

CLIENT INSTRUMENT

Instructions to interviewer

Instructions to interviewers are in italics.

All text that is meant to be read to the respondent is written in bold type. For example, when multiple choice options should be read aloud, the options are in bold, like the questions themselves. When options are intended for the interviewer only, i.e. when they should not be read aloud, they are not in bold type.

If a respondent declines to answer a question that does not have a specific option for this response, please write "declined to answer" in the margin of the questionnaire. Please do not read the option "declined to answer" out loud.

Responses to open-ended questions should be recorded as close to verbatim as possible.

Information about the study

Hello, I am {NAME} working on a research project supported by {NAME OF LOCAL COLLABORATING INSTITUTION}. We are conducting a study on HIV testing, treatment and prevention {IF NECESSARY, ADD DETAILS}. By listening to people who may have had some experience with health services around HIV, we hope to learn what goes right with the health services, and how to improve them.

You have been selected to represent people in this area [from this clinic] and we would very much like to hear about your opinions and experiences. Before we get started, I would like to explain to you how the interview works.

Informed consent

- Your participation in the interview and in every aspect of the study is completely voluntary.
- If some questions are difficult or make you uncomfortable, we can skip them. You may also ask me to clarify any questions if you do not understand them. You may also decide to stop the interview at any time.
- All of the information that you provide for the study will be kept completely confidential. We record your responses, but the questionnaire will not have your name on it, and your responses to our questions are identified only by a number, never by name.
- If you have questions or concerns after we are finished, you may contact {CONTACT PERSON AT THE COMMUNITY LEVEL}.
- Although there are no direct benefits to you from participating in this survey, we hope that the survey will help to improve health services and support for people living with HIV and AIDS. The survey will take about {ESTIMATED TIME IN MINUTES} minutes.

Do you have any questions about the survey? Would you be willing to participate in our study?

Depending on local ethical clearance, it may be necessary to fill out a signed consent form. In that case it would be preferable to design the instrument so as to be able to separate the form from the rest of the instrument

Consent Form

We have a form that must be read to you before we begin, in order to confirm that we have explained the study to you and that you have agreed to participate.

We ask you to sign the form, but we do not keep the form attached to the questionnaire, so your name will not be linked to the information we write about you, and no one except the people responsible for the study will have access to this information.

The form just repeats what I have told you about the study, but I have to read it to you.

- I understand that I have been asked by {NAME OF INSTITUTION} to participate in a research project designed to investigate people's experiences and perspectives regarding HIV testing, counselling and treatment.

- I understand that during this study I will be asked questions about my health and health care, and that my responses will be recorded in a questionnaire form. But my participation in the study will be kept confidential, and my identity will be available only to those performing or supervising the research. I understand that I would never be identified by name in any publications resulting from this study.

- I am aware that there may be some questions asked during the interview which may make me uncomfortable. I realize that I do not have to answer any question that I do not want to answer. I understand that I am free to withdraw my consent and to discontinue participation in this research project at any time, without affecting my future care or treatment.

- I realize that I will not benefit directly from this project. However, with my participation, I hope to help investigators understand how to improve health services.

Certificate

I have read this consent form or have had explained to me to my satisfaction the information relating to this study. I understand what my participation will involve and agree to take part in this interview under the terms of this agreement. I have had the opportunity to ask questions about it, and my questions have been answered to my satisfaction.

I consent voluntarily to participate in this study and I understand that I have the right to withdraw at any time, without it in any way affecting my future medical care.

Participant

Name _____

Date _____

Signature or thumbprint if appropriate _____

Witness (if appropriate)

Name _____

Date _____

Signature _____

Investigator

Name _____

Date _____

Signature _____

Interview information

Interviewer can complete this section before the interview starts.

C1.1 Interview ID number in the form of 001, 002, 003...

C1.2 Date of interview DD/MM/YYYY

____/____/____

C1.3 Interviewer name or code

C1.4 Location of interview

- health facility, please specify name and location: _____
- respondent's home
- other, please specify:

C1.5 Time of interview start. Use the 24:00 clock.

C1.6 Language of interview

SOCIODEMOGRAPHIC MODULE

Sociodemographics

C2.1 Sex of the respondent? Do not read this question.

- female
- male

C2.2 How old are you? In years.

C2.3 What is your {ethnicity/religion/place of residence} {CHOOSE ONE OR SELECT ANOTHER COUNTRY-SPECIFIC LOCAL GROUP AFFILIATION}?

- {5 COUNTRY-SPECIFIC}
-
-
-
-
- other, please specify:
- declined to answer

C2.4 What was the last level of schooling that you completed?

- no formal education
- primary incomplete
- primary complete
- secondary/vocational incomplete
- secondary/vocational complete
- post secondary or more
- other, please specify:
- declined to answer
-

C2.5 Are you...?

- never married
- married or cohabiting
- divorced or separated
- widowed
- declined to answer

Now I have some questions about the type of work you do and your access to food.

C2.6 What kind of work do you do? By that I mean, what kind of activities keep you busy during an average day, whether you earn money from them or not. Record answer as given, and then choose an option below in C2.7.

C2.7

- agriculture
- fishing
- commerce
- clerical/employee
- professional
- skilled/semi-skilled labour
- unskilled labour
- student
- apprentice
- homemaker/housewife
- none (Probe: No agricultural or housework?)
- other, please specify:
- declined to answer

C2.8 During the past month, how often have you had problems getting the food you need?

- never Go to C2.10
- sometimes
- often
- always
- declined to answer Go to C2.10

C2.9 Please tell me what the problems were.

Now I would like to ask you some question about your home and living conditions.

C2.10 Do you live alone?

- yes Go to C2.12
- no
- declined to answer Go to C2.12

C2.11 With whom do you live? Mark all that apply.

- with family
 - with friends
 - other, please specify:
 - declined to answer
-

C2.12 Do you [or any member of your household] own any of the following means of transportation? Adjust wording if respondent lives alone.

- | | yes | no | declined to answer |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| vehicle/car | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| bicycle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| scooter or motorcycle | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| other, please specify: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C2.13 What is the main roofing / flooring / walling material {CHOOSE ONE} of the home you live in?

- {3 COUNTRY-SPECIFIC; BEST TO WORST}
 -
 -
 - other, please specify:
 - declined to answer
-

C2.14 Does your home have any of the following:

	yes	no	declined to answer
1. drinking water from a tap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. flush toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. electricity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. television?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. electric or gas kitchen stove?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. telephone (not including mobile)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C2.15 Do you [or anyone in your household] own any of the following: *Adjust wording if respondent lives alone.*

	yes	no	declined to answer
1. land?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. livestock / animals that are raised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. a mobile phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. {3 COUNTRY-SPECIFIC}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TESTING AND COUNSELLING MODULE

HIV testing: filter questions

Now I would like to ask you some questions about HIV testing and counselling. What we discuss during the rest of this interview depends on whether or not you have ever been tested for HIV.

C3.1 Have you ever been tested for HIV?

<input type="checkbox"/> yes	Go to C3.64 to non-user questions
<input type="checkbox"/> no	Go to C3.64 to non-user questions
<input type="checkbox"/> don't know	Go to C3.64 to non-user questions
<input type="checkbox"/> declined to answer	Go to C3.64 to non-user questions

Now I would like to ask you some questions about getting tested for HIV, how you decided to be tested, what happened and how you felt about it.

