

STATISTICS ACT  
(Cap. 17:01)

**STATISTICS (AIDS IMPACT SURVEY) REGULATIONS, 2004**  
(Published on 10th February, 2004)

ARRANGEMENT OF REGULATIONS

REGULATION

1. Citation
2. Authorisation to conduct a survey
3. Conduct of survey
4. Penalties

SCHEDULE

IN EXERCISE of the powers conferred on the Minister of Finance and Development Planning by section 15 of the Statistics Act, the following Regulations are hereby made —

- |  |                                   |
|--|-----------------------------------|
| 1. These Regulations may be cited as the Statistics (Aids Impact Survey) Regulations, 2004.  | Citation                          |
| 2. The Government Statistician may direct any authorised officer to conduct a survey on the impact of the HIV/AIDS pandemic in the household population at both national and sub-national levels for the purposes of —<br>(a) providing up to date information for assessing the impact of the HIV/AIDS pandemic at household level in Botswana;<br>(b) furnishing data needed for assessing programs implemented to improve the knowledge about how HIV/AIDS is transmitted and strategies for HIV/AIDS prevention and control; and<br>(c) establishing the population-based HIV prevalence rate in Botswana. | Authorisation to conduct a survey |
| 3. The authorised officer may, for the purposes of the survey, ask any person interviewed, such questions as may be necessary to obtain, from that person, the information required in the questionnaires set out in the Schedule.   | Conduct of survey                 |
| 4. Any person who fails or refuses to answer any question put to him for purposes of these Regulations shall be guilty of an offence and shall be liable to a fine of P50 and in the case of a continuing offence, to a fine of P2 for every day during which the offence continues.   | Penalties                         |

SCHEDULE



Republic of Botswana

**BOTSWANA MINISTRY OF FINANCE AND DEVELOPMENT PLANNING**  
**CENTRAL STATISTICS OFFICE**  
**BOTSWANA AIDS IMPACT SURVEY 2004**  
**ADULT GENERAL POPULATION AGED 10-64**  
**PART A. HOUSEHOLD QUESTIONNAIRE**

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

ALL PERSONS						
SR NO.	NAME	RELATIONSHIP TO CURRENT HEAD	SEX	AGE	CITIZENSHIP	PLACE OF USUAL LIVING NOW
	List all persons who spent last night in this household?	What is ...'s relationship to head of this household?	Is ... male or female?	How old is ... in completed years?	What is the country of ...'s citizenship?	Does ... usually live in this household?
	Have you included babies?	00 Head	1 Male	Record exact age in years and months for those less than two years in the Present: (YY MM)	01 Botswana	1 Yes, usual member
	Have you included elderly persons?	01 Spouse/partner	2 Female		02 Angola	2 No, visitor
	Have you included visitors? Also include usual members of this household who did not spend last night here because they were away on visiting, night duty, travelling, or night clinic etc.	02 Son/Daughter			03 Lesotho	
		03 Stepchild			04 Malawi	
		04 Grandchild			05 Mozambique	
		05 Parent			06 Namibia	
		06 Grand parent			07 South Africa	
		07 Brother/Sister			08 Swaziland	
		08 Nephew/Niece			09 Zambia	
		09 Son/Daughter-in-law			10 Zimbabwe	
		10 Parent-in-law			11 Tanzania	
		11 Other relative			12 India	
		12 Not related			13 Mauritius	
					14 UK	
					15 USA	
					Other (Specify)	
P08	P01	P02	P03	P04	P05	P06
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						



**ALL PERSONS AGED 5 YEARS & OVER (see instructions)**

MARITAL STATUS		TYPE OF ECONOMIC ACTIVITY IN THE YEAR 2004	
00	STATES	01-03	04-07
01	Married	01 Did not work for wages, profits or income in the year 2004?	01 Did not work for wages, profits or income in the year 2004?
02	Living together	02 Did not work for wages, profits or income in the year 2004?	02 Did not work for wages, profits or income in the year 2004?
03	Separated	03 Did not work for wages, profits or income in the year 2004?	03 Did not work for wages, profits or income in the year 2004?
04	Divorced	04 Did not work for wages, profits or income in the year 2004?	04 Did not work for wages, profits or income in the year 2004?
05	Widowed	05 Did not work for wages, profits or income in the year 2004?	05 Did not work for wages, profits or income in the year 2004?
06	Never married	06 Did not work for wages, profits or income in the year 2004?	06 Did not work for wages, profits or income in the year 2004?
07	Other	07 Did not work for wages, profits or income in the year 2004?	07 Did not work for wages, profits or income in the year 2004?
08		08 Did not work for wages, profits or income in the year 2004?	08 Did not work for wages, profits or income in the year 2004?
09		09 Did not work for wages, profits or income in the year 2004?	09 Did not work for wages, profits or income in the year 2004?
10		10 Did not work for wages, profits or income in the year 2004?	10 Did not work for wages, profits or income in the year 2004?
11		11 Did not work for wages, profits or income in the year 2004?	11 Did not work for wages, profits or income in the year 2004?
12		12 Did not work for wages, profits or income in the year 2004?	12 Did not work for wages, profits or income in the year 2004?
13		13 Did not work for wages, profits or income in the year 2004?	13 Did not work for wages, profits or income in the year 2004?
14		14 Did not work for wages, profits or income in the year 2004?	14 Did not work for wages, profits or income in the year 2004?
15		15 Did not work for wages, profits or income in the year 2004?	15 Did not work for wages, profits or income in the year 2004?
16		16 Did not work for wages, profits or income in the year 2004?	16 Did not work for wages, profits or income in the year 2004?
17		17 Did not work for wages, profits or income in the year 2004?	17 Did not work for wages, profits or income in the year 2004?
18		18 Did not work for wages, profits or income in the year 2004?	18 Did not work for wages, profits or income in the year 2004?
19		19 Did not work for wages, profits or income in the year 2004?	19 Did not work for wages, profits or income in the year 2004?
20		20 Did not work for wages, profits or income in the year 2004?	20 Did not work for wages, profits or income in the year 2004?
21		21 Did not work for wages, profits or income in the year 2004?	21 Did not work for wages, profits or income in the year 2004?
22		22 Did not work for wages, profits or income in the year 2004?	22 Did not work for wages, profits or income in the year 2004?
23		23 Did not work for wages, profits or income in the year 2004?	23 Did not work for wages, profits or income in the year 2004?
24		24 Did not work for wages, profits or income in the year 2004?	24 Did not work for wages, profits or income in the year 2004?
25		25 Did not work for wages, profits or income in the year 2004?	25 Did not work for wages, profits or income in the year 2004?
26		26 Did not work for wages, profits or income in the year 2004?	26 Did not work for wages, profits or income in the year 2004?
27		27 Did not work for wages, profits or income in the year 2004?	27 Did not work for wages, profits or income in the year 2004?
28		28 Did not work for wages, profits or income in the year 2004?	28 Did not work for wages, profits or income in the year 2004?
29		29 Did not work for wages, profits or income in the year 2004?	29 Did not work for wages, profits or income in the year 2004?
30		30 Did not work for wages, profits or income in the year 2004?	30 Did not work for wages, profits or income in the year 2004?
31		31 Did not work for wages, profits or income in the year 2004?	31 Did not work for wages, profits or income in the year 2004?
32		32 Did not work for wages, profits or income in the year 2004?	32 Did not work for wages, profits or income in the year 2004?

Among the persons who are members of this household, is there anybody who stayed at least for 3 months and bedridden for at least 3 months?

Yes 1  
No 2 (Go to H11)

How old is this person in completed years?  
Any others?  
How old is person E?  
How old is person C?

Person A: Age   
Person B: Age   
Person C: Age

Has your household received any care or assistance from outside in relation to reproductive illnesses?

Yes 1  
No 2 (Go to H11)  
Don't know 9 (Go to H11)

H01

H02

H03

Who provided the care or assistance?

**CIRCLE ALL MENTIONED:**  
Any one else?

Relatives  1  
Friends  2  
Hospital/Clinic  3  
FBO  4  
Community Organizations  5  
NGOs  6  
Spiritual Healer  7  
Women's Group  8  
Social Worker  9  
Traditional Healer  10

Other (Specify) \_\_\_\_\_

In the past 12 months have any children in this household lived with parents/guardians who were continuously ill for at least three months?

Yes 1  
No 2 (Go to H11)

In the past household support services living with...

Yes  
No  
Don't know

H05

H06

H07

**CIRCLE ALL MENTIONED:**  
Any one else?

Relatives  1  
 Friends  2  
 Hospital/Clinic  3  
 Community Organisations  4  
 NGOs  5  
 Traditional Healer  6  
 Spiritual Healer  7  
 Women's Group  8  
 Social Worker  9

Other (Specify) \_\_\_\_\_

with the care or assistance given to all persons?

Very satisfied  1  
 Satisfied  2  
 Not satisfied  3

months. Has anyone lived with this house for at least 14 days died 12 months?

