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INTEGRATED BEHAVIORAL AND BIOLOGICAL ASSESSMENT (IBBA) 2007 NATIONAL HIGHWAYS

**National Institute of Medical Statistics (NIMS), ICMR, New Delhi
Family Health International**

Avahan Project with support from the Bill and Melinda Gates Foundation

Long Distance Truck Drivers' Questionnaire

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. After selecting the respondents, the ideal condition is that the interviewers should escort truck drivers to interviewing area inside the clinic for the behaviour interview. However, in case the truck driver does not feel comfortable to stay away from his vehicle for a longer period of time, then the interviewer should conduct the interview in a place where the truck drivers feels more comfortable at but ensure that during the interview no one else is present and no one overhears the interview.
2. Block I and II must be completed IN FULL for ALL respondents selected and gave their consent 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 Data Editor will fill the CODE BOXES.
3. Block I, questions 101 &, 102 need to be completed by the interviewer before starting the interview. Question 103 & 104 should be completed at the end of the interview. In Block I Q.107 and the ENTIRE Block II to be completed by the supervisor.
4. Read out the options for the questions wherever instructed.
5. All the questions are supposed to have single answer, except for the questions wherever it has been mentioned multiple response.

BLOCK I. INTERVIEW INFORMATION & CONSENT STATUS					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
101	Name and code number of Interviewer	Name _____			<input type="checkbox"/> <input type="checkbox"/>
102	Date of interview	Date _____	Day <input type="checkbox"/> <input type="checkbox"/>	Month <input type="checkbox"/> <input type="checkbox"/>	Year <input type="checkbox"/> <input type="checkbox"/>
103	Consent Status	Agreed for behavioural Only	1		<input type="checkbox"/>
		Agreed for both behavioural and Biological.....	2		
104	Completion Status – Behavioral	Completed interview.....	1		<input type="checkbox"/>
		Did not complete interview	2		
105	Completion status – Biological Instruction: <i>Skip this question if the code in Q103 is '1'</i>	Only blood sample collected.....	1		<input type="checkbox"/>
		Only urine sample collected.....	2		
		Both blood and urine sample collected.....	3		
106	Genital swab collection Instruction: <i>Skip this question if the code in Q103 is '1'</i>	Swab taken	1		<input type="checkbox"/>
		Swab not taken	2		
107	These responses for the questionnaire have been scrutinized for completeness and consistency by:				
	Name of supervisor _____ a. Code of Supervisor <input type="checkbox"/> <input type="checkbox"/>	Date of Scrutiny b. Day c. Mo d. Yr <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Signature		

BLOCK II. IDENTIFICATION DETAILS (To be filled by the supervisor)					
#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
201	Route Category	North to East North to South North to West South to East	01 02 03 04		<input type="checkbox"/> <input type="checkbox"/>
202	Name of the city	Ahmedabad..... Bangalore Delhi Kandla Kolkata Mumbai	01 02 03 04 05 06		<input type="checkbox"/> <input type="checkbox"/>
#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
203	Name of transshipment Location	Narol Chowkadi..... Nelemangla Ghaziabad SGTN Gandhidham Territy Bazar Kalamboli	01 02 03 04 05 06 07		<input type="checkbox"/> <input type="checkbox"/>
204	Name and code of TE	Name _____			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
205	Name and code of TLC/ PSU	Name _____			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
206	Language used to interview Truckers	Bengalee Gujarathi Kannada Haryanavi..... Hindi..... Marathi Malyalam Punjabi Tamil..... Telegu Others (SPECIFY) _____	01 02 03 04 05 06 07 08 09 10 97		<input type="checkbox"/> <input type="checkbox"/>
BLOCK III. DEMOGRAPHIC PROFILE & WORK					
#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
301	How old are you now?	Age in completed years: _____			<input type="checkbox"/> <input type="checkbox"/>
		Don't know	98		
302	Can you read and write?	Cannot read and write.....	00	▶ 304	<input type="checkbox"/> <input type="checkbox"/>
		Can read only	01		
		Can read and write	02		
303	What is the highest grade you have completed until now?	Highest grade completed: _____			<input type="checkbox"/> <input type="checkbox"/>
		Informal / Adult eduction.....	95		
		Don't know	98		
		No answer	99		

304	What is your mother tongue?	Mother Tongue _____			<input type="text"/> <input type="text"/>
305	Where is your native place? RECORD DISTRICT & STATE.	a. District Name: _____ No answer : b. State _____ No answer.....	999		a <input type="text"/> <input type="text"/> <input type="text"/> b <input type="text"/> <input type="text"/>
306	Where is your CURRENT residence?	a. District _____ No answer : b State _____ No answer. c1. Same as Native place c2. Stay in the accomodation given by Transporter/broker C3. Live in the truck itself	999 99 995 996 997		a <input type="text"/> <input type="text"/> <input type="text"/> b <input type="text"/> <input type="text"/>