C3.2 Would you be willing to discuss these issues with me?

<input type="checkbox"/> yes	
<input type="checkbox"/> no	Go to C3.84

C3.3 How many times have you been tested for HIV? *Emphasize that the questions concern testing for HIV only, and not other tests such as CD4 counts, etc. If respondent cannot remember the precise number, a close approximation is sufficient.*

number of times tested.....

Go to C3.11 if respondent has tested only one time

First HIV test (only if respondent has tested more than once)

The next few questions are for those who have tested more than once. Please think about when you had your first HIV test.

C3.4 How long ago did you have your first HIV test? Record the number of months and years that have passed. If less than a year has passed, write '0' years; similarly, if less than a month has passed, write '0' months. Do not leave those spaces blank. Use probes and memory prompts to help respondent calculate the number of months and years that have passed.

number of months ago

number of years ago

C3.5 Was the test done with blood or with a sample taken from your mouth?

- blood
- mouth
- don't remember
- declined to answer

C3.6 Were you tested on your own initiative or because you were offered a test by a health worker at a facility or at home?

- tested on own initiative
- offered test by health provider at a health facility
- offered test by health worker at home
- other, please specify:

C3.7 What was the reason for your having a test? Record answer as given, and then choose option/s below.

C3.8 Mark all that apply. Do not read the options.

- respondent wanted to know serostatus
- partner--partner's past sexual behaviour
- partner--partner told you to get tested
- partner--partner ill or died
- child--child ill or died
- exposure--your own past sexual behaviour
- exposure--blood transfusion
- exposure--taking care of people with HIV or AIDS
- exposure--contaminated instrument
- exposure--syringe exchange
- symptoms/health--symptoms that made you or a health provider think you might have HIV
- symptoms/health--hospitalization for another reason
- symptoms/health--giving blood
- PMTCT
- provider said it was a routine part of care
- future plans--marriage
- future plans--having children
- future plans--planning for future
- offered test at home
- other, please specify:
- don't know
- declined to answer

C3.9 Was it hard for you to be tested for the first time?

- yes, hard
- somewhat hard
- no, not hard
- don't remember
- declined to answer

Go to C3.11

Go to C3.11

C3.10 Why / Why not?

Most recent test (for all who have been tested, ever)

Note to interviewer: the following questions are for all those who have had an HIV test, whether just once or more than once.

For respondents who have had more than one HIV test say: We have been talking about the first time you were tested for HIV, but now I would like you to think about your most recent HIV test.

C3.11 How long ago did you have your [most recent] HIV test? Choose question wording depending on whether respondent has had more than one test. Record the number of months and years that have passed. If less than a year has passed, write '0' years; similarly, if less than a month has passed, write '0' months. Do not leave those spaces blank. Use probes and memory prompts to help respondent calculate the number of months and years that have passed.

number of months ago

number of years ago

C3.12 Where were you tested?

at a health care or testing facility

at home

Go to C3.18

other, please specify:

Go to C3.18

.....

C3.13 What was the name of the health care facility where you had this test?

C3.14 How long did it take you to get to the facility where you were tested? Hours, minutes

hours

minutes

C3.15 Why did you go to that particular facility?

C3.16 Did anyone accompany you to the facility where you were tested?

yes

no

Go to C3.18

C3.17 Who accompanied you to the facility where you were tested?

spouse/partner

parent

sibling

adult son or daughter

other family member

friend

other, please specify:

.....

C3.18 Was the test done with blood or with a sample taken from your mouth?

blood

mouth

don't remember

declined to answer

C3.19 Were you tested on your own initiative or because you were offered a test by a health worker at a health facility or at home?

tested on own initiative

offered test by health provider at a health facility

offered test at home

other, please specify:

C3.20 What was the reason for your having a test? Record answer as given, and then choose option/s below.

C3.21 Mark all that apply. Do not read the options.

- respondent wanted to know serostatus
- partner--partner's past sexual behaviour
- partner--partner told you to get tested
- partner--partner ill or died
- child--child ill or died
- exposure--your own past sexual behaviour
- exposure--blood transfusion
- exposure--taking care of people with HIV or AIDS
- exposure--contaminated instrument
- exposure--syringe exchange
- symptoms/health--symptoms that made you or a health provider think you might have HIV
- symptoms/health--hospitalization for another reason
- symptoms/health--giving blood
- PMTCT
- provider said it was a routine part of care
- future plans--marriage
- future plans--having children
- future plans--planning for future
- offered test at home
- other, please specify:
- don't know
- declined to answer

C3.22 [When you had your most recent test,] was it hard for you to be tested? Choose question wording depending on whether respondent has had more than one test.

- yes, hard
- somewhat hard
- no, not hard
- don't remember Go to C3.24
- declined to answer Go to C3.24

C3.23 Why / why not?

Pre-test services and experience

C3.24 Did you discuss getting tested with anyone before you had your HIV test?

- yes Go to C3.26
- no Go to C3.26
- don't remember Go to C3.26
- declined to answer Go to C3.26

C3.25 Can you tell me more about this? Probe: for example, who did you talk to and what did you talk about?

C3.26 Did [someone from the health facility, such as] a health care provider or counsellor meet with you to discuss the test before you had it? Choose wording depending on whether tested at home or at a facility.

- yes Go to C3.29
- no Go to C3.28
- don't remember Go to C3.28
- declined to answer Go to C3.28

C3.27 Was this discussion before the test with you alone, with your partner or in a group?

- alone
- with partner
- in a group
- don't remember
- declined to answer

C3.28 Before your blood/oral sample was taken for testing, did a health care provider or counsellor do any of the following:

	yes	no	don't remember	declined to answer
explain that you had a choice to agree to the test or refuse the test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tell you that your results would not be shared with anyone except for the clinic staff who care for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
explain how HIV is transmitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
explain how the test works?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
explain the meaning of positive and negative test results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
explain that the test does not always detect a very recent HIV infection (this is sometimes called a window period)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
give you advice on preventing the spread of HIV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
give you time to ask questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

.....

Consent

Some health workers ask clients whether they agree to the test before they do it, but other health workers just go ahead with the HIV test without asking first. I would like to ask you about your experience when you were tested.

C3.29 How important was it for you to be asked if you agreed or refused to be tested for HIV before having the test?

very important

somewhat important

not important

don't know

C3.30 Did a health worker ask you whether you agreed to be tested for HIV before your HIV test was done?

yes

no

don't remember

declined to answer

Go to C3.32

Go to C3.32

C3.31 Did you agree to be tested?

yes

no

don't know

declined to answer

Go to C3.33

C3.32 For those who did not agree or who don't remember whether they agreed: Since you did not agree [do not remember if you agreed] to be tested, what were the circumstances under which you were tested?

Go to C3.38

C3.33 For those who did agree. Did you agree in writing or by saying that you agreed? Mark all that apply.

in writing

by saying it

other, please specify:

don't remember

declined to answer

.....

C3.34 Did you feel that you could have said no?

yes

no

unsure

declined to answer

Go to C3.36

C3.35 Why / why not?

C3.36 Was anyone else involved in getting your agreement to be tested?

- yes
- no Go to C3.38
- don't remember Go to C3.38
- declined to answer Go to C3.38

C3.37 Who?

Results of HIV test

Now I would like to ask you about whether you got the results of your most recent HIV test and what other type of services and care you received at that time. I am not going to ask you to tell me your results now.