Yes  1  
 No  2  
 Don't know  3

**H09**

**H10**

**H11**

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

**H 13**

CHECK IN THE HOUSEHOLD SCHEDULE P10 & P12:	What kind of help did you receive?	Who provided the care or assistance?	How often was the care or assistance provided?																																																																																												
If both parents are alive, for all under 19s, goto H18:	<b>READ OUT: MULTIPLE RESPONSES.</b>	<b>CIRCLE ALL MENTIONED: Any one else?</b>																																																																																													
If one or both parent(s) dead: Ask the question below																																																																																															
In the last 12 months did you get any outside help for ... (Read names of orphans)																																																																																															
Line No. and																																																																																															
<table border="1"> <thead> <tr> <th>Name of child</th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr><td> </td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>	Name of child	Yes	No	DK		1	2	3		1	2	3		1	2	3		1	2	3		1	2	3		1	2	3		1	2	3		1	2	3		1	2	3	<table border="1"> <tbody> <tr><td>Counselling</td><td>1</td></tr> <tr><td>Money</td><td>2</td></tr> <tr><td>Extra Food</td><td>3</td></tr> <tr><td>Free Medicine</td><td>4</td></tr> <tr><td>Help with child care</td><td>5</td></tr> <tr><td>Help with school expenses</td><td>6</td></tr> <tr><td>Income-generating projects</td><td>7</td></tr> <tr><td>Help with housework</td><td>8</td></tr> <tr><td>Help with food preparation</td><td>9</td></tr> <tr><td>Spiritual / Religious support</td><td>10</td></tr> <tr><td>Support group</td><td>11</td></tr> <tr><td>Hospice</td><td>12</td></tr> <tr><td>Don't know</td><td>99</td></tr> </tbody> </table>	Counselling	1	Money	2	Extra Food	3	Free Medicine	4	Help with child care	5	Help with school expenses	6	Income-generating projects	7	Help with housework	8	Help with food preparation	9	Spiritual / Religious support	10	Support group	11	Hospice	12	Don't know	99	<table border="1"> <tbody> <tr><td>Relatives</td><td>1</td></tr> <tr><td>Friends</td><td>2</td></tr> <tr><td>Hospital/Clinic</td><td>3</td></tr> <tr><td>Community Organisations</td><td>4</td></tr> <tr><td>NGOs</td><td>5</td></tr> <tr><td>Traditional Healer</td><td>6</td></tr> <tr><td>Spiritual Healer</td><td>7</td></tr> <tr><td>Women's Group</td><td>8</td></tr> <tr><td>Social Worker</td><td>9</td></tr> </tbody> </table>	Relatives	1	Friends	2	Hospital/Clinic	3	Community Organisations	4	NGOs	5	Traditional Healer	6	Spiritual Healer	7	Women's Group	8	Social Worker	9	<table border="1"> <tbody> <tr><td>Daily</td><td>1</td></tr> <tr><td>Weekly</td><td>2</td></tr> <tr><td>Monthly</td><td>3</td></tr> <tr><td>Other (Specify)</td><td></td></tr> </tbody> </table>	Daily	1	Weekly	2	Monthly	3	Other (Specify)	
Name of child	Yes	No	DK																																																																																												
	1	2	3																																																																																												
	1	2	3																																																																																												
	1	2	3																																																																																												
	1	2	3																																																																																												
	1	2	3																																																																																												
	1	2	3																																																																																												
	1	2	3																																																																																												
	1	2	3																																																																																												
	1	2	3																																																																																												
Counselling	1																																																																																														
Money	2																																																																																														
Extra Food	3																																																																																														
Free Medicine	4																																																																																														
Help with child care	5																																																																																														
Help with school expenses	6																																																																																														
Income-generating projects	7																																																																																														
Help with housework	8																																																																																														
Help with food preparation	9																																																																																														
Spiritual / Religious support	10																																																																																														
Support group	11																																																																																														
Hospice	12																																																																																														
Don't know	99																																																																																														
Relatives	1																																																																																														
Friends	2																																																																																														
Hospital/Clinic	3																																																																																														
Community Organisations	4																																																																																														
NGOs	5																																																																																														
Traditional Healer	6																																																																																														
Spiritual Healer	7																																																																																														
Women's Group	8																																																																																														
Social Worker	9																																																																																														
Daily	1																																																																																														
Weekly	2																																																																																														
Monthly	3																																																																																														
Other (Specify)																																																																																															
If No / Don't know go to H18	Other (Specify)	Other (Specify)																																																																																													
H14	H15	H16	H17																																																																																												

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

TYPE OF HOUSING UNIT	NUMBER OF ROOMS	MATERIAL OF CONSTRUCTION OF THE HOUSING UNIT			WATER SUPPLY  What is the principal source of water supply for this household?
		WALL	FLOOR	ROOF	
D1 Lohwaga D2 Detached houses D3 Semi-detached D4 Town house D5 Flat D6 Rooms D7 Servant's quarter D8 Part of commercial building D9 Shack D10 Movable/Caravan/Tent	How many 'living rooms' are there in this housing unit?  Exclude kitchen, toilet, garage, store, etc. if not used as 'living rooms'.  <div style="text-align: center;">  </div>	What is the main material of construction of:  1 Stones/Blocks/Concrete bricks 2 Asbestos 3 Iron/Zinc/Tin 4 Mud/Mud bricks 5 Mud & Poles 6 Mud & reeds 7 Poles & reeds 8 Mud Poles & reeds Other .....	1 Concrete 2 Cement 3 Stones 4 Wood 5 Mud 6 None Other .....	1 Iron/Zinc/Tin 2 Tiles 3 Asbestos 4 Concrete 5 Thatch 6 Slate Other .....	1 Piped indoors 2 Stand pipe within plot 3 Stand pipe outside plot 4 Borehole 5 Well 6 Flowing river 7 Sand river (riverbed) 8 Dam/Lake/Pan Other .....
H18	H19	H20		H21	





Republic of Botswana

BOTSWANA MINISTRY OF FINANCE AND DEVELOPMENT PLANNING  
 CENTRAL STATISTICS OFFICE  
 BOTSWANA AIDS IMPACT SURVEY 2004  
 ADULT GENERAL POPULATION AGED 10-64  
 PART B. INDIVIDUAL QUESTIONNAIRE

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

**Section 1: Background characteristics**

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

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

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

Q101	<b>CIRCLE SEX OF THE RESPONDENT</b>	MALE.....1 FEMALE.....2	
Q102	a) How old are you in completed years? b) What is your date of birth? (DD/MM/YY) <b>IF AGE IS &lt;10 OR &gt;64 END INTERVIEW</b>	AGE IN COMPLETED YEARS.....[ ][ ]	
@103	Are you a usual member of this household?	YES.....1 NO.....2	<b>END INTERVIEW</b>
Q104	a) Can you read and understand a letter / newspaper / bible or anything (written in English or Setswana ) easily, with difficulty or not at all? b) What language do you understand best?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3 .....[ ][ ]	
Q105	Have you ever attended school, formal or non-formal?	YES.....1 NO.....2	<b>Q106</b>
Q106	What is the highest level of school you attended: non-formal, primary, secondary, or higher?	NON- FORMAL.....1 PRIMARY.....2 SECONDARY.....3 HIGHER.....4	

Q107	How many years of education did you complete in total?	YEARS COMPLETED [ ][ ]	
Q108	How long have you been living in this locality? RECORD 00 IF LESS THAN A YEAR.	YEARS... [ ][ ]	
Q109	In the last 4 weeks, how many nights in total have you slept in another dwelling unit other than your dwelling unit? IF NO PUT 00	NUMBER OF NIGHTS SLEPT ELSEWHERE .....	
Q110	In the last 12 months, have you been away from your usual place of residence for more than 1 month at one time (30 consecutive days)?	YES ..... NO .....	
Q111	Have you ever consciously taken an alcoholic drink??	YES ..... NO .....	Q114
Q112	When did you last take a drink containing alcohol?	LESS THAN A WEEK..... A WEEK AGO ..... LESS THAN 2 WEEKS AGO..... LESS THAN 4 WEEKS AGO..... MORE THAN 4 WEEKS AGO..... 5	

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

**Section 2: Marriage and Cohabiting Partnerships**

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

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



I would like you to think about the last time you had sex, and I am going to ask you some questions about your sexual partners, beginning with the person with whom you had sex most recently.  
**ASK Q304-Q320, BEGINNING WITH MOST RECENT PARTNER.**

		<b>Partner 1</b> Most Recent Partner	<b>Partner 2</b> Next Most Recent Partner	<b>Partner 3</b> Second Most Recent Partner
Q304	<p>What is your relationship to (NAME OF MOST RECENT / NEXT MOST RECENT PARTNER).            READ OUT</p> <p><b>IF ANSWER IS 1 OR 2, CHECK Q. 203</b></p>	<p>HUSBAND / WIFE...1            LIVE-IN PARTNER...2            GIRLFRIEND / BOYFRIEND NOT LIVING WITH YOU...3            SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX...4            CASUAL ACQUAINTANCE...5            OTHER</p> <p>_____</p> <p>(SPECIFY)</p>	<p>HUSBAND / WIFE...1            LIVE-IN PARTNER...2            GIRLFRIEND / BOYFRIEND NOT LIVING WITH YOU...3            SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX...4            CASUAL ACQUAINTANCE...5            OTHER</p> <p>_____</p> <p>(SPECIFY)</p>	<p>HUSBAND / WIFE...1            LIVE-IN PARTNER...2            GIRLFRIEND / BOYFRIEND NOT LIVING WITH YOU...3            SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX...4            CASUAL ACQUAINTANCE...5            OTHER</p> <p>_____</p> <p>(SPECIFY)</p>
Q305	<p>a) How old is this partner?</p> <p><b>IF DON'T KNOW EXACT AGE, PROBE FOR APPROXIMATE AGE.</b></p> <p>b) What is the sex of this partner?</p>	<p>AGE..... [ ] [ ]</p>      <p>Male.....1            Female.....2</p>	<p>AGE..... [ ] [ ]</p>      <p>Male.....1            Female.....2</p>	<p>AGE..... [ ] [ ]</p>      <p>Male.....1            Female.....2</p>

		<b>Partner 1</b> Most Recent Partner	<b>Partner 2</b> Next Most Recent Partner	<b>Partner 3</b> Second Most Recent Partner
Q306	Where did you first meet this partner?	OWN HOUSE.....1 FRIEND'S HOUSE...2 CHURCH.....3 SCHOOL.....4 WORK.....5 WEDDING, FUNERAL / OTHER FAMILY EVENT.....6 SPORTING EVENT...7 BAR/NIGHTCLUB...8 BY ROADSIDE.....9 OTHER _____ (SPECIFY)	OWN HOUSE.....1 FRIEND'S HOUSE...2 CHURCH.....3 SCHOOL.....4 WORK.....5 WEDDING, FUNERAL / OTHER FAMILY EVENT.....6 SPORTING EVENT...7 BAR/NIGHTCLUB...8 BY ROADSIDE.....9 OTHER _____ (SPECIFY)	OWN HOUSE.....1 FRIEND'S HOUSE...2 CHURCH.....3 SCHOOL.....4 WORK.....5 WEDDING, FUNERAL / OTHER FAMILY EVENT.....6 SPORTING EVENT.....7 BAR/NIGHTCLUB...8 BY ROADSIDE.....9 OTHER (SPECIFY)
Q307	Where does this partner live?  READ OUT OPTIONS.	SAME LOCALITY.....1 OTHER URBAN AREA...2 OTHER RURAL AREA...3 OTHER _____ (SPECIFY) DONT KNOW.....9	SAME LOCALITY.....1 OTHER URBAN AREA...2 OTHER RURAL AREA...3 OTHER _____ (SPECIFY) DONT KNOW.....9	SAME LOCALITY.....1 OTHER URBAN AREA...2 OTHER RURAL AREA...3 OTHER _____ SPECIFY) DONT KNOW.....9
Q308	How long ago did you first have sex with this partner?  IF LESS THAN ONE DAY ENTER 00  COMPLETE ONLY ONE OPTION.	DAYS.....1 [ ] [ ] WEEKS...2 [ ] [ ] MONTHS...3 [ ] [ ] YEARS.....4 [ ] [ ] DO NOT KNOW.....9	DAYS.....1 [ ] [ ] WEEKS...2 [ ] [ ] MONTHS...3 [ ] [ ] YEARS.....4 [ ] [ ] DO NOT KNOW.....9	DAYS.....1 [ ] [ ] WEEKS...2 [ ] [ ] MONTHS...3 [ ] [ ] YEARS...4 [ ] [ ] DO NOT KNOW.....9
Q309	Did you use a condom the first time you had sexual intercourse with this partner?	Yes.....1 No.....2 DONT REMEMBER.. 9	Yes.....1 No.....2 DONT REMEMBER.. 9	Yes.....1 No.....2 DONT REMEMBER...9

