Statutory Instrument No. 29 of 2004

STATISTICS ACT
(Cap. 17:01)

STATISTICS (AIDS IMPACT VOLUNTARY SURVEY) REGULATIONS, 2004

(Published on 26th March, 2004)

ARRANGEMENT OF REGULATIONS

REGULATION

1. Citation
2. Authrisation to conduct a survey
3. Conduct of survey
4. Revocation of S.I. No. 10 of 2004

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 —

Citation

1. These Regulations may be cited as the Statistics (Aids Impact Voluntary Survey) Regulations, 2004.

Authrisation to conduct a survey

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 —

(*a*) providing up to date information for assessing the impact of the HIV/AIDS pandemic at household level in Botswana;

(*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

(*c*) establishing the population-based HIV prevalence rate in Botswana.

Conduct of 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.

Revocation of S.I. No. 10 of 2004

4. The Statistics (Aids Impact Survey) Regulations, 2004 are hereby revoked.

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	

Q08. INTERVIEWER VISITS

VISIT NO.	1	2	3
	DAY/ MO / YR	DAY/ M / YR	DAY/ MO / YR.
DATE	/ / / /	/ / / /	/ / / /
INTERVIEWER NAME			
INTERVIEWER CODE.			
RESULT*			

FINAL VISIT

DAY	/ / /
MONTH	/ / /
YEAR	/ / /
INTERV.ID.NO	/ / /
TOTAL PERSONS IN HOUSEHOLD	/ / /
TOTAL ELIGIBLE PERSONS	/ / /
INDIVIDUAL QUESTIONNAIRES COMPLETED	/ / /
RESULT	/ /

STARTING TIME:
ENDING TIME:

Next Visit:				TOTAL NO. OF VISITS
DATE	/ / /	/ / /		
TIME				

*RESULT CODES:

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

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

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

ALL PERSONS						
HR NO.	CODE	RELATIONSHIP TO CURRENT HEAD	SEX	AGE	CITIZENSHIP	PLACE OF USUAL LIVING NOW
	Please list all persons who spent last night in this household in your CARD Have you included babies? Have you included elderly parents? Have you included visitors? Also include usual members of this household who did not spend last night here because they were away on weekkeeping, night duty, travelling, or night clubs, etc.	What is ...'s relationship to head of this household? 00 Head 01 Spouse/partner 02 Son/Daughter 03 Stepchild 04 Grandchild 05 Parent 06 Grand parent 07 Brother/Sister 08 Nephew/Niece 09 Son/Daughter-in-law 10 Parent-in-law 11 Other relative 12 Not related	Is male or female? 1 Male 2 Female	How old is .. in completed years? Record exact age in years and months for those less than two years in the Format: (YY MM) (YY) (MM)	What is the country of ...'s citizenship? 01 Botswana 02 Angola 03 Lesotho 04 Malawi 05 Mozambique 06 Namibia 07 South Africa 08 Swaziland 09 Zambia 10 Zimbabwe 11 Tanzania 39 India 57 Mauritius 85 UK 86 USA Other (Specify)	Does ... usually live in this household? 1 Yes, usual member 2 No, visitor
P00	P01	P02	P03	P04	P05	P06
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

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

	ALL PERSONS AGED 12 YEARS & OVER (see P04 to check age)						AGE 10 - 64 yrs	AGE 15 months and above
SR NO	MARITAL STATUS	TYPE OF ECONOMIC ACTIVITY IN THE PAST 7 DAYS			OCCUPATION	INDUSTRY	ELIGIBILITY	
							Individual	Biomarker
	What is marital status? 1 Married 2 Living together 3 Separated 4 Divorced 5 Widowed 6 Never married	In the past 7 days did [illegible] work for payment, profit or home use for at least 1 hour? IF NO, PROBE AS FOLLOWS: Has [illegible] worked unpaid at own land/cattle/pest, or unpaid in family business? 1 Yes (GO TO P17) 2 No (GO TO P16)	Since [illegible] did not work for payment, profit or home use, what did he/she do? 1 Actively seeking work 2 Housework 3 Student 4 Too old to work 5 Too sick to work Other (Specify) (All Go To P18)	What was [illegible] working in during the past 7 days? 1 Employee - Paid cash 2 Employee - Paid in land only 3 Self-employed (no employees) 4 Self-employed (with employees) 5 Member - Producer Cooperative 6 Unpaid helper in family business 7 Working at own land/cattle/pest 8 Apprentice 9 Volunteer	What type of work did [illegible] do in the past 7 days? To be precise, what were the main tasks and duties? Probe as necessary and [illegible] occupation in full. Also [illegible] with level of education.	What was the main product, service or activity at [illegible] place of work? Probe as necessary. Was two or more words to describe the industry.	Circle line numbers of all persons aged 10 to 64 [illegible] and members who spent last night in this household. P04 = 10 - 64 yrs & P06 = 1	Circle line numbers of all persons aged 10 months and above and [illegible] members who spent last night in this household P04 = 15 months and over P06 = 1
P00	P14	P15	P16	P17	P18	P19	P20	P21
01							01	01
02							02	02
03							03	03
04							04	04
05							05	05
06							06	06
07							07	07
08							08	08
09							09	09
10							10	10
11							11	11
12							12	12
13							13	13
14							14	14
15							15	15