C3.38 Did you receive your results from your most recent HIV test?

- yes Go to C3.42
- no
- declined to answer Go to C3.84

C3.39 Why not?

C3.40 Just to double check, have you ever received results from any previous HIV test?

- yes
- no Go to C3.84
- don't remember Go to C3.84
- declined to answer Go to C3.84

C3.41 How long ago did you have that previous test? *Record the number of months and years that have passed. If less than a year has passed, write '0' years; similarly, if less than a month has passed, write '0' months. Do not leave those spaces blank. Use probes and memory prompts to help respondent calculate the number of months and years that have passed.*

number of months ago

number of years ago

Post-test services (for respondents who have received HIV test results)

C3.42 How long after the test did you receive your results? An approximate guess is fine.

- within one hour of the test
- same day
- 1-3 days after the test
- 4-7 days after the test
- more than one week after the test
- don't remember
- declined to answer

C3.43 Did anyone accompany you to the facility when you received your test results?

- yes
- no, no one accompanied respondent Go to C3.45
- no because received test results at home Go to C3.45

C3.44 Who accompanied you to the facility when you received your test results?

- spouse/partner
- parent
- sibling
- adult son or daughter
- other family member
- friend
- other, please specify:

.....

Now I would like to ask you some questions about what information or counselling you received from the workers who gave you your test results.

C3.45 After giving you your test results, did a health care provider do any of the following:

	yes	no	don't remember	declined to answer
explain the meaning of the test result?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
suggest that you discuss your status with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
suggest that your sexual partner[s] be tested for HIV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
discuss how to prevent the transmission of HIV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3.46 About your meeting with the health care provider after you got your test results:

	yes	no	unsure	declined to answer
was the information you were given sufficient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
were you given the opportunity to ask questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
on the whole, did you find the meeting helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3.47 How would you describe the way providers treated you after the test?

- very well
- well
- okay
- badly
- very badly

Confidentiality

Sometimes health workers do everything they can to keep clients' HIV test results confidential so that other people do not know about them. Other health workers sometimes say or do things that reveal clients' HIV status to other people without their permission. People have different feelings about how important it is for health workers to keep HIV tests results confidential.

C3.48 How important is it to you that these health workers keep your HIV results confidential and do not reveal them to anyone else without your permission?

- very important
- somewhat important
- not important
- don't know

Now I would like you to think about the health workers who did your HIV test and gave you your results.

C3.49 Do you think that these health workers have kept your test results confidential?

- yes--protected confidentiality
- no--did not protect confidentiality
- unsure
- don't know
- declined to answer

HIV status (if ever received results)

Now, if it is okay with you, the following questions are more personal. I will begin by asking you some questions about your HIV status and also what happened when you learned your HIV status. Remember that the survey is confidential, and your name does not appear on the form. As we said at the beginning of the interview, you are free to decide whether or not you want to answer any question, and you are free to skip any questions that you would rather not answer.

C3.50 Are you willing to tell me your HIV status?

- yes
- no

Go to C3.84

C3.51 What is your HIV status?

- HIV-positive
- HIV-negative
- indeterminate

Go to C3.55

HIV-negative or indeterminate results

C3.52 Was this the result you were expecting?

- yes
- no
- don't know
- declined to answer

Go to C3.54

C3.53 Why / Why not?

C3.54 Having given you this result, what did the health worker advise you to do?

Go to C3.84

HIV-positive results (HIV+ respondents only)

Now I would like to ask you to think back to the day when you first received the test results that revealed that you were HIV-positive.

C3.55 When you first learned that you were HIV-positive, were you expecting this test result?

- yes
- no
- don't know
- declined to answer

Go to C3.57

C3.56 Why / Why not?

Follow-up care and support (HIV+ respondents only)

The next questions are about what has happened since you received your results.

C3.57 Were you given any further medical or blood tests do see if you might need treatment or other support?

- yes
- no
- don't remember
- declined to answer

C3.58 After giving you your test results, did any health care provider do the following:

	yes	no	don't remember	declined to answer
refer you for medical care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
talk about getting help from a support group for people living with HIV or AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
refer you to a support group for people living with HIV or AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3.59 After giving you your test results, did any health workers talk to you about how to share your status with people around you?

- yes
- no
- don't remember
- declined to answer

C3.60 Since you received your HIV-positive results, has a health care provider told you that you needed any sort of care or medication in order to manage your HIV and stay healthy?

- yes
- no Go to C3.84
- don't remember Go to C3.84
- declined to answer Go to C3.84

C3.61 What were the medications? Probe by asking to see prescription if necessary.

- 1.....
- 2.....
- 3.....

don't know and prescription unavailable

C3.62 Have you been able to obtain the[se] medication[s]?

- yes, all Go to C3.84
- yes, some of them
- no, none of them
- declined to answer Go to C3.84

C3.63 Why not?

Go to C3.84

Non-user, attitudes and knowledge (only if never tested or declined to answer testing question)

C3.64 Have you ever thought about having an HIV test?

- yes
- no Go to C3.67
- don't know Go to C3.67
- declined to answer

C3.65 Why / Why not?

Go to C3.67 if respondent has not thought about having a test.

C3.66 Since you have thought about having a test, why have you not had one?

C3.67 Do you know anyone personally who has had an HIV test?

- yes
- no Go to C3.73
- don't know Go to C3.73
- declined to answer Go to C3.73

C3.68 Who is this person [are these people] in relation to you? *Mark all that apply.*

- spouse or partner
- friend
- family member
- acquaintance from community
- other, please specify:
- declined to answer

C3.69 Do you think that getting tested was helpful for [any of] them? *Phrase questions depending on response above in C3.68.*

- yes Go to C3.71
- no Go to C3.71
- don't know Go to C3.71
- declined to answer

C3.70 Who and why?

C3.71 Do you think that getting tested caused any problems for anyone you know?

- yes Go to C3.73
- no Go to C3.73
- don't know Go to C3.73
- declined to answer

C3.72 Who and why?

C3.73 Do you know any facilities offering HIV testing and counselling to people who live around here?

- yes Go to C3.79
- no Go to C3.79
- unsure

C3.74 Which facilities?

- 1.....
- 2.....
- 3.....

C3.75 If you wanted to go there, how easy or difficult would it be for you to go there from your home?

- very easy
- somewhat easy
- somewhat difficult
- very difficult
- don't know Go to C3.77
- declined to answer Go to C3.77

General knowledge and attitudes about testing (for all respondents)

Now, if you don't mind, I would like to ask you some general questions about what you think of HIV testing. These questions will not ask you about your personal experiences.

C3.84 Do you think it is important for people to know their HIV status?

- yes
- no
- unsure
- declined to answer

Go to C3.86

C3.85 Why / Why not?

C3.86 What do you think about the practice of offering people HIV testing and counselling at a health care facility, when they came for something else [For PMTCT: when they came for ante-natal care?]

C3.87 What do you think of the practice of offering people HIV tests in their homes?

C3.88 Do you think that it is okay to require certain people to have an HIV test?

- yes
- no
- unsure

Go to C3.90

Go to C3.90

C3.89 What types of people do you think should be required to have an HIV test and why?

C3.90 If someone has HIV, do you know of anything that can be done to help them stay healthy and live longer?

