

STATISTICS ACT
(Cap. 17:01)

STATISTICS (AIDS IMPACT SURVEY) REGULATIONS, 2012
(Published on 21st September, 2012)

ARRANGEMENT OF REGULATIONS

REGULATION

1. Citation
2. Authorisation to conduct survey
3. Conduct of survey
4. Revocation of S.I. No. 56 of 2008

SCHEDULE

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

1. These Regulations may be cited as the Statistics (AIDS Impact Survey) Regulations, 2012.

2. The Statistician General may direct any authorised officer to conduct a survey on the impact of the HIV/AIDS pandemic in the household population at national, district and sub-district levels for the purpose of —

- (a) providing current national HIV/AIDS estimates among the population aged 18 months to 64 years;
- (b) providing indicative trends in sexual and preventative behaviour among the population aged 10 to 64 years;
- (c) providing a comparison between HIV/AIDS rate, behaviour, knowledge, attitude and cultural factors that are associated with the pandemic with estimates derived from previous surveys;
- (d) providing information on questions relating to the incidence of HIV/AIDS, sexual history and behaviour, male circumcision, blood transfusion and HIV/AIDS knowledge; and
- (e) providing for the collection of a voluntarily given blood specimen taken through a dried blood spot sample, to enable the calculation of the prevalence rate and incidence rate of HIV/AIDS.

3. The authorised officer may, for 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.

4. The Statistics (AIDS Impact Survey) Regulations, 2008 are hereby revoked.

SCHEDULE

STRICTLY CONFIDENTIAL



STATISTICS BOTSWANA

2012 BOTSWANA AIDS IMPACT SURVEY IV

HOUSEHOLD QUESTIONNAIRE

Collected under Statistics Act (Chap. 17:01)

GENERAL INFORMATION

IDENTIFICATION					
STRATUM NUMBER					
DISTRICT NAME /CODE					
VILLAGE NAME/CODE					
LOCALITY NAME/CODE					
EA NUMBER					
EA SERIAL NUMBER					
DWELLING NUMBER					
HOUSEHOLD NUMBER					
RESPONDENT LINE NUMBER					
NAME OF ENUMERATOR					
NAME OF SUPERVISOR					

	INTERVIEWER VISITS			INTERVIEW STATUS FINAL VISIT	
	1	2	3	INTERVIEWERS CODE	
DATE				*RESULT CODE	
NAME				TOTAL VISITS	
RESULTS*				TOTAL INDIVIDUAL ELIGIBLE	
				TOTAL DBS ELIGIBLE	
NEXT VISIT	DATE	TIME		TOTAL PERSONS IN HOUSEHOLD	

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

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

Hello, my name is _____ and I am working with the Statistics Botswana. The organisation together with NACA is working on a project concerned with the HIV/AIDS 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 epidemic in the country. As part of this survey we would first like to ask some questions about your household. We will then go on to the individual questionnaire which is administered to those eligible. Again as part of this survey we also are asking eligible people to provide their blood specimen for HIV testing. All of the answers you give, together with the blood sample will be very confidential in accordance with the statistics act. Your test results will be provided if you so wish

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

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

May I begin the interview now?

SERIAL NO.	ALL PERSONS 2 YEARS AND OVER				ALL PERSONS AGED 15 YEARS AND OVER				AGE 18-64 yrs	AGE 65 weeks and above	
	EDUCATIONAL ATTAINMENT		FIELD OF EDUCATION	TYPE OF ECONOMIC ACTIVITY IN THE PAST 7 DAYS	OCCUPATION	INDUSTRY	Eligibility	Eligibility			
1	2	3	4						5	6	7
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72
73	74	75	76	77	78	79	80	81	82	83	84
85	86	87	88	89	90	91	92	93	94	95	96
97	98	99	100	101	102	103	104	105	106	107	108
109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132
133	134	135	136	137	138	139	140	141	142	143	144
145	146	147	148	149	150	151	152	153	154	155	156
157	158	159	160	161	162	163	164	165	166	167	168
169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192
193	194	195	196	197	198	199	200	201	202	203	204
205	206	207	208	209	210	211	212	213	214	215	216
217	218	219	220	221	222	223	224	225	226	227	228
229	230	231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250	251	252
253	254	255	256	257	258	259	260	261	262	263	264
265	266	267	268	269	270	271	272	273	274	275	276
277	278	279	280	281	282	283	284	285	286	287	288
289	290	291	292	293	294	295	296	297	298	299	300
301	302	303	304	305	306	307	308	309	310	311	312
313	314	315	316	317	318	319	320	321	322	323	324
325	326	327	328	329	330	331	332	333	334	335	336
337	338	339	340	341	342	343	344	345	346	347	348
349	350	351	352	353	354	355	356	357	358	359	360
361	362	363	364	365	366	367	368	369	370	371	372
373	374	375	376	377	378	379	380	381	382	383	384
385	386	387	388	389	390	391	392	393	394	395	396
397	398	399	400	401	402	403	404	405	406	407	408
409	410	411	412	413	414	415	416	417	418	419	420
421	422	423	424	425	426	427	428	429	430	431	432
433	434	435	436	437	438	439	440	441	442	443	444
445	446	447	448	449	450	451	452	453	454	455	456
457	458	459	460	461	462	463	464	465	466	467	468
469	470	471	472	473	474	475	476	477	478	479	480
481	482	483	484	485	486	487	488	489	490	491	492
493	494	495	496	497	498	499	500	501	502	503	504
505	506	507	508	509	510	511	512	513	514	515	516
517	518	519	520	521	522	523	524	525	526	527	528
529	530	531	532	533	534	535	536	537	538	539	540
541	542	543	544	545	546	547	548	549	550	551	552
553	554	555	556	557	558	559	560	561	562	563	564
565	566	567	568	569	570	571	572	573	574	575	576
577	578	579	580	581	582	583	584	585	586	587	588
589	590	591	592	593	594	595	596	597	598	599	600
601	602	603	604	605	606	607	608	609	610	611	612
613	614	615	616	617	618	619	620	621	622	623	624
625	626	627	628	629	630	631	632	633	634	635	636
637	638	639	640	641	642	643	644	645	646	647	648
649	650	651	652	653	654	655	656	657	658	659	660
661	662	663	664	665	666	667	668	669	670	671	672
673	674	675	676	677	678	679	680	681	682	683	684
685	686	687	688	689	690	691	692	693	694	695	696
697	698	699	700	701	702	703	704	705	706	707	708
709	710	711	712	713	714	715	716	717	718	719	720
721	722	723	724	725	726	727	728	729	730	731	732
733	734	735	736	737	738	739	740	741	742	743	744
745	746	747	748	749	750	751	752	753	754	755	756
757	758	759	760	761	762	763	764	765	766	767	768
769	770	771	772	773	774	775	776	777	778	779	780
781	782	783	784	785	786	787	788	789	790	791	792
793	794	795	796	797	798	799	800	801	802	803	804
805	806	807	808	809	810	811	812	813	814	815	816
817	818	819	820	821	822	823	824	825	826	827	828
829	830	831	832	833	834	835	836	837	838	839	840
841	842	843	844	845	846	847	848	849	850	851	852
853	854	855	856	857	858	859	860	861	862	863	864
865	866	867	868	869	870	871	872	873	874	875	876
877	878	879	880	881	882	883	884	885	886	887	888
889	890	891	892	893	894	895	896	897	898	899	900

