

STATISTICS ACT  
(Cap. 17:01)

**STATISTICS (AIDS IMPACT AND TUBERCULOSIS PREVALENCE  
SURVEY) REGULATIONS, 2019**  
(Published on 18th January, 2019)

ARRANGEMENT OF REGULATIONS

Regulation

1. Citation
2. Authorisation to conduct survey
3. Conduct of survey
4. Revocation of S.I. No. 77 of 2012

SCHEDULE

IN EXERCISE of the powers conferred on the Minister of Finance and Economic Development by section 50 of the Statistics Act, the following Regulations are hereby made —

1. These Regulations may be cited as the Statistics (AIDS Impact and Tuberculosis Prevalence Survey) Regulations, 2019. Citation
2. The Statistician General may direct any authorised officer to conduct a survey on the impact of the HIV/AIDS pandemic and the Tuberculosis Prevalence in the household population at national, district and sub-district levels for the purpose of — Authorisation to conduct survey
  - (a) providing HIV/AIDS information on behavioural patterns among the population aged 15 to 64 years;
  - (b) providing information on HIV prevalence among population aged 6 weeks and above;
  - (c) providing information on HIV incidence among population aged 18 months and above;
  - (d) providing information on socio-economic and demographic characteristics;
  - (e) identifying members who are eligible for the individual questionnaire;
  - (f) providing for the collection of a voluntarily given blood specimen, collection of sputum;
  - (g) rapid HIV testing;
  - (h) TB screening and Xray; and
  - (i) collecting information on —
    - (i) alcohol consumption and substance use,
    - (ii) sexual history and behaviour,
    - (iii) knowledge about HIV/AIDS and TB,
    - (iv) level of access to interventions,
    - (v) attitude towards people living with HIV/AIDS, TB and gender issues,
    - (vi) Child bearing and antennal care, and
    - (vii) HIV support, care and treatment.
3. The authorised officer may, for the purposes of the survey, ask any person interviewed such questions as may be necessary to obtain, from that person, the information required in the questionnaires set out in the schedule. Conduct of survey
4. The Statistics (AIDS Impact Survey) Regulations, 2012 are hereby revoked. Revocation of S.I. No. 77 of 2012

**SCHEDULE  
Regulation 3  
STRICTLY CONFIDENTIAL**



**2016 BOTSWANA AIDS IMPACT SURVEY V & TUBERCULOSIS PREVALENCE SURVEY  
HOUSEHOLD QUESTIONNAIRE**

*Collected under Statistics Act (Chap. 17:01)*

**GENERAL INFORMATION**

IDENTIFICATION					
STRATUM NUMBER					
DISTRICT NAME /CODE					
VILLAGE NAME/CODE					
LOCALITY NAME/CODE					
EA CODE					
BLOCK NUMBER					
EA STATUS CODE					
DWELLING NUMBER					
HOUSEHOLD NUMBER					
RESPONDENT LINE NUMBER					
ENUMERATOR'S CODE					
SUPERVISOR'S CODE					

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

<p>*RESULT CODE          1. COMPLETED          2. PARTIALLY COMPLETED          3. PRESENT BUT NOT AVAILABLE FOR INTERVIEWS          4. REFUSED          5. POSTPONED          6. OTHER (SPECIFY) _____</p>	<p>COMMENTS BOX:</p>
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	CHECKED BY	CODED	ENTERED	ONLINE EDITED
NAME				
DATE				

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

Hello, my name is \_\_\_\_\_ and I am working with the Ministry of Health and Wellness. The Ministry through NACA & BNTP together with Statistics Botswana is working on a project concerned with HIV & AIDS and TB status of the society. I am here on their behalf to collect such information. This information will ensure that the right programmes are in place to address the HIV & AIDS and TB epidemic in the country. As part of this survey I would first like to ask some questions about your household. Also, as part of this survey we would like eligible people to provide their blood specimen for HIV testing, as well as a chest x-ray and sputum sample for TB screening. The chest x-ray and sputum sample will be taken at TB station within your area, through an invitation made shortly after the interviews. All of the information you give, together with the blood sample, chest x-ray and sputum sample will be confidential

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

May I begin the interview now?

Yes   
No



ALL PERSONS AGED 12 YEARS AND OVER					
SR NO	TYPE OF ECONOMIC ACTIVITY IN THE PAST 7 DAYS			OCCUPATION	INDUSTRY
	P12	P13	P14	P15	P16
	In the past 7 days did ... work for payment, profit or home use for at least 1 hour?  <b>IF NO, PROBE AS FOLLOWS:</b>  <b>Has ... worked unpaid at own lands/cattle post, or unpaid in family business?</b>  1 Yes (GO TO P14) 2 No	Since ... 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) _____  <b>(ALL GO TO P17)</b>	What was ... mainly working as during the past 7 days?  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/family lands/cattle post 8 Apprentice 9 Volunteer	What type of work did ... do in the past 7 days?  To be precise, what were the main tasks and duties?  <b>PROBE AS NECESSARY AND WRITE OCCUPATION IN FULL. ALSO RECONCILE WITH LEVEL OF EDUCATION.</b>	What was the main product, service or activity at ... place of work?  <b>PROBE AS NECESSARY. USE TWO OR MORE WORDS TO DESCRIBE THE INDUSTRY.</b>
01					
02					
03					
04					
05					
....					
15					

SR NO	AGE 15 TO 64 YEARS	AGE 15 YEARS AND ABOVE	AGE 15-64 YEARS	AGE 6 WEEKS AND ABOVE	15 YEARS & ABOVE
	ELIGIBILITY				
	INDIVIDUAL QUESTIONNAIRE (HIV)	INDIVIDUAL QUESTIONNAIRE (TB)	INDIVIDUAL QUESTIONNAIRE (HIVTB)	BLOOD SPECIMEN	CHEST X-RAY
	P17	P18	P19	P20	P21
	Circle line numbers of all persons aged 15 to 64 years & are usual members or visitors who spent last night in this household  <b>P04 =15 TO 64 YEARS &amp; P06 = 1 OR 3</b>	Circle line numbers of all persons aged 15 years and above & are usual members (available in any of the next 5 days) or visitors who spent 14 days and above in this household.  <b>P04 =15 YEARS AND ABOVE &amp; P06 = 1, 2OR 3</b>	Circle line numbers of all persons aged 15 -64 years & are usual members or visitors who spent 14 days and above in this household.  <b>P04 =15-64 YEARS P06 = 1,OR 3 AND (P03 = 3 AND P07 IS 14 DAYS OR MORE)</b>	Circle line numbers of all persons aged 6 weeks and above and are usual members or visitors who spent last night in this household.  <b>P04 =6 WEEKS AND ABOVE &amp; P06 = 1 OR 3</b>	Circle line numbers of all persons 15 years and above and are usual members or visitors who spent 14 days and above in this household.  <b>P04 =15 YEARS AND ABOVE &amp; P07 = 14 days and above</b>
1	1	1	1	1	
2	2	2	2	2	
3	3	3	3	3	
4	4	4	4	4	
5	5	5	5	5	

TYPE OF HOUSING UNIT	NUMBER OF ROOMS	MATERIAL OF CONSTRUCTION OF THE HOUSING UNIT		
	How many 'living rooms' are there in this housing unit?	What is the main material of construction of:		
H01	H02	H03	H04	H05

01 Traditional 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'.	<b>WALL</b> 01 Stones/Blocks/Cement bricks 02 Asbestos 03 Iron/Zinc/Tin 04 Mud/Mud bricks 05 Mud & Poles 06 Mud & reeds 07 Poles & reeds 08 Mud Poles & reeds Other (specify) _____	<b>FLOOR</b> 1 Concrete 2 Cement 3 Stones 4 Wood 5 Mud 6 Tiles 7 None Other (specify) _____	<b>ROOF</b> 1 Iron/Zinc/tin 2 Tiles 3 Asbestos 4 Concrete 5 Thatch 6 Slate Other (specify) _____
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<b>VENTILATION</b>	<b>WATER SUPPLY</b>	<b>SOURCE OF ENERGY</b>		<b>TOILET</b>
<b>H06</b>	<b>H07</b>	<b>What is the main source of energy used for:</b>		<b>H10</b>
		<b>H08</b>	<b>H09</b>	
		<b>COOKING</b>	<b>LIGHTING</b>	
Are there atleast two openings/ windows in each 'living room' that can easily allow air flow?  <b>Openings meaning doors and matibela.</b>	What is the principal source of water supply for this household?	1 Electricity (Mains) 2 Electricity (Solar) 3 Gas 4 Paraffin 5 Wood/Charcoal 6 Coal  Other (specify) _____	1 Electricity (Mains) 2 Electricity (Solar) 3 Gas 4 Paraffin/Candle 5 Diesel 6 Wood  Other (specify) _____	What is the main toilet facility used by this household?  1 Own flush toilet 2 Own pit latrine 3 Neighbour's flush toilet 4 Neighbours pit latrine 5 Communal flush toilet 6 Communal pit latrine 7 Pail/ Bucket latrine 8 Bush
.....	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			

<b>REFUSE DISPOSAL</b>	<b>ACCESS TO MEDIA</b>			<b>TRANSPORT FACILITIES</b>		
<b>H11</b>	<b>H12</b>			<b>H13</b>		
How do you dispose off refuse in this household?	Does any member of this household have access to the following? <b>READ OUT RESPONSES:</b>			Does any member of this household (excluding visitors) own any of the following forms of transport in working condition?		
	<b>MEDIA</b>	<b>YES</b>	<b>NO</b>	<b>TRANSPORT</b>	<b>YES</b>	<b>NO</b>

1	Collected	1	2	1	Motor Vehicle	1	2
2	Burn	1	2	2	Tractor	1	2
3	Roadside dumping	1	2	3	Motor Cycle	1	2
4	Rubbish pit	1	2	4	Bicycle	1	2
	Other (Specify) _____	1	2	5	Donkey Cart	1	2
		1	2	6	Donkeys/Horses	1	2
		1	2	7	Camels	1	2

STRICTLY CONFIDENTIAL

Bar code



INDIVIDUAL QUESTIONNAIRE (15 - 64 YEARS)  
HIV & TB

GENERAL INFORMATION

IDENTIFICATION					
STRATUM NUMBER					
DISTRICT NAME /CODE					
VILLAGE NAME/CODE					
LOCALITY NAME/CODE					
EA CODE					
BLOCK NUMBER					
EA STATUS CODE					
DWELLING NUMBER					
HOUSEHOLD NUMBER					
RESPONDENT LINE NUMBER					
ENUMERATOR'S CODE					
SUPERVISOR'S CODE					

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

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

	CHECKED BY	CODED	ENTERED	ONLINE EDITED
NAME				
DATE				

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**SECTION I: BACKGROUND CHARACTERISTICS**

**BE SURE TO INTRODUCE YOURSELF AND READ THE INFORMATION SHEET AND INFORMED CONSENT FORMS ALOUD.**

**NB: INFORMATION SHEET WILL BE LEFT WITH THE HOUSEHOLD AFTER THE INTERVIEW**

**READ OUT:**  
 At this time, do you want to ask me anything about the survey? May I begin the interview now? First, I would like to ask some questions about you.

Q101	<b>CIRCLE SEX OF THE RESPONDENT</b>	MALE .....1 FEMALE.....2	
Q102	How old are you in complete years?	[ ] [ ]	
Q103	Have you ever attended school?	STILL AT SCHOOL.....1 LEFT SCHOOL.....2 NEVER ATTENDED.....3	→ Q105
Q104	What is the highest level that you are currently doing/ have completed?  Type of education.  PRE-SCHOOL.....00 PRIMARY.....01 SECONDARY.....02 OUT OF SCHOOL EDUCATION AND TRAINING.....03 APPRENTICE.....11 BRIGADE.....12 TECHNICAL/ VOCATIONAL.....13 EDUCATIONAL COLLEGE.....14 INST. OF HEALTH SCIENCES.....15 UNIVERSITY.....16  a) LEVEL of education.  GENERAL.....0 CERTIFICATE.....1 DIPLOMA.....2 DEGREE.....3 POST GRADUATE.....4 PHD/DOCTORATE.....5  b) Year  0 1 2 3 4 5 6 7  IF CODE FOR TYPE IS 00, 01, 02, 03 SKIP TO Q105	CODE <input style="width: 100px; height: 20px;" type="text"/>	
	c) If tertiary, what is/was your field of education? (PROBE AS NECESSARY, USE TWO OR MORE WORDS TO DESCRIBE FIELD OF EDUCATION)		CODE <input style="width: 100px; height: 20px;" type="text"/>
Q105	What is your employment status?	FULL-TIME EMPLOYED.....1 SELF EMPLOYED.....2 PART-TIME EMPLOYED.....3 WORKING AT OWN LANDS/CATTLEPOST.....4 ACTIVELY SEEKING WORK.....5 TOO OLD TO WORK.....6 PENSIONER.....7 STUDENT.....8 OTHER, SPECIFY _____	} → Q106
	a) What is your current occupation?	SPECIFY _____ CODE ..... [ ] [ ] [ ] [ ]	
	b) What is the main product, service or activity at your		

	place of work? <b>PROBE AS NECESSARY. USE TWO OR MORE WORDS TO DESCRIBE THE INDUSTRY.</b>	CODE.....[ ][ ][ ][ ]	
Q106	In the past 7 days did you work for payment, profit or home use for at least 1 hour?	YES.....1 NO.....2	▶ Q106b
	a) Since you <b>DID NOT</b> work for payment, profit or home use, what did you do?	ACTIVELY SEEKING WORK.....1 HOUSEWORK.....2 STUDENT.....3 TOO OLD TO WORK.....4 TOO SICK TO WORK.....5 OTHER, SPECIFY.....	▶ Q107
	b) What were you mainly working as during the past 7 days?	EMPLOYEE - PAID CASH.....1 EMPLOYEE - PAID IN KIND ONLY.....2 SELF-EMPLOYED (NO EMPLOYEES).....3 SELF-EMPLOYED (WITH EMPLOYEES).....4 MEMBER - PRODUCER COOPERATIVES.....5 UNPAID HELPER IN FAMILY BUSINESS.....6 WORKING AT OWN LANDS/CATTLE POST.....7 APPRENTICE.....8 VOLUNTEER.....10	
	c) What type of work did you do in the past 7 days? <b>PROBE AS NECESSARY AND WRITE OCCUPATION IN FULL. ALSO RECONCILE WITH LEVEL OF EDUCATION.</b>	CODE.....[ ][ ]	
	d) What was the main product, service or activity at your place of work? <b>PROBE AS NECESSARY. USE TWO OR MORE WORDS TO DESCRIBE THE INDUSTRY.</b>	CODE.....[ ][ ]	
Q107	Have you ever worked in a mine?	YES.....1 NO.....2	▶ Q201
	a) For how long have you worked in the mine?	[ ][ ] YY MM DONT KNOW.....99	
	b) What was your occupation?	LOADER.....1 BLASTER.....2 SHAFTMAN.....3 FOREMAN.....4 DRILLER.....5 OTHER, SPECIFY.....	
	c) What is/was the type of the commodity mined?	QUARRY.....1 COAL.....2 KIMBERLITE.....3 COPPER/NICKEL.....4 ASBESTOS.....5 OTHER, SPECIFY.....	