		Partner 1 Most Recent Partner	Partner 2 Next Most Recent Partner	Partner 3 Second Most Recent Partner
Q310	How long ago did you last have sex with this partner?  <b>COMPLETE ONLY ONE OPTION.</b>	DAYS AGO...1 [ ] WEEKS AGO...2 [ ] MONTHS AGO...3 [ ] YEARS AGO...4 [ ] DON'T KNOW.....9	DAYS AGO..1 [ ] WEEKS AGO...2 [ ] MONTHS AGO...3 [ ] YEARS AGO...4 [ ] DON'T KNOW .....9	DAYS AGO... [ ] WEEKS AGO...2 [ ] MONTHS AGO... [ ] YEARS AGO.. 4 [ ] DON'T KNOW..... 9
Q311	a) The last time you had sexual intercourse with this partner, did you or this partner use a condom?  b) Do you always use a condom with this partner?	YES.....1 NO.....2 IF NO, SKIP TO Q313  YES.....1 NO.....2	YES.....1 NO.....2 IF NO, SKIP TO Q313  YES.....1 NO.....2	YES.....1 NO.....2 IF NO, SKIP TO Q313  YES.....1 NO.....2
Q312	From what place or person did you or this partner get that condom?	SHOP.....1 PHARMACY.....2 HOSPITAL/CLINIC...3 FAMILY PLANNING CENTRE.....4 BAR/HOTEL.....5 OFFICE/PLACE OF WORK.....6 DON'T KNOW.....9 OTHER  _____ (SPECIFY)	SHOP.....1 PHARMACY.....2 HOSPITAL/CLINIC...3 FAMILY PLANNING CENTRE.....4 BAR/HOTEL.....5 OFFICE/PLACE OF WORK.....6 DON'T KNOW.....9 OTHER  _____ (SPECIFY)	SHOP.....1 PHARMACY.....2 HOSPITAL/CLINIC.3 FAMILY PLANNING CENTRE.....4 BAR/HOTEL.....5 OFFICE/PLACE OF WORK.....6 DON'T KNOW...9 OTHER  _____ (SPECIFY)

		<b>Partner 1</b> <b>Most Recent Partner</b>	<b>Partner 2</b> <b>Next Most Recent Partner</b>	<b>Partner 3</b> <b>Second Most Recent Partner</b>
Q313	a) The last time you had sexual intercourse, had you taken an alcoholic drink?	YES.....1 NO.....2 DONT KNOW...9  IF NO OR DON'T KNOW SKIP TO Q313C	YES.....1 NO.....2 DONT KNOW...9  IF NO OR DON'T KNOW SKIP TO Q313C	YES.....1 NO.....2 DONT KNOW...9  IF NO OR DON'T KNOW SKIP TO Q313C
	b) Did you consider yourself intoxicated?	YES.....1 NO.....2 DONT KNOW...9	YES.....1 NO.....2 DONT KNOW...9	YES.....1 NO.....2 DONT KNOW...9
	c) Last time you had sexual intercourse, had your partner taken an alcoholic drink?	YES.....1 NO.....2 DONT KNOW...9  IF NO OR DON'T KNOW SKIP TO Q314	YES.....1 NO.....2 DONT KNOW...9  IF NO OR DON'T KNOW SKIP TO Q314	YES.....1 NO.....2 DONT KNOW...9  IF NO OR DON'T KNOW SKIP TO Q314
	d) Did you consider your partner intoxicated?	YES.....1 NO.....2 DONT KNOW...9	YES.....1 NO.....2 DONT KNOW...9	YES.....1 NO.....2 DONT KNOW...9

**IF SEX IN Q AND Q305 ARE THE SAME SKIP TO Q316**

Q314	The last time you had sexual intercourse, did you or this partner do anything to delay or avoid pregnancy?	YES.....1 NO.....2 DONT KNOW...9  IF NO OR DON'T KNOW, SKIP TO Q316	YES.....1 NO.....2 DONT KNOW...9  IF NO OR DON'T KNOW, SKIP TO Q316	YES.....1 NO.....2 DONT KNOW...9  IF NO OR DON'T KNOW, SKIP TO Q316
------	--	---	---	---

		<b>Partner 1</b> <b>Most Recent Partner</b>	<b>Partner 2</b> <b>Next Most Recent Partner</b>	<b>Partner 3</b> <b>Second Most Recent Partner</b>
Q315	What did you do to avoid pregnancy?	USED CONDOMS... 1 PILL..... 2 IUD..... 3 INJECTION..... 4 WITHDRAWAL..... 5 SELF OR PARTNER IS STERILE..... 6 OTHER (SPECIFY) _____	USED CONDOMS..... 1 PILL..... 2 IUD..... 3 INJECTION..... 4 WITHDRAWAL..... 5 SELF OR PARTNER IS STERILE..... 6 OTHER (SPECIFY) _____	USED CONDOMS... 1 PILL..... 2 IUD..... 3 INJECTION..... 4 WITHDRAWAL..... 5 SELF OR PARTNER IS STERILE..... 6 OTHER (SPECIFY) _____
Q316	Do you think this partner has other partners?	YES..... 1 NO..... 2 DONT KNOW..... 9	YES..... 1 NO..... 2 DONT KNOW..... 9	YES..... 1 NO..... 2 DONT KNOW..... 9
Q317	Now think about the partner you had sexual intercourse with before the partner we just talked about.  Was this sexual contact within the past 12 months?	YES..... 1 IF YES, GO BACK TO 304 AND ASK ABOUT NEXT PARTNER. NO..... 2 IF NO, GO TO Q318.	YES..... 1 IF YES, GO BACK TO 304 AND ASK ABOUT NEXT PARTNER. NO..... 2 IF NO, GO TO Q318.	GO TO Q318

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

No.	Questions and Filters	Coding Categories	Skip to
Q318	In the last 12 months with how many people <u>overall</u> have you had sexual intercourse (including the last partners we've discussed)?	NUMBER..... [ ][ ]	
Q319	In the last 12 months have you exchanged or received gifts or money for sex?	YES.....1 NO.....2	<b>Q321</b>
Q320	The last time you had sex with someone and exchanged gifts or money, did you or this partner use a condom?	YES.....1 NO.....2	
Q321	Have you ever used a female condom?	YES.....1 NO.....2	

### Section 4: Sexually Transmitted Infections

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

No.	Questions and filters	Coding categories	Skip to																		
Q401	Have you been circumcised?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9																			
Q402	Have you ever heard of diseases or infections that can be transmitted through sexual intercourse (STIs)?	YES ..... 1 NO ..... 2	Q407																		
Q403	Are people at risk of becoming infected with an STI if they. <b>READ OUT:</b> Do not have sex? Are bewitched? Are married? Have many sexual partners? Have unprotected sex (without a condom)?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">DK</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>9</td> </tr> </tbody> </table>	YES	NO	DK	1	2	9	1	2	9	1	2	9	1	2	9	1	2	9	
YES	NO	DK																			
1	2	9																			
1	2	9																			
1	2	9																			
1	2	9																			
1	2	9																			
Q404	In a woman, what signs and symptoms would lead you to think that she has an STI?  <i>Any other symptoms?</i>  <b>CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE. DO NOT READ OUT THE SYMPTOMS.</b>	LOWER ABDOMINAL PAIN ..... 01 OFFENSIVE DISCHARGE FROM VAGINA ..... 02 ITCHING IN GENITAL AREA ..... 03 BURNING PAIN ON URINATION ..... 04 PAIN DURING INTERCOURSE ..... 05 GENITAL ULCERS/OPEN SORES ..... 06 SWELLINGS IN GENITAL AREA ..... 07 BLOOD IN URINE ..... 08 FAILURE TO PASS URINE ..... 09 LOSS OF WEIGHT ..... 10 INABILITY TO CONCEIVE ..... 11 NO SYMPTOMS ..... 12 OTHER _____ (SPECIFY)																			
Q405	In a man, what signs and symptoms would lead you to think that he has an STI?  <i>Any other symptoms?</i>  <b>CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE. DO NOT READ OUT THE SYMPTOMS.</b>	ABDOMINAL PAIN ..... 01 DISCHARGE FROM PENIS ..... 02 ITCHING IN GENITAL AREA ..... 03 BURNING PAIN ON URINATION ..... 04 PAIN DURING INTERCOURSE ..... 05 GENITAL ULCERS/OPEN SORES ..... 06 SWELLINGS IN GENITAL AREA ..... 07 BLOOD IN URINE ..... 08 FAILURE TO PASS URINE ..... 09 LOSS OF WEIGHT ..... 10 IMPOTENCE ..... 11 NO SYMPTOMS ..... 12 OTHER _____ (SPECIFY)																			

Q406	<p>Where can someone go to get treatment, medicine or advice about a genital condition?</p> <p><b>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.</b></p>	<p>TRADIT'L/SPIRITUAL HEALER ..... 1          CHURCH ..... 2          CLINIC/HOSPITAL ..... 3          PHARMACY/CHEMIST ..... 4          PRIVATE DOCTOR ..... 5          FRIENDS ..... 6          RELATIVES ..... 7</p> <p>OTHER _____          (SPECIFY)</p>	
------	--	---	--

**MARK WITH AN "X" IN THE APPROPRIATE BOX**

FILTER	<p>CHECK Q301 HAS HAD SEXUAL INTERCOURSE</p>	<p>HAS NOT HAD SEXUAL INTERCOURSE</p> <p align="center"><input type="checkbox"/></p> <p align="center">↓</p>	<p align="center"><input type="checkbox"/></p> <p align="center"><b>SECTION 5</b></p>
--------	--	--	---

