

**Integrated Behavioral and Biological Assessment (IBBA) 2006
Avahan Project with support from the Bill and Melinda Gates Foundation**

INTRODUCTION

1. Greetings (for example: Good Morning/Good Afternoon/Good Evening).
2. Introduce yourself.
3. Emphasize the confidentiality and importance of the responses, and let people know that the names of respondents are not recorded.
4. Thank the person for having agreed to participate.

Note to interviewers:

1. **Set up a private atmosphere in which to conduct the interview, and makes sure there is no one else present while the interview takes place**
2. **This sheet (Block I and II) must be completed IN FULL for ALL respondents selected for the study. The interviewer would fill in the CODE column, the supervisor should refer to the validation check points and scrutinize all responses. The Editor/Data Manager will fill the CODE BOXES.**
3. **Block I, questions 101, 102, and 103 need to be completed by the interviewer before starting the interview. Question 104 and 105 should be completed by the interviewer at the end of the interview.**
4. **Block I, questions 106, 107, 108 and 109 and the ENTIRE section of Block II need to be completed by the supervisor.**

BLOCK I. INTERVIEW INFORMATION AND CONSENT STATUS					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
101	Name and code number of Interviewer	Name _____			<input type="text"/> <input type="text"/>
102	Date of interview	Date _____	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/>
103	Consent Status	Agreed for behavioral only Agreed for behavioral and biological	01 02		<input type="text"/> <input type="text"/>
104	Language of the interview	Bengali English Hindi Kannada Marathi Tamil Telugu Other	01 02 03 04 05 06 07 97		<input type="text"/> <input type="text"/>
105	Completion Status – Behavioral	Completed interview Did not complete interview	01 02		<input type="text"/> <input type="text"/>
106	Completion status – Biological Instruction: <i>Skip this question if the code in Q103 is '01'</i>	Only blood sample collected Only urine sample collected Both blood and urine sample collected	01 02 03		<input type="text"/> <input type="text"/>
107	Genital swab collection	Swab taken Swab not taken	01 02		<input type="text"/> <input type="text"/>
108	Supervision work and checks done by the supervisor	a. The questionnaire ID was checked b. The entire questionnaire was checked for errors	No 00 00	Yes 01 01	a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/>
109	These responses for the questionnaire have been scrutinized for completeness and consistency by:				
	Name of supervisor _____ a. Code of Supervisor <input type="text"/> <input type="text"/>	Date of examination b. Day c. Mo d. Yr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Signature		

BLOCK II. IDENTIFICATION OF GROUP/PLACE (To be filled by the supervisor)					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
201	Group	Male Clients	06		<input type="checkbox"/> <input type="checkbox"/>
202	Name of State	Andhra Pradesh Maharashtra Tamil Nadu	01 02 05		<input type="checkbox"/> <input type="checkbox"/>
203	Name of District	Name _____			<input type="checkbox"/> <input type="checkbox"/>
204	Name of City/Town/village	Name _____			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
205	Name and code of locale (cluster #)	Name _____			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
206	Type of locale	Brothel Service Bar Lodge Street Home Other _____ (SPECIFY)	01 02 03 04 05 97		<input type="checkbox"/> <input type="checkbox"/>
207	Is this an Avahan intervention site?	No Yes Don't know	00 01 98		<input type="checkbox"/> <input type="checkbox"/>
	SUPERVISOR TO FILL IN				