307	How long have you been working as a truck driver? RECORD IN VERBATIM & MENTION THE UNIT. WHILE CODING CONVERT INTO NUMBER OF 'MONTHS'.	Record in verbatim (duration): _____ No answer.	999		<input type="text"/> <input type="text"/> <input type="text"/>
308	How many years did you work as 'helper / cleaner' before starting work as 'driver'? RECORD IN VERBATIM & MENTION THE UNIT. WHILE CODING CONVERT INTO NUMBER OF 'MONTHS'.	Record in verbatim (duration): _____ Never worked as helper / cleaner..... No answer.....	996 999		<input type="text"/> <input type="text"/> <input type="text"/>
309	How many different helpers / cleaners have worked with you in the past a. one year b. two years	a. In the past one year: _____ No answer. b. In the past two years: _____ No answer	99 99		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/>
310	Who is the owner of the truck that you drive now? READ OUT THE OPTIONS	I own it..... Relative Acquaintance/Friend Transporter/ Broker Other (Specify)..... No answer.....	01 02 03 04 97 99		<input type="text"/> <input type="text"/>

311	How many different transporter/ broker are you associated with for business at this TSL?	# of transporter/ broker _____ No answer.	99		<input type="checkbox"/> <input type="checkbox"/>
312	How did you meet this transporter/ broker? THIS REFERS TO TRANSPORTER/ BROKER FROM WHERE THE RESPONDENT WAS SELECTED FOR INTERVIEW	Just approached the Transporter/ broker..... Referred by another driver Referred by someone from their home place.... Referred by some other non-driver Referred by some other Transporter/ /Broker ... Other (Specify _____) No answer.....	01 02 03 04 05 97 99		<input type="checkbox"/> <input type="checkbox"/>
313	How long have you been receiving shipment orders from this transporter/ broker? RECORD IN VERBATIM & MENTION THE UNIT. WHILE CODING CONVERT INTO NUMBER OF 'MONTHS'.	Record in verbatim (duration): _____ No answer..	999		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

BLOCK IV. MOBILITY					
#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
401	<p>Mostly, which are the two main cities that you transport goods between?</p> <p>ORIGINATION POINT REFERS OF THE CITY WHERE HE USUALLY/ MOSTLY STARTS. THEN ASK THE USUAL DESTINATION POINT</p> <p>TWO CITITES MENTIONED SHOULD BE CONSIDERED AS "MAIN ROUTE" FOR LATER QUESTIONS</p>	<p>A1. Name of origination point (city) _____ No answer</p> <p>A2. Name of State _____ No answer.</p> <p>B1. Name of destination point (city): _____ No answer</p> <p>B2. Name of State _____ No answer.</p>	<p>999</p> <p>99</p> <p>999</p> <p>99</p>		<p>A1 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>A2 <input type="text"/> <input type="text"/></p> <p>B1 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>B2 <input type="text"/> <input type="text"/></p>
402	<p>On average how many days does it take for you to complete a round trip between these two cities?</p> <p>Instruction: ROUND TRIP includes not only the time spent on travel between 2 cities but also the waiting time at destination.</p>	<p># of days: _____ No answer</p>	99		<input type="text"/> <input type="text"/>
403	<p>How many of these round trips did you do in between two cities in past six months?</p>	<p># of round trips in the past SIX months: _____ No answer.....</p>	99		<input type="text"/> <input type="text"/>
404	<p>Recall the last time you were at the destination City. How much time did you spend between offloading and reloading at the destination city the last time?</p> <p>RECORD IN VERBATIM & MENTION THE UNIT. WHILE CODING CONVERT INTO 'HOURS'.</p>	<p>Record in verbatim (duration) : _____ No answer</p>	999		<input type="text"/> <input type="text"/> <input type="text"/>
405	<p>Apart, from the two main cities mentioned earlier, do you travel between any other TWO cities?</p>	<p>No</p> <p>Yes</p>	00 01	▶ 501	<input type="text"/> <input type="text"/>
406	<p>Usually, which are the two OTHER main cities that you transport goods between?</p> <p>Instruction: Please ask the name of the city first where he usually starts and finishes one round trip, and then ask about the usual destination point. ASK FOR THE CITIES OTHER THAN THOSE MENTIONED IN Q401</p>	<p>A1. Origin point (city): _____ No answer.</p> <p>A2. State Name: _____ No answer.</p> <p>B1. Destination point (city) _____ No answer</p> <p>B2. State Name: _____ No answer.</p>	<p>999</p> <p>99</p> <p>999</p> <p>99</p>		<p>A1 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>A2 <input type="text"/> <input type="text"/></p> <p>B1 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>B2 <input type="text"/> <input type="text"/></p>

BLOCK V. SEXUAL BEHAVIOUR : FEMALE SEXUAL PARTNER

Now I would like to ask some questions about your sexual PARTNERS

#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
501	How old were you when you first had sexual intercourse? (Sexual intercourse means insertive vaginal or anal sex) Instruction: The Sexual intercourse includes sex with any type of sexual partners (female or male or hijra).	Age in completed years _____ Never had sex Don't know No answer	00 98 99	▶ 601	<input type="text"/> <input type="text"/>
502	What is your current marital status?	Currently Married..... Never married Divorced/Seperated/ Widower Other (Specify) _____ No answer.	01 02 03 97 99	▶ 511	<input type="text"/> <input type="text"/>
WIFE					
503	Where does your wife live?	a. District Name: _____ No answer..... b. State Name: _____ No answer. C1. Same as Native Place C2 same as current place.....	999 99 996 997		A. <input type="text"/> <input type="text"/> <input type="text"/> B. <input type="text"/> <input type="text"/> C. <input type="text"/> <input type="text"/> <input type="text"/>
504	How many times have you visited your wife in the last one year?	Number of times: _____ No answer	99		<input type="text"/> <input type="text"/>
505	Generally, how many days in a month you live with your wife ?	Days in a month: _____ No answer.....	99		<input type="text"/> <input type="text"/>