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

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

Who provided the help or support? CIRCLE ALL MENTIONED: Any one else?	How satisfied is the household with the care or assistance given to ill persons?	Think back over the past 12 months. Has anyone who had lived with this household for at least 14 days died in the past 12 months?	How many household members died in the past 12 months?
Relatives 1 Friends 2 Hospital/Clinic 3 Community Organizations 4 NGOs 5 Traditional Healer 6 Spiritual Healer 7 Women's Group 8 Social Worker 9 Other (Specify)	Very satisfied 1 Satisfied 2 Not satisfied 3	Yes 1 No 2 (Go to H14) Don't know 9 (Go to H14)	Number of persons
H09	H10	H11	H12

	Most recent death		Next-to-last death		Second-to-last death	
a) What was the name(s) of the person(s) who died?						
b) How old was ... when he/she died? (Record 00 if age was less than one year)	Age Don't know	 99	Age Don't know	 99	Age Don't know	 99
c) From what cause did ... die?	AIDS TB Malaria Heart disease Stroke Violence/injuries Car/Road accident Other (Specify)	01 02 03 04 05 06 07	AIDS TB Malaria Heart disease Stroke Violence/injurie Car/Road accident Other (Specify)	01 02 03 04 05 06 07	AIDS TB Malaria Heart disease Stroke Violence/injurie Car/Road accident Other (Specify)	01 02 03 04 05 06 07
d) For how many months had ... been sick before he/she died? (Record 00 if less than one month)	Months Don't know	 99	Months Don't know	 99	Months Don't know	 99
H13						

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 H13: 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 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 If No / Don't know go to H13	READ OUT: MULTIPLE RESPONSES. 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 Other (Specify)	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)	Daily 1 Weekly 2 Monthly 3 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
	How many 'living rooms' are there in this housing unit?	What is the main material of construction of:			What is the principal source of water supply for this household?
	Exclude kitchen, toilet, garage, store, etc if not used as 'living rooms'.	WALL	FLOOR	ROOF	
01 Lolwapa 02 Detached houses 03 Semi-detached 04 Town house 05 Flat 06 Rooms 07 Servant's quarter 08 Part of commercial building 09 Shack 10 Movable/Caravan/Tent	[ ][ ]	1 Stones/Blocks/ Cement 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

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

TICK IN THE BOX IF CONTINUATION IS USED ☐

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 YEAR
INTERVIEWER NAME				INTERV.ID
INTERVIEWER CODE.				RESULT
RESULT*				

STARTING TIME:
ENDING TIME:

Next Visit:				TOTAL NO. OF VISITS
DATE	/ / /	/ / /		
TIME				

*RESULT CODES:

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

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TEAM SUPERVISOR	DISTRICT SUPERVISOR	OFFICE EDITOR	KEYED BY	VERIFIED BY
NAME _____ DATE _____	NAME _____ 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	**CIRCLE SEX OF THE RESPONDENT**	MALE.....1 FEMALE.....2	
Q102	a) How old are you in completed years? b) What is your date of birth? [DD/MM/YY] **IF AGE IS <10 OR >64 END INTERVIEW**	AGE IN COMPLETED YEARS.....[__|__]	
Q103	Are you a usual member of this household?	YES.....1 NO.....2	**END INTERVIEW**
Q104	a) Can you read and understand a letter / newspaper / bible or anything (written in English or Setswana) easily, with difficulty or not at all? b) What language do you understand best?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3 .....[__|__]	
Q105	Have you ever attended school, formal or non-formal?	YES.....1 NO.....2	**Q108**
Q106	What is the highest level of school you attended: non-formal, primary, secondary, or higher?	NON- FORMAL.....1 PRIMARY.....2 SECONDARY.....3 HIGHER.....4	

Q107	How many years of education did you complete in total?	YEARS COMPLETED [__][__]	
Q108	How long have you been living in this locality? **RECORD 00 IF LESS THAN A YEAR.**	YEARS....[__][__]	
Q109	In the last 4 weeks, how many nights in total have you slept in another dwelling unit other than your dwelling unit? **IF NO PUT 00**	NUMBER OF NIGHTS SLEPT ELSEWHERE	
Q110	In the last 12 months, have you been away from your usual place of residence for more than 1 month at one time (30 consecutive days)?	YES ..... 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	a) Normally how many days in a week do you take an alcohol-containing drink? b) Do you consider yourself a light, moderate or heavy drinker?	NUMBER OF DAYS.. [__][__] LIGHT.... [__][__] MODERATE.... [__][__] HEAVY.... [__][__]	
Q114	a) Have you ever taken drugs for recreation other than alcohol? e.g mandrax, motokwane or glue b) Name of drug c) How often do you take drugs?	YES.. ....1 NO.....2 NAME OF DRUG... [__][__] (SPECIFY) DAILY.....1 WEEKLY.....2 MONTHLY.....3 OCCASSIONALY (SPECIFY.....4	**Q 115**
Q115	What is your current occupation? **RECORD CURRENT EMPLOYMENT IN SPACE PROVIDED, INCLUDING IF UNEMPLOYED OR HOUSEWORK. NUMERICAL CODES WILL BE ASSIGNED.**	SPECIFY_____ CODE.....[__][__][__]	
Q116	What is your religious affiliation?	_____ [__]	

