

QUESTIONNAIRE ID

PLACE ID STICKER HERE

:

Integrated Behavioral and Biological Assessment (IBBA) 2005

**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. **Blocks I and II must be completed IN FULL for ALL respondents selected for the study, regardless of whether they refuse to participate (refusals). The interviewer should fill in the CODE column and the Editor will fill in the CODE BOXES.**
3. **Block I, questions 101, 102, 103 need to be completed by the interviewer before starting the interview and question 104 needs to be completed at the end of the interview.**
4. **Block I, questions 105, 106, 107, and 108 and the ENTIRE section of Block II need to be completed by the supervisor.**

MSM/MSW Questionnaire March 28, 2006

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	Completion status - Behavioral	Completed interview Did not complete interview	01 02		<input type="text"/> <input type="text"/>
105	Completion status - Biological	Only blood sample collected Only urine sample collected Both blood and urine sample collected	01 02 03		<input type="text"/> <input type="text"/>
106	Genital/anal swab collection	Swab taken Swab not taken	01 02		<input type="text"/> <input type="text"/>
107	Supervision work and checks done by the supervisor	a. Accompanied interview b. The questionnaire ID was checked c. The entire questionnaire was checked for errors	No	Yes	a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> c. <input type="text"/> <input type="text"/>
			00	01	
			00	01	
			00	01	
108	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		

MSM/MSW Questionnaire March 28, 2006

BLOCK II. IDENTIFICATION OF GROUP/PLACE (To be filled by the supervisor)					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
201	Group	MSM / MSW	07		<input type="checkbox"/> <input type="checkbox"/>
202	Name of State	Andhra Pradesh Maharashtra Tamil Nadu Karnataka	01 02 05 06		<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	Bar/Discotheque/Night Club Lodge/Hotel Street/Public places (Garden/Park/beach, Bus stand, Railway station, Toilet etc.) Home/Residence Other _____ (SPECIFY)	01 02 03 04 97		<input type="checkbox"/> <input type="checkbox"/>
207	Is this an Avahan intervention site? SUPERVISOR TO FILL IN	No Yes Don't know	00 01 98		<input type="checkbox"/> <input type="checkbox"/>
208	Language of the interview	Bengali English Hindi Kannada Marathi Tamil Telugu Other	01 02 03 04 05 06 07 97		<input type="checkbox"/> <input type="checkbox"/>

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	What is your religion?	Hindu Muslim Christian Buddhist Jain Other: _____ SPECIFY Don't know No answer	01 02 03 04 05 97 98 99		<input type="text"/> <input type="text"/>
303	Can you read and write? Interviewer to probe appropriate response	Illiterate Can read only Can read and write	00 01 02	▶ 305	<input type="text"/> <input type="text"/>
304	What is the highest grade you have completed until now ?	Highest grade completed: _____ Informal education Don't know	95 98		<input type="text"/> <input type="text"/>
305	What is your main source of income? DO NOT READ RESPONSES CIRCLE ONLY ONE	Unemployed Student Self employed/professional Non-agricultural labour Business/Trade Salaried employment Agricultural labour Massager (Masseuse) Pun (sex work) Other _____ (Specify) No answer	01 02 03 04 05 06 07 08 09 97 99		<input type="text"/> <input type="text"/>
306	Have you ever been married?	No Yes	00 01	▶ 308	
307	What is your current living situation?	Living alone Living with family/at home Living in hostel Living with male sex partner Living with friends Other _____ (Specify)	01 02 03 04 05 97	▶ 401 ▶ 401 ▶ 401 ▶ 401 ▶ 401 ▶ 401	<input type="text"/> <input type="text"/>

MSM/MSW Questionnaire March 28, 2006

308	What is your current marital status? READ ALL RESPONSES CIRCLE ONLY ONE	Married–living with spouse	01		<input type="checkbox"/> <input type="checkbox"/>
		Married–living with partner other than spouse	02		
		Married–living alone	03		
		Divorced–living alone	04		
		Divorced–living with other partner	05		
		Widowed–living alone	06		
		Widowed living with partner	07		
		Other _____ (Specify)	97		
No answer	99				

BLOCK IV – GENERAL SEXUAL BEHAVIOR

#	Question	Answers	Codes	Skip to	Code Boxes
401	How old were you when you first had sexual intercourse?	Age in completed years _____			<input type="checkbox"/> <input type="checkbox"/>
		Don't know	98		
		No answer	99		
402	How do you identify yourself?	Predominantly Kothi (receive during anal sex)	01		<input type="checkbox"/> <input type="checkbox"/>
		Predominantly Panthi (insert during anal sex)	02		
		AC/DC or double decker	03		
		Bisexual	04		
		Hijra	05		
		Other _____ (Specify)	97		

MSM/MSW Questionnaire March 28, 2006

BLOCK V - MIGRATION					
501	Do you currently live here in _____ (interviewer add name of the town/village of interview)?	No Yes	00 01	▶ 503	<input type="checkbox"/> <input type="checkbox"/>
502	If not, where do you live currently? PROBE AND RECORD THE NAME OF THE CITY/VILLAGE, DISTRICT AND STATE WHERE THE RESPONDENT USUALLY LIVES	a. Village/City/Town _____ b. District: _____ c. State _____ d. Country _____ Nowhere particular, on the move No answer	98 99		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/> d. <input type="checkbox"/> <input type="checkbox"/>
503	What is the name of the town/village closest to your home town? PROBE AND RECORD THE NAME OF THE CITY/VILLAGE, DISTRICT, STATE AND COUNTRY (IF NOT INDIA) WHERE THE RESPONDENT WAS BORN OR WHERE THEY GO WHEN THEY GO HOME	a. Village/City/Town _____ b. District: _____ c. State _____ d. Country _____ None Same as Current place of residence No answer	95 96 99	▶ 506 ▶ 506	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/> d. <input type="checkbox"/> <input type="checkbox"/>
504	How often do you return home to _____ (interviewer add name of town/village) in the past one year?	Never Once in a year Once in six months Once in three months Once in a month Once in a fortnight Once in a week No answer	01 02 03 04 05 06 07 99	▶ 506 ▶ 506	<input type="checkbox"/> <input type="checkbox"/>
505	On average how long do you stay in this place when you visit?	a. _____ Days b. _____ Weeks c. _____ Months No Answer	99		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/>
506	Have you ever travelled anywhere in past one year?	No Yes	00 01	▶ 601	<input type="checkbox"/> <input type="checkbox"/>