H01	H02	H03	H04																																				
Among the persons who are members of this household, is there anybody who stayed at least for 3 months and bedridden for at least 3 months in the past 12 months?	How old is this person in completed years? Any others? How old is person B? How old is person C?	Has your household received any care or assistance from outside in relation to reported illnesses?	What kind of help did you receive? READ OUT: MULTIPLE RESPONSES.																																				
Yes 1 No 2 (Go to H11)	Person A: Age <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Person B: Age <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Person C: Age <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																			Yes 1 No 2 (Go to H11) Don't know 9 (Go to H11)	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1 Counseling</td> <td>1</td> <td>2</td> </tr> <tr> <td>2 Free medicines</td> <td>1</td> <td>2</td> </tr> <tr> <td>3 Extra food</td> <td>1</td> <td>2</td> </tr> <tr> <td>4 Money</td> <td>1</td> <td>2</td> </tr> <tr> <td>5 Help with tollitary wheel chairs, disposable diapers, gloves</td> <td>1</td> <td>2</td> </tr> </tbody> </table> Other (Specify).....		YES	NO	1 Counseling	1	2	2 Free medicines	1	2	3 Extra food	1	2	4 Money	1	2	5 Help with tollitary wheel chairs, disposable diapers, gloves	1	2
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H05	H06	H07	H08																																																														
Who provided the care or assistance? CIRCLE ALL MENTIONED: Any one else?	In the past 12 months have any children in this household lived with parents/guardians who were continuously ill for at least three months	In the past 12 months has your household received any help or support specifically for children living with sick parents/guardian?	What kind of help or support did you receive? READ OUT: MULTIPLE RESPONSE																																																														
<table border="1"> <tbody> <tr><td>Relatives</td><td>01</td></tr> <tr><td>Friends</td><td>02</td></tr> <tr><td>Hospital/Clinic</td><td>03</td></tr> <tr><td>FBO</td><td>04</td></tr> <tr><td>Community Organizations</td><td>05</td></tr> <tr><td>NGOs</td><td>06</td></tr> <tr><td>Spiritual Healer</td><td>07</td></tr> <tr><td>Women's Group</td><td>08</td></tr> <tr><td>Social Worker</td><td>09</td></tr> <tr><td>Traditional Healer</td><td>10</td></tr> </tbody> </table> Other (Specify) _____	Relatives	01	Friends	02	Hospital/Clinic	03	FBO	04	Community Organizations	05	NGOs	06	Spiritual Healer	07	Women's Group	08	Social Worker	09	Traditional Healer	10	Yes 1 No 2 (Go to H11)	Yes 1 No 2 (Go to H11) Don't know 9 (Go to H11)	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>01 Counseling</td><td>1</td><td>2</td></tr> <tr><td>02 Money</td><td>1</td><td>2</td></tr> <tr><td>03 Extra Food</td><td>1</td><td>2</td></tr> <tr><td>04 Free Medicine</td><td>1</td><td>2</td></tr> <tr><td>05 Help with child care</td><td>1</td><td>2</td></tr> <tr><td>06 Help with school expenses</td><td>1</td><td>2</td></tr> <tr><td>07 Income-generating projects</td><td>1</td><td>2</td></tr> <tr><td>08 Help with housework</td><td>1</td><td>2</td></tr> <tr><td>09 Help with food preparation</td><td>1</td><td>2</td></tr> <tr><td>10 Spiritual / Religious support</td><td>1</td><td>2</td></tr> <tr><td>11 Support group</td><td>1</td><td>2</td></tr> <tr><td>12 Hospice</td><td>1</td><td>2</td></tr> <tr><td>99 Don't know</td><td>1</td><td>2</td></tr> </tbody> </table> Other (Specify) _____		Yes	No	01 Counseling	1	2	02 Money	1	2	03 Extra Food	1	2	04 Free Medicine	1	2	05 Help with child care	1	2	06 Help with school expenses	1	2	07 Income-generating projects	1	2	08 Help with housework	1	2	09 Help with food preparation	1	2	10 Spiritual / Religious support	1	2	11 Support group	1	2	12 Hospice	1	2	99 Don't know	1	2
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H09	H10	H11	H12				
Who provided the help or support? CIRCLE ALL MENTIONED: Ask if there is any one else?	How satisfied is the household with the care or assistance given to ill persons?	Think back over the past 12 months. Has anyone who had lived with this household for at least 14 days died in the past 12 months?	How many household members died in the past 12 months?				
Relatives <input type="checkbox"/> 1 Friends <input type="checkbox"/> 2 Hospital/Clinic <input type="checkbox"/> 3 FBO <input type="checkbox"/> 4 Community Organisations <input type="checkbox"/> 5 NGO's <input type="checkbox"/> 6 Spiritual Healer <input type="checkbox"/> 7 Women's Group <input type="checkbox"/> 8 Social Worker <input type="checkbox"/> 9 Traditional Healer <input type="checkbox"/> 10 Other (Specify) _____	Very satisfied <input type="checkbox"/> 1 Satisfied <input type="checkbox"/> 2 Not satisfied <input type="checkbox"/> 3 Don't Know <input type="checkbox"/> 9	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 (Go to H14) Don't know <input type="checkbox"/> 9 (Go to H14)	Number of persons <table border="1"> <thead> <tr> <th>Males</th> <th>Females</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Males	Females	<input type="text"/>	<input type="text"/>
Males	Females						
<input type="text"/>	<input type="text"/>						

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

H19	H20	H21			H22
TYPE OF HOUSING UNIT	NUMBER OF ROOMS	MATERIAL OF CONSTRUCTION OF THE HOUSING UNIT			WATER SUPPLY
	How many 'living rooms' are there in this housing unit?	What is the main material of construction of:			What is the principal source of water supply for this household?
	Exclude kitchen, toilet, garage, store, etc if not used as 'living rooms'.	WALL	FLOOR	ROOF	
01 Lohwapa 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	<input type="checkbox"/>	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	1 Concrete 2 Cement 3 Stones 4 Wood 5 Mud 6 Tiles 7 None Other	1 Iron/Zinc/tin 2 Tiles 3 Asbestos 4 Concrete 5 Thatch 6 Slate Other	01 Piped indoors 02 Stand pipe within plot 03 Communal tap 04 Borehole 05 Well 06 Flowing river 07 Sand river (riverbed) 08 Dam/Lake/Pan 09 Bouser/Tanker 10 Neighbour's tap

H23		H24	H25		H26	
SOURCE OF ENERGY		TOILET	ACCESS TO MEDIA		TRANSPORT FACILITIES	
What is the main source of energy used for:		What is the main toilet facility used by this household?	Does any member of this household have access to the following?		Does any member of this household (excluding visitors) own any of the following forms of transport in working condition?	
COOKING	LIGHTING		READ OUT RESPONSES:			
01 Electricity (Mains) 02 Electricity (Solar) 03 Gas(LPG) 04 Paraffin 05 Wood/Charcoal 06 Coal 07 Biogas 08 Cow dung Other	1 Electricity (Mains) 2 Electricity (Solar) 3 Gas 4 Paraffin/Candle 5 Diesel 6 Wood Other	1 Own flush toilet 2 Own pit latrine 3 Neighbour's flush toilet 4 Neighbour's pit latrine 5 Communal flush toilet 6 Communal pit latrine 7 Pail/Bucket latrine 8 Bush	YES	NO	YES	NO
			1 Working Radio	1 2	01 Motor Vehicle	1 2
			2 Working Television	1 2	02 Tractor	1 2
			3 Telephone	1 2	03 Motor Cycle	1 2
			4 Cell Phone	1 2	04 Bicycle	1 2
			5 Printed Media	1 2	05 Donkey Cart	1 2
			6 Electronic Media	1 2	06 Donkeys/Horses	1 2
			7 Performing Arts	1 2	07 Camels	1 2
					08 Cane/mokoro	1 2
					09 Boat with motor	1 2

TICK IN THE BOX IF
CONTINUATION QUESTIONNAIRE IS USED



STATISTICS BOTSWANA



2012 BOTSWANA AIDS IMPACT SURVEY IV

INDIVIDUAL (10-64 YEARS) QUESTIONNAIRE

Collected under Statistics Act (Chap. 17:01)

