

STATISTICS ACT
(Cap. 17:01)

STATISTICS (AIDS IMPACT SURVEY) REGULATIONS, 2008
(Published on 2nd July, 2008)

ARRANGEMENT OF REGULATIONS

REGULATION

1. Citation
2. Authorisation to conduct a survey
3. Conduct of survey
4. Revocation of S.I. No. 29 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 —

1. These Regulations may be cited as the Statistics (Aids Impact Survey) Regulations, 2008. 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 national, district and sub-district levels for the purposes of —
Authorisation to conduct survey
 - (a) providing current national HIV/AIDS estimates among the population aged 18 months through age 64;
 - (b) providing indicative trends in sexual and preventative behaviour among the population aged 10 to 64 years;
 - (c) providing a comparison between HIV/AIDS rate, behaviour, knowledge, attitude and cultural factors that are associated with the epidemic with estimates derived from previous surveys;
 - (d) providing information on questions relating to the incidence of HIV/AIDS, sexual history and behaviour, male circumcision, blood transfusion and HIV/AIDS knowledge; and
 - (e) providing for the collection of a voluntarily given blood specimen taken through a dried blood spot sample, to enable the calculation of the prevalence rate and incidence rate of HIV/AIDS.
3. The authorised officer may, for 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. The Statistics (Aids Impact Voluntary Survey) Regulations, 2004 are hereby revoked. Revocation of S.I. No. 29 of 2004



REPUBLIC OF BOTSWANA

SCHEDULE

STRICTLY CONFIDENTIAL

MINISTRY OF FINANCE AND DEVELOPMENT PLANNING
CENTRAL STATISTICS OFFICE



2008 BOTSWANA AIDS IMPACT SURVEY III



HOUSEHOLD QUESTIONNAIRE

Collected under Statistics Act (Cap. 17:01)

| GENERAL INFORMATION | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|
| STRATUM NUMBER | | | | | | | | | |
| DISTRICT NAME/CODE | | | | | | | | | |
| VILLAGE NAME/CODE | | | | | | | | | |
| LOCALITY NAME/CODE | | | | | | | | | |
| EA NUMBER | | | | | | | | | |
| EA SERIAL NUMBER | | | | | | | | | |
| DWELLING NUMBER | | | | | | | | | |
| HOUSEHOLD NUMBER | | | | | | | | | |
| RESPONDENT LINE | | | | | | | | | |
| NAME OF ENUMERATOR | | | | | | | | | |
| NAME OF SUPERVISOR | | | | | | | | | |

| | INTERVIEWERS VISITS | | | INTERVIEW STATUS | | |
|------------|---------------------|---|---|-------------------|--|--|
| | 1 | 2 | 3 | FINAL VISIT | | |
| | | | | INTERVIEWERS CODE | | |
| DATE | | | | *RESULT CODE | | |
| NAME | | | | TOTAL VISITS | | |
| RESULTS* | | | | | | |
| NEXT VISIT | | | | | | |
| DATE | | | | | | |
| TIME | | | | | | |

| | |
|--|-----------------------------|
| <p>*RESULT CODE</p> <p>1. COMPLETED</p> <p>2. PRESENT BUT NOT AVAILABLE FOR INTERVIEWS</p> <p>3. POSTPONED</p> <p>4. REFUSED</p> <p>5. PARTIALLY COMPLETED</p> <p>6. OTHER _____</p> <p>(SPECIFY)</p> | <p>COMMENTS BOX:</p> |
|--|-----------------------------|

| | CHECKED BY | CODED | ENTERED | ONLINE EDITED |
|------|------------|-------|---------|---------------|
| NAME | | | | |
| DATE | | | | |

IF FOUND PLEASE SEND TO: CENTRAL STATISTICS OFFICE, PRIVATE BAG 0024, GABORONE
OR NEAREST DISTRICT COMMISSIONER OFFICE

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

Hello, my name is.....and I am working with the Central Statistics Office. The Department is working on a project concerned with the HIV/AIDS status of the society. I am here as an enumerator to collect such information. This information will ensure that the right programmes are in place to address the HIV/AIDS epidemic in the country. As part of this survey we would first like to ask some questions about your household. We will then go on to the individual questionnaire which is administered to those eligible. Again as part of this survey we also are asking eligible people to provide their blood specimen. All of the answers you give, together with the blood sample will be anonymous and will be very confidential.

Your participation in this survey is voluntary. You can say yes or no to answering any questions or to giving a blood specimen without fear of penalty or any adverse consequences. However, we hope you will participate in the survey since your input will assist the nation in the fight against HIV and AIDS.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Starting Time: Hr Min

| ALL PERSONS AGEDS BELOW 18 YEARS | | | | | | | | | |
|----------------------------------|---|---|---|--|--|--|---|---|---|
| SR NAME NO | RELATIONSHIP TO CURRENT HEAD | SEX | AGE | CITIZENSHIP | PLACE OF USUAL RESIDENCE | MOTHER: | FATHER: | | |
| | What is..... relationship to head of this household | 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 M M) | What is the country of.....'s citizenship 001 Botswana 002 Angola 003 Lesotho 004 Malawi 005 Mozambique 006 Namibia 007 South Africa 008 Swaziland 009 Zambia 010 Zimbabwe 011 Tanzania 039 India 057 Mauritius 085 UK 086 USA Other (Specify) | Does..... usually live in this household? 1 Yes, spent the night 2 Yes, did not spend the night 3 No, visitor | Is.....'s biological mother alive? 1 Yes 2 No 9 Don't know (If No or Don't know Go to P09) | Does.....'s biological mother usually live in this household 1 Yes 2 No 9 Don't know | Is.....'s biological father alive 1 Yes 2 No 9 Don't know (If No or Don't know Go to P11) | Does.....'s biological father usually live in this household 1 Yes 2 No 9 Don't know |
| P00 P01 | P02 | P03 | P04 | P05 | P06 | P07 | P08 | P09 | P10 |
| 01 | | | | | | | | | |
| 02 | | | | | | | | | |
| 03 | | | | | | | | | |
| 04 | | | | | | | | | |
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| 06 | | | | | | | | | |
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| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |

Please give me names of all persons who slept this household last night. Make sure to include:

- Persons who were away last night on duty, prayer meetings, wake keeping, etc.
- Babies, newly born, elderly, visitors and persons with disability who slept with this household
- Usual members hospitalised, in prisons, boarding schools, hotels.

(START WITH THE HEAD OF HOUSEHOLD)

| ALL PERSONS AGED 12 YEARS AND OVER (use P04 to check age) | | AGE 10-64 yrs | | AGE 18 months and above | | | |
|---|---|---|---|---|--|--|----------------------------------|
| SR NO. | TYPE OF ECONOMIC ACTIVITY IN THE PAST 7 DAYS | | | OCCUPATION | INDUSTRY | ELIGIBILITY | |
| | In the past 7 days did..... work for payment, profit or home use for at least 1 hour | Since.....did not work for payment, profit or home use, what did he/she do? | What was..... mainly working as during the past 7 days | | | What type of work did.... do in the past 7 days 'To be precise, what the main tasks and duties? | Individual |
| P00 | IF NO, PROBE AS FOLLOWS Has....worked unpaid at own lands/cattle post, or unpaid in family business 1 Yes (GO TO P13) 2 No | 1. Actively seeking work 2. Housework 3. Student 4. Too old to work 5. Too sick to work Other (Specify) (All Go To P17) | 1. Employee-Paid cash 2. Employee-Paid in kind only 3. Self-employed (no employees) 4. Self-employed (with employees) 5. Member-Producer cooperatives 6. Unpaid helper in family business 7. Working at own lands/cattlepost 8. Apprentice 9. Volunteer | Probe as necessary and write occupation in full. Also reconcile with level of education | What was the main product, service or activity at place of work Probe as necessary. Use two or more words to describe the industry. | P04= 18months and above P07=1 | P04= 18months and above P07=1 |
| 01 | | | | P14 | P15 | P16 | P17 |
| 02 | | | | | | | |
| 03 | | | | | | | |
| 04 | | | | | | | |
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| 06 | | | | | | | |
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| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |

| H01 | H02 | H03 | H04 | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|--|-----|----|--------------|---|---|------------------|---|---|--------------|---|---|---------|---|---|---|---|---|----------------------|--|--|
| 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 in the past 12 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 illnesses? | What kind of help did you receive? READ OUT: MULTIPLE RESPONSES. | | | | | | | | | | | | | | | | | | | | | |
| Yes 1 No 2 (Go to H11) | Person A: Age <input type="text"/> Person B: Age <input type="text"/> Person C: Age <input type="text"/> | Yes 1 No 2 (Go to H11) Don't know 9 (Go to H11) | <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1 Counseling</td> <td>1</td> <td>2</td> </tr> <tr> <td>2 Free medicines</td> <td>1</td> <td>2</td> </tr> <tr> <td>3 Extra food</td> <td>1</td> <td>2</td> </tr> <tr> <td>4 Money</td> <td>1</td> <td>2</td> </tr> <tr> <td>5 Help with toiletry wheel chairs, disposable diapers, gloves</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other (Specify).....</td> <td></td> <td></td> </tr> </tbody> </table> | | YES | NO | 1 Counseling | 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)..... | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | |
| 1 Counseling | 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)..... | | | | | | | | | | | | | | | | | | | | | | | | |