BLOCK III. DEMOGRAPHIC CHARACTERISTICS					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
301	How old are you now?	Age in completed years: _____ Don't know	98		<input type="text"/> <input type="text"/>
302	Can you read and write? Interviewer to probe appropriate response	Illiterate Can read only Can read and write	00 01 02		<input type="text"/> <input type="text"/>
303	What is your main occupation DO NOT READ RESPONSES CIRCLE ONLY ONE	Unemployed Student Domestic servant Agricultural labour Non-agricultureal/casual labour Cultivator Skilled/semiskilled labour Petty businessman/shop owner Large businessman/shop owner Bus / Truck drivers / helpers Other transport workers Service (Govt / Pvt.) Others (Specify) _____ No answer	00 01 02 03 04 05 06 07 08 09 10 11 97 99		<input type="text"/> <input type="text"/>
304	Have you ever been married?	No Yes	00 01	► 306	<input type="text"/> <input type="text"/>
305	Do you have a main / steady sexual partner? INTERVIEWER TO PROBE AND RECORD	No Yes No answer	01 02 99	► 401 ► 401 ► 401	<input type="text"/> <input type="text"/>
306	What is your current marital status? READ ALL RESPONSES CIRCLE ONLY ONE	Married – living with spouse Married – living with / have sexual partner other than spouse Married – living alone Divorced/ separated – living alone Divorced/separated – living with / have other sexual partner Widower – living alone Widower - living with partner Other No answer	01 02 03 04 05 06 07 97 99		<input type="text"/> <input type="text"/>

BLOCK IV - MOBILITY					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
401	<p>a. Where do you live currently (<i>place where you have presently based yourself to earn a living / to carry out present occupation</i>)?</p> <p>b. Which is the most prominent city / town closest to your current place of residence?</p> <p>c. Which is the closest railway station?</p> <p>PROBE AND RECORD THE NAME OF THE CITY/VILLAGE, DISTRICT AND STATE WHERE THE RESPONDENT USUALLY LIVES</p>	<p>a. Village/City/Town _____</p> <p>b. Close prominent city / town _____</p> <p>c. Nearest railway station _____</p> <p>d. District: _____</p> <p>e. State _____</p> <p>f. Country _____</p> <p>Same as the place of survey</p> <p>Don't know</p> <p>No answer</p>	<p>888</p> <p>998</p> <p>999</p>		<p>a. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f. <input type="text"/> <input type="text"/> <input type="text"/></p>
402	Where does your spouse / the steady sexual partner live?	<p>Does not have a spouse or a steady sexual partner</p> <p>Lives at the current place of residence (Q401)</p> <p>Lives at home town / village</p> <p>Elsewhere</p> <p>No answer</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>99</p>		<p><input type="text"/> <input type="text"/></p>
403	<p>How often did you travel outside your current place of residence in the last one year?</p> <p>(Exclude incidents of 'commuting' to nearby places and coming back to the current place of residence at night. Include incidents of traveling and staying overnight at places away from the current place of residence)</p>	<p>Not at all</p> <p>More than once a week</p> <p>Once or twice a month</p> <p>Once every 2 to 3 months</p> <p>Once every 4 to 6 months</p> <p>Once or twice a year</p> <p>Other (Specify) _____</p> <p>No answer</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>06</p> <p>97</p> <p>99</p>	<p>► 501</p> <p>► 501</p>	<p><input type="text"/> <input type="text"/></p>

