

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE AND  
THE KENYA MEDICAL RESEARCH INSTITUTE  
**HIV Serological Survey (to be completed for persons aged 15-54 years)**

<b>1 BACKGROUND</b>			
101	RECORD THE START TIME (24 hour clock) (HH/MM)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
102	FIELDWORKER'S CODE	<input type="text"/> <input type="text"/>	
103	DATE OF INTERVIEW (DD/MM/YY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
104	RESPONDENT'S SERO SURVEY ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
105	SEX OF RESPONDENT (F=FEMALE; M=MALE)	<input type="text"/>	
106	How old were you at your last birthday? <span style="float: right;">AGE IN YEARS</span>	<input type="text"/> <input type="text"/>	
<b>INTERVIEWER: CHECK Q106 AND CIRCLE ONE OF THE FOLLOWING</b>			<b>SKIPS</b>
107	FEMALE: AGE BETWEEN 15-49 YRS	1	
	FEMALE: AGED OUTSIDE 15-49 YRS	2 ?	604
	MALE: AGE BETWEEN 15-54 YRS	3	
	MALE: AGED OUTSIDE 15-54 YRS	4 ?	604
108	ADMINISTER THE INFORMED CONSENT TO THE RESPONDENT NOTE: FOR RESPONDENT IAGED BETWEEN 15-17, USE "INFORMED CONSENT FORM FOR MINORS" AND SEEK GUARDIAN'S CONSENT FIRST		
109	IF RESPONDENT IS AGED 15-17, HAS GURDIAN CONSENTED? <span style="float: right;">Yes</span>	1	
	No	2 ?	604
110	RESULT OF INFORMED CONSENT		
1	RESPONDENT ACCEPTS BOTH? COLLECT BLOOD SAMPLE FIRST THEN INTERVIEW	1 ?	111
2	RESPONDENT ACCEPTS TO GIVE BLOOD SAMPLE ONLY ? COLLECT BLOOD	2 ?	604
3	RESPONDENT REFUSES TO GIVE BLOOD BUT ACCEPTS INTERVIEW	3 ?	111
4	RESPONDENT REFUSES BOTH	4 ?	604
5	MISSED CASE	5 ?	605
111	Now I would like to ask you a few questions about your understanding of how the virus spreads and how one can protect him/herself from the disease. Your participation in the study is completely voluntary and you are free to stop participating at any point.		

2 KNOWLEDGE ABOUT HIV/AIDS				SKIPS
201	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	Yes No DK	1 2 8	203 203
202	What can a person do?  Anything else?  CIRCLE ALL WAYS MENTIONED	Abstain from sex Use condoms Stay faithful to one partner Limit number of sex partners Avoid sex with prostitutes Avoid sex with person who has many partners Avoid sex with homosexuals Avoid sex with drug users Avoid blood transfusion Avoid injections Avoid sharing razors Avoid kissing Avoid mosquito bites Seek protection from traditional healer OTHER _____ (Specify) OTHER _____ (Specify)	A B C D E F G H I J K L M N W Z	
203	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	Yes NO DK	1 2 8	
204	Can people get the AIDS virus from mosquito bites?	Yes No DK	1 2 8	
205	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	Yes NO DK	1 2 8	
206	Can people get the AIDS virus by sharing food with a person who has AIDS?	Yes NO DK	1 2 8	
207	Can people reduce their chance of getting the AIDS virus by not having sex at all?	Yes NO DK	1 2 8	
208	Can people get the AIDS virus because of witchcraft or other supernatural means?	Yes NO DK	1 2 8	
209	Is it possible for a healthy-looking person to have the AIDS virus?	Yes NO DK	1 2 8	
210	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	Yes NO DK	1 2 8	