- yes
- no
- declined to answer

Go to C3.92

Go to C3.92

C3.91 What can be done to help them stay healthy and live longer?

C3.92 Do you know anyone personally who is living with HIV or who has died of AIDS? *Mark all that apply.*

- yes, know someone living with HIV
- yes, know someone who has died of AIDS
- no, neither
- declined to answer

Now I would like to ask you for your ideas about how to improve testing and counselling services in your community.

C3.93 Do you have any suggestions for how to make it easier for women and men to find out their HIV status? *Record answer as given.*

C3.94 Do you have any suggestions for how to help people who are HIV-positive get the medical care they need to stay healthy and live longer? *Record answer as given.*

Testing and counselling module closing statement

This concludes this portion of our interview. Thank you very much for your participation.

C3.95 *Time of interview or module end. Use the 24:00 clock.*

C3.96 *Additional interviewer notes*

DISCLOSURE, SUPPORT AND STIGMA MODULE

Disclosure (all respondents)

I would like to ask you a few general questions about your opinions regarding who should be tested and who should know about other people's test results. People have different opinions about this, and we are interested in your honest feelings.

C4.1 If someone has HIV, do you think that person should tell anyone else?

- yes
- it depends
- no
- don't know
- declined to answer

Go to C4.4

Go to C4.4

C4.2 Why / Why not?

C4.3 Who should they tell? *Mark all that apply.*

- spouse or partner
- close family
- other relatives
- people they live with
- friends
- co-workers
- other, please specify:

.....

C4.4 Do you think that it is sometimes okay to tell other people that someone else has HIV, even if that person doesn't want other people to know?

- yes
- no
- unsure

C4.5 Why or why not?

C4.6 In general, how important do you think it is for health workers to keep their clients' HIV results confidential and not reveal them to anyone else without the client's permission.

Go to C4.15 if respondent is HIV-positive

C4.14 Please describe the group's activities.

Disclosure to others, HIV-positive (for HIV-positive respondents only)

Now if it is okay with you, I would like to ask you some questions about whether and how you have shared your HIV status with people around you.

C4.15 Would you say you generally keep your HIV status a secret from most people?

- yes
- no
- unsure
- declined to answer

C4.16 Have you shared your HIV test results with anyone outside the health clinic?

- yes
- no
- declined to answer

Go to C4.20

Go to C4.21

C4.17 Who have you shared your HIV test results with? *Mark all that apply.*

- spouse or partner
- children
- sibling
- parent
- other relative
- friend
- other, please specify:

.....

C4.18 After giving you your HIV test results, did any health care provider help you share your status with people around you?

- yes
- no
- declined to answer

Go to C4.21

Go to C4.21

C4.19 Can you tell me what the health worker did?

Go to C4.21

C4.20 *For respondents who have not disclosed to anyone. Why have you chosen not to share your HIV status with anyone?*

C4.21 Do any other people in your community know that you are HIV-positive even though you didn't tell them?

- yes
- no
- don't know
- declined to answer

Go to C4.23

C4.22 Who in your community do you think knows that you are HIV-positive even though you didn't tell them?

- health providers
- household / family members
- other clients at the facility where you were tested
- neighbours
- other, please specify:
- don't know

.....

C4.23 Do you intend to tell anyone else your HIV status in the future?

- yes
- no
- don't know
- declined to answer

Go to C4.37 if no one outside the testing facility knows the respondent's HIV-positive status based on a 'no' response to both C4.16 and C4.21.

Reactions to the disclosure of HIV-positive status

Next, if you don't mind, I would like to ask you a couple questions about how people around you have reacted when they found out that you have HIV.

C4.24 How did you expect your family or friends would react when they found out you are HIV-positive?

Please think of one person whose reaction was the most disappointing to you. Then I will ask you about the person whose reaction was more supportive or encouraging.

About the person whose reaction was most disappointing:

C4.25 Please tell me about this person. For example, who is this person in relation to you? Probe: friend, family, etc.

C4.26 How did they know that you are HIV positive?

C4.27 How did this person first react when they found out about your HIV status and how are they acting now?

About the person whose reaction was most supportive or encouraging:

C4.28 Please tell me about this person. For example, who is this person in relation to you? Probe: friend, family, etc.

C4.29 How did they know that you are HIV positive?

C4.30 How did this person first react when they found out about your HIV status and how is this person acting now?

What about other people who know you are HIV-positive:

C4.31 How did they first react when they learned of your HIV status and how are they acting now?

Experience with stigma and discrimination

Now, if you don't mind, I would like to ask you some other questions about your personal experiences.

C4.32 Have you personally ever been made to feel bad because of things people did or said to you on account of your HIV status?

yes

no

declined to answer

Go to C4.34

Go to C4.34

C4.33 Can you tell me what happened?

C4.34 Please indicate whether you agree, are unsure or disagree with the following statements:

	agree	unsure	disagree	declined to answer
Some people avoid touching me once they know I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some people seem uncomfortable being around me once they learn I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some people act as though it is my fault I have HIV, or say I deserve it for things I have done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now I would like to read you a list of things that have sometimes happened to people living with HIV because of their HIV status and ask you whether any of these experiences have ever happened to you.

C4.35 Have you ever experienced any of the following when you thought it was because of your HIV status? Have you ever been:

	yes	no	unsure	declined to answer
excluded from social events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
abandoned by your spouse or partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
abandoned by other family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
told that it is your fault you have HIV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
verbally abused or ridiculed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
physically assaulted by anyone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fired from work or lost your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
expelled from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
had property taken away?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
denied health services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF ANSWERED NO TO ALL, GO TO C4.37

C4.36 Can you tell me what happened? *Record the answer as given.*

C4.37 In the past twelve months, have you ever found yourself avoiding or isolating yourself from friends or family because of your HIV status?

- yes
- no
- declined to answer

C4.38 Now I would like to read two statements. Please tell me whether you agree, are unsure or disagree with each statement.

	agree	unsure	disagree	declined to answer
I sometimes feel bad about myself because I am HIV-positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes feel guilty because I have HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Next I would like to ask you some questions about how you are treated when you go to health care facilities and whether you think you have ever been treated differently than other people because of your HIV status.

C4.39 When you have used health services in the past year, did any of the following happen to you when you thought it was because of your HIV status?

	yes	no	unsure	declined to answer
staff ignored you or avoided taking care of you because of your HIV status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you were denied care that you should have received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you received less care or worse care than others because of your HIV status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the staff seemed uncomfortable with you because of your HIV status <i>Probe: for example in the way they looked at you / talked to you / handled themselves?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the staff seemed to use more precautions when treating you than when treating others because of your HIV status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you were treated with disrespect or abused because of your HIV status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have a few questions about other bad or good things that have happened to you since you found out your HIV status. Please be as open as you can. We are interested in particular experiences or stories from your life.

C4.40 What have been the most difficult things that have happened in your life since you found out your HIV status?

C4.41 Have there been any good things that have happened in your life as a result of knowing your HIV status?

- yes
- no Go to C4.43
- don't know Go to C4.43
- declined to answer Go to C4.43

C4.42 Please tell me what they were.

Support

C4.43 Since you received your HIV-positive result, have you joined an HIV or AIDS support group?

- yes Go to C4.45
- no
- declined to answer

C4.44 Do you know of any support groups in this area for people living with HIV or AIDS?

- yes
- no Go to C4.47
- declined to answer Go to C4.47

C4.45 What is the group's name?