#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
506	How many times did you have sexual intercourse with your wife in the last 1 month?	# of times : _____ Don't remember No answer	998 999		<input type="text"/> <input type="text"/> <input type="text"/>
507	The last time you had sexual intercourse with your wife, was a condom used?	No Yes Have not heard or seen a condom before... No answer.	00 01 96 99	▶ 511	<input type="text"/> <input type="text"/>
508	In general, how often do you use condom with your wife? 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	<input type="text"/> <input type="text"/>

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509	How long have you been using condoms EVERY TIME you had sexual intercourse with your wife? Instruction: Convert into months while coding	Duration: _____ No answer.	999	▶ 511 ▶ 511	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
510	What is the main (one) reason for not using condoms EVERY TIME with your wife?	Did not have a condom at the time of sex... Condom costs too much Don't like using condom Condom reduces pleasure The thought of using condom did not occur in mind Used other contraceptives/wife operated... Wife did not want Not necessary with wife Other _____ (SPECIFY) No answer.....	01 02 03 04 05 06 08 09 97 99		<input type="checkbox"/> <input type="checkbox"/>

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PAID FEMALE PARTNERS (WOMEN YOU BOUGHT SEX FROM AND PAID IN CASH)							
511	In last 12 months, did you pay to have sexual intercourse with a female ?	No		00	▶ 522		
		Yes		01			
512	How many paid female partner you had sexual intercourse in last 12 months?	Number: _____		99		<input type="text"/> <input type="text"/>	
		No answer:					
513	How old were you the first time when you paid a female sex partner to have sexual intercourse with you?	Age in completed years _____		98		<input type="text"/> <input type="text"/>	
		Don't know / Don't remember.....					
		No answer				99	
514	When and where do you most often pick up paid female sex partner? READ OUT ANSWERS. MULTIPLE RESPONSE POSSIBLE	At the time of traveling on road		01		<input type="text"/> <input type="text"/>	
		Between offloading & reloading at a TSL/ city		02		<input type="text"/> <input type="text"/>	
		Between trips while staying at home		03		<input type="text"/> <input type="text"/>	
		Any other(Specify) _____		97			
		No answer.....		99			
515	What are the places, where you had/have sex with paid female sex partner?	City	City Code	District	District Code	State	State code
			<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
			<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
			<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
			<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
			<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>

#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
516	How many different paid female sex partners did you have sexual intercourse with in the last 1 month?	# of partners: _____ No paid partners in last 1 month..... Don't remember No answer	96 98 99	► 518	<input type="text"/> <input type="text"/>
517	How many times did you have intercourse/ sex with paid female sex partners in the last 1 month? Instruction: Record total number of sexual intercourses putting together all the paid partners in last one month	# of sexual intercourses: _____ Don't remember..... No answer	98 99		<input type="text"/> <input type="text"/>
518	Was condom used the last time you had sexual intercourse with a paid female sex partner?	No Yes Never heard or seen a condom before No answer	00 01 96 99	► 522	<input type="text"/> <input type="text"/>
519	In general, how often do you use condom with paid female sex partners? READ OUT ALL OPTIONS.	Every time Most of the times Sometimes Never No answer	01 02 03 04 99	► 521 ► 521 ► 521 ► 521	<input type="text"/> <input type="text"/>
520	How long have you been using condoms EVERY TIME you had sexual intercourse with the paid female sex partners? Instruction: Convert into months while coding	Duration: _____ No answer	999	► 522 ► 522	<input type="text"/> <input type="text"/> <input type="text"/>
521	What was the main (one) reason for not using condoms EVERY TIME with the paid female sex partners?	Condom not available at the time of sex... Paid partner did not have condom..... Condom costs too much Condom reduces sexual pleasure The thought of using condom did not occur in mind Used other contraceptives Paid Partner did not want Other _____(SPECIFY) No answer	01 02 03 04 05 06 07 97 99		<input type="text"/> <input type="text"/>

NON-PAID FEMALE PARTNER (Sexual Partner that you are not married to and do not pay for sex)					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
522	Have you had sexual intercourse with any female non-paid partners in last 12 months? Instruction: Describe to the respondent what do we mean by non-paid partner Sexual Partner "you are not married to and do not pay for sex" when you ask the Question.	No Yes..... No answer	00 01 99	▶ 601	<input type="checkbox"/> <input type="checkbox"/>
523	How many non-paid female sexual partners you had in last 12 months?	Number: _____ Don't remember No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>
524	How many non-paid female sexual partners you had in last 1 month?	# of partners: _____ No non paid partners in last 1 month..... Don't remember No answer	96 98 99	▶ 526	