**SECTION 2: MARITAL STATUS**

**READ OUT:**

Now I am going to ask you questions about current and previous relationships and/or marriages.

Q201	What is your current marital status?	NEVER MARRIED.....1 MARRIED.....2 LIVING TOGETHER.....3 SEPARATED.....4 DIVORCED.....5 WIDOWED.....6	▶ Q203
Q202	Have you ever lived together with a partner as if you were married?	YES.....1 NO.....2	▶ Q301

Q203	Altogether, how many wives/ husbands or live in partners have you had?	NUMBER OF PARTNERS.....	
Q204	For how many years have you been married or living together?	YEARS..... [ ] RECORD 00 IF LESS THAN ONE YEAR.	
Q205	Does your husband/wife/partner live with you now or he/she stays elsewhere?	LIVING TOGETHER IN THE SAME HOUSE 1 STAYING ELSEWHERE.....2	→ Q301
	a) How often do you see/visit each other?	DAILY..... 1 WEEKLY..... 2 FORTNIGHTLY..... 3 MONTHLY..... 4 QUARTELY..... 5 YEARLY..... 6 NEVER..... 7	

**SECTION 3: ALCOHOL CONSUMPTION AND SUBSTANCE USE**

**READ OUT:**  
Now I am going to ask you questions about alcohol and substance use. By alcohol we mean beer, spirits, wine, home brews (khadi, etc.), chibuku, whisky, etc. By substances we mean cocaine, heroin, glue, mandrax, ecstasy, marijuana (motokwane), etc. 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 way.

Q301	Have you ever taken alcohol? <i>(By alcohol we mean beer, spirits, wine, home brews (khadi, etc.), chibuku, whisky, etc)</i>	YES..... 1 NO..... 2	→ Q302
	a) Have you taken alcohol in the past 3 months?	YES..... 1 NO..... 2	
Q302	Have you ever used drugs for recreational purposes?	YES..... 1 NO..... 2	→ Q305
Q303	Have you ever injected any drugs for recreation purposes?	YES..... 1 NO..... 2	→ Q304
	a) Have you injected any drugs for recreation purposes in the past 3 months?	YES..... 1 NO..... 2	
Q304	Have you ever used any of the following drugs for Recreation? <i>(By drugs we mean cocaine, glue, mandrax, ecstasy, marijuana (motokwane), etc.?)</i>	YES..... 1 NO..... 2	→ Q305
	a) Have you used any of these drugs in the past 3 months?	YES..... 1 NO..... 2	
Q305	Have you used tobacco through smoking, sniffing or chewing in the past 3 months? <i>(By tobacco products we mean as cigarettes, cigars or pipes)</i>	SMOKING..... 1 SNIFFING..... 2 CHEWING..... 3 NONE..... 4	
	<b>MULTIPLE RESPONSE</b>		
Q306	During the past 7 days, on how many days did someone smoke around you?	NUMBER OF DAYS [ ] DON'T KNOW..... 0	
Q307	In the past 12 months have you ever seen or heard any anti-alcohol & substance abuse messages?	YES..... 1 NO..... 2	

**SECTION 4: SEXUAL HISTORY AND BEHAVIOUR (15-64 YEARS ONLY)**

**READ OUT:**  
I am going to ask you some very personal questions about sex, by sex I mean vaginal, oral and anal sex. Please bear with me as collecting information on HIV AND 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.

Q401	Have you ever had sexual intercourse? <i>(i.e. vaginal sex, oral sex, or anal sex; Consented or non-consented)</i>	YES..... 1 NO..... 2	
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Q402	At what age did you <b>FIRST</b> have sexual intercourse?	AGE IN YEARS [ ] [ ] DON'T KNOW ..... 99																	
	a) Did you give consent at the time of intercourse?	YES ..... 1 NO ..... 2																	
	b) Was a condom used during that sexual intercourse?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9																	
Q403	Have you had sex in the past 12 months?	YES ..... 1 NO ..... 2																	
Q404	Which type of sex have you had in the past 12 months? <b>MULTIPLE RESPONSES</b>	VAGINAL SEX ..... 1 ANAL SEX ..... 2 ORAL SEX ..... 3																	
	a) Was a condom used the last time you had sex in the past 12 months?	YES ..... 1 NO ..... 2																	
Q405	Have you had sex without your consent in the past 12 months?	YES ..... 1 NO ..... 2																	
Q406	In the past 12 months with how many people <b>OVERALL</b> have you had sex?	[ ] [ ] PARTNERS																	
Q407	Have you been engaged in sex while under the influence of drugs/ alcohol in the past 12 months?	YES ..... 1 NO ..... 2																	
Q408	In the past 12 months have you had sex with someone you are not married to or living together?	YES ..... 1 NO ..... 2																	
	a) Did you use a condom the last time you had sex with this partner?	YES ..... 1 NO ..... 2																	
Q410	Have you experienced physical or sexual violence from a male intimate partner in the past 12 months? <b>READ OUT</b> Physical or sexual violence is determined by asking whether they were: > Slapped or threw something that could hurt you > Pushed or shoved you > Choked or burned you > Threatened or used a gun, knife or other weapon against you > Physically forced you to have sexual intercourse against your will > Forced you to do something sexual you found degrading or humiliating > Made you afraid of what would happen if you did not have sexual intercourse	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td rowspan="7" style="font-size: 3em; vertical-align: middle;">}</td> <td rowspan="7" style="vertical-align: middle;">▶ Q601</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	YES	NO	}	▶ Q601	1	2	1	2	1	2	1	2	1	2	1	2	
YES	NO	}	▶ Q601																
1	2																		
1	2																		
1	2																		
1	2																		
1	2																		
1	2																		

**SECTION 5: MALE CIRCUMCISION (MALES 15-64 YEARS ONLY)**

**READ OUT:**  
Now I would like to ask some questions relating to circumcision.

Q501	Are you circumcised?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	} ▶ Q503
Q502	Where were you circumcised?	GOVT HEALTH FACILITY ..... 1 PRIVATE HEALTH FACILITY ..... 2 TRADITIONAL ..... 3 DON'T KNOW ..... 9	} ▶ Q601
Q503	Do you intend to get circumcised in the next 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	} ▶ Q601

Q504	Why would you NOT want to get circumcised?  <i>MULTIPLE RESPONSE</i>	<b>CIRCLE ALL THAT ARE MENTIONED</b>	
		FAIN .....1 REDUCE SEXUAL PLEASURE .....2 FEAR .....3 CULTURE .....4 RELIGION .....5 SPOUSE CONSENT .....6 PARENTAL CONSENT .....7 LONG DURATION OF HEALING PERIOD...8 FEAR OF HIV TEST .....10 OTHER, SPECIFY _____	

**SECTION 6: KNOWLEDGE ABOUT HIV AND AIDS AND TB AND LEVEL OF ACCESS TO INTERVENTIONS**

**READ OUT**  
Now I'm going to ask you some questions about knowledge about HIV and AIDS and TB. I would like you to answer the questions to the best of your knowledge.

Q601	Have you EVER heard of HIV or an illness called AIDS?  a) In the past 4 weeks, have you heard or seen any information about HIV / AIDS?	YES .....1	▶ Q604
		NO .....2	
Q602	From what source(s) did you receive information about HIV and AIDS?  <i>MULTIPLE RESPONSE</i>  <i>NOT A READOUT.</i>	YOUTH PROGRAM .....1	▶ Q603
		TELEVISION/ VIDEO .....2 RADIO .....3 NEWSPAPER .....4 HOSPITAL/CLINIC/VCT .....5 POSTERS / BANNERS / BOOKLET .....6 TRADITL/SPIRITUAL HEALER .....7 WORKSHOP / SEMINAR .....8 INDIVIDUAL .....10 CHURCH .....11 KGOTLA .....12 WORKPLACE PROGRAMME (PEER EDUCATOR, COUNSELLOR, CO-WORKER) .....13 PEER EDUCATOR .....14 SCHOOL .....15 OTHER, SPECIFY _____	
Q603	How can people prevent becoming infected with HIV?  <i>MULTIPLE RESPONSE</i>  <i>DO NOT READ OUT.</i>	USE CONDOMS .....1	
		HAVE FEWER PARTNERS .....2 BOTH PARTNERS HAVE NO OTHER PARTNERS .....3 NO CASUAL SEX .....4 ABSTINENCE .....5 NO COMMERCIAL SEX .....6 AVOID INJECTIONS WITH CONTAMINATED NEEDLES .....7 AVOID BLOOD TRANSFUSIONS .....8 DON'T KNOW ANY .....9 OTHER, SPECIFY _____	
Q604	Have you EVER heard of TB?	YES .....1	▶ Q606
		NO .....2	
	a) In the past 4 weeks, have you heard or seen any information about TB?	YES .....1	▶ Q605
	NO .....2		
Q604	b) From what source(s) did you receive information about TB?  <i>MULTIPLE RESPONSE</i>  <i>NOT A READOUT</i>	YOUTH PROGRAM .....1	
		TELEVISION/ VIDEO .....2 RADIO .....3 NEWSPAPER .....4 HOSPITAL/CLINIC/VCT .....5 POSTERS / BANNERS / BOOKLET .....6	

		TRADITL/SPIRITUAL HEALER..... 7 WORKSHOP / SEMINAR..... 8 INDIVIDUAL..... 10 CHURCH..... 11 KGOTLA..... 12 WORKPLACE PROGRAMME (PEER EDUCATOR, COUNSELLOR, CO-ORKER)..... 13 PEER EDUCATOR..... 14 SCHOOL..... 15 OTHER, SPECIFY.....	
Q605	How can people prevent becoming infected with TB?  <b>MULTIPLE RESPONSE</b>  <i>DO NOT READ OUT</i>	KEEP WINDOWS OPEN..... 1 COVER MOUTH WHEN COUGHING..... 2 AVOID SHAKING HANDS..... 3 GOOD NUTRITION..... 4 PRAYING..... 5 DONT KNOW ANY..... 9 OTHER, SPECIFY.....	

**READ OUT:**

Now I'm going to ask you some questions about facts and myths about TB and HIV. I would like you to answer the questions to the best of your knowledge

