3</td><td>ITCHING IN GENITAL AREA.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>4</td><td>BURNING PAIN ON URINATION</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>5</td><td>PAIN DURING INTERCOURSE.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>6</td><td>GENITAL ULCERS/OPEN SORES.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>7</td><td>SWELLINGS IN GENITAL AREA.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>8</td><td>BLOOD IN URINE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>9</td><td>FAILURE TO PASS URINE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>10</td><td>LOSS OF WEIGHT</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>11</td><td>IMPOTENCE</td><td style="text-align: center;">1</td><td style="text-align: center;">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	8	BLOOD IN URINE	1	2	9	FAILURE TO PASS URINE	1	2	10	LOSS OF WEIGHT	1	2	11	IMPOTENCE	1	2	
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IF NO FOR ALL GO TO SECTION 5																																																			
Q408	<p>When you had these symptoms in the last 12 months, where did you seek advice/treatment?</p> <p>READ OUT</p> <p>A Seek advice or treatment from a health worker in a clinic or hospital? B Seek advice or treatment from a traditional healer? C Seek advice / treatment or buy medicines in a shop or pharmacy? D Ask for advice / treatment from friends or relatives E Seek advice or treatment from a private doctor?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 45%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td></td><td></td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>			YES	NO			1	2			1	2			1	2			1	2			1	2																									
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		1	2																																																

IF NO FOR ALL GO TO SECTION 5

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Q409	<p>When you had these symptoms in the past 12 months, what was the <u>first thing you did</u> for either advice or treatment?</p> <p>CHOOSE ONLY ONE ANSWER.</p>	<p>SOUGHT ADVICE OR TREATMENT FROM A HEALTH WORKER IN A CLINIC OR HOSPITAL 1</p> <p>SOUGHT ADVICE OR TREATMENT FROM A TRADIT'L/SPIRITUAL HEALER 2</p> <p>SOUGHT ADVICE/TREATMENT OR BOUGHT MEDICINES IN A SHOP OR PHARMACY 3</p> <p>ASKED FRIENDS OR RELATIVES FOR ADVICE..... 4</p> <p>PRIVATE DOCTOR..... 5</p> <p>NOTHING..... 6</p> <p>DON'T KNOW 9</p> <p>OTHER _____ (SPECIFY)</p>	Q413																					
Q410	<p>Why did you first seek help from this source?</p> <p>DO NOT READ OUT CHOICES.</p> <p>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.</p>	<p>PRIVACY / CONFIDENTIALITY 1</p> <p>HIGH QUALITY SERVICE..... 2</p> <p>LOW COST 3</p> <p>SHORT WAITING TIME 4</p> <p>BETTER / MORE EFFECTIVE TREATMENT 5</p> <p>FRIENDLY ENVIRONMENT 6</p> <p>CLOSE / CONVENIENT 7</p> <p>OTHER _____ (SPECIFY)</p>																						
Q411	<p>When you had symptoms (specified in 408) in the last 12 months, after how many days of having the symptoms did you seek treatment?</p> <p>RECORD 00 IF LESS THAN A DAY</p>	<p>____ ____ DAYS MONTHS</p>																						
Q412	<p>After you got treatment for these symptoms did you:</p> <p>READ OUT.</p> <p>A. Share your medicine with a relative, friend, or another patient?</p> <p>B. Keep some of the medicine for future use?</p> <p>C. Complete the full course of treatment?</p> <p>D. Treat your partner or partners with your medicine?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">YES</th> <th style="width: 25%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A.	1	2	B.	1	2	C.	1	2	D.	1	2							
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A.	1	2																						
B.	1	2																						
C.	1	2																						
D.	1	2																						
Q413	<p>When you had these symptoms in the last 12 months, did you:</p> <p>READ OUT.</p> <p>A Tell your sexual partner(s) about the symptoms</p> <p>B Stop having sex when you had the symptoms?</p> <p>C Continue having unprotected sex (without condom)?</p> <p>D Stop having sex until after treatment by a clinic / hospital / private doctor?</p> <p>E Continue having unprotected sex while having treatment from a chemist / pharmacy, friends, or traditional healer?</p> <p>F Use a condom when having sex when you had the symptoms?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">YES</th> <th style="width: 25%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A	1	2	B	1	2	C	1	2	D	1	2	E	1	2	F	1	2	
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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?	YES1 NO2	Q617
Q502	In the past 4 weeks, have you heard or seen any information about HIV / AIDS?	YES1 NO2	Q505
Q503	From what source(s) did you receive this information about HIV/AIDS? Any other source? CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.	YOUTH PROGRAM01 TELEVISION/ VIDEO02 RADIO03 NEWSPAPER04 HOSPITAL/CLINIC05 POSTERS / BANNERS / BOOKLET06 TRADIT'L/SPIRITUAL HEALER07 WORKSHOP / SEMINAR08 PARTNER09 FRIEND10 FAMILY MEMBER11 CHURCH12 KGOTLA13 SCHOOL14 CO-WORKER15 OTHER _____ (SPECIFY)	
Q504	Have you heard of any of the AIDS commemoration events, such as the Month of Youth, Month of Prayer, or AIDS Day?	YES1 NO2	
Q505	During the past 4 weeks, have you discussed HIV/AIDS with anyone?	YES1 NO2	Q507
Q506	With whom have you discussed HIV/AIDS during the past 4 weeks? <i>Anyone else?</i> CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.	SPOUSE 1 SEX PARTNER 2 FRIEND 3 FAMILY MEMBER/S OTHER RELATIVE/S 5 HEALTH CARE WORKER 6 CO-WORKER 7 OTHER _____ (SPECIFY)	
Q507	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	Q509 Q509

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Q508	<p>What can people do to prevent becoming infected with HIV?</p> <p>Any other ways?</p> <p>CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE. DO NOT READ OUT THE ANSWER CHOICES.</p>	<p>USE CONDOMS..... 1</p> <p>HAVE FEWER PARTNERS 2</p> <p>BOTH PARTNERS HAVE NO OTHER PARTNERS..... 3</p> <p>NO CASUAL SEX..... 4</p> <p>NO SEX AT ALL 5</p> <p>NO COMMERCIAL SEX 6</p> <p>AVOID INJECTIONS WITH CONTAMINATED NEEDLES..... 7</p> <p>AVOID BLOOD TRANSFUSIONS..... 8</p> <p>OTHER _____ (SPECIFY)</p> <p>DON'T KNOW ANY..... 9</p>
------	--	---

Now I'm going to read out 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												
Q509	Is it possible for a healthy looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW..... 9													
Q510	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													
Q511	Do you think that a person can get infected with HIV/AIDS through mosquito bites?	YES 1 NO 2 DON'T KNOW..... 9													
Q512	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													
Q513	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													
Q514	Can people get HIV/AIDS because of witchcraft?	YES 1 NO 2 DON'T KNOW..... 9													
Q515	Can HIV/AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW..... 9	SECTION 6 SECTION 6												
Q516	Can HIV/AIDS be transmitted from a mother to a child: READ OUT A. During pregnancy? B. At delivery? C. Through breast milk?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">DK</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">9</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">9</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">9</td> </tr> </tbody> </table>	YES	NO	DK	1	2	9	1	2	9	1	2	9	
YES	NO	DK													
1	2	9													
1	2	9													
1	2	9													

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Q517	<p>a) If a mother is infected with HIV/AIDS, is there any way to avoid transmission to the unborn baby?</p> <p>b) If yes, what ways?</p>	<p>YES 1 NO 2 DON'T KNOW 9</p> <p>ANTIRETROVIRAL THERAPY (AZT, DRUGS BEFORE BIRTH) 1 NOT BREASTFEEDING 2 CAESAREAN SECTION 3 OTHER _____ (SPECIFY) DON'T KNOW 9</p>	<p>SECTION 6 SECTION 6</p>
Q518	<p>a) If a mother is infected with HIV/AIDS, is there any way to avoid transmission to the newborn baby?</p> <p>b) If yes, what ways?</p> <p>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL RESPONSES GIVEN.</p>	<p>YES 1 NO 2 DON'T KNOW 9</p> <p>ANTIRETROVIRAL THERAPY (AZT, DRUGS BEFORE BIRTH) 1 NOT BREASTFEEDING 2 CAESAREAN SECTION 3 OTHER _____ (SPECIFY) DON'T KNOW 9</p>	<p>SECTION 6 SECTION 6</p>