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 *first* married/started living together?	AGE IN YEARS...[___|___]	
LOOK AT Q201	**IF ANSWER IS CODE 1** **IF ANSWER IS CODE 2** **IF ANSWERS ARE CODES 3,4,5 OR 6**	**GO TO Q203,** **GO TO Q204,** **SKIP TO SECTION 3.**	
Q203	Does your husband/wife live with you or does he/she live somewhere else?	WITH RESPONDENT.....1 SOMEWHERE ELSE.....2	
Q204	For how many years have you been married or living together? **RECORD 00 IF LESS THAN ONE YEAR.**	YEARS..... [___|___]	

3. Sexual History and Behaviour

READ OUT:

I am going to ask some specific questions about sex and your sexual partners in the last 12 months. I know it may be difficult to remember exactly, but I would like you to answer the questions to the bes t of your knowledge, as this information is very important for the survey. Again, this information is all completely private and anonymous and cannot be linked to you or any partner in any way.

I will begin by asking about your most recent sexual partner, and if there is more than one partner, I will ask only about the three most recent sexual partners you may have had in the past 12 months. This includes anyone you might have had sex with: husband, wife or wives, girlfriends, boyfriends, friends, casual partners, prostitutes, someone you may have met at a bar, or at a wedding or other special
event, etc.

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

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

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

		Partner 1 Most Recent Partner	Partner 2 Next Most Recent Partner	Partner 3 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) DON'T KNOW.....9	SAME LOCALITY.....1 OTHER URBAN AREA...2 OTHER RURAL AREA...3 OTHER_____ (SPECIFY) DON'T KNOW.....9	SAME LOCALITY.....1 OTHER URBAN AREA..2 OTHER RURAL AREA..3 OTHER SPECIFY) DON'T KNOW.....9
Q308	How long ago did you first have sex with this partner? **IF LESS THAN ONE DAY ENTER 00** **COMPLETE ONLY ONE OPTION.**	DAYS .....1 [__|__] WEEKS.....2 [__|__] MONTHS...3 [__|__] YEARS.....4 [__|__] DO NOT KNOW 9	DAYS.....1 [__|__] WEEKS...2 [__|__] MONTHS.3 [__|__] YEARS.....4 [__|__] DO NOT KNOW..... 9	DAYS.....1 [__|__] WEEKS..2 [__|__] MONTHS.3 [__|__] YEARS..4 [__|__] DO NOT KNOW.....9
Q309	Did you use a condom the first time you had sexual intercourse with this partner?	Yes.....1 No.....2 DON'T REMEMBER.. 9	Yes.....1 No.....2 DON'T REMEMBER.. 9	Yes.....1 No.....2 DON'T REMEMBER....9

		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? **COMPLETE ONLY ONE OPTION.**	DAYS AGO...1 [_][_] WEEKS AGO....2 [_][_] MONTHS AGO...3 [_][_] YEARS AGO....4 [_][_] DON'T KNOW.....9	DAYS AGO..1 [_][_] WEEKS AGO.....2 [_][_] MONTHS AGO...3 [_][_] YEARS AGO...4 [_][_] DON'T KNOW 9	DAYS AGO...[_][_] 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)

		Partner 1 Most Recent Partner	Partner 2 Next Most Recent Partner	Partner 3 Second Most Recent Partner
Q313	a) The last time you had sexual intercourse, had you taken an alcoholic drink?	YES.....1 NO.....2 DON'T KNOW.....9	YES.....1 NO.....2 DON'T KNOW.....9	YES.....1 NO.....2 DON'T KNOW.....9
	b) Did you consider yourself intoxicated?	**IF NO OR DON'T KNOW SKIP TO Q313C** YES.....1 NO.....2 DON'T KNOW.....9	**IF NO OR DON'T KNOW SKIP TO Q313C** YES.....1 NO.....2 DON'T KNOW.....9	**IF NO OR DON'T KNOW SKIP TO Q313C** YES.....1 NO.....2 DON'T KNOW.....9
	c) Last time you had sexual intercourse, had your partner taken an alcoholic drink?	YES.....1 NO.....2 DON'T KNOW.....9	YES.....1 NO.....2 DON'T KNOW.....9	YES.....1 NO.....2 DON'T KNOW.....9
	d) Did you consider your partner intoxicated?	**IF NO OR DON'T KNOW SKIP TO Q314** YES.....1 NO.....2 DON'T KNOW.....9	**IF NO OR DON'T KNOW SKIP TO Q314** YES.....1 NO.....2 DON'T KNOW.....9	**IF NO OR DON'T KNOW SKIP TO Q314** YES.....1 NO.....2 DON'T 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 DON'T KNOW.....9 **IF NO OR DON'T KNOW, SKIP TO Q316**	YES.....1 NO.....2 DON'T KNOW.....9 **IF NO OR DON'T KNOW, SKIP TO Q316**	YES.....1 NO.....2 DON'T KNOW.....9 **IF NO OR DON'T KNOW, SKIP TO Q316**