Q407	<p>During the last 12 months, have you had any of the following symptoms?</p> <p><b>READ OUT SYMPTOMS</b></p> <p><b>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.</b></p>	<table border="0"> <thead> <tr> <th></th> <th align="center">Yes</th> <th align="center">No</th> </tr> </thead> <tbody> <tr><td>1 ABDOMINAL PAIN.....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>2 GENITAL DISCHARGE.....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>3 ITCHING IN GENITAL AREA.....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>4 BURNING PAIN ON URINATION.....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>5 PAIN DURING INTERCOURSE.....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>6 GENITAL ULCERS/OPEN SORES.....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>7 SWELLINGS IN GENITAL AREA.....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>8 BLOOD IN URINE.....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>9 FAILURE TO PASS URINE.....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>10 LOSS OF WEIGHT.....</td><td align="center">1</td><td align="center">2</td></tr> <tr><td>11 IMPOTENCE.....</td><td align="center">1</td><td align="center">2</td></tr> </tbody> </table> <p><b>IF NO FOR ALL GO TO SECTION 5</b></p>		Yes	No	1 ABDOMINAL PAIN.....	1	2	2 GENITAL DISCHARGE.....	1	2	3 ITCHING IN GENITAL AREA.....	1	2	4 BURNING PAIN ON URINATION.....	1	2	5 PAIN DURING INTERCOURSE.....	1	2	6 GENITAL ULCERS/OPEN SORES.....	1	2	7 SWELLINGS IN GENITAL AREA.....	1	2	8 BLOOD IN URINE.....	1	2	9 FAILURE TO PASS URINE.....	1	2	10 LOSS OF WEIGHT.....	1	2	11 IMPOTENCE.....	1	2	
	Yes	No																																					
1 ABDOMINAL PAIN.....	1	2																																					
2 GENITAL DISCHARGE.....	1	2																																					
3 ITCHING IN GENITAL AREA.....	1	2																																					
4 BURNING PAIN ON URINATION.....	1	2																																					
5 PAIN DURING INTERCOURSE.....	1	2																																					
6 GENITAL ULCERS/OPEN SORES.....	1	2																																					
7 SWELLINGS IN GENITAL AREA.....	1	2																																					
8 BLOOD IN URINE.....	1	2																																					
9 FAILURE TO PASS URINE.....	1	2																																					
10 LOSS OF WEIGHT.....	1	2																																					
11 IMPOTENCE.....	1	2																																					

Q408	<p>When you had these symptoms in the last 12 months, where did you seek advice/treatment?</p> <p><b>READ OUT</b></p> <p>A Seek advice or treatment from a health worker in a clinic or hospital?</p> <p>B Seek advice or treatment from a traditional healer?</p> <p>C Seek advice / treatment or buy medicines in a shop or pharmacy?</p> <p>D Ask for advice / treatment from friends or relatives</p> <p>E Seek advice or treatment from a private doctor?</p>	<table border="0"> <thead> <tr> <th></th> <th align="center">YES</th> <th align="center">NO</th> </tr> </thead> <tbody> <tr><td></td><td align="center">1</td><td align="center">2</td></tr> </tbody> </table>		YES	NO		1	2		1	2		1	2		1	2		1	2	
	YES	NO																			
	1	2																			
	1	2																			
	1	2																			
	1	2																			
	1	2																			

**IF NO FOR ALL GO TO SECTION 5**

Q409	<p>When you had these symptoms in the past 12 months, what was the <u>first thing you did</u> for either advice or treatment?</p> <p><b>CHOOSE ONLY ONE ANSWER.</b></p>	<p>SOUGHT ADVICE OR TREATMENT FROM A HEALTH WORKER IN A CLINIC OR HOSPITAL.....1</p> <p>SOUGHT ADVICE OR TREATMENT FROM A TRADIT'L/SPIRITUAL HEALER.....2</p> <p>SOUGHT ADVICE/TREATMENT OR BOUGHT MEDICINES IN A SHOP OR PHARMACY.....3</p> <p>ASKED FRIENDS OR RELATIVES FOR ADVICE.....4</p> <p>PRIVATE DOCTOR.....5</p> <p>NOTHING.....6</p> <p>DON'T KNOW.....99</p> <p>OTHER _____ (SPECIFY)</p>	Q413
------	---	--	------

Q410	<p>Why did you first seek help from this source?</p> <p><b>DO NOT READ OUT CHOICES.</b></p> <p><b>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.</b></p>	<p>PRIVACY / CONFIDENTIALITY.....1</p> <p>HIGH QUALITY SERVICE.....2</p> <p>LOW COST.....3</p> <p>SHORT WAITING TIME.....4</p> <p>BETTER / MORE EFFECTIVE TREATMENT.....5</p> <p>FRIENDLY ENVIRONMENT.....6</p> <p>CLOSE / CONVENIENT.....7</p> <p>OTHER _____ (SPECIFY)</p>	
------	--	--	--

Q411	<p>When you had symptoms (specified in 408) in the last 12 months, after how many days of having the symptoms did you seek treatment?</p> <p><b>RECORD 00 IF LESS THAN A DAY</b></p>	<p style="text-align: center;"> _    DAYS MONTHS</p>	
------	--	--	--

Q412	<p>After you got treatment for these symptoms did you:</p> <p><b>READ OUT.</b></p> <p>A. Share your medicine with a relative, friend, or another patient?</p> <p>B. Keep some of the medicine for future use?</p> <p>C. Complete the full course of treatment?</p> <p>D. Treat your partner or partners with your medicine?</p>			
		YES	NO	
		1	2	
		1	2	
		1	2	
		1	2	

Q413	<p>When you had these symptoms in the last 12 months, did you:</p> <p><b>READ OUT.</b></p> <p>A Tell your sexual partner(s) about the symptoms</p> <p>B Stop having sex when you had the symptoms?</p> <p>C Continue having unprotected sex (without condom)?</p> <p>D Stop having sex until after treatment by a clinic / hospital / private doctor?</p> <p>E Continue having unprotected sex while having treatment from a chemist / pharmacy, friends, or traditional healer?</p> <p>F Use a condom when having sex when you had the symptoms?</p>			
		YES	NO	
		1	2	
		1	2	
		1	2	
		1	2	
		1	2	
		1	2	

**Section 5:  
Knowledge about HIV/AIDS and level of access to interventions**

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

No.	Questions and filters	Coding categories	Skip to
Q501	Have you ever heard of the virus HIV or an illness called AIDS?	YES ..... 1 NO ..... 2	Q517
Q502	In the past 4 weeks, have you heard or seen any information about HIV / AIDS?	YES ..... 1 NO ..... 2	Q505
Q503	From what source(s) did you receive this information about HIV/AIDS?  Any other source?  <b>CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.</b>	YOUTH PROGRAM .....01 TELEVISION/ VIDEO .....02 RADIO .....03 NEWSPAPER .....04 HOSPITAL/CLINIC .....05 POSTERS / BANNERS / BOOKLET ...06 TRADIT'L/SPIRITUAL HEALER ..... 07 WORKSHOP / SEMINAR .....08 PARTNER .....09 FRIEND .....10 FAMILY MEMBER .....11 CHURCH .....1 2 KGOTLA .....13 SCHOOL .....14 CO-WORKER .....15 OTHER (SPECIFY)	
Q504	Have you heard of any of the AIDS commemoration events, such as the Month of Youth, Month of Prayer, or AIDS Day?	YES ..... 1 NO ..... 2	
Q505	During the past 4 weeks, have you discussed HIV/AIDS with anyone?	YES ..... 1 NO ..... 2	Q507

<p>Q 506</p>	<p>With whom have you discussed HIV/AIDS during the past 4 weeks? <i>Anyone else?</i></p> <p><b>CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.</b></p>	<p>SPOUSE.....1 SEX PARTNER.....2 FRIEND.....3 FAMILY MEMBER/S.....4 OTHER RELATIVE/S.....5 HEALTH CARE WORKER.....6 CO-WORKER.....7 OTHER _____ (SPECIFY)</p>	
<p>Q 507</p>	<p>Is there anything a person can do to prevent becoming infected with HIV, the virus that causes AIDS?</p>	<p>YES.....1 NO.....2 DON'T KNOW.....9</p>	<p>Q509 Q509</p>

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

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

No.	Questions and filters	Coding categories	Skip to
Q509	Is it possible for a healthy looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DONT KNOW ..... 9	
Q 510	Can people reduce their chances of getting HIV/AIDS by using a condom correctly every time they have sex?	YES ..... 1 NO ..... 2 DONT KNOW ..... 9	
Q511	Do you think that a person can get infected with HIV/AIDS through mosquito bites?	YES ..... 1 NO ..... 2 DONT KNOW ..... 9	
Q512	Can people reduce their chances of getting HIV/AIDS by having only one uninfected sex partner who has no other partners?	YES ..... 1 NO ..... 2 DONT KNOW ..... 9	
Q513	Can a person get infected with HIV/AIDS by sharing a meal with a person who has HIV/AIDS?	YES ..... 1 NO ..... 2 DONT KNOW ..... 9	
Q514	Can people get HIV/AIDS because of witchcraft?	YES ..... 1 NO ..... 2 DONT KNOW ..... 9	

Q515	Can HIV/AIDS be transmitted from a mother to a child?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	SECTION 6  SECTION 6												
Q516	Can HIV/AIDS be transmitted from a mother to a child: <b>READ OUT</b> A. During pregnancy? B. At delivery? C. Through breast milk?	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>1</td> <td>2</td> <td>9</td> </tr> </tbody> </table>	YES	NO	DK	1	2	9	1	2	9	1	2	9	
YES	NO	DK													
1	2	9													
1	2	9													
1	2	9													
Q517	a) If a mother is infected with HIV/AIDS, is there any way to avoid transmission to the unborn baby?  b) If yes, what ways?	YES..... 1 NO.....2 DON'T KNOW.....9  ANTIRETROVIRAL THERAPY (AZT, DRUGS BEFORE BIRTH).....1 NOT BREASTFEEDING.....2 CAESAREAN SECTION.....3 OTHER _____ (SPECIFY) DON'T KNOW..... 9	SECTION 6  SECTION 6												
Q5151 8	a) If a mother is infected with HIV/AIDS, is there any way to avoid transmission to the newborn baby?  b) If yes, what ways?  <b>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL RESPONSES GIVEN.</b>	YES..... 1 NO.....2 DON'T KNOW.....9  ANTIRETROVIRAL THERAPY (AZT, DRUGS BEFORE BIRTH)..... NOT BREASTFEEDING ..... CAESAREAN SECTION..... OTHER _____ (SPECIFY) DONT KNOW.....	SECTION 6  SECTION 6												

**Section 6: Attitudes toward people living with HIV/AIDS, Gender Issues, and Counselling**

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

No.	Questions and filters	Coding categories	Skip to
Q601	a) Do you personally know anyone who has HIV?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	
	b) Do you personally know anyone who has died from AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	
Q602	Have you ever shared a meal with a person you knew or suspected had HIV/AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	
Q603	If a member of your family became sick with HIV/AIDS, would you be willing to care for him or her in your household?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	
Q604	If a teacher has HIV/AIDS but is not sick, should he/she be allowed to continue teaching in school?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	
Q605	If you knew that a shopkeeper or food seller had HIV/AIDS, would you buy vegetables from them?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	
Q606	If a member of your family got infected with HIV/AIDS, would you want it to remain a secret?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	
<b>NOW I WOULD LIKE TO ASK YOU QUESTIONS ON HIV TESTING. DO NOT TELL ME YOUR RESULTS</b>			
Q607	Have you ever been tested for HIV, the virus that causes AIDS?  ( DO NOT TELL ME THE RESULTS)	YES ..... 1 NO ..... 2	Q612
Q608	a) In the past 12 months have you been tested for HIV, the virus that causes AIDS?	YES ..... 1 NO ..... 2	Q613
	b) Were you counselled before the test?	YES ..... 1 NO ..... 2	