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525	How many times did you have sexual intercourse with these non-paid female partners in the last 1 month ? Instruction: Record total number of sexual intercourses putting together all the partners in last one month	# of sexual intercourse: _____ Don't remember..... No answer	998 999		<input type="text"/> <input type="text"/> <input type="text"/>
526	The last time you had sexual intercourse with any of the non-paid female partners, was a condom used?	No Yes Have not heard or seen a condom before .. No answer	00 01 96 99	▶ 601	<input type="text"/> <input type="text"/>
527	In general, how often do you use condom with your non-paid female partners? READ OUT ALL OPTIONS .	Every time Most of the times Sometimes Never No answer	01 02 03 04 99	▶ 529 ▶ 529 ▶ 529 ▶ 529	<input type="text"/> <input type="text"/>
528	How long have you been using condoms EVERY TIME you had sexual intercourse with your non-paid female partner? Instruction: Convert into months while coding	Duration : _____ No answer	999	▶ 601 ▶ 601	<input type="text"/> <input type="text"/> <input type="text"/>
529	What was the main (one) reason for not using condoms EVERY TIME with the non-paid female sex partner?	Did not have a condom at the time of sex.... Condom costs too much..... Condom reduces pleasure The thought of using condom did not occur in mind..... Used other contraceptives..... Do not think it is necessary..... Other (SPECIFY) _____ No answer	01 02 03 04 05 06 97 99		<input type="text"/> <input type="text"/>

BLOCK VI. SEXUAL BEHAVIOUR: HIJRA & MALE SEXUAL PARTNERS					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
601	Are you aware that some truck drivers indulge in sexual relationship with Hijras or Male?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
602	Have you ever had sex with Males or Hijra?	No Yes, with Hijra only Yes, with Males only Yes, with both Males & Hijra No Answer	00 01 02 03 99	▶ 701	<input type="checkbox"/> <input type="checkbox"/>
603	In the 12 months, did you have anal intercourse with any male sexual partners/ Hijra?	No Yes No answer	00 01 99	▶ 701 ▶ 701	<input type="checkbox"/> <input type="checkbox"/>
604	In 12 months with whom (Hijra or male partner) did you have sex? MULTIPLE ANSWERS POSSIBLE	Helper / cleaner of your truck Helper / cleaner of other trucks/Khalasis Fellow drivers / junior driver Dhaba boys Other men/ boys in associated business Men / boys not in associated business Hijra (ali in Tamil/chaka in North India) Other (specify) _____ No answer	01 02 03 04 05 06 07 97 99		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
605	Instruction: This question is to be asked to those coded as 02 & 03 in Q. 6 In general, are you a receptive or insertive partner when you have sex with male partner?	Insertive Partner..... Receptive Partner..... Both No Answer	01 02 03 99		<input type="checkbox"/> <input type="checkbox"/>
606	How many different male partners or Hijra did you have anal intercourse in the past 12 months?	a. # Male Partners : _____ b. # Hijra Partner: _____ Don't remember No answer	98 99		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>

607	How many different male partners or Hijra did you have anal intercourse in past 3 months?	a. # Male Partners : _____ b. # Hijra Partner: _____ No Male/Hijra Partners in past 3 months.... Don't remember No answer	96 98 99	▶ 609	a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/>
608	How many times did you have anal intercourse in the past 3 months with Hijra or male partners/? Instruction: Record sexual intercourses putting together all the partners in past 3 months	# of sexual intercourses _____ Don't remember No answer	98 99		<input type="text"/> <input type="text"/>
609	The last time you had anal intercourse with any of these Hijra or male partners, was a condom used?	No Yes Never heard or seen a condom before No answer	00 01 96 99	▶ 701	<input type="text"/> <input type="text"/>
610	In general, how often is a condom used while having anal intercourse/Hijra with these male partners/Hijra? READ ALL OPTIONS & CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never No answer	01 02 03 04 99	▶ 612 ▶ 612 ▶ 612 ▶ 612	<input type="text"/> <input type="text"/>

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#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
611	How long have you been using condoms EVERY TIME while you have anal intercourse with these male partners or Hijra? Instruction: Convert into months while coding	Duration: _____ No answer	99	▶ 701 ▶ 701	<input type="text"/> <input type="text"/>
612	What was the main reason for not using condom EVERY TIME with Hijra or male partners?	Condom not available at the time of sex ... The partner did not have condom Condom costs too much Condom reduces pleasure Do not think it is required to use condom The thought of using condom did not occur in mind Partner did not want Other _____ (SPECIFY) No answer	01 02 03 04 05 06 07 97 99		<input type="text"/> <input type="text"/>