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Section 6: Attitudes toward 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	a) Do you personally know anyone who has HIV?	YES 1 NO 2 DON'T KNOW 9	
	b) Do you personally know anyone who has died from AIDS?	YES 1 NO 2 DON'T KNOW 9	
Q602	Have you ever shared a meal with a person you knew or suspected had HIV/AIDS?	YES 1 NO 2 DON'T KNOW 9	
Q603	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	
Q604	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	
Q605	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	
Q606	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	
NOW I WOULD LIKE TO ASK YOU QUESTIONS ON HIV TESTING. DO NOT TELL ME YOUR RESULTS			
Q607	Have you <i>ever been tested</i> for HIV, the virus that causes AIDS? (DO NOT TELL ME THE RESULTS)	YES 1 NO 2	Q612
Q608	a) In the past 12 months have you been tested for HIV, the virus that causes AIDS?	YES 1 NO 2	Q613
	b) Were you counselled before the test?	YES 1 NO 2	
Q609	a) Were you told the results?	YES 1 NO 2	Q613
	b) Did you receive counselling when you received your results?	YES 1 NO 2	
Q610	Did you tell anyone the results of the test?	YES 1 NO 2	Q613
Q611	Whom did you tell? CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.	SPOUSE 1 SEX PARTNER 2 FRIEND 3 FAMILY MEMBER(S) 4	

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No.	Questions and filters	Coding categories	Skip to																		
		OTHER RELATIVE(S)..... 5 HEALTH CARE WORKER 6 CO-WORKER 7 OTHER _____ (SPECIFY)																			
SKIP TO 613																					
Q612	Would you ever want to be tested for HIV?	YES 1 NO 2 UNDECIDED..... 3																			
Q613	Do you know of a place where you can go to get an HIV test?	YES 1 NO 2	Q615																		
Q614	If you wanted to be tested, where could you go for the test? CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.	TEBELOPELE (VCT CENTRE)..... 1 HOSPITAL/CLINIC..... 2 PHARMACY 3 MOBILE CLINIC..... 4 FIELD WORKER..... 5 OTHER _____ (SPECIFY)																			
Q615	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	Q617 Q617																		
Q616	With whom would you share this information? Would you tell your... READ OUT. A. SEX PARTNER B. FAMILY MEMBER/S? C. FRIENDS D. HEALTH CARE WORKERS E. CO-WORKERS F. OTHERS (SPECIFY)_____	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%;">YES</th> <th style="width: 25%;">NO</th> </tr> </thead> <tbody> <tr> <td>A. SEX PARTNER</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. FAMILY MEMBER/S?</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. FRIENDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. HEALTH CARE WORKERS</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. CO-WORKERS</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. SEX PARTNER	1	2	B. FAMILY MEMBER/S?	1	2	C. FRIENDS	1	2	D. HEALTH CARE WORKERS	1	2	E. CO-WORKERS	1	2	
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D. HEALTH CARE WORKERS	1	2																			
E. CO-WORKERS	1	2																			

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No.	Questions and filters	Coding categories	Skip to
Q617	<p>a) Do you think it should be acceptable for a woman to obtain a male condoms?</p> <p>b) Do you think it should be acceptable for a man to obtain female condoms?</p> <p>c) Is it acceptable to you for your partner to be in possession of condoms?</p> <p style="text-align: center;">READ OUT OPTIONS</p>	<p>YES 1</p> <p>NO 2</p> <p>NOT SURE 3</p> <p>YES 1</p> <p>NO 2</p> <p>NOT SURE 3</p> <p>YES, MALE CONDOMS ONLY 1</p> <p>YES, FEMALE CONDOMS ONLY 2</p> <p>YES, MALE OR FEMALE CONDOMS 3</p> <p>NO, NOT ACCEPTABLE 4</p> <p>NOT SURE 5</p>	
Q618	<p>Can a woman protect herself from getting a sexually transmitted Infection (STI) if her partner has it?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 9</p>	<p>SECTION 7</p> <p>SECTION 7</p>
Q619	<p>What can she do to protect herself?</p> <p>AFTER FIRST RESPONSE, PROMPT FOR ADDITIONAL SUGGESTIONS.</p> <p>Anything else?</p> <p>MORE THAN ONE ANSWER IS POSSIBLE.</p> <p>CIRCLE ALL ANSWERS GIVEN.</p>	<p>SHE CAN REFUSE SEX 1</p> <p>SHE CAN INSIST ON USING CONDOMS 2</p> <p>SHE CAN TAKE MEDICINES 3</p> <p>DON'T KNOW 9</p> <p>OTHER _____ (SPECIFY)</p>	

IF RESPONDENT IS MALE, SKIP TO SECTION 8: SIBLING HISTORY

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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	<p>a) Have you ever given birth?</p> <p>b) How many live births have you ever had?</p>	<p>YES.....1</p> <p>NO2</p> <p><input type="text"/> <input type="text"/></p>	SECTION 8
Q702	How many times have you given birth?	NUMBER OF BIRTHS..... [][]	
Q703	When was the last time you gave birth? ENTER MONTH AND YEAR. DO NOT LEAVE BLANK.	<p>MONTH..... [][]</p> <p>YEAR..... [][][][]</p>	IF MORE THAN 2 YEARS AGO, SKIP TO Q705
Q704	Have you resumed sex since your last birth?	<p>YES.....1</p> <p>NO2</p>	
Q705	Did you attend an antenatal clinic during your last pregnancy?	<p>YES.....1</p> <p>NO2</p>	Q711
Q706	<p>a) When you attended the antenatal clinic, were you given any information about HIV?</p> <p>b) When you attended the antenatal clinic were you given group counselling about HIV?</p> <p>c) When you attended the antenatal clinic were you given individual counselling about HIV?</p>	<p>YES.....1</p> <p>NO2</p> <p>YES.....1</p> <p>NO2</p> <p>YES.....1</p> <p>NO2</p>	
Q707	<p>a) When you attended the antenatal clinic, were you given any information about other sexually transmitted infections (STIs)?</p> <p>b) When you attended the antenatal clinic, were you given any group counselling about STIs?</p> <p>c) When you attended the antenatal clinic were you given individual counselling about STIs?</p>	<p>YES.....1</p> <p>NO2</p> <p>YES.....1</p> <p>NO2</p> <p>YES.....1</p> <p>NO2</p>	
Q708	Was HIV testing offered to you at any time during your visit(s)?	<p>YES.....1</p> <p>NO2</p>	Q711
Q709	Did you agree to be tested for HIV during any of these visits?	<p>YES.....1</p> <p>NO2</p>	Q711
Q710	Did you receive the results of the HIV test?	<p>YES.....1</p> <p>NO2</p>	
Q711	<p>Are you pregnant now?</p> <p>CHECK Q102 IF AGE IS > 49</p> <p>SKIP TO SECTION 8</p>	<p>YES.....1</p> <p>NO2</p> <p>NOT SURE3</p>	SECTION 8 SECTION 8

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Q712	If you were to test HIV positive would you be willing to enrol for PMTCT ¹ ?	YES.....1 NO2	
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Section 8: Availability of Social and Medical Services

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

Q801	Are you aware of the availability of any social and medical services in your locality/area such as: <p style="text-align: center;">READ OUT RESPONSES</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>HOME BASE CARE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>ORPHAN CARE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>PLWHA SUPP</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>DESTITUTE PROGRAMMES</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>ARV PROGRAMME</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>PMTCT PROGRAMME</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>IPT PROGRAMME</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>OTHER _____</td><td></td><td></td></tr> <tr><td colspan="3" style="text-align: right;">(SPECIFY)</td></tr> </tbody> </table>		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	OTHER _____			(SPECIFY)			
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IF NO FOR ALL RESPONSES GO TO SECTION 9																																	
Q802	Which of these services have you accessed? <p style="text-align: center;">READ OUT RESPONSES</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>HOME BASE CARE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>ORPHAN CARE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>PLWHA SUPP</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>DESTITUTE PROGRAMMES</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>ARV PROGRAMME</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>PMTCT PROGRAMME</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>IPT PROGRAMME</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>OTHER _____</td><td></td><td></td></tr> <tr><td colspan="3" style="text-align: right;">(SPECIFY)</td></tr> </tbody> </table>		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	OTHER _____			(SPECIFY)			
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¹ Prevention of Mother To Child Transmission