C4.46 Please describe the group's activities.

C4.47 Since you received your HIV-positive result, have you received any financial assistance, food assistance, or emotional and social assistance from the government or any HIV or AIDS support organization?

- yes
- no Go to C4.49
- don't remember Go to C4.49
- declined to answer Go to C4.49

C4.48 What sort of assistance have you received? *Mark all that apply.*

- financial
- food
- emotional/social
- other, please specify:
.....

C4.49 Do you think that knowing your HIV-positive status has been good for you overall?

- yes
- no
- unsure
- declined to answer Go to C4.51

C4.50 Why / Why not?

C4.51 Do you have any suggestions for ways that health programs can help improve the lives of people living with HIV in this community?

Stigma module closing statement

This concludes this portion of our interview. I would like to thank you very much for helping us. I appreciate the time that you have taken to answer these questions. I realize that some of these questions may have been difficult to answer, but it is only by hearing from women and men about their firsthand experiences that we can understand how to improve the lives of people who are living with HIV.

In case you or anyone else you know needs assistance, here is a list of places that provide support groups, counselling and other services *{Phrase according to the services available}* for people living with HIV.

C4.52 *Time of interview or module end. Use the 24:00 clock.*

C4.53 *Additional interviewer notes*

ADHERENCE MODULE

In the next section of this interview, I would like to ask you about your experiences with taking ART.

Researchers should choose a term for HIV treatment that is understandable in the local context, whether that is a complete phrase such as 'antiretroviral therapy', an acronym, such as ART, or another term.

Antiretroviral therapy

C5.1 Just to confirm, are you taking ART to manage your HIV? Adjust this question and the next depending on whether this module is used alone or as part of a larger interview that has already identified whether or not the respondent is taking ART.

- yes
 no

Go to the end of the Adherence module

C5.2 How long ago did you first start taking antiretroviral therapy to manage your HIV? Record the number of months and years that have passed. If less than a year has passed, write '0' years; similarly, if less than a month has passed, write '0' months. Do not leave those spaces blank. Use probes and memory prompts to help respondent calculate the number of months and years that have passed.

number of months ago.....

number of years ago.....

C5.3 Since learning you are HIV-positive, have you had a blood test to find out your CD4 count? Use local term if necessary.

- yes
 no
 don't know
 declined to answer

Go to C5.7

Go to C5.7

Go to C5.7

C5.4 How long ago did you have your last blood test to find out your CD4 count? Record the number of months and years that have passed. If less than a year has passed, write '0' years; similarly, if less than a month has passed, write '0' months. Do not leave those spaces blank. Use probes and memory prompts to help respondent calculate the number of months and years that have passed.

number of months ago.....

number of years ago.....

C5.5 Do you know your latest CD4 count?

- yes
 no
 declined to answer

Go to C5.7

Go to C5.7

C5.6 What was your CD4 count at the last test?

Social support

The next questions are about those people around you who do or do not know you are taking ART, and how these people may make it easier or harder to take your medications

C5.7 If married or cohabitating: Does your partner / spouse know that you are taking ART?

- yes
 no
 don't know
 declined to answer
 not applicable

C5.8 If respondent lives with other people: Do all the other adults living in your household know that you are taking ART?

- yes
 no
 don't know
 no other adults live in the household
 declined to answer

C5.9 Is it ever difficult for you to take your ART when someone from your family can see you?

- yes
 no
 declined to answer

Go to C5.11

Go to C5.11

C5.10 Please tell me about this.

C5.11 Is it ever difficult for you to take your ART when someone from your community or your workplace can see you?

yes

no

declined to answer

Go to C5.13

Go to C5.13

C5.12 Please tell me about this.

C5.13 Is there anyone who regularly reminds you to take your ART?

yes

no

declined to answer

Go to C5.15

Go to C5.15

C5.14 Please tell me about how this person reminds you.

C5.15 During the past month, have you ever not taken your ART because you did not want someone to find out?

yes

no

declined to answer

Go to C5.17

Go to C5.17

C5.16 Please tell me about this.

C5.17 In general, do you find it easy, not very easy or difficult to take your ART?

easy

not very easy

difficult

it depends

declined to answer

Go to C5.19

C5.18 Why?

Access

The next questions concern any possible problems you may have had getting your ART.

C5.19 In the past year, have you ever had problems getting your ART on time because you were not able to reach the clinic?

yes

no

don't remember

declined to answer

Go to C5.21

Go to C5.21

Go to C5.21

C5.20 Please tell me about this.

C5.21 During the past year, has the cost of medication or the cost of clinic care ever interfered with your ability to get your ART and take your medication on time?

yes

no

declined to answer

Go to C5.23

Go to C5.23

C5.22 Please tell me about this.

Food security

C5.23 During the past one month, have you ever missed a dose of your ART because you did not have enough food?

yes

no

declined to answer

Go to C5.25

Go to C5.25

C5.24 Please tell me about this.

Health status

Now I would like to ask you some questions about your health before and after starting your ART, and then I will ask about any side-effects or body changes you experienced after starting ART.

C5.25 How would you rate your health before starting ART? Would you say it was:

excellent

very good

good

fair

poor

C5.26 Now that you are taking ART, how is your health? Would you say it is:

excellent

very good

good

fair

poor

Perceived side-effects

Some people experience side-effects when they take ART. This varies a great deal. Some people have a few, while others have more.

C5.27 Have you experienced any side-effects since you started taking ART?

yes

no

don't know

declined to answer

Go to C5.30

Go to C5.30

Go to C5.30

C5.28 Which side-effects have been the most bothersome for you?

C5.29 Please tell me more about these side-effects.

Next, I am going to read you a list of side-effects that some people say they feel when they are on ART. Of course, not everyone feels these side-effects, so please tell me whether you have experienced any of these side-effects in the past month. If you have experienced the side-effect, then I will ask you how much it has bothered you.

C5.30 In the past month, have you experienced any of the following? If yes: Has this side-effect been very bothersome, somewhat bothersome or not at all bothersome?

	yes	no	1. very bot hersome	2. somewhat bothersom e	3. not at all bothersom e
1. fatigue or loss of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. fevers, chills or sweats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. feeling dizzy or light-headed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. pain, numbness or tingling in the hands or feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. trouble remembering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. nausea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. vomiting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. diarrhoea or loose bowel movements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. bloating, pain or gas in your stomach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. heartburn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. persistent abdominal pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. loss of appetite or a change in the taste of food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. increased appetite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. felt sad, down or depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. felt nervous or anxious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. difficulty falling or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. nightmares or vivid dreams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. skin problems, such as rash, dryness or itching?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. cough or trouble catching your breath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. muscle aches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. problems with or pain in bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. problems with sex, such as loss of interest or no satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. problems with weight loss or wasting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. tingling around the mouth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Some people say they experience changes to their body while they are taking ART. I would like to ask you some questions about this.

C5.31 Since you started taking ART, have you experienced a change in the way your body looks?

yes

no

don't know

Go to C5.33

Go to C5.33

C5.32 Can you please tell me what changes you have experienced?

Now I am going to read you a list of changes that some people say have happened to their body while they are taking ART. Just like side-effects, not everyone experiences the same changes. Please tell me whether or not you have experienced any of these changes in the past month, and if you have experienced the change, then I will ask you how much it has bothered you.