Q609	<p>a) Were you told the results?</p> <p>b) Did you receive counselling when you received your results?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>YES.....1</p> <p>NO.....2</p>	Q613
Q610	Did you tell anyone the results of the test?	<p>YES.....1</p> <p>NO.....2</p>	Q613
Q611	<p>Whom did you tell?</p> <p><b>CIRCLE ALL THAT ARE MENTIONED.</b></p> <p><b>MORE THAN ONE ANSWER IS POSSIBLE.</b></p>	<p>SPOUSE.....1</p> <p>SEX PARTNER.....2</p> <p>FRIEND.....3</p> <p>FAMILY MEMBER(S).....4</p> <p>OTHER RELATIVE(S).....5</p> <p>HEALTH CARE WORKER.....6</p> <p>CO-WORKER.....7</p> <p>OTHER _____</p> <p>-</p> <p>(SPECIFY)</p>	

**SKIP TO 613**

Q612	Would you ever want to be tested for HIV?	YES.....1 NO.....2 UNDECIDED.....3	
Q613	Do you know of a place where you can go to get an HIV test?	YES.....1 NO.....2	Q615
Q614	If you wanted to be tested, where could you go for the test?  <b>CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.</b>	TEBELOPELE (VCT CENTRE).....1 HOSPITAL/CLINIC.....2 PHARMACY.....3 MOBILE CLINIC.....4 FIELD WORKER.....5 OTHER _____ (SPECIFY)	
Q615	If you chose to be tested for HIV, the virus that causes AIDS, and were told after the test that you had HIV, would you tell anyone the results?	YES .....1 NO .....2 DONT KNOW .....9	Q617  Q617

Q616	With whom would you share this information?			
	Would you tell your... READ OUT.	YES	NO	
	A. SEX PARTNER	1	2	
	B. FAMILY MEMBER/S?	1	2	
	C. FRIENDS	1	2	
	D. HEALTH CARE WORKERS	1	2	
	E. CO-WORKERS	1	2	
	F. OTHERS (SPECIFY) _____			

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

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

**Section 7: Childbearing and Antenatal Care (WOMEN ONLY)**

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

No.	Questions and filters	Coding categories	Skip to
Q 701	a) Have you ever given birth?  b) How many live births have you ever had?	YES..... .....1  NO..... .....2  <input type="text"/> <input type="text"/>	SECTION 8
Q702	How many times have you given birth?	NUMBER OF BIRTHS..... <input type="text"/>	
Q703	When was the last time you gave birth? <b>ENTER MONTH AND YEAR. DO NOT LEAVE BLANK.</b>	MONTH..... YEAR.....	<b>IF MORE THAN 2 YEARS AGO, SKIP TO Q705</b>
Q704	Have you resumed sex since your last birth?	YES..... NO.....	
Q705	Did you attend an antenatal clinic during your last pregnancy?	YES..... NO.....	Q711
Q706	a) When you attended the antenatal clinic, were you given any information about HIV?  b) When you attended the antenatal clinic were you given group counselling about HIV?  c) When you attended the antenatal clinic were you given individual counselling about HIV?	YES..... NO.....  YES..... NO.....  YES..... NO.....	

Q707	<p>a) When you attended the antenatal clinic, were you given any information about other sexually transmitted infections (STIs)?</p> <p>b) When you attended the antenatal clinic, were you given any group counselling about STIs?</p> <p>c) When you attended the antenatal clinic were you given individual counselling about STIs?</p>	<p>YES .....</p> <p>NO .....</p> <p>YES .....</p> <p>NO .....</p> <p>YES .....</p> <p>NO .....</p>	
Q708	Was HIV testing offered to you at any time during your visit(s)?	<p>YES .....</p> <p>NO .....</p>	Q711
Q709	Did you agree to be tested for HIV during any of these visits?	<p>YES .....</p> <p>NO .....</p>	Q711
Q710	Did you receive the results of the HIV test?	<p>YES .....</p> <p>NO .....</p>	
Q711	<p>Are you pregnant now?</p> <p><b>CHECK Q102 IF AGE IS &gt; 49</b></p> <p><b>SKIP TO SECTION 8</b></p>	<p>YES.....1</p> <p>NO.....2</p> <p>NOT SURE.....3</p>	<p><b>SECTION 8</b></p> <p><b>SECTION 8</b></p>
Q712	If you were to test HIV positive would you be willing to enrol for PMTCT <sup>1</sup> ?	<p>YES.....1</p> <p>NO.....2</p>	

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

**Section 8: Availability of Social and Medical Services**

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

Q801	Are you aware of the availability of any social and medical services in your locality/area such as:  <b>READ OUT RESPONSES</b>	<b>YES</b>	<b>NO</b>
		HOME BASE CARE	1 2
		ORPHAN CARE	1 2
		PLWHA SUPP	1 2
		DESTITUTE PROGRAMMES	1 2
		ARV PROGRAMME	1 2
		PMTCT PROGRAMME	1 2
		IPT PROGRAMME	1 2
		OTHER _____	
(SPECIFY)			

**IF NO FOR ALL RESPONSES GO TO SECTION 9**

Q802	Which of these services have you accessed?  <b>READ OUT RESPONSES</b>	<b>YES</b>	<b>NO</b>
		HOME BASE CARE	1 2
		ORPHAN CARE	1 2
		PLWHA SUPP	1 2
		DESTITUTE PROGRAMMES	1 2
		ARV PROGRAMME	1 2
		PMTCT PROGRAMME	1 2
		IPT PROGRAMME	1 2
		OTHER _____	
(SPECIFY)			

**SECTION 9. SIBLING HISTORY**

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

END INTERVIEW IF FEMALE AGED LESS THAN 15

Q909	IF AGE AT DEATH IS 15 YEARS OR MORE, ASK: For how many months was [NAME] ill before he/she died?	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> DK.....99	<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div> DK.....99
Q910	From what cause did [NAME] die?  <b>CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.</b>	AIDS.....1 TB.....2 OTHER INFECTIOUS DISEASE...3 MALNUTRITION...4 PNEUMONIA...5 VIOLENCE/ INJURIES.....6 HEARTDISEASE/ STROKE/CANCER.....7 OTHER.....8 DK.....9	AIDS.....1 TB.....2 OTHER INFECTIOUS DISEASE...3 MALNUTRITION..4 PNEUMONIA...5 VIOLENCE/ INJURIES...6 HEARTDISEASE/ STROKE/CANCER...7 OTHER.....8 DK.....9	AIDS.....1 TB.....2 OTHER INFECTIOUS DISEASE...3 MALNUTRITION..4 PNEUMONIA...5 VIOLENCE/ INJURIES...6 HEARTDISEASE/ STROKE/CANCER ...7 OTHER.....8 DK.....9	AIDS.....1 TB.....2 OTHER INFECTIOUS DISEASE...3 MALNUTRITION...4 PNEUMONIA...5 VIOLENCE/ INJURIES.....6 HEARTDISEASE/ STROKE/CANCER .....7 OTHER.....8 DK.....9	AIDS.....1 TB.....2 OTHER INFECTIOUS DISEASE...3 MALNUTRITION4 PNEUMONIA...5 VIOLENCE/ INJURIES.....6 HEARTDISEASE/ STROKE/CANCER .....7 OTHER.....8 DK.....9	AIDS.....1 TB.....2 OTHER INFECTIOUS DISEASE...3 MALNUTRITION4 PNEUMONIA...5 VIOLENCE/ INJURIES...6 HEARTDISEASE/ STROKE/CANCER .....7 OTHER.....8 DK.....9
<b>ASK THE FOLLOWING ON FEMALES (WHO DIED) ONLY.</b>							

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

Yes.....1	Yes....1	Yes....1	Yes....1	Yes....1
No.....2	No.....2	No.....2	No.....2	No.....2
IF NO,SKIP TO Q012				
ACUTE COLLAPSE.....1	ACUTE COLLAPSE.....1	ACUTE COLLAPSE.....1	ACUTE COLLAPSE...1	ACUTE COLLAPSE....1
SEVERE BLEEDING FROM VAGINA...2				
ABORTION.....3	ABORTION.....3	ABORTION.....3	ABORTION...3	ABORTION...3
GENERALISED SWELLING.....4	GENERALISED SWELLING.....4	GENERALISED SWELLING.....4	GENERALISE SWELLING...4	GENERALISED SWELLING...4
HIGH BLOOD PRESSURE.....5	HIGH BLOOD PRESSURE...5	HIGH BLOOD PRESSURE...5	HIGH BLOOD PRESSURE...5	HIGH BLOOD PRESSURE...5
ECTOPIC PREGNANCY...6				
INFECTION (fever, vomiting and smelly discharge).....7	INFECTION (fever, vomiting and smelly discharge)...7	INFECTION (fever, vomiting and smelly discharge).....7	INFECTION (fever, vomiting and smelly discharge).....7	INFECTION (fever, vomiting and smelly discharge).....7
IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE	IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE	IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE	IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE	IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE
OTHER (SPECIFY)				
GO TO Q014 AFTER Q011b				