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SECTION 9. SIBLING HISTORY

Q901	Now I would like to ask you some questions about your brothers and sisters. First of all, please tell me how many children were born to your natural mother in her lifetime, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input style="width: 20px; height: 20px;" type="text"/>
Q902	Please give me the names of each of these children, beginning with the first born whether dead or alive.	
	[1]	[2]
Q903	RECORD NAMES	[3]
	[4]	[5]
	[6]	
Q904	Is (NAME) male or female?	MALE 1 FEMALE 2
		MALE 1 FEMALE 2
		MALE 1 FEMALE 2
		MALE 1 FEMALE 2
		MALE 1 FEMALE 2
		MALE 1 FEMALE 2
Q905	Is (NAME) still alive?	YES 1 NO 2 ↳GO TO 906 DK 9 ↳GO TO [2]
		YES 1 NO 2 ↳GO TO 906 DK 9 ↳GO TO [3]
		YES 1 NO 2 ↳GO TO 906 DK 9 ↳GO TO [4]
		YES 1 NO 2 ↳GO TO 906 DK 9 ↳GO TO [5]
		YES 1 NO 2 ↳GO TO 906 DK 9 ↳GO TO [6]
		YES 1 NO 2 ↳GO TO 906 DK 9 ↳GO TO [7]
Q906	How old is (NAME)? IF STILL ALIVE END	<input style="width: 30px; height: 20px;" type="text"/> GO TO [2]
		<input style="width: 30px; height: 20px;" type="text"/> GO TO [3]
		<input style="width: 30px; height: 20px;" type="text"/> GO TO [4]
		<input style="width: 30px; height: 20px;" type="text"/> GO TO [5]
		<input style="width: 30px; height: 20px;" type="text"/> GO TO [6]
		<input style="width: 30px; height: 20px;" type="text"/> GO TO [7]
Q907	In what year did (name) die?	<input style="width: 20px; height: 20px;" type="text"/> GO TO 908- DK 9999
		<input style="width: 20px; height: 20px;" type="text"/> GO TO 908- DK 9999
		<input style="width: 20px; height: 20px;" type="text"/> GO TO 908- DK 9999
		<input style="width: 20px; height: 20px;" type="text"/> GO TO 908- DK 9999
		<input style="width: 20px; height: 20px;" type="text"/> GO TO 908- DK 9999
		<input style="width: 20px; height: 20px;" type="text"/> GO TO 908- DK 9999
Q908	How many years ago did (NAME) die?	<input style="width: 30px; height: 20px;" type="text"/>
		<input style="width: 30px; height: 20px;" type="text"/>
		<input style="width: 30px; height: 20px;" type="text"/>
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		<input style="width: 30px; height: 20px;" type="text"/>
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Q908	How old was (NAME) when he/she died? (IN YEARS) END INTERVIEW IF FEMALE AGED LESS THAN 15	<input style="width: 30px; height: 20px;" type="text"/> DK 99
		<input style="width: 30px; height: 20px;" type="text"/> DK 99
		<input style="width: 30px; height: 20px;" type="text"/> DK 99
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		<input style="width: 30px; height: 20px;" type="text"/> DK 99

«SERNUMBER»

Q909	IF AGE AT DEATH IS 15 YEARS OR MORE, ASK: For how many months was [NAME] ill before he/she died?	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> </div> DK.....99	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> </div> DK.....99	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> </div> DK.....99	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> </div> DK.....99	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> </div> DK.....99	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto; display: flex; justify-content: space-around;"> </div> DK.....99
Q910	From what cause did [NAME] die? CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.	AIDS 1 TB 2 OTHER INFECTIOUS DISEASE 3 MALNUTRITION 4 PNUEMONIA 5 VIOLENCE/ INJURIES... 6 HEARTDISEASE/ STROKE/CANCER 7 OTHER 8 DK.....9	AIDS 1 TB 2 OTHER INFECTIOUS DISEASE 3 MALNUTRITION 4 PNUEMONIA 5 VIOLENCE/ INJURIES . 6 HEARTDISEASE/ STROKE/CANCER 7 OTHER 8 DK 9	AIDS 1 TB 2 OTHER INFECTIOUS DISEASE 3 MALNUTRITION 4 PNUEMONIA 5 VIOLENCE/ INJURIES.. 6 HEARTDISEASE/ STROKE/CANCER..... 7 OTHER 8 DK 9	AIDS 1 TB 2 OTHER INFECTIOUS DISEASE 3 MALNUTRITION 4 PNUEMONIA 5 VIOLENCE/ INJURIES.. 6 HEARTDISEASE/ STROKE/CANCER..... 7 OTHER 8 DK 9	AIDS 1 TB 2 OTHER INFECTIOUS DISEASE 3 MALNUTRITION 4 PNUEMONIA 5 VIOLENCE/ INJURIES . 6 HEARTDISEASE/ STROKE/CANCER 7 OTHER 8 DK 9	AIDS 1 TB 2 OTHER INFECTIOUS DISEASE 3 MALNUTRITION 4 PNUEMONIA 5 VIOLENCE/ INJURIES.. 6 HEARTDISEASE/ STROKE/CANCER..... 7 OTHER 8 DK 9

ASK THE FOLLOWING ON FEMALES (WHO DIED) ONLY.

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Q911	<p>a) Was [NAME] pregnant when she died?</p> <p>b) Before [NAME] died, did she complain or experience the following.</p> <p style="text-align: center;">READ OUT THE OPTIONS.</p>	<p>Yes.....1</p> <p>No2</p> <p>IF NO,SKIP TO Q912</p>	<p>Yes.....1</p> <p>No2</p> <p>IF NO,SKIP TO Q912</p>	<p>Yes.....1</p> <p>No2</p> <p>IF NO,SKIP TO Q912</p>	<p>Yes.....1</p> <p>No2</p> <p>IF NO,SKIP TO Q912</p>	<p>Yes.....1</p> <p>No2</p> <p>IF NO,SKIP TO Q912</p>	<p>Yes.....1</p> <p>No2</p> <p>IF NO,SKIP TO Q912</p>
		<p>ACUTE COLLAPSE1</p> <p>SEVERE BLEEDING FROM VAGINA2</p> <p>ABORTION3</p> <p>GENERALISED SWELLING.....4</p> <p>HIGH BLOOD PRESSURE.....5</p> <p>ECTOPIC PREGNANCY..6</p> <p>INFECTION (fever, vomiting and smelly discharge).....7</p> <p>IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE</p> <hr/> <p>OTHER (SPECIFY)</p> <hr/> <p>GO TO Q914 AFTER Q911b</p>	<p>ACUTE COLLAPSE.....1</p> <p>SEVERE BLEEDING FROM VAGINA.....2</p> <p>ABORTION.....3</p> <p>GENERALISED SWELLING4</p> <p>HIGH BLOOD PRESSURE5</p> <p>ECTOPIC PREGNANCY 6</p> <p>INFECTION (fever, vomiting and smelly discharge)7</p> <p>IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE</p> <hr/> <p>OTHER (SPECIFY)</p> <hr/> <p>GO TO Q914 AFTER Q911b</p>	<p>ACUTE COLLAPSE1</p> <p>SEVERE BLEEDING FROM VAGINA2</p> <p>ABORTION3</p> <p>GENERALISED SWELLING.....4</p> <p>HIGH BLOOD PRESSURE5</p> <p>ECTOPIC PREGNANCY 6</p> <p>INFECTION (fever, vomiting and smelly discharge).....7</p> <p>IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE</p> <hr/> <p>OTHER (SPECIFY)</p> <hr/> <p>GO TO Q914 AFTER Q911b</p>	<p>ACUTE COLLAPSE1</p> <p>SEVERE BLEEDING FROM VAGINA2</p> <p>ABORTION3</p> <p>GENERALISED SWELLING4</p> <p>HIGH BLOOD PRESSURE5</p> <p>ECTOPIC PREGNANCY 6</p> <p>INFECTION (fever, vomiting and smelly discharge)7</p> <p>IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE</p> <hr/> <p>OTHER (SPECIFY)</p> <hr/> <p>GO TO Q914 AFTER Q911b</p>	<p>ACUTE COLLAPSE.....1</p> <p>SEVERE BLEEDING FROM VAGINA2</p> <p>ABORTION.....3</p> <p>GENERALISED SWELLING.....4</p> <p>HIGH BLOOD PRESSURE.....5</p> <p>ECTOPIC PREGNANCY 6</p> <p>INFECTION (fever, vomiting and smelly discharge).....7</p> <p>IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE</p> <hr/> <p>OTHER (SPECIFY)</p> <hr/> <p>GO TO Q914 AFTER Q911b</p>	<p>ACUTE COLLAPSE1</p> <p>SEVERE BLEEDING FROM VAGINA2</p> <p>ABORTION3</p> <p>GENERALISED SWELLING4</p> <p>HIGH BLOOD PRESSURE5</p> <p>ECTOPIC PREGNANCY..6</p> <p>INFECTION (fever, vomiting and smelly discharge)7</p> <p>IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE</p> <hr/> <p>OTHER (SPECIFY)</p> <hr/> <p>GO TO Q914 AFTER Q911b</p>

«SERNUMBER»