211	Can the virus that causes AIDS be transmitted from a mother to her child?	Yes NO DK	1 2 ? 8 ?		214 214
212	When can the virus that causes AIDS be transmitted from mother to her child? Can it be transmitted:  <b>CIRCLE CODE</b>	YES NO DK During pregnancy? 1 2 8 During delivery? 1 2 8 During breastfeeding? 1 2 8 During conception? 1 2 8			
213	Can a mother who is infected with the AIDS virus reduce the risk of giving the virus to the baby by taking certain drugs during pregnancy ?	Yes NO DK	1 2 8		
214	Would you buy fresh vegetables from a vendor who has the AIDS virus?	Yes NO DK	1 2 8		
215	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	Yes NO DK	1 2 8		
216	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own home?	Yes NO DK	1 2 8		
217	If a female teacher has the AIDS virus, should she be allowed to continue teaching in school?	Yes NO DK	1 2 8		
<b>3</b>	<b>TESTING HISTORY</b>				
301	I do not want to know the result, but have you ever been tested to see if you have the virus that causes AIDS?	Yes NO DK	1 2 ? 8 ?		308 308
302	How long ago was the last time that you were tested?  <b>CIRCLE ONE</b>	LESS THAN 3 MONTHS AGO 4-6 MONTHS AGO 7-12 MONTHS AGO MORE THAN A YEAR AGO DON'T KNOW	1 2 3 4 8		
303	The last time you were tested, did you ask for the test, was it offered to you, or was it required?	ASKED FOR THE TEST IT WAS OFFERED IT WAS REQUIRED DON'T KNOW	1 2 3 8		

304 Where did you have the last test?				
<b>CIRCLE ONLY ONE ANSWER</b>	GOVT HOSPITAL/ HEALTH CENTRE	1		
	MISSION HOSPITAL/CLINIC	2		
	VCT CENTRE	3		
	PRIVATE CLINIC	4		
	CBO/NGO VCT	5		
	KEMRI	6		
	OTHER (Specify) _____	96		
305 How was testing done the last time you took a test, was it by giving blood, saliva or something else?				
	Blood	1		
	Saliva	2		
	Other _____	96		
	(Specify)			
306 I do not want to know the result, but did you get the results of your last test?		Yes	1 ?	310
		NO	2	
		DK	8	
307 What is the main reason why you did not get the results?				
<b>CIRCLE ONLY ONE: DO NOT PROBE ONLY ONE ANSWER POSSIBLE</b>	Afraid to know results	1		
	Forgot to get results	2		
	No transport	3		
	No time to get results	4		
	Not necessary	5		
	Already knew my status before the test	6		
	Did not care about the results	7		
	Other _____	96		
	(Specify)			
308 Do you know where a person can get tested to find out if they have the virus that causes AIDS?		Yes	1	
		NO	2 ?	310
		DK	8 ?	310
309 Where can a person have this test?				
<b>CIRCLE ALL MENTIONED</b>	GOVT HOSPITAL/ HEALTH CENTRE	A		
	MISSION HOSPITAL/CLINIC	B		
	VCT CENTRE	C		
	PRIVATE CLINIC	D		
	CBO/NGO VCT	E		
	KEMRI	F		
	OTHER _____	G		
	(Specify)			
310 Do you think it is important for people to know if they have the virus that causes AIDS through testing?		Yes	1	
		NO	2 ?	312
		DK	8 ?	312
311 Why do you think it is important for people to know if they have the virus?				
<b>CIRCLE ALL MENTIONED: PROBE BY ASKING "Anything else"</b>	Reduce risk of getting infected	A		
	Reduce risk of infecting others	B		
	To seek care	C		
	To plan for future	D		
	OTHER _____	E		
	(Specify)			