<p>Q912</p>	<p>Did [NAME] die during childbirth?</p> <p>During childbirth, did [NAME] experience the following?</p>	<p>Yes....1 No.....2</p> <p>IF NO,SKIP TO Q913</p> <p>ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM VIGNA....2 BIG BABY.....3 SEVERE FEVER...4 HIGH BLOOD PRESSURE.....5 DIFFICULT/PROLONGED LABOUR.....6</p> <p>IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE?</p> <p>OTHER (SPECIFY)</p> <p>GO TO Q914 AFTER Q912b</p>	<p>Yes....1 No.....2</p> <p>IF NO,SKIP TO Q913</p> <p>ACUTE COLLAPSE...1 SEVERE BLEEDING FROM THE VIGNA...2 BIG BABY....3 SEVERE FEVER..4 HIGH BLOOD PRESSURE.....5 DIFFICULT/PROLONGED LABOUR.....6</p> <p>IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE?</p> <p>OTHER (SPECIFY)</p> <p>GO TO Q914 AFTER Q912b</p>	<p>Yes....1 No.....2</p> <p>IF NO,SKIP TO Q913</p> <p>ACUTE COLLAPSE...1 SEVERE BLEEDING FROM THE VIGNA...2 BIG BABY....3 SEVERE FEVER....4 HIGH BLOOD PRESSURE.....5 DIFFICULT/PROLONGED LABOUR.....6</p> <p>IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE?</p> <p>OTHER (SPECIFY)</p> <p>GO TO Q914 AFTER Q912b</p>	<p>Yes....1 No.....2</p> <p>IF NO,SKIP TO Q913</p> <p>ACUTE COLLAPSE...1 SEVERE BLEEDING FROM THE VIGNA..2 BIG BABY.....3 SEVERE FEVER.....4 HIGH BLOOD PRESSURE.....5 DIFFICULT/PROLONGED LABOUR...6</p> <p>IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE?</p> <p>OTHER (SPECIFY)</p> <p>GO TO Q914 AFTER Q912b</p>	<p>Yes....1 No.....2</p> <p>IF NO,SKIP TO Q913</p> <p>ACUTE COLLAPSE...1 SEVERE BLEEDING FROM THE VIGNA...2 BIG BABY....3 SEVERE FEVER..4 HIGH BLOOD PRESSURE.....5 DIFFICULT/PROLONGED LABOUR..6</p> <p>IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE?</p> <p>OTHER (SPECIFY)</p> <p>GO TO Q914 AFTER Q912b</p>	<p>Yes....1 No.....2</p> <p>IF NO,SKIP TO Q913</p> <p>ACUTE COLLAPSE...1 SEVERE BLEEDING FROM THE VIGNA...2 BIG BABY....3 SEVERE FEVER....4 HIGH BLOOD PRESSURE.....5 DIFFICULT/PROLONGED LABOUR...6</p> <p>IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE?</p> <p>OTHER (SPECIFY)</p> <p>GO TO Q914 AFTER Q912b</p>
-------------	---	--	---	---	--	--	---

<p><b>Q913</b></p>	<p>Did [NAME] die within two months after a pregnancy or childbirth?</p> <p>After termination of pregnancy did [NAME] experience the following?</p>	<p>Yes.....1 No.....2</p> <p><b>IF NO, END INTERVIEW</b></p> <p>ACUTE COLLAPSE..1 SEVERE BLEEDING FROM VIGINA.....2 INFECTION (fever, vomiting and smelly discharge).....3</p> <p><b>IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE</b></p> <hr/> <p>OTHER (SPECIFY)_____</p>	<p>Yes....1 No.....2</p> <p><b>IF NO, END INTERVIEW</b></p> <p>ACUTE COLLAPSE....1 SEVERE BLEEDING FROM VIGINA.....2 INFECTION (fever, vomiting and smelly discharge)..3</p> <p><b>IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE</b></p> <hr/> <p>OTHER (SPECIFY)_____</p>	<p>Yes....1 No.....2</p> <p><b>IF NO, END INTERVIEW</b></p> <p>ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM VIGINA.....2 INFECTION (fever, vomiting and smelly discharge)....3</p> <p><b>IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE</b></p> <hr/> <p>OTHER (SPECIFY)_____</p>	<p>Yes....1 No.....2</p> <p><b>IF NO, END INTERVIEW</b></p> <p>ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM VIGINA.....2 INFECTION (fever, vomiting and smelly discharge) 3</p> <p><b>IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE</b></p> <hr/> <p>OTHER (SPECIFY)_</p>	<p>Yes....1 No.....2</p> <p><b>IF NO, END INTERVIEW</b></p> <p>ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM VIGINA.....2 INFECTION (fever, vomiting and smelly discharge).....3</p> <p><b>IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE</b></p> <hr/> <p>OTHER (SPECIFY)_____</p>	<p>Yes....1 No.....2</p> <p><b>IF NO, END INTERVIEW</b></p> <p>ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM VIGINA...2 INFECTION (fever, vomiting and smelly discharge 3</p> <p><b>IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE</b></p> <hr/> <p>OTHER (SPECIFY)_____</p>														
<p><b>Q914</b></p>	<p>How many live births did [NAME] give birth to during her lifetime (before this pregnancy)?</p>	<table border="1" style="width: 100%; height: 50px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			<table border="1" style="width: 100%; height: 50px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			<table border="1" style="width: 100%; height: 50px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			<table border="1" style="width: 100%; height: 50px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 50px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			<table border="1" style="width: 100%; height: 50px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		



Republic of Botswana

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

IDENTIFICATION										
Q01	DISTRICT NAME /CODE									
Q02	LOCALITY NAME/CODE									
Q03	STRATUM NAME/CODE									
Q04	EA SERIAL NUMBER									
Q05	EA NUMBER									
Q06	DWELLING NUMBER									
Q07	HOUSEHOLD NUMBER									
Q08	PERSON SERIAL NUMBER									
Q07. INTERVIEWER VISITS										
VISIT NO.	1	2	3	FINAL VISIT						
	DAY/ MO / YR	DAY/ M / YR	DAY/ MO / YR.	DAY						
DATE	/ / /	/ / /	/ / / /	MONTH						
INTERVIEWER NAME				YEAR						
INTERVIEWER CODE				INTERV.ID						
RESULT*				RESULT						
STARTING TIME:										
ENDING TIME:										
Next Visit: DATE TIME	/ / /	/ / /		TOTAL NO. OF VISITS						
*RESULT CODES:				<i>If lost but found please Send to:</i> <b>Central Statistics Office</b> <b>P/B 0024, Gaborone</b> <b>OR Nearest District Commissioner's Office</b>						
1	COMPLETED									
2	PRESENT BUT NOT FOUND AT HOME/NOT AVAILABLE FOR INTERVIEWS									
3	POSTPONED									
4	REFUSED									
5	PARTLY COMPLETED									
	OTHER _____ (SPECIFY)									
TEAM SUPERVISOR	DISTRICT SUPERVISOR			OFFICE EDITOR	KCYED BY	VERIFIED BY				
NAME	NAME									
DATE	DATE									
<b>NOTE: (a) Interview at least six(6) informants in one community</b> <b>(b) 1.COUNCILLOR 2.VDC MEMBER 3. SOCIAL WORKER 4. FWE 5. KGOSI 6. RELIGIOUS LEADER 7. PTA MEMBER</b>										

**READ THE FOLLOWING GREETING:**

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

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

2. GENERAL COMMUNITY INFORMATION			
No.	QUESTIONS	CODING CLASSIFICATION	GO TO
C201	LOCALITY DESCRIPTION	TOWNS/CITIES.....1 URBAN VILLAGE.....2 RURAL VILLAGE.....3 OTHER RURAL.....4	
C202	What are the main access routes to this community?  CIRCLE ALL THAT APPLY.	ALL WEATHER ROAD.....1  RAIL LINE.....2 WATERWAY.....3 PATH/TRACK.....4 OTHER _____ (SPECIFY)	
C203	What is the most common type of transportation used to go between this area and other villages or towns?  CIRCLE ONLY ONE.	CAR.....1 TRUCK.....2 BUS/COMBI.....3 TRAIN.....4 MOTORCYCLE.....5 BICYCLE.....6 ANIMAL.....7 CART.....8 WALKING.....9 OTHER _____ (SPECIFY)	→205 →205 →205 →205

C204	How often is this type of transportation available?	MORE THAN ONCE A DAY.....1 ONCE A DAY.....2 MORE THAN ONCE A WEEK.....3 ONCE A WEEK.....4. MONTHLY.....5 SEASONALLY.....6 OTHER _____ (SPECIFY)	
------	---	--	--

C205	What are the main economic activities in this community?  CIRCLE ALL THAT APPLY.	CROP FARMING.....01 LIVESTOCK.....02 FISHING.....03 TRADE.....04 HOTEL.....05 TOURISM.....06 MANUFACTURING.....07 GOVERNMENT(specify).....08 MINING.....09 POULTRY.....10 OTHER _____ (SPECIFY)	
------	--	--	--

### 3. RESOURCES AVAILABLE IN THE COMMUNITY

C301	What kind of health facility do you have in the community?  CIRCLE ALL THAT APPLY	HOSPITAL.....1 CLINIC.....2 HEALTH POST.....3 MOBILE CLINIC.....4 OTHER _____ (SPECIFY)																					
C302	In your community do you have at least one of the following? READ OUT CIRCLE ALL THAT APPLY	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: right;">YES</th> </tr> </thead> <tbody> <tr> <td>NO</td> <td></td> </tr> <tr> <td>NURSE</td> <td style="text-align: right;">1</td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>DOCTOR</td> <td style="text-align: right;">1</td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>SOCIAL WORKER</td> <td style="text-align: right;">1</td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>FWE</td> <td style="text-align: right;">1</td> </tr> <tr> <td>2</td> <td></td> </tr> </tbody> </table>		YES	NO		NURSE	1	2		DOCTOR	1	2		SOCIAL WORKER	1	2		FWE	1	2		
	YES																						
NO																							
NURSE	1																						
2																							
DOCTOR	1																						
2																							
SOCIAL WORKER	1																						
2																							
FWE	1																						
2																							

### 4. COMMUNITY HEALTH PROBLEMS AND AIDS ASSISTANCE

C401	What are the most common diseases and other health problems in this community?  CIRCLE ALL THAT APPLY.	AIDS.....01 MALARIA.....02 TB.....03 DIARRHEAL DISEASE.....04 RESPIRATORY INFECTION.....05 HEART DISEASE.....06 MEASLES.....07 CANCER.....08 MALNUTRITION.....09 SEXUALLY TRANSMITTED DISEASES.....10 DON'T KNOW.....99 OTHER _____ (SPECIFY)	
------	--	---	--

C402	In the last 12 months have the deaths in your community increased, decreased, or stayed the same?	INCREASED..... 1 DECREASED..... 2 STAYED THE SAME..... 3	→ 4 04 → 404
C403	What could have led to the increase CIRCLE ALL THAT APPLY.	AIDS .....01 MALARIA .....02 TB .....03 DIARRHEAL DISEASE .....04 RESPIRATORY INFECTION .....05 HEART DISEASE .....06 MEASLES .....07 CANCER .....08 MALNUTRITION.....09 SEXUALLY TRANSMITTED DISEASES ...10 ROAD TRAFFIC ACCIDENTS.....11 DON'T KNOW.....99 OTHER _____ _____ (SPECIFY)	} 405
C404	What could have contributed to this?	ARV <sup>1</sup> .....1 PMCT <sup>2</sup> .....2 IPT <sup>3</sup> .....3 YOUTH GROUPS .....4 VILLAGE HEALTH COMMITTEE ....5 PEER EDUCATORS.....6 DON'T KNOW.....9 OTHER _____ _____ (SPECIFY)	
C405	Where do most people go for help when they become ill? [PROBE] CIRCLE ALL THAT APPLY.	HOSPITAL.....01 FAMILY .....02 PRIVATE PRACTITIONERS.....03 SPIRITUAL HEALERS.....04 TRAD. HEALERS.....05 CLINIC.....06 CHURCH.....07 AIDS ORGANIZATION.....08 NGO/CBO.....09 _____ (NAME) NOWHERE TO GO.....10 OTHER _____ _____ (SPECIFY) DON'T KNOW.....99	