GENERAL INFORMATION

IDENTIFICATION	
STRATUM NUMBER	
DISTRICT NAME /CODE	
VILLAGE NAME/CODE	
LOCALITY NAME/CODE	
EA NUMBER	
EA SERIAL NUMBER	
DWELLING NUMBER	
HOUSEHOLD NUMBER	
RESPONDENT'S LINE NO.	
NAME OF ENUMERATOR	
NAME OF SUPERVISOR	

	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. PRESENT BUT NOT AVAILABLE FOR INTERVIEWS</p> <p>3. POSTPONED</p> <p>4. REFUSED</p> <p>5. PARTIALLY COMPLETED</p> <p>6. OTHER _____</p> <p style="text-align: right;"><i>(SPECIFY)</i></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

Section 1: Background Characteristics

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

Hello, my name is _____ and I am working with the Statistics Botswana. The Organization together with NACA is working on a project concerned with the HIV/AIDS 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 epidemic in the country. As part of this survey I would first like to ask some questions about you. Again as part of this survey I will also ask eligible people to provide their blood specimen for HIV testing. All of the answers you give, together with the blood sample will be very confidential in accordance with the Statistics Act. Your test results will be provided to you if you so wish.

Participation in the survey is voluntary, and if we should get to any questions you do not want to answer, just let me know, and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your input will assist the nation in the fight against HIV and AIDS.

At this time, do you want to ask me anything about the survey? May I begin the interview now?

Signature of interviewer: _____

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

	Questions and filters	Coding categories	Skip to
Q101	CIRCLE SEX OF THE RESPONDENT	MALE 1 FEMALE 2	
Q102	How old are you in complete years? IF AGE IS LESS THAN 10 OR GREATER THAN 84, END INTERVIEW	[] [] []	
Q103	What is your highest level of education have you completed?	NONE 1 NON- FORMAL 2 PRIMARY 3 JUNIOR SECONDARY 4 SENIOR SECONDARY 5 HIGHER 6	
Q104	a) What is your employment status?	FULL-TIME EMPLOYED 1 SELF EMPLOYED 2 PART-TIME EMPLOYED 3 WORKING AT OWN LANDS/CATTLE POST 4 ACTIVELY SEEKING WORK 5 TOO OLD TO WORK 6 TOO SICK TO WORK 7 PENSIONER 8 STUDENT 9 OTHER SPECIFY _____	} → Q105
	b) What is your current occupation?	SPECIFY _____ CODE [] [] []	

Q106	What is your main religious affiliation?	CHRISTIANITY 1 ISLAM 2 BAHAI 3 HINDUISM 4 BADIMO 5 NO RELIGION 6 OTHER(SPECIFY)	
Q106	What is your current marital status?	MARRIED 1 NEVER MARRIED 2 LIVING TOGETHER/COHABITATION 3 SEPARATED 4 DIVORCED 5 WIDOWED 6	→ Q201
Q107	How old were you when you first married/started living together?	AGE IN YEARS [] []	
Q108	a) Does your husband/wife/partner live with you?	YES 1 NO 2	→ 109
	b) If no, how often do you see/visit each other?	DAILY 1 WEEKLY 2 FORTNIGHTLY 3 MONTHLY 4 QUARTELY 5 YEARLY 6 NEVER 7	
Q109	For how many years have you been married or living together? RECORD 00 IF LESS THAN ONE YEAR.	YEARS [] []	

Section 2: Alcohol Consumption and Drug Use

READ OUT:
 Now I am going to ask you questions about alcohol and drug use. By alcohol we mean beer, spirits, wine, home brews (khadi, e.t.c), chibuku, whisky, e.t.c. By drugs we mean cocaine, heroin, glue, mandrax, ecstasy, marijuana (motokwane), e.t.c

Q201	Have you taken an alcoholic drink in the last 12 months?	YES.....1 NO.....2	→ Q203																								
Q202	a) In the last four weeks did you take alcohol?	YES.....1 NO.....2	→ Q203																								
	b) In how many occasions were you intoxicated in the last four weeks?	NUMBER OF DAYS.....[]																									
Q203	a) Have you taken any of the following drugs in the last 12 months? READ OUT RESPONSESES	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>MOTOKWANE</td> <td>1</td> <td>2</td> </tr> <tr> <td>GLUE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MANDRAX</td> <td>1</td> <td>2</td> </tr> <tr> <td>ECSTACY</td> <td>1</td> <td>2</td> </tr> <tr> <td>COCAINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>HEROINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER, SPECIFY.....</td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	MOTOKWANE	1	2	GLUE	1	2	MANDRAX	1	2	ECSTACY	1	2	COCAINE	1	2	HEROINE	1	2	OTHER, SPECIFY.....			IF NO FOR ALL GO TO Q204
	YES	NO																									
MOTOKWANE	1	2																									
GLUE	1	2																									
MANDRAX	1	2																									
ECSTACY	1	2																									
COCAINE	1	2																									
HEROINE	1	2																									
OTHER, SPECIFY.....																											
	b) Some people inject drugs with a needle and syringe for pleasure. Have you injected drugs for pleasure in the past 12 months?	YES..... .1 NO..... .2	→ Q204																								
	c) How often did you take this drug in the last 30 days?	DAILY.....1 WEEKLY.....2 OCCASIONALLY.....3																									
Q204	In the last 12 months have you ever seen or heard of any Anti-alcohol messages?	YES..... .1 NO..... .2																									

3. Sexual History and Behaviour

READ OUT:

I am going to ask you some very personal questions about sex. Please bear with me as collecting information on HIV/AIDS issues requires us to ask such sensitive questions. I know it may be difficult to remember exactly, but I would like you to answer the questions to the best of your knowledge, as this information is very important for the survey. Again, this information is all completely private and anonymous and cannot be linked to you or any partner in any way.

No.	Questions and filters	Coding categories	Skip to
Q301	Have you ever had sexual intercourse?	YES..... 1 NO..... 2	→ Q322
CLICK ON THE AGE SIZE GO TO NEXT QUESTION IF AGE SIZE GO TO Q305			
Q302	At what age did you first have sexual intercourse?	AGE IN YEARS [][] DON'T KNOW.....99	
Q303	Did you give consent at the time of intercourse?	YES..... 1 NO..... 2	→ Q305
Q304	What mainly influenced your decision to agree to have sexual intercourse the first time?	MARITAL FULFILMENT..... 1 PERSUASION..... 2 CURIOSITY..... 3 ECONOMIC REASONS..... 4 RELATIONSHIP FULFILMENT..... 5 PEER PRESSURE..... 6 OLD ENOUGH..... 7 OTHERS, SPECIFY.....	
Q 305	a) Was protection used during that sexual intercourse?	YES..... 1 NO..... 2 DON'T KNOW..... 9	↔ Q306
	b) What did you use?	MALE CONDOMS..... 1 FEMALE CONDOMS..... 2 MODERN CONTRACEPTIVES..... 3 TRADITIONAL METHODS..... 4 SPRITUAL METHODS..... 5 OTHER, SPECIFY.....	
	c) Please state the main reason for protecting yourself	PREGNANCY..... 1 HIV..... 2 STI..... 3 HIV/PREGNANCY..... 4 ALL OF THE ABOVE..... 5 DONT KNOW..... 6 OTHER, SPECIFY.....	

Q306	a) Have you had sex without your consent in the last 12 months?	YES..... 1 NO..... 2	→ Q307
	b) With whom?	SPOUSE..... 1 BOYFRIEND/GIRLFRIEND..... 2 FAMILY MEMBER..... 3 EMPLOYER..... 4 COLLEAGUE..... 5 SUPERVISOR..... 6 STRANGER..... 7 FRIEND..... 8 OTHER, SPECIFY.....	
	c) What assistance did you seek/get? MULTIPLE RESPONSE QUESTION, CIRCLE ALL THAT IS MENTIONED	MEDICAL..... 1 LEGAL/POLICE..... 2 SOCIAL..... 3 COUNSELING..... 4 NONE..... 5 OTHER, SPECIFY.....	