MSM/MSW Questionnaire March 28, 2006

507	Which is the last place you have travelled ?(Interviewer: 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 reamaining four questions for each place visited).						
	City/town/village	District	State	What was the main reason for your visit to this place? 01= Related to work 02= To visit spouse/regular partner 03= To visit family 04= To visit friends 05=Tour/holiday/travel 97= Other _____ (SPECIFY) 99=No answer Interviwer probe and record responses	How many times did you visit this place in the last one year? _____ Number of times 99 = No Answer Interviwer probe and record responses	On average how long did you stay in this place during each visit? _____ Days _____ Weeks _____ Months 99 = No Answer	Did you engage yourself in commercial or casual sex with people there during your visit? 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"/> <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"/> <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"/> <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"/> <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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

BLOCK VI. CONDOM USE AND SUBSTANCE USE					
#	Question	Answers	Codes	Skip to	Code Boxes
601	Have you ever used a condom?	No Yes No answer	00 01 99	▶ 607 ▶ 607	<input type="text"/> <input type="text"/>
602	Are you carrying a condom with you right now? ASK RESPONDENT TO SHOW IT TO YOU	No Yes, Can show a condom Yes, Don't want to show a condom No answer	00 01 02 99		<input type="text"/> <input type="text"/>
603	The last time you obtained a condom, where did you get it? READ ALL RESPONSES AND CIRCLE ONLY ONE ANSWER	Peer educator/outreach worker Paan shop Drug store/ chemist Client Sex Partner Vending machine Dispensary/Clinic/Hospital Bar/guest house/hotel Friend Mobile van/NGO Office/Drop-In Center Public Toilet Other (specify) _____ No answer	01 02 03 04 05 06 07 08 09 10 11 97 99		<input type="text"/> <input type="text"/>
604.	In the past month was there a time when you wanted to use a condom with one of your partners but did not use it?	No Yes No answer	00 01 99	▶ 607 ▶ 607	<input type="text"/> <input type="text"/>
605.	What was the main reason for not using a condom in the past month? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Partner did not want to Condom not available Condom costs too much Trust partner Experienced discomfort Other _____ (SPECIFY) No answer	01 02 03 04 05 97 99		<input type="text"/> <input type="text"/>
606.	In the past month, have you had the experience of a condom breaking while it was being used?	No Yes No answer	00 01 99		<input type="text"/> <input type="text"/>
607	Have you ever used a lubricant while having anal sex? I mean something that could make your penis or your partner's penis more slippery and easier to insert into the anus?	No Yes No answer	00 01 99	▶ 609 ▶ 609	<input type="text"/> <input type="text"/>

MSM/MSW Questionnaire March 28, 2006

608	Which lubricants have you used in last one year? DO NOT READ RESPONSES MULTIPLE RESPONSES POSSIBLE	Baby Oil	01		<input type="checkbox"/>	<input type="checkbox"/>
		Butter	02		<input type="checkbox"/>	<input type="checkbox"/>
		Cooking Oil	03		<input type="checkbox"/>	<input type="checkbox"/>
		Hand Lotion	04		<input type="checkbox"/>	<input type="checkbox"/>
		KY Jelly	05		<input type="checkbox"/>	<input type="checkbox"/>
		Vaseline	06		<input type="checkbox"/>	<input type="checkbox"/>
		Saliva	07		<input type="checkbox"/>	<input type="checkbox"/>
		Other (specify)_____	97		<input type="checkbox"/>	<input type="checkbox"/>
		Don't know	98		<input type="checkbox"/>	<input type="checkbox"/>
		No answer	99		<input type="checkbox"/>	<input type="checkbox"/>
609	Have you been circumcised?	No	00		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	01		<input type="checkbox"/>	<input type="checkbox"/>
		No answer	99		<input type="checkbox"/>	<input type="checkbox"/>
"Now I am going to ask you some questions about substance use"						
#	Question	Answers	Codes	Skip to	Code Boxes	
610	During the past month , how often have you consumed drinks containing alcohol?	Every day	01		<input type="checkbox"/>	<input type="checkbox"/>
		At least once a week	02		<input type="checkbox"/>	<input type="checkbox"/>
		Less than once a week	03		<input type="checkbox"/>	<input type="checkbox"/>
		Never	04		<input type="checkbox"/>	<input type="checkbox"/>
		No answer	99		<input type="checkbox"/>	<input type="checkbox"/>
611	Some people use drugs for non-medical reasons (like marijuana, heroin, amphetamines, etc.) to feel good, get high, fly, trip or have fantasies. Have you ever used drugs like these, even one time?	No	00	▶ 615	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	01		<input type="checkbox"/>	<input type="checkbox"/>
		No answer	99	▶ 615	<input type="checkbox"/>	<input type="checkbox"/>
612	Have you ever injected drugs like this?	No	00	▶ 615	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	01		<input type="checkbox"/>	<input type="checkbox"/>
		No answer	99	▶ 615	<input type="checkbox"/>	<input type="checkbox"/>
613	Have you injected such drugs in the past year?	No	00	▶ 615	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	01		<input type="checkbox"/>	<input type="checkbox"/>
		No answer	99	▶ 615	<input type="checkbox"/>	<input type="checkbox"/>
614	When you had injected such drugs, did you ever share a needle or syringe?	No	00		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	01		<input type="checkbox"/>	<input type="checkbox"/>
		No answer	99		<input type="checkbox"/>	<input type="checkbox"/>
615	Do you think or suspect any of your sexual partners ever inject drugs for non-medical reasons (like heroin, amphetamines, etc.) to feel good, get high, fly, trip or have fantasies?	No	00		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	01		<input type="checkbox"/>	<input type="checkbox"/>
		Dont know	98		<input type="checkbox"/>	<input type="checkbox"/>
		No answer	99		<input type="checkbox"/>	<input type="checkbox"/>