FACTS AND MYTHS ABOUT HIV INFECTION															
Q606	Is it possible for a healthy looking person to have HIV?	YES..... 1 NO..... 2 DONT KNOW..... 9													
Q607	Can people reduce their chances of getting HIV by using a condom correctly every time they have sex?	YES..... 1 NO..... 2 DONT KNOW..... 9													
Q608	Do you think that a person can get infected with HIV through mosquito bites?	YES..... 1 NO..... 2 DONT KNOW..... 9													
Q609	Can people reduce their chances of getting HIV by having only one uninfected sex partner who has no other partners?	YES..... 1 NO..... 2 DONT KNOW..... 9													
Q610	Can a person get infected with HIV by sharing a meal (from the same plate) with a person who has HIV?	YES..... 1 NO..... 2 DONT KNOW..... 9													
Q611	Can HIV be transmitted from a mother to a child: <b>READ OUT</b>  A. During pregnancy?  B. During delivery?  C. During breastfeeding	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>DONT 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	DONT KNOW	1	2	9	1	2	9	1	2	9	
YES	NO	DONT KNOW													
1	2	9													
1	2	9													
1	2	9													
Q612	If a mother is infected with HIV, is there any way to avoid transmission during pregnancy?  a) If yes, what ways?	YES..... 1 NO..... 2 DONT KNOW..... 9	Q613												
		ANTIRETROVIRAL THERAPY (AZT, DRUGS BEFORE BIRTH)..... 1 CAESAREAN SECTION..... 2 DONT KNOW..... 9 OTHER, SPECIFY.....													
Q613	If a mother is infected with HIV, is there any way to avoid transmission to the new born baby?	YES..... 1 NO..... 2 DONT KNOW..... 9	Q614												

	a) If yes, what ways?	ANTIRETROVIRAL THERAPY (ART, DRUGS AFTER BIRTH).....1 NOT BREASTFEEDING.....2 EXCLUSIVE BREASTFEEDING.....3 DON'T KNOW.....9 OTHER, SPECIFY.....																																																																	
Q614	What do you believe anti-retroviral (ARVs) do?	CURE AIDS.....1 CURE HIV.....2 SUPPRESS HIV.....3 BOOST IMMUNE SYSTEM.....4 DON'T KNOW.....9 OTHER, SPECIFY.....																																																																	
Q615	Do you think that people on ARVs should always use condoms?	YES.....1 NO.....2 DON'T KNOW.....9																																																																	
Q616	In your opinion, who can be infected with TB?  MULTIPLE RESPONSE  NOT A READOUT	ANYBODY.....1 POOR PEOPLE.....2 HOMELESS PEOPLE.....3 ALCOHOLICS.....4 DRUG USERS.....5 PEOPLE LIVING WITH HIV AND AIDS.....6 PEOPLE WHO HAVE BEEN IN PRISON.....7 SMOKERS.....8 DON'T KNOW.....9 OTHER, SPECIFY.....																																																																	
Q617	Can a person get TB through...?  READ OUT RESPONSES	<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Don't Know</th> </tr> </thead> <tbody> <tr> <td>SHARING A MEAL WITH</td> <td></td> <td></td> <td></td> </tr> <tr> <td>A PERSON WHO HAS TB ...1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">9</td> </tr> <tr> <td>SHARING CLOTHES WITH</td> <td></td> <td></td> <td></td> </tr> <tr> <td>A PERSON WHO HAS TB...1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">9</td> </tr> <tr> <td>SEX WITH A WOMAN WHO</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MISCARRIED.....1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">9</td> </tr> <tr> <td>SEX WITH A WIDOW/ER...1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">9</td> </tr> <tr> <td>BORN IN A FAMILY WITH</td> <td></td> <td></td> <td></td> </tr> <tr> <td>HIV.....1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">9</td> </tr> <tr> <td>SEJESO.....1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">9</td> </tr> <tr> <td>TOUCHING ITEMS IN</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PUBLIC PLACES.....1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">9</td> </tr> <tr> <td>BEING IN CONTACT WITH</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SOMEONE WITH TB.....1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">9</td> </tr> <tr> <td>OTHER, SPECIFY.....</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Don't Know	SHARING A MEAL WITH				A PERSON WHO HAS TB ...1	2		9	SHARING CLOTHES WITH				A PERSON WHO HAS TB...1	2		9	SEX WITH A WOMAN WHO				MISCARRIED.....1	2		9	SEX WITH A WIDOW/ER...1	2		9	BORN IN A FAMILY WITH				HIV.....1	2		9	SEJESO.....1	2		9	TOUCHING ITEMS IN				PUBLIC PLACES.....1	2		9	BEING IN CONTACT WITH				SOMEONE WITH TB.....1	2		9	OTHER, SPECIFY.....				
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Q618	Do you think that TB can be treated /cured?	YES.....1 NO.....2 DON'T KNOW.....9																																																																	
Q619	What are the signs and symptoms of TB?  MULTIPLE RESPONSE  NOT A READOUT	RASH.....1 COUGH.....2 COUGH THAT LASTS LONGER THAN 2 WEEKS.....3 COUGHING UP BLOOD.....4 SEVER HEADACHE.....5 NAUSEA.....6 WEIGHT LOSS.....7 FEVER.....8 FEVER WITHOUT CLEAR CAUSE THAT LAST MORE THAN 7 DAYS.....10 CHEST PAIN.....11 SHORTNESS OF BREATH.....12 ONGOING FATIGUE.....13 NIGHT SWEATS.....14 DON'T KNOW.....9 OTHER, SPECIFY.....	▶ Q621																																																																

Q620	What is the first thing you would do if you had symptoms of TB?	GO TO THE HEALTH FACILITY.....1 GO TO PHARMACY.....2 GO TO TRADITIONAL HEALER.....3 PURSUE OTHER TREATMENT OPTIONS....4 DONT KNOW.....9 OTHER, SPECIFY.....	
Q621	If you were diagnosed with TB, would you tell anyone?	YES.....1 NO.....2	Q621b
	a) If yes, whom would you tell?  <b>MULTIPLE RESPONSE</b>	SPOUSE.....1 SEX PARTNER.....2 FRIEND.....3 FAMILY MEMBER(S).....4 OTHER RELATIVE(S).....5 HEALTH CARE WORKER.....6 CO-WORKER.....7 OTHER, SPECIFY.....	Q622
	b) If no, why not?	FEAR OF STIGMATISATION.....1 KEEP IT A SECRET.....2 OTHER, SPECIFY.....	
Q622	Do you think HIV positive people should be concerned about TB?	YES.....1 NO.....2 DONT KNOW.....9	Q622b Q623
	a) If yes, why?	PERSON WITH HIV IS MORE LIKELY TO DEVELOP TB.....1 DONT KNOW.....9 OTHER, SPECIFY.....	Q623
	b) If no, why not?	PERSON WITH HIV IS LESS LIKELY TO DEVELOP TB.....1 DONT KNOW.....9 OTHER, SPECIFY.....	

Q623	Have you ever heard of Safe Male Circumcision or SMC programme?	YES.....1 NO.....2	Q701
Q624	Suppose you had male children aged below 16 years would you get them circumcised?	YES.....1 NO.....2 UNSURE.....3	
Q625	Do you think a circumcised male should stop using condoms?	YES.....1 NO.....2 DONT KNOW.....9	

**SECTION 7: ATTITUDES TOWARDS PEOPLE LIVING WITH HIV AND AIDS, TB,**

**READ OUT:**

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

Q701	If a member of your family became sick with HIV AND AIDS, would you be willing to care for him or her in your household?	YES.....1 NO.....2	
Q702	If you knew that a shopkeeper or food seller had HIV AND AIDS, would you buy vegetables from them?	YES.....1 NO.....2	
Q703	Do you think that children living with HIV should attend school with children who are HIV negative?	YES.....1 NO.....2	
Q704	Would you share a room with a person you knew has been diagnosed with TB?	YES.....1 NO.....2	
Q705	If a member of your family got diagnosed with TB, would you be willing to care for him or her in your household?	YES.....1 NO.....2	

**SECTION 8: HIV TESTING (15-64 Years ONLY)**

**READ OUT:**

Now I'm going to ask you more about your experience with HIV support, care and treatment.

Q801	Have you ever been tested for HIV?	YES .....1 NO .....2	▶ Q804
	a) Have you tested for HIV in the past 12 months?	YES .....1 NO .....2	▶ Q801c
	b) Did you test together with your partner in the past 12 months?	YES .....1 NO .....2 NO, NO PARTNER.....3	
	c) What month and year was your last HIV Test?	[ ] [ ] MM YYYY DONT KNOW MONTH .....99 DONT KNOW YEAR.....9999	
d) What was the MAIN reason for your last HIV test?	ILLNESS .....1 PREGNANCY .....2 WANTED TO HAVE A CHILD .....3 HAD UNPROTECTED SEX .....4 RAPE .....5 PRE-MARITAL / NEW PARTNER .....6 JUST WANTED TO KNOW .....7 NEEDLE PRICK .....8 ENCOURAGED BY SOMEONE .....10 PRE-EMPLOYMENT/SCHOLARSHIP REQUIREMENTS.....11 DONT KNOW .....9 OTHER, SPECIFY _____		
e) Where was the LAST test done?	VCT FACILITY .....1 MOBILE VCT (OUT REACH) .....2 AT HOME .....3 HEALTH CLINIC / FACILITY .....4 HOSPITAL OUTPATIENT CLINIC .....5 HOSPITAL INPATIENT WARDS .....6 BLOOD DONATING CENTER .....7 ANC CLINIC .....8 DONT KNOW .....9 OTHER, SPECIFY _____		
f) What was the result of your last HIV test?	POSITIVE .....1 NEGATIVE .....2 INDETERMINATE .....3 DONT WANT TO TELL .....4 DONT KNOW .....9		
IF Q801 IS POSITIVE/ACTIVE AND Q801c IS YES IF Q801 IS POSITIVE AND Q801c IS YES, GO TO QUESTION 8			
Q802	Did you tell anyone the result of the test?	YES .....1 NO .....2	▶ Q901
	a) Who have you told that you are HIV positive? NOT A READ OUT	HUSBAND/WIFE/SEX PARTNER .....2 DOCTOR .....3 FRIEND .....4 FAMILY MEMBER .....5 OTHER, SPECIFY _____	
IF Q801 IS NO MOVE TO Q802 ELSE SKIP TO SECTION 9 IF Q801 IS FEMALE, Q801c IS YES, Q802 IS YES, IF Q801 IS MALE, SKIP TO Q801			
Q803	Why have you not tested in the past 12 months?	FEAR OF KNOWING MY STATUS .....1 FEAR MY PARTNER'S POSSIBLE REACTION MY PARTNER RECENTLY TESTED NEGATIVE .....3 FEAR OF NEEDLE PRICK .....4 I AM NOT AT RISK .....5 I HAVE NOT HAD THE TIME OR CHANCE TO	

		GO FOR TESTING.....6 I DO NOT KNOW WHERE TO GO TO GET TESTED.....7 I KNOW MY HIV POSITIVE STATUS.....8 OTHER, SPECIFY.....	Q901
Q804	Why have you NEVER tested?	FEAR OF KNOWING MY STATUS.....1 FEAR MY PARTNER'S POSSIBLE REACTION? MY PARTNER RECENTLY TESTED NEGATIVE.....3 FEAR OF NEEDLE PRICK.....4 I AM NOT AT RISK.....5 I HAVE NOT HAD THE TIME OR CHANCE TO GO FOR TESTING.....6 I DO NOT KNOW WHERE TO GO TO GET TESTED.....7 OTHER, SPECIFY.....	

SECTION 9: HIV SUPPORT, CARE AND TREATMENT (15-64 YEARS ONLY, FOR HIV POSITIVE ONLY (Q801-1))

READ OUT:

Now I'm going to ask you more about your experience with HIV support, care and treatment.

Q901	After learning you had HIV, have you EVER received HIV medical care from a doctor, clinical officer or nurse?	YES.....1 NO.....2	Q902
	a) What is the MAIN reason why you have never received HIV medical care from a doctor, clinical officer, or nurse?	FACILITY IS TOO FAR AWAY.....1 I DON'T KNOW WHERE TO GET HIV MEDICAL CARE.....2 COST OF CARE.....3 COST OF TRANSPORT.....4 I DO NOT NEED IT/I FEEL HEALTHY/NOT SICK.....5 I FEAR PEOPLE WILL KNOW THAT I HAVE HIV IF I GO TO A CLINIC.....6 RELIGIOUS REASONS.....7 I'M TAKING TRADITIONAL MEDICINE.....8 DO NOT TRUST THE STAFF/QUALITY OF CARE.....10 I DO NOT FEEL RESPECTED BY THE STAFF.....11 OTHER, SPECIFY.....	Q1001
Q902	What month and year did you FIRST see a doctor, clinical officer or nurse for HIV medical care? (PROBE TO VERIFY DATE)	[ _ ] [ _ ] [ _ ] [ _ ] MM YYYY DONT KNOW MONTH.....99 DONT KNOW YEAR.....9999	
Q903	When seeking health Services in the past 12 months did you experience any of the following HIV related discrimination because of your HIV positive status? (MULTIPLE RESPONSE)  READ OUT	YES NO BY BEING DENIED CARE.....2 2 BY BEING THE SUBJECT OF GOSSIP.....1 2 BY BEING ADVISED NOT TO HAVE SEX.....1 2 BY BEING VERBALLY ABUSED.....1 2 BY BEING PHYSICALLY ABUSED.....1 2 THROUGH PEOPLE AVOIDING PHYSICAL CONTACT WITH YOU.....1 2 THROUGH SHARING OF HIV STATUS WITHOUT CONSENT.....1 2	

Q904	Are you currently taking ARVs? (REQUEST DOCUMENTED CONFIRMATION)	YES (CONFIRMED) ..... 1 YES (NOT CONFIRMED) ..... 2 NO ..... 3 DONT WANT TO TELL ..... 4	Q904c Q1001
	a) Where are you getting your ARVs?	GOVERNMENT CLINIC ..... 1 REFERRAL OR DISTRICT HOSPITAL ..... 2 PRIVATE CLINIC OR HOSPITAL ..... 3 PHARMACY/ CHEMIST ..... 4 TRADITIONAL HEALER ..... 5 OTHER, SPECIFY _____	
	b) What month and year did you first start taking ARVs? PROBE TO VERIFY DATE.	[ _ ] [ _ ] [ _ ] [ _ ] MM YYYY DONT KNOW MONTH ..... 99 DONT KNOW YEAR ..... 9999	Q905
	c) What is the MAIN reason you are not taking ARVs?	NON-DISCLOSURE TO PARTNER/SPOUSE.1 SPIRITUALIST SAID I AM HEALED ..... 2 DID NOT WANT TO BE CONFINED TO MEDICATION ..... 3 I HAVE TROUBLE TAKING A TABLET EVERYDAY ..... 4 I HAD SIDE EFFECTS ..... 5 FACILITY TOO FAR AWAY FOR ME TO GET MEDICINE REGULARLY ..... 6 COST OF MEDICATIONS ..... 7 COST OF TRANSPORT ..... 8 I FEEL HEALTHY/NOT SICK ..... 10 FACILITY WAS OUT OF STOCK ..... 11 TAKING TRADITIONAL MEDICATIONS ..... 12 PEOPLE WOULD SEE MY ARVS AND KNOW MY STATUS ..... 13 OTHER, SPECIFY _____	
Q905	People sometimes forget to take all of their ARVs every day. In the last 30 days, how many days have you missed taking any of your ARV pills?	NUMBER OF DAYS [ _ ] [ _ ] DONT KNOW ..... 99 CODE '00' IF NONE	Q1001
	a) What are the main reasons that you forget or do not take your ARV pills every day?	I HAVE TROUBLE TAKING A TABLET EVERYDAY ..... 1 I HAD SIDE EFFECTS/RASH ..... 2 DO NOT NEED IT WHEN I DO NOT FEEL SICK ..... 3 MY SCHEDULE CONFLICTS WITH THE TIMES I'M SUPPOSED TO TAKE PILLS ..... 4 I DON'T HAVE ENOUGH PRIVACY TO TAKE EVERY DAY ..... 5 I JUST FORGET ..... 6 OTHER, SPECIFY _____	

SECTION 10: CHILDBEARING AND ANTENATAL CARE (FEMALE ONLY: 15-49 YEARS)

READ OUT:

The following questions are about all the births you have had during your life and about your antenatal care visits. Now I would like to ask you questions about your pregnancies and your children. Some of these questions may seem repetitive but please answer them all.