Now I would like you to think about the last time you had sex, and I am going to ask you some questions about your sexual partners, beginning with the person with whom you had sex most recently. I will begin by asking about your most recent sexual partner, and if there is more than one partner, I will ask only about the three most recent sexual partners you may have had in the past 12 months. This includes anyone you might have had sex with: husband, wife or wives, girlfriends, boyfriends, friends, casual partners, prostitutes, someone you may have met at a bar, or at a wedding or other special event, etc.

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

ASK Q306-Q318, BEGINNING WITH MOST RECENT PARTNER (15- 64 YEARS ONLY).

Q307	a) Have you had sex in the past 12 months? More than 12 months circle 2 and skip to Q320	YES..... 1 NO..... 2	→ Q320
	b) In the last 12 months with how many people overall have you had sex?	NUMBER..... []	

	Partner 1 Most Recent Sexual Partner	Partner 2 Next Most Recent Sexual Partner	Partner 3 Second Most Recent Sexual Partner
--	---	--	--

		Partner 1 Most Recent Sexual Partner	Partner 2 Next Most Recent Sexual Partner	Partner 3 Second Most Recent Sexual Partner
Q308	What is your relationship to [MOST RECENT/NEXT MOST RECENT PARTNER]	HUSBAND/WIFE..... 1 LIVING TOGETHER..... 2 GIRLFRIEND/BOYFRIEND 3 SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX.....4 CASUAL ACQUAINTANCE..... 5 OTHER, SPECIFY _____	HUSBAND / WIFE 1 LIVING TOGETHER.....2 GIRLFRIEND / BOYFRIEND 3 SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX.....4 CASUAL ACQUAINTANCE 5 OTHER, SPECIFY _____	HUSBAND / WIFE 1 LIVING TOGETHER 2 GIRLFRIEND / BOYFRIEND 3 SOMEONE WHOM YOU PAID OR WHO PAID YOU FOR SEX.....4 CASUAL ACQUAINTANCE..... 5 OTHER, SPECIFY _____
Q309	a) How old is this partner? IF DON'T KNOW EXACT AGE, PROBE FOR APPROXIMATE AGE.	AGE..... [] []	AGE [] []	AGE..... [] []
	b) What is the sex of this partner?	MALE..... 1 FEMALE..... 2	MALE.....1 FEMALE.....2	MALE..... 1 FEMALE..... 2
	c) What influenced your decision to have sex with this partner? READ OUT RESPONSES	SEXUAL VARIETY.....1 ARRANGED MARRIAGE.....2 PERSUASION.....3 FINANCIAL ASSISTANCE.....4 RELATIONSHIP FULLFILMENT/ LOVE.....5 GIFTS.....6 FASHIONABLE.....7 REVENGE.....8 OTHER,SPECIFY_____	SEXUAL VARIETY.....1 ARRANGED MARRIAGE.....2 PERSUASION.....3 FINANCIAL ASSISTANCE.....4 RELATIONSHIP FULLFILMENT/ LOVE.....5 GIFTS.....6 FASHIONABLE.....7 REVENGE.....8 OTHER,SPECIFY_____	SEXUAL VARIETY..... 1 ARRANGED MARRIAGE..... 2 PERSUASION..... 3 FINANCIAL ASSISTANCE..... 4 RELATIONSHIP FULLFILMENT/ LOVE.....5 GIFTS.....6 FASHIONABLE..... 7 REVENGE.....8 OTHER,SPECIFY_____
Q310	In the past 12 months have you always used a condom with this partner?	YES ALWAYS 1 NO, NEVER 2 NO, SOMETIMES 3	YES ALWAYS1 NO, NEVER2 NO, SOMETIMES.....3	YES ALWAYS..... 1 NO, NEVER 2 NO, SOMETIMES 3
Q311	Did you use a condom the FIRST time you had sexual intercourse with this partner?	YES, MALE CONDOM.....1 YES, FEMALE CONDOM.....2 NO.....3 DON'T REMEMBER.....9	YES, MALE CONDOM1 YES, FEMALE CONDOM2 NO.....3 DON'T REMEMBER.....9	YES, MALE CONDOM..... 1 YES, FEMALE CONDOM..... 2 NO.....3 DON'T REMEMBER..... 9

		Partner 1 Most Recent Sexual Partner	Partner 2 Next Most Recent Sexual Partner	Partner 3 Second Most Recent Sexual Partner
Q312	a) When was the FIRST time you had sex with this partner?	DAYS AGO.....1 [] [] WEEKS AGO.....2 [] [] MONTHS AGO.....3 [] [] YEARS AGO.....4 [] [] DONT KNOW.....9	DAYS AGO.....1 [] [] WEEKS AGO.....2 [] [] MONTHS AGO.....3 [] [] YEARS AGO.....4 [] [] DONT KNOW.....9	DAYS AGO.....1 [] [] WEEKS AGO.....2 [] [] MONTHS AGO.....3 [] [] YEARS AGO.....4 [] [] DONT KNOW.....9
	b) When was the LAST time you had sex with this partner? COMPLETE ONLY ONE OPTION.	DAYS AGO.....1 [] [] WEEKS AGO.....2 [] [] MONTHS AGO.....3 [] [] YEARS AGO.....4 [] [] DONT KNOW.....9	DAYS AGO.....1 [] [] WEEKS AGO.....2 [] [] MONTHS AGO.....3 [] [] YEARS AGO.....4 [] [] DONT KNOW.....9	DAYS AGO.....1 [] [] WEEKS AGO.....2 [] [] MONTHS AGO.....3 [] [] YEARS AGO.....4 [] [] DONT KNOW.....9
Q313	a) The LAST time you had sexual intercourse with this partner did you or this partner use a condom?	YES, MALE CONDOM.....1 YES, FEMALE CONDOM.....2 NO.....3 DONT REMEMBER.....9 IF NO GO TO Q314 DONT REMEMBER GO TO Q316	YES MALE CONDOM.....1 YES, FEMALE CONDOM.....2 NO.....3 DONT REMEMBER.....9 IF NO GO TO Q314 DONT REMEMBER GO TO Q316	YES, MALE CONDOM.....1 YES, FEMALE CONDOM.....2 NO.....3 DONT REMEMBER.....9 IF NO GO TO Q314 DONT REMEMBER GO TO Q316
	b) What was the MAIN reason for using the condom the last time you had sex?	HIV/STI PREVENTION.....1 PREGNANCY PREVENTION.....2 BOTH HIV/STI AND PREGNANCY.....3 NO TRUST OF PARTNER.....4 PARTNER INSISTED.....5 DONT KNOW.....9 SKIP TO Q316	HIV/STI PREVENTION.....1 PREGNANCY PREVENTION.....2 BOTH HIV/STI AND PREGNANCY.....3 NO TRUST OF PARTNER.....4 PARTNER INSISTED.....5 DONT KNOW.....9 SKIP TO Q316	HIV/STI PREVENTION.....1 PREGNANCY PREVENTION.....2 BOTH HIV/STI AND PREGNANCY.....3 NO TRUST OF PARTNER.....4 PARTNER INSISTED.....5 DONT KNOW.....9 SKIP TO Q316
Q314	What was the main reason for NOT using the condom?	NOT AVAILABLE.....1 COSTLY.....2 USE OTHER FAMILY PLANNING METHOD.....3 YOU OR YOUR PARTNER REFUSED.....4 YOU OR YOUR PARTNER DRUNK/HIGH ON DRUGS.....5 IT REDUCES PLEASURE.....6 WE TRUST EACH OTHER.....7 OTHER, SPECIFY..... SKIP TO Q316 FOR ALL OPTIONS	NOT AVAILABLE.....1 COSTLY.....2 USE OTHER FAMILY PLANNING METHOD.....3 YOU OR YOUR PARTNER REFUSED.....4 YOU OR YOUR PARTNER DRUNK/HIGH ON DRUGS.....5 IT REDUCES PLEASURE.....6 WE TRUST EACH OTHER.....7 OTHER, SPECIFY..... SKIP TO Q316 FOR ALL OPTIONS	NOT AVAILABLE.....1 COSTLY.....2 USE OTHER FAMILY PLANNING METHOD.....3 YOU OR YOUR PARTNER REFUSED.....4 YOU OR YOUR PARTNER DRUNK/HIGH ON DRUGS.....5 IT REDUCES PLEASURE.....6 WE TRUST EACH OTHER.....7 OTHER, SPECIFY..... SKIP TO Q316 FOR ALL OPTIONS