BLOCK VII. CONDOM, DRUG AND INJECTION PRACTICE					
#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
<i>Instruction: Check answers in 507, 518, 526, 609 if response is " never heard or seen condom skip to 704</i>					
701	The last time you obtained a condom, where did you get it? READ ALL RESPONSES ONLY ONE RESPONSE POSSIBLE	Vending stall..... Pharmacy/store Pan shop Health facility Bar/guest house/hotel..... Friend NGO/outreach worker Khushi clinic Madam/FSW Petrol pump Public toilet Hamam Never obtained a condom Other _____ (SPECIFY) No answer	01 02 03 04 05 06 07 08 09 10 11 12 13 97 99	▶ 704	<input type="checkbox"/> <input type="checkbox"/>
702	In the 12 months, have you had the experience of a condom breaking while using it?	No Yes Did not use condom in past 12 months No answer	00 01 96 99	▶ 704 ▶ 704 ▶ 704	<input type="checkbox"/> <input type="checkbox"/>
703	In the 12 months, how many times did you had the experience of a condom breaking while using it?	# of times condom broke..... Don't remember No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>
704	In the last 12 months, have you received, , an injection for treatment of illness from a doctor, nurse, compounder or traditional healer?	No Yes Don't remember	00 01 98	▶ 707 ▶ 707	<input type="checkbox"/> <input type="checkbox"/>

705	From whom did you receive injections for treatment of illness in the last 12 months? MULTIPLE RESPONSES POSSIBLE	Doctor Nurse Compounder..... Traditional healer Other (Specify) No response	01 02 03 04 97 99		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
706	How many injections have you received for treatment of illness in the last 12 months?	Number of injections Don't remember.....	98		<input type="checkbox"/> <input type="checkbox"/>
#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
707	Have you ever been given blood 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"/>
708	Have you injected drugs in the last 12 months for intoxication, pleasure, getting high, overcoming tiredness/ anxiety?	No Yes No answer	00 01 99	► 801 ► 801	<input type="checkbox"/> <input type="checkbox"/>
709	Last time how many people did you share (give or take) the needle and syringe with that time?	Number of people Did not share No answer	00 99	► 801 ► 801	<input type="checkbox"/> <input type="checkbox"/>
710	In the last one year, how often did you share (give or take) needle and syringe with others while injecting drugs? READ OUT THE OPTIONS.	Every time Most of the time Sometimes Never No response	01 02 03 04 99		<input type="checkbox"/> <input type="checkbox"/>

(STI) BLOCK VIII. SEXUALLY TRANSMITTED INFECTIONS					
#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
801	Have you ever heard of diseases or any health problems that can be transmitted through sexual intercourse?	No Yes No answer	00 01 99	► 803 ► 803	<input type="checkbox"/> <input type="checkbox"/>
802	Can you describe any symptoms of STIs in men? MULTIPLE ANSWER POSSIBLE.	Urethral discharge Genital ulcers or sores Swellings in groin (scrotal) area Burning pain on urination Can not retract foreskin Other (Specify)..... Dont know..... No answer	01 02 03 04 05 97 98 99		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
803	Have you suffered from any of these symptoms in last 12 months? READ OUT THE SYMPTOMS MULTIPLE RESPONSES POSSIBLE	None Urethral discharge Genital ulcers or sores Swellings in groin (scrotal) area Burning pain on urination Can not retract foreskin No answer	00 01 02 03 04 05 99	► 811	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
804	What was the most recent of these you have suffered from in the past 12 months?	Urethral discharge Genital ulcers or sores Swellings in groin (scrotal) area Burning pain on urination..... Can not retract foreskin Dont know No answer	01 02 03 04 05 98 99	} ► 806	<input type="checkbox"/> <input type="checkbox"/>
805	How long ago did this symptom start? CODE IN MONTHS. IF LESS THAN A MONTH CODE AS 00.	Record answer in verbatim (Duration) No answer.....	99		<input type="checkbox"/> <input type="checkbox"/>

#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
806	What did you do the last time you had a genital ulcer/sore, OR urethral discharge OR other symptoms? <i>Last time refer to recent symptom</i> MULTIPLE RESPONSES POSSIBLE	Sought advice/medicine from KHUSHI.....	01		<input type="checkbox"/> <input type="checkbox"/>
		Sought advice/medicine from an other NGO.....	02		<input type="checkbox"/> <input type="checkbox"/>
		Sought advice/medicine from a Govt clinic or hospital?.....	03		<input type="checkbox"/> <input type="checkbox"/>
		Sought advice/medicine from a private clinic.....	04		<input type="checkbox"/> <input type="checkbox"/>
		Sought advice/medicine from a private pharmacy..	05		<input type="checkbox"/> <input type="checkbox"/>
		Sought advice/medicine from a non-allopathic doctor.....	06		<input type="checkbox"/> <input type="checkbox"/>
		Took medicine I had at home.....	07		
		Told my sexual partner about the STI	08		
		Stopped having sex when I had the symptoms	09		
		Used condom	10		
		Did nothing	11		▶ 811
		Others (specify): _____	97		