Q912	a) Did [NAME] die during childbirth?	Yes1 No.....2 IF NO,SKIP TO Q913	Yes 1 No 2 IF NO,SKIP TO Q913	Yes 1 No 2 IF NO,SKIP TO Q913	Yes 1 No.....2 IF NO,SKIP TO Q913	Yes 1 No.....2 IF NO,SKIP TO Q913	Yes.....1 No2 IF NO,SKIP TO Q913
	c) During childbirth, did [NAME] experience the following?	ACUTE COLLAPSE1 SEVERE BLEEDING FROM THE VIGINA.....2 BIG BABY.....3 SEVERE FEVER.....4 HIGH BLOOD PRESSURE.....5 DIFFICULT/PROLONGED LABOUR6 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE? _____ OTHER (SPECIFY) GO TO Q914 AFTER Q912b	ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM THE VIGINA2 BIG BABY.....3 SEVERE FEVER4 HIGH BLOOD PRESSURE5 DIFFICULT/PROLONGED LABOUR6 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE? _____ OTHER (SPECIFY) GO TO Q914 AFTER Q912b	ACUTE COLLAPSE1 SEVERE BLEEDING FROM THE VIGINA2 BIG BABY3 SEVERE FEVER.....4 HIGH BLOOD PRESSURE.....5 DIFFICULT/PROLONGED LABOUR.....6 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE? _____ OTHER (SPECIFY) GO TO Q914 AFTER Q912b	ACUTE COLLAPSE1 SEVERE BLEEDING FROM THE VIGINA.....2 BIG BABY3 SEVERE FEVER4 HIGH BLOOD PRESSURE5 DIFFICULT/PROLONGED LABOUR6 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE? _____ OTHER (SPECIFY) GO TO Q914 AFTER Q912b	ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM THE VIGINA.....2 BIG BABY.....3 SEVERE FEVER4 HIGH BLOOD PRESSURE.....5 DIFFICULT/PROLONGED LABOUR.....6 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE? _____ OTHER (SPECIFY) GO TO Q914 AFTER Q912b	ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM THE VIGINA.....2 BIG BABY.....3 SEVERE FEVER4 HIGH BLOOD PRESSURE.....5 DIFFICULT/PROLONGED LABOUR.....6 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE? _____ OTHER (SPECIFY) GO TO Q914 AFTER Q912b

«SERNUMBER»

Q913	<p>a) Did [NAME] die within two months after a pregnancy or childbirth?</p> <p>b) After termination of pregnancy did [NAME] experience the following?</p>	Yes 1 No 2 IF NO, END INTERVIEW ACUTE COLLAPSE 1 SEVERE BLEEDING FROM VIGINA 2 INFECTION (fever, vomiting and smelly discharge) 3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE <hr/> OTHER (SPECIFY) _____	Yes 1 No 2 IF NO, END INTERVIEW ACUTE COLLAPSE 1 SEVERE BLEEDING FROM VIGINA 2 INFECTION (fever, vomiting and smelly discharge) 3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE <hr/> OTHER (SPECIFY) _____	Yes 1 No 2 IF NO, END INTERVIEW ACUTE COLLAPSE 1 SEVERE BLEEDING FROM VIGINA 2 INFECTION (fever, vomiting and smelly discharge) 3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE <hr/> OTHER (SPECIFY) _____	Yes 1 No 2 IF NO, END INTERVIEW ACUTE COLLAPSE 1 SEVERE BLEEDING FROM VIGINA 2 INFECTION (fever, vomiting and smelly discharge) 3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE <hr/> OTHER (SPECIFY) _____	Yes 1 No 2 IF NO, END INTERVIEW ACUTE COLLAPSE 1 SEVERE BLEEDING FROM VIGINA 2 INFECTION (fever, vomiting and smelly discharge) 3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE <hr/> OTHER (SPECIFY) _____	Yes 1 No 2 IF NO, END INTERVIEW ACUTE COLLAPSE 1 SEVERE BLEEDING FROM VIGINA 2 INFECTION (fever, vomiting and smelly discharge) 3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE <hr/> OTHER (SPECIFY) _____
Q914	How many live births did [NAME] give birth to during her lifetime (before this pregnancy)?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

«SERNUMBER»

CONTINUATION OF NAME RECORDING							
Q902	RECORD NAMES	[7]	[8]	[9]	[10]	[11]	[12]
Q903	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE1 FEMALE2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE1 FEMALE2	MALE 1 FEMALE 2
Q904	Is (NAME) still alive?	YES 1 NO 2 ↳GO TO 906 DK 9 ↳GO TO [8]	YES1 NO2 ↳GO TO 906 DK9 ↳GO TO [9]	YES 1 NO 2 ↳GO TO 906 DK 9 ↳GO TO [10]	YES 1 NO 2 ↳GO TO 906 DK 9 ↳GO TO [11]	YES1 NO2 ↳GO TO 906 DK9 ↳GO TO [12]	YES 1 NO 2 ↳GO TO 906 DK 9
Q905	How old is (NAME)? IF STILL ALIVE END	<input type="text"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/>
Q906	In what year did (name) die?	<input type="text"/> GO TO 908— DK 9999	<input type="text"/> GO TO 908— DK 9999	<input type="text"/> GO TO 908— DK 9999	<input type="text"/> GO TO 908— DK 9999	<input type="text"/> GO TO 908— DK 9	<input type="text"/> GO TO 908 — DK 9999
Q907	How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Q908	How old was (NAME) when he/she died? (IN YEARS)	<input type="text"/> DK 99	<input type="text"/> DK99	<input type="text"/> DK 99	<input type="text"/> DK 99	<input type="text"/> DK99	<input type="text"/> DK 99
Q909	IF AGE AT DEATH AT LEAST 15 YEARS, ASK: For how many months was [NAME] ill before he/she died?	<input type="text"/> DK 99	<input type="text"/> DK99	<input type="text"/> DK 99	<input type="text"/> DK 99	<input type="text"/> DK99	<input type="text"/> DK 99

«SERNUMBER»

Q910	From what cause did [NAME] die? CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE	AIDS..... 1	AIDS 1	AIDS..... 1	AIDS..... 1	AIDS 1	AIDS..... 1
		TB 2	TB 2	TB..... 2	TB 2	TB 2	TB..... 2
		OTHER INFECTIOUS DISEASE..... 3	OTHER INFECTIOUS DISEASE 3	OTHER INFECTIOUS DISEASE..... 3	OTHER INFECTIOUS DISEASE..... 3	OTHER INFECTIOUS DISEASE 3	OTHER INFECTIOUS DISEASE..... 3
		MALNUTRITION..... 4	MALNUTRITION 4	MALNUTRITION..... 4	MALNUTRITION 4	MALNUTRITION 4	MALNUTRITION..... 4
		PNUEMONIA..... 5	PNUEMONIA 5	PNUEMONIA..... 5	PNUEMONIA..... 5	PNUEMONIA 5	PNUEMONIA..... 5
		VIOLENCE/ INJURIES.. 6	VIOLENCE/ INJURIES.. 6	VIOLENCE/ INJURIES.. 6	VIOLENCE/ INJURIES.. 6	VIOLENCE/ INJURIES.. 6	VIOLENCE/ INJURIES.. 6
		HEARTDISEASE/ STROKE/CANCER..... 7	HEARTDISEASE/ STROKE/CANCER 7	HEARTDISEASE/ STROKE/CANCER..... 7	HEARTDISEASE/ STROKE/CANCER..... 7	HEARTDISEASE/ STROKE/CANCER 7	HEARTDISEASE/ STROKE/CANCER..... 7
		OTHER..... 8	OTHER 8	OTHER..... 8	OTHER..... 8	OTHER 8	OTHER..... 8
		DK..... 9	DK..... 9	DK 9	DK..... 9	DK..... 9	DK 9

«SERNUMBER»