C5.33 In the past month, have you experienced any of the following: *If yes: Has this change been very bothersome, somewhat bothersome or not at all bothersome?*

	yes	no	don't know	1. very bother- some	2. somewhat bother- some	3. not at all bother- some
1. your cheeks thinned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. your belly grew?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. your arms thinned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. your buttocks flattened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. your legs thinned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. the veins in your legs increased or became more visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. your breast grew?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. a hump appeared on the back of your neck?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C5.34 Of all the changes that we have just discussed, please tell me more about the changes that are the most bothersome for you? *Probe the top 2 or 3.*

Antiretroviral therapy regimen (prescribed doses)

Now I want to go over your ART medications: I will need to ask you about your prescribed doses of all ART medications, and then I will ask you how many doses of your medication you actually took at different time periods.

C5.35 *The following should be completed according to the prescribed ART dosing, not the respondent's actual behaviour. The information may be obtained from the patient, the provider or the health care facility. Cross out all non-applicable boxes.*

NAME OF MEDICATION	MORNING DOSE	MID-DAY DOSE	EVENING DOSE	DAILY TOTAL
	# of pills	# of pills	# of pills	# of pills
1.				
2.				
3.				

Source of information above (patient, clinic, medical record, etc): _____

Adherence over the past three days

Many patients find it difficult to take all their ART as prescribed. We would not be surprised if you have missed taking some of your medications over the last few days. We are trying to find out how difficult it is for patients to take their ART, and what things make it difficult. Please answer these questions as honestly as you can about your own experiences.

To complete the following table, the interviewer should reference the table that was completed for the prescribed regimen in order to fill in the name of each ART medication and total daily # pills prescribed. Interviewers should then walk the respondent through each of the last three days. In order to facilitate recall, interviewers should use memory prompts by first asking respondents to think about yesterday and what they were doing, and if there was anything unique about the day, before asking about specific times respondents took their ART. For example: "What did you do yesterday morning? Did you take any ART medications that morning?" If yes: "Which pills? How many of each?" If the respondent missed a pill/dose, circle the cell.

C5.36 Which prescribed ART medications did you take over the last three days?

NAME OF MEDICATION	DAILY TOTAL	YESTERDAY	DAY BEFORE YESTERDAY	3 DAYS AGO
	# of pills prescribed	# of pills taken	# of pills taken	# of pills taken
1.				
2.				
3.				

C5.37 Only ask this question if respondent missed one or more doses over the last three days. **What circumstances led you to miss taking your ART medications as recommended on {name the day and the medication missed as identified in the previous question}? Probe for what happened and why.**

Missed dose #1.....

Missed dose #2.....

Missed dose #3.....

Adhering on weekends

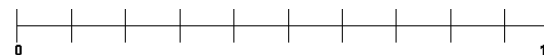
C5.38 Some people find it difficult to take their ART medications on the weekends. Thinking about the past month, how many times did you miss taking a dose of your medications on a weekend:

- never Go to C5.40
- once
- twice
- three or more times
- declined to answer Go to C5.40

C5.39 Please tell me what happened.

Adherence over the past one month

C5.40 Now I would like to ask you to estimate how much of your prescribed ART you took in the past month. It is not likely that most people would take all of their doses. A mark at the left end where there is a number zero means you have taken no ART medications. A mark in the middle means you have taken about half of your ART medications. A mark on the right end where you can see the number ten means you have taken every single dose of your ART medications. Please put a mark on this line somewhere between zero and ten to describe your best guess about how much of your prescribed ART you took in the previous month.



C5.41 In general, what helps you to take your medication on time?

C5.42 In the past month, what circumstances led you to miss taking your pills on time?

C5.43 What other things make it difficult to take all your ART medications on time?

C5.44 During the past month, how often did you take a double dose of ART medications after missing a dose?

- no, never
- yes, once
- yes, sometimes
- yes, frequently
- declined to answer

C5.45 Do you have any ART medications that are supposed to be taken more than once a day?

Probe further if the answer to this question conflicts with the table in C5.35.

- yes
- no Go to C5.47
- don't know Go to C5.47
- declined to answer Go to C5.47

C5.46 At any point during the past month, did you take all your daily doses of this [these] medication[s] in one intake?

- no, never
- yes, once
- yes, sometimes
- yes, frequently
- declined to answer

Treatment interruption

C5.47 During the past six months, did you ever stop taking your ART for 48 hours or longer?

- yes
- no Go to C5.50
- declined to answer Go to C5.50

C5.48 How long did you stop taking your antiretroviral therapy? *Probe for a guess if respondent does not remember very clearly.*

- for more than 48 hours and less than a week
- from one to two weeks
- for more than two weeks and less than one month
- for more than one month
- declined to answer

C5.49 What were the reasons you stopped taking your ART?

Changes in adherence over time (for respondents who have been on ART for 2 or more months)

C5.50 We have been talking about just this past month. Now, I would like you to think back to the first month when you started ART, I would like to ask you to estimate how of your prescribed ART you took during that first month. Please put a mark on this line to describe your best guess about how much of your prescribed ART you took during that first month.



C5.51 Overall, how do you feel about being on ART?

Adherence module closing statement

This concludes this portion of our interview. Thank you very much for your participation.

C5.52 Time of interview or module end. Use the 24:00 clock.

C5.53 Additional interviewer notes

PREVENTION MODULE

For HIV-positive respondents, whether or not they are receiving antiretroviral therapy.

Time since diagnosis and ART initiation

These first three questions can be skipped if this module is used as part of a broader interview that has already collected this information.

I would like to begin the next section by asking you how long you have known your HIV status and whether you are receiving ART. Please excuse me if I have asked any of these questions already. I am supposed to make sure that all the information is here.

C6.1 How long ago did you first learn you were HIV-positive? Record the number of months and years that have passed. If less than a year has passed, write '0' years; similarly, if less than a month has passed, write '0' months. Do not leave those spaces blank. Use probes and memory prompts to help respondent calculate the number of months and years that have passed.

number of months ago.....

number of years ago.....

C6.2 Are you taking ART to manage your HIV?

yes

Go to C6.4

no

declined to answer

Go to C6.4

C6.3 How long ago did you begin taking ART? Record the number of months and years that have passed. If less than a year has passed, write '0' years; similarly, if less than a month has passed, write '0' months. Do not leave those spaces blank. Use probes and memory prompts to help respondent calculate the number of months and years that have passed.

number of months ago.....

number of years ago.....

Sexual activity and partners

This next section of the survey deals with personal matters, beginning with your sexual partners and activities. Answers are confidential and will help us to better understand how to prevent HIV transmission. We ask everyone the same questions, and only some of them may pertain to you.

C6.4 Have you had sexual intercourse (meaning penetrative vaginal or anal sex) during the last three months?

- yes Go to C6.7
 no
 declined to answer Go to C6.45

C6.5 Why haven't you had sex during the last three months? *Record answers exactly as given by the respondent.*

C6.6 Next, I am going to read a list of reasons why some people do not have sex to see if any of these reasons were the same as in your case. During the last three months, can you tell me whether you did not have sex because of any of the following:

	yes	no	declined to answer
poor health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
because you were afraid of infecting your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
because you were afraid of re-infecting yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
because you had no partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
because you had no desire/interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
because you just decided to abstain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you don't know or don't have a reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Go to C6.45

C6.7 How many different partners have you had sexual intercourse with during the last three months? *Record the total number.*

Now I would like to ask you think about every time you had sexual intercourse with any partner during the past three months. I would like to ask about how frequently you and your partner[s] used condoms.