807	Of everything you did to treat the problem you had last time and listed in the previous question, what did you do first?	Sought advice/medicine from KHUSHI... 01 Sought advice/medicine from an other NGO..... 02 Sought advice/medicine from a Govt clinic or hospital?..... 03 Sought advice/medicine from a private clinic..... 04 Sought advice/medicine from a private pharmacy.. 05 Sought advice/medicine from a non-allopathic doctor..... 06 Took medicine I had at home..... 07 Told my sexual partner about the STI 08 Stopped having sex when I had the symptoms 09 Used condom 10 Others (specify): _____ 97			<input type="checkbox"/> <input type="checkbox"/>																									
808	How long did you have this symptom before seeking treatment? RECORD IN VERBATIM & MENTION THE UNIT. WHILE CODING CONVERT INTO DAYS.	Record answer in verbatim (Duration) _____ Did not seek treatment..... 000 No answer..... 999			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																									
809	What type of medicine did you take? READ OUT ALL OPTIONS MULTIPLE RESPONSE POSSIBLE	<table border="1"> <thead> <tr> <th>Type of medicine</th> <th>No</th> <th>Yes</th> <th>Don't remember</th> </tr> </thead> <tbody> <tr> <td>a. Injection</td> <td>00</td> <td>01</td> <td>98</td> </tr> <tr> <td>b. Tablets / capsules</td> <td>00</td> <td>01</td> <td>98</td> </tr> <tr> <td>c. Topical ointment / cream / lotion</td> <td>00</td> <td>01</td> <td>98</td> </tr> <tr> <td>d. Other (Specify) _____</td> <td>00</td> <td>01</td> <td></td> </tr> </tbody> </table>	Type of medicine	No	Yes	Don't remember	a. Injection	00	01	98	b. Tablets / capsules	00	01	98	c. Topical ointment / cream / lotion	00	01	98	d. Other (Specify) _____	00	01					<table border="1"> <tbody> <tr> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Type of medicine	No	Yes	Don't remember																											
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<input type="checkbox"/> <input type="checkbox"/>																														
<input type="checkbox"/> <input type="checkbox"/>																														
<input type="checkbox"/> <input type="checkbox"/>																														
<input type="checkbox"/> <input type="checkbox"/>																														
810	Are you still suffering from the most recent symptom you mentioned?	No 00 Yes 01 No answer 99			<input type="checkbox"/> <input type="checkbox"/>																									

#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
811	<p>What do you generally do to prevent an STI from occurring?</p> <p>MULTIPLE RESPONSE POSSIBLE IF "01" IS ONE OF THE RESPONSES, THEN ONLY CONTINUE, ELSE SKIP TO Q 901.</p>	<p>Take some Allopathic medicines.....</p> <p>Use condom at every sex act.....</p> <p>Use some herbal medicines.....</p> <p>Do nothing</p> <p>Did not have STI infection ever</p> <p>Other _____</p> <p>No Answer</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>97</p> <p>99</p>		<p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
812	<p>Which allopathic medicines did you use?</p> <p>READ OUT ALL OPTIONS</p>	<p>Type of Allopathic Medicines</p> <p>a. Injection</p> <p>b. Tablet/ Capsule</p> <p>c. Local ointment/cream/lotion/ pessar.....</p> <p>d. Other (specify): _____</p>	<p>NO</p> <p>00</p> <p>00</p> <p>00</p> <p>00</p>	<p>YES</p> <p>01</p> <p>01</p> <p>01</p> <p>01</p>	<p><input type="checkbox"/> <input type="checkbox"/></p> <p>a. <input type="checkbox"/> <input type="checkbox"/></p> <p>b. <input type="checkbox"/> <input type="checkbox"/></p> <p>c. <input type="checkbox"/> <input type="checkbox"/></p> <p>d. <input type="checkbox"/> <input type="checkbox"/></p>
813	<p>Usually, from whom do you obtain these medicines?</p>	<p>Buy from chemist/pharmacy</p> <p>Given by a doctor or at a clinic</p> <p>Given by someone else</p> <p>Khushi Clinic.....</p> <p>Other (specify) _____</p> <p>Don't know/ remember</p> <p>No answer</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>97</p> <p>98</p> <p>99</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>

BLOCK IX. KNOWLEDGE OF HIV/AIDS AND ITS PREVENTION						
901	Have you ever heard of HIV/AIDS?	No Yes No answer.....	00 01 99	▶ 1001 ▶ 1001	□ □	
902	Is there anything a person can do to prevent getting infected with HIV/AIDS?	No Yes Don't know..... No answer.....	00 01 98 99	▶ 904 ▶ 904 ▶ 904	□ □	
903 What are the ways a person can prevent becoming infected with HIV? This question has two kinds of responses: (a) Spontaneous response (b) Prompted response						
INSTRUCTION: LET THE RESPONDENT ANSWER FIRST. YOU MATCH HIS ANSWERS WITH THE STATEMENTS LISTED OUT IN COLUMN [1] & CIRCLE APPROPRIATE ANSWER IN COLUMN (2). THEN READ OUT THE REMAINING STATEMENTS NOT MENTIONED & CIRCLE THE RESPONDENT'S ANSWER IN COLUMN [3], [4] OR [5] AS APPROPRIATE.						
Methods		Spontaneous	Prompted			
		<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	
(1)		(2)	(3)	(4)	(5)	(6)
a. Abstaining from SEX		<i>01</i>	<i>02</i>	<i>00</i>	<i>98</i>	□ □
b. <u>Always</u> use a condom while engaging in sex		<i>01</i>	<i>02</i>	<i>00</i>	<i>98</i>	□ □
c. Avoid sharing injecting syringes/ needles		<i>01</i>	<i>02</i>	<i>00</i>	<i>98</i>	□ □
d. Avoid being bitten by mosquito or other insect		<i>01</i>	<i>02</i>	<i>00</i>	<i>98</i>	□ □
e. Don't use shared clothes or eating utensils		<i>01</i>	<i>02</i>	<i>00</i>	<i>98</i>	□ □
f. Eat nutritious food		<i>01</i>	<i>02</i>	<i>00</i>	<i>98</i>	□ □
g. Have sex with only one uninfected partner		<i>01</i>	<i>02</i>	<i>00</i>	<i>98</i>	□ □
h. Other(s), specify:		<i>01</i>				□ □