		Partner 1 Most Recent Partner	Partner 2 Next Most Recent Partner	Partner 3 Second Most Recent Partner
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 DON'T KNOW.....9	YES.....1 NO.....2 DON'T KNOW.....9	YES.....1 NO.....2 DON'T 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 overall 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	 Q321
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: **READ OUT:**	YES NO DK Do not have sex? 1 2 9 Are bewitched? 1 2 9 Are married? 1 2 9 Have many sexual partners? 1 2 9 Have unprotected sex (without a condom)? 1 2 9	
Q404	In a woman, what signs and symptoms would lead you to think that she has an STI? *Any other symptoms?* **CIRCLE ALL THAT ARE MENTIONED.** **MORE THAN ONE ANSWER IS POSSIBLE.** **DO NOT READ OUT THE SYMPTOMS.**	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? *Any other symptoms?* **CIRCLE ALL THAT ARE MENTIONED.** **MORE THAN ONE ANSWER IS POSSIBLE.** **DO NOT READ OUT THE SYMPTOMS.**	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	Where can someone go to get treatment, medicine or advice about a genital condition? **MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.**	TRADIT'L/SPIRITUAL HEALER ..... 1 CHURCH ..... 2 CLINIC/HOSPITAL ..... 3 PHARMACY/CHEMIST ..... 4 PRIVATE DOCTOR ..... 5 FRIENDS ..... 6 RELATIVES ..... 7 OTHER _____ (SPECIFY)	
	MARK WITH AN "X" IN THE APPROPRIATE BOX		
FILTER	CHECK Q301 HAS HAD SEXUAL INTERCOURSE	HAS NOT HAD SEXUAL INTERCOURSE ☐ ▼	☐ SECTION 5
Q407	During the last 12 months, have you had any of the following symptoms? **READ OUT SYMPTOMS** **MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.**	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 **IF NO FOR ALL GO TO SECTION 5**	
Q408	When you had these symptoms in the last 12 months, where did you seek advice/treatment? **READ OUT**	YES / NO	
	A Seek advice or treatment from a health worker in a clinic or hospital?	1 / 2	
	B Seek advice or treatment from a traditional healer?	1 / 2	
	C Seek advice / treatment or buy medicines in a shop or pharmacy?	1 / 2	
	D Ask for advice / treatment from friends or relatives	1 / 2	
	E Seek advice or treatment from a private doctor?	1 / 2	

IF NO FOR ALL GO TO SECTION 5

Q409	When you had these symptoms in the past 12 months, what was the first thing you did for either advice or treatment? CHOOSE ONLY ONE ANSWER.	SOUGHT ADVICE OR TREATMENT FROM A HEALTH WORKER IN A CLINIC OR HOSPITAL.....1 SOUGHT ADVICE OR TREATMENT FROM A TRADIT'L/SPIRITUAL HEALER.....2 SOUGHT ADVICE/TREATMENT OR BOUGHT MEDICINES IN A SHOP OR PHARMACY.....3 ASKED FRIENDS OR RELATIVES FOR ADVICE.....4 PRIVATE DOCTOR.....5 NOTHING.....6 DON'T KNOW.....99 OTHER_____ (SPECIFY)	Q413
Q410	Why did you first seek help from this source? DO NOT READ OUT CHOICES. MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.	PRIVACY / CONFIDENTIALITY.....1 HIGH QUALITY SERVICE.....2 LOW COST.....3 SHORT WAITING TIME.....4 BETTER / MORE EFFECTIVE TREATMENT.....5 FRIENDLY ENVIRONMENT.....6 CLOSE / CONVENIENT.....7 OTHER_____ (SPECIFY)	
Q411	When you had symptoms (specified in 408) in the last 12 months, after how many days of having the symptoms did you seek treatment? RECORD 00 IF LESS THAN A DAY	|___|___| DAYS MONTHS	

Q412 After you got treatment for these symptoms did you:

READ OUT.	YES	NO
A. Share your medicine with a relative, friend, or another patient?	1	2
B. Keep some of the medicine for future use?	1	2
C. Complete the full course of treatment?	1	2
D. Treat your partner or partners with your medicine?	1	2

Q413 When you had these symptoms in the last 12 months, did you:
READ OUT.

	YES	NO
A Tell your sexual partner(s) about the symptoms	1	2
B Stop having sex when you had the symptoms?	1	2
C Continue having unprotected sex (without condom)?	1	2
D Stop having sex until after treatment by a clinic / hospital / private doctor?	1	2
E Continue having unprotected sex while having treatment from a chemist / pharmacy, friends, or traditional healer?	1	2
F Use a condom when having sex when you had the symptoms?	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	Q617
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? **CIRCLE ALL THAT ARE MENTIONED.** **MORE THAN ONE ANSWER IS POSSIBLE.**	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

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

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

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

No.	Questions and filters	Coding categories	Skip to
Q509	Is it possible for a healthy looking person to have the AIDS virus?	YES .....1 NO .....2 DON'T KNOW 9	
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 DON'T KNOW 9	
Q511	Do you think that a person can get infected with HIV/AIDS through mosquito bites?	YES .....1 NO .....2 DON'T KNOW 9	
Q512	Can people reduce their chances of getting HIV/AIDS by having only one uninfected sex partner who has no other partners?	YES .....1 NO .....2 DON'T KNOW 9	
Q513	Can a person get infected with HIV/AIDS by sharing a meal with a person who has HIV/AIDS?	YES .....1 NO .....2 DON'T KNOW 9	
Q514	Can people get HIV/AIDS because of witchcraft?	YES .....1 NO .....2 DON'T KNOW 9	