#	Question			Pre-coded Answers	Codes	Skip to	Code Boxes
404	Which is the last place you have traveled?(Interviewer: Start with the place of interview if that is not current place of residence; Record name of place/ district/state and then ask); and how about before that, where did you travel before that place? Etc. (Interviewer: ask places visited in the last year or a maximum of five places; record each place and then ask) Can you tell me the following details about your visit to this place? (Interviewer: then ask the remaining four questions for each place visited).						
	City/town/village	District	State	What was the main reason for your last visit to this place? 01= Related to work 02= To visit Home Town / village 03= Tour/holiday/Travel 04= To visit sex worker 05= To visit spouse / steady sexual partner 97= Other _____ (Specify) 99= No answer Interviewer probe and record responses	How many times did you visit this place in the last one year? _____ Number of times 99 = No Answer Interviewer probe and record responses	On average how many days did you stay in this place during each visit? 99 = No Answer	Did you buy sex from FSWs during any of your visit there in the past one year? 00 = No 01= Yes 99=No Answer
a.				<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b.				<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c.				<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
d.				<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
e.				<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Block V. FEMALE SEXUAL PARTNERS					
Now I would like to ask some questions about your sexual history					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
501	How old were you when you first had sexual intercourse? (Sexual intercourse means inserting penis in vagina or anus)	Age in completed years _____ Don't know / Don't remember No answer	98 99		<input type="text"/> <input type="text"/>
502	How old were you the first time you paid a female sex worker to have sexual intercourse with you?	Age in completed years _____ Don't know / Don't remember No answer	98 99		<input type="text"/> <input type="text"/>
Female Sex Worker					
503	Where do you most often go to pick up female sex workers? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Bar/Night club Public place (street/park/railway station) Agent Brothel Hotel/Lodge Home Dhaba Other _____(SPECIFY) No answer	01 02 03 04 05 06 07 97 99		<input type="text"/> <input type="text"/>
504	How many different female sex workers did you have sexual intercourse with: a. in the past one month ? b. In the past six months ?	# of partners in the past one month _____ # of partners in the past six months _____ Don't remember No answer	98 99		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/>
505	How many times did you have sex with the female sex workers: a. in the past one month ? b. In the past six months ?	# of sexual intercourse in past 1month _____ # of sexual intercourse in past 6months _____ Don't remember No answer	998 999		a. <input type="text"/> <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> <input type="text"/>
506	How many of these different sex workers that you had sex with in the past 6 months were: a. Occasional, and b. Regular BY 'OCCASIONAL' I MEAN THE SEX WORKERS WHO YOU PAID FOR SEX ONLY ONCE OR A FEW TIMES MORE BUT YOU DO NOT REMEMBER THEIR FACES OR DO NOT KNOW THEM. BY 'REGULAR' I MEAN THE SEX WORKERS WHO YOU PAID FOR SEX AND YOU RECOGNIZE THEM WELL, OR BUY SEX REPEATEDLY AND YOU KNOW THEM PROMT AND RECORD RESPONSE	a. ____ Occasional Sex workers b. ____ Regular Sex workers No answer	99		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/>