#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
904	By just looking at a person can you know whether the person has HIV, the virus that causes AIDS?	No Yes Don't know.....	00 01 98		<input type="checkbox"/> <input type="checkbox"/>
905	Do you personally know someone who is infected with HIV or suffers from AIDS or has died of AIDS?	No Yes No answer.....	00 01 99	► 907 ► 907	<input type="checkbox"/> <input type="checkbox"/>
906	Is/was he/she a close friend or family member?	No Yes No answer.....	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
907	Do you feel that you might be at risk to be infected with HIV/AIDS?	No Yes Don't know..... No answer.....	00 01 98 99	► 909 ► 909 ► 909	<input type="checkbox"/> <input type="checkbox"/>
908	Why do you feel that you might be a risk to be infected with HIV? MULTIPLE RESPONSES POSSIBLE	Go to a sex worker Do not use condom Inject drugs Other _____(Specify) No answer.....	00 01 02 97 99		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
909	Do you know of a place/centre where HIV test is done?	No Yes No answer.....	00 01 99	► 911	<input type="checkbox"/> <input type="checkbox"/>
910	Do you know whether the test result are kept confidential at this place/Centre and told to the patient only?	No Yes No answer.....	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
911	Have you ever underwent HIV test?	No Yes No answer.....	00 01 99	► 916 ► 916	<input type="checkbox"/> <input type="checkbox"/>
912	When did you last take an HIV test?	Less than a year ago..... More than a year ago No answer	01 02 99		<input type="checkbox"/> <input type="checkbox"/>
913	Think of the HIV test. Did you undergo that HIV/AIDS test voluntarily or were you directed by someone to have the test?	Voluntary Directed by someone No answer	01 02 99		<input type="checkbox"/> <input type="checkbox"/>
914	I don't want to know about the result but can you tell me whether you collected your test result?	No Yes No answer.....	00 01 99		<input type="checkbox"/> <input type="checkbox"/>

915	Did anyone at the testing centre speak to you about what HIV/AIDS is and how one can prevent it?	No Yes No answer.....	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
916	Are you aware if 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="checkbox"/> <input type="checkbox"/>
917	Have you ever heard of ART (Anti retroviral therapy)?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>

BLOCK X . EXPOSURE TO INTERVENTION

ABOUT KHUSHI CLINIC

S.NO	Question	Pre-coded Answers	Codes	Skip	Code Boxes
1001	Have you ever heard of Khushi Clinic?	No Yes	00 01		<input type="checkbox"/> <input type="checkbox"/>
1002	Have you seen this? (point to Khushi logo)	No Yes	00 01		<input type="checkbox"/> <input type="checkbox"/>

Instruction: If response in both the questions 1001 & 1002 is coded as '00', Skip to 1010 Else Continue

1003a	Have you recieved any services of Khushi Clinic or mobile Khushi Clinic or participated in any of their programme ?	No Yes	00 01	▶ 1010	<input type="checkbox"/> <input type="checkbox"/>
1003b	For how long have you known of Khushi Clinic or mobile Khushi Clinic? RECORD IN VERBATIM & MENTION THE UNIT. WHILE CODING CONVERT INTO NUMBER OF 'MONTHS'. IF UNIT LESS THAN ONE MONTH RECODE '00'.	Record in Verbatim: _____ No answer.....	99		<input type="checkbox"/> <input type="checkbox"/>

1004	What are the types of interactions or services that you have received from Khushi Clinic during the past 12 months ? <u>Instructions:</u> This question has two kinds of responses: (a) Spontaneous response (b) Prompted response INSTRUCTION: LET THE RESPONDENT ANSWER SPONTANEOUSLY FIRST. YOU MATCH HIS ANSWERS WITH THE STATEMENTS LISTED OUT IN COLUMN [1] & CIRCLE APPROPRIATE ANSWER IN COLUMN (2). THEN READ OUT THE REMAINING STATEMENTS NOT MENTIONED & CIRCLE THE RESPONDENT'S ANSWER IN COLUMN (3).
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Services (1)	Spontaneous (2)	Prompted (3)			Code Boxes
	Yes	Yes	No	DK/DR	
a. Contacted by a peer educator/outreach worker	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
b. Contacted by a peer educator/outreach worker in the last one month	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
c. Received health card (confirm by showing Kushi passport/ card when asking the question)	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
d. Visited the Khushi clinic or Mobile Khushi Clinic	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
e. Received condoms from the peers/outreach workers	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
f. Received counseling services	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
g. Was referred to other service centres (STI clinic, VCTC, detox centre etc.)	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>

h. Took part in a meeting / training organized by Khushi Clinic or Mobile Khushi Clinic.	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
i. Others (Specify) _____	01		00		<input type="checkbox"/> <input type="checkbox"/>