		Partner 1 Most Recent Sexual Partner	Partner 2 Next Most Recent Sexual Partner	Partner 3 Second Most Recent Sexual Partner
Q315	From what place or person did you or this partner get that condom?	SHOP/PETROL STATION 1 PHARMACY 2 HOSPITAL/CLINIC 3 BAR/HOTEL/RESTAURANT 4 OFFICE/PLACE OF WORK 5 PUBLIC DISPENSER 6 ANOTHER PERSON 7 DON'T KNOW 9 OTHER, SPECIFY	SHOP/PETROL STATION 1 PHARMACY 2 HOSPITAL/CLINIC 3 BAR/HOTEL/RESTAURANT 4 OFFICE/PLACE OF WORK 5 PUBLIC DISPENSER 6 ANOTHER PERSON 7 DON'T KNOW 9 OTHER, SPECIFY	SHOP/PETROL STATION 1 PHARMACY 2 HOSPITAL/CLINIC 3 BAR/HOTEL/RESTAURANT 4 OFFICE/PLACE OF WORK 5 PUBLIC DISPENSER 6 ANOTHER PERSON 7 DON'T KNOW 9 OTHER, SPECIFY
Q316	Were you and/or your partner drunk or high on drugs the LAST time you had sex?	YES, I WAS 1 YES, HE/SHE WAS 2 YES BOTH OF US 3 NO 4 DON'T KNOW 9	YES, I WAS 1 YES, HE/SHE WAS 2 YES BOTH OF US 3 NO 4 DON'T KNOW 9	YES, I WAS 1 YES, HE/SHE WAS 2 YES BOTH OF US 3 NO 4 DON'T KNOW 9
Q317	Do you think this partner has other partners?	YES 1 NO 2 DON'T KNOW 9	YES 1 NO 2 DON'T KNOW 9	YES 1 NO 2 DON'T KNOW 9
Q318	Now think about the partner you had sexual intercourse with before the partner we just talked about. Was this sexual contact within the past 12 months?	YES 1 IF YES, GO BACK TO Q308 AND ASK ABOUT NEXT PARTNER. NO 2	YES 1 IF YES, GO BACK TO Q308 AND ASK ABOUT NEXT PARTNER. NO 2	

No.	Questions and Filters	Coding Categories	Skip to
Q319	In the last 12 months have you ever been paid or received gifts for sex?	YES 1 NO 2	
Q320	Do you believe you can persuade a sex partner to use a condom?	YES, ALL THE TIME 1 YES, SOMETIMES 2 NO 3 DON'T KNOW 9	
Q321	Could you persuade a sex partner NOT to have sex if you weren't interested?	YES, ALL THE TIME 1 YES SOMETIMES 2 NO 3 DON'T KNOW 9	
Q322	a) Do you think it is acceptable for a man to have more than one sexual partner? b) Do you think it is acceptable for a woman to have more than one sexual partner?	YES 1 NO 2 YES 1 NO 2	If female go to Q409

Section 4: Male Circumcision and Sexually Transmitted Infections

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

No.	Questions and filters	Coding categories	Skip to
Q401-Q407 FOR MALES ONLY (IF FEMALE GO TO 409)			
Q401	Are you circumcised?	YES 1 NO 2 DON'T KNOW 9	 Q408
Q402	When were you circumcised?	YEAR _____ DON'T KNOW 9	
Q403	Why were you circumcised? CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.	HIV PREVENTION 1 PEER INFLUENCE 2 CULTURAL RIGHT 3 HYGIENIC REASON 4 FASHION 5 RELIGION 6 SEXUAL PLEASURE 7 PARENTS DECISION 8 DON'T KNOW 9 OTHER, SPECIFY _____	
Q404	Where were you circumcised?	GOVT HEALTH FACILITY 1 PRIVATE HEALTH FACILITY 2 TRADITIONAL 3 DON'T KNOW 9	
Q405	Did you have any complications during or after circumcision?	YES 1 NO 2 DON'T KNOW 9	All go to 409
Q406	Do you intend to get circumcised in the next 12 months?	YES 1 NO 2 DON'T KNOW 9	 408
Q407	Why would you want to get circumcised? CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.	HIV PREVENTION 1 PEER INFLUENCE 2 CULTURAL RIGHT 3 HYGIENIC REASON 4 FASHION 5 RELIGION 6 SEXUAL PLEASURE 7 OTHER, SPECIFY _____	All go to 409

Q408	<p>Why would you not want to get circumcised?</p> <p>CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.</p>	<p>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.....9 OTHER, SPECIFY.....</p>																									
<p>Now I would like to ask some questions about Sexually Transmitted Diseases or Infections</p>																											
Q409	<p>In a woman, what signs and symptoms would lead you to think that she has an STI?</p> <p><i>Any other symptoms?</i></p> <p>CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE. DO NOT READ OUT THE SYMPTOMS.</p>	<p>LOWER ABDOMINAL PAIN01 OFFENSIVE DISCHARGE FROM VAGINA02 ITCHING IN GENITAL AREA.....03 BURNING PAIN ON URINATION04 PAIN DURING INTERCOURSE.....05 GENITAL ULCERS/OPEN SORES.....06 SWELLINGS IN GENITAL AREA.....07 NO SYMPTOMS.....08 DONT KNOW.....09 OTHER, SPECIFY.....</p>																									
Q410	<p>In a man, what signs and symptoms would lead you to think that he has an STI?</p> <p><i>Any other symptoms?</i></p> <p>CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE. DO NOT READ OUT THE SYMPTOMS.</p>	<p>ABDOMINAL PAIN01 DISCHARGE FROM PENIS.....02 ITCHING IN GENITAL AREA.....03 BURNING PAIN ON URINATION04 PAIN DURING INTERCOURSE.....05 GENITAL ULCERS/OPEN SORES.....06 SWELLINGS IN GENITAL AREA.....07 NO SYMPTOMS.....08 DONT KNOW.....09 OTHER, SPECIFY.....</p>																									
<p>MARK WITH AN "X" IN THE APPROPRIATE BOX</p>																											
FILTER	<p>CHECK Q307 option 1, 2 and 3 HAS HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS</p> <p><input type="checkbox"/></p>	<p>HAS NOT HAD SEXUAL INTERCOURSE IN THE PAST 12 MONTHS</p> <p>If option 4 at Q307 <input type="checkbox"/> →</p>	Q501																								
Q411	<p>During the last 12 months, have you had any of the following symptoms?</p> <p>READ OUT SYMPTOMS</p> <p>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.</p>	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>1 ABDOMINAL PAIN.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2 GENITAL DISCHARGE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3 ITCHING IN GENITAL AREA.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4 BURNING PAIN ON URINATION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5 PAIN DURING INTERCOURSE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>6 GENITAL ULCERS/OPEN SORES.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>7 SWELLINGS IN GENITAL AREA.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		Yes	No	1 ABDOMINAL PAIN.....	1	2	2 GENITAL DISCHARGE.....	1	2	3 ITCHING IN GENITAL AREA.....	1	2	4 BURNING PAIN ON URINATION.....	1	2	5 PAIN DURING INTERCOURSE.....	1	2	6 GENITAL ULCERS/OPEN SORES.....	1	2	7 SWELLINGS IN GENITAL AREA.....	1	2	<p>If no for all go to Q501</p>
	Yes	No																									
1 ABDOMINAL PAIN.....	1	2																									
2 GENITAL DISCHARGE.....	1	2																									
3 ITCHING IN GENITAL AREA.....	1	2																									
4 BURNING PAIN ON URINATION.....	1	2																									
5 PAIN DURING INTERCOURSE.....	1	2																									
6 GENITAL ULCERS/OPEN SORES.....	1	2																									
7 SWELLINGS IN GENITAL AREA.....	1	2																									
Q412	<p>Did you seek treatment interventions for your symptom(s)?</p>	<p>YES.....1 NO.....2</p>	<p>→ Q501</p>																								