Q911	a) Was [name] pregnant when she died?	Yes	1	Yes.....	1								
		No	2	No	2	No.....	2	No.....	2	No.....	2	No.....	2
		IF NO,SKIP TO Q912		IF NO,SKIP TO Q912		IF NO,SKIP TO Q912		IF NO,SKIP TO Q912		IF NO,SKIP TO Q912		IF NO,SKIP TO Q912	
	b) Before [NAME] die, did she complain or experience the following.	ACUTE COLLAPSE	1	ACUTE COLLAPSE	1	ACUTE COLLAPSE	1	ACUTE COLLAPSE.....	1	ACUTE COLLAPSE.....	1	ACUTE COLLAPSE.....	1
		SEVERE BLEEDING FROM VAGINA	2	SEVERE BLEEDING FROM VAGINA	2	SEVERE BLEEDING FROM VAGINA.....	2	SEVERE BLEEDING FROM VAGINA.....	2	SEVERE BLEEDING FROM VAGINA	2	SEVERE BLEEDING FROM VAGINA	2
		ABORTION	3	ABORTION	3	ABORTION	3	ABORTION.....	3	ABORTION.....	3	ABORTION	3
		GENERALISED SWELLING	4	GENERALISED SWELLING.....	4								
	READ OUT THE OPTIONS	HIGH BLOOD PRESSURE	5	HIGH BLOOD PRESSURE.....	5								
		ECTOPIC PREGNANCY	6	ECTOPIC PREGNANCY.....	6								
		INFECTION (fever, vomiting and smelly discharge)	7	INFECTION (fever, vomiting and smelly discharge).....	7	INFECTION (fever, vomiting and smelly discharge).....	7	INFECTION (fever, vomiting and smelly discharge).....	7	INFECTION (fever, vomiting and smelly discharge).....	7	INFECTION (fever, vomiting and smelly discharge).....	7
		IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE		IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE		IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE		IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE		IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE		IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE	
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		OTHER (SPECIFY)		OTHER (SPECIFY)		OTHER (SPECIFY)		OTHER (SPECIFY)		OTHER (SPECIFY)		OTHER (SPECIFY)	
		<hr/>		<hr/>		<hr/>		<hr/>		<hr/>		<hr/>	
		GO TO Q914 AFTER Q911b		GO TO Q914 AFTER Q911b		GO TO Q914 AFTER Q911b		GO TO Q914 AFTER Q911b		GO TO Q914 AFTER Q911b		GO TO Q914 AFTER Q911b	

«SERNUMBER»

Q912	a) Did [name] die during childbirth?	Yes.....1 No2 IF NO,SKIP TO Q913	Yes..... 1 No 2 IF NO,SKIP TO Q913	Yes..... 1 No 2 IF NO,SKIP TO Q913	Yes..... 1 No..... 2 IF NO,SKIP TO Q913	Yes 1 No..... 2 IF NO,SKIP TO Q913	Yes..... 1 No 2 IF NO,SKIP TO Q913
	b) During childbirth, did [NAME] experience the following?	ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM THE VIGINA.....2 BIG BABY3 SEVERE FEVER.....4 HIGH BLOOD PRESSURE.....5 DIFFICULT/PROLONGED LABOUR6 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE? _____ OTHER (SPECIFY) _____ GO TO Q914 AFTER Q912b	ACUTE COLLAPSE 1 SEVERE BLEEDING FROM THE VIGINA.... 2 BIG BABY 3 SEVERE FEVER..... 4 HIGH BLOOD PRESSURE..... 5 DIFFICULT/PROLONGED LABOUR..... 6 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE? _____ OTHER (SPECIFY) _____ GO TO Q914 AFTER Q912b	ACUTE COLLAPSE 1 SEVERE BLEEDING FROM THE VIGINA.... 2 BIG BABY 3 SEVERE FEVER..... 4 HIGH BLOOD PRESSURE..... 5 DIFFICULT/PROLONGED LABOUR 6 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE? _____ OTHER (SPECIFY) _____ GO TO Q914 AFTER Q912b	ACUTE COLLAPSE 1 SEVERE BLEEDING FROM THE VIGINA.... 2 BIG BABY 3 SEVERE FEVER..... 4 HIGH BLOOD PRESSURE..... 5 DIFFICULT/PROLONGED LABOUR 6 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE? _____ OTHER (SPECIFY) _____ GO TO Q914 AFTER Q912b	ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM THE VIGINA2 BIG BABY3 SEVERE FEVER4 HIGH BLOOD PRESSURE5 DIFFICULT/PROLONGED LABOUR6 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE? _____ OTHER (SPECIFY) _____ GO TO Q914 AFTER Q912b	ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM THE VIGINA2 BIG BABY3 SEVERE FEVER4 HIGH BLOOD PRESSURE5 DIFFICULT/PROLONGED LABOUR6 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE? _____ OTHER (SPECIFY) _____ GO TO Q914 AFTER Q912b

«SERNUMBER»

Q913	<p>a) Did [NAME] die within two months after a pregnancy or childbirth?</p> <p>b) After termination of pregnancy did [NAME] experience the following?</p>	Yes.....1 No2 IF NO, END INTERVIEW ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM VIGINA.....2 INFECTION (fever, vomiting and smelly discharge).....3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE <hr/> OTHER (SPECIFY)_____	Yes.....1 No2 IF NO, END INTERVIEW ACUTE COLLAPSE 1 SEVERE BLEEDING FROM VIGINA..... 2 INFECTION (fever, vomiting and smelly discharge) 3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE <hr/> OTHER (SPECIFY)_____	Yes.....1 No2 IF NO, END INTERVIEW ACUTE COLLAPSE 1 SEVERE BLEEDING FROM VIGINA 2 INFECTION (fever, vomiting and smelly discharge) 3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE <hr/> OTHER (SPECIFY)_____	Yes.....1 No2 IF NO, END INTERVIEW ACUTE COLLAPSE 1 SEVERE BLEEDING FROM VIGINA 2 INFECTION (fever, vomiting and smelly discharge)3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE <hr/> OTHER (SPECIFY)_____	Yes.....1 No2 IF NO, END INTERVIEW ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM VIGINA.....2 INFECTION (fever, vomiting and smelly discharge).....3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE <hr/> OTHER (SPECIFY)_____
Q914	How many live births did [NAME] give birth to during her lifetime (before this pregnancy)?	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>

END OF THE INTERVIEW AND PLEASE REMEMBER TO THANK THE RESPONDENT



Republic of Botswana

BOTSWANA MINISTRY OF FINANCE AND DEVELOPMENT PLANNING
CENTRAL STATISTICS OFFICE
BOTSWANA AIDS IMPACT SURVEY 2004
WORKPLACE SCHEDULE

IDENTIFICATION																													
Q01	DISTRICT NAME /CODE _____				<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																								
Q02	LOCALITY NAME/CODE _____																												
Q03	STRATUM NAME/CODE _____																												
Q04	EA SERIAL NUMBER _____																												
Q05	EA NUMBER _____																												
Q06	INFORMANT _____																												
Q07. INTERVIEWER VISITS																													
VISIT NO.	1	2	3	FINAL VISIT																									
	DAY / MO. / YR.	DAY / MO. / YR.	DAY / MO. / YR.	DAY	<table border="1"><tr><td></td><td></td></tr></table>																								
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	TIME	____/																											
*RESULT CODES:				<p><i>If lost but found please Send to:</i> Central Statistics Office P/B 0024, Gaborone</p>																									
1	COMPLETED																												
2	PRESENT BUT NOT AVAILABLE FOR INTERVIEWS																												
3	POSTPONED																												
4	REFUSED																												
5	PARTLY COMPLETED																												
	OTHER _____																												
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DATE _____	DATE _____ <table border="1"><tr><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>																		

NOTE: **Interview one out of the following for each questionnaire**
1. DIRECTORS 2. GENERAL MANAGER 3. CHIEF EXECUTIVE OFFICER 4. OFFICER IN CHARGE 5. HEAD OF INSTITUTION 6. LINE MANAGER 7. TRADE UNIONS

WORKPLACE INSTRUMENT

A. GENERAL INFORMATION

- 1. Respondent Designation..... (Occupation code)
- 2. Name of Organisation..... (Industry code)
- 3. Main Activities (Specify).....
- 4. Institutional Type
- 5. Location of Organisation.....(Locality code)

B. EMPLOYMENT

- 6. What is the total number of employees/membership in this Organisation?
 Males
- Females.....

- 7. How do you rate the attrition of workers from your organization during the past three years?.....

HIGH 1
 LOW 2
 DK 9 SKIP TO Q9

- 8. What are the various causes that have contributed to this?

WAGES 1
 JOB SATISFACTION 2
 ILL HEALTH 3
 OTHER _____
 (SPECIFY)

C. HIV/AIDS POLICY

- 9. Does your organisation have an HIV/AIDS policy?

YES.....1
 NO.....2 SKIP TO Q 11

- 10. Are the employees aware of the Policy?

YES.....1
 NO.....2
 DON'T KNOW.....9 } SKIP TO Q 12

- 11. Why does your organization not have an HIV/AIDS policy?