| H05 | H06 | H07 | H08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|----|-----------------|----|-----|----|-------------------------|----|------|----|------------------|----|---------------|----|---------------|----|--------------------|----|----------------------|--|-------------------------------|---|--|--|-----|----|---------------|---|---|----------|---|---|---------------|---|---|------------------|---|---|-------------------------|---|---|------------------------------|---|---|-------------------------------|---|---|------------------------|---|---|-------------------------------|---|---|---------------------------------|---|---|------------------|---|---|------------|---|---|---------------|---|---|----------------------|--|--|
| 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? READ OUT: MULTIPLE RESPONSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tbody> <tr><td>Relatives</td><td>01</td></tr> <tr><td>Friends</td><td>02</td></tr> <tr><td>Hospital/Clinic</td><td>03</td></tr> <tr><td>FBO</td><td>04</td></tr> <tr><td>Community Organisations</td><td>05</td></tr> <tr><td>NGOs</td><td>06</td></tr> <tr><td>Spiritual Healer</td><td>07</td></tr> <tr><td>Women's Group</td><td>08</td></tr> <tr><td>Social Worker</td><td>09</td></tr> <tr><td>Traditional Healer</td><td>10</td></tr> <tr><td>Other (Specify).....</td><td></td></tr> </tbody> </table> | Relatives | 01 | Friends | 02 | Hospital/Clinic | 03 | FBO | 04 | Community Organisations | 05 | NGOs | 06 | Spiritual Healer | 07 | Women's Group | 08 | Social Worker | 09 | 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) | <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>01 Counseling</td><td>1</td><td>2</td></tr> <tr><td>02 Money</td><td>1</td><td>2</td></tr> <tr><td>03 Extra Food</td><td>1</td><td>2</td></tr> <tr><td>04 Free Medicine</td><td>1</td><td>2</td></tr> <tr><td>05 Help with child care</td><td>1</td><td>2</td></tr> <tr><td>06 Help with school expenses</td><td>1</td><td>2</td></tr> <tr><td>07 Income-generating projects</td><td>1</td><td>2</td></tr> <tr><td>08 Help with housework</td><td>1</td><td>2</td></tr> <tr><td>09 Help with food preparation</td><td>1</td><td>2</td></tr> <tr><td>10 Spiritual/ Religious support</td><td>1</td><td>2</td></tr> <tr><td>11 Support group</td><td>1</td><td>2</td></tr> <tr><td>12 Hospice</td><td>1</td><td>2</td></tr> <tr><td>99 Don't know</td><td>1</td><td>2</td></tr> <tr><td>Other (Specify).....</td><td></td><td></td></tr> </tbody> </table> | | Yes | No | 01 Counseling | 1 | 2 | 02 Money | 1 | 2 | 03 Extra Food | 1 | 2 | 04 Free Medicine | 1 | 2 | 05 Help with child care | 1 | 2 | 06 Help with school expenses | 1 | 2 | 07 Income-generating projects | 1 | 2 | 08 Help with housework | 1 | 2 | 09 Help with food preparation | 1 | 2 | 10 Spiritual/ Religious support | 1 | 2 | 11 Support group | 1 | 2 | 12 Hospice | 1 | 2 | 99 Don't know | 1 | 2 | Other (Specify)..... | | |
| Relatives | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Friends | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hospital/Clinic | 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FBO | 04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Community Organisations | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NGOs | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spiritual Healer | 07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Women's Group | 08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Worker | 09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Traditional Healer | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (Specify)..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 Counseling | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 Money | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 Extra Food | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 Free Medicine | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 Help with child care | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 Help with school expenses | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 Income-generating projects | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 Help with housework | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 Help with food preparation | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Spiritual/ Religious support | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Support group | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 Hospice | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 Don't know | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other (Specify)..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| H09 | H10 | H11 | H12 | | | | |
|--|--|--|--|-------|---------|----------------------|----------------------|
| Who provided the help or support? CIRCLE ALL MENTIONED: Ask if there is 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 past 12 months | How many household members died in the past 12 months | | | | |
| Relatives <input type="checkbox"/> 1 Friends <input type="checkbox"/> 2 Hospital/Clinic <input type="checkbox"/> 3 FBO <input type="checkbox"/> 4 Community Organisations <input type="checkbox"/> 5 NGO's <input type="checkbox"/> 6 Spiritual Healer <input type="checkbox"/> 7 Women's Group <input type="checkbox"/> 8 Social Worker <input type="checkbox"/> 9 Traditional Healer <input type="checkbox"/> 10 Other (Specify) | Very satisfied <input type="checkbox"/> 1 Satisfied <input type="checkbox"/> 2 Not satisfied <input type="checkbox"/> 3 Don't Know <input type="checkbox"/> 9 | Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (Go to H14) Don't know <input type="checkbox"/> 9 (Go to H14) | Number of persons <table border="1"> <thead> <tr> <th>Males</th> <th>Females</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> | Males | Females | <input type="text"/> | <input type="text"/> |
| Males | Females | | | | | | |
| <input type="text"/> | <input type="text"/> | | | | | | |

| H13 | Most recent death | Next-to-last death | Second-to-last death |
|--|---|---|---|
| a) What was the name(s) of the person(s) who died? | 1)..... | 2)..... | 3)..... |
| b) Was.....male or female? | 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/> | 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/> | 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/> |
| c) How old was..... when he/she died? (Record 00 if age was less than one year) | Age <input type="text"/> Don't know <input type="text"/> 99 | Age <input type="text"/> Don't know <input type="text"/> 99 | Age <input type="text"/> Don't know <input type="text"/> 99 |
| d) What was the main cause ofs death? | AIDS <input type="checkbox"/> 01 TB <input type="checkbox"/> 02 Malaria <input type="checkbox"/> 03 Heart disease <input type="checkbox"/> 04 Stroke <input type="checkbox"/> 05 Violence/injuries <input type="checkbox"/> 06 Car/Road accident <input type="checkbox"/> 07 Maternal/Pregnancy <input type="checkbox"/> 08 Other (Specify) | AIDS <input type="checkbox"/> 01 TB <input type="checkbox"/> 02 Malaria <input type="checkbox"/> 03 Heart disease <input type="checkbox"/> 04 Stroke <input type="checkbox"/> 05 Violence/injuries <input type="checkbox"/> 06 Car/Road accident <input type="checkbox"/> 07 Maternal/Pregnancy <input type="checkbox"/> 08 Other (Specify) | AIDS <input type="checkbox"/> 01 TB <input type="checkbox"/> 02 Malaria <input type="checkbox"/> 03 Heart disease <input type="checkbox"/> 04 Stroke <input type="checkbox"/> 05 Violence/injuries <input type="checkbox"/> 06 Car/Road accident <input type="checkbox"/> 07 Maternal/Pregnancy <input type="checkbox"/> 08 Other (Specify) |
| e) For how many months hadbeen sick before he/she died? (Record 00 if less than one month) | Months <input type="text"/> Don't know <input type="text"/> 99 | Months <input type="text"/> Don't know <input type="text"/> 99 | Months <input type="text"/> Don't know <input type="text"/> 99 |