312 Would you want to be tested/retested for the virus that causes AIDS and know the result of the test?		Yes	1 ?	314
		NO	2	
		DK	8	
313 Why not?	Already know status Don't want to know <b>CIRCLE ALL MENTIONED</b> Testing is of no benefit Afraid of dying faster My spouse/partner refuses/not approve My parents/guardian would not approve Other _____ (Specify)	A B C D E F G		
314 Do you know of services that are available to a person who is infected by the virus that causes AIDS?		Yes	1	
		NO	2 ?	401
		DK	8 ?	401
315 Which services can a person infected by the virus that causes AIDS need?	TESTING,COUNSELLING PMTCT ARV TREATMENT OTHER TREATMENT <b>CIRCLE ALL MENTIONED</b> FAMILY PLANNING NUTRITIONAL SUPPORT MICRO-CREDIT PROGRAMS SPIRITUAL SUPPORT LEGAL AID OTHER _____ (Specify)	A B C D E F G H I J		
316 Where can someone in this community get the services that you have mentioned?	GOVT HOSPITAL/ HEALTH CENTRE Anywhere else? <b>CIRCLE ALL MENTIONED</b> MISSION HOSPITAL/CLINIC VCT CENTRE PRIVATE CLINIC CBO/NGO VCT KEMRI OTHER _____ (Specify)	A B C D E F G		
<b>4 MARRIAGE AND SEXUAL ACTIVITY</b>				
401 Are you currently married or living with someone as if married?	YES CURRENTLY MARRIED YES LIVING WITH SOMEONE YES LIVED WITH SOMEONE NO, NOT IN A UNION	1 ? 2 ? 3 4	403 403	
402 Have you ever been married or lived with someone as if married?	YES, FORMERLY MARRIED YES, LIVED WITH SOMEONE NO	1 2 3 ?	404	
403 How old were you when you first got married/started living with someone?	AGE IN YEARS			

<i>Now I would like to ask some questions about sexual activity in order to gain better understanding of some family issues.</i>												
404	How old were you when you first had sexual intercourse (if ever)? ENTER AGE IN COMPLETED YEARS. IF NEVER CIRCLE '00' IF 'WHEN STARTED LIVING WITH PARTNER/SPOUSE' CIRCLE 95	<table border="1" style="border-collapse: collapse; width: 40px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">5</td></tr> </table>			0	0	9	5	?	5		
0	0											
9	5											
405	When was the last time you had sexual intercourse?  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">           DURATION         </div> <div style="text-align: right;">           DAYS MONTHS YEARS         </div> </div> <div style="display: flex; justify-content: flex-end; align-items: flex-end; margin-top: 10px;"> <table border="1" style="border-collapse: collapse; width: 40px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </div> <p style="font-size: small; margin-top: 10px;">RECORD IN YEARS ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS</p>											
406	The last time you had sexual intercourse, was a condom used?	Yes NO DK	1 2 8	? ? ?	408 408 408							
407	What was the main reason that a condom was used on that occasion?  CIRCLE ONLY ONE	Wanted to prevent STD/HIV Wanted to prevent pregnancy Wanted to prevent both STD/HIV & pregnancy Did not trust partner Partner insisted Other _____ (Specify)	1 2 3 4 5 96									
408	What is your relationship to the woman/man with whom you last had sex?  CIRCLE ONLY ONE	Spouse/live-in partner Boyfriend/Girlfriend Other friend Casual acquaintance Relative Commercial sex worker Other _____ (Specify)	1 2 3 4 5 6 96									
409	Apart from this person with whom you had sex last, have you had sex with any other woman/man in the last 12 months	Yes NO DK	1 2 8	? ? ?	501 501 501							
410a	What is your relationship with this person?  Boyfriend/Girlfriend Other friend Casual acquaintance Relative Commercial sex worker Other _____ (Specify)	1 2 3 4 5 96										
410b	In the past 3 months, how many times have you had sexual intercourse with this person? RECORD NUMBER IN BOXES, IF NONE CIRCLE '00'	<table border="1" style="border-collapse: collapse; width: 40px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="text-align: center;">0</td><td style="text-align: center;">0</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">9</td><td style="text-align: center;">7</td></tr> </table>			0	0	9	8	9	7	? ? ? ?	411 411 411 411
0	0											
9	8											
9	7											