Q413	<p>Where did you go to get treatment for your symptom(s)?</p> <p>MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.</p>	<p>CLINIC/HOSPITAL.....1</p> <p>PRIVATE DOCTOR.....2</p> <p>PHARMACY/CHEMIST.....3</p> <p>TRADITIONAL/SPIRITUAL HEALER.....4</p> <p>CHURCH.....5</p> <p>FRIENDS.....6</p> <p>RELATIVES.....7</p> <p>OTHER, SPECIFY _____</p>	
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Section 5: Knowledge About HIV/AIDS and Level of Access to Interventions

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

No.	Questions and filters	Coding categories	Skip to
Q501	Have you EVER heard of HIV or an illness called AIDS?	YES..... 1 NO..... 2	→ Q521
Q502	In the past 4 weeks, have you heard or seen any information about HIV / AIDS?	YES..... 1 NO..... 2	⇒ Q504
Q503	a) From what source(s) did you receive this information about HIV/AIDS? Any other source? CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.	YOUTH PROGRAM..... 01 TELEVISION/ VIDEO..... 02 RADIO..... 03 NEWSPAPER..... 04 HOSPITAL/CLINIC/CT..... 05 POSTERS / BANNERS / BOOKLET..... 06 TRADIT'L/SPIRITUAL HEALER..... 07 WORKSHOP / SEMINAR..... 08 INDIVIDUAL..... 09 CHURCH..... 10 KGOTLA..... 11 WORKPLACE PROGRAMME (PEER EDUCATOR, COUNSELLOR, CO-WORKER)..... 12 PEER EDUCATOR..... 13 SCHOOL..... 14 OTHER, SPECIFY.....	
Q504	What can people do to prevent becoming infected with HIV? Any other ways? CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE. DO NOT READ OUT THE ANSWER CHOICES.	USE CONDOMS..... 01 HAVE FEWER PARTNERS..... 02 BOTH PARTNERS HAVE NO OTHER PARTNERS..... 03 NO CASUAL SEX..... 04 NO SEX AT ALL..... 05 NO COMMERCIAL SEX..... 06 AVOID INJECTIONS WITH CONTAMINATED NEEDLES..... 07 AVOID BLOOD TRANSFUSIONS..... 08 DON'T KNOW ANY..... 99 OTHER, SPECIFY.....	

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

No.	Questions and filters	Coding categories	Skip to
Q505	Is it possible for a healthy looking person to have HIV?	YES..... 1 NO..... 2 DON'T KNOW..... 9	
Q506	Can people reduce their chances of getting HIV/AIDS by using a condom correctly every time they have sex?	YES..... 1 NO..... 2 DON'T KNOW..... 9	
Q507	Do you think that a person can get infected with HIV through mosquito bites?	YES..... 1 NO..... 2 DON'T KNOW..... 9	

Q508	Can people reduce their chances of getting HIV/AIDS by having only one uninfected sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 9			
Q509	Can a person get infected with HIV by sharing a meal with a person who has HIV/AIDS?	YES 1 NO 2 DON'T KNOW 9			
Q510	Can people get HIV because of witchcraft?	YES 1 NO 2 DON'T KNOW 9			
Q511	Can HIV/AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 9	→ Q515		
Q512	Can HIV/AIDS be transmitted from a mother to a child: READ OUT A. During pregnancy? B. At delivery? C. Through breast milk?	YES	NO	DON'T KNOW	
		1	2	9	
		1	2	9	
		1	2	9	
Q513	a) If a mother is infected with HIV/AIDS, is there any way to avoid transmission to the unborn baby?	YES 1 NO 2 DON'T KNOW 9	→ Q514 → Q514		
	b) If yes, what ways?	ANTIRETROVIRAL THERAPY (AZT, DRUGS BEFORE BIRTH) 1 CAESAREAN SECTION 2 DON'T KNOW 9 OTHER, SPECIFY _____			
Q514	a) If a mother is infected with HIV/AIDS, is there any way to avoid transmission to the newborn baby?	YES 1 NO 2 DON'T KNOW 9	→ Q515 → Q515		
	b) If yes, what ways?	ANTIRETROVIRAL THERAPY (ART, DRUGS AFTER BIRTH) 1 NOT BREASTFEEDING 2 EXCLUSIVE BREASTFEEDING 3 DON'T KNOW 9 OTHER, SPECIFY _____			
Q515	What treatment options are available for HIV infected people? (more than 1 options allowed) If option 1 is not among the answers go to Q521	ANTIRETROVIRALS 1 TRADITIONAL HEALING 2 SPIRITUAL HEALING 3 HERBAL 4 NONE 5 OTHER, SPECIFY _____	If option 1 is not among the answers go to Q521		

Q516	What do you believe antiretrovirals (ARVs) do?	CURE AIDS.....1 CURE HIV.....2 SUPPRESS HIV.....2 DONT KNOW.....9	
Q517	a) Has <u>your personal</u> concern about getting HIV changed since the introduction of ARV's?	YES.....1 NO.....2	→ Q518
	b) If yes, how?	LESS CONCERNED.....1 MORE CONCERNED.....2 DONT KNOW.....9	
Q518	Do you think that people on ARV's should always use condoms?	YES.....1 NO.....2 DONT KNOW.....9	
Q519	a) Has introduction of ARV's influenced your sexual behavior?	YES.....1 NO.....2 NEVER HAD SEX.....3 DONT KNOW.....9	} → 520
	b) If yes, in what ways? MORE THAN ONE OPTION ALLOWED	LESS CONDOM USE.....1 MORE CONDOM USE.....2 LESS SEXUAL PARTNERS.....3 MORE SEXUAL PARTNERS.....4 CONTINUE TO PRACTICE MULTIPLE AND CONCURRENT PARTNERSHIPS.....5 DISCONTINUE TO PRACTICE MULTIPLE AND CONCURRENT PARTNERSHIPS.....6 ABSTINENCE.....7 DONT KNOW.....9 OTHER, SPECIFY.....	
Q520	Do you think a person on ARV's should discontinue/stop taking them once they feel better?	YES.....1 NO.....2 DONT KNOW.....9	
Safe male circumcision			
Q521	Have you ever heard of Safe Male Circumcision or SMC programme?	YES.....1 NO.....2	→ Q524
Q522	In the past 4 weeks, have you heard or seen any information on Safe Male Circumcision (SMC)?	YES.....1 NO.....2	→ Q524