| H14 | H15 | H16 | H17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|------------|----|-------|----|------------|----|---------------|----|----------------------|----|---------------------------|----|----------------------------|----|---------------------|----|----------------------------|----|-----------------------------|----|---------------|----|---------|----|------------|----|--|-----------|---|---------|---|-----------------|---|-------------------------|---|------|---|--------------------|---|------------------|---|---------------|---|---------------|---|--|-------|---|--------|---|---------|---|
| H14 (a) CHECK P04, P12 & P14: If both parents are alive, for all under 18s, goto H18: If one or both parent(s) dead: Ask the question below | What kind of help did you receive? READ OUT: MULTIPLE RESPONSES. | Who provided the care or assistance? CIRCLE ALL MENTIONED: Any one else? <input type="checkbox"/> | How often was the care or assistance provided? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H14(b) In the last 12 months did you get any outside help for..... (Read names of orphans) Line No. and Name of child <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>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> </tbody> </table> If No/Don't know go to H18 | 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 | <table border="1"> <tbody> <tr><td>Counseling</td><td>01</td></tr> <tr><td>Money</td><td>02</td></tr> <tr><td>Extra Food</td><td>03</td></tr> <tr><td>Free Medicine</td><td>04</td></tr> <tr><td>Help with child care</td><td>05</td></tr> <tr><td>Help with school expenses</td><td>06</td></tr> <tr><td>Income-generating projects</td><td>07</td></tr> <tr><td>Help with housework</td><td>08</td></tr> <tr><td>Help with food preparation</td><td>09</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> Other (Specify)..... | Counseling | 01 | Money | 02 | Extra Food | 03 | Free Medicine | 04 | Help with child care | 05 | Help with school expenses | 06 | Income-generating projects | 07 | Help with housework | 08 | Help with food preparation | 09 | 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> Other (Specify)..... | 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> </tbody> </table> Other (Specify)..... | Daily | 1 | Weekly | 2 | Monthly | 3 |
| Yes | No | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Counseling | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Money | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extra Food | 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Free Medicine | 04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Help with child care | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Help with school expenses | 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Income-generating projects | 07 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Help with housework | 08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Help with food preparation | 09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| H18 | H19 | H20 | | | H21 |
|---|---|--|--|--|---|
| TYPE OF HOUSING UNIT | NUMBER OF ROOMS How many 'living rooms' are there in this housing unit? | MATERIAL OF CONSTRUCTION OF THE HOUSING UNIT What is the main material of construction of: | | | WATER SUPPLY What is the principal source of water supply for this household? |
| 01 Lolwapa 02 Mixed Structures 03 Detached 04 Semi-detached 05 Town house/ Terraced 06 Flats, Apartments 07 Part of commercial building 08 Movable/Caravan/ Tent 09 Shack 10 Rooms | Exclude kitchen, toilet, garage, store, etc if not used as 'living rooms' <input type="checkbox"/> | WALL 01 Stones/ Blocks/ cement bricks 02 Asbestos 03 Iron/Zinc/Tin 04 Mud/Mud 05 Mud & Poles 06 Mud & reeds 07 Poles & reeds 08 Mud Poles & reeds Other..... | FLOOR 1 Concrete 2 Cement 3 Stones 4 Wood 5 Mud 6 Tiles 7 None Other..... | ROOF 1 Iron/Zinc/tin 2 Tiles 3 Asbestos 4 Concrete 5 Thatch bricks 6 Slate Other | 01 Piped indoors 02 Stand pipe within plot 03 Communal tap 04 Borehole 05 Well 06 Flowing river 07 Sand river (riverbed) 08 Dam/Lake/Pan 09 Bouser/Tanker 10 Neighbour's tap |

TICK IN THE BOX IF CONTINUATION IS USED

END TIME

| | |
|----------------------|----------------------|
| Hr | Min |
| <input type="text"/> | <input type="text"/> |



STRICTLY CONFIDENTIAL

MINISTRY OF FINANCE AND DEVELOPMENT PLANNING
CENTRAL STATISTICS OFFICE



2008 BOTSWANA AIDS IMPACT SURVEY III



INDIVIDUAL (10-64 YEARS) QUESTIONNAIRE

Collected under Statistics Act (Cap. 17:01)

GENERAL INFORMATION

| IDENTIFICATION | | | |
|---------------------|--|--|--|
| STRATUM NUMBER | | | |
| DISTRICT NAME/CODE | | | |
| VILLAGE NAME/CODE | | | |
| LOCALITY NAME/CODE | | | |
| EA NUMBER | | | |
| EA SERIAL NUMBER | | | |
| DWELLING NUMBER | | | |
| HOUSEHOLD NUMBER | | | |
| RESPONDENT'S NAME & | | | |
| NAME OF ENUMERATOR | | | |
| NAME OF SUPERVISOR | | | |

| | INTERVIEWER'S VISITS | | | INTERVIEW STATUS | | |
|-----------------|----------------------|---|---|-----------------------|--|--|
| | 1 | 2 | 3 | FINAL VISIT | | |
| | | | | INTERVIEWER'S CODE | | |
| DATE | | | | *RESULT CODE | | |
| NAME | | | | TOTAL VISITS | | |
| RESULTS* | | | | | | |
| NEXT VISIT DATE | | | | | | |
| TIME | | | | | | |

| | |
|--|-----------------------------|
| <p>*RESULT CODE</p> <p>1. COMPLETED</p> <p>2. PRESENT BUT NOT AVAILABLE FOR INTERVIEWS</p> <p>3. POSTPONED</p> <p>4. REFUSED</p> <p>5. PARTIALLY COMPLETED</p> <p>6. OTHER _____</p> <p>(SPECIFY)</p> | <p>COMMENTS BOX:</p> |
|--|-----------------------------|

| | CHECKED BY | CODED | ENTERED | ONLINE EDITED |
|------|------------|-------|---------|---------------|
| NAME | | | | |
| DATE | | | | |

IF FOUND PLEASE SEND TO: CENTRAL STATISTICS OFFICE, PRIVATE BAG 0024, GABORONE
OR NEAREST DISTRICT COMMISSIONER OFFICE

Section 1: Background Characteristics

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

Hello, my name is.....and I am working with the Central Statistics Office. The Department is working on a project concerned with the HIV/AIDS status of the society. I am here as an enumerator to collect such information. This information will ensure that the right programmes are in place to address the HIV/AIDS epidemic in the country. As part of this survey we would like to ask you some questions about yourself. Again as part of this survey we also are asking eligible people to provide their blood specimen. All of the answers you give, together with the blood sample will be anonymous and kept confidential.

Your participation in this survey is voluntary. You can say yes or no to answering any questions or to giving a blood specimen without fear of penalty or any adverse consequences. However, we hope you will participate in the survey since your input will assist the nation in the fight against HIV and AIDS.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer:.....

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

| | | | |
|------|--|---|---------------------------|
| | Starting Time: | Hr <input type="text"/> Min <input type="text"/> | |
| Q101 | CIRCLE SEX OF THE RESPONDENT | MALE1 FEMALE.....2 | |
| Q102 | a) How old are you in completed years? | AGE IN COMPLETED YEARS ...[][] | |
| | b) What is your date of birth? [DD/MM/YY] IF AGE IS LESS THAN 10 OR GREATER THAN 64, END INTERVIEW | Day [][]Month [][]Year [][] | |
| Q103 | Are you a usual member of this household? Reconcile with P07 in the Household Questionnaire | YES.....1 NO..... 2 | ->END INTERVIEW |
| Q104 | a) Can you read and understand a letter/newspaper/bible or anything easily, with difficulty or not at all? | 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 have attended: non-formal, primary, secondary, or higher? | NON-FORMAL.....1 PRIMARY.....2 SECONDARY.....3 HIGHER4 | |
| Q107 | How many years of education did you complete in total? (Exclude years in pre-school) | YEARS COMPLETED [][] | |

| | | | |
|------|---|---|---------|
| Q108 | How long have you been living in this locality? RECORD 00 IF LESS THAN A YEAR. | YEARS..... [][] | |
| Q109 | a) Are you currently employed/self employed? | YES.....1 NO.....2 | -->Q110 |
| | b) What is your current occupation? | SPECIFY..... CODE..... [][] | |
| Q110 | What is your main religious affiliation? | CHRISTIANITY1 ISLAM.....2 BAHAI3 HINDUISM4 BADIMO.....5 NO RELIGION.....6 OTHER(SPECIFY)..... | -->Q112 |
| Q111 | How often do you attend your place of worship? | TIMES IN A WEEK..... 1[][] TIMES IN A MONTH 2[][] TIMES IN A YEAR.....3[][] NEVER..... 4 | |
| Q112 | What is your current marital status? | NEVER MARRIED.....1 MARRIED.....2 LIVING TOGETHER.....3 SEPARATED.....4 DIVORCED5 WIDOWED.....6 | -->Q201 |
| Q113 | How old were you when you first married/started living together? | AGE IN YEARS..... [][] | |
| Q114 | Does your husband/wife/partner live with you or does he/she live somewhere else? | WITH RESPONDENT1 SOMEWHERE ELSE2 | |
| Q115 | For how many years have you been married or living together? RECORD 00 IF LESS THAN ONE YEAR. | YEARS..... [][] | |

Section 2: Alcohol Consumption and Drug Use

| | | | |
|------|--|--|-------|
| Q201 | Have you ever consciously taken an alcoholic drink? | YES.....1 NO.....2 | →Q203 |
| Q202 | a) Normally how many days in a week do you take an alcohol-containing drink? | NUMBER OF DAYS.....[_] OCCASIONALLY.....96 NON-DRINKER.....98 | →Q203 |
| | b) In the last 4 weeks on how many occasions have you been intoxicated? | NUMBER OF TIMES.....[_] | |
| Q203 | a) Have you ever taken drugs for recreation other than alcohol? e.g. mandrax, motokwane or glue. | YES.....1 NO.....2 | →Q301 |
| | b) Name of drug | NAME OF DRUG..... | |
| | c) How often do you take drugs? | DAILY..... 1 WEEKLY 2 MONTHLY..... 3 OCCASSIONALLY 4 NO LONGER TAKING DRUGS.....5 | |

3. Sexual History and Behaviour

READ OUT:

I am going to ask you some very personal questions about sex. Please bear with us as collecting information on HIV/AIDS issues requires us to ask such sensitive questions. I know it may be difficult to remember exactly, but I would like you to answer the questions to the best 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.