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

Q612	Would you ever want to be tested for HIV?	YES.....1 NO.....2 UNDECIDED 3	
Q613	Do you know of a place where you can go to get an HIV test?	YES.....1 NO.....2	Q615
Q614	If you wanted to be tested, where could you go for the test? CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.	TEBELOPELE (VCT CENTRE) .....1 HOSPITAL/CLINIC.....2 PHARMACY .....3 MOBILE CLINIC .....4 FIELD WORKER.....5 OTHER _____ (SPECIFY)	
Q615	If you chose to be tested for HIV, the virus that causes AIDS, and were told after the test that you had HIV, would you tell anyone the results?	YES ..... 1 NO ..... 2 DON'T KNOW 9	Q617 Q617

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

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

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

No.	Questions and filters	Coding categories	Skip to
Q601	a) Do you personally know anyone who has HIV?	YES ..... 1 NO ..... 2 DON'T KNOW 9	
	b) Do you personally know anyone who has died from AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW 9	
Q602	Have you ever shared a meal with a person you knew or suspected had HIV/AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW 9	
Q603	If a member of your family became sick with HIV/AIDS, would you be willing to care for him or her in your household?	YES ..... 1 NO ..... 2 DON'T KNOW 9	
Q604	If a teacher has HIV/AIDS but is not sick, should he/she be allowed to continue teaching in school?	YES ..... 1 NO ..... 2 DON'T KNOW 9	
Q605	If you knew that a shopkeeper or food seller had HIV/AIDS, would you buy vegetables from them?	YES ..... 1 NO ..... 2 DON'T KNOW 9	
Q606	If a member of your family got infected with HIV/AIDS, would you want it to remain a secret?	YES ..... 1 NO ..... 2 DON'T KNOW 9	
NOW I WOULD LIKE TO ASK YOU QUESTIONS ON HIV TESTING. DO NOT TELL ME YOUR RESULTS			
Q607	Have you *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	a) Were you told the results? b) Did you receive counselling when you received your results?	YES ..... 1 NO ..... 2 YES ..... 1 NO 2	Q613
Q610	Did you tell anyone the results of the test?	YES ..... 1 NO 2	Q613
Q611	Whom did you tell? **CIRCLE ALL THAT ARE MENTIONED.** **MORE THAN ONE ANSWER IS POSSIBLE.**	SPOUSE ..... 1 SEX PARTNER ..... 2 FRIEND ..... 3 FAMILY MEMBER(S) ..... 4 OTHER RELATIVE(S) ..... 5 HEALTH CARE WORKER ..... 6 CO-WORKER ..... 7 OTHER_____ (SPECIFY)	
SKIP TO 613			

Q612	Would you ever want to be tested for HIV?	YES.....1 NO.....2 UNDECIDED 3	
Q613	Do you know of a place where you can go to get an HIV test?	YES.....1 NO.....2	Q615
Q614	If you wanted to be tested, where could you go for the test? CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.	TEBELOPELE (VCT CENTRE).....1 HOSPITAL/CLINIC.....2 PHARMACY .....3 MOBILE CLINIC .....4 FIELD WORKER .....5 OTHER _____ (SPECIFY)	
Q615	If you chose to be tested for HIV, the virus that causes AIDS, and were told after the test that you had HIV, would you tell anyone the results?	YES ..... 1 NO ..... 2 DON'T KNOW 9	Q617 Q617

Q616	With whom would you share this information?			
	Would you tell your... READ OUT.	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	a) Do you think it should be acceptable for a woman to obtain a male condoms? b) Do you think it should be acceptable for a man to obtain female condoms? c) Is it acceptable to you for your partner to be in possession of condoms? **READ OUT OPTIONS**	YES .....1 NO .....2 NOT SURE .....3 YES .....1 NO .....2 NOT SURE .....3 YES, MALE CONDOMS ONLY .....1 YES, FEMALE CONDOMS ONLY .....2 YES, MALE OR FEMALE CONDOMS ....3 NO, NOT ACCEPTABLE .....4 NOT SURE 5	
Q618	Can a woman protect herself from getting a sexually transmitted infection (STI) if her partner has it?	YES .....1 NO .....2 DON'T KNOW.....9	 **SECTION 7** **SECTION 7**
Q619	What can she do to protect herself? **AFTER FIRST RESPONSE, PROMPT FOR ADDITIONAL SUGGESTIONS.** Anything else? **MORE THAN ONE ANSWER IS POSSIBLE.** **CIRCLE ALL ANSWERS GIVEN.**	SHE CAN REFUSE SEX .....1 SHE CAN INSIST ON USING CONDOMS .....2 SHE CAN TAKE MEDICINES .....3 DON'T KNOW.....9 OTHER_____ (SPECIFY)	

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 [ ][ ]	SECTION 8
Q702	How many times have you given birth?	NUMBER OF BIRTHS.....[ ][ ]	
Q703	When was the last time you gave birth? **ENTER MONTH AND YEAR. DO NOT LEAVE BLANK.**	MONTH..... YEAR	**IF MORE THAN 2 YEARS AGO, SKIP TO Q705**
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	a) When you attended the antenatal clinic, were you given any information about other sexually transmitted infections (STIs)? b) When you attended the antenatal clinic, were you given any group counselling about STIs? c) When you attended the antenatal clinic were you given individual counselling about STIs?	YES ..... NO ..... YES ..... NO ..... YES ..... NO	
Q708	Was HIV testing offered to you at any time during your visit(s)?	YES ..... NO	Q711
Q709	Did you agree to be tested for HIV during any of these visits?	YES ..... NO	Q711
Q710	Did you receive the results of the HIV test?	YES ..... NO	
Q711	Are you pregnant now? **CHECK Q102 IF AGE IS > 49** **SKIP TO SECTION 8**	YES.....1 NO.....2 NOT SURE.....3	**SECTION 8** **SECTION 8**
Q712	If you were to test HIV positive would you be willing to enrol for PMTCT[1]?	YES.....1 NO.....2	

