

Questionnaire ID

Place ID Sticker here

Integrated Behavioral and Biological Assessment (IBBA) 2009 (Round II)

Avahan Project with support from the Bill and Melinda Gates Foundation

INTRODUCTION

1. Greetings (for example: Good Morning/Good Afternoon/Good Evening).
2. Introduce yourself.
3. Emphasize the confidentiality and importance of the responses, and let people know that the names of respondents are not recorded.
4. Thank the person for having agreed to participate.

Note to interviewers:

1. **Set up a private atmosphere in which to conduct the interview, and makes sure there is no one else present while the interview takes place**
2. **Blocks I and II must be completed IN FULL for ALL respondents selected for the study, regardless of whether they refuse to participate (refusals). The interviewer should fill in the CODE column and the Editor will fill in the CODE BOXES.**
3. **Block I, questions 101 to 110 and 114 need to be completed by the interviewer.**
4. **Block I, questions 111, 112, 113, 115 and 201 need to be completed by the supervisor after the completion of both behavioural and biological interview of the participant.**
5. **Data management team to fill Q 202 to Q205.**

BLOCK I. INTERVIEW INFORMATION AND CONSENT STATUS					
#	Question	Answers	Codes	Skip to	Code Boxes
101	Name and code of locale (cluster #)	Name: _____			<input type="text"/> <input type="text"/> <input type="text"/>
102	Name of State	Andhra Pradesh Maharashtra Nagaland Tamil Nadu Karnataka	1 2 4 5 6		<input type="text"/>
103	Name of District	Name: _____			<input type="text"/> <input type="text"/>
104	Name of City/Town/village	Name: _____			<input type="text"/> <input type="text"/> <input type="text"/>
105	Group	Male Clients	06		<input type="text"/> <input type="text"/>
106	Type of locale	Brothel Service Bar Lodge Street Home Others: _____	01 02 03 04 05 97		<input type="text"/> <input type="text"/>
107	Date of interview	Date: _____	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/>
108	Name and code number of Interviewer	Name: _____			<input type="text"/> <input type="text"/>

Male Clients of FSW Questionnaire (Round II) FINAL DRAFT Apr 22, 2009

109	Did you participate in IBBA in 2005/2006/2007?	No Yes Don't know/Don't remember	00 01 98		<input type="checkbox"/> <input type="checkbox"/>
110	Consent Status	Refused for both behavioral & biological Agreed for behavioral only Agreed for behavioral and biological Respondent has already taken part in the survey (IBBA Round 2)	01 02 03 04	▶ END ▶ END	<input type="checkbox"/> <input type="checkbox"/>
<p>*** (STOP), do not continue with the interview if the respondent already participated in IBBA Round 2 survey (Refer to block I, Question 110)</p> <p>** CONTINUE WITH INTERVIEW if the respondent has given consent for behavioral only or behavioral and biological. Interviewer to skip to Q114.</p> <p>Q111, Q112, Q113, Q115 AND Q 201 will be filled by the Supervisor after participation in the survey is complete***</p>					
111	Completion Status - Behavioral	Completed interview Did not complete interview	1 2		<input type="checkbox"/>
112	Completion Status – Biological	Only blood sample collected Only urine sample collected Both blood and urine sample collected Gave none of the samples	01 02 03 04		<input type="checkbox"/> <input type="checkbox"/>
113	Genital swab collection	Swab taken Swab not taken	1 2		<input type="checkbox"/>

#	Question	Answers	Codes	Skip to	Code Boxes	
114	Language of the interview **FOR INTERVIEWER**If respondent has consented, start the interview.	Bengali English Hindi Kannada Marathi Tamil Telugu Nagamese Others (specify) _____	01 02 03 04 05 06 07 08 97	} ▶ 301	<input type="checkbox"/> <input type="checkbox"/>	
115	Respondent follow-up	a. Respondent received compensation	No 00		Yes 01	a. <input type="checkbox"/> <input type="checkbox"/>
		b. Respondent was explained where he will receive syphilis test results and received card with respondent number	00		01	b. <input type="checkbox"/> <input type="checkbox"/>