OCCASIONAL SEX WORKERS					
507	Have you had sex with an occasional FSW before this interview today?	No Yes No answer	00 01 99	▶ 507b	<input type="checkbox"/> <input type="checkbox"/>
507a	Was a condom used the last time you had sexual intercourse with an occasional FSW?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
507b	Was a condom used the time prior to this time you had sexual intercourse with an occasional FSW?	No Yes Don't remember No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
508	In general, how often do you use condom with these occasional female sex workers? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never No answer	01 02 03 04 99	▶ 510 ▶ 510 ▶ 510 ▶ 510	<input type="checkbox"/> <input type="checkbox"/>
509	How long have you been using condoms EVERY TIME you had sexual intercourse with these occasional female sex workers?	Number of months _____ No answer	999		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REGULAR SEX WORKER					
I am now going to ask you some questions about the REGULAR FEMALE SEX WORKERS we talked about earlier:					
510	Did you pay to have sexual intercourse with any Regular Female Sex Worker in the past one year?	No Yes Don't remember No answer	00 01 98 99	▶ 514 ▶ 514 ▶ 514	<input type="checkbox"/> <input type="checkbox"/>
511	Have you had sex with an regular FSW before this interview today?	No Yes No answer	00 01 99	▶ 511b	<input type="checkbox"/> <input type="checkbox"/>
511a	Was a condom used the last time you had sexual intercourse with a regular FSW?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
511b	Was a condom used the time prior to this time you had sexual intercourse with a regular FSW?	No Yes Don't remember No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
512	In general, how often do you use condom with these Regular female sex workers? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never No answer Not applicable	01 02 03 04 99 96	▶ 514 ▶ 514 ▶ 514 ▶ 514 ▶ 514	<input type="checkbox"/> <input type="checkbox"/>
513	How long have you been using condoms EVERY TIME you had sexual intercourse with these regular female sex workers?	Number of months _____ No answer	999		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
REGULAR AND OCCASIONAL FEMALE SEX WORKERS					
514	The last time when you did not use a condom with any FSW, what was the main reason for not using condom then? Do not read out answers. Interviewer to PROBE and record response. Circle one.	Condom was not available at the place (of sex) The sex worker did not have condom Condom costs too much Don't like using condom The thought of using condom did not occur in mind Used other contraceptives Partner did not want Never heard of or seen a condom before Used condom every time Other _____(SPECIFY) No answer	01 02 03 04 05 06 07 08 09 97 99		<input type="checkbox"/> <input type="checkbox"/>
515	Did you ever have anal sex with a female sex worker?	No Yes No answer	00 01 99	► 518 ► 518	<input type="checkbox"/> <input type="checkbox"/>
516	How many times did you have anal sex the female sex workers in the past: a. One month b. Six months	a. # of times in the past one month _____ *b. # of times in the past six months _____ Don't remember No answer *(if answer in Q516b is '00', skip to Q518)	98 99		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
517	How often did you use condom while having anal sex with a female sex worker in the past six months?	Every time Most of the times Some times Never Never heard of or seen a condom before No answer	01 02 03 04 05 99		<input type="checkbox"/> <input type="checkbox"/>
518	While having vaginal or anal intercourse with a regular or occasional female sex worker, has there been even one occasion in the last six months when you have not used a condom?	No Yes Never heard of or seen a condom before No Answer	00 01 96 99		<input type="checkbox"/> <input type="checkbox"/>
NON-PAID FEMALE PARTNERS – MAIN / STEADY PARTNER					
519	Do you have a main / steady female sexual partner? <i>(The partner you don't pay to have sex with, like your spouse / girlfriend – if not married)</i> <i>Cross check with Block III- Q304, 305 & 306</i>	No Yes No answer	00 01 99	► 524 ► 524	<input type="checkbox"/> <input type="checkbox"/>
520	How long have you been having sexual relations with this main / steady partner? QUESTION IS OPEN-ENDED. LISTEN TO RESPONSE	In months _____ No answer	999		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
521	How many times did you have sexual intercourse with this main / steady female sex partner in the last 6 months?	# of sexual intercourse _____ If "000" Don't remember No answer	998 999		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
522	In general, how often do you use condom with your regular partner? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never No answer	01 02 03 04 99	► 524 ► 524 ► 524 ► 524	<input type="checkbox"/> <input type="checkbox"/>
523	How long have you been using condoms EVERY TIME you had sexual intercourse with your regular partner?	Number of months _____ No answer	999		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
OTHER NON-PAID / CASUAL FEMALE PARTNERS					
524	Did you have sexual intercourse with any Other Non-paid / casual Female partners In the past one year? (Female partners other than your steady / main partner and female sex workers with whom you casually had sex with and did not pay)	No Yes No answer	00 01 99	► 527 ► 527	<input type="text"/> <input type="text"/>
525	How many such partners have you had in the past one year?	# of other non-paid / casual partners ____ No answer	99		<input type="text"/> <input type="text"/>
526	The last time you had sexual intercourse with any of these partners, did you use a condom?	No Yes Never heard of or seen a condom before No answer	00 01 96 99		<input type="text"/> <input type="text"/>
NON-PAID FEMALE PARTNERS – MAIN / STEADY PARTNER & CASUAL PARTNER (Instruction: Do not ask the following questions if the answer is 'NO' in both Q519 & Q524)					
527	Did you ever have anal sex with your non-paid female partners (include steady partner & casual partners)?	No Yes No answer	00 01 99	► 601 ► 601	<input type="text"/> <input type="text"/>
528	How many times did you have anal sex with your non-paid female partners (include steady partner & casual partners) in the past: c. One month d. Six months	a. # of times in the past one month ____ *b. # of times in the past six months ____ Don't remember No answer *(if answer in Q528b is '00', skip to Q601)	98 99		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/>
529	How often did you use condom while having anal sex with your non-paid female partners (include steady partner & casual partners) in the past six months?	Every time Most of the times Some times Never Never heard of or seen a condom before No answer	01 02 03 04 05 99		<input type="text"/> <input type="text"/>