| | | | |
|------|--|---|-------|
| Q301 | a) Have you ever had a biological child? | YES.....1 NO2 | →Q302 |
| | b) Have you ever had sexual intercourse? | YES.....1 NO2 | →Q401 |
| Q302 | At what age did you first have sexual intercourse? | AGE IN YEARS..... [_] DONOT KNOW.....99 | |
| Q303 | What were the circumstances under which you first had sex? | WITH CONSENT..... 1 WITHOUT CONSENT..... 2 | →Q305 |
| Q304 | Why did you consent to have sex at the first time? | MARITAL FULFILLMENT.....1 PERSUASION.....2 CURIOSITY.....3 ECONOMIC REASONS4 RELATIONSHIP FULFILMENT5 OLD ENOUGH..... 6 OTHER (SPECIFY)..... | |

| | | | |
|------|--|--|------------------|
| Q305 | a) Did you use anything to protect yourself? | YES..... 1 NO 2 DONOT KNOW..... 9 | ->Q307 ->Q307 |
| | b) What did you use? | CONDOMS 1 MODERN CONTRACEPTIVES.....2 TRADITIONAL METHODS..... 3 SPRITUAL4 OTHER (SPECIFY)..... | |
| | c) Please state the main reason for protecting yourself: | PREGNANCY 1 HIV & AIDS 2 STI 3 HIV/PREGNANCY.....4 OTHER (SPECIFY)..... | |
| | | | |
| Q306 | The first time you had sex was a male/female condom used? | MALE CONDOM.....1 FEMALE CONDOM.....2 | |
| Q307 | a) Have you ever had a sexual partner who was ten years older or younger than you? | YES..... 1 NO 2 | ->Q307c |
| | b) Would you consider this partner economically worse off or better off than yourself? | BETTER OFF..... 1 WORSE OFF 2 EQUAL..... 3 DON'T KNOW..... 9 | |
| | c) Have you ever had sex without your consent? | YES..... 1 NO 2 | ->307f |
| | d) With whom? | SPOUSE..... 1 FAMILY MEMBER2 EMPLOYER.....3 COLLEAGUE 4 SUPERVISOR..... 5 STRANGER..... 6 OTHER (SPECIFY)..... | |
| | e) When was the last time you had sex without your consent? | DAYS AGO 1[_ _] WEEKS AGO..... 2[_ _] MONTHS AGO..... 3[_ _] YEARS AGO..... 4[_ _] | |
| | f) Currently how many sexual partners do you have? | [_ _] | |
| | g) 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. Circle and enter code and complete one option Complete only one option Check Q.102 if age<15 or >49 skip to SECTION 4 (Q.401) | DAYS AGO 1[_ _] WEEKS AGO..... 2[_ _] MONTHS AGO..... 3[_ _] YEARS AGO..... 4[_ _] | ->Q401 |

Now 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. 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.

EMPHASIS SHOULD BE MADE HERE THAT THE PARTNERS WE ARE TALKING ABOUT SHOULD BE OF THE PAST 12 MONTHS!

ASK Q308-Q319, BEGINNING WITH MOST RECENT PARTNER (15-49 YEARS ONLY).

| | | | | |
|------|--|---|--|--|
| | | | | |
| Q308 | What is your relationship to [MOST RECENT/NEXT MOST RECENT PARTNER] | HUSBAND/WIFE.....1 LIVING TOGETHER2 GIRLFRIEND/ BOYFRIEND3 SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX.....4 CASUAL ACQUAINTANCE.....5 OTHER..... (SPECIFY) | HUSBAND/WIFE.....1 LIVING TOGETHER2 GIRLFRIEND/ BOYFRIEND3 SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX...4 CASUAL ACQUAINTANCE...5 OTHER..... (SPECIFY) | HUSBAND/WIFE.....1 LIVING TOGETHER2 GIRLFRIEND/ BOYFRIEND3 SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX...4 CASUAL ACQUAINTANCE...5 OTHER..... (SPECIFY) |
| Q309 | a) How old is this partner? IF DON'T KNOW EXACT AGE, PROBE FOR APPROXIMATE AGE | AGE..... [_] | AGE..... [_] | AGE..... [_] |
| | b) What is the sex of this partner? | MALE.....1 FEMALE2 | MALE.....1 FEMALE2 | MALE.....1 FEMALE2 |
| Q310 | 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... 99 | DAYS..... 1 [_] WEEKS..... 2 [_] MONTHS3 [_] YEARS.....4 [_] DO NOT KNOW... 99 | DAYS..... 1 [_] WEEKS..... 2 [_] MONTHS 3 [_] YEARS.....4 [_] DO NOT KNOW... 99 |

| | | | | |
|------|---|--|--|--|
| Q311 | In the past 12 months have you always used a condom with this partner? | YES ALWAYS.....1 NO, NEVER.....2 NO, SOMETIMES3 | YES ALWAYS.....1 NO, NEVER.....2 NO, SOMETIMES ...3 | YES ALWAYS.....1 NO, NEVER.....2 NO, SOMETIMES ...3 |
| Q312 | Did you use a condom the first time you had sexual intercourse with this partner? | YES, MALE CONDOM.....1 YES, FEMALE CONDOM.....2 NO.....3 DON'T REMEMBER.....9 | YES, MALE CONDOM.....1 YES, FEMALE CONDOM.....2 NO.....3 DON'T REMEMBER.....9 | YES, MALE CONDOM.....1 YES, FEMALE CONDOM.....2 NO.....3 DON'T REMEMBER.....9 |
| Q313 | a) How long ago did you last have sex with this partner? COMPLETE ONLY ONE OPTION. | DAYS AGO.....1[] WEEKS AGO.....2[] MONTHS AGO3[] DON'T KNOW.....9 | DAYS AGO.....1[] WEEKS AGO.....2[] MONTHS AGO .3[] DON'T KNOW.....9 | DAYS AGO.....1[] WEEKS AGO.....2[] MONTHS AGO .3[] DON'T KNOW.....9 |
| | b) The last time you had sexual intercourse with this partner did you or this partner use a condom? | YES, MALE CONDOM.....1 YES, FEMALE CONDOM.....2 NO.....3 DON'T REMEMBER.....9 | YES, MALE CONDOM.....1 YES, FEMALE CONDOM.....2 NO.....3 DON'T REMEMBER.....9 | YES, MALE CONDOM.....1 YES, FEMALE CONDOM.....2 NO.....3 DON'T REMEMBER.....9 |
| Q314 | What was the main reason for using the condom the last time you had sex? | IF NO OR DON'T REMEMBER GO TO Q315 HIV/STI PREVENTION1 PREGNANCY PREVENTION.....2 BOTH HIV/STI AND PREGNANCY3 NO TRUST OF PARTNER.....4 PARTNER INSISTED5 DON'T KNOW.....9 SKIP TO Q316 | IF NO OR DON'T REMEMBER GO TO Q315 HIV/STI PREVENTION1 PREGNANCY PREVENTION.....2 BOTH HIV/STI AND PREGNANCY3 NO TRUST OF PARTNER.....4 PARTNER INSISTED .5 DON'T KNOW.....9 SKIP TO Q316 | IF NO OR DON'T REMEMBER GO TO Q315 HIV/STI PREVENTION1 PREGNANCY PREVENTION.....2 BOTH HIV/STI AND PREGNANCY3 NO TRUST OF PARTNER.....4 PARTNER INSISTED ...5 DON'T KNOW.....9 SKIP TO Q316 |