BLOCK II EDITING AND DATA ENTRY					
#	Question	Answers	Codes	Skip to	Code Boxes
STOP ---- Q201 SHOULD BE FILLED BY SUPERVISOR AFTER THE INTERVIEW IS COMPLETE					
201	These responses for questionnaire have been scrutinized for completeness and consistency by:				
	Name of supervisor _____ a. Code of Supervisor <input type="text"/> <input type="text"/>	Date of scrutiny b. Day c. Mo d. Yr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Signature		
STOP --- Q202, Q203, Q204 and Q205 SHOULD BE FILLED BY DATA MANAGEMENT TEAM					
202	Date of scrutinizing the questionnaire Name of Scrutinizer: _____ Organization _____	Date of examination b. Day c. Mo d. Yr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Signature		
203	Name, code and date of data entry person (1) Organization: _____	Name: Code: Signature	Date b. Day c. Mo d. Yr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
204	Name, code and date of data entry person (2) Organization: _____	Name: Code: Signature	Date b. Day c. Mo d. Yr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
205	Data entry checked by: Organization: _____	Name: Code: Signature	Date b. Day c. Mo d. Yr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Male Clients of FSW Questionnaire (Round II) FINAL DRAFT Apr 22, 2009

BLOCK III. DEMOGRAPHIC CHARACTERISTICS					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
301	How old are you now?	Age in completed years: _____ Don't know	98		<input type="text"/> <input type="text"/>
302	Can you read and write? Interviewer to probe appropriate response	Illiterate Can read only Can read and write Highest grade completed _____	00 01 02		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
303	What is your main occupation DO NOT READ RESPONSES CIRCLE ONLY ONE	Unemployed Student Domestic servant Agricultural labour Non-agricultural/casual labour Cultivator Skilled/semiskilled labour Petty businessman/shop owner Large businessman/shop owner Bus / Truck drivers / helpers Other transport workers Service (Govt / Pvt.) Others (Specify) _____ No answer	00 01 02 03 04 05 06 07 08 09 10 11 97 99		<input type="text"/> <input type="text"/>
304	What is your marital status	Currently married Separated Divorced Widowed Never married No answer	01 02 03 04 05 99	▶ 306	<input type="text"/> <input type="text"/>
305	Do you have a main / steady sexual partner? INTERVIEWER TO PROBE AND RECORD	No Yes No answer	00 01 99	▶ 401	<input type="text"/> <input type="text"/>
306	Are you currently cohabiting with a partner?	No Yes No answer	00 01 99		<input type="text"/> <input type="text"/>

BLOCK IV - MOBILITY					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
401	<p>a. Where do you live currently (<i>place where you have presently based yourself to earn a living / to carry out present occupation</i>)?</p> <p>b. Which is the most prominent city / town closest to your current place of residence?</p> <p>PROBE AND RECORD THE NAME OF THE CITY/VILLAGE, DISTRICT AND STATE WHERE THE RESPONDENT USUALLY LIVES</p>	<p>a. Village/City/Town_____</p> <p>b. Close prominent city / town _____</p> <p>c. District:_____</p> <p>d. State_____</p> <p>e. Country_____</p> <p>Same as the place of survey</p> <p>On the move and no place in particular</p> <p>Don't know</p> <p>No answer</p>	<p>995</p> <p>888</p> <p>998</p> <p>999</p>		<p>a. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e. <input type="text"/> <input type="text"/> <input type="text"/></p>
402	<p>Where does your spouse / the steady sexual partner live?</p> <p>Cross check with Q305 and 306</p>	<p>Does not have a spouse or a steady sexual partner</p> <p>Lives with me at current place of residence (Q401)</p> <p>Lives at home town / village</p> <p>Elsewhere</p> <p>No answer</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>99</p>	<p>► 403</p> <p>► 403</p> <p>► 403</p>	<p><input type="text"/> <input type="text"/></p>
402 a	Town/ village where spouse / steady sexual partner lives;	<p>a. Name of town / village: _____</p> <p>b. District: _____</p> <p>c. State: _____</p> <p>Don't know</p> <p>No answer</p>	<p>998</p> <p>999</p>		<p>a. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c. <input type="text"/> <input type="text"/> <input type="text"/></p>
403	<p>How often did you travel outside your current place of residence in the last one year?</p> <p>(Exclude incidents of 'commuting' to nearby places and coming back to the current place of residence at night. Include incidents of traveling and staying overnight at places away from the current place of residence)</p>	<p>Not at all</p> <p>More than once a week</p> <p>Once or twice a month</p> <p>Once every 2 to 3 months</p> <p>Once every 4 to 6 months</p> <p>Once or twice a year</p> <p>Other (Specify) _____</p> <p>No answer</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>06</p> <p>97</p> <p>99</p>	<p>► 501</p> <p>► 501</p>	<p><input type="text"/> <input type="text"/></p>