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

C406	Has this community done anything specifically to help prevent the spread of HIV/AIDS?	YES.....1 NO .....2 DON'T KNOW .....9	→408 →408																																										
C407	What has been done to help prevent the spread of HIV/AIDS?  [PROBE] MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.	HEALTH EDUCATION CAMPAIGNS...1 EDUCATION IN SCHOOLS.....2 YOUTH PROGRAMS.....3 MEN'S PROGRAMS.....4 WOMEN'S PROGRAMS.....5 CONDOM DISTRIBUTION CAMPAIGN...6 VCT (TEBELOPELE & HEALTH FACILITIES) ...7 PEER EDUCATION PROGRAMS.....8 OTHER _____(SPECIFY)																																											
C408	Is there an HIV/AIDS Committee in this community?	YES.....1 NO.....2 DON'T KNOW .....9	→410 →410																																										
C409	Has the Committee met in the past month, or undertaken any activities in the past 12 months?	YES.....1 NO.....2 DON'T KNOW .....9																																											
C410	Is HIV/AIDS discussed in the following forums by your community? READ OUT	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>SCHOOL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>KGOTLA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BAR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ENTERTAINMENT AREAS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHURCHES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	SCHOOL	1	2	KGOTLA	1	2	BAR	1	2	ENTERTAINMENT AREAS	1	2	CHURCHES	1	2	OTHER _____				(SPECIFY)																				
	YES	NO																																											
SCHOOL	1	2																																											
KGOTLA	1	2																																											
BAR	1	2																																											
ENTERTAINMENT AREAS	1	2																																											
CHURCHES	1	2																																											
OTHER _____																																													
	(SPECIFY)																																												
C411	Are the health workers in this community educating people about HIV / AIDS prevention and safe sex?	YES.....1 NO.....2 DON'T KNOW .....9																																											
C412	Are the following participating actively in HIV/AIDS prevention campaigns?  READ OUT	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>HEALTH WORKRES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRADITIOANL HEALERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RELIGIOUS LEADERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NGO's</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COUNCILLORS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PTA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>KGOSI</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SOCIAL WORKERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HOME-BASED CARE</td> <td></td> <td></td> </tr> <tr> <td>VOLUNTEERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>VDC MEMBERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>		YES	NO	HEALTH WORKRES	1	2	TRADITIOANL HEALERS	1	2	RELIGIOUS LEADERS	1	2	NGO's	1	2	COUNCILLORS	1	2	PTA	1	2	KGOSI	1	2	SOCIAL WORKERS	1	2	HOME-BASED CARE			VOLUNTEERS	1	2	VDC MEMBERS	1	2	OTHER _____				(SPECIFY)		
	YES	NO																																											
HEALTH WORKRES	1	2																																											
TRADITIOANL HEALERS	1	2																																											
RELIGIOUS LEADERS	1	2																																											
NGO's	1	2																																											
COUNCILLORS	1	2																																											
PTA	1	2																																											
KGOSI	1	2																																											
SOCIAL WORKERS	1	2																																											
HOME-BASED CARE																																													
VOLUNTEERS	1	2																																											
VDC MEMBERS	1	2																																											
OTHER _____																																													
	(SPECIFY)																																												

C413	<p>Where are condoms available in this community?</p> <p>CIRCLE ALL THAT APPLY.</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>VILLAGE HEALTH CENTRE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHEMIST/PHARMACY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEALTH FACILITIES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SHOPS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>KIOSKS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BARS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRADITIONAL HEALERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PUBLIC TOILETS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WORKPLACE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CBO'S/NGO'S</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>DON'T KNOW</td> <td colspan="2" style="text-align: right;">.....99</td> </tr> </tbody> </table>		YES	NO	VILLAGE HEALTH CENTRE	1	2	CHEMIST/PHARMACY	1	2	HEALTH FACILITIES	1	2	SHOPS	1	2	KIOSKS	1	2	BARS	1	2	TRADITIONAL HEALERS	1	2	PUBLIC TOILETS	1	2	WORKPLACE	1	2	CBO'S/NGO'S	1	2	OTHER _____			(SPECIFY)			DON'T KNOW	.....99		
	YES	NO																																											
VILLAGE HEALTH CENTRE	1	2																																											
CHEMIST/PHARMACY	1	2																																											
HEALTH FACILITIES	1	2																																											
SHOPS	1	2																																											
KIOSKS	1	2																																											
BARS	1	2																																											
TRADITIONAL HEALERS	1	2																																											
PUBLIC TOILETS	1	2																																											
WORKPLACE	1	2																																											
CBO'S/NGO'S	1	2																																											
OTHER _____																																													
(SPECIFY)																																													
DON'T KNOW	.....99																																												
C414	<p>If a person wants to know their HIV status, where can he or she go to get tested?</p> <p>[PROBE]</p> <p>MORE THAN ONE ANSWER POSSIBLE.</p> <p>CIRCLE ALL THAT APPLY.</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>HEALTH.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>VCT CE.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TEBE.....</td> <td style="text-align: right;">3</td> </tr> <tr> <td>NOWHE.....</td> <td style="text-align: right;">4</td> </tr> <tr> <td>OTHER _____</td> <td></td> </tr> <tr> <td>(SPECIFY)</td> <td></td> </tr> <tr> <td>DON'T KNOW.....</td> <td style="text-align: right;">9</td> </tr> </tbody> </table>	HEALTH.....	1	VCT CE.....	2	TEBE.....	3	NOWHE.....	4	OTHER _____		(SPECIFY)		DON'T KNOW.....	9	<p>→501</p> <p>→501</p>																												
HEALTH.....	1																																												
VCT CE.....	2																																												
TEBE.....	3																																												
NOWHE.....	4																																												
OTHER _____																																													
(SPECIFY)																																													
DON'T KNOW.....	9																																												
C415	<p>Is this place(s) located in the community?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO.....</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>	YES.....	1	NO.....	2	→417																																						
YES.....	1																																												
NO.....	2																																												
C416	<p>How far away is the place from the community?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>WITHIN 5 KM.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>6-10KM FROM HERE .....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DON'T KNOW .....</td> <td style="text-align: right;">9</td> </tr> </tbody> </table>	WITHIN 5 KM.....	1	6-10KM FROM HERE .....	2	DON'T KNOW .....	9																																					
WITHIN 5 KM.....	1																																												
6-10KM FROM HERE .....	2																																												
DON'T KNOW .....	9																																												
C417	<p>Is the community satisfied with the services provided at this place?</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO.....</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>	YES.....	1	NO.....	2	→501																																						
YES.....	1																																												
NO.....	2																																												
C418	<p>IF C417 IS NOT SATISFIED Why not?</p> <p>[PROBE]</p> <p>MORE THAN ONE ANSWER IS POSSIBLE.</p> <p>CIRCLE ALL THAT APPLY.</p>	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>OPENING TIMES INCONVENIENCE.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>TOO FAR AWAY.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>COSTLY.....</td> <td style="text-align: right;">3</td> </tr> <tr> <td>POOR SERVICES.....</td> <td style="text-align: right;">4</td> </tr> <tr> <td>LONG WAITING TIME.....</td> <td style="text-align: right;">5</td> </tr> <tr> <td>LACK OF CONFIDENTIALITY.....</td> <td style="text-align: right;">6</td> </tr> <tr> <td>POOR TESTING/FALSE RESULTS.....</td> <td style="text-align: right;">7</td> </tr> <tr> <td>LANGUAGE BARRIER.....</td> <td style="text-align: right;">8</td> </tr> <tr> <td>OTHER _____</td> <td></td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </tbody> </table>	OPENING TIMES INCONVENIENCE.....	1	TOO FAR AWAY.....	2	COSTLY.....	3	POOR SERVICES.....	4	LONG WAITING TIME.....	5	LACK OF CONFIDENTIALITY.....	6	POOR TESTING/FALSE RESULTS.....	7	LANGUAGE BARRIER.....	8	OTHER _____		(SPECIFY)																								
OPENING TIMES INCONVENIENCE.....	1																																												
TOO FAR AWAY.....	2																																												
COSTLY.....	3																																												
POOR SERVICES.....	4																																												
LONG WAITING TIME.....	5																																												
LACK OF CONFIDENTIALITY.....	6																																												
POOR TESTING/FALSE RESULTS.....	7																																												
LANGUAGE BARRIER.....	8																																												
OTHER _____																																													
(SPECIFY)																																													

**5A. ORGANIZATIONS THAT PROVIDE ASSISTANCE FOR PLWA (People Living with AIDS)**

Now, I would like to ask you about where people in this community can get help when they are sick with AIDS. Please mention all sources of assistance, including organizations, health institutions, and individuals who may provide such assistance in this community. I will start by asking you about organizations, and the type of help they give. Then I will ask you about individuals, such as friends, family members, and relatives, and the type of help they give.