| | | | | |
|------|---|--|--|--|
| Q315 | What was the main reason for NOT using the condom? | NOT AVAILABLE.....1 COSTLY2 USE OTHER FAMILY PLANNING METHOD3 PARTNER REFUSED.....4 PARTNER DRUNK/ON DRUGS.....5 IT REDUCES PLEASURE6 WE TRUST EACH OTHER.....7 OTHER (SPECIFY)..... SKIP TO Q317 | NOT AVAILABLE....1 COSTLY2 USE OTHER FAMILY PLANNING METHOD3 PARTNER REFUSED.....4 PARTNER DRUNK/ON DRUGS.....5 IT REDUCES PLEASURE6 WE TRUST EACH OTHER.....7 OTHER (SPECIFY).... SKIP TO Q317 | NOT AVAILABLE....1 COSTLY2 USE OTHER FAMILY PLANNING METHOD3 PARTNER REFUSED.....4 PARTNER DRUNK/ON DRUGS.....5 IT REDUCES PLEASURE6 WE TRUST EACH OTHER.....7 OTHER (SPECIFY).... SKIP TO Q317 |
| Q316 | From what place or person did you or this partner get that condom? | SHOP/PETROL STATION1 PHARMACY.....2 HOSPITAL/CLINIC.....3 BAR/HOTEL/RESTAURANT.....4 OFFICE/PLACE OF WORK5 PUBLIC DISPENSER6 ANOTHER PERSON7 DO NOT KNOW.....9 OTHER..... (SPECIFY) | SHOP/PETROL STATION1 PHARMACY.....2 HOSPITAL/CLINIC.....3 BAR/HOTEL/RESTAURANT.....4 OFFICE/PLACE OF WORK5 PUBLIC DISPENSER6 ANOTHER PERSON7 DO NOT KNOW.....9 OTHER..... (SPECIFY) | SHOP/PETROL STATION1 PHARMACY.....2 HOSPITAL/CLINIC.....3 BAR/HOTEL/RESTAURANT.....4 OFFICE/PLACE OF WORK5 PUBLIC DISPENSER6 ANOTHER PERSON7 DO NOT KNOW.....9 OTHER..... (SPECIFY) |
| Q317 | Were you and/or your partner drunk the last time you had sex? | YES, I WAS.....1 YES, HE/SHE WAS2 YES, BOTH OF US.....3 NO.....4 | YES, I WAS.....1 YES, HE/SHE WAS...2 YES, BOTH OF US.....3 NO.....4 | YES, I WAS.....1 YES, HE/SHE WAS...2 YES, BOTH OF US.....3 NO.....4 |
| Q318 | Do you think this partner has other partners? | YES..... 1 NO..... 2 DO NOT KNOW 9 | YES..... 1 NO..... 2 DO NOT KNOW..... 9 | YES..... 1 NO..... 2 DO NOT KNOW..... 9 |
| Q319 | 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 Q308 AND ASK ABOUT NEXT PARTNER. NO..... 2 IF NO, GO TO Q320. | YES..... 1 IF YES, GO BACK TO Q308 AND ASK ABOUT NEXT PARTNER. NO.....2 IF NO, GO TO Q320. | YES..... 1 IF YES, GO BACK TO Q308 AND ASK ABOUT NEXT PARTNER. NO.....2 |

CAUTION! GO ON TO Q320 ONLY AFTER ASKING ABOUT ALL THREE OF THE PARTNERS IN THE LAST 12 MONTHS.

| | | | |
|------|--|--|--------|
| Q320 | 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..... [] | |
| Q321 | In the last ONE-month with how many people <u>overall</u> have you had sexual intercourse with? | NUMBER..... [] | |
| Q322 | In the last 12 months have you exchanged or received gifts or money for sex? | YES1 NO.....2 | ->Q324 |
| Q323 | The last time you had sex with someone and exchanged gifts or money, did you or this partner use a condom? | YES1 NO.....2 | |
| Q324 | Have you ever used a female condom? | YES1 NO.....2 | |
| Q325 | Do you believe you can persuade a sex partner to use a condom? | YES, ALL THE TIME..... 1 YES, SOMETIMES 2 NO..... 3 DON'T KNOW..... 9 | |
| Q326 | Could you persuade a sex partner NOT to have sex if you were not interested? | YES, ALL THE TIME..... 1 YES, SOMETIMES 2 NO..... 3 DON'T KNOW..... 9 | |
| Q327 | Do you think your peers who are sexually active always use a condom with new sex partners? | YES, ALL THE TIME..... 1 YES, SOMETIMES 2 NO..... 3 DON'T KNOW..... 9 | |
| Q328 | Do you think that avoiding sex to protect against HIV, STI and pregnancy is acceptable among your peers? | YES, ALL THE TIME..... 1 YES, SOMETIMES 2 NO..... 3 DON'T KNOW..... 9 | |
| Q329 | Do you agree that people in this community are able to discuss the HIV and AIDS problems that affect everyone? | AGREE..... 1 UNSURE..... 2 DISAGREE..... 3 | |
| Q330 | Do you agree that this community can come up with creative ways to improve the HIV and AIDS situation, even without outside support? | AGREE..... 1 UNSURE..... 2 DISAGREE..... 3 | |

Section 4: Male Circumcision and Sexually Transmitted Infections

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

| Q401-Q405 FOR MALES ONLY | | |
|--------------------------|--|---|
| Q401 | Are you circumcised? | YES 1 NO 2 DON'T KNOW..... 9 |
| | | -->Q405 -->Q405 |
| Q402 | When were you circumcised? | AT BIRTH 1 LATER IN LIFE 2 DON'T KNOW..... 9 |
| Q403 | Where were you circumcised? | HEALTH FACILITY..... 1 TRADITIONAL 2 DON'T KNOW..... 9 |
| Q404 | Did you have any complications during and after circumcision? | YES 1 NO 2 DON'T KNOW..... 9 |
| Q405 | Suppose you were not circumcised and got to know/if you knew that circumcision reduces the risk of infection, would you be willing to do it? | YES 1 NO 2 |
| Q406 | Have you ever heard of diseases or infections that can be transmitted through sexual intercourse (STIs)? | YES 1 NO 2 |
| | | -->Q410 |
| Q407 | <p>In a woman, what signs and symptoms would lead you to think that she has an STI?</p> <p>Any other symptoms?</p> <p>CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE. DO NOT READ OUT THE SYMPTOMS.</p> | 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 NO SYMPTOMS.....08 OTHER (SPECIFY) |

| | | | |
|------|--|--|--|
| Q408 | <p>In a man, what signs and symptoms would lead you to think that he has an STI?</p> <p>Any other symptoms?</p> <p>CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE. DO NOT READ OUT THE SYMPTOMS.</p> | <p>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 NO SYMPTOMS.....08 OTHER..... (SPECIFY)</p> | |
|------|--|--|--|

| Q409 | <p>Where can someone go to get treatment or advice on STI's?</p> <p>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.</p> | <table border="1"> <thead> <tr> <th></th> <th>ADVICE</th> <th>TREATMENT</th> </tr> </thead> <tbody> <tr> <td>CLINIC/HOSPITAL.....</td> <td>1</td> <td>1</td> </tr> <tr> <td>PRIVATE DOCTOR.....</td> <td>2</td> <td>2</td> </tr> <tr> <td>PHARMACY/CHEMIST.....</td> <td>3</td> <td>3</td> </tr> <tr> <td>TRADITIONAL/SPIRITUAL HEALER</td> <td>4</td> <td>4</td> </tr> <tr> <td>CHURCH</td> <td>5</td> <td>5</td> </tr> <tr> <td>FRIENDS.....</td> <td>6</td> <td>6</td> </tr> <tr> <td>RELATIVES.....</td> <td>7</td> <td>7</td> </tr> <tr> <td>OTHER (SPECIFY).....</td> <td></td> <td></td> </tr> </tbody> </table> | | ADVICE | TREATMENT | CLINIC/HOSPITAL..... | 1 | 1 | PRIVATE DOCTOR..... | 2 | 2 | PHARMACY/CHEMIST..... | 3 | 3 | TRADITIONAL/SPIRITUAL HEALER | 4 | 4 | CHURCH | 5 | 5 | FRIENDS..... | 6 | 6 | RELATIVES..... | 7 | 7 | OTHER (SPECIFY)..... | | | |
|---------------------------------------|---|---|--|--------|-----------|----------------------|---|---|---------------------|---|---|-----------------------|---|---|---------------------------------------|---|---|--------------|---|---|--------------|---|---|----------------|---|---|----------------------|--|--|--|
| | ADVICE | TREATMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLINIC/HOSPITAL..... | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRIVATE DOCTOR..... | 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHARMACY/CHEMIST..... | 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRADITIONAL/SPIRITUAL HEALER | 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHURCH | 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FRIENDS..... | 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIVES..... | 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER (SPECIFY)..... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MARK WITH AN "X" IN THE APPROPRIATE BOX



| Q411 | <p>During the last 12 months, have you had any of the following symptoms?</p> <p>READ OUT SYMPTOMS</p> <p>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.</p> | <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>1 ABDOMINAL PAIN</td> <td>1</td> <td>2</td> </tr> <tr> <td>2 GENITAL DISCHARGE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>3 ITCHING IN GENITAL AREA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>4 BURNING PAIN ON URINATION</td> <td>1</td> <td>2</td> </tr> <tr> <td>5 PAIN DURING INTERCOURSE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>6 GENITAL ULCERS/OPEN SORES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>7 SWELLINGS IN GENITAL AREA.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | 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 | |
|--------------------------------------|--|---|--|-----|----|------------------------|---|---|--------------------------|---|---|-----------------------------------|---|---|--------------------------------------|---|---|-----------------------------------|---|---|-------------------------------------|---|---|-------------------------------------|---|---|--|
| | 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 | | | | | | | | | | | | | | | | | | | | | | | | | |