Q1001	Are you currently pregnant?	YES ..... 1 NO ..... 2 NOT SURE ..... 3	Q1003
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Q1002	Are you or your partner using any method to delay / avoid pregnancy?	YES ..... 1 NO ..... 2 DONT KNOW ..... 9	▶ Q1002b ▶ Q1003
	a) Which method are you or your partner using to delay getting pregnant  <b>MULTIPLE RESPONSE</b>  <b>DO NOT READ OUT</b>	MALE CONDOMS ..... 1 FEMALE CONDOMS ..... 2 INJECTABLE CONTRACEPTIVE (E.G. DEPO- PROVERA) ..... 3 ORAL CONTRACEPTIVE ..... 4 INTRAUTERINE DEVICE (IUD) ..... 5 BILATERAL TUBAL LIGATION ..... 6 FEMALE STERILIZATION ..... 7 MALE STERILIZATION ..... 8 IMPLANTS ..... 10 EMERGENCY CONTRACEPTIVE ..... 11 STANDARD DAYS METHOD/SAFE PERIODS ..... 12 LACTATIONAL AMENORRHOEA METHOD (LAM) ..... 13 DIAPHRAGM ..... 14 FOAM OR JELLY (SPERMICIDES) ..... 15 NATURAL/ (E.G., RHYTHM METHOD) ..... 16 TRADITIONAL METHODS ..... 17 SPIRITUAL ..... 18 OTHER, SPECIFY _____	▶ Q1003
	b) If NO, why are you not using any method to delay pregnancy?	HEALTH FACILITIES FAR ..... 1 CAN'T AFFORD ..... 2 LACK OF KNOWLEDGE ON WHERE TO SOURCE CONTRACEPTIVE ..... 3 LACK OF KNOWLEDGE OF PREGNANCY PREVENTION METHODS ..... 4 NO PARTNER ..... 5 WANT TO GET PREGNANT ..... 6 OTHER, SPECIFY _____	
Q1003	Have you given birth in the past 2 years?	YES ..... 1 NO ..... 2	▶ Q1017
Q1004	What is the date of birth for your youngest child?	Day [ ] [ ] Month [ ] [ ] Year [ ] [ ] [ ] [ ]	
	a) Whilst pregnant with your youngest child, did you attend an ante natal care clinic?	YES ..... 1 NO ..... 2	▶ Q1005
	b) What is the MAIN reason you did not visit a clinic for antenatal care when you were pregnant with this child?  <b>DO NOT READOUT.</b>	CLINIC WAS TOO FAR AWAY ..... 1 COULD NOT TAKE TIME OFF WORK/TOO BUSY ..... 2 COULD NOT AFFORD TO PAY FOR THE VISIT ..... 3 DID NOT TRUST THE CLINIC STAFF ..... 4 RECEIVED CARE AT HOME ..... 5 DID NOT WANT AN HIV TEST DONE ..... 6 HUSBAND/FAMILY WOULD NOT LET ME GO ..... 7 USED TRADITIONAL BIRTH ..... 8 ATTENDANT/HEALER ..... 10 COST OF TRANSPORT ..... 11 RELIGIOUS REASONS ..... 12 OTHER, SPECIFY _____	
Q1005	Have you ever tested for HIV before your pregnancy with this child?	YES ..... 1 NO ..... 2	▶ Q1007
	a) What was the result of the test?	POSITIVE ..... 1 NEGATIVE ..... 2 INDETERMINATE ..... 3 REFUSED ..... 4 DONT KNOW ..... 9	▶ Q1007
Q1006	At the time of your first antenatal care visit were you taking ARVs?	YES ..... 1 NO ..... 2	▶ Q1010 ▶ Q1008
Q1007	Were you TESTED for HIV during any of your antenatal care clinic visit?	YES ..... 1 NO ..... 2	▶ Q1009

	a) What was the result of your last HIV test during your pregnancy?	POSITIVE .....1 NEGATIVE .....2 INDETERMINATE .....3 REFUSED .....4 DONT KNOW .....9	} ▶ Q1009
Q1008	Did you EVER take ARVs during your pregnancy?	YES .....1 NO .....2	▶ Q1010
	a) What was the MAIN REASON you did not take ARVs while you were pregnant?	WAS NOT PRESCRIBED .....1 I FELT HEALTHY/NOT SICK .....2 COST OF MEDICATIONS .....3 COST OF TRANSPORT .....4 RELIGIOUS REASONS .....5 WAS TAKING TRADITIONAL MEDICATIONS .....6 MEDICATIONS OUT OF STOCK .....7 DID NOT WANT PEOPLE TO KNOW HIV STATUS .....8 DID NOT RECEIVE PERMISSION FROM HUSBAND/WIFE/PARTNER//FAMILY .....10 OTHER, SPECIFY _____	} ▶ Q1010
Q1009	Did you test for HIV during labor/ delivery?	YES .....1 NO .....2	▶ Q1010
	a) What was the result of that test?	POSITIVE .....1 NEGATIVE .....2 INDETERMINATE .....3 REFUSED .....4 DONT KNOW .....9	
Q1010	Where did you give birth to this child?	HOME .....1 PUBLIC HEALTH FACILITY .....2 PRIVATE HEALTH FACILITY .....3 OTHER, SPECIFY _____	
Q1011	How did you feed your baby the first 6 months?	FORMULA EXCLUSIVELY .....1 BREASTMILK EXCLUSIVELY .....2 FORMULA AND BREASTMILK .....3 FORMULA AND SOLID FOOD .....4 FORMULA, BREASTFEED, SOLID FOOD .....5 BREASTMILK AND SOLID .....6 SOLID ONLY .....7 DID NOT FEED, CHILD DIED AT BIRTH .....8 OTHER, SPECIFY _____	▶ Q1017
Q1012	For how long did you breastfeed?	____   ____   ____ WW MM YYYY STILL BREASTFEEDING .....1	
Q1013	Did you take ARVs while you were breastfeeding?	YES .....1 NO .....2	
Q1014	Was this child tested for HIV by the time he/ she was 6 – 8 weeks old?	YES .....1 NO .....2 DONT KNOW .....9	} ▶ Q1015
	a) What were the results of the child?	POSITIVE .....1 NEGATIVE .....2 INDETERMINATE .....3 REFUSED .....4 DONT KNOW .....9	} ▶ Q1015
	b) Was the child given ARVs?	YES .....1 NO .....2	
Q1015	Was this child tested for HIV by the time he/ she was 18 months-24months?	YES .....1 NO .....2 DONT KNOW .....9	} ▶ Q101c

	a) What were the results of the child?	POSITIVE ..... 1 NEGATIVE ..... 2 INDETERMINATE ..... 3 REFUSED ..... 4 DONT KNOW ..... 9	▶ Q1016
	b) Was the child given ARVs?	YES ..... 1 NO ..... 2	
Q1016	Is the child still Alive?	YES ..... 1 NO ..... 2	
Q1017	Have you ever been screened for cervical cancer in the past 12 months?	YES ..... 1 NO ..... 2	

SECTION II: TB SCREENING AND HEALTH SEEKING BEHAVIOUR

**READ OUT:**  
Now I'm going to ask you question about TB screening and health seeking behaviour

Q1101	Are you on TB treatment now? (REQUEST DOCUMENTED CONFIRMATION)	YES CONFIRMED ..... 1 YES NOT CONFIRMED ..... 2 NO ..... 3 DONT WANT TO TELL ..... 4	▶ Q1102
	a) Where are you getting your TB treatment?	GOVERNMENT CLINIC ..... 1 REFERRAL OR DISTRICT HOSPITAL ..... 2 PRIVATE CLINIC OR HOSPITAL ..... 3 PHARMACY/ CHEMIST ..... 4 TRADITIONAL HEALER ..... 5 OTHER, SPECIFY .....	
Q1102	Have you been on TB treatment before?	YES ..... 1 NO ..... 2 DONT KNOW ..... 9	▶ Q1103
	a) When were you treated for tuberculosis?	___ YEAR	
Q1103	Do you have a cough?	YES ..... 1 NO ..... 2	▶ Q1107
	a) How long have you had this cough?	[ ] [ ] DD WKS DONT KNOW ..... 99	
Q1104	Do you cough up sputum? (FIELD WORKER EXPLAIN)	YES ..... 1 NO ..... 2	▶ Q1107
Q1105	Does that sputum have blood in it?	YES ..... 1 NO ..... 2	
Q1106	Did you submit a sputum sample?	YES ..... 1 NO ..... 2	▶ Q1106b
	a) If YES, what was the result?	POSITIVE FOR TB ..... 1 NEGATIVE FOR TB ..... 2 AWAITING RESULT ..... 3 DONT KNOW ..... 9	
	b) If NO, why not?	COULD NOT PRODUCE SPUTUM ..... 1 COULD NOT GET TO THE CLINIC OR HEALTH CENTRE ..... 2 I WAS NOT ASKED TO SUBMIT A SPUTUM SAMPLE ..... 3 NO SPUTUM CONTAINER ..... 4 OTHERS, SPECIFY .....	
Q1107	Do you currently have a fever?	YES ..... 1 NO ..... 2	▶ Q1108
	a) How long have you had the fever?	[ ] [ ] DD WKS DONT KNOW ..... 99	
Q1108	Do you currently have drenching night sweats? (Such that you have to change your bed/clothes?)	YES ..... 1 NO ..... 2	▶ Q1109
	a) How long have you had the drenching night sweats?	[ ] [ ] DD WKS	

		DON'T KNOW.....99	
<b>Q1109</b>	In the past month, have you unexpectedly lost weight?	YES ..... 1 NO ..... 2	
<b>Q1110</b>	Did you seek medical attention?	YES ..... 1 NO ..... 2	▶ <b>Q1113</b>
<b>Q1111</b>	Where did you FIRST go for help?	GOVERNMENT CLINIC..... 1 REFERRAL OR DISTRICT HOSPITAL..... 2 PRIVATE CLINIC OR HOSPITAL..... 3 PHARMACY/ CHEMIST..... 4 TRADITIONAL HEALER..... 5 OTHER, SPECIFY .....	
<b>Q1112</b>	If you consulted, what happened?	I WAS PRESCRIBED CHEST X RAY ..... 1 I WAS ASKED TO SUBMIT SPUTUM SAMPLE ..... 2 I WAS GIVEN TB DRUGS ..... 3 I WAS PRESCRIBED OTHER DRUGS ..... 4 OTHER, SPECIFY .....	▶ <b>Q1114</b>
<b>Q1113</b>	If you did not seek help, what were the reasons?	NO MONEY FOR TRANSPORT..... 1 HEALTH FACILITY WAS TOO FAR..... 2 I DID NOT FEEL SICK ENOUGH..... 3 I COULD NOT TAKE TIME OFF WORK..... 4 OTHER, SPECIFY .....	
<b>Q1114</b>	Have you been diagnosed with diabetes?	YES ..... 1 NO ..... 2	

STRICTLY CONFIDENTIAL

Bar code



INDIVIDUAL QUESTIONNAIRE (15 - 64 YEARS)  
HIV ONLY

GENERAL INFORMATION

IDENTIFICATION	
STRATUM NUMBER	
DISTRICT NAME /CODE	
VILLAGE NAME/CODE	
LOCALITY NAME/CODE	
EA CODE	
BLOCK NUMBER	
EA STATUS CODE	
DWELLING NUMBER	
HOUSEHOLD NUMBER	
RESPONDENT LINE NUMBER	
ENUMERATOR'S CODE	
SUPERVISOR'S CODE	

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

	CHECKED BY	CODED	ENTERED	ONLINE EDITED
NAME				
DATE				

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

SECTION 1: BACKGROUND CHARACTERISTICS

BE SURE TO INTRODUCE YOURSELF AND READ THE INFORMATION SHEET AND INFORMED CONSENT FORMS ALOUD.

NB: INFORMATION SHEET WILL BE LEFT WITH THE HOUSEHOLD AFTER THE INTERVIEW

**READ OUT:**  
 At this time, do you want to ask me anything about the survey? May I begin the interview now? First, I would like to ask some questions about you.