NOT INTERESTED.....1
 DO NOT HAVE TIME.....2
 NOT APPROPRIATE.....3
 DON'T KNOW.....9
 OTHER _____
 (SPECIFY)

12. Does your organisation have an HIV/AIDS education programme for the general workforce?

YES	1
NO	2
DON'T KNOW	9

D. PREVENTION, CONTROL, CARE AND SUPPORT

13. Does your organisation offer any educational materials, classes or activities for employees?

YES	1
NO	2
DON'T KNOW	9

14. Does your organisation have an HIV/AIDS coordinator/contact person?

YES.....	1
NO.....	2
DON'T KNOW	9

15. Does your organisation incorporate HIV/AIDS peer educators within its HIV/AIDS prevention efforts?

YES	1
NO	2
DON'T KNOW	9

16. Does your organisation provide an orientation package containing written HIV/AIDS educational materials upon appointment?

YES	1
NO	2
DON'T KNOW	9

17. What work related hazards are employees exposed to?

SHARP EXPOSURES	1
DUST EXPOSURE	2
CAR ACCIDENTS	3
FALLING OBJECTS	4
OVERCROWDING	5
INJURIES	6
OTHER _____	

(SPECIFY)

18. Does your Organisation provide assistance to employees exposed to workplace hazards?

YES.....	1
NO.....	2 SKIP TO Q20
DON'T KNOW....	9 SKIP TO Q21

19. What type of assistance

(SPECIFY) _____

20. Why does your Organisation not provide assistance?

21. Is there a referral mechanism within your organization for voluntary counseling and testing services?
- | | |
|------------|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 9 |
22. Is there a referral mechanism in place for STI services within your organisation?
- | | |
|------------|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 9 |
23. Is there a referral mechanism in place for the provision of HIV/AIDS related drugs (eg: ARV therapy)?
- | | |
|------------|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 9 |

E. PERSONAL PROTECTIVE EQUIPMENT

24. Do you have first aid kits available to employees within your organization?
- | | |
|------------|----------------------|
| YES | 1 |
| NO | 2 SKIP TO Q26 |
| DON'T KNOW | 9 SKIP TO Q26 |
25. How many first aid kits are located within your organization? _____
26. Are condoms available within your establishment?
- | | |
|------------|----------------------|
| YES | 1 |
| NO | 2 SKIP TO Q30 |
| DON'T KNOW | 9 SKIP TO Q30 |
27. Where are condoms available in this establishment?
- | | |
|-----------------------|-------|
| TOILETS | 1 |
| ADMINISTRATION OFFICE | 2 |
| OTHER | _____ |
- (SPECIFY)
28. Are male condoms made available to employees?
- | | |
|------------|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 9 |
29. Are female condoms made available to employees?
- | | |
|------------|---|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | 9 |

F. DISCRIMINATION AND STIGMATIZATION

30. Does your organisation require a medical exam on recruitment?

- YES 1
- NO 2
- DON'T KNOW 9

31. Does your organization pre-screen upon staff recruitment?

- YES 1
- NO 2 **SKIP TO Q33**
- DON'T KNOW 9 **SKIP TO Q33**

32. Does this include HIV screening?

- YES 1
- NO 2
- DON'T KNOW 9

33. Which of the following factors would reduce the chances of an employee from being promoted?

	YES	NO
ABSENTEEISM	1	2
HIV/AIDS	1	2
ALCOHOLISM	1	2
INSUBORDINATON	1	2
OTHER _____		
(SPECIFY)		

34. What factors does your organization take in consideration when assessing an employee for progression?

- ABSENTEEISM 1
 - HIV/AIDS 2
 - ALCOHOLISM 3
 - INSUBORDINATON 4
 - PERFORMANCE 5
 - YEARS OF SERVICE 6
 - OTHER _____
- (SPECIFY)

G. BENEFITS

35. When staff is withdrawn from usual responsibilities due to illness, would they still be entitled to their initial benefits? (e.g. specialized allowances)

- YES 1 **END INTERVIEW**
- NO 2

36. How are the benefits affected?

- REDUCED 1
 - CANCELLED 2
 - OTHER _____
- (SPECIFY)



Republic of Botswana

MINISTRY OF FINANCE AND DEVELOPMENT PLANNING
CENTRAL STATISTICS OFFICE
BOTSWANA AIDS IMPACT SURVEY 2004

COMMUNITY SCHEDULE

IDENTIFICATION				
Q01	DISTRICT NAME /CODE	_____		
Q02	LOCALITY NAME/CODE	_____		
Q03	STRATUM NAME/CODE	_____		
Q04	EA SERIAL NUMBER	_____		
Q05	EA NUMBER	_____		
Q06	INFORMANT.	_____		

Q07. INTERVIEWER VISITS				
VISIT NO.	1	2	3	FINAL VISIT
	DAY / MO. / YR.	DAY / MO. / YR.	DAY / MO. / YR.	
DATE	/ / /	/ / /	/ / /	DAY
INTERVIEWER NAME	_____	_____	_____	MONTH
INTERVIEWER CODE	_ _ _	_ _ _	_ _ _	YEAR
RESULT*	_	_	_	INT.ID
				RESULT

Starting Time:

Ending Time:

Next Visit:

DATE

/ / /

/ / /

TOTAL NO. OF VISITS

TIME

*RESULT CODES:

- 1 COMPLETED
- 2 PRESENT BUT NOT AVAILABLE FOR INTERVIEWS
- 3 POSTPONED
- 4 REFUSED
- 5 PARTLY COMPLETED
- OTHER _____ (SPECIFY)

*If lost but found please
Send to:
Central Statistics Office
P/B 0024, Gaborone
OR Nearest District
Commissioner's Office*

TEAM SUPERVISOR	DISTRICT SUPERVISOR	OFFICE EDITOR	KEYED BY	VERIFIED BY
NAME _____	NAME _____			
DATE _____	DATE _____			

NOTE: (a) Interview **at least six (6) informants in one community**

(b) Interview **one out of the following for each questionnaire**

- 1. COUNCILLOR 2. VDC MEMBER 3. SOCIAL WORKER 4. FWE 5. KGOSI 6. RELIGIOUS LEADER 7. PTA MEMBER
- 8. TRADITIONAL HEALER 9. SPIRITUAL HEALER 10. HEALTH WORKER 11.. NGO SERVICE PROVIDERS
- 12. HOME-BASED CARE VOLUNTEER

READ THE FOLLOWING GREETING:

Hello. My name is _____. I am representing the government Central Statistics Office. We are carrying out a survey of communities to get information about the health situation and related services that are available to these communities. I would like to ask you some questions about your community and how it has been affected by AIDS, as a way of better understanding how to help those in need of assistance. The interview will take approximately 45 minutes. Please be assured that this discussion is strictly confidential. May I continue?

1. INFORMANT INFORMATION			
No.	QUESTION	CODES	GO TO
C101	LANGUAGE OF INTERVIEW	SPECIFY _____ <input type="text"/>	
C102	SEX OF INFORMANT	MALE 1 FEMALE..... 2	
C103	INFORMANT CIRCLE THE ONE YOU HAVE INTERVIEWED.	COUNCILLOR 01 VDC MEMBER 02 SOCIAL WORKER 03 FWE.....04 KGOSI..... 05 RELIGIOUS LEADER..... 06 TRADITIONAL HEALER..... 07 SPIRITUAL HEALER..... 08 HEALTH WORKER.....09 HOME-BASED CARE VOLUNTEERS.....10 PTA MEMBER.....11 NGO SERVICE PROVIDER..... 12	

2. GENERAL COMMUNITY INFORMATION			
No.	QUESTIONS	CODING CLASSIFICATION	GO TO
C201	LOCALITY DESCRIPTION	TOWNS/CITIES 1 URBAN VILLAGE2 RURAL VILLAGE3 OTHER RURAL..... 4	
C202	What are the main access routes to this community? CIRCLE ALL THAT APPLY.	ALL WEATHER ROAD.....1 RAIL LINE2 WATERWAY.....3 PATH /TRACK4 OTHER _____ (SPECIFY)	
C203	What is the most common type of transportation used to go between this area and other villages or towns? CIRCLE ONLY ONE.	CAR.....1 TRUCK.....2 BUS/COMBI.....3 TRAIN4 MOTORCYCLE5 BICYCLE.....6 ANIMAL.....7 CART8 WALKING9 OTHER _____ (SPECIFY)	→205 →205 →205 →205
C204	How often is this type of transportation available?	MORE THAN ONCE A DAY..... 1 ONCE A DAY..... 2 MORE THAN ONCE A WEEK3 ONCE A WEEK 4 MONTHLY.....5 SEASONALLY 6 OTHER _____ (SPECIFY)	

C205	What are the main economic activities in this community? CIRCLE ALL THAT APPLY.	CROP FARMING.....01 LIVESTOCK02 FISHING.....03 TRADE.....04 HOTEL.....05 TOURISM.....06 MANUFACTURING.....07 GOVERNMENT(specify).....08 MINING.....09 POULTRY.....10 OTHER _____ (SPECIFY)
------	---	---