BLOCK VII: REGULAR PARTNERS					
"Now I am going to ask you some questions about your sexual relationships with your regular or main sexual partner"					
#	Question	Answers	Codes	Skip to	Code Boxes
701	Do you have a main (regular) sexual partner? PROBE FOR REGULAR SEXUAL PARTNER (SPOUSE/LOVER/BOYFRIEND/ TRANSGENDER)	No Yes No answer	00 01 99	▶ 801 ▶ 801	<input type="text"/> <input type="text"/>
702	What is the gender of that partner?	Male Female Hijra	01 02 03	▶ 704 ▶ 704	<input type="text"/> <input type="text"/>
703	Do you also have a regular male/hijra sexual partner?	No Yes No answer	00 01 99	▶ 801 ▶ 705 ▶ 801	<input type="text"/> <input type="text"/>
704	Do you also have a regular female sexual partner?	No Yes No answer	00 01 99		<input type="text"/> <input type="text"/>
705	How long have you been having sexual relations with the male/hijra partner? Fill in answers for either: DAYS if it is less than 7 days WEEKS if it is less than 4 weeks MONTHS if it is less than 12 months YEARS if it is greater than 12 months	a. _____ days b. _____ weeks c. _____ months d. _____ years No answer	 99		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> c. <input type="text"/> <input type="text"/> d. <input type="text"/> <input type="text"/>
706	What is the age of this partner?	Age in Years _____ Don't know No answer	 98 99		<input type="text"/> <input type="text"/>
707	Do you and this partner live together?	No Yes No answer	00 01 99		<input type="text"/> <input type="text"/>
708	The last time you had anal intercourse with this partner, was a condom used?	No Yes Did not have anal intercourse No answer	00 01 02 99	 ▶ 801	<input type="text"/> <input type="text"/>
709	When is it more likely that you use condoms during anal intercourse?	When I penetrate him When he penetrates me	01 02		<input type="text"/> <input type="text"/>

MSM/MSW Questionnaire March 28, 2006

		irrespective of who penetrates whom Never used condom No answer	03 96 99		
710	In general, how often is a condom used when you have anal intercourse with this partner?	Every time Most of the time Sometimes Never No answer	01 02 03 04 99	▶ 801 ▶ 801 ▶ 801 ▶ 801	<input type="text"/> <input type="text"/>
711	How long have you and this partner been using condoms every time you have anal intercourse?	# Months _____ (‘00’ for less than 1 month) No answer	99		<input type="text"/> <input type="text"/>

<p align="center">BLOCK VIII : COMMERCIAL PARTNERS PAYING MALE PARTNER “Now I am going to ask you some questions in general about commercial male partners who paid you to have sex with him”</p>					
801	Have you ever had a male partner who paid you to have sex with him?	No Yes No answer	00 01 99	▶ 812 ▶ 812	<input type="checkbox"/> <input type="checkbox"/>
802	How old were you when this happened for the first time?	Age in completed years _____ Don't know No answer	 98 99		<input type="checkbox"/> <input type="checkbox"/>
803	Where do you generally pick up male partners who pay you to have sex? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Bar/Discotheque/Night Club Hotel/Lodge Street/Public places (Gardens, parks, railway station, bus stand, toilets, etc) Other _____(SPECIFY) No answer	01 02 03 97 99		<input type="checkbox"/> <input type="checkbox"/>
804	Where do you generally take your paying male partners for sex? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Home Rented room/Lodge/Hotel Bar/Night Club Public places (Gardens, Parks, Bushes public toilets etc) Vehicle (Cars, Trucks, Buses) Other _____(SPECIFY) No answer	01 02 03 04 05 97 99		<input type="checkbox"/> <input type="checkbox"/>
805	On average how many men usually pay you to have anal sex with them in a day?	Number _____ Don't know No answer	 98 99		<input type="checkbox"/> <input type="checkbox"/>
806	How many men paid you to have sex in the past week ? <i>This includes any type of sex act, not just anal sex</i>	Number _____ Did not have in the past one week Don't know No answer	00 98 99	▶ 809	<input type="checkbox"/> <input type="checkbox"/>
807	How many of these men paid you to have anal sex in the past week?	Number _____ Did not have anal sex Don't know No answer	00 98 99	▶ 809	

MSM/MSW Questionnaire March 28, 2006

808	How does that number (refer to number given in Question 806) compare to the number of men with whom you usually have sex in a week?	More than usual About the same number as usual Fewer than usual Don't know/ Don't remember No answer	01 02 03 98 99		<input type="text"/> <input type="text"/>
809	The last time you had anal intercourse with a male partner who paid you, was a condom used?	No Yes Don't know No answer	00 01 98 99		<input type="text"/> <input type="text"/>
810	Out of the last 10 male partners who paid you to have anal sex, how many were known and how many were strangers?	a. # known male partners : _____ b. # strangers: _____ "a" plus "b" should = 10 No answer	99		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/>

PAID MALE AND HIJRA PARTNERS					
"Now I am going to ask you some questions about males or hijras whom you have paid to have anal intercourse with"					
811	Have you ever paid to have anal intercourse with a male or hijra?	No Yes No answer	00 01 99	▶ 816 ▶ 816	<input type="checkbox"/> <input type="checkbox"/>
812	Have you paid to have anal intercourse with a male or hijra in the past year?	No Yes Don't know / Don't remember No answer	00 01 98 99	▶ 816 ▶ 816 ▶ 816	<input type="checkbox"/> <input type="checkbox"/>
813	How many times did you pay for anal intercourse with a male or hijra in the past month?	Number of times _____ If none, enter "00" Don't know No answer	00 98 99	▶ 816 ▶ 816 ▶ 816	<input type="checkbox"/> <input type="checkbox"/>
814	How often was a condom used when you paid a male or hijra to have anal sex in the past month?	Every time Most of the time Sometimes Never No answer	01 02 03 04 99		<input type="checkbox"/> <input type="checkbox"/>
815	Was a condom used the last time you paid to have anal intercourse with a male/hijra?	No Yes Don't know / Don't remember No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>