C6.8 Thinking about all the times you had sexual intercourse with any partner during the past three months, would you say that you and your partner[s] used a condom:

- every time
 almost every time
 sometimes
 rarely
 never
 declined to answer

Now I am going to ask you about different types of sexual partners. First I am going to ask you about your spouse or any sexual partner with whom you live {FOR A BROADER DEFINITION OF REGULAR PARTNER, INTERVIEWER COULD SAY or have been with for a while}. We call them 'regular partners'. Then I am going to ask you about sexual partners to whom you are not married and are not living with {IF BROAD DEFINITION USED THEN ALSO SAY: and have not been with for a while}. We call these 'non-regular' partners.

For male respondents only: After that I will ask you about sexual partners who are paid by their customers to have sex with them--we call these partners 'sex workers'.

Regular partner relationships

I would like to start by asking you about 'regular partners' - meaning your spouse or a live-in sexual partner.

For male respondents: Here we are talking about female partners only.

C6.9 During the last three months, have you had sexual intercourse (meaning penetrative vaginal or anal sex) with a spouse or a live-in partner - what we call a 'regular partner'?

- yes Go to C6.18
 no
 declined to answer Go to C6.18

C6.10 How many 'regular partners' have you had sexual intercourse with during the last three months? Again by 'regular partner', I mean a spouse or live-in sexual partner? *Record the number.*

C6.11 During the past three months, when you had sexual intercourse with your 'regular partner[s]', how often did you and your partner[s] use a condom?

- every time
- almost every time
- sometimes
- rarely
- never
- declined to answer

Now I would like to ask you to think about the last time you had sexual intercourse (meaning penetrative vaginal or anal sex) with your most recent 'regular partner'.

C6.12 The last time that you had sexual intercourse with your most recent regular partner, did you and your partner use a condom?

- yes
- no
- declined to answer

Go to C6.18 (Non-regular partnerships)

C6.13 Why / why not? Record the answer as given.

Go to C6.15 if respondent did use a condom

C6.14 Now I would like to read you a list of reasons why some people say they do not always use condoms. Please tell me if any of these are reasons why you and your regular partner did not use a condom the last time you had sex. Was it because: Mark all that apply.

	yes	no	declined to answer
your partner is also HIV-positive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
your partner would become suspicious of your HIV status if you asked him/her to use a condom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
your partner refused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you don't like using condoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
your partner doesn't like condoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you or your partner want to have children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you did not have condoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you don't know where to get condoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you or your partner had problems with condoms such as a rash or burning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now I would like to ask you a few questions about whether you and your regular partner have discussed your HIV status. (If this module is part of a larger interview in which similar questions have already been asked, then say: Please excuse me if I have already asked any of these questions.)

Please think about your most recent regular partner -meaning your spouse or a live-in sexual partner.

C6.15 Do you know your most recent regular partner's HIV status?

- yes
- no
- declined to answer

Go to C6.17

Go to C6.17

C6.16 What is your regular partner's HIV status?

- HIV-positive
- HIV-negative
- declined to answer

C6.17 Have you told your regular partner your own HIV status?

- yes
- no
- declined to answer

Non-regular partner relationships

Now I would like to ask you about 'non-regular' sexual partners you may have had during the past three months. By 'non-regular' sexual partners I mean partners you were not married to or living with (WHEN A BROADER DEFINITION OF REGULAR IS USED THEN SAY: and have not been with for a while).

For male respondents only: When we talk about 'non-regular' partners, please think about female partners whom you did not pay to have sex.

C6.18 During the past three months, have you had sexual intercourse (meaning penetrative vaginal or anal sex) with a 'non-regular' partner?

yes

no

Go to C6.25 if respondent is male, C6.39 if respondent is female.

declined to answer

Go to C6.25 if respondent is male, C6.39 if respondent is female.

C6.19 How many different 'non-regular' sexual partners have you had sexual intercourse with during the past three months? Record the number.

C6.20 During the past three months, when you had sexual intercourse with your 'non-regular' partners how often did you and your partner[s] use a condom?

every time

almost every time

sometimes

rarely

never

declined to answer

Now I would like to ask you to think about your most recent 'non-regular' partner. Repeat definition of 'non-regular' (partners you are not married to and have not been living with) if needed.

C6.21 The last time that you had sex (meaning penetrative vaginal or anal sex) with your most recent non-regular or casual partner was a condom used?

yes

no

declined to answer

Go to C6.23

C6.22 Why / why not?

C6.23 Did you know the HIV status of all your non-regular partner(s), some or none?

all

some

none

C6.24 Thinking about all the non-regular partners that you have had during the past three months, how many have you told your HIV status?

all

some

none

declined to answer

Go to C6.39 if respondent is female

Commercial sex (this section is only for male respondents)

I would like to ask you some questions about any female sexual partners whom you have paid to have sex during the past three months. Specifically, I would like you to think about girls or women who charge customers to have sex. I will call them 'sex worker' partners.

C6.25 Have you paid any female sex worker partners to have sexual intercourse (meaning penetrative vaginal or anal sex) during the last three months?

- yes
- no Go to C6.30
- declined to answer Go to C6.30

C6.26 How many different female sex worker partners have you paid to have sex during the last three months? *Record number.*

C6.27 During the past three months, when you paid a female sex worker partner to have sexual intercourse how often did you use a condom?

- every time
- almost every time
- sometimes
- rarely
- never
- declined to answer

C6.28 Please think about the last time you had sexual intercourse with a girl or woman you paid to have sex. The last time that you paid a female partner to have sexual intercourse (meaning penetrative vaginal or anal sex) did you and your partner use a condom?

- yes
- no
- declined to answer Go to C6.30

C6.29 Why / why not?

MSM (this section is only for male respondents)

Some men have sex with other men. We ask all men some questions about whether they have had sex with male partners.

C6.30 Have you ever had sexual intercourse (meaning penetrative anal sex) with a male partner?

- yes
- no Go to C6.39
- declined to answer Go to C6.39

C6.31 Have you had sexual intercourse (penetrative anal sex) with a male partner during the past three months?

- yes
- no Go to C6.39
- declined to answer Go to C6.39

C6.32 How many male partners have you had sex with during the past three months? *Record number.*

C6.33 How many of these male partners were: *Record number.*
regular partners (meaning someone that you lived with).....
non-regular partners (meaning someone you didn't live with and didn't pay for sex).....
male sex workers (someone you paid to have sex)

- declined to answer

C6.34 During the past three months, when you had sex (penetrative anal sex) with any type of male partner, how often did you or your partner[s] use a condom?

- every time
- almost every time
- sometimes
- rarely
- never
- declined to answer

Please think about the last time you had sexual intercourse with a male partner.

C6.35 The last time that you had sex (penetrative anal sex) with a male partner, did you or your partner use a condom?

- yes
- no
- declined to answer

Now I am going to ask you a few questions about whether you and your most recent male partner have discussed your HIV status.

C6.36 Do you know your most recent male partner's HIV status?

- yes
- no
- declined to answer

C6.37 What is your most recent male partner's HIV status?

- HIV-positive
- HIV-negative
- declined to answer

C6.38 Have you told your most recent male partner your own HIV status?