3. RESOURCES AVAILABLE IN THE COMMUNITY

C301	What kind of health facility do you have in the community? CIRCLE ALL THAT APPLY	HOSPITAL.....1 CLINIC.....2 HEALTH POST3 MOBILE CLINIC.....4 OTHER _____ (SPECIFY)															
C302	In your community do you have at least one of the following? READ OUT CIRCLE ALL THAT APPLY	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>NURSE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DOCTOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SOCIAL WORKER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FWE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	NURSE	1	2	DOCTOR	1	2	SOCIAL WORKER	1	2	FWE	1	2
	YES	NO															
NURSE	1	2															
DOCTOR	1	2															
SOCIAL WORKER	1	2															
FWE	1	2															

4. COMMUNITY HEALTH PROBLEMS AND AIDS ASSISTANCE

C401	What are the most common diseases and other health problems in this community? CIRCLE ALL THAT APPLY.	AIDS.....01 MALARIA.....02 TB.....03 DIARRHEAL DISEASE.....04 RESPIRATORY INFECTION.....05 HEART DISEASE.....06 MEASLES.....07 CANCER.....08 MALNUTRITION09 SEXUALLY TRANSMITTED DISEASES10 DON'T KNOW99 OTHER _____ (SPECIFY)	
C402	In the last 12 months have the deaths in your community increased, decreased, or stayed the same?	INCREASED 1 DECREASED.....2 STAYED THE SAME3	➔ 4 04 ➔ 404

C403	<p>What could have led to the increase CIRCLE ALL THAT APPLY.</p>	<p>AIDS01 MALARIA02 TB03 DIARRHEAL DISEASE04 RESPIRATORY INFECTION05 HEART DISEASE06 MEASLES07 CANCER08 MALNUTRITION.....09 SEXUALLY TRANSMITTED DISEASES10 ROAD TRAFFIC ACCIDENTS.....11 DON'T KNOW99 OTHER _____ (SPECIFY)</p>	<p>} 405</p>
C404	<p>What could have contributed to this?</p>	<p>ARV¹1 PMTCT²2 IPT³3 YOUTH GROUPS4 VILLAGE HEALTH COMMITTEE5 PEER EDUCATORS.....6 DON'T KNOW9 OTHER _____ (SPECIFY)</p>	
C405	<p>Where do most people go for help when they become ill? [PROBE] CIRCLE ALL THAT APPLY.</p>	<p>HOSPITAL.....01 FAMILY02 PRIVATE PRACTITIONERS.....03 SPIRITUAL HEALERS.....04 TRAD. HEALERS.....05 CLINIC.....06 CHURCH07 AIDS ORGANIZATION.....08 NGO/CBO.....09 _____ (NAME) NOWHERE TO GO.....10 OTHER _____ (SPECIFY) DON'T KNOW99</p>	

1 Antiretroviral Therapy
2 Prevention of Mother To Child Transmission
3 Isonized Preventive Therapy

C406	Has this community done anything specifically to help prevent the spread of HIV/AIDS?	YES.....1 NO2 DON'T KNOW9	→408 →408																																							
C407	What has been done to help prevent the spread of HIV/AIDS? [PROBE] MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.	HEALTH EDUCATION CAMPAIGNS.....1 EDUCATION IN SCHOOLS.....2 YOUTH PROGRAMS.....3 MEN'S PROGRAMS.....4 WOMEN'S PROGRAMS.....5 CONDOM DISTRIBUTION CAMPAIGN.....6 VCT (TEBELOPELE & HEALTH FACILITIES)7 PEER EDUCATION PROGRAMS.....8 OTHER _____ (SPECIFY)																																								
C408	Is there an HIV/AIDS Committee in this community?	YES..... 1 NO 2 DON'T KNOW9	→410 →410																																							
C409	Has the Committee met in the past month, or undertaken any activities in the past 12 months?	YES.....1 NO 2 DON'T KNOW9																																								
C410	Is HIV/AIDS discussed in the following forums by your community? READ OUT	<table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center">YES</th> <th style="text-align:center">NO</th> </tr> </thead> <tbody> <tr> <td>SCHOOLS</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>KGOTLA</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>BAR</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>ENTERTAINMENT AREAS</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>CHURCHES</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="2" style="text-align:center">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	SCHOOLS	1	2	KGOTLA	1	2	BAR	1	2	ENTERTAINMENT AREAS	1	2	CHURCHES	1	2	OTHER _____				(SPECIFY)																	
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OTHER _____																																										
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C411	Are the health workers in this community educating people about HIV / AIDS prevention and safe sex?	YES.....1 NO2 DON'T KNOW9																																								
C412	Are the following participating actively in HIV/AIDS prevention campaigns? READ OUT	<table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center">YES</th> <th style="text-align:center">NO</th> </tr> </thead> <tbody> <tr> <td>HEALTH WORKRES</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>TRADITIOANL HEALERS</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>RELIGIOUS LEADERS</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>NGO's</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>COUNCILLORS</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>PTA</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>KGOSI</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>SOCIAL WORKERS</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>HOME-BASED CARE VOLUNTEERS</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>VDC MEMBERS</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> </tr> <tr> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="2" style="text-align:center">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	HEALTH WORKRES	1	2	TRADITIOANL HEALERS	1	2	RELIGIOUS LEADERS	1	2	NGO's	1	2	COUNCILLORS	1	2	PTA	1	2	KGOSI	1	2	SOCIAL WORKERS	1	2	HOME-BASED CARE VOLUNTEERS	1	2	VDC MEMBERS	1	2	OTHER _____				(SPECIFY)		
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C413	<p>Where are condoms available in this community?</p> <p>CIRCLE ALL THAT APPLY.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>VILLAGE HEALTH CENTRE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>CHEMIST/PHARMACY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>HEALTH FACILITIES</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>SHOPS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>KIOSKS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>BARS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>TRADITIONAL HEALERS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>PUBLIC TOILETS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>WORKPLACE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>CBO's/NGO'S</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>OTHER _____</td><td></td><td></td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td><td></td></tr> <tr><td>DON'T KNOW</td><td colspan="2" style="text-align: right;">99</td></tr> </tbody> </table>		YES	NO	VILLAGE HEALTH CENTRE	1	2	CHEMIST/PHARMACY	1	2	HEALTH FACILITIES	1	2	SHOPS	1	2	KIOSKS	1	2	BARS	1	2	TRADITIONAL HEALERS	1	2	PUBLIC TOILETS	1	2	WORKPLACE	1	2	CBO's/NGO'S	1	2	OTHER _____			(SPECIFY)			DON'T KNOW	99		
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C414	<p>If a person wants to know their HIV status, where can he or she go to get tested?</p> <p>[PROBE]</p> <p>MORE THAN ONE ANSWER POSSIBLE.</p> <p>CIRCLE ALL THAT APPLY.</p>	<p>HEALTH FACILITY.....1</p> <p>VCT CENTRE.....2</p> <p>TEBELOPELE.....3</p> <p>NOWHERE TO GO.....4</p> <p>OTHER _____</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW9</p>	<p>→501</p> <p>→501</p>																																										
C415	<p>Is this place(s) located in the community?</p>	<p>YES.....1</p> <p>NO2</p>	<p>→417</p>																																										
C416	<p>How far away is the place from the community?</p>	<p>WITHIN 5 KM1</p> <p>6-10KM FROM HERE2</p> <p>DON'T KNOW9</p>																																											
C417	<p>Is the community satisfied with the services provided at this place?</p>	<p>YES.....1</p> <p>NO2</p>	<p>→501</p>																																										
C418	<p>IF C417 IS NOT SATISFIED</p> <p>Why not?</p> <p>[PROBE]</p> <p>MORE THAN ONE ANSWER IS POSSIBLE.</p> <p>CIRCLE ALL THAT APPLY.</p>	<p>OPENING TIMES INCONVENIENT.....1</p> <p>TOO FAR AWAY.....2</p> <p>COSTLY.....3</p> <p>POOR SERVICES.....4</p> <p>LONG WAITING TIME.....5</p> <p>LACK OF CONFIDENTIALITY.....6</p> <p>POOR TESTING/FALSE RESULTS.....7</p> <p>LANGUAGE BARRIER.....8</p> <p>OTHER _____</p> <p style="text-align: center;">(SPECIFY)</p>																																											