PAID FEMALE PARTNERS					
"Now I am going to ask you some questions about paid female partners"					
	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
816	Have you ever paid to have sexual intercourse with a female?	No Yes No answer	00 01 99	▶ 901 ▶ 901	<input type="checkbox"/> <input type="checkbox"/>
817	Have you paid to have sexual intercourse with a female in the past year?	No Yes No answer	00 01 99	▶ 901 ▶ 901	<input type="checkbox"/> <input type="checkbox"/>
818	How many times did you pay for sexual intercourse with a female in the past month?	Number of times _____ If "00" Don't know No answer	 98 99	 ▶ 901 ▶ 901 ▶ 901	<input type="checkbox"/> <input type="checkbox"/>
819	How often was a condom used when you paid a woman to have sexual intercourse with you in the past month ?	Every time Most of the time Sometimes Never No answer	01 02 03 04 99	 	<input type="checkbox"/> <input type="checkbox"/>

BLOCK IX : OTHER NON-COMMERCIAL PARTNERS MALE/HIJRA					
“Now I am going to ask you some questions in general about your sexual relationship with other male/hijra partners (Other than the regular non-paying partners)”					
901	Do you have any male/transgender partners other than the regular or the commercial partners we talked about?	No Yes No answer	00 01 99	► 906 ► 906	<input type="checkbox"/> <input type="checkbox"/>
902	How many such partners have you had in the past one month?	# Number _____ Don't know No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>
903	The last time you had anal intercourse with one of these partners, was a condom used?	No Yes Never had anal intercourse Don't know /Don't remember No answer	00 01 02 98 99	► 906	<input type="checkbox"/> <input type="checkbox"/>
904	In general, how often is a condom used when you have anal intercourse with these partners?	Every time Most of the time Sometimes Never No answer	01 02 03 04 99	► 906 ► 906 ► 906 ► 906	<input type="checkbox"/> <input type="checkbox"/>
905	How long have you been using condoms every time you have anal intercourse with these partners?	# Months _____ (‘00’ for less than 1 month) No answer	99		<input type="checkbox"/> <input type="checkbox"/>
REGULAR FEMALE PARTNERS					
“Now I am going to ask you some questions about regular female partners”					
906	Do you have a main (regular) female sexual partner? NOTE :Check with Q702 / Q704	No Yes No answer	00 01 99	► 1001 ► 1001	<input type="checkbox"/> <input type="checkbox"/>
907	How long have you been having sexual relations with this partner? IF < 7 DAYS RECORD RESPONSE IN DAYS IF > 7 DAYS RECORD IN WEEKS If >=30 DAYS RECORD RESPONSE IN MONTHS If > 12 MONTHS RECORD IN YEARS	a. Days _____ b. Weeks _____ c. Months _____ d. Years _____ Don't know No answer	98 99		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/> d. <input type="checkbox"/> <input type="checkbox"/>

MSM/MSW Questionnaire March 28, 2006

908	Do you and she live together?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
909	During the last one month , how many times did you have sexual intercourse with her?	Number of times _____ If "0", enter "00" Don't know No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>
910	The last time you had sexual intercourse with her, did you use a condom?	No Yes Don't know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
911	In general, how often do you use a condom when you have sexual intercourse with her?	Every time Most of the time Sometimes Never No answer	01 02 03 04 99	▶ 1001 ▶ 1001 ▶ 1001 ▶ 1001	<input type="checkbox"/> <input type="checkbox"/>
912	How long have you and she been using condoms every time you have sexual intercourse?	# Months _____ (‘00’ for less than 1 month) Don't know No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>

BLOCK X. SELF-REPORTED SEXUALLY TRANSMITTED INFECTIONS (STIs)							
"Now I would like to ask about your sexual health (Your private part)"							
#	Question	Answers	Codes	Skip to	Code Boxes		
1001	Have you ever heard of diseases that can be transmitted through sexual intercourse?	No Yes No answer	00 01 99	► 1003 ► 1003	<input type="text"/> <input type="text"/>		
1002	Can you describe any symptoms of STIs in men? DO NOT READ RESPONSES CIRCLE "01" ALL THAT ARE MENTIONED AND "00" FOR ALL THAT ARE NOT MENTIONED	Answers	No	Yes	a. <input type="text"/> <input type="text"/>		
		a. Genital/anal ulcer/sore	00	01	b. <input type="text"/> <input type="text"/>		
		b. Discharge from rectum	00	01	c. <input type="text"/> <input type="text"/>		
		c. Pain during defaecation	00	01	d. <input type="text"/> <input type="text"/>		
		d. Burning/pain on urination	00	01	e. <input type="text"/> <input type="text"/>		
		e. Urethral discharge	00	01	f. <input type="text"/> <input type="text"/>		
		f. Swelling in groin (scrotal) area	00	01	g. <input type="text"/> <input type="text"/>		
		g. Can't retract foreskin	00	01			
1003	Have you had any of these symptoms in the last 12 months ? If so, please give details about the treatment sought?						
	Symptoms 01=Genital/anal ulcer/sore 02=Discharge from rectum 03= Pain during defaecation 04=Burning pain while urination 05=Urethral discharge 06=Swelling in the groin READ OUT SYMPTOMS AND RECORD DETAILS FOR EACH SYMPTOM RESPONDENT HAS HAD. IF RESPONSE TO ALL STI (01 THRU 06) IS NO ("00") SKIP TO 1012	Number of times you had these STIs in the last 12 months Dont remember=98	Number of days on an average each time you had the symptoms. Dont remember=98	Number of times treatment sought in a private or Government clinic Dont remember=98	Did you ever visit a Key Clinic or _____ (insert name of local NGO clinic) for treatment? No=00 Yes, Key clinic=01 Yes, NGO clinic=02 Yes both types of clinics=03 Dont remember=98 PROMPT USING LOGO OF KEY CLINIC	Number of times completed prescribed treatment Dont remember=98	Number of times symptoms persisted after the completion of prescribed treatment Dont remember=98
	01	<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"/>