Q101	<b>CIRCLE SEX OF THE RESPONDENT</b>	MALE.....1 FEMALE.....2	
Q102	How old are you in complete years?	[ ] [ ]	
Q103	Have you ever attended school?	STILL AT SCHOOL.....1 LEFT SCHOOL.....2 NEVER ATTENDED.....3	→ Q105
Q104	What is the highest level that you are currently doing/ have completed?  Type of education.  PRE-SCHOOL.....00 PRIMARY.....01 SECONDARY.....02 OUT OF SCHOOL EDUCATION AND TRAINING.....03 APPRENTICE.....11 BRIGADE.....12 TECHNICAL/ VOCATIONAL.....13 EDUCATIONAL COLLEGE.....14 INST. OF HEALTH SCIENCES.....15 UNIVERSITY.....16  d) LEVEL of education.  GENERAL.....0 CERTIFICATE.....1 DIPLOMA.....2 DEGREE.....3 POST GRADUATE.....4 PHD/DOCTORATE.....5  e) Year  0 1 2 3 4 5 6 7  IF CODE FOR TYPE IS 00, 01, 02, 03 SKIP TO Q105		CODE: <input style="width: 80px; height: 20px;" type="text"/>
	f) If tertiary, what is/was your field of education? (PROBE AS NECESSARY, USE TWO OR MORE WORDS TO DESCRIBE FIELD OF EDUCATION)		CODE: <input style="width: 80px; height: 20px;" type="text"/>
Q105	What is your employment status?	FULL-TIME EMPLOYED.....1 SELF EMPLOYED.....2 PART-TIME EMPLOYED.....3 WORKING AT OWN LANDS/CATTLEPOST.....4 ACTIVELY SEEKING WORK.....5 TOO OLD TO WORK.....6 PENSIONER.....7 STUDENT.....8 OTHER, SPECIFY _____	} → Q106
	e) What is your current occupation?	SPECIFY _____	

	f) What is the main product, service or activity at your place of work? <b>PROBE AS NECESSARY. USE TWO OR MORE WORDS TO DESCRIBE THE INDUSTRY.</b>	CODE ..... [ ] [ ] [ ] [ ] ..... CODE ..... [ ] [ ] [ ] [ ]	
Q106	In the past 7 days did you work for payment, profit or home use for at least 1 hour?	YES.....1 NO.....2	▶ Q106
	a) Since you DID NOT work for payment, profit or home use, what did you do?	ACTIVELY SEEKING WORK.....1 HOUSEWORK.....2 STUDENT.....3 TOO OLD TO WORK.....4 TOO SICK TO WORK.....5 OTHER, SPECIFY .....	▶ Q201
	b) What were you mainly working as during the past 7 days?	EMPLOYEE - PAID CASH.....1 EMPLOYEE - PAID IN KIND ONLY.....2 SELF-EMPLOYED (NO EMPLOYEES).....3 SELF-EMPLOYED (WITH EMPLOYEES).....4 MEMBER - PRODUCER COOPERATIVES.....5 UNPAID HELPER IN FAMILY BUSINESS.....6 WORKING AT OWN LANDS/CATTLE POST.....7 APPRENTICE.....8 VOLUNTEER.....10	
	g) What type of work did you do in the past 7 days? <b>PROBE AS NECESSARY AND WRITE OCCUPATION IN FULL. ALSO RECONCILE WITH LEVEL OF EDUCATION.</b>	..... ..... CODE ..... [ ] [ ] [ ] [ ]	
	h) What was the main product, service or activity at your place of work? <b>PROBE AS NECESSARY. USE TWO OR MORE WORDS TO DESCRIBE THE INDUSTRY.</b>	..... ..... CODE ..... [ ] [ ] [ ] [ ]	

SECTION 2: MARITAL STATUS

**READ OUT:**  
Now I am going to ask you questions about current and previous relationships and/or marriages.

Q201	What is your current marital status?	NEVER MARRIED ..... 1 MARRIED.....2 LIVING TOGETHER.....3 SEPARATED.....4 DIVORCED.....5 WIDOWED.....6	▶ Q203
Q202	Have you ever lived together with a partner as if you were married?	YES.....1 NO.....2	▶ Q301
Q203	Altogether, how many wives/ husbands or live in partners have you had?	NUMBER OF PARTNERS.....	
Q204	For how many years have you been married or living together?	YEARS ..... [ ] [ ] [ ] <b>RECORD 00 IF LESS THAN ONE YEAR.</b>	
Q205	Does your husband/ wife/ partner live with you now or he/she stays elsewhere?	LIVING TOGETHER IN THE SAME HOUSE 1 STAYING ELSEWHERE.....2	▶ Q301
	b) How often do you see/visit each other?	DAILY.....1 WEEKLY.....2 FORTNIGHTLY.....3 MONTHLY.....4 QUARTELY.....5 YEARLY.....6 NEVER.....7	

**SECTION 3: ALCOHOL CONSUMPTION AND SUBSTANCE USE**

**READ OUT:**

Now I am going to ask you questions about alcohol and substance use. By alcohol we mean beer, spirits, wine, home brews (khabo, etc.), chibuku, whisky, etc. By substances we mean cocaine, heroin, glue, mandrax, ecstasy, marijuana (motokwane), etc. 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 way.

Q301	Have you ever taken alcohol? <i>(By alcohol we mean beer, spirits, wine, home brews (khabo, etc.), chibuku, whisky, etc.)</i>	YES ..... 1	➔ Q302
		NO ..... 2	
	b) Have you taken alcohol in the last 3 months?	YES ..... 1	
		NO ..... 2	
Q302	Have you ever used drugs for recreational purposes?	YES ..... 1	➔ Q307
		NO ..... 2	
Q303	Have you ever injected any drugs for recreation purposes?	YES ..... 1	➔ Q304
		NO ..... 2	
	b) Have you injected any drugs for recreation purposes in the last 3 months?	YES ..... 1	
		NO ..... 2	
Q304	Have you ever used any of the following drugs for Recreation: <i>(By drugs we mean cocaine, glue, mandrax, ecstasy, marijuana (motokwane), etc.)</i>	YES ..... 1	➔ Q307
		NO ..... 2	
	b) Have you used any of these drugs in the last 3 months?	YES ..... 1	
		NO ..... 2	
Q307	In the past 12 months have you ever seen or heard any anti-alcohol & substance abuse messages?	YES ..... 1	
		NO ..... 2	

**SECTION 4: SEXUAL HISTORY AND BEHAVIOUR (15-64 YEARS ONLY)**

**READ OUT:**

I am going to ask you some very personal questions about sex, by sex I mean vaginal, oral and anal sex. Please bear with me as collecting information on HIV AND 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.

Q401	Have you ever had sexual intercourse? <i>(i.e. vaginal sex, oral sex or anal sex; Consented or non-consented)</i>	YES ..... 1	
		NO ..... 2	
Q402	At what age did you FIRST have sexual intercourse?	AGE IN YEARS [ ] [ ]	
		DON'T KNOW ..... 99	
c)	Did you give consent at the time of intercourse?	YES ..... 1	
		NO ..... 2	
d)	Was a condom used during that sexual intercourse?	YES ..... 1	
		NO ..... 2	
		DON'T KNOW ..... 9	
Q403	Have you had sex in the last 12 months?	YES ..... 1	
		NO ..... 2	
Q404	Which type of sex have you had in the past 12 months? <b>MULTIPLE RESPONSES</b>	VAGINAL SEX ..... 1	
		ANAL SEX ..... 2	
		ORAL SEX ..... 3	
b)	Was a condom used the last time you had sex in the last 12 months?	YES ..... 1	
		NO ..... 2	
Q405	Have you had sex without your consent in the last 12 months?	YES ..... 1	
		NO ..... 2	
Q406	In the last 12 months with how many people <b>OVERALL</b> have you had sex?	[ ] [ ] PARTNERS	
Q407	Have you been engaged in sex while under the influence of drugs/ alcohol in the last 12 months?	YES ..... 1	
		NO ..... 2	

Q408	In the last 12 months have you had sex with someone you are not married to or living together?	YES..... 1		
		NO..... 2		
	b) Did you use a condom the last time you had sex with this partner?	YES..... 1		
		NO..... 2		
Q410	<p>Have you experienced physical or sexual violence from a male intimate partner in the last 12 months?</p> <p><b>READ OUT</b></p> <p>Physical or sexual violence is determined by asking whether they were:</p> <ul style="list-style-type: none"> <li>&gt; Slapped or threw something that could hurt you</li> <li>&gt; Pushed or shoved you</li> <li>&gt; Choked or burned you</li> <li>&gt; Threatened or used a gun, knife or other weapon against you</li> <li>&gt; Physically forced you to have sexual intercourse against your will</li> <li>&gt; Forced you to do something sexual you found degrading or humiliating,</li> <li>&gt; Made you afraid of what would happen if you did not have sexual intercourse</li> </ul>	YES	NO	} Q601
		1	2	
		1	2	
		1	2	
		1	2	
		1	2	
		1	2	
		1	2	

**SECTION 5: MALE CIRCUMCISION (MALES 15-64 YEARS ONLY)**

**READ OUT:**

Now I would like to ask some questions relating to circumcision.

Q501	Are you circumcised?	YES..... 1	} Q503	
		NO..... 2		
		DON'T KNOW..... 9		
Q502	Where were you circumcised?	GOVT HEALTH FACILITY..... 1	} Q601	
		PRIVATE HEALTH FACILITY..... 2		
		TRADITIONAL..... 3		
		DON'T KNOW..... 9		
Q503	Do you intend to get circumcised in the next 12 months?	YES..... 1	} Q601	
		NO..... 2		
		DON'T KNOW..... 9		
Q504	<p>Why would you NOT want to get circumcised?</p> <p><i>MULTIPLE RESPONSE</i></p>	<b>CIRCLE ALL THAT ARE MENTIONED</b>		} Q601
		PAIN..... 1		
		REDUCE SEXUAL PLEASURE..... 2		
		FEAR..... 3		
		CULTURE..... 4		
		RELIGION..... 5		
		SPOUSE CONSENT..... 6		
		PARENTAL CONSENT..... 7		
		LONG DURATION OF HEALING PERIOD..... 8		
		FEAR OF HIV TEST..... 10		
OTHER, SPECIFY.....				

**SECTION 6: KNOWLEDGE ABOUT HIV AND AIDS AND TB AND LEVEL OF ACCESS TO INTERVENTIONS**

**READ OUT**

Now I'm going to ask you some questions about knowledge about HIV and AIDS and TB. I would like you to answer the questions to the best of your knowledge

Q601	Have you EVER heard of HIV or an illness called AIDS?	YES..... 1	} Q604
		NO..... 2	
	b) In the past 4 weeks, have you heard or seen any information about HIV / AIDS?	YES..... 1	} Q603
		NO..... 2	

Q602	From what source(s) did you receive information about HIV and AIDS?  <i>MULTIPLE RESPONSE</i>  <i>NOT A READOUT.</i>	YOUTH PROGRAM.....1 TELEVISION/ VIDEO.....2 RADIO.....3 NEWSPAPER.....4 HOSPITAL/CLINIC/VCT.....5 POSTERS / BANNERS / BOOKLET.....6 TRADITL/SPIRITUAL HEALER.....7 WORKSHOP / SEMINAR.....8 INDIVIDUAL.....10 CHURCH.....11 KGOTLA.....12 WORKPLACE PROGRAMME (PEER EDUCATOR, COUNSELLOR, CO-WORKER).....13 PEER EDUCATOR.....14 SCHOOL.....15 OTHER, SPECIFY.....	
Q603	How can people prevent becoming infected with HIV?  <i>MULTIPLE RESPONSE</i>  <i>DO NOT READ OUT.</i>	USE CONDOMS.....1 HAVE FEWER PARTNERS.....2 BOTH PARTNERS HAVE NO OTHER PARTNERS.....3 NO CASUAL SEX.....4 ABSTINENCE.....5 NO COMMERCIAL SEX.....6 AVOID INJECTIONS WITH CONTAMINATED NEEDLES.....7 AVOID BLOOD TRANSFUSIONS.....8 DON'T KNOW ANY.....9 OTHER, SPECIFY.....	
Q604	Have you EVER heard of TB?	YES.....1 NO.....2	▶ Q606
	c) In the past 4 weeks, have you heard or seen any information about TB?	YES.....1 NO.....2	▶ Q605
	d) From what source(s) did you receive information about TB?  <i>MULTIPLE RESPONSE</i>  <i>NOT A READOUT</i>	YOUTH PROGRAM.....1 TELEVISION/ VIDEO.....2 RADIO.....3 NEWSPAPER.....4 HOSPITAL/CLINIC/VCT.....5 POSTERS / BANNERS / BOOKLET.....6 TRADITL/SPIRITUAL HEALER.....7 WORKSHOP / SEMINAR.....8 INDIVIDUAL.....10 CHURCH.....11 KGOTLA.....12 WORKPLACE PROGRAMME (PEER EDUCATOR, COUNSELLOR, CO-ORKER).....13 PEER EDUCATOR.....14 SCHOOL.....15 OTHER, SPECIFY.....	
Q605	How can people prevent becoming infected with TB?  <i>MULTIPLE RESPONSE</i>  <i>DO NOT READ OUT</i>	KEEP WINDOWS OPEN.....1 COVER MOUTH WHEN COUGHING.....2 AVOID SHAKING HANDS.....3 GOOD NUTRITION.....4 PRAYING.....5 DON'T KNOW ANY.....9 OTHER, SPECIFY.....	