410c In the past 3 months, how many times was a condom used during sexual intercourse with this person? RECORD NUMBER OF TIMES. IF NO CONDOM WAS USED CIRCLE '00'		?	411
		0	0
DK		9	8 ? 411
REFUSED TO ANSWER		9	7 ? 411
410d What was the main reason a condom was NOT used on this occasion?			
		Wanted to get pregnant	1
		Partner refused	2
		Didn't have a condom	3
		Felt safe	4
		Refused to answer	5
		To enjoy sex better	6
		Don't Know	7
		Other _____	96
(Specify)			
411 In total, how many different partners have you had sex with in the last 12 months? RECORD NUMBER OF TIMES, IF MORE THAN 95, WRITE '95'		?	
		9	5
<b>5 PRACTICES</b>			
<b>5A MALE CIRCUMCISION THIS SECTION TO BE ADMINISTERED TO MALES ONLY</b>		IF FEMALE	?
		Yes	1
501 Are you circumcised?		NO	2 ? 5B
		DK	8 ? 5B
REFUSED TO ANSWER		97	? 5B
502 At what age did you get circumcised?		DD	?
		MM	?
		YY	?
		DK	?
503 Where did the circumcision take place?			
		Rural home	1
		Urban home	2
		Hospital/Clinic	3
		Don't Know	4
		Other _____	96
(Specify)			
504 Why were you circumcised?		Religious reasons	1
		Cultural rites	2
CIRCLE ONE		Health reasons	3
		Forced	4
		Peer pressure	5
		Don't know	6
		Other _____	96
(SPECIFY)			

5B QUESTIONS ON PUBIC HAIR REMOVAL PRACTICE (To be administered to both Males and Females)											
Now I would like to ask some questions about pubic hair removal practice. I know these questions might sound intrusive but are important for us to understand this subject better.				SKIPS							
505	Some people sometimes remove their pubic hair. Have you ever heard of this practice?	Yes NO	1 2 ?	6							
506	Have you ever removed/shaved your pubic hair?	Yes NO	1 2 ?	515							
507	At about what age did you start this practice of removing your pubic hair?	AGE IN YEARS		<table border="1"> <tr> <td></td> <td></td> </tr> </table>							
508	How often do you remove your pubic hair?	At least once a week At least once every 2 weeks At least once a month At least once every 2-6 months At least once every 7-12 months Other (Specify frequency).....		1 2 3 4 5 6							
CIRCLE ONLY ONE ANSWER											
509	When was the last time you removed your pubic hair?	RECORD DURATION DAYS MONTHS YEARS		<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
510	What is the main reason why you remove your pubic hair?	Religious reasons To avoid getting STI Hygiene reasons Cultural reasons To enjoy sex/avoid discomfort Beauty My partner told me to do so Medical reasons Peer pressure No reason Other _____ (Specify)		1 2 3 4 5 6 7 8 9 10 96							
CIRCLE ONLY ONE											
511	Do you normally remove all the hair to the skin or just cut it short?	Remove everything to the skin Just make/cut it shorter Plucking		1 2 3							



512	What do you normally use for removing your pubic hair?			
		Razors	1	
		Electric clipper	2	
	CIRCLE ONLY ONE	Chemical depilators	3	
		Waxing	4	
		Manual plucking	5	
		Scissors	6	
		Other (Specify).....	96	
513	Do you normally get undesirable effects during/after removing your pubic hair?			
		Yes	1	
		NO	2 ?	516
514	What effects do you normally get?			
		Itchiness	A	
		Razor bumps	B	
	CIRCLE ALL MENTIONED	Small abscesses/pimples	C	
		Redness of skin	D	
		Pain	E	
		Cuts	F	
		Other (Specify).....	G	
<b>SKIP TO 516</b>				
515	Why don't you remove your pubic hair?			
		To avoid getting STI/HIV	1	
	CIRCLE ONLY ONE	To enjoy sex	2	
		It is difficult to remove/shave	3	
		Fear of itchiness/side effects	4	
		My partner told me not to	5	
		I like it that way/beauty	6	
		I don't know how to	7	
		No reason	8	
		Other_____	96	
		(Specify)		
516	Does your spouse/partner remove his/her pubic hair?			
		Yes	1	
		No	2 ?	6
	CIRCLE ONLY ONE	Don't have partner	3 ?	6
		DK	8 ?	6
517	How often does he/she remove the pubic hair?			
		At least once a week	1	
		At least once every 2 weeks	2	
	CIRCLE ONLY ONE ANSWER	At least once a month	3	
		At least once every 2-6 months	4	
		At least once every 7-12 months	5	
		Other (Specify frequency).....	6	
		Don't know	8	