MSM/MSW Questionnaire March 28, 2006

	02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Interviewer: if all boxes in the second columns are 00, skip to 1012

1004	What was the most recent of these you have suffered from in the past year ? CIRCLE ONE ONLY (PROBE TO FIND THE MOST RECENT ONE FROM THE SYMPTOMS MENTIONED IN 1003)	Genital/anal ulcer/sore	01	▶ 1006 ▶ 1006	<input type="text"/>
		Discharge from rectum	02		
		Pain during defaecation	03		
		Burning pain while urination	04		
		Urethral discharge	05		
		Swelling in the groin (scrotum)	06		
		Dont know/remember	98		
		No answer	99		
		1005	How long ago did this symptom start? IF < 30 DAYS RECORD RESPONSE IN DAYS IF >=30 DAYS RECORD RESPONSE IN MONTHS		

MSM/MSW Questionnaire March 28, 2006

1006	What did you do the last time you had a problem mentioned in Q1003? 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 _____ (fill in name of Avahan clinic)? Prompt with logo of 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 (Homoeopathic, Herbal, other traditional)?	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
g. Stopped having sex during the time when I had symptoms	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
h. Took medicine I had at home	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
i. Told my sexual partner about the STI	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
j. Used condoms <i>If the answer to "g" was YES, then interviewer should fill in NO i.e. '00'</i>	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
k. Did nothing ► 1011	01		00		<input type="checkbox"/> <input type="checkbox"/>
z. Other (specify) _____	01	02	00		<input type="checkbox"/> <input type="checkbox"/>

MSM/MSW Questionnaire March 28, 2006

#	Question	Answers	Codes	Skip to	Code Boxes
1007.	<p>Of everything you listed in the previous question, what did you do first?</p> <p>DO NOT READ RESPONSES</p> <p>ONLY ONE ANSWER POSSIBLE</p>	<p>Sought advice/medicine from _____ (fill in name of Avahan clinic)</p> <p>Sought advice/medicine from a government clinic or hospital</p> <p>Sought advice/medicine from an NGO or charity-run clinic or hospital</p> <p>Sought advice/medicine from a private clinic or hospital</p> <p>Sought advice/medicine from a private pharmacy</p> <p>Sought advice/medicine from non-allopathic doctor</p> <p>Took medicine I had at home</p> <p>Told my sexual partner about the STI</p> <p>Stopped having sex when I had the symptoms</p> <p>Used condoms</p> <p>Other</p> <p>Don't know / remember</p> <p>No answer</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>06</p> <p>07</p> <p>08</p> <p>09</p> <p>10</p> <p>97</p> <p>98</p> <p>99</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>
1008.	<p>How long did you have this symptom before seeking treatment?</p> <p>IF < 30 DAYS RECORD RESPONSE IN DAYS</p> <p>If >=30 DAYS RECORD RESPONSE IN MONTHS</p>	<p>a. Days _____</p> <p>b. Months _____</p> <p>Don't know / remember</p> <p>No answer</p>	<p>98</p> <p>99</p>		<p>a. <input type="checkbox"/> <input type="checkbox"/></p> <p>b. <input type="checkbox"/> <input type="checkbox"/></p>

MSM/MSW Questionnaire March 28, 2006

#	Question	Answers	Codes	Skip to	Code Boxes
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1009	What type of medicines did you take? READ RESPONSES MULTIPLE RESPONSES POSSIBLE	Answers	No	Yes	Don't remember	a. <input type="checkbox"/> <input type="checkbox"/>
		a. Injection	00	01	98	b. <input type="checkbox"/> <input type="checkbox"/>
		b. Tablets/capsules	00	01	98	c. <input type="checkbox"/> <input type="checkbox"/>
		c. Topical ointment/cream/lotion	00	01	98	d. <input type="checkbox"/> <input type="checkbox"/>
		d. Other	00	01	98	

If all the responses in Q1009 a,b,c,d are '00' then skip to Q1011

1010	Where did you obtain these medicines?	Bought myself	01		<input type="checkbox"/> <input type="checkbox"/>
		Was given by a doctor or at a clinic/ NGO clinic	02		
		Was given by someone else	03		
		Other	97		
		Don't know / remember	98		
		No answer	99		

1011	Do you currently have any of the following? READ OUT THE SYMPTOMS RECORD ALL MENTIONED	Answers	No	Yes	Don't know	a. <input type="checkbox"/> <input type="checkbox"/>
		a. Genital/anal ulcer/sore	00	01	98	b. <input type="checkbox"/> <input type="checkbox"/>
		b. discharge from rectum	00	01	98	c. <input type="checkbox"/> <input type="checkbox"/>
		c. Pain during defaecation	00	01	98	d. <input type="checkbox"/> <input type="checkbox"/>
		d. Burning pain in urination	00	01	98	e. <input type="checkbox"/> <input type="checkbox"/>
		e. Urethral discharge	00	01	98	f. <input type="checkbox"/> <input type="checkbox"/>
		f. Swelling in the groin	00	01	98	

1012	Can you tell me what you do if you have unprotected risky sex? INTERVIEWER TO PROBE AND CIRCLE RESPONSE Multiple responses possible?	Wait and watch for any symptoms	01		<input type="checkbox"/> <input type="checkbox"/>
		Go to a doctor and seek advice	02		
		Inform my sex partner about it	03		
		Use condom for next three months	04		
		Undertake HIV test	05		
		Take medicines	06		
		Did nothing	07		
		Any other (SPECIFY) _____	96		
		Dont know	98		
		No answer	99		