BLOCK VI. MALE / HIJRA SEXUAL PARTNERS					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
601	Have you ever had anal intercourse with a man / hijra in the last six months?	No Yes No answer	00 01 99	► 701	<input type="text"/> <input type="text"/>
602	How many different male / hijra partners did have anal intercourse with: c. in the past three months? d. In the past 6 months?	# of partners in the past 3 months ____ # of partners in the past 6 months ____ Don't remember No answer	98 99		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/>
603	How many of these male / hijra partners did you pay to have anal intercourse with: c. in the past three month? d. In the past 6 months?	# of paid partners in past 3months ____ # of paid partners in past 6months ____ Don't remember No answer	998 999		a. <input type="text"/> <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> <input type="text"/>
604	How many times did you have anal intercourse with male / hijra partners: e. in the past three month? f. In the past 6 months?	# of sexual intercourse in past 3months ____ # of sexual intercourse in past 6months ____ Don't remember No answer	998 999		a. <input type="text"/> <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> <input type="text"/>

BLOCK VI. MALE / HIJRA SEXUAL PARTNERS <small>Continued ...</small>					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
605	The last time you had anal intercourse with any of these male / hijra partners, was a condom used?	No Yes Never heard or seen a condom before No answer	00 01 96 99	▶ 701	<input type="checkbox"/> <input type="checkbox"/>
606	In general, while having anal intercourse, how often do you or your male partners use condom? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never No answer	01 02 03 04 99	▶ 701 ▶ 701 ▶ 701 ▶ 701	<input type="checkbox"/> <input type="checkbox"/>
607	How long have you or your paid partners been using condoms EVERY TIME you had anal intercourse?	Number of months _____ No answer	 99		<input type="checkbox"/> <input type="checkbox"/>

BLOCK VII. CONDOM AND INJECTION PRACTICE					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
701	a. Are you carrying a condom with you now? (ask this question if the respondent did not have sex with a FSW yet) b. Did you carry a condom with you when you came to visit a female sex worker at this place? (ask this question if the respondent has already had sex with a FSW)	No Yes Never heard of or seen a condom before No answer	00 01 02 99		<input type="checkbox"/> <input type="checkbox"/>
702	Have you been circumcised?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
703	In the last one year, have you received, as an adult, an injection from a medical doctor, nurse, RMP or traditional medical practioner?	No Yes Don't remember	00 01 98	▶ 705 ▶ 705	<input type="checkbox"/> <input type="checkbox"/>
704	How many injections have you received for medical purpose in the last one year?	Number of injections _____ Don't remember	 98		<input type="checkbox"/> <input type="checkbox"/>
705	Have you ever been given blood transfusion at any time in your life? For e.g. a surgery, treatment after accident, or otherwise...	No Yes Don't know	00 01 98		<input type="checkbox"/> <input type="checkbox"/>
706	Have you ever injected drugs for non-medical reasons? (to feel good, get a high etc...)	No Yes No answer	00 01 99	▶ 801 ▶ 801	<input type="checkbox"/> <input type="checkbox"/>
707	Think of the last time you injected drugs for non-medical purpose. How many people did you share (give or take) the needle and syringe with that time?	Number of people _____ If injected alone Don't remember No answer	 00 98 99		<input type="checkbox"/> <input type="checkbox"/>
708	In the past one year, how often did you share (give or take) needle and syringe with others while injecting drugs?	Every time Most of the time Sometimes Never Never injected drug in the past one year No answer	01 02 03 04 96 99		<input type="checkbox"/> <input type="checkbox"/>