518	What does he/she use for removing his/her pubic hair?	
	<div style="text-align: right;">Razors 1</div> <div style="text-align: right;">Electric clipper 2</div> <div style="text-align: right;">Chemical depilators 3</div> <div style="text-align: right;">Waxing 4</div> <div style="text-align: right;">Manual plucking 5</div> <div style="text-align: right;">Scissors 6</div> <div style="text-align: right;">Other (Specify)..... 96</div>	
	CIRCLE ONLY ONE	
<b>6</b>	<b>REFERRAL</b>	
601	CHECK 109 & 110, IF RESPONDENT REFUSED TO GIVE BLOOD: Would you tell me the main reason you refused to give blood for this study?	
	<div style="text-align: right;">Fear of being pricked 1</div> <div style="text-align: right;">Don't want to give blood 2</div> <div style="text-align: right;">Needs permission from partner 3</div> <div style="text-align: right;">Guardian/parent refused 4</div> <div style="text-align: right;">Needs permission from guardian 5</div> <div style="text-align: right;">Spouse/partner refused 6</div> <div style="text-align: right;">Afraid results will be known by others 7</div> <div style="text-align: right;">Health reasons 8</div> <div style="text-align: right;">Religious reasons 9</div> <div style="text-align: right;">Other_____ 96</div> <div style="text-align: right;">(Specify)</div>	
	CIRCLE ONLY ONE	
602	Would you like to have information about where you can go if you wish to have an HIV test and to be told your results?	
	<div style="text-align: right;">IF YES, GIVE LEAFLET AND INDICATE NEAREST VCT SERVICES Yes 1</div> <div style="text-align: right;">NO 2</div>	

603 To help us improve the way we conduct this type of research in future, I want to ask you a final question about the interview itself.			
603a Were there any questions that you found difficult to answer in this interview?		Yes 1 No 2 ?	604
603 b If yes, which questions were difficult?	<b>CIRCLE ALL MENTIONED</b> Knowledge about HIV/AIDS A Testing History B Marriage and sexual activity C Male circumcision D Pubic hair removal E Referral questions F		
603c Why were these questions difficult to answer?		The questions were too personal 1 The questions were too private 2 I did not understand them 3 They seemed to be rude 4 They were asked impolitely 5 Other, _____ 6 Specify	
604 RESULT OF INTERVIEW		INTERVIEW COMPLETED AND BLOOD SAMPLE TAKEN 1 ? 606 INTERVIEW COMPLETED, REFUSED TO GIVE BLOOD 2 ? 606 GAVE BLOOD, REFUSED INTERVIEW 3 ? 606 REFUSED BOTH 4 ? 606 OUTSIDE AGE RANGE 5 ? 606 PARTLY COMPLETED 6 ? 606 MISSED CASES 7 OTHER ..... 96 ? 606	
605 Reasons for missed out cases		DIED 1 OUT-MIGRATED 2 ABSENT FROM HOME 3 FAILED TO FIND RESPONDENT 4 OTHER _____ 96 (Specify)	
606 END INTERVIEW AND THANK RESPONDENT			
RECORD THE END TIME (24 hour clock) (HH/MM)		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
FIELD WORKERS REMARKS/COMMENTS ABOUT INTERVIEW			
.....			
.....			
.....			
.....			
.....			
.....			