BLOCK XI . KNOWLEDGE OF HIV/AIDS AND ITS PREVENTION						
#	Question	Answers	Codes	Skip to	Code Boxes	
1101	Have you ever heard of HIV/AIDS before this interview?	No Yes No answer	00 01 99	▶ 1201	<input type="text"/> <input type="text"/>	
1102	Are there things a person can do to prevent getting infected with HIV/AIDS?	No Yes Don't know No answer	00 01 98 99	▶ 1104 ▶ 1104	<input type="text"/> <input type="text"/>	
1103. What are the ways a person can prevent becoming infected with HIV/AIDS? This question has two kinds of responses: (a) Spontaneous response (b) Prompted response						
Let the respondent answer first, then match her 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 stated and circle the respondent's answer in Column [3], [4] or [5] as appropriate.						
Methods to use		Spontaneous	Prompted			
		Yes	Yes	No	Don't know	
(1)		(2)	(3)	(4)	(5)	(6)
a. Be abstinent		01	02	00	98	a. <input type="text"/> <input type="text"/>
b. Always use a condom while engaging in penetrative sex		01	02	00	98	b. <input type="text"/> <input type="text"/>
c. Avoid sharing injecting equipment		01	02	00	98	c. <input type="text"/> <input type="text"/>
d. Avoid getting mosquito or other insect bites		01	02	00	98	d. <input type="text"/> <input type="text"/>
e. Dont use shared clothes or eating utensils		01	02	00	98	e. <input type="text"/> <input type="text"/>
f. Eat nutritious food		01	02	00	98	f. <input type="text"/> <input type="text"/>
g. Have sex with only one partner		01	02	00	98	g. <input type="text"/> <input type="text"/>
h. Always use a condom during oral sex		01	02	00	98	h. <input type="text"/> <input type="text"/>
i. Avoid sex with females as HIV transmission occurs amongst mostly heterosexuals		01	02	00	98	i. <input type="text"/> <input type="text"/>
j. Check blood before transfusion		01	02	00	98	j. <input type="text"/> <input type="text"/>
z. Other		01	02	00		z. <input type="text"/> <input type="text"/>
1104	Can you know whether a person has HIV (the virus that causes AIDS) by looking at them?	No Yes Don't know		00 01 98		<input type="text"/> <input type="text"/>

MSM/MSW Questionnaire March 28, 2006

1105.	Do you personally know someone (who also knows you) who is infected with HIV, suffers from AIDS or has died of AIDS?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
1106.	Do you know a place near here for undertaking HIV/AIDS test where the result will be told only to you and to nobody else (ie confidential)? CONFIDENTIAL MEANS THAT NO ONE ELSE BESIDES YOU WILL KNOW THE RESULT OF YOUR TEST UNLESS YOU WANT THEM TO	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
1107.	Have you ever taken an HIV test?	No Yes No answer	00 01 99	▶ 1112 ▶ 1112	<input type="checkbox"/> <input type="checkbox"/>
1108.	Did you undergo the HIV test voluntarily, or were you directed or required to have the test? Note for Translator: Voluntary here means did you go of your own choice; and not because it was required of you. (ask for the last HIV test).	Voluntary Directed or required No answer	01 02 99		<input type="checkbox"/> <input type="checkbox"/>
1109.	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="checkbox"/> <input type="checkbox"/>
1110	Did anyone at the testing centre speak to you on what is HIV/AIDS and how one can prevent it?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
1111.	When did you last take an HIV test? Record in Months here _____	Less than a year ago More than a year ago No answer	01 02 99		<input type="checkbox"/> <input type="checkbox"/>
1112	Are there any drugs that can help treat people who have AIDS?	No Yes Don't know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
1113	Have you ever heard of ART (Anti retroviral therapy) (HIV/AIDS medicine)?	No Yes Don't know No answer	00 01 98 99	▶ 1201 ▶ 1201 ▶ 1201	<input type="checkbox"/> <input type="checkbox"/>
1114	Do you know anyone who is currently taking ART?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
1115	Do you know where one can get ART treatment? INTERVIEWER TO PROBE AND RECORD RESPONSE Multiple responses possible	Government hospital Private hospital/clinic NGO Other (specify) Dont know No answer	01 02 03 97 98 99		<input type="checkbox"/> <input type="checkbox"/>
1116	Do you think having ART will make other people practice unsafe sex?	Much less careful About the same	01 02 03		<input type="checkbox"/> <input type="checkbox"/>

MSM/MSW Questionnaire March 28, 2006

	READ RESPONSES AND CIRCLE ONE	Much more careful Dont know No answer	98 99		
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Block XII. Risk Perception					
#	Question	Answers	Codes	Skip to	Code Boxes
1201	According to you, do MSM/MSW have a higher risk of acquiring HIV infection? READ RESPONSES AND CIRCLE ONE	Strongly agree Agree Neither agree nor disagree Disagree Dont know	01 02 03 04 98		<input type="checkbox"/> <input type="checkbox"/>
1202	According to you, can any MSM/MSW prevent transmission of HIV by using a condom in every sex act? READ RESPONSES AND CIRCLE ONE	Strongly agree Agree Neither agree nor disagree Disagree Dont know	01 02 03 04 98		<input type="checkbox"/> <input type="checkbox"/>
1203	Have you ever refused your male partner in the last three months, if he insisted on anal sex without using a condom?	No Yes He never insisted on sex without condom No answer	00 01 02 99		<input type="checkbox"/> <input type="checkbox"/>
1204	According to you, what should a regular partner do in a relationship if he finds out that he is infected by HIV? INTERVIEWER TO PROBE AND RECORD RESPONSE Multiple responses possible	Inform his partner Should not have sex Always use condom in sex Get his partner tested for HIV Dont know	01 02 03 04 98		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

BLOCK XIII . EXPOSURE TO INTERVENTION
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MSM/MSW Questionnaire March 28, 2006