BLOCK VIII. SEXUALLY TRANSMITTED INFECTIONS (STI)						
Now I would like to ask about your health						
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes	
801	In the last 12 months, have you had any of the following symptoms? (Read out responses , record only one response) Multiple responses possible	Urethral discharge Genital ulcers or sores Swellings in groin (scrotal) area Burning pain on urination Can not retract foreskin None No answer	01 02 03 04 05 96 99	► 901 ► 901	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
802	What was the most recent of these you have suffered from in the past 12 months? (Read out responses, record only one symptom)	Urethral discharge Genital ulcers or sores Swellings in groin (scrotal) area Burning pain on urination Can not retract foreskin None No answer	01 02 03 04 05 96 99		<input type="checkbox"/> <input type="checkbox"/>	
803. What did you do about the symptom? (Refer to the symptom reported in Q802) This question has two kinds of responses: (a) Spontaneous response (b) Prompted response						
Let the respondent answer first, then match his answers with the statements found in column [1] and circle the number in Column (2) for each appropriate answer. Then read out loud the answers that have not yet been mentioned and circle the respondent's answer in Column [3], [4] or [5] as appropriate.						
Methods to use		Spontaneous	Aided			
		Yes	Yes	No		Don't know
(1)		(2)	(3)	(4)	(5)	(6)
a. Sought advice/medicine from KEY CLINIC Prompt with LOGO of KEY Clinic		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
b. Sought advice/medicine from a government clinic or hospital?		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
c. Sought advice/medicine from an NGO or charity-run clinic or hospital?		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
d. Sought advice/medicine from a private clinic or hospital?		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
e. Sought advice/medicine from a private pharmacy?		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
f. Sought advice/medicine from a non-allopathic doctor? (adapt terminology)		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
g. Took medicine I had at home		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
h. Told my sexual partner about the STI		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
i. Stopped having sex during the time when I had the symptoms?		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
j. Used condoms If answer to 'i' is 'YES' answer should be 'NO' here (J)		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
k. Did nothing ► 901		01				<input type="checkbox"/> <input type="checkbox"/>
z. Other(s), specify:		01		00		<input type="checkbox"/> <input type="checkbox"/>

#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
804	How long did you have this symptom before seeking treatment? IF < 30 DAYS RECORD RESPONSE IN DAYS IF >=30 DAYS RECORD RESPONSE IN MONTHS	a. Days _____ b. Months _____ Don't know / remember No answer	98 99		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/>

BLOCK IX. KNOWLEDGE OF HIV/AIDS AND ITS PREVENTION					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
901	Have you ever heard of HIV/AIDS before this interview?	No Yes No answer	00 01 99	► 1001 ► 1001	<input type="text"/> <input type="text"/>
902	Do you yourself feel you are at risk to be infected with HIV/AIDS?	No Yes Dont know No answer	00 01 98 99		<input type="text"/> <input type="text"/>
903	Can you tell me, have you ever taken an HIV/AIDS test?	No Yes No answer	00 01 99	► 905 ► 905	<input type="text"/> <input type="text"/>
904	Did you collect the test result? Explain that the interviewer does not want to know the test result	No Yes No answer	00 01 99		<input type="text"/> <input type="text"/>
905	Can you tell me whether there are any drugs that can help treat people who have HIV / AIDS?	No Yes Don't know No answer	00 01 98 99		<input type="text"/> <input type="text"/>
906	Have you ever heard of ART (Anti retorviral therapy)?	No Yes No answer	00 01 99		<input type="text"/> <input type="text"/>

BLOCK X. PROGRAM EXPOSURE INFORMATION					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
READ OUT TO THE RESPONDENT: Please think of advertisements or messages you have ever seen . heard/read about condoms, STI (Sexually Transmitted Infections - use media term) and HIV / AIDS in the past six months and respond to the following questions					
1001	In the past six months have you heard / seen or read any advertisement or messages on Condoms ?	No Yes No answer	00 01 99		<input type="text"/> <input type="text"/>
1002	In the past six months have you heard / seen or read any advertisement or messages on STI (use local media term) ?	No Yes No answer	00 01 99		<input type="text"/> <input type="text"/>
1003	In the past six months have you heard / seen or read any advertisement or messages on Key Clinic ?	No Yes No answer	00 01 99		<input type="text"/> <input type="text"/>
1004	Have you ever been to a Key Clinic for getting treatment of any kind of ailment?	No Yes No answer	00 01 99	► End ► End	<input type="text"/> <input type="text"/>
1005	Have you ever been to a Key Clinic for getting treatment of STI ?	No Yes Never experienced any STI symptom No answer	00 01 03 99		<input type="text"/> <input type="text"/>

NOTES

The Data Entry Operators and Data Entry Supervisor will fill up

Data Entry	Name of the DEO and Supervisor	Signature	Date
Data Entered at the District			
Data Entry Checked at the district			
Data Re-entered at the ICMR Institute			
Data Entry Checked at the ICMR Institute			