Male Clients of FSW Questionnaire (Round II) FINAL DRAFT Apr 22, 2009

#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes			
404	Which is the last place you have traveled?(Interviewer: Start with the place of interview if that is not current place of residence; Record name of place/ district/state and then ask); and how about before that, where did you travel before that place? Etc. (Interviewer: ask places visited in the last year or a maximum of five places; record each place and then ask) Can you tell me the following details about your visit to this place? (Interviewer: then ask the remaining four questions for each place visited).							
	City/town/village	District	State	What was the main reason for your last visit to this place? 01= Related to work 02= To visit Home Town / village 03= Tour/holiday/Travel 04= To visit sex worker 05= To visit spouse / steady sexual partner 97= Other _____ (Specify) 99= No answer Interviewer probe and record responses	How many times did you visit this place in the last one year? _____ Number of times 99 = No Answer Interviewer probe and record responses	On average how many days did you stay in this place during each visit? 999 = No Answer	Did you buy sex from FSWs during any of your visit there in the past one year? 00 = No 01= Yes 99=No Answer	Average number of times bought sex from FSW during travel to this place in the last year? _____ Number of times
a.				<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b.				<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c.				<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
d.				<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
e.				<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Male Clients of FSW Questionnaire (Round II) FINAL DRAFT Apr 22, 2009

Block V. FEMALE SEXUAL PARTNERS					
Now I would like to ask some questions about your sexual history					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
501	How old were you when you first had sexual intercourse? (Sexual intercourse means inserting penis in vagina or anus)	Age in completed years _____ Don't know / Don't remember No answer	98 99		<input type="text"/> <input type="text"/>
502	Who was this first partner with whom you had your first sexual intercourse?	Wife Girl friend/ Lover FSW Previous Girlfriend Current sexual partner Others (specify) _____ No answer	01 02 03 04 05 97 99	► 504	<input type="text"/> <input type="text"/>
503	How old were you the first time you paid a female sex worker to have sexual intercourse with you?	Age in completed years _____ Don't know / Don't remember No answer	98 99		<input type="text"/> <input type="text"/>
Female Sex Worker					
504	Where do you most often go to pick up female sex workers? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Bar/Night club Public place (street/park/railway station) Agent Brothel Hotel/Lodge Home Dhaba By Telephone Other _____(SPECIFY) No answer	01 02 03 04 05 06 07 08 97 99		<input type="text"/> <input type="text"/>
505	How many different female sex workers did you have sexual intercourse with: a. in the past one month ? b. In the past six months ?	a. # of partners in the past one month _____ b. # of partners in the past six months _____ Don't remember No answer	98 99		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/>

Male Clients of FSW Questionnaire (Round II) FINAL DRAFT Apr 22, 2009

506	<p>How many of these different sex workers that you had sex with in the past 6 months were:</p> <p>a. Occasional, and b. Regular</p> <p>BY 'OCCASIONAL' I MEAN THE SEX WORKERS WHO YOU PAID FOR SEX ONLY ONCE OR A FEW TIMES MORE BUT YOU DO NOT REMEMBER THEIR FACES OR DO NOT KNOW THEM.</p> <p>BY 'REGULAR' I MEAN THE SEX WORKERS WHO YOU PAID FOR SEX AND YOU RECOGNIZE THEM WELL, OR BUY SEX REPEATEDLY AND YOU KNOW THEM</p> <p>PROMT AND RECORD RESPONSE</p>	<p>a. ____ Occasional Sex workers</p> <p>b. ____ Regular Sex workers</p> <p>No answer</p>	99		<p>a. <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/></p>
507	<p>How many times did you have sex with the female sex workers:</p> <p>a. in the past one month?</p> <p>b. In the past six months?</p>	<p>a. # of sexual intercourse in past 1month ____</p> <p>b. # of sexual intercourse in past 6months ____</p> <p>Don't remember</p> <p>No answer</p>	<p>998</p> <p>999</p>		<p>a. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/> <input type="text"/></p>