#	Question	Answers	Codes	Skip to	Code Boxes
1301	Have you ever heard of any of the following NGOs: ▪ Mention the names of AVAHAN NGOs	No Yes	00 01	▶ 1304	<input type="checkbox"/> <input type="checkbox"/>
1302	For how long have you known these NGOs / programmes? (IF HEARD / KNOWN ABOUT MORE THAN ONE NGO, RECORD FOR THE NGO KNOWN FOR THE LONGEST TIME PERIOD) QUESTION IS OPEN-ENDED LISTEN TO RESPONSE IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	a. Days _____ b. Weeks _____ c. Months _____ d. Years _____ No answer _____	99		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/> d. <input type="checkbox"/> <input type="checkbox"/>
1303	Are you registered with any of these NGOs?	No Yes	00 01		<input type="checkbox"/> <input type="checkbox"/>
1304	Besides any of the NGOs (mentioned in Q1301), have you heard of any other NGOs who provide similar services?	No Yes	00 01	▶ 1310	<input type="checkbox"/> <input type="checkbox"/>
If the answer is 'No' in BOTH Q1301 and Q1304, skip to Block XIV					
1305	What are the name(s) of these NGOs / programmes?	a. Name _____ b. Name _____ c. Name _____ Don't know / Don't remember	98		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/>
1306	For how long have you known these NGOs / programmes? (IF HEARD / KNOWN ABOUT MORE THAN ONE NGO, RECORD FOR THE NGO KNOWN FOR THE LONGEST TIME PERIOD) QUESTION IS OPEN-ENDED LISTEN TO RESPONSE IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	a. Days _____ b. Weeks _____ c. Months _____ d. Years _____ No answer _____	99		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/> d. <input type="checkbox"/> <input type="checkbox"/>
1307	Are you registered with any of these NGOs?	No Yes	00 01		<input type="checkbox"/> <input type="checkbox"/>
1308	Have you received / accessed services from any of these NGOs / programmes in the past one year?	No Yes	00 01	▶ 1310	<input type="checkbox"/> <input type="checkbox"/>

MSM/MSW Questionnaire March 28, 2006

1309	From which NGO did you receive most of the services in the past one year ?	Name of NGO _____ Don't know / don't remember	98		
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BLOCK XIII . EXPOSURE TO INTERVENTION (Contd..)										
1310	What are the types of interactions or services that you have received from any of the NGO/Programs during the past one year? This question has two kinds of responses: (B) Spontaneous response (C) Prompted response and (D) From Which NGO									
Let the respondent answer first, then match his answers with the statements found in column (A) and circle the respective '01' i.e 'Yes' in Column (B) for each appropriate answer. (THEN ASK WHICH NGO HE WAS REFERRING HIS ANSWER TO. IF HE MEANT 'AVAHAN NGOS' CIRCLE ANSWER '11' IN (D). IF OTHER THAN THE AVAHAN NGOS, CIRCLE ANSWER '22' IN (D). IF HE HAPPENED TO HAVE RECEIVED ANY SERVICES FROM BOTH AVAHAN AND NON-AVAHAN NGOS, CIRCLE '33' IN (D). IF HE DOES NOT KNOW/REMEMBER WHETHER RECEIVED SERVICES FROM AVAHAN OR NON-AVAHAN NGOS, CIRCLE '88' IN (D). Then read out loud the services those have not yet been mentioned and circle the response given in Column (C) and FOLLOW THE SAME PROCEDURE OF RECORDING AIDED ANSWERS (Column C) AND CORRESPONDING COLUMN (D).										
NOTE : Column (B) - "Spont" stands for "Spontaneous answer" Column (C) - DK/DR stands for "Don't know / don't remember" Column (D) - "AV" stands for "AVAHAN" "NAV" stands for "NON-AVAHAN" "BOTH" stands for "BOTH AVAHAN AND NON-AVAHAN" "DK/DR" stands for "Don't know / Don't remember"										
Services (A)	Spont (B)	Aided (C)			From which NGO? (D) <i>Only to be asked to those who answer 'Yes' in B or C</i>				Code Boxes	
	Yes	Yes	No	DK/DR	AV	NAV	BOTH	DK/DR	B/C	D
a. I have been contacted by a peer educator/outreach worker from the NGO / Program	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
b. I have been contacted by a peer educator/outreach worker from the NGO / Program in the last one month	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
c. I have received an project health card from the NGO/ program . For spontaneous answers, show the identity card to confirm that the card is the same. For the aided questions, show a sample of the AVAHAN project health card when asking the question.	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
d. IF yes, when did you receive the health card from the project? Month / Year ___/___ (Avahan) Month / Year ___/___ (Non-Avahan)									MM <input type="checkbox"/> <input type="checkbox"/> YY <input type="checkbox"/> <input type="checkbox"/> (AVAHAN)	MM <input type="checkbox"/> <input type="checkbox"/> YY <input type="checkbox"/> <input type="checkbox"/> (Non-AVAHAN)
e. I have been given information on STI/HIV/AIDS by a peer educator or an outreach worker from the NGO/Program	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
f. I have visited the clinic run by the NGO/program. (Interviewer to confirm using clinic logo, even if response is spontaneous)	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

MSM/MSW Questionnaire March 28, 2006

g. I have visited the clinic run by the NGO/ program in the last three months	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
h. Received condoms from the peers or outreach workers of the NGO/program	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
i. Received needles and syringes from the project	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
j. Received abscess management services from the project	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
k. Received counseling services from the project	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
l. I have been referred to other services (STI clinic, VCCTC, detox centre etc.) from this project	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
m. Received health check-up	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
n. Received free medicine for STI	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
o. Received free medicine for general health problem	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
p. Seen a demonstration on correct condom use by a peer educator /NGO outreach worker	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
q. Took part in any meeting / training organized by the NGO	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
r. Became a member of the self-help group (SHG) supported by the NGO	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
s. Others (Specify) _____	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

ASK Q1311 TO Q1315 IF THE ANSWER IN Q1301 IS 'YES' ELSE SKIP TO BLOCK XIV					
(Ask only about the AVAHAN Partner NGOs and the Clinics run by them)					
#	Question	Answers	Code	Skip to	Code Boxes
1311	How many times in the past one month were you contacted in the field by a peer educator / other workers from (name of AVAHAN Partner NGOs) (CHECK 1310 b)	Number of times _____ Don't know / don't remember	98		<input type="checkbox"/> <input type="checkbox"/>
1312	How many times have you visited the clinic(s) to see a doctor in the past one year? (if the answer is 'never', code '00') (CHECK 1310 f)	Number of times _____ Don't know / don't remember	98		<input type="checkbox"/> <input type="checkbox"/>