**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.

| | | | |
|------|---|---|---------|
| Q501 | Have you ever heard of the virus HIV or an illness called AIDS? | YES..... 1 NO..... 2 | =Q515 |
| Q502 | In the past 4 weeks, have you heard or seen any information about HIV/AIDS? | YES..... 1 NO..... 2 | =Q504 |
| 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/VCT..... 05 POSTERS/BANNERS/BOOKLET..... 06 TRADIT'L/SPIRITUAL HEALER 07 WORKSHOP/SEMINAR..... 08 ANOTHER PERSON..... 09 CHURCH..... 10 KGOTLA..... 11 WORKPLACE PROGRAMME (PEER EDUCATOR, COUNSELLOR, CO-WORKER)..... 12 PEER EDUCATOR..... 13 SCHOOL..... 14 OTHER _____ (SPECIFY) | |
| Q504 | During the past 4 weeks, have you discussed HIV/AIDS with anyone? | YES..... 1 NO..... 2 | =Q506 |
| Q505 | 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) | |
| Q506 | 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 | } -Q508 |
| Q507 | 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 01 HAVE FEWER PARTNERS..... 02 BOTH PARTNERS HAVE NO OTHER PARTNERS 03 NO CASUAL SEX..... 04 NO SEX AT ALL..... 05 NO COMMERCIAL SEX..... 06 AVOID INJECTIONS WITH CONTAMINATED NEEDLES 07 AVOID BLOOD TRANSFUSIONS..... 08 DON'T KNOW ANY..... 99 OTHER _____ (SPECIFY) | |

Now I'm going to ask 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.

| Q508 | Is it possible for a healthy looking person to have HIV? | YES..... 1 NO..... 2 DON'T KNOW..... 9 | | | | | | | | | | | | | |
|------|--|---|---------|----|------------|---|---|---|---|---|---|---|---|---|--|
| Q509 | 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 | | | | | | | | | | | | | |
| Q510 | Do you think that a person can get infected with HIV/AIDS through mosquito bites? | YES..... 1 NO..... 2 DON'T KNOW..... 9 | | | | | | | | | | | | | |
| Q511 | 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 | | | | | | | | | | | | | |
| Q512 | 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 | | | | | | | | | | | | | |
| Q513 | Can people get HIV/AIDS because of witchcraft? | YES..... 1 NO..... 2 DON'T KNOW..... 9 | | | | | | | | | | | | | |
| Q514 | Can HIV/AIDS be transmitted from a mother to a child? | YES..... 1 NO..... 2 DON'T KNOW..... 9 | } -Q518 | | | | | | | | | | | | |
| Q515 | Can HIV/AIDS be transmitted from a mother to a child: READ OUT A. During pregnancy? B. At delivery? C. Through breast milk? | <table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>DON'T KNOW</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 | DON'T KNOW | 1 | 2 | 9 | 1 | 2 | 9 | 1 | 2 | 9 | |
| YES | NO | DON'T KNOW | | | | | | | | | | | | | |
| 1 | 2 | 9 | | | | | | | | | | | | | |
| 1 | 2 | 9 | | | | | | | | | | | | | |
| 1 | 2 | 9 | | | | | | | | | | | | | |
| Q516 | 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 | } -Q517 | | | | | | | | | | | | |
| | b) If yes, what ways? | ANTI-RETROVIRAL THERAPY (AZT DRUGS BEFORE BIRTH)....1 NOT BREASTFEEDING.....2 CAESAREAN SECTION.....3 OTHER (SPECIFY)..... DON'T KNOW.....9 | | | | | | | | | | | | | |

| | | | |
|------|--|---|--------|
| Q517 | 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 | }-Q518 |
| | c) If yes, what ways? | ANTI-RETROVIRAL THERAPY (AZT DRUGS BEFORE BIRTH).....1 NOT BREASTFEEDING.....2 CAESAREAN SECTION.....3 OTHER (SPECIFY)..... DON'T KNOW.....9 | |
| Q518 | a) Have you ever received a blood transfusion? | YES.....1 NO..... 2 | -Q519 |
| | b) Where did you receive the transfusion? | PRINCESS MARINA HOSPITAL.....1 NYANGABWE REFERRAL HOSPITAL.....2 GABORONE PRIVATE HOSPITAL.....3 OTHER(SPECIFY)..... If outside Botswana list country.....[] [] | |
| | c) When did you receive the transfusion? | Day [] Month [] Year [] | |
| Q519 | What treatment options are available for HIV infected people? | ANTI-RETROVIRALS.....1 TRADITIONAL HEALING.....2 SPIRITUAL HEALING.....3 OTHER (SPECIFY)..... | |
| Q520 | Are you aware of ARVs? | YES..... 1 NO..... 2 DON'T KNOW..... 9 | -Q601 |
| Q521 | Do you believe that ARVs completely cure AIDS? | YES..... 1 NO..... 2 DON'T KNOW..... 9 | |
| Q522 | How has your personal concern about getting HIV changed since the introduction of ARVs? | NO DIFFERENCE, STILL NOT CONCERNED.....1 LESS CONCERNED2 NO DIFFERENCE, STILL CONCERNED3 MORE CONCERNED4 DON'T KNOW9 | |
| Q523 | Do you think there has been a change in concern about getting HIV among other people in your community since the introduction of ARVs? | NO DIFFERENCE, STILL NOT CONCERNED.....1 LESS CONCERNED2 NO DIFFERENCE, STILL CONCERNED3 MORE CONCERNED4 DON'T KNOW9 | |
| Q524 | Do you think there has been a change in stigma and discrimination in your community towards those who are HIV infected since the introduction of ARVs? | NO DIFFERENCE..... 1 LESS STIGMA AND DISCRIMINATION.....2 MORE STIGMA AND DISCRIMINATION..... 3 DON'T KNOW9 | |

| | | | |
|------|--|--|---------|
| Q525 | Do you think that people on ARVs should always use condoms? | YES..... 1 NO.....2 DON'T KNOW..... 9 | |
| Q526 | a) Have you changed your safer sex practice since the introduction of ARVs? | LESS SAFER SEX PRACTICE1 NEVER PRACTICED SAFER SEX.....2 STILL PRACTICE SAFE SEX.....3 MORE SAFER SEX PRACTICE4 NEVER HAD SEX.....5 DON'T KNOW9 | } -Q527 |
| | b) If less safer sex practice, in what ways? MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL RESPONSES GIVEN. | LESS CONDOM USE.....1 MORE SEXUAL PARTNERS.....2 CONTINUE TO PRACTICE MULTIPLE AND CONCURRENT PARTNERSHIPS.....3 LESS ABSITINENCE.....4 MORE SEX WITH ALCOHOL5 DON'T KNOW9 OTHER (SPECIFY) | |
| | c) Why are you less concerned about safer sex practice? | HIV IS LESS CONTAGIOUS WITH ARV.....1 PEOPLE ARE NOT DYING ANYMORE2 DON'T KNOW.....9 OTHER (SPECIFY)..... | |
| Q527 | a) Do you think other people in your community have changed their safer sex practices since the introduction of ARVs? | LESS SAFER SEX PRACTICE 1 NO DIFFERENCE 2 MORE SAFER SEX PRACTICE 3 DON'T KNOW 9 | } -Q528 |
| | b) If less safer sex practise, in what ways? MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL RESPONSES GIVEN. | LESS CONDOM USE.....1 MORE SEXUAL PARTNERS.....2 CONTINUE TO PRACTICE MULTIPLE AND CONCURRENT PARTNERSHIPS.....3 LESS ABSITINENCE.....4 MORE SEX WITH ALCOHOL.....5 DON'T KNOW 9 OTHER (SPECIFY)..... | |
| | c) Why are they less concerned about safer sex practice? | HIV IS LESS CONTAGIOUS WITH ARV 1 PEOPLE ARE NOT DYING ANYMORE..... 2 DON'T KNOW 9 OTHER (SPECIFY)..... | |
| Q528 | Do you think a person on Anti-Retrovirals (ARVs) should discontinue/stop taking them once they feel better? | YES..... 1 NO.....2 DON'T KNOW 9 | |

Section 6:

Attitudes Towards 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.

| | | | |
|--|--|--|----------------|
| Q601 | Have you ever shared a meal with a person you knew or suspected had HIV&AIDS? | YES..... 1 NO..... 2 | |
| Q602 | 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 | |
| Q603 | 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 | |
| Q604 | 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 | |
| Q605 | 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 | | | |
| Q606 | a) Have you ever been tested for HIV, the virus that causes AIDS? | YES..... 1 NO..... 2 | ⇒Q606c |
| | b) What was the main reason for testing? | ILLNESS..... 01 PREGNANCY..... 02 WANTED TO HAVE A CHILD..... 03 RAPE..... 04 PRE-MARITAL..... 05 JUST WANTED TO KNOW..... 06 NEEDLE PRICK..... 07 ENCOURAGED BY SOMEONE..... 08 JOB REQUIREMENT..... 09 OTHER (SPECIFY)..... | |
| | c) Why haven't you tested? | AFRAID/SCARED..... 1 FEARED REACTION OF PARTNER..... 2 NO NEED..... 3 OTHER (SPECIFY)..... | ALL GO TO Q610 |
| Q607 | a) In the past 12 months have you been tested for HIV, the virus that causes AIDS? | YES..... 1 NO..... 2 | ⇒Q610 |
| | b) Were you given information on HIV/AIDS before the test? | YES..... 1 NO..... 2 | |