**READ OUT:**

Now I'm going to ask you some questions about facts and myths about TB and HIV. I would like you to answer the questions to the best of your knowledge

Q606	Is it possible for a healthy looking person to have HIV?	YES.....1 NO.....2 DON'T KNOW.....9	
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Q607	Can people reduce their chances of getting HIV AND AIDS by using a condom correctly every time they have sex?	YES.....1 NO.....2 DONT KNOW.....9													
Q608	Do you think that a person can get infected with HIV through mosquito bites?	YES.....1 NO.....2 DONT KNOW.....9													
Q609	Can people reduce their chances of getting HIV AND AIDS by having only one uninfected sex partner who has no other partners?	YES.....1 NO.....2 DONT KNOW.....9													
Q610	Can a person get infected with HIV by sharing a meal (from the same plate) with a person who has HIV AND AIDS?	YES.....1 NO.....2 DONT KNOW.....9													
Q611	Can HIV be transmitted from a mother to a child: <b>READ OUT</b>  A. During pregnancy?  B. During delivery?  C. During breastfeeding	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>DONT 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	DONT KNOW	1	2	9	1	2	9	1	2	9	
YES	NO	DONT KNOW													
1	2	9													
1	2	9													
1	2	9													
Q612	If a mother is infected with HIV, is there any way to avoid transmission during pregnancy?  b) If yes, what ways?	YES.....1 NO.....2 DONT KNOW.....9  ANTIRETROVIRAL THERAPY (AZT, DRUGS BEFORE BIRTH).....1 CAESAREAN SECTION.....2 DONT KNOW.....9 OTHER, SPECIFY.....	Q613												
Q613	If a mother is infected with HIV, is there any way to avoid transmission to the new born baby?  b) If yes, what ways?	YES.....1 NO.....2 DONT KNOW.....9  ANTIRETROVIRAL THERAPY (ART, DRUGS AFTER BIRTH).....1 NOT BREASTFEEDING.....2 EXCLUSIVE BREASTFEEDING.....3 DONT KNOW.....9 OTHER, SPECIFY.....	Q614												
Q614	What do you believe anti-retroviral (ARV's) do?	CURE AIDS.....1 CURE HIV.....2 SUPPRESS HIV.....3 BOOST IMMUNE SYSTEM.....4 DONT KNOW.....9 OTHER, SPECIFY.....													
Q615	Do you think that people on ARV's should always use condoms?	YES.....1 NO.....2 DONT KNOW.....9													

Q622	Do you think HIV positive people should be concerned about TB?	YES.....1 NO.....2 DONT KNOW.....9	Q622b Q623
	c) If yes, why?	PERSON WITH HIV IS MORE LIKELY TO DEVELOP TB.....1 DONT KNOW.....9 OTHER, SPECIFY.....	Q623
	d) If no, why not?	PERSON WITH HIV IS LESS LIKELY TO DEVELOP TB.....1 DONT KNOW.....9 OTHER, SPECIFY.....	

Q623	Have you ever heard of Safe Male Circumcision or SMC programme?	YES ..... 1 NO ..... 2	→ Q701
Q624	Suppose you had male children aged below 18 years would you get them circumcised?	YES ..... 1 NO ..... 2 UNSURE ..... 3	
Q625	Do you think a circumcised male should stop using condoms?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	

**SECTION 7: ATTITUDES TOWARDS PEOPLE LIVING WITH HIV AND AIDS**

**READ OUT:**

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

Q701	If a member of your family became sick with HIV AND AIDS, would you be willing to care for him or her in your household?	YES ..... 1 NO ..... 2	
Q702	If you knew that a shopkeeper or food seller had HIV AND AIDS, would you buy vegetables from them?	YES ..... 1 NO ..... 2	
Q703	Do you think that children living with HIV should attend school with children who are HIV negative?	YES ..... 1 NO ..... 2	

**SECTION 8: HIV TESTING (15-64 Years ONLY)**

**READ OUT:**

Now I'm going to ask you more about your experience with HIV support, care and treatment.

Q801	Have you ever been tested for HIV?	YES ..... 1 NO ..... 2	→ Q804
	g) Have you tested for HIV in the last 12 months?	YES ..... 1 NO ..... 2	→ Q801c
	h) Did you test together with your partner in the last 12 months?	YES ..... 1 NO ..... 2 NO, NO PARTNER ..... 3	
	i) What month and year was your last HIV Test?	[ ] [ ] MM YYYY DON'T KNOW MONTH ..... 99 DON'T KNOW YEAR ..... 9999	
	j) What was the MAIN reason for your HIV last test?	ILLNESS ..... 1 PREGNANCY ..... 2 WANTED TO HAVE A CHILD ..... 3 HAD UNPROTECTED SEX ..... 4 RAPE ..... 5 PRE-MARITAL/ NEW PARTNER ..... 6 JUST WANTED TO KNOW ..... 7 NEEDLE PRICK ..... 8 ENCOURAGED BY SOMEONE ..... 10 PRE-EMPLOYMENT/SCHOLARSHIP ..... 11 DONT KNOW ..... 9 OTHER, SPECIFY _____	
	k) Where was the LAST test done?	VCT FACILITY ..... 1 MOBILE VCT (OUT REACH) ..... 2 AT HOME ..... 3 HEALTH CLINIC / FACILITY ..... 4 HOSPITAL OUTPATIENT CLINIC ..... 5 HOSPITAL INPATIENT WARDS ..... 6 BLOOD DONATING CENTER ..... 7 ANC CLINIC ..... 8 DON'T KNOW ..... 9 OTHER, SPECIFY _____	

	d) What was the result of your last HIV test?	POSITIVE .....1 NEGATIVE.....2 INDETERMINATE.....3 DONT WANT TO TELL.....4 DONT KNOW.....5	
Q802	Did you tell anyone the result of the test?	YES.....1 NO.....2	Q901
	b) Who have you told that you are HIV positive? NOT A READ OUT	HUSBAND/WIFE/SEX PARTNER.....2 DOCTOR.....3 FRIEND.....4 FAMILY MEMBER.....5 OTHER, SPECIFY.....	
Q803	Why have you not tested in the last 12 months?	FEAR OF KNOWING MY STATUS.....1 FEAR MY PARTNER'S POSSIBLE REACTION2 MY PARTNER RECENTLY TESTED NEGATIVE .....3 FEAR OF NEEDLE PRICK.....4 I AM NOT AT RISK.....5 I HAVE NOT HAD THE TIME OR CHANCE TO GO FOR TESTING.....6 I DO NOT KNOW WHERE TO GO TO GET TESTED.....7 I KNOW MY HIV POSITIVE STATUS.....8 OTHER, SPECIFY.....	Q901
Q804	Why have you NEVER tested?	FEAR OF KNOWING MY STATUS.....1 FEAR MY PARTNER'S POSSIBLE REACTION2 MY PARTNER RECENTLY TESTED NEGATIVE: .....3 FEAR OF NEEDLE PRICK.....4 I AM NOT AT RISK.....5 I HAVE NOT HAD THE TIME OR CHANCE TO GO FOR TESTING.....6 I DO NOT KNOW WHERE TO GO TO GET TESTED.....7 OTHER, SPECIFY.....	

SECTION 9: HIV SUPPORT, CARE AND TREATMENT (15-64 YEARS ONLY, FOR HIV POSITIVE ONLY (Q801=1))

**READ OUT:**

Now I'm going to ask you more about your experience with HIV support, care and treatment.

Q901	After learning you had HIV, have you EVER received HIV medical care from a doctor, clinical officer or nurse?	YES .....1 NO.....2	Q902
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	<p>b) What is the <b>MAIN</b> reason why you have never received HIV medical care from a doctor, clinical officer, or nurse?</p>	<p>FACILITY IS TOO FAR AWAY ..... 1  I DON'T KNOW WHERE TO GET HIV MEDICAL CARE ..... 2  COST OF CARE ..... 3  COST OF TRANSPORT ..... 4  I DO NOT NEED IT/I FEEL HEALTHY/NOT SICK ..... 5  I FEAR PEOPLE WILL KNOW THAT I HAVE HIV IF I GO TO A CLINIC ..... 6  RELIGIOUS REASONS ..... 7  I'M TAKING TRADITIONAL MEDICINE ..... 8  DO NOT TRUST THE STAFF/QUALITY OF CARE ..... 10  I DO NOT FEEL RESPECTED BY THE STAFF ..... 11  OTHER, SPECIFY .....</p>	<p>→ Q1001</p>
<p>Q902</p>	<p>What month and year did you <b>FIRST</b> see a doctor, clinical officer or nurse for HIV medical care?  <b>(PROBE TO VERIFY DATE)</b></p>	<p>[ _   _ - - - ]  MM YY  DON'T KNOW MONTH ..... 99  DON'T KNOW YEAR ..... 9999</p>	
<p>Q903</p>	<p><b>When seeking</b> health Services in the last 12 months did you experience any of the following HIV related discrimination because of your HIV positive status?  <b>(MULTIPLE RESPONSE)</b>   <b>READ OUT</b></p>	<p>YES NO  BY BEING DENIED CARE ..... 1 2  BY BEING THE SUBJECT OF GOSSIP ..... 1 2  BY BEING ADVISED NOT TO HAVE SEX. 1 2  BY BEING VERBALLY ABUSED ..... 1 2  BY BEING PHYSICALLY ABUSED ..... 1 2  THROUGH PEOPLE AVOIDING PHYSICAL CONTACT WITH YOU ..... 1 2  THROUGH SHARING OF HIV STATUS WITHOUT CONSENT ..... 1 2</p>	
<p>Q904</p>	<p>Are you currently taking ARVs?  <b>(REQUEST DOCUMENTED CONFIRMATION)</b></p>	<p>YES (CONFIRMED) ..... 1  YES ( NOT CONFIRMED) ..... 2  NO ..... 3  DON'T WANT TO TELL ..... 4</p>	<p>→ Q904c  → Q1001</p>
	<p>d) Where are you getting your ARVs?</p>	<p>GOVERNMENT CLINIC ..... 1  REFERRAL OR DISTRICT HOSPITAL ..... 2  PRIVATE CLINIC OR HOSPITAL ..... 3  PHARMACY/ CHEMIST ..... 4  TRADITIONAL HEALER ..... 5  OTHER, SPECIFY .....</p>	
	<p>e) What month and year did you first start taking ARVs?  <b>PROBE TO VERIFY DATE.</b></p>	<p>[ _ -   _ - - - ]  MM YYYY  DON'T KNOW MONTH ..... 99  DON'T KNOW YEAR ..... 9999</p>	<p>→ Q905</p>
	<p>f) What is the <b>MAIN</b> reason you are not taking ARVs?</p>	<p>NON-DISCLOSURE TO PARTNER/SPOUSE ..... 1  SPIRITUALIST SAID I AM HEALED ..... 2  DID NOT WANT TO BE CONFINED TO MEDICATION ..... 3  I HAVE TROUBLE TAKING A TABLET EVERYDAY ..... 4  I HAD SIDE EFFECTS ..... 5  FACILITY TOO FAR AWAY FOR ME TO GET MEDICINE REGULARLY ..... 6  COST OF MEDICATIONS ..... 7  COST OF TRANSPORT ..... 8  I FEEL HEALTHY/NOT SICK ..... 10  FACILITY WAS OUT OF STOCK ..... 11  TAKING TRADITIONAL MEDICATIONS ..... 12  PEOPLE WOULD SEE MY ARVS AND KNOW MY STATUS ..... 13  OTHER, SPECIFY .....</p>	

Q905	People sometimes forget to take all of their ARVs every day. In the last 30 days, how many days have you missed taking any of your ARV pills?	NUMBER OF DAYS ( _   _ ) DON'T KNOW .....99 CODE '00' IF NONE	Q1001
	b) What are the main reasons that you forget or do not take your ARV pills every day?	I HAVE TROUBLE TAKING A TABLET EVERYDAY .....1 I HAD SIDE EFFECTS/RASH .....2 DO NOT NEED IT WHEN I DO NOT FEEL SICK .....3 MY SCHEDULE CONFLICTS WITH THE TIMES I'M SUPPOSED TO TAKE PILLS .....4 I DON'T HAVE ENOUGH PRIVACY TO TAKE EVERY DAY .....5 I JUST FORGET .....6 OTHER, SPECIFY _____	

SECTION 10: CHILDBEARING AND ANTENATAL CARE (FEMALE ONLY: 15-49 YEARS)

READ OUT:

The following questions are about all the births you have had during your life and about your antenatal care visits. Now I would like to ask you questions about your pregnancies and your children. Some of these questions may seem repetitive but please answer them all.

Q1001	Are you currently pregnant?	YES ..... 1 NO ..... 2 NOT SURE ..... 3	Q1003
Q1002	Are you or your partner using any method to delay / avoid pregnancy?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 9	Q1002b Q1003
	c) Which method are you or your partner using to delay getting pregnant  <i>MULTIPLE RESPONSE</i>  <i>DO NOT READ OUT</i>	MALE CONDOMS ..... 1 FEMALE CONDOMS ..... 2 INJECTABLE CONTRACEPTIVE (E.G. DEPO-PROVERA) ..... 3 ORAL CONTRACEPTIVE ..... 4 INTRAUTERINE DEVICE (IUD) ..... 5 BILATERAL TUBAL LIGATION ..... 6 FEMALE STERILIZATION ..... 7 MALE STERILIZATION ..... 8 IMPLANTS ..... 10 EMERGENCY CONTRACEPTIVE ..... 11 STANDARD DAYS METHOD/SAFE PERIODS ..... 12 LACTATIONAL AMENORRHOEA METHOD (LAM) ..... 13 DIAPHRAGM ..... 14 FOAM OR JELLY (SPERMICIDES) ..... 15 NATURAL/ (E.G., RHYTHM METHOD) ..... 16 TRADITIONAL METHODS ..... 17 SPIRITUAL ..... 18 OTHER, SPECIFY _____	Q1003
	d) If NO, why are you not using any method to delay pregnancy?	HEALTH FACILITIES FAR ..... 1 CAN'T AFFORD ..... 2 LACK OF KNOWLEDGE ON WHERE TO SOURCE CONTRACEPTIVE ..... 3 LACK OF KNOWLEDGE OF PREGNANCY PREVENTION METHODS ..... 4 NO PARTNER ..... 5 WANT TO GET PREGNANT ..... 6 OTHER, SPECIFY _____	