S.NO	Question	Pre-coded Answers	Codes	Skip	Code Boxes
1005	Refer Q 1004 b. If contacted by a peer educator/outreach worker in the last one month, ask the following question or else ELSE SKIP How many times in the past one month were you contacted by a peer educator / other workers from Khushi?	Number of times _____ Don't know / don't remember	98		<input type="checkbox"/> <input type="checkbox"/>
1006	Refere Q 1004 c. If received health card, ask the following question or else ELSE SKIP when did you receive the health card?	Month: <input type="checkbox"/> <input type="checkbox"/> year: <input type="checkbox"/> <input type="checkbox"/> DR.....	98		
1007	Have you ever been to a Khushi clinic's entertainment event? ENTERTAINMENT MEANS MELA, SINGING ,DANCING, THEATER, STALLS, GAMES, PRIZES	No Yes Don't know.....	00 01 98	► 1009 ► 1009	<input type="checkbox"/> <input type="checkbox"/>
1008	How many times in the past one month did you see entertainment programme organised by Khushi?	Number of times _____ Don't know / don't remember	98		<input type="checkbox"/> <input type="checkbox"/>
1009	Refer Q 1004 d. If coded as '01' or '02' , ask 1009 a to 1009d else Skip to 1010				
1009a	Which location(s) have you visited the Khushi clinics/ Mobile Khushi Clinic (s)?	a. Location 1 _____ b.Location 2 _____ c.Location 3 : _____			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1009b	How many times have you visited KHUSHI clinic (s) / Mobile Khushi Clinic (s) to see a doctor in the past one year?	Number of times _____ Don't know / don't remember	98		<input type="checkbox"/> <input type="checkbox"/>
1009c	How many times in the past one year have you visited any KHIUSHI clinic(s) for problems like genital or anal ulcer/sore, urethral discharge, or swelling in the groin area?	Number of times _____ Did not have any of these symptoms.... Don't know / don't remember	96 98		<input type="checkbox"/> <input type="checkbox"/>
1009d	How many times in the past one year have you visited the Khushi clinic(s) for general health ailments?	Number of times _____ Don't know / don't remember	98		<input type="checkbox"/> <input type="checkbox"/>

ABOUT OTHER NGOS					
1010	Have you heard of any NGOs / programmes providing HIV education / prevention services? Instruction: If coded as '00' then you stop the interview and go to NOTES section	No Yes	00 01	► NOTE	<input type="checkbox"/> <input type="checkbox"/>
1011	What are the name(s) of these NGOs / programmes	a. Name _____ b. Name _____ c. Name _____ Don't know / Don't remember	98		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1012	For how long have you known these NGOs / programmes? CONVERT INTO MONTHS	Record in Verbatim: _____ No answer.....			<input type="checkbox"/> <input type="checkbox"/>
1013	How many times have you been contacted or have you received / accessed services from any of these NGOs / programmes in the past one year ? Instruction: If coded as '00' then you stop the interview and go to NOTES section	Number of times: _____ Not contacted	00		<input type="checkbox"/> <input type="checkbox"/>
1014	At which location did you receive/ (most) of the services in the last one year ? ASK FOR CITY	a. Location: _____ b. Name of NGO _____ Don't know / don't remember	998		a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

1015	What are the types of interactions or services that you have received from these NGOs during the past 12 months ? Instructions: This question has two kinds of responses: (a) Spontaneous response (b) Prompted response INSTRUCTION: LET THE RESPONDENT ANSWER SPONTANEOUSLY FIRST. YOU MATCH HIS ANSWERS WITH THE STATEMENTS LISTED OUT IN COLUMN [1] & CIRCLE APPROPRIATE ANSWER IN COLUMN (2). THEN READ OUT THE REMAINING STATEMENTS NOT MENTIONED & CIRCLE THE RESPONDENT'S ANSWER IN COLUMN [3].				
Services (1)	Spontaneous (2)	Prompted (3)			Code Boxes
	Yes	Yes	No	DK/ DR	
a. Contacted by a peer educator/outreach worker	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
b. Contacted by a peer educator/outreach worker in the last one month	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
c. Received health card	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
d. Visited the NGO clinic.	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
e. Received condoms from the peers/outreach workers	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
f. Received counseling services	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
g. Was referred to other service centres (STI clinic, VCTC, detox centre etc.)	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
h. Took part in a meeting / training organized by NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
i. Others (Specify) _____	01		00		<input type="checkbox"/> <input type="checkbox"/>

Please write down any observation (while interacting with the respondent) / comments or any other information that you want to share.

NOTES

Before ending the interview, carefully review the completeness of the contents of the questionnaire/respondent's answers

Express thanks to the respondent for his participation

DATA ENTRY	NAME	SIGNATURE	DATE
Data Entered			
Data Re-entered			
Data Entry Checked			