Q523	<p>From what source(s) did you receive this information about Safe Male Circumcision or SMC</p> <p>CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.</p>	YOUTH PROGRAM.....01 TELEVISION/VIDEO.....02 RADIO.....03 NEWSPAPER.....04 HOSPITAL/CLINIC/VCT.....05 POSTERS/BANNERS/BOOKLET.....06 TRADIT'L/SPIRITUAL HEALER.....07 WORKSHOP/SEMINAR.....08 INDIVIDUAL.....09 CHURCH.....10 KGOTLA.....11 WORKPLACE PROGRAMME (PEER EDUCATOR, COUNSELLOR, CO-WORKER).....12 PEER EDUCATOR.....13 SCHOOL.....14 OTHER, SPECIFY.....	
Q524	Suppose you had male children aged below 18 years would you get them circumcised?	YES.....1 NO.....2 UNSURE.....3	
Q525	Do you think a circumcised male should stop using condoms	YES.....1 NO.....2 DON'T KNOW.....3	
Q526	a) Do you think it should be acceptable for a woman to obtain male condoms?	YES.....1 NO.....2 UNSURE.....3	
	b) Do you think it should be acceptable for a man to obtain female condoms?	YES.....1 NO.....2 UNSURE.....3	
	c) Do you agree that a woman has a right to decide if she will have safe sex? (e.g use a condom)	YES.....1 NO.....2 UNSURE.....3	
Q527	a) In the last 12 months have you received a blood transfusion?	YES.....1 NO.....2	
	b) In the last 12 months have you donated blood?	YES.....1 NO.....2	⇒ Q601

	c) Why not?	Fear of needles.....1 Fear of HIV Test results.....2 Fear of HIV infection.....3 Not eligible.....4 No incentives.....5 Lack of knowledge.....6 Other Specify.....7	
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CHECK Q501 IF NO AND THE RESPONDENT IS FEMALE GO TO SECTION 7, IF MALE GO TO SECTION 8

Section 6:

Attitudes towards People Living with HIV/AIDS, Gender Issues, and Counselling

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

No.	Questions and filters	Coding categories	Skip to
Q601	Would you ever share a meal with a person you knew or suspected had HIV/AIDS?	YES 1 NO 2	
Q602	If a member of your family became sick with HIV/AIDS, would you be willing to care for him or her in your household?	YES 1 NO 2	
Q603	If your housekeeper, nanny or anybody looking after your child has HIV but is not sick, would you allow him/her to continue working/assisting with babysitting in your house?	YES 1 NO 2	
Q604	If a teacher has HIV but is not sick, should she be allowed to continue teaching in school?	YES 1 NO 2	
Q605	If you knew that a shopkeeper or food seller had HIV or AIDS, would you buy vegetables from them?	YES 1 NO 2	
Q606	If a member of your family got infected with HIV, would you want it to remain a secret?	YES 1 NO 2	

NOW I WOULD LIKE TO ASK YOU QUESTIONS ON HIV TESTING.

Q607	a) Have you ever been tested for HIV, the virus that causes AIDS?	YES 1 NO 2	→ Q607C
	b) What was the main reason for testing?	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 9 PRE-EMPLOYMENT/SCHOLARSHIP REQUIREMENTS 10 DONT KNOW 11 OTHER (SPECIFY) _____	ALL GO TO Q608
	c) Why haven't you tested?	AFRAID/SCARED 1 FEARED REACTION OF PARTNER 2 NO NEED 3 OTHER, SPECIFY _____	ALL GO TO Q701
Q608	a) In the past 12 months how many times have you been tested?	_____ TIMES	
	b) When were you last tested for HIV?	YEAR _____ MONTH _____	

No.	Questions and filters	Coding categories	Skip to
Q609	Where did you go for your last test?	VCT CENTRE (TEBELOPELE/BOCAIP) 1 HOSPITAL/CLINIC..... 2 MOBILE CLINIC..... 3 FIELD WORKER..... 4 OTHER, SPECIFY.....	
Q610	a) Were you told/given your result for your last HIV test?	YES 1 NO 2	→ Q701
	b) What was the result? (answer if you do not mind)	POSITIVE..... 1 NEGATIVE..... 2 DONT WANT TO TELL..... 3 DONT KNOW..... 9	→ Q612 → Q701
Q611	Are you currently taking ARVs to treat your infection?	YES 1 NO 2	
Q612	a) Did you tell anyone the result of the test?	YES 1 NO..... 2	→ Q701
	b) Whom did you tell? CIRCLE ALL THAT ARE MENTIONED. MORE THAN ONE ANSWER IS POSSIBLE.	SPOUSE 1 SEX PARTNER 2 FRIEND 3 FAMILY MEMBER(S)..... 4 OTHER RELATIVE(S)..... 5 HEALTH CARE WORKER..... 6 CO-WORKER..... 7 OTHER, SPECIFY.....	

IF RESPONDENT IS MALE, SKIP SECTION 7 AND GO STRAIGHT TO SECTION 8: AVAILABILITY OF SOCIAL AND MEDICAL SERVICES

Section 7:

Childbearing and Antenatal Care (WOMEN ONLY: 15-49 years)

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

No.	Questions and filters	Coding categories	Skip to
Q701	Have you ever given birth?	YES..... 1 NO..... 2	→ Q801
Q702	How many times have you had live births?	NUMBER OF BIRTHS..... [] []	
Q703	a) Have you given birth in the past 5 years?	YES..... 1 NO..... 2	
	b) What is the date of birth for your youngest baby?	Day [] [] Month [] [] Year [] [] [] []	
	c) Was that last pregnancy planned?	YES..... 1 NO..... 2	→ Q705
Q704	e) Have you resumed sex since your last pregnancy?	YES..... 1 NO..... 2	→ Q705
	b) If yes, are you using any protection?	YES..... 1 NO..... 2	→ Q705
	c) What type?	MALE CONDOMS..... 1 FEMALE CONDOMS..... 2 INJECTABLE CONTRACEPTIVE (e.g. Depo-Provera)..... 3 ORAL CONTRACEPTIVE..... 4 INTRAUTERINE DEVICE (IUD)..... 5 BILATERAL TUBAL LIGATION..... 6 NATURAL/ (e.g., rhythm method)..... 7 TRADITIONAL METHODS..... 8 SPRITUAL..... 9 OTHER, SPECIFY.....	
Q705	a) Are you currently pregnant?	YES..... 1 NO..... 2	
	b) Are you attending an antenatal clinic for this pregnancy?/ Did you attend an antenatal clinic during your last pregnancy?	YES..... 1 NO..... 2	→ Q706
	c) If not, why?	DISTANCE FROM HEALTH FACILITY..... 1 LACK OF TRANSPORT..... 2 POOR SERVICE DELIVERY..... 3 DIDN'T KNOW WHERE TO GO..... 4 DIDN'T UNDERSTAND NEED/BENEFIT..... 5 NO FAMILY/SPOUSE SUPPORT..... 6 OTHERS SPECIFY.....	All go to 707
Q706	a) Were you tested for HIV during your visit to the antenatal clinic?	YES..... 1 NO..... 2	→ Q707

	b) What was the result of the HIV test?	POSITIVE 1 NEGATIVE 2 DONT WANT TO TELL 3 DID NOT RECEIVE TEST RESULTS 4 DONT KNOW 9	→ Q707
	c) Are/were you enrolled in PMTCT programme?	YES 1 NO 2 DONT WANT TO TELL 3 DONT KNOW 9	
Q707	a) Was your baby tested for HIV by the time he/she was 6-8 weeks old?	YES 1 NO 2 DONT WANT TO TELL 3 DONT KNOW 9	→ Q708
	b) What was the result of your baby's HIV test?	POSITIVE 1 NEGATIVE 2 DONT WANT TO TELL 3 DID NOT RECEIVE TEST RESULTS 4	→ Q708
	c) Did your baby take antiretroviral medication after you received the results of his/her HIV test?	YES 1 NO 2 DONT WANT TO TELL 3	
Q708	How did you feed your baby in the first 6 months?	FORMULA EXCLUSIVELY 1 BREAST MILK EXCLUSIVELY 2 FORMULA AND BREAST MILK 3 FORMULA AND SOLID FOOD 4 BREAST MILK AND SOLID FOOD 5 FORMULA, BREAST MILK AND SOLID FOOD 6	
Q709	Is this child still alive?	YES 1 NO 2	