- yes
- no
- declined to answer

Concurrency (For all respondents)

I am supposed to ask this next question of everyone, about whether you have ever had sexual intercourse with someone during the same period of time that you were having an ongoing sexual relationship with another partner.

C6.39 During the last three months did you have sexual intercourse with any partner during the same period of time that you were having an ongoing sexual relationship with someone else?

- yes
- no
- declined to answer

IF RESPONDENT DOES NOT REPORT A REGULAR PARTNER, GO TO C6.45

Fertility intentions and family planning methods (all respondents who report a regular partner)

Now I would like to ask you about children and your plans to have any [more].

C6.40 How many living children of your own do you have? *Record number.*

C6.41 Do you plan to have a/another child? *Adjust wording depending on whether respondent already has a child.*

- yes
- no Go to C6.43
- unsure Go to C6.43
- declined to answer Go to C6.43

C6.42 In what time frame do you plan to have a / another child?

- in the next 1 year
- in 2-3 years
- after more than 3 years
- don't know

C6.43 Does your partner want to have a / another child?

- yes
- no
- don't know
- declined to answer

Now I would like to talk about family planning, meaning methods that someone can use to delay or avoid a pregnancy. The methods we will discuss may be used by either you or your regular partner. Please listen to all the choices, even if you do not think you are using any method. At the end of the list there is a choice for 'no method'.

C6.44 Which method[s] are you or your regular partner currently using? *Read out all methods and description. Mark all that apply.*

	yes	no	don't know	declined to answer
pill--women can take a pill every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IUD--women can have a loop or coil inserted by a doctor or nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
injections--women can have injections that prevent pregnancy for several months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
diaphragm--women can place a diaphragm inside themselves before intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
foam or jelly--women can place foam tablets or jelly inside themselves before intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
male condom--men can use a rubber sheath on their penis during sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
male sterilization--men can have an operation to avoid having any more children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
female sterilization--women can have an operation to avoid having any more children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
natural method--every month women can avoid having intercourse on the days of the month she is most likely to get pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
withdrawal--men can be careful and pull out before the fluids come out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
implants--women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
no method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Knowledge and attitudes related to HIV and ART (all respondents)

Now I would like to ask you some questions about HIV transmission and other people you know who have HIV.

C6.45 What are some of the ways HIV can be transmitted? *Record answer as given.*

C6.46 What are some ways that an HIV-positive person can reduce the risk of transmitting the virus to another person through sexual contact? *Do not read aloud. Mark all that apply.*

- use condoms 100% of the time
- use condoms more often
- reduce the number of times they engage in sex
- don't have sex
- stay with one partner whose status one is sure of
- reduce the number of partners
- other, please specify:

.....

C6.47 Can ART remove the virus from the body completely?

- yes
- no
- don't know
- declined to answer

C6.48 Can HIV or AIDS be completely cured?

- yes
- no
- don't know
- declined to answer

C6.49 Do you think that a healthy-looking person can be infected with HIV?

- yes
- no
- don't know
- declined to answer

Knowledge of people infected with HIV

C6.50 Do you have a family member or close friend who has HIV or has died of AIDS?

- yes
- no Go to C6.52
- don't know Go to C6.52
- declined to answer Go to C6.52

C6.51 Who is this person [or are these people] in relation to you? Record answer as given. Code all that apply. Do not read options aloud.

- spouse/partner
- family member
- friend
- other
- declined to answer

C6.52 Do you know anybody else who is infected with HIV or has died of HIV?

- yes
- no
- declined to answer

Treatment optimism

Next I will ask you about your opinions on the following statements about HIV and ART. For each statement, please tell me whether you strongly agree, agree, are unsure, disagree or strongly disagree. There are no right or wrong answers for this section. Please feel free to give your opinions.

C6.53 For each of the following statements, please indicate whether you strongly agree, agree, are unsure, disagree or strongly disagree.

	strongly agree	agree	unsure	disagree	strongly disagree	declined to answer
I would feel safe having intercourse with someone who is HIV-positive as long as they are receiving HIV treatment. <i>{FIND LOCALLY APPROPRIATE ITEM. IN HIGH LITERACY SETTINGS, COULD ASK ABOUT UNDETECTABLE VIRAL LOAD}</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am less worried about HIV infection than I used to be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The new HIV treatments make me less anxious about having unprotected sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that HIV treatment makes people with HIV less infectious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention module closing statement

This concludes this portion of our interview. Thank you very much for your participation.

C6.54 *Time of interview end. Use the 24:00 clock.*

C6.55 *Additional interviewer notes*

ALCOHOL AND DRUG MODULE (relevant in some contexts)

Alcohol use

Now I would like to ask you two questions about drinking alcohol.

C7.1 During the past month, how often have you had a drink containing alcohol?

- daily
- nearly every day
- 3 to 4 times a week
- once or twice a week
- 1 to 3 times a month
- never

Go to C7.3

C7.2 During the past month, on the days that you drank alcohol, how many alcoholic drinks did you usually have altogether? (one drink = 1 glass of wine, 1 glass of beer, 1 drink of hard liquor)

- 1-2 drinks/day
- 3-5 drinks/day
- 6 or more drinks/day

Drug use

Now I would like to ask you some questions about non-prescribed drugs, which include pharmaceutical drugs that have not been prescribed for you by a doctor.

C7.3 Have you ever injected any non-prescribed drugs?

- yes
- no
- declined to answer

Go to C7.12

Go to C7.12

C7.4 What non-prescribed drugs have you injected?

C7.5 Have you injected any non-prescribed drug in the past month?

- yes
- no
- don't remember
- declined to answer

Go to C7.9

Go to C7.9

Go to C7.9

C7.6 What non-prescribed drugs have you injected in the past month?

C7.7 During the past month, how often would you say you have injected non-prescribed drugs?

- daily
- nearly every day
- 3 to 4 times a week
- once or twice a week
- 1 to 3 times a month
- declined to answer

C7.8 During the past month, have you done any of the following: *Mark all that apply.*

	yes	no	declined to answer
injected with a needle or syringe used by someone else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
passed on your used needle or syringe to someone else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
injected with a brand new, unused needle or syringe or one that was exclusively used by you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gave, lent, sold or traded other injecting equipment with someone else, such as cotton, dropper, vial or cooker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drew up a solution from a common container?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
injected from a pre-filled syringe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gave, lent, sold or traded a sniff straw or crack pipe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C7.9 Are you currently enrolled in a substitution program?

- yes
- no Go to C7.12
- declined to answer Go to C7.12

C7.10 How long ago did you first enrol in this substitution program? *Record the number of months and years that have passed. If less than a year has passed, write '0' years; similarly, if less than a month has passed, write '0' months. Do not leave those spaces blank. Use probes and memory prompts to help respondent calculate the number of months and years that have passed.*

number of months ago... ..

number of years ago

C7.11 Which substitution treatment are you receiving?

- buprenorphine
- buprenorphine/naloxone
- methadone
- other, please specify:
.....

C7.12 During the past three months, have you ever used any of the following drugs? *If yes: How often did you use this drug?*

	yes	no	declined to answer	daily	often	some times	once
cannabis/hashish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other non-prescribed, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Closing Statement

This concludes our interview. Thank you very much for your participation.

C7.13 *Time of interview end. Use the 24:00 clock.*

C7.14 *Additional interviewer notes*