5A. ORGANIZATIONS THAT PROVIDE ASSISTANCE FOR PLWA (People Living with AIDS)			
<p>Now, I would like to ask you about where people in this community can get help when they are sick with AIDS. Please mention all sources of assistance, including organizations, health institutions, and individuals who may provide such assistance in this community. I will start by asking you about organizations, and the type of help they give. Then I will ask you about individuals, such as friends, family members, and relatives, and the type of help they give.</p>			
<p>C501. Do you have organizations in this community which provide help to people living with AIDS? IF YES, LIST THEIR NAMES BELOW IF NO GO TO C505</p>	<p>C502. What kind of organization is this?</p>	<p>C503. Overall, how helpful is the assistance provided by this organization?</p>	<p>C504. What type of help does this organization give? CIRCLE ALL THAT APPLY</p>
<p>1. _____</p>	<p>NGO01 WOMEN'S GROUP02 MEN'S GROUP03 YOUTH GROUP04 RELIGIOUS SUPPORT GROUP05 CBO06 GOVT HEALTH FACILITY STAFF07 PRIVATE HEALTH FACILITY STAFF08 OTHER GOVT ORG09 TRAD. HEALERS10 OTHER _____ (SPECIFY CIFY)</p>	<p>HELPFUL 1 INSUFFICIENT 2 NOT HELPFUL 3 DONT KNOW9</p>	<p>COUNSELING 1 EDUCATION 2 FREE MEDICINE 3 FOOD 4 MONEY 5 INCOME-GENERATING PROJ 6 SPIRITUAL SUPPORT7 PSYCHOSOCIAL SUPPORT8 HOME-BASED CARE9 OTHER _____ (SPECIFY)</p>
<p>2. _____</p>	<p>NGO01 WOMEN'S GROUP02 MEN'S GROUP03 YOUTH GROUP04 RELIGIOUS SUPPORT GROUP05 CBO06 GOVT HEALTH FACILITY STAFF07 PRIVATE HEALTH FACILITY STAFF08 OTHER GOVT ORG09 TRAD. HEALERS10 OTHER _____ (SPECIFY CIFY)</p>	<p>HELPFUL 1 INSUFFICIENT 2 NOT HELPFUL 3 DONT KNOW9</p>	<p>COUNSELING 1 EDUCATION 2 FREE MEDICINE 3 FOOD 4 MONEY 5 INCOME-GENERATING PROJ 6 SPIRITUAL SUPPORT7 PSYCHOSOCIAL SUPPORT8 HOME-BASED CARE9 OTHER _____ (SPECIFY)</p>
<p>3. _____</p>	<p>NGO01 WOMEN'S GROUP02 MEN'S GROUP03 YOUTH GROUP04 RELIGIOUS SUPPORT GROUP05 CBO06 GOVT HEALTH FACILITY STAFF07 PRIVATE HEALTH FACILITY STAFF08 OTHER GOVT ORG09 TRAD. HEALERS10 OTHER _____ (SPECIFY CIFY)</p>	<p>HELPFUL 1 INSUFFICIENT 2 NOT HELPFUL 3 DONT KNOW9</p>	<p>COUNSELING 1 EDUCATION 2 FREE MEDICINE 3 FOOD 4 MONEY 5 INCOME-GENERATING PROJ 6 SPIRITUAL SUPPORT7 PSYCHOSOCIAL SUPPORT8 HOME-BASED CARE9 OTHER _____ (SPECIFY)</p>
<p>4. _____</p>	<p>NGO01 WOMEN'S GROUP02 MEN'S GROUP03 YOUTH GROUP04 RELIGIOUS SUPPORT GROUP05 CBO06 GOVT HEALTH FACILITY STAFF07 PRIVATE HEALTH FACILITY STAFF08 OTHER GOVT ORG09 TRAD. HEALERS10 OTHER _____ (SPECIFY CIFY)</p>	<p>HELPFUL 1 INSUFFICIENT 2 NOT HELPFUL 3 DONT KNOW9</p>	<p>COUNSELING 1 EDUCATION 2 FREE MEDICINE 3 FOOD 4 MONEY 5 INCOME-GENERATING PROJ 6 SPIRITUAL SUPPORT7 PSYCHOSOCIAL SUPPORT8 HOME-BASED CARE9 OTHER _____ (SPECIFY)</p>

5A. ORGANIZATIONS THAT PROVIDE ASSISTANCE FOR PLWA (People Living with AIDS)			
5. <hr/>	NGO.....01	HELPFUL..... 1	COUNSELING 1
	WOMEN'S GROUP02	INSUFFICIENT..... 2	EDUCATION 2
	MEN'S GROUP.....03	NOT HELPFUL 3	FREE MEDICINE 3
	YOUTH GROUP.....04	DONT KNOW.....9	FOOD 4
	RELIGIOUS SUPPORT GROUP.....05		MONEY 5
	CBO06		INCOME-GENERATING PROJ 6
	GOVT HEALTH FACILITY		SPIRITUAL SUPPORT.....7
	STAFF.....07		PSYCHOSOCIAL SUPPORT.....8
	PRIVATE HEALTH FACILITY		HOME-BASED CARE.....9
	STAFF.....08		OTHER _____ (SPECIFY)
	OTHER GOVT ORG09		
	TRAD. HEALERS10		
	OTHER _____ (SPECIFY)		
	CIFY)		

5B. INDIVIDUALS PROVIDING PERSONAL ASSISTANCE TO PLWA (People Living with AIDS)

Now, I would like to ask you about individuals, including friends, family members, and relatives, and the type of help they give to people with AIDS.

<p>C505. Do you have individuals in this community who personally provide help to people with AIDS? IF YES, LIST THEIR NAMES BELOW IF NO END INTERVIEW</p>	<p>C506. RECORD TYPE OF INDIVIDUAL CIRCLE ALL THAT APPLY.</p>	<p>C507. Overall, how helpful is the assistance provided by this individual?</p>	<p>C508. What type of help does this individual give? CIRCLE ALL THAT APPLY.</p>
<p>1. _____</p>	<p>FAMILY MEMBER 1 FRIENDS2 NEIGHBORS3 CHURCH MEMBER 4 OTHER5 _____ (SPECIFY)</p>	<p>HELPFUL1 INSUFFICIENT.....2 NOT HELPFUL.....3 DONT KNOW.....9</p>	<p>FOOD PROVISION 1 FOOD PREPARATION2 CHILD CARE3 HOUSEWORK 4 MONEY..... 5 EMOTIONAL SUPPORT..... 6 OTHER7 _____ (SPECIFY)</p>
<p>2. _____</p>	<p>FAMILY MEMBER 1 FRIENDS2 NEIGHBORS3 CHURCH MEMBER 4 OTHER5 _____ (SPECIFY)</p>	<p>HELPFUL1 INSUFFICIENT.....2 NOT HELPFUL.....3 DONT KNOW.....9</p>	<p>FOOD PROVISION 1 FOOD PREPARATION2 CHILD CARE3 HOUSEWORK 4 MONEY..... 5 EMOTIONAL SUPPORT..... 6 OTHER7 _____ (SPECIFY)</p>
<p>3. _____</p>	<p>FAMILY MEMBER 1 FRIENDS2 NEIGHBORS3 CHURCH MEMBER 4 OTHER5 _____ (SPECIFY)</p>	<p>HELPFUL1 INSUFFICIENT.....2 NOT HELPFUL.....3 DONT KNOW.....9</p>	<p>FOOD PROVISION 1 FOOD PREPARATION2 CHILD CARE3 HOUSEWORK 4 MONEY..... 5 EMOTIONAL SUPPORT..... 6 OTHER7 _____ (SPECIFY)</p>
<p>4. _____</p>	<p>FAMILY MEMBER 1 FRIENDS2 NEIGHBORS3 CHURCH MEMBER 4 OTHER5 _____ (SPECIFY)</p>	<p>HELPFUL1 INSUFFICIENT.....2 NOT HELPFUL.....3 DONT KNOW.....9</p>	<p>FOOD PROVISION 1 FOOD PREPARATION2 CHILD CARE3 HOUSEWORK 4 MONEY..... 5 EMOTIONAL SUPPORT..... 6 OTHER7 _____ (SPECIFY)</p>
<p>5. _____</p>	<p>FAMILY MEMBER 1 FRIENDS2 NEIGHBORS3 CHURCH MEMBER 4 OTHER5 _____ (SPECIFY)</p>	<p>HELPFUL1 INSUFFICIENT.....2 NOT HELPFUL.....3 DONT KNOW.....9</p>	<p>FOOD PROVISION 1 FOOD PREPARATION2 CHILD CARE3 HOUSEWORK 4 MONEY..... 5 EMOTIONAL SUPPORT..... 6 OTHER7 _____ (SPECIFY)</p>

THANK RESPONDENTS AND END THE INTERVIEW