Section 8:

Availability of Social and Medical Services

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

No.	Questions and filters	Coding categories	Skip to																																																																	
Q801	Which of the following social and medical services are available in this locality/area? READ OUT RESPONSES	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>HOME BASED CARE</td><td>1</td><td>2</td></tr> <tr><td>ORPHAN CARE</td><td>1</td><td>2</td></tr> <tr><td>PLWHA SUPPORT</td><td>1</td><td>2</td></tr> <tr><td>DESTITUTE PROGRAMMES</td><td>1</td><td>2</td></tr> <tr><td>ARV PROGRAMME</td><td>1</td><td>2</td></tr> <tr><td>PMTCT PROGRAMME</td><td>1</td><td>2</td></tr> <tr><td>VCT/RHT</td><td>1</td><td>2</td></tr> <tr><td>TB PROGRAMME</td><td>1</td><td>2</td></tr> <tr><td>FAMILY PLANNING/SRH</td><td>1</td><td>2</td></tr> <tr><td>SMC</td><td>1</td><td>2</td></tr> <tr><td>COUNSELLING</td><td>1</td><td>2</td></tr> <tr><td>OTHER, SPECIFY _____</td><td></td><td></td></tr> </tbody> </table>		YES	NO	HOME BASED CARE	1	2	ORPHAN CARE	1	2	PLWHA SUPPORT	1	2	DESTITUTE PROGRAMMES	1	2	ARV PROGRAMME	1	2	PMTCT PROGRAMME	1	2	VCT/RHT	1	2	TB PROGRAMME	1	2	FAMILY PLANNING/SRH	1	2	SMC	1	2	COUNSELLING	1	2	OTHER, SPECIFY _____																													
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OTHER, SPECIFY _____																																																																				
Q802	Have you EVER accessed any of the following service? READ OUT RESPONSES	<table border="1"> <thead> <tr> <th></th> <th colspan="2">YES</th> <th colspan="2">NO</th> </tr> <tr> <th></th> <th>THIS LOCALITY</th> <th>ELSEWHERE</th> <th>NO</th> <th>NEED</th> </tr> </thead> <tbody> <tr><td>HOME BASED CARE</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>ORPHAN CARE</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>PLWHA SUPPORT</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>DESTITUTE PROGRAMMES</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>ARV PROGRAMME</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>PMTCT PROGRAMME</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>VCT/RHT</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>TB PROGRAMME</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>FAMILY PLANNING/SRH</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>SMC</td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>OTHER, SPECIFY _____</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		YES		NO			THIS LOCALITY	ELSEWHERE	NO	NEED	HOME BASED CARE	1	2	3	4	ORPHAN CARE	1	2	3	4	PLWHA SUPPORT	1	2	3	4	DESTITUTE PROGRAMMES	1	2	3	4	ARV PROGRAMME	1	2	3	4	PMTCT PROGRAMME	1	2	3	4	VCT/RHT	1	2	3	4	TB PROGRAMME	1	2	3	4	FAMILY PLANNING/SRH	1	2	3	4	SMC	1	2	3	4	OTHER, SPECIFY _____					IF NO FOR ALL GO TO Q805 IF NO NEED FOR ALL GO TO SECTION 9
	YES		NO																																																																	
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Q803	Have you used any of these services in the last 12 months? MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL ANSWERS GIVEN.	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>HOME BASED CARE</td><td>1</td><td>2</td></tr> <tr><td>ORPHAN CARE</td><td>1</td><td>2</td></tr> <tr><td>PLWHA SUPPORT</td><td>1</td><td>2</td></tr> <tr><td>DESTITUTE PROGRAMMES</td><td>1</td><td>2</td></tr> <tr><td>ARV PROGRAMME</td><td>1</td><td>2</td></tr> <tr><td>PMTCT PROGRAMME</td><td>1</td><td>2</td></tr> <tr><td>TB PROGRAMME</td><td>1</td><td>2</td></tr> <tr><td>VCT/RHT</td><td>1</td><td>2</td></tr> <tr><td>HIV CLINIC SERVICES</td><td>1</td><td>2</td></tr> <tr><td>FAMILY PLANNING/SRH</td><td>1</td><td>2</td></tr> <tr><td>SMC</td><td>1</td><td>2</td></tr> <tr><td>OTHER, SPECIFY _____</td><td></td><td></td></tr> </tbody> </table>		YES	NO	HOME BASED CARE	1	2	ORPHAN CARE	1	2	PLWHA SUPPORT	1	2	DESTITUTE PROGRAMMES	1	2	ARV PROGRAMME	1	2	PMTCT PROGRAMME	1	2	TB PROGRAMME	1	2	VCT/RHT	1	2	HIV CLINIC SERVICES	1	2	FAMILY PLANNING/SRH	1	2	SMC	1	2	OTHER, SPECIFY _____																													
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Q804	a) Did you receive any HIV/AIDS prevention messages through any of these services?	YES.....1 NO.....2	→ Q805																																																																	

b) Which of these services provided you with Prevention messages?		YES		NO			
		1	2	1	2		
READ OUT RESPONSES		A) HOME BASED CARE		1	2		
		B) ORPHAN CARE		1	2		
		C) PLWHA SUPP		1	2		
		D) DESTITUTE PROGRAMMES		1	2		
		E) ARV PROGRAMME		1	2		
		F) PMTCT PROGRAMME		1	2		
		G) TB PROGRAMME		1	2		
		H) VCT/RHT		1	2		
		I) FAMILY PLANNING/SRH		1	2		
		J) SMC		1	2		
OTHER, SPECIFY							
Q805	What is the main reason for not accessing the following services in your community?	DISTANCE	LACK OF TRANSPORT	POOR SERVICE	IGNORANCE	DONT KNOW	OTHER, SPECIFY
		(1)	(2)	(3)	(4)	(5)	
	A) HOME BASED CARE						
	B) ORPHAN CARE						
	C) PLWHA SUPP						
	D) DESTITUTE PROGRAMMES						
	E) ARV PROGRAMME						
	F) PMTCT PROGRAMME						
	G) TB PROGRAMME						
	H) VCT/RHT						
	I) FAMILY PLANNING/SRH						
	J) SMC						
	K) OTHER, SPECIFY						

**Section 9:
OTHER HEALTH ISSUES**

Q901	a) Have you ever been diagnosed with tuberculosis in the last 12 months?	YES1 NO2	▶ Q902
	b) Have you ever been treated for tuberculosis?	YES1 NO2	▶ Q902
	c) Are you currently taking treatment for tuberculosis?	YES1 NO2	
Q902	a) Have you ever been diagnosed with diabetes?	YES1 NO2	▶ Q903
	b) Are you currently taking treatment for your diabetes?	YES1 NO2	
Q903	a) Have you ever been diagnosed with high blood pressure/hypertension?	YES1 NO2	▶ Q904
	b) Are you currently taking treatment for your high blood pressure/hypertension?	YES1 NO2	
Q904	Have you ever been diagnosed with asthma?	YES1 NO2	IF MALE END INTERVI EW
Q905	a) Have you ever been screened by a doctor or other health professional for cervical cancer in the last 2 years?	YES1 NO2	▶ END INTERVI EW
	b) Did the Doctor tell you that you may have problems with your cervix?	YES1 NO2	
	c) Were you referred for cervical cancer treatment?	YES1 NO2	

MADE this 28th day of August 2012.

KENNETH O. MATAMBO
Minister of Finance and Development Planning

L2/7/150 VII (33)