MSM/MSW Questionnaire March 28, 2006

1313	<p>For how long have you known the clinics run by the NGO (Name the NGO and the clinic / drop-in centre) or their referral clinics?</p> <p>QUESTION IS OPEN-ENDED LISTEN TO RESPONSE</p> <p>IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS</p>	<p>a. Days _____</p> <p>b. Weeks _____</p> <p>c. Months _____</p> <p>d. Years _____</p> <p>No answer _____</p>	99		<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>
1314	<p>How many times have you visited NGO clinic(s) for problems like urethral discharge or genital ulcer pain in defecation in the past one year?</p> <p>(CHECK 1310 f)</p>	<p>Number of times _____</p> <p>Don't know / don't remember</p>	98		<p><input type="checkbox"/> <input type="checkbox"/></p>
1315	<p>In the past one month, how many times have you seen a demonstration on correct condom use by peer educator / NGO outreach worker from (name of NGOs)?</p> <p>(CHECK 1310 p)</p>	<p>Number of times _____</p> <p>Don't know / don't remember</p>	98		<p><input type="checkbox"/> <input type="checkbox"/></p>

BLOCK XIV. CLSI QUESTIONS FOR MSM/MSW					
#	Question	Answers	Codes	Skip to	Code Boxes
1401	If there were a problem that affected all or most of the MSM/MSW community, how many MSM/MSWs would work together to deal with the problem? READ RESPONSES CIRCLE ONLY ONE	No one would deal with the problem Some would work together to deal with the problem Most would work together to deal with the problem All would work together to deal with the problem Don't know No answer	01 02 03 04 98 99		<input type="checkbox"/> <input type="checkbox"/>
1402	Can you tell me, when you are sick or tired, how do other MSM/MSW members of your community take care of you? READ RESPONSES Multiple responses	Don't take any care Give food Give medicines Take care (nursing care) Others specify: _____ No answer	00 01 02 03 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"/>
1403	Are you a member of a MSM/MSW collective or self-help group?	No Yes No answer	00 01 99	► END ► END	<input type="checkbox"/> <input type="checkbox"/>
1404	What is the name of the MSM/MSW collective / self-help group ?	Name _____ Don't know	98		<input type="checkbox"/> <input type="checkbox"/>
1405	For how long have you been a member of this collective/self-help group? QUESTION IS OPEN-ENDED LISTEN TO RESPONSE IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	a. Days _____ b. Weeks _____ c. Months _____ d. Years _____ No answer _____	99		a <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> d <input type="checkbox"/> <input type="checkbox"/>
1406	According to you, how many persons are members of this group?	Number of persons _____ Dont know	98		<input type="checkbox"/> <input type="checkbox"/>
1407	Out of 10 of your group that you know of, how many do not hesitate to acknowledge their sexual orientation with others (heterosexuals) openly?	Number _____ Don't Know No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>

NEXT STEPS: Before ending the interview:

1. Carefully review the completeness of the contents of the questionnaire/respondents answers.
2. Return to Block I, Question 104 and circle the appropriate answer.
3. Return to Block I, Question 103 – did the respondent agree to participate in the biological part of the survey?
 - If yes, Circle yes next to consented for biological tests' on the "Biological Component Referral Card"
 - If no, Circle no next to consented for biological tests' on the "Biological Component Referral Card"
4. Interviewer give the following information to respondent
 - a. List of health facilities in the district
 - b. About VCCTC
 - c. About STI clinics
5. Clarify any doubts or questions the respondent has on HIV/AIDS.
6. Ask the respondent if he/she is interested in a free consultation with the IBBA doctor. If the individual says yes, circle YES next to "Respondent wants consultation with doctor" otherwise circle NO.
7. Interviewer to fill in his/her name at the bottom of the card
8. If there is at least one YES circled on the card below, thank the respondent for participating in the survey and escort the individual to the community liason to be escorted to the biological component (clinical or lab). If there are 2 NO's circled, thank the respondent for participating in the assessment and refer the individual to the Supervisor for compensation.
9. Return the questionnaire to the supervisor.
10. The supervisor will fill in the BCRC card for 'Respondent was given compensation' – if 'yes', circle yes or if 'no' circle No.

Biological Component Referral Card

ID NUMBER: _____ **Date:** _____

***** Tear off this page and send it with the ID Stickers and the respondent to the IBBA doctor or lab technician. The community liason will escort the participant to the doctor or LT*****

TO BE FILLED BY INTERVIEWER & SUPERVISOR:

Biological Component Referral Card		
Consented for Biological Tests	Yes	No
Respondent wants consultation With doctor	Yes	No
Interviewer name _____		
Respondent was given compensation	Yes	No

TO BE FILLED BY LAB TECHNICIAN AND DOCTOR AND SENT TO THE SUPERVISOR AT THE END OF THE DAY:

<p>Filled by Lab Technician (select appropriate category): Respondent did not give any samples Respondent gave only blood sample Respondent gave only urine sample Respondent gave blood and urine sample</p> <p>Filled by Doctor (select appropriate category): Swab not taken Swab taken Syphillis follow up card given VCCTC referral card given</p>

Definitions for Lab Technician:

- Respondent gave only blood sample – the LT should check this box if the respondent gave only a blood sample and not a urine sample
- Respondent gave only urine sample – the LT should check this box if the respondent gave only a urine sample and not a blood sample
- Respondent gave blood and urine samples – the LT should check this box if the respondent gave both blood and urine samples
- Respondent did not give any samples – the LT should check this box if the respondent did not give blood or urine samples

Definitions for IBBA doctor

- Swab taken – the respondent consented to participate in the biological component of the survey and the doctor took a swab from an external genital ulcer
- Swab not taken – the respondent either: did not consent to take part in the biological component of the survey so no swab was taken or the respondent consented to participate in the biological component of the survey, but no ulcer was seen on genital examination.
- Syphilis follow up card given - Doctor to provide respondents with a follow up card (to follow up with the NGO/ program clinic in the district) to check for test results from syphilis testing. Check in the box after giving out this follow up card to the respondent.
- VCCTC referral card given – Referral to the nearest VCCTC will be given to respondents who wish to know their HIV status. Doctor to provide the referral card to these respondents. Check in the box when the respondent has been given a VCCTC referral card.

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