Q1003	Have you given birth in the past 2 years?	YES.....1 NO.....2	▶ Q1017
Q1004	What is the date of birth for your youngest child?	Day [ ] [ ] Month [ ] [ ] Year [ ] [ ] [ ] [ ]	
	c) Whilst pregnant with your youngest child, did you attend an ante natal care clinic?	YES.....1 NO.....2	▶ Q1005
	d) What is the MAIN reason you did not visit a clinic for antenatal care when you were pregnant with this child?  DO NOT READOUT.	CLINIC WAS TOO FAR AWAY.....1 COULD NOT TAKE TIME OFF WORK/TOO BUSY.....2 COULD NOT AFFORD TO PAY FOR THE VISIT.....3 DID NOT TRUST THE CLINIC STAFF.....4 RECEIVED CARE AT HOME.....5 DID NOT WANT AN HIV TEST DONE.....6 HUSBAND/FAMILY WOULD NOT LET ME GO.....7 USED TRADITIONAL BIRTH ATTENDANT/HEALER.....8 COST OF TRANSPORT.....10 RELIGIOUS REASONS.....11 OTHER, SPECIFY.....12	
Q1005	Have you ever tested for HIV before your pregnancy with this child?	YES.....1 NO.....2	▶ Q1007
	b) What was the result of the test?	POSITIVE.....1 NEGATIVE.....2 INDETERMINATE.....3 REFUSED.....4 DON'T KNOW.....9	▶ Q1007
Q1006	At the time of your first antenatal care visit were you taking ARVs?	YES.....1 NO.....2	▶ Q1010 ▶ Q1008
Q1007	Were you TESTED for HIV during any of your antenatal care clinic visit?	YES.....1 NO.....2	▶ Q1009
	b) What was the result of your last HIV test during your pregnancy?	POSITIVE.....1 NEGATIVE.....2 INDETERMINATE.....3 REFUSED.....4 DON'T KNOW.....9	▶ Q1009
Q1008	Did you EVER take ARVs during your pregnancy?	YES.....1 NO.....2	▶ Q1010
	b) What was the MAIN REASON you did not take ARVs while you were pregnant?	WAS NOT PRESCRIBED.....1 I FELT HEALTHY/NOT SICK.....2 COST OF MEDICATIONS.....3 COST OF TRANSPORT.....4 RELIGIOUS REASONS.....5 WAS TAKING TRADITIONAL MEDICATIONS.....6 MEDICATIONS OUT OF STOCK.....7 DID NOT WANT PEOPLE TO KNOW HIV STATUS.....8 DID NOT RECEIVE PERMISSION FROM HUSBAND/WIFE/PARTNER//FAMILY.....9 OTHER, SPECIFY.....10	▶ Q1010
Q1009	Did you test for HIV during labor/ delivery?	YES.....1 NO.....2	▶ Q1010
	b) What was the result of that test?	POSITIVE.....1 NEGATIVE.....2 INDETERMINATE.....3 REFUSED.....4 DON'T KNOW.....9	
Q1010	Where did you give birth to this child?	HOME.....1 PUBLIC HEALTH FACILITY.....2 PRIVATE HEALTH FACILITY.....3 OTHER, SPECIFY.....	

Q1011	How did you feed your baby the first 6 months?	FORMULA EXCLUSIVELY .....1 BREASTMILK EXCLUSIVELY .....2 FORMULA AND BREASTMILK .....3 FORMULA AND SOLID FOOD .....4 FORMULA, BREASTFEED, SOLID FOOD .....5 BREASTMILK AND SOLID .....6 SOLIDS .....7 DID NOT FEED, CHILD DIED AT BIRTH ...8 OTHER, SPECIFY .....	▶Q1017
Q1012	For how long did you breastfeed?	[ ] [ ] [ ] WW MM YYYY STILL BREASTFEEDING .....1	
Q1013	Did you take ARVs while you were breastfeeding?	YES .....1 NO .....2	
Q1014	Was this child tested for HIV by the time he/ she was 6 – 8 weeks old?	YES .....1 NO .....2 DON'T KNOW .....9	▶Q1015
	c) What were the results of the child?	POSITIVE .....1 NEGATIVE .....2 INDETERMINATE .....3 REFUSED .....4 DON'T KNOW .....9	▶Q1015
	d) Was the child given ARVs?	YES .....1 NO .....2	
Q1015	Was this child tested for HIV by the time he/ she was 18 months-24months?	YES .....1 NO .....2 DON'T KNOW .....9	▶Q1015c
	c) What were the results of the child?	POSITIVE .....1 NEGATIVE .....2 INDETERMINATE .....3 REFUSED .....4 DON'T KNOW .....9	▶Q1016
	d) Was the child given ARVs?	YES .....1 NO .....2	
Q1016	Is the child still Alive?	YES .....1 NO .....2	
Q1017	Have you ever been screened for cervical cancer in the last 12 months?	YES .....1 NO .....2	

SECTION 11: TB SCREENING

READ OUT:

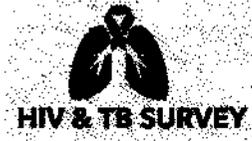
Now I'm going to ask you question about TB screening and health seeking behaviour

Q1101	Are you on TB treatment now? (REQUEST DOCUMENTED CONFIRMATION)	YES CONFIRMED .....1 YES NOT CONFIRMED .....2 NO .....3 DONT WANT TO TELL .....4	▶END INTERVIEW
Q1103	Do you have a cough?	YES .....1 NO .....2	▶Q1107
	b) How long have you had this cough?	[ ] [ ] [ ] DD WKS DON'T KNOW .....99	

Q1107	Do you currently have a fever?	YES.....1 NO.....2	▶ Q1108
	b) How long have you had the fever?	[ ] [ ] DD WKS DONT KNOW.....99	
Q1108	Do you currently have drenching night sweats? <i>(Such that you have to change your bedclothes?)</i>	YES.....1 NO.....2	▶ Q1109
	b) How long have you had the drenching night sweats?	[ ] [ ] DD WKS DONT KNOW.....99	
Q1109	In the past month, have you unexpectedly lost weight?	YES.....1 NO.....2	

STRICTLY CONFIDENTIAL

Bar code



INDIVIDUAL QUESTIONNAIRE (15 YEARS AND ABOVE)  
TB ONLY

GENERAL INFORMATION

IDENTIFICATION	
STRATUM NUMBER	
DISTRICT NAME /CODE	
VILLAGE NAME/CODE	
LOCALITY NAME/CODE	
EA CODE	
BLOCK NUMBER	
EA STATUS CODE	
DWELLING NUMBER	
HOUSEHOLD NUMBER	
RESPONDENT LINE NUMBER	
ENUMERATOR'S CODE	
SUPERVISOR'S CODE	

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

	CHECKED BY	CODED	ENTERED	ONLINE EDITED
NAME				
DATE				

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

SECTION 4: BACKGROUND CHARACTERISTICS

BE SURE TO INTRODUCE YOURSELF AND READ THE INFORMATION SHEET AND INFORMED CONSENT FORMS ALOUD.

NB: INFORMATION SHEET WILL BE LEFT WITH THE HOUSEHOLD AFTER THE INTERVIEW

READ OUT:

At this time, do you want to ask me anything about the survey? May I begin the interview now? First, I would like to ask some questions about you.

Q101	<b>CIRCLE SEX OF THE RESPONDENT</b>	MALE.....1 FEMALE.....2	
Q102	How old are you in complete years?	[ ][ ]	
Q103	Have you ever attended school?	STILL AT SCHOOL.....1 LEFT SCHOOL.....2 NEVER ATTENDED.....3	→ Q105
Q104	What is the highest level that you are currently doing/ have completed?	Type of education. PRE-SCHOOL.....00 PRIMARY.....01 SECONDARY.....02 OUT OF SCHOOL EDUCATION AND TRAINING.....03 APPRENTICE.....11 BRIGADE.....12 TECHNICAL/ VOCATIONAL.....13 EDUCATIONAL COLLEGE.....14 INST. OF HEALTH SCIENCES.....15 UNIVERSITY.....16  g) LEVEL of education. GENERAL.....0 CERTIFICATE.....1 DIPLOMA.....2 DEGREE.....3 POST GRADUATE.....4 PHD/DOCTORATE.....5  h) Year 0 1 2 3 4 5 6 7  IF CODE FOR TYPE IS 00, 01, 02, 03 SKIP TO Q105	CODE <input type="text"/>
	i) If tertiary, what is/was your field of education? (PROBE AS NECESSARY, USE TWO OR MORE WORDS TO DESCRIBE FIELD OF EDUCATION)		CODE <input type="text"/>
Q105	What is your employment status?	PULL-TIME EMPLOYED.....1 SELF EMPLOYED.....2 PART-TIME EMPLOYED.....3 WORKING AT OWN LANDS/CATTLEPOST.....4 ACTIVELY SEEKING WORK.....5 TOO OLD TO WORK.....6 PENSIONER.....7 STUDENT.....8 OTHER, SPECIFY.....	} → Q106
	i) What is your current occupation?	SPECIFY..... CODE.....[ ][ ][ ]	
	j) What is the main product, service or activity at your place of work? PROBE AS NECESSARY. USE TWO OR MORE		

	WORDS TO DESCRIBE THE INDUSTRY.	CODE..... [ ] [ ] [ ] [ ]	
Q106	In the past 7 days did you work for payment, profit or home use for at least 1 hour?	YES.....1 NO.....2	▶ Q106b
	a) Since you DID NOT work for payment, profit or home use, what did you do?	ACTIVELY SEEKING WORK.....1 HOUSEWORK.....2 STUDENT.....3 TOO OLD TO WORK.....4 TOO SICK TO WORK.....5 OTHER, SPECIFY.....	▶ Q107
	b) What were you mainly working as during the past 7 days?	EMPLOYEE - PAID CASH.....1 EMPLOYEE - PAID IN KIND ONLY.....2 SELF-EMPLOYED (NO EMPLOYEES).....3 SELF-EMPLOYED (WITH EMPLOYEES).....4 MEMBER - PRODUCER COOPERATIVES.....5 UNPAID HELPER IN FAMILY BUSINESS.....6 WORKING AT OWN LANDS/CATTLE POST.....7 APPRENTICE.....8 VOLUNTEER.....10	
	b) What type of work did you do in the past 7 days? PROBE AS NECESSARY AND WRITE OCCUPATION IN FULL. ALSO RECONCILE WITH LEVEL OF EDUCATION.	..... CODE..... [ ] [ ]	
	l) What was the main product, service or activity at your place of work? PROBE AS NECESSARY. USE TWO OR MORE WORDS TO DESCRIBE THE INDUSTRY.	..... CODE..... [ ] [ ]	
Q107	Have you ever worked in a mine?	YES.....1 NO.....2	▶ Q305
	d) For how long have you worked in the mine?	[ ] [ ] MM YY DON'T KNOW.....99	
	c) What was your occupation?	LOADER.....1 BLASTER.....2 SHAFTMAN.....3 FOREMAN.....4 DRILLER.....5 OTHER, SPECIFY.....	
	f) What is/was the type of the commodity mined?	QUARRY.....1 COAL.....2 KIMBERLITE.....3 COPPER/NICKEL.....4 ASBESTOS.....5 OTHER, SPECIFY.....	

SECTION 3: SUBSTANCE USE

READ OUT:

Now I am going to ask you questions about tobacco use. By tobacco products we mean cigarettes, cigars or pipes. 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 way.

Q305	Have you used tobacco through smoking, sniffing or chewing in the last 3 months? <i>(By tobacco products we mean cigarettes, cigars or pipes)</i>	SMOKING.....1 SNIFFING.....2 CHEWING.....3 NONE.....4	
	<b>MULTIPLE RESPONSE</b>		
Q306	During the past 7 days, on how many days did someone smoke around you?	NUMBER OF DAYS [ ] [ ] DON'T KNOW.....99	
Q307	In the past 12 months have you ever seen or heard any anti-alcohol & substance abuse messages?	YES.....1 NO.....2	

SECTION 6: KNOWLEDGE ABOUT HIV AND AIDS AND TB AND LEVEL OF ACCESS TO INTERVENTIONS

**READ OUT**

Now I'm going to ask you some questions about knowledge about HIV and AIDS and TB. I would like you to answer the questions to the best of your knowledge

Q601	Have you <b>EVER</b> heard of HIV or an illness called AIDS?	YES.....1 NO.....2	▶ Q604
	e) In the past 4 weeks, have you heard or seen any information about HIV / AIDS?	YES.....1 NO.....2	
Q604	Have you <b>EVER</b> heard of TB?	YES.....1 NO.....2	▶ Q704
	e) In the past 4 weeks, have you heard or seen any information about TB?	YES.....1 NO.....2	
	f) From what source(s) did you receive information about TB?	YOUTH PROGRAM.....1 TELEVISION/ VIDEO.....2 RADIO.....3 NEWSPAPER.....4 HOSPITAL/CLINIC/VCT.....5 POSTERS / BANNERS / BOOKLET.....6 TRADIT'L/SPIRITUAL HEALER.....7 WORKSHOP / SEMINAR.....8 INDIVIDUAL.....10 CHURCH.....11 KGOTLA.....12 WORKPLACE PROGRAMME (PEER EDUCATOR, COUNSELLOR, CO-ORKER).....13 PEER EDUCATOR.....14 SCHOOL.....15 OTHER, SPECIFY.....	▶ Q605
<b>MULTIPLE RESPONSE</b>			
<b>NOT A READOUT</b>			
Q605	How can people prevent becoming infected with TB?	KEEP WINDOWS OPEN.....1 COVER MOUTH WHEN COUGHING.....2 AVOID SHAKING HANDS.....3 GOOD NUTRITION.....4 PRAYING.....5 DONT KNOW ANY.....9 OTHER, SPECIFY.....	
	<b>MULTIPLE RESPONSE</b>		
	<b>DO NOT READ OUT</b>		