[1] 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: READ OUT RESPONSES		YES	NO
		HOME BASE CARE	1	2
		ORPHAN CARE	1	2
		PLWHA SUPP	1	2
		DESTITUTE PROGRAMMES	1	2
		ARV PROGRAMME	1	2
		PMTCT PROGRAMME	1	2
		IPT PROGRAMME	1	2
		OTHER_____ (SPECIFY)		

IF NO FOR ALL RESPONSES GO TO SECTION 9

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

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 [ ][ ]
	Please give me the names of each of these children, beginning with the first born whether dead or alive.						
Q902	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)? 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?	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
Q908	How old was (NAME) when he/she died? (IN YEARS)	[ ][ ] DK.....99	[ ][ ] DK.....99	[ ][ ] DK.....99	[ ][ ] DK.....99	[ ][ ] DK.....99	[ ][ ] DK.....99

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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?	☐☐ DK……99	☐☐ DK……..99	☐☐ DK……99	☐☐ DK……99	☐☐ DK……99	☐☐ DK……99
Q910	From what cause did [NAME] die? **CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.**	AIDS……1 TB……2 OTHER INFECTIOUS DISEASE…..3 MALNUTRITION…4 PNUEMONIA…..5 VIOLENCE/ INJURIES……6 HEARTDISEASE/ STROKE/CANCER.. ..7 OTHER……8 DK……9	AIDS……1 TB……2 OTHER INFECTIOUS DISEASE……3 MALNUTRITION..4 PNUEMONIA…..5 VIOLENCE/ INJURIES… 6 HEARTDISEASE/ STROKE/CANCER….7 OTHER……8 DK……9	AIDS……1 TB……2 OTHER INFECTIOUS DISEASE…..3 MALNUTRITION..4 PNUEMONIA….5 VIOLENCE/ INJURIES….6 HEARTDISEASE/ STROKE/CANCER …7 OTHER……8 DK……9	AIDS……1 TB……2 OTHER INFECTIOUS DISEASE…...3 MALNUTRITION…4 PNUEMONIA……5 VIOLENCE/I NJURIES..6 HEARTDISEASE/ STROKE/CANCER….7 OTHER…… ……8 DK……9	AIDS…..1 TB……2 OTHER INFECTIOUS DISEASE…..3 MALNUTRITION4 PNUEMONIA….5 VIOLENCE/ INJURIES……6 HEARTDISEASE/ STROKE/CANCER ……7 OTHER……8 DK……9	AIDS……1 TB……2 OTHER INFECTIOUS DISEASE……3 MALNUTRITION4 PNUEMONIA….5 VIOLENCE/ INJURIES….6 HEARTDISEASE/ STROKE/CANCE R ……7 OTHER……8 DK……9
ASK THE FOLLOWING ON FEMALES (WHO DIED) ONLY.							

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

Yes.....1 No.....2 IF NO,SKIP TO Q912 ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM AGINA..2 ABORTION ....3 GENERALISED SWELLING. ....4 HIGH BLOOD PRESSURE...5 ECTOPIC PREGNANCY...6 INFECTION (fever, vomiting and smelly discharge. ..7 IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE OTHER (SPECIFY) GO TO Q914 AFTER Q911b	Yes. ...1 No. .... .2 IF NO,SKIP TO Q912 ACUTE COLLAPSE ...1 SEVERE BLEEDING FROM VAGINA... ..2 ABORTION .....3 GENERALI SED SWELLING ..... 4 HIGH BLOOD PRESSUR E.....5 ECTOPIC PREGNAN CY.....6 INFECTION (fever, vomiting and smelly discharge... ....7 IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE OTHER (SPECIFY) GO TO Q914 AFTER Q911b	Yes. . 1 No.....2 IF NO,SKIPQ912 ACUTE COLLAPSE...1 SEVERE BLEEDING FROM VAGINA....2 ABORTION...3 GENERALISE SWELLING.4 HIGH BLOOD PRESSURE..5 ECTOPIC PREGNANCY...6 INFECTION (fever, vomiting and smelly discharge).....7 IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE OTHER (SPECIFY) GO TO Q914 AFTER Q911b	Yes....1 No.... 2 IF NO,SKIP TO Q912 ACUTE COLLAPSE. . .1 SEVERE BLEEDING FROM VAGINA....2 ABORTION...3 GENERALISED SWELLING....4 HIGH BLOOD PRESSURE.. 5 ECTOPIC PREGNANCY...6 INFECTION (fever, vomiting and smelly discharge) IF DIED IN HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE OTHER (SPECIFY) GO TO Q914 AFTER Q911b