| | | | |
|------|---|-------------------------|-------|
| Q608 | a) Were you told the results? | YES..... 1 NO..... 2 | ⇒Q610 |
| | b) Did you receive counselling when you received the results? | YES..... 1 NO..... 2 | |

| | | | |
|------|--|---|---------|
| Q609 | a) Did you tell anyone the results of the test? | YES..... 1 NO..... 2 | ⇒Q610 |
| | b) Whom did you tell? CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE. | SPOUSE/SEX PARTNER.....1 FRIEND..... 2 FAMILY MEMBER(S) 3 OTHER RELATIVE(S) 4 HEALTH CARE WORKER..... 5 CO-WORKER..... 6 OTHER _____ (Specify) | |
| Q610 | Would you ever want to be tested (again) for HIV? | YES..... 1 NO..... 2 UNDECIDED..... 3 | |
| Q611 | Do you know of a place where you can go to get an HIV test? | YES..... 1 NO..... 2 | ⇒Q613 |
| Q612 | If you wanted to be tested (again), where could you go for the test? | VCT CENTRE (TEBELOPELE)..... 1 HOSPITAL/CLINIC..... 2 PHARMACY 3 MOBILE CLINIC 4 FIELD WORKER 5 OTHER _____ (SPECIFY) | |
| Q613 | 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 | } ⇒Q615 |
| Q614 | With whom would you share this information? CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE. | SPOUSE/SEX PARTNER1 FRIEND..... 2 FAMILY MEMBER(S) 3 OTHER RELATIVE(S)..... 4 HEALTH CARE WORKER..... 5 CO-WORKER..... 6 OTHER _____ (SPECIFY) | |
| Q615 | a) Do you think it should be acceptable for a woman to obtain male condoms? | YES..... 1 NO..... 2 NOT SURE..... 3 | |
| | b) Do you think it should be acceptable for a man to obtain female condoms? | YES..... 1 NO..... 2 NOT SURE..... 3 | |

| | | | |
|------|---|--|---------|
| | c) Is it acceptable to you for your partner to be in possession of: READ OUT OPTIONS MALE CONDOMS FEMALE CONDOMS | <u>YES</u> <u>NO</u> <u>NOT SURE</u> 1 2 3 1 2 3 | |
| | d) Do you agree that men can have more than one partner at one time? | AGREE.....1 UNSURE.....2 DISAGREE.....3 | |
| | e) Do you agree that women can have more than one partner at one time? | AGREE.....1 UNSURE.....2 DISAGREE.....3 | |
| | f) Do you agree that it is a wife's duty to have sex with her husband even if she does not want to? | AGREE.....1 UNSURE.....2 DISAGREE.....3 | |
| | g) Do you agree that it is a woman's right to decide if she will have safe sex or not, e.g. use a condom? | AGREE.....1 UNSURE.....2 DISAGREE.....3 | |
| Q616 | Can a woman protect herself from getting a Sexually Transmitted Infection (STI) if her partner has it? | YES.....1 NO.....2 DON'T KNOW9 | } -Q701 |
| Q617 | What can she do to protect herself? AFTER FIRST RESPONSE, PROMPT FOR ADDITIONAL SUGGESTIONS. <i>Anything else?</i> 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 SECTION 7 AND GO STRAIGHT TO SECTION 8:
AVAILABILITY OF SOCIAL AND MEDICAL SERVICES**

**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.

| | | | |
|------|---|--|---|
| | CHECK Q301(b) HAS THE RESPONDENT EVER HAD SEX | YES.....1 NO.....2 | →Q801 |
| Q701 | a) Have you ever given birth? | YES.....1 NO.....2 | →Q801 |
| | b) How many times have you given birth? | NUMBER OF TIMES.....[][] | |
| Q702 | How many of these were live births? | 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 | a) Did you attend an antenatal clinic during your last pregnancy? | YES..... 1 NO..... 2 | →Q710 |
| | b) Have you ever been accompanied by your partner to antenatal clinic? | YES.....1 NO..... 2 | |
| Q705 | a) When you attended the antenatal clinic, were you (and your partner) given any information about HIV/STI? | YES.....1 NO..... 2 | →Q709 |
| Q706 | Was HIV testing offered to you (and your partner) at any time during your visit(s)? | YES.....1 NO..... 2 | →Q709 |
| Q707 | Did you and your partner agree to be tested for HIV during any of these visits? | YES.....1 NO..... 2 | →Q710 |
| Q708 | Did you receive any post test counselling when you received your test results? | YES.....1 NO..... 2 NEVER RECEIVED RESULTS.....3 | |
| Q709 | CHECK Q102(a) IS AGE LESS THAN 50 | YES.....1 NO..... 2 | →Q801 |
| | Are you pregnant now? | YES.....1 NO..... 2 NOT SURE.....3 | →Q801 |
| Q710 | If you were to test HIV positive would you be willing to enrol for PMTC ¹ ? | YES.....1 NO..... 2 | |