<p>C501. Do you have organizations in this community which provide help to people living with AIDS? IF YES, LIST THEIR NAMES BELOW IF NO GO TO C505</p>	<p>C502. What kind of organization is this?</p>	<p>C503. Overall, how helpful is the assistance provided by this organization?</p>	<p>C504. What type of help does this organization give? CIRCLE ALL THAT APPLY</p>
<p>1. _____ _____</p>	<p>NGO.....01 WOMEN'S GROUP.....02 MEN'S GROUP.....03 YOUTH GROUP.....04 RELIGIOUS SUPPORT GROUP.....05 CBO.....06 GOVT HEALTH FACILITY STAFF.....07 PRIVATE HEALTH FACILITY STAFF.....08 OTHER GOVT ORG.....09 TRAD. HEALERS.....10 OTHER.....(SPECIFY)</p>	<p>HELPFUL.....1 INSUFFICIENT.....2 NOT HELPFUL.....3 DON'T KNOW.....9</p>	<p>COUNSELING.....1 EDUCATION.....2 FREE MEDICINE.....3 FOOD.....4 MONEY.....5 INCOME-GENERATING PROJ.. 6 SPIRITUAL SUPPORT.....7 PSYCHOSOCIAL SUPPORT.....8 HOME-BASED CARE.....9 OTHER.....(SPECIFY)</p>
<p>2. _____ _____</p>	<p>NGO.....01 WOMEN'S GROUP.....02 MEN'S GROUP.....03 YOUTH GROUP.....04 RELIGIOUS SUPPORT GROUP.....05 CBO.....06 GOVT HEALTH FACILITY STAFF.....07 PRIVATE HEALTH FACILITY STAFF.....08 OTHER GOVT ORG.....09 TRAD. HEALERS.....10 OTHER.....(SPECIFY)</p>	<p>HELPFUL.....1 INSUFFICIENT.....2 NOT HELPFUL.....3 DON'T KNOW.....9</p>	<p>COUNSELING.....1 EDUCATION.....2 FREE MEDICINE.....3 FOOD.....4 MONEY.....5 INCOME-GENERATING PROJ.. 6 SPIRITUAL SUPPORT.....7 PSYCHOSOCIAL SUPPORT.....8 HOME-BASED CARE.....9 OTHER.....(SPECIFY)</p>
<p>3. _____ _____</p>	<p>NGO.....01 WOMEN'S GROUP.....02 MEN'S GROUP.....03 YOUTH GROUP.....04 RELIGIOUS SUPPORT GROUP.....05 CBO.....06 GOVT HEALTH FACILITY STAFF.....07 PRIVATE HEALTH FACILITY STAFF.....08 OTHER GOVT ORG.....09 TRAD. HEALERS.....10 OTHER.....(SPECIFY)</p>	<p>HELPFUL.....1 INSUFFICIENT.....2 NOT HELPFUL.....3 KNOW.....9</p>	<p>COUNSELING.....1 EDUCATION.....2 FREE MEDICINE.....3 FOOD.....4 MONEY.....5 INCOME-GENERATING PROJ.. 6 SPIRITUAL SUPPORT.....7 PSYCHOSOCIAL SUPPORT.....8 HOME-BASED CARE.....9 OTHER.....(SPECIFY)</p>

«set numbers»

5A. ORGANIZATIONS THAT PROVIDE ASSISTANCE FOR PLWA (People Living with AIDS)			
<p>4. _____</p>	<p>NGO.....01 WOMEN'S GROUP.....02 MEN'S GROUP.....03 YOUTH GROUP.....04 RELIGIOUS SUPPORT GROUP.....05 CBO.....06 GOVT HEALTH FACILITY STAFF.....07 PRIVATE HEALTH FACILITY STAFF.....08 OTHER GOVT ORG.....09 TRAD. HEALERS.....10 OTHER.....(SPECIFY)</p>	<p>HELPFUL.....1 INSUFFICIENT.....2 NOT HELPFUL.....3 DONT KNOW.....9</p>	<p>COUNSELING.....1 EDUCATION.....2 FREE MEDICINE.....3 FOOD.....4 MONEY.....5 INCOME-GENERATING PROJ.....6 SPIRITUAL SUPPORT.....7 PSYCHOSOCIAL SUPPORT.....8 HOME-BASED CARE.....9 OTHER.....(SPECIFY)</p>
<p>5. _____</p>	<p>NGO.....01 WOMEN'S GROUP.....02 MEN'S GROUP.....03 YOUTH GROUP.....04 RELIGIOUS SUPPORT GROUP.....05 CBO.....06 GOVT HEALTH FACILITY STAFF.....07 PRIVATE HEALTH FACILITY STAFF.....08 OTHER GOVT ORG.....09 TRAD. HEALERS.....10 OTHER.....(SPECIFY)</p>	<p>HELPFUL.....1 INSUFFICIENT.....2 NOT HELPFUL.....3 DONT KNOW.....9</p>	<p>COUNSELING.....1 EDUCATION.....2 FREE MEDICINE.....3 FOOD.....4 MONEY.....5 INCOME-GENERATING PROJ.....6 SPIRITUAL SUPPORT.....7 PSYCHOSOCIAL SUPPORT.....8 HOME-BASED CARE.....9 OTHER.....(SPECIFY)</p>

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

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

<p><b>C305. Do you have individuals in this community who personally provide help to people with AIDS?</b> <b>IF YES, LIST THEIR NAMES BELOW</b> <b>IF NO END INTERVIEW</b></p>	<p><b>C306. RECORD TYPE OF INDIVIDUAL</b> <b>CIRCLE ALL THAT APPLY.</b></p>	<p><b>C307. Overall, how helpful is the assistance provided by this individual?</b></p>	<p><b>C308. What type of help does this individual give?</b> <b>CIRCLE ALL THAT APPLY.</b></p>
<p>1. _____</p>	<p>FAMILY MEMBER.....1 FRIENDS.....2 NEIGHBORS.....3 CHURCH MEMBER.....4 OTHER.....5  (SPECIFY)</p>	<p>HELPFUL.....1 INSUFFICIENT.....2 NOT HELPFUL.....3 DONT KNOW.....9</p>	<p>FOOD PROVISION.....1 FOOD PREPARATION.....2 CHILD CARE.....3 HOUSEWORK.....4 MONEY.....5 EMOTIONAL SUPPORT.....6 OTHER.....7  (SPECIFY)</p>
<p>2. _____</p>	<p>FAMILY MEMBER.....1 FRIENDS.....2 NEIGHBORS.....3 CHURCH MEMBER.....4 OTHER.....5  (SPECIFY)</p>	<p>HELPFUL.....1 INSUFFICIENT.....2 NOT HELPFUL.....3 DONT KNOW.....9</p>	<p>FOOD PROVISION.....1 FOOD PREPARATION.....2 CHILD CARE.....3 HOUSEWORK.....4 MONEY.....5 EMOTIONAL SUPPORT.....6 OTHER.....7  (SPECIFY)</p>
<p>3. _____</p>	<p>FAMILY MEMBER.....1 FRIENDS.....2 NEIGHBORS.....3 CHURCH MEMBER.....4 OTHER.....5  (SPECIFY)</p>	<p>HELPFUL.....1 INSUFFICIENT.....2 NOT HELPFUL.....3 DONT KNOW.....9</p>	<p>FOOD PROVISION.....1 FOOD PREPARATION.....2 CHILD CARE.....3 HOUSEWORK.....4 MONEY.....5 EMOTIONAL SUPPORT.....6 OTHER.....7  (SPECIFY)</p>
<p>4. _____</p>	<p>FAMILY MEMBER.....1 FRIENDS.....2 NEIGHBORS.....3 CHURCH MEMBER.....4 OTHER.....5  (SPECIFY)</p>	<p>HELPFUL.....1 INSUFFICIENT.....2 NOT HELPFUL.....3 DONT KNOW.....9</p>	<p>FOOD PROVISION.....1 FOOD PREPARATION.....2 CHILD CARE.....3 HOUSEWORK.....4 MONEY.....5 EMOTIONAL SUPPORT.....6 OTHER.....7  (SPECIFY)</p>
<p>5. _____</p>	<p>FAMILY MEMBER.....1 FRIENDS.....2 NEIGHBORS.....3 CHURCH MEMBER.....4 OTHER.....5  (SPECIFY)</p>	<p>HELPFUL.....1 INSUFFICIENT.....2 NOT HELPFUL.....3 DONT KNOW.....9</p>	<p>FOOD PROVISION.....1 FOOD PREPARATION.....2 CHILD CARE.....3 HOUSEWORK.....4 MONEY.....5 EMOTIONAL SUPPORT.....6 OTHER.....7  (SPECIFY)</p>

**THANK RESPONDENTS AND END THE INTERVIEW**



Republic of Botswana

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

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

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

**WORKPLACE INSTRUMENT**

**A. GENERAL INFORMATION**

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


**B. EMPLOYMENT**

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

- 8. How do you rate the attrition of workers from your organization during the past three years?.....
  - HIGH 1
  - LOW 2
  - DK 9 **SKIP TO Q9**

- 8. What are the various causes that have contributed to this?
  - WAGES 1
  - JOB SATISFACTION 2
  - ILL HEALTH 3
  - OTHER \_\_\_\_\_ (SPECIFY)

**C. HIV/AIDS POLICY**

- 9. Does your organisation have an HIV/AIDS policy?
  - YES.....1
  - NO.....2 **SKIP TO Q 11**

- 10. Are the employees aware of the Policy?
  - YES.....1
  - NO.....2 **SKIP TO Q 12**
  - DON'T KNOW...9

- 11. Why does your organization not have an HIV/AIDS policy?
  - NOT INTERESTED.....1
  - DO NOT HAVE TIME.....2
  - NOT APPROPRIATE.....3
  - DON'T KNOW.....9
  - OTHER \_\_\_\_\_ (SPECIFY)

12. Does your organisation have an HIV/AIDS education programme for the general workforce?  
 YES.....1  
 NO.....2  
 DON'T KNOW.....9

**D. PREVENTION, CONTROL, CARE AND SUPPORT**

13. Does your organisation offer any educational materials, classes or activities for employees?  
 YES.....1  
 NO.....2  
 DON'T KNOW.....9
14. Does your organisation have an HIV/AIDS coordinator/contact person?  
 YES.....1  
 NO.....2  
 DON'T KNOW.....9
15. Does your organisation incorporate HIV/AIDS peer educators within its HIV/AIDS prevention efforts?  
 YES.....1  
 NO.....2  
 DON'T KNOW.....9
16. Does your organisation provide an orientation package containing written HIV/AIDS educational materials upon appointment?  
 YES.....1  
 NO.....2  
 DON'T KNOW.....9

17. What work related hazards are employees exposed to?

SHARP EXPOSURES 1  
 DUST EXPOSURE 2  
 CAR ACCIDENTS 3  
 FALLING OBJECTS 4  
 OVERCROWDING 5  
 INJURIES 6  
 OTHER \_\_\_\_\_ (SPECIFY)

18. Does your Organisation provide assistance to employees exposed to workplace hazards?  
 YES.....1  
 NO.....2 SKIP TO Q20  
 DON'T KNOW.....9 SKIP TO Q21

19. What type of assistance.....SKIP TO Q21  
 (SPECIFY)



29. Are female condoms made available to employees?

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

**F. DISCRIMINATION AND STIGMATIZATION**

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

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

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

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

32. Does this include HIV screening?

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

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

	YES	NO
ABSENTEEISM	1	2
HIV/AIDS	1	2
ALCOHOLISM	1	2
INSUBORDINATION	1	2
OTHER		

\_\_\_\_\_ (SPECIFY)

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

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

**G. BENEFITS**

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

YES.....1 **END INTERVIEW**  
NO.....2

36. How are the benefits affected?

REDUCED 1  
CANCELLED 2  
OTHER \_\_\_\_\_ (SPECIFY)

MADE this 28th day of January, 2004.

**B. GAOLATHE,**  
*Minister for Finance and  
Development Planning.*