Q616	In your opinion, who can be infected with TB?	ANYBODY.....1 POOR PEOPLE.....2 HOMELESS PEOPLE.....3 ALCOHOLICS.....4 DRUG USERS.....5 PEOPLE LIVING WITH HIV AND AIDS.....6 PEOPLE WHO HAVE BEEN IN PRISON.....7 SMOKERS.....8 DONT KNOW.....9 OTHER, SPECIFY.....	
	<b>MULTIPLE RESPONSE</b>		
	<b>NOT A READOUT</b>		

Q617	Can a person get TB through...?  <b>READ OUT RESPONSES</b>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't</th> </tr> </thead> <tbody> <tr> <td colspan="4"><b>Know</b></td> </tr> <tr> <td>SHARING A MEAL WITH A PERSON WHO HAS TB ...</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>SHARING CLOTHES WITH A PERSON WHO HAS TB...</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>SEX WITH A WOMAN WHO MISCARRIED.....</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>SEX WITH A WIDOW/ER....</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>BORN IN A FAMILY WITH HIV.....</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>SEJESO.....</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>TOUCHING ITEMS IN PUBLIC PLACES.....</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>BEING IN CONTACT WITH SOMEONE WITH TB.....</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>OTHER, SPECIFY.....</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Don't	<b>Know</b>				SHARING A MEAL WITH A PERSON WHO HAS TB ...	1	2	9	SHARING CLOTHES WITH A PERSON WHO HAS TB...	1	2	9	SEX WITH A WOMAN WHO MISCARRIED.....	1	2	9	SEX WITH A WIDOW/ER....	1	2	9	BORN IN A FAMILY WITH HIV.....	1	2	9	SEJESO.....	1	2	9	TOUCHING ITEMS IN PUBLIC PLACES.....	1	2	9	BEING IN CONTACT WITH SOMEONE WITH TB.....	1	2	9	OTHER, SPECIFY.....				
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Q618	Do you think that TB can be treated /cured?	<table border="1"> <tbody> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> <tr> <td>DON'T KNOW.....</td> <td>9</td> </tr> </tbody> </table>	YES.....	1	NO.....	2	DON'T KNOW.....	9																																							
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Q619	What are the signs and symptoms of TB?  <b>MULTIPLE RESPONSE</b>  <b>NOT A READOUT</b>	<table border="1"> <tbody> <tr> <td>RASH.....</td> <td>1</td> </tr> <tr> <td>COUGH.....</td> <td>2</td> </tr> <tr> <td>COUGH THAT LASTS LONGER THAN 2 WEEKS.....</td> <td>3</td> </tr> <tr> <td>COUGHING UP BLOOD.....</td> <td>4</td> </tr> <tr> <td>SEVER HEADACHE.....</td> <td>5</td> </tr> <tr> <td>NAUSEA.....</td> <td>6</td> </tr> <tr> <td>WEIGHT LOSS.....</td> <td>7</td> </tr> <tr> <td>FEVER.....</td> <td>8</td> </tr> <tr> <td>FEVER WITHOUT CLEAR CAUSE THAT LAST MORE THAN 7 DAYS.....</td> <td>10</td> </tr> <tr> <td>CHEST PAIN.....</td> <td>11</td> </tr> <tr> <td>SHORTNESS OF BREATH.....</td> <td>12</td> </tr> <tr> <td>ONGOING FATIGUE.....</td> <td>13</td> </tr> <tr> <td>NIGHT SWEATS.....</td> <td>14</td> </tr> <tr> <td>DON'T KNOW.....</td> <td>9</td> </tr> <tr> <td>OTHER, SPECIFY.....</td> <td></td> </tr> </tbody> </table>	RASH.....	1	COUGH.....	2	COUGH THAT LASTS LONGER THAN 2 WEEKS.....	3	COUGHING UP BLOOD.....	4	SEVER HEADACHE.....	5	NAUSEA.....	6	WEIGHT LOSS.....	7	FEVER.....	8	FEVER WITHOUT CLEAR CAUSE THAT LAST MORE THAN 7 DAYS.....	10	CHEST PAIN.....	11	SHORTNESS OF BREATH.....	12	ONGOING FATIGUE.....	13	NIGHT SWEATS.....	14	DON'T KNOW.....	9	OTHER, SPECIFY.....		Q621														
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Q620	What is the first thing you would do if you had symptoms of TB?	<table border="1"> <tbody> <tr> <td>GO TO THE HEALTH FACILITY.....</td> <td>1</td> </tr> <tr> <td>GO TO PHARMACY.....</td> <td>2</td> </tr> <tr> <td>GO TO TRADITIONAL HEALER.....</td> <td>3</td> </tr> <tr> <td>PURSUE OTHER TREATMENT OPTIONS.....</td> <td>4</td> </tr> <tr> <td>DON'T KNOW.....</td> <td>9</td> </tr> <tr> <td>OTHER, SPECIFY.....</td> <td></td> </tr> </tbody> </table>	GO TO THE HEALTH FACILITY.....	1	GO TO PHARMACY.....	2	GO TO TRADITIONAL HEALER.....	3	PURSUE OTHER TREATMENT OPTIONS.....	4	DON'T KNOW.....	9	OTHER, SPECIFY.....																																		
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Q621	If you were diagnosed with TB, would you tell anyone?  a) If yes, whom would you tell?  <b>MULTIPLE RESPONSE</b>	<table border="1"> <tbody> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> <tr> <td colspan="2"><b>SPOUSE.....</b> 1</td> </tr> <tr> <td colspan="2"><b>SEX PARTNER.....</b> 2</td> </tr> <tr> <td colspan="2"><b>FRIEND.....</b> 3</td> </tr> <tr> <td colspan="2"><b>FAMILY MEMBER(S).....</b> 4</td> </tr> <tr> <td colspan="2"><b>OTHER RELATIVE(S).....</b> 5</td> </tr> <tr> <td colspan="2"><b>HEALTH CARE WORKER.....</b> 6</td> </tr> <tr> <td colspan="2"><b>CO-WORKER.....</b> 7</td> </tr> <tr> <td colspan="2">OTHER, SPECIFY.....</td> </tr> </tbody> </table>	YES.....	1	NO.....	2	<b>SPOUSE.....</b> 1		<b>SEX PARTNER.....</b> 2		<b>FRIEND.....</b> 3		<b>FAMILY MEMBER(S).....</b> 4		<b>OTHER RELATIVE(S).....</b> 5		<b>HEALTH CARE WORKER.....</b> 6		<b>CO-WORKER.....</b> 7		OTHER, SPECIFY.....		Q621b  Q622																								
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Q622	Do you think HIV positive people should be concerned about TB?	<table border="1"> <tbody> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> <tr> <td>DON'T KNOW.....</td> <td>9</td> </tr> </tbody> </table>	YES.....	1	NO.....	2	DON'T KNOW.....	9	Q622b Q704																																						
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	f) If no, why not?	PERSON WITH HIV IS LESS LIKELY TO DEVELOP TB.....1 DONT KNOW.....9 OTHER, SPECIFY.....	
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**SECTION 7: ATTITUDES TOWARDS PEOPLE WITH HIV TB,**

**READ OUT:**

Now I would like to ask you some questions about attitudes and what you think about people who have TB.

Q704	Would you share a room with a person you knew has been diagnosed with TB?	YES.....1 NO.....2	
Q705	If a member of your family got diagnosed with TB, would you be willing to care for him or her in your household?	YES.....1 NO.....2	

**SECTION 8: HIV TESTING (15-64 Years ONLY)**

**READ OUT:**

Now I'm going to ask you more about your experience with HIV support, care and treatment.

Q801	Have you ever been tested for HIV?	YES.....1 NO.....2	Q1101
	m) Have you tested for HIV in the last 12 months?	YES.....1 NO.....2	Q801c
	c) What month and year was your last HIV Test?	[ ] [ ] MM YYYY DONT KNOW MONTH.....99 DONT KNOW YEAR.....9999	
	f) What was the result of your last HIV test?	POSITIVE.....1 NEGATIVE.....2 INDETERMINATE.....3 DONT WANT TO TELL.....4 DONT KNOW.....9	Q1101

**SECTION 9: HIV SUPPORT, CARE AND TREATMENT (15-64 YEARS ONLY, FOR HIV POSITIVE ONLY (Q801f = 1))**

**READ OUT:**

Now I'm going to ask you more about your experience with HIV support, care and treatment.

Q904	Are you currently taking ARVs? (REQUEST DOCUMENTED CONFIRMATION)	YES (CONFIRMED).....1 YES ( NOT CONFIRMED).....2 DONT WANT TO TELL.....4	Q904c Q1101
	g) Where are you getting your ARVs?	GOVERNMENT CLINIC.....1 REFERRAL OR DISTRICT HOSPITAL.....2 PRIVATE CLINIC OR HOSPITAL.....3 PHARMACY/ CHEMIST.....4 TRADITIONAL HEALER.....5 OTHER, SPECIFY.....	
	h) What month and year did you first start taking ARVs? PROBE TO VERIFY DATE.	[ - ] [ - ] [ - ] MM YYYY DONT KNOW MONTH.....99 DONT KNOW YEAR.....9999	Q1101

	i) What is the MAIN reason you are not taking ARVs?	NON-DISCLOSURE TO PARTNER/SPOUSE 1 SPIRITUALIST SAID I AM HEALED .....2 DID NOT WANT TO BE CONFINED TO MEDICATION .....3 I HAVE TROUBLE TAKING A TABLET EVERYDAY .....4 I HAD SIDE EFFECTS .....5 FACILITY TOO FAR AWAY FOR ME TO GET MEDICINE REGULARLY .....6 COST OF MEDICATIONS .....7 COST OF TRANSPORT .....8 I FEEL HEALTHY/NOT SICK .....10 FACILITY WAS OUT OF STOCK .....11 TAKING TRADITIONAL MEDICATIONS ...12 PEOPLE WOULD SEE MY ARVS AND KNOW MY STATUS .....13 OTHER, SPECIFY _____	
--	---	---	--

SECTION 11: TB SCREENING AND HEALTH SEEKING BEHAVIOUR

READ OUT:  
 Now I'm going to ask you question about TB screening and health seeking behaviour

Q1101	Are you on TB treatment now? (REQUEST DOCUMENTED CONFIRMATION)	YES CONFIRMED .....1 YES NOT CONFIRMED .....2 NO .....3 DON'T WANT TO TELL .....4	} → Q1102
	b) Where are you getting your TB treatment?	GOVERNMENT CLINIC .....1 REFERRAL OR DISTRICT HOSPITAL .....2 PRIVATE CLINIC OR HOSPITAL .....3 PHARMACY/ CHEMIST .....4 TRADITIONAL HEALER .....5 OTHER, SPECIFY _____	
Q1102	Have you been on TB treatment before?	YES .....1 NO .....2 DON'T KNOW .....9	} → Q1103
	b) When were you treated for tuberculosis?	____ YEAR	
Q1103	Do you have a cough?	YES .....1 NO .....2	} → Q1107
	c) How long have you had this cough?	[ ] WKS DON'T KNOW .....9	
Q1104	Do you cough up sputum? (FIELD WORKER EXPLAIN)	YES .....1 NO .....2	} → Q1107
Q1105	Does that sputum have blood in it?	YES .....1 NO .....2	
Q1106	Did you submit a sputum sample?	YES .....1 NO .....2	} → Q1106b
	c) If YES, what was the result?	POSITIVE FOR TB .....1 NEGATIVE FOR TB .....2 AWAITING RESULT .....3 DON'T KNOW .....9	} → Q1107
	d) If NO, why not?	COULD NOT PRODUCE SPUTUM .....1 COULD NOT GET TO THE CLINIC OR HEALTH CENTRE .....2 I WAS NOT ASKED TO SUBMIT A SPUTUM SAMPLE .....3 NO SPUTUM CONTAINER .....4 OTHERS SPECIFY _____	

Q1107	Do you currently have a fever?	YES ..... 1 NO ..... 2	▶ Q1108
	c) How long have you had the fever?	[ ] [ ] DD WKS DON'T KNOW ..... 9	
Q1108	Do you currently have drenching night sweats? <i>(Such that you have to change your bedclothes?)</i>	YES ..... 1 NO ..... 2	▶ Q1109
	c) How long have you had the drenching night sweats?	[ ] [ ] DD WKS DON'T KNOW ..... 9	
Q1109	In the past month, have you unexpectedly lost weight?	YES ..... 1 NO ..... 2	
Q1110	Did you seek medical attention?	YES ..... 1 NO ..... 2	▶ Q1113
Q1111	Where did you FIRST go for help?	GOVERNMENT CLINIC ..... 1 REFERRAL OR DISTRICT HOSPITAL ..... 2 PRIVATE CLINIC OR HOSPITAL ..... 3 PHARMACY/ CHEMIST ..... 4 TRADITIONAL HEALER ..... 5 OTHER, SPECIFY .....	
Q1112	If you consulted, what happened?	I WAS PRESCRIBED CHEST X RAY ..... 1 I WAS ASKED TO SUBMIT SPUTUM SAMPLE ..... 2 I WAS GIVEN TB DRUGS ..... 3 I WAS PRESCRIBED OTHER DRUGS ..... 4 OTHER, SPECIFY .....	▶ Q1114
Q1113	If you did not seek help, what were the reasons?	NO MONEY FOR TRANSPORT ..... 1 HEALTH FACILITY WAS TOO FAR ..... 2 I DID NOT FEEL SICK ENOUGH ..... 3 I COULD NOT TAKE TIME OFF WORK ..... 4 OTHER, SPECIFY .....	
Q1114	Have you been diagnosed with diabetes?	YES ..... 1 NO ..... 2	

MADE this 18th day of December, 2018.

KENNETH O. MATAMBO,  
Minister of Finance and Economic  
Development.