¹Prevention 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 | <p>Are you aware of the availability of any social and medical services in your locality/area such as:</p> <p>READ OUT RESPONSES</p> | <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HOME BASED CARE</td> <td>1</td> <td>2</td> </tr> <tr> <td>ORPHAN CARE</td> <td>1</td> <td>2</td> </tr> <tr> <td>PLWHA SUPPORT</td> <td>1</td> <td>2</td> </tr> <tr> <td>DESTITUTE PROGRAMMES</td> <td>1</td> <td>2</td> </tr> <tr> <td>ARV PROGRAMME</td> <td>1</td> <td>2</td> </tr> <tr> <td>PMTCT PROGRAMME</td> <td>1</td> <td>2</td> </tr> <tr> <td>IPT PROGRAMME</td> <td>1</td> <td>2</td> </tr> <tr> <td>VCT/RHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td align="center" colspan="3">(SPECIFY)</td> </tr> </tbody> </table> | | YES | NO | HOME BASED CARE | 1 | 2 | ORPHAN CARE | 1 | 2 | PLWHA SUPPORT | 1 | 2 | DESTITUTE PROGRAMMES | 1 | 2 | ARV PROGRAMME | 1 | 2 | PMTCT PROGRAMME | 1 | 2 | IPT PROGRAMME | 1 | 2 | VCT/RHT | 1 | 2 | OTHER _____ | | | (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | |
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| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME BASED CARE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PLWHA SUPPORT | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ARV PROGRAMME | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PMTCT PROGRAMME | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| VCT/RHT | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q802 | <p>Have you ever accessed any of the following services?</p> <p>READ OUT RESPONSES</p> <p>NOTE:</p> <p>PLWHA SUPPORT: Stands for People Living with HIV/AIDS ARV: Antiretroviral PMTCT: Prevention of Mother to Child Transmission IPT: I Zionised Prevention/Therapy VCT/RHT: Voluntary Counseling and Testing/ Routine HIV Testing</p> | <table border="1"> <thead> <tr> <th></th> <th>YES THIS LOCALITY</th> <th>YES ELSE- WHERE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HOME BASED CARE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>ORPHAN CARE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>PLWHA SUPPORT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>DESTITUTE PROGRAMMES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>ARV PROGRAMME</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>PMTCT PROGRAMME</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>VCT/RHT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>IPT PROGRAMME</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td align="center" colspan="4">(SPECIFY)</td> </tr> </tbody> </table> | | YES THIS LOCALITY | YES ELSE- WHERE | NO | HOME BASED CARE | 1 | 2 | 3 | ORPHAN CARE | 1 | 2 | 3 | PLWHA SUPPORT | 1 | 2 | 3 | DESTITUTE PROGRAMMES | 1 | 2 | 3 | ARV PROGRAMME | 1 | 2 | 3 | PMTCT PROGRAMME | 1 | 2 | 3 | VCT/RHT | 1 | 2 | 3 | IPT PROGRAMME | 1 | 2 | 3 | OTHER _____ | | | | (SPECIFY) | | | | <p>If NO for all Q806</p> | | | | | | | | | | |
| | YES THIS LOCALITY | YES ELSE- WHERE | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ORPHAN CARE | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLWHA SUPPORT | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESTITUTE PROGRAMMES | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARV PROGRAMME | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PMTCT PROGRAMME | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VCT/RHT | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IPT PROGRAMME | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q803 | <p>How often have you accessed these services in the last 3 months?</p> <p>RECORD A DASH (-) FOR NOT APPLICABLE. MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL ANSWERS GIVEN</p> | <p align="center">NUMBER OF VISITS</p> <table border="1"> <tbody> <tr> <td>HOME BASED CARE</td> <td>01</td> <td>[] []</td> </tr> <tr> <td>ORPHAN CARE</td> <td>02</td> <td>[] []</td> </tr> <tr> <td>PLWHA SUPPORT</td> <td>03</td> <td>[] []</td> </tr> <tr> <td>DESTITUTE PROGRAMMES</td> <td>04</td> <td>[] []</td> </tr> <tr> <td>ARV PROGRAMME</td> <td>05</td> <td>[] []</td> </tr> <tr> <td>PMTCT PROGRAMME</td> <td>06</td> <td>[] []</td> </tr> <tr> <td>IPT PROGRAMME</td> <td>07</td> <td>[] []</td> </tr> <tr> <td>VCT/RHT</td> <td>08</td> <td>[] []</td> </tr> <tr> <td>OTHER (SPECIFY) _____</td> <td></td> <td></td> </tr> </tbody> </table> | HOME BASED CARE | 01 | [] [] | ORPHAN CARE | 02 | [] [] | PLWHA SUPPORT | 03 | [] [] | DESTITUTE PROGRAMMES | 04 | [] [] | ARV PROGRAMME | 05 | [] [] | PMTCT PROGRAMME | 06 | [] [] | IPT PROGRAMME | 07 | [] [] | VCT/RHT | 08 | [] [] | OTHER (SPECIFY) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ORPHAN CARE | 02 | [] [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLWHA SUPPORT | 03 | [] [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESTITUTE PROGRAMMES | 04 | [] [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| IPT PROGRAMME | 07 | [] [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VCT/RHT | 08 | [] [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Q804 | <p>How often have you accessed these services in the last 12 months and how long does it take you to get there?</p> <p>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL ANSWERS GIVEN.</p> | <table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">NUMBER OF VISITS</th> <th colspan="2">TIME (DISTANCE) TO SERVICE</th> </tr> <tr> <th>HOURS</th> <th>KILOMETRES</th> <th>HOURS</th> <th>KILOMETRES</th> </tr> </thead> <tbody> <tr> <td>HOME BASED CARE</td> <td>01 [] []</td> </tr> <tr> <td>ORPHAN CARE</td> <td>02 [] []</td> </tr> <tr> <td>PLWHA SUPPORT</td> <td>03 [] []</td> </tr> <tr> <td>DESTITUTE</td> <td>04 [] []</td> </tr> <tr> <td>ARV PROGRAMME</td> <td>05 [] []</td> </tr> <tr> <td>PMTCT PROGRAMME</td> <td>06 [] []</td> </tr> <tr> <td>IPT PROGRAMME</td> <td>07 [] []</td> </tr> <tr> <td>VCT/RHT</td> <td>08 [] []</td> </tr> <tr> <td>OTHER (SPECIFY) _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | NUMBER OF VISITS | | TIME (DISTANCE) TO SERVICE | | HOURS | KILOMETRES | HOURS | KILOMETRES | HOME BASED CARE | 01 [] [] | 01 [] [] | 01 [] [] | 01 [] [] | ORPHAN CARE | 02 [] [] | 02 [] [] | 02 [] [] | 02 [] [] | PLWHA SUPPORT | 03 [] [] | 03 [] [] | 03 [] [] | 03 [] [] | DESTITUTE | 04 [] [] | 04 [] [] | 04 [] [] | 04 [] [] | ARV PROGRAMME | 05 [] [] | 05 [] [] | 05 [] [] | 05 [] [] | PMTCT PROGRAMME | 06 [] [] | 06 [] [] | 06 [] [] | 06 [] [] | IPT PROGRAMME | 07 [] [] | 07 [] [] | 07 [] [] | 07 [] [] | VCT/RHT | 08 [] [] | 08 [] [] | 08 [] [] | 08 [] [] | OTHER (SPECIFY) _____ | | | | | |
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| | HOURS | KILOMETRES | HOURS | KILOMETRES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PLWHA SUPPORT | 03 [] [] | 03 [] [] | 03 [] [] | 03 [] [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESTITUTE | 04 [] [] | 04 [] [] | 04 [] [] | 04 [] [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARV PROGRAMME | 05 [] [] | 05 [] [] | 05 [] [] | 05 [] [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PMTCT PROGRAMME | 06 [] [] | 06 [] [] | 06 [] [] | 06 [] [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IPT PROGRAMME | 07 [] [] | 07 [] [] | 07 [] [] | 07 [] [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VCT/RHT | 08 [] [] | 08 [] [] | 08 [] [] | 08 [] [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Q805 | a) Did you receive any HIV/AIDS prevention message through these services? | YES.....1 NO.....2 NOT SURE.....3 | } Q806 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---------|--------------|---------------------------|-------------------|----------------------------|-------------------|---|-------------------|---------------|-------------------|-------------------------------|-------------------|-----------------------|-------------------------|------------------|---|------------------|---|---|--------------------|---|---|------------------|---|---|------------|---|---|-------------------------|--|--|
| | b) Did you receive the message through... READ OUT RESPONSES | <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A) HOME BASED CARE</td> <td>1</td> <td>2</td> </tr> <tr> <td>B) ORPHAN CARE</td> <td>1</td> <td>2</td> </tr> <tr> <td>C) PLWHA SUPPORT</td> <td>1</td> <td>2</td> </tr> <tr> <td>D) DESTITUTE PROGRAMMES</td> <td>1</td> <td>2</td> </tr> <tr> <td>E) ARV PROGRAMME</td> <td>1</td> <td>2</td> </tr> <tr> <td>F) PMTCT PROGRAMME</td> <td>1</td> <td>2</td> </tr> <tr> <td>G) IPT PROGRAMME</td> <td>1</td> <td>2</td> </tr> <tr> <td>H) VCT/RHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>I) OTHER(SPECIFY) _____</td> <td></td> <td></td> </tr> </tbody> </table> | | | YES | NO | A) HOME BASED CARE | 1 | 2 | B) ORPHAN CARE | 1 | 2 | C) PLWHA SUPPORT | 1 | 2 | D) DESTITUTE PROGRAMMES | 1 | 2 | E) ARV PROGRAMME | 1 | 2 | F) PMTCT PROGRAMME | 1 | 2 | G) IPT PROGRAMME | 1 | 2 | H) VCT/RHT | 1 | 2 | I) OTHER(SPECIFY) _____ | | |
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| H) VCT/RHT | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I) OTHER(SPECIFY) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c) What prevention messages did you receive through the service? MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL ANSWERS GIVEN. PLEASE CIRCLE WHICH MESSAGES THEY RECEIVED AND THROUGH WHICH SERVICES BY CIRCLING BOTH THE MESSAGE AND THE SERVICE. | <table border="1"> <thead> <tr> <th>MESSAGE</th> <th>SERVICE CODE</th> </tr> </thead> <tbody> <tr> <td>INCREASE CONDOM USE.....1</td> <td>A,B,C,D,E,F,G,H,I</td> </tr> <tr> <td>REDUCE SEXUAL PARTNERS.. 2</td> <td>A,B,C,D,E,F,G,H,I</td> </tr> <tr> <td>REDUCE MULTIPLE AND CONCURRENT PARTNERSHIPS.....3</td> <td>A,B,C,D,E,F,G,H,I</td> </tr> <tr> <td>ABSTAIN.....4</td> <td>A,B,C,D,E,F,G,H,I</td> </tr> <tr> <td>REDUCE SEX WITH ALCOHOL.....5</td> <td>A,B,C,D,E,F,G,H,I</td> </tr> <tr> <td>OTHER (SPECIFY) _____</td> <td>A,B,C,D,E,F,G,H,I</td> </tr> <tr> <td>DON'T KNOW.....9</td> <td></td> </tr> </tbody> </table> | MESSAGE | SERVICE CODE | INCREASE CONDOM USE.....1 | A,B,C,D,E,F,G,H,I | REDUCE SEXUAL PARTNERS.. 2 | A,B,C,D,E,F,G,H,I | REDUCE MULTIPLE AND CONCURRENT PARTNERSHIPS.....3 | A,B,C,D,E,F,G,H,I | ABSTAIN.....4 | A,B,C,D,E,F,G,H,I | REDUCE SEX WITH ALCOHOL.....5 | A,B,C,D,E,F,G,H,I | OTHER (SPECIFY) _____ | A,B,C,D,E,F,G,H,I | DON'T KNOW.....9 | | | | | | | | | | | | | | | | |
| MESSAGE | SERVICE CODE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INCREASE CONDOM USE.....1 | A,B,C,D,E,F,G,H,I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REDUCE SEXUAL PARTNERS.. 2 | A,B,C,D,E,F,G,H,I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REDUCE MULTIPLE AND CONCURRENT PARTNERSHIPS.....3 | A,B,C,D,E,F,G,H,I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABSTAIN.....4 | A,B,C,D,E,F,G,H,I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REDUCE SEX WITH ALCOHOL.....5 | A,B,C,D,E,F,G,H,I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER (SPECIFY) _____ | A,B,C,D,E,F,G,H,I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DON'T KNOW.....9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q806 | What is the main factor that hinders people from accessing these services in your community? | DISTANCE.....1 LACK OF TRANSPORT.....2 POOR SERVICE DELIVERY.....3 IGNORANCE.....4 OTHER (SPECIFY) _____ DON'T KNOW.....9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

END TIME Hr Min

MADE this 13th day of June, 2008.

B. GAOLATHE,
Minister for Finance and Development Planning.

L2/7/150 IV (59)