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

Q913	Did [NAME] die within two months after a pregnancy or childbirth? After termination of pregnancy did [NAME] experience the following?	Yes.....1 No.....2 **IF NO, END INTERVIEW** ACUTE COLLAPSE..1 SEVERE BLEEDING FROM VIGINA.....2 INFECTION (fever, vomiting and smelly discharge. 3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE OTHER (SPECIFY:_____	Yes....1 No.....2 **IF NO, END INTERVIEW** ACUTE COLLAPSE....1 SEVERE BLEEDING FROM VIGINA.....2 INFECTION (fever, vomiting and smelly discharge..3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE OTHER (SPECIFY)_____	Yes.....1 No.....2 **IF NO, END INTERVIEW** ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM VIGINA.....2 INFECTION (fever, vomiting and smelly discharge)....3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE OTHER (SPECIFY)_____	Yes....1 No.....2 **IF NO, END INTERVIEW** ACUTE COLLAPSE....1 SEVERE BLEEDING FROM VIGINA.....2 INFECTION (fever, vomiting and smelly discharge) 3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE OTHER (SPECIFY)_	Yes....1 No.....2 **IF NO, END INTERVIEW** ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM VIGINA.....2 INFECTION (fever, vomiting and smelly discharge.....3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE OTHER (SPECIFY)_____	Yes.....1 No.....2 **IF NO, END INTERVIEW** ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM VIGINA....2 INFECTION (fever, vomiting and smelly discharge 3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE OTHER (SPECIFY)_____
Q914	How many live births did [NAME] give birth to during her lifetime (before this pregnancy)?						

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

Q913	Did [NAME] die within two months after a pregnancy or childbirth? After termination of pregnancy did [NAME] experience the following?	Yes.....1 No.....2 IF NO, END INTERVIEW ACUTE COLLAPSE..1 SEVERE BLEEDING FROM VIGINA.....2 INFECTION (fever, vomiting and smelly discharge.....3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE OTHER (SPECIFY)_____	Yes....1 No.....2 IF NO, END INTERVIEW ACUTE COLLAPSE....1 SEVERE BLEEDING FROM VIGINA.....2 INFECTION (fever, vomiting and smelly discharge..3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE OTHER (SPECIFY)_____	Yes.....1 No.....2 IF NO, END INTERVIEW ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM VIGINA.....2 INFECTION (fever, vomiting and smelly discharge)....3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE OTHER (SPECIFY)_____	Yes....1 No.....2 IF NO, END INTERVIEW ACUTE COLLAPSE ....1 SEVERE BLEEDING FROM VIGINA.....2 INFECTION (fever, vomiting and smelly discharge) 3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE OTHER (SPECIFY)_____	Yes....1 No.....2 IF NO, END INTERVIEW ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM VIGINA.....2 INFECTION (fever, vomiting and smelly discharge.....3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE OTHER (SPECIFY)_____	Yes.....1 No.....2 IF NO, END INTERVIEW ACUTE COLLAPSE.....1 SEVERE BLEEDING FROM VIGINA....2 INFECTION (fever, vomiting and smelly discharge 3 IF DIED AT HOSPITAL, WHAT DID THE STAFF SAY WAS THE CAUSE OTHER (SPECIFY)_____
Q914	How many live births did [NAME] give birth to during her lifetime (before this pregnancy)?						

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
				YEAR
INTERVIEWER NAME				INTERV.ID
INTERVIEWER CODE.				RESULT
RESULT*				

STARTING TIME:
ENDING TIME:

Next Visit:				TOTAL NO. OF VISITS
DATE	/ / /	/ / /		
TIME				

*RESULT CODES:

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

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

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

NOTE: (a)***Interview at least six(6) informants in one community***
(b) 1COUNCILLOR 2.VDC MEMBER 3. SOCIAL WORKER 4. FWE 5. KGOSI 6. RELIGIOUS LEADER 7. PTA MEMBER

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	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	➔ 404 ➔ 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[1]……1 PMTCT[2]……2 IPT[3]……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	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	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	Where are condoms available in this community? CIRCLE ALL THAT APPLY.	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	If a person wants to know their HIV status, where can he or she go to get tested? [PROBE] MORE THAN ONE ANSWER POSSIBLE. CIRCLE ALL THAT APPLY.	HEALTH.....1 VCT CE .....2 TEBE.....3 NOWHE.....4 OTHER_____ (SPECIFY) DON'T KNOW.....9	→501 →501
C415	Is this place(s) located in the community?	YES.....1 NO 2	→417
C416	How far away is the place from the community?	WITHIN 5 KM.....1 6-10KM FROM HERE .....2 DON'T KNOW 9	
C417	Is the community satisfied with the services provided at this place?	YES.....1 NO.....2	→501
C418	IF C417 IS NOT SATISFIED Why not? [PROBE] MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.	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.

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	C502. What kind of organization is this?	C503. Overall, how helpful is the assistance provided by this organization?	C504. What type of help does this organization give? CIRCLE ALL THAT APPLY
1. _____	NGO.....01 WOMEN'S GROUP0.....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)	HELPFUL.....1 INSUFFICIENT....2 NOT HELPFUL....3 DON'T KNOW.....9	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)
2. _____	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)	HELPFUL.....1. INSUFFICIENT...2 NOT HELPFUL....3 DON'T KNOW.....9	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)
3. _____	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)	HELPFUL.....1 INSUFFICIENT ....2 NOT HELPFUL.....3 DON'T KNOW.....9	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)

5A. ORGANIZATIONS THAT PROVIDE ASSISTANCE FOR PLWA (People Living with AIDS)			
4. _____	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)	HELPFUL.....1 INSUFFICIENT .....2 NOT HELPFUL.....3 DON'T KNOW.....9	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)
5. _____	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)	HELPFUL.....1 INSUFFICIENT .....2 NOT HELPFUL.....3 DON'T KNOW.....9	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)

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.			
C505. Do you have individuals in this community who personally provide help to people with AIDS? IF YES, LIST THEIR NAMES BELOW IF NO END INTERVIEW	C506. RECORD TYPE OF INDIVIDUAL CIRCLE ALL THAT APPLY.	C507. Overall, how helpful is the assistance provided by this individual?	C508. What type of help does this individual give? CIRCLE ALL THAT APPLY.
1. _____	FAMILY MEMBER.....1 FRIENDS.....2 NEIGHBORS.....3 CHURCH MEMBER.....4 OTHER.....5 _____ (SPECIFY)	HELPFUL.....1 INSUFFICIENT.....2 NOT HELPFUL.....3 DON'T KNOW.....9	FOOD PROVISION.....1 FOOD PREPARATION.....2 CHILD CARE.....3 HOUSEWORK.....4 MONEY.....5 EMOTIONAL SUPPORT.....6 OTHER.....7 _____(SPECIFY)
2. _____	FAMILY MEMBER.....1 FRIENDS.....2 NEIGHBORS.....3 CHURCH MEMBER.....4 OTHER.....5 _____ (SPECIFY)	HELPFUL.....1 INSUFFICIENT.....2 NOT HELPFUL.....3 DON'T KNOW.....9	FOOD PROVISION.....1 FOOD PREPARATION.....2 CHILD CARE.....3 HOUSEWORK.....4 MONEY.....5 EMOTIONAL SUPPORT.....6 OTHER.....7 _____(SPECIFY)
3. _____	FAMILY MEMBER.....1 FRIENDS.....2 NEIGHBORS.....3 CHURCH MEMBER.....4 OTHER..... _____ (SPECIFY)	HELPFUL.....1 INSUFFICIENT.....2 NOT HELPFUL.....3 DON'T KNOW.....9	FOOD PROVISION.....1 FOOD PREPARATION.....2 CHILD CARE.....3 HOUSEWORK.....4 MONEY.....5 EMOTIONAL SUPPORT.....6 OTHER.....7 _____(SPECIFY)
4. _____	FAMILY MEMBER.....1 FRIENDS.....2 NEIGHBORS.....3 CHURCH MEMBER.....4 OTHER.....5 _____ (SPECIFY)	HELPFUL.....1 INSUFFICIENT.....2 NOT HELPFUL.....3 DON'T KNOW.....9	FOOD PROVISION.....1 FOOD PREPARATION.....2 CHILD CARE.....3 HOUSEWORK.....4 MONEY.....5 EMOTIONAL SUPPORT.....6 OTHER.....7 _____(SPECIFY)
5. _____	FAMILY MEMBER.....1 FRIENDS.....2 NEIGHBORS.....3 CHURCH MEMBER.....4 OTHER.....5 _____ (SPECIFY)	HELPFUL.....1 INSUFFICIENT.....2 NOT HELPFUL.....3 DON'T KNOW.....9	FOOD PROVISION.....1 FOOD PREPARATION.....2 CHILD CARE.....3 HOUSEWORK.....4 MONEY.....5 EMOTIONAL SUPPORT.....6 OTHER.....7 _____(SPECIFY)

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 YEAR
INTERVIEWER NAME				INTERVIID
INTERVIEWER CODE.				RESULT
RESULT*				

STARTING TIME:
ENDING TIME:

Next Visit:				TOTAL NO. OF VISITS
DATE	/ / /	/ / /		
TIME				

*RESULT CODES:

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

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

TEAM SUPERVISOR	DISTRICT SUPERVISOR	OFFICE EDITOR	KEYED BY	VERIFIED BY
NAME _____ DATE _____	NAME _____ 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
7 in this Organisation?
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/AID S 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
ALLING 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)

20. Why does your Organisation not provide assistance.

21. Is there a referral mechanism within your organisation for voluntary counseling and testing services?

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

22. Is there a referral mechanism in place for STI services within your organisation?

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

23. Is there a referral mechanism in place for the provision of HIV/AIDS related drugs (eg: ARV therapy)?

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

E. PERSONAL PROTECTIVE EQUIPMENT

24. Do you have first aid kits available to employees within your organization?

YES.....1
NO .... 2 **SKIP TO Q26**
DON'T KNOW...9 **SKIP TO Q26**

25. How many first aid kits are located within your organization? .....

26 Are condoms available within your establishment?

YES.....1
NO.....2 **SKIP TO Q30**
DON'T KNOW... 9 **SKIP TO Q30**

27 Where are condoms available in this establishment?

TOILETS 1
ADMINISTRATION OFFICE 2
OTHER_____ SPECIFY)

28.Are male condoms made available to employees?

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

29. Are female condoms made available to employees?

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

F. DISCRIMINATION AND STIGMATIZATION

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

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

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

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

32. Does this include HIV screening?

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

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

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

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

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

G. BENEFITS

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

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

36. How are the benefits affected?

REDUCED 1
CANCELLED 2
OTHER_____ (SPECIFY)

MADE this 28th day of January, 2004.

B. GAOLATHE,
Minister for Finance and Development Planning.

L2/7/150 V