Male Clients of FSW Questionnaire (Round II) FINAL DRAFT Apr 22, 2009

OCCASIONAL SEX WORKERS					
I am now going to ask you some questions about the OCCASIONAL FEMALE SEX WORKERS we talked about earlier:					
508	Did you pay to have sexual intercourse with an occasional sex worker in the past one year?	No Yes Don't remember No answer	00 01 98 99	▶ 514 ▶ 514 ▶ 514	<input type="checkbox"/> <input type="checkbox"/>
509	Have you had sex with an occasional FSW before this interview today?	No Yes No answer	00 01 99	▶ 510b	<input type="checkbox"/> <input type="checkbox"/>
510a	Was a condom used the last time you had sexual intercourse with an occasional FSW?	No Yes Never heard of or seen a condom before No answer	00 01 96 99	▶ 511 ▶ 511 ▶ 514 ▶ 511	<input type="checkbox"/> <input type="checkbox"/>
510b	Was a condom used the time prior to this time you had sexual intercourse with an occasional FSW?	No Yes Never heard of or seen a condom before Don't remember No answer	00 01 96 98 99	▶ 514	<input type="checkbox"/> <input type="checkbox"/>
511	In general, how often do you use condom with these occasional female sex workers? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never No answer	01 02 03 04 99	▶ 513 ▶ 513 ▶ 513 ▶ 513	<input type="checkbox"/> <input type="checkbox"/>
512	How long have you been using condoms EVERY TIME you had sexual intercourse with these occasional female sex workers?	Number of months _____ No answer	 999		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
513	How often did you use condom with these occasional sex workers in the past one year ?	Every time Most of the times Sometimes Never No answer	01 02 03 04 99		<input type="checkbox"/> <input type="checkbox"/>

Male Clients of FSW Questionnaire (Round II) FINAL DRAFT Apr 22, 2009

#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
REGULAR SEX WORKER					
I am now going to ask you some questions about the REGULAR FEMALE SEX WORKERS we talked about earlier:					
514	Did you pay to have sexual intercourse with any Regular Female Sex Worker in the past one year ?	No Yes Don't remember No answer	00 01 98 99	▶ 520 ▶ 520 ▶ 520	<input type="checkbox"/> <input type="checkbox"/>
515	Have you had sex with a regular FSW before this interview today?	No Yes No answer	00 01 99	▶ 516b	<input type="checkbox"/> <input type="checkbox"/>
516a	Was a condom used the last time you had sexual intercourse with a regular FSW?	No Yes Never heard of or seen a condom before No answer	00 01 96 99	▶ 517 ▶ 517 ▶ 521 ▶ 517	<input type="checkbox"/> <input type="checkbox"/>
516b	Was a condom used the time prior to this time you had sexual intercourse with a regular FSW?	No Yes Never heard of or seen a condom before Don't remember No answer	00 01 96 98 99	▶ 521	<input type="checkbox"/> <input type="checkbox"/>
517	In general, how often do you use condom with these Regular female sex workers? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never No answer	01 02 03 04 99	▶ 519 ▶ 519 ▶ 519 ▶ 519	<input type="checkbox"/> <input type="checkbox"/>
518	How long have you been using condoms EVERY TIME you had sexual intercourse with these regular female sex workers?	Number of months _____ No answer	999		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
519	How often did you use condom with these regular sex workers in the past one year?	Every time Most of the times Sometimes Never No answer	01 02 03 04 99		<input type="checkbox"/> <input type="checkbox"/>

REGULAR AND OCCASIONAL FEMALE SEX WORKERS					
520	The last time when you did not use a condom with any FSW, what was the main reason for not using condom then? Do not read out answers. Interviewer to PROBE and record response. Circle one.	Condom was not available at the place (of sex) The sex worker did not have condom Condom costs too much Don't like using condom The thought of using condom did not occur in mind Used other contraceptives Partner did not want Used condom every time Never heard or seen condom Other _____ (SPECIFY) No answer	01 02 03 04 05 06 07 08 96 97 99		<input type="checkbox"/> <input type="checkbox"/>
521	Did you ever have anal sex with a female sex worker?	No Yes No answer	00 01 99	► 524 ► 524	<input type="checkbox"/> <input type="checkbox"/>
522	How many times did you have anal sex <u>with</u> the female sex workers in the past: a. One month b. Six months	a. # of times in the past one month _____ *b. # of times in the past six months _____ Don't remember No answer *(if answer in Q522b is '00', skip to Q524)	98 99		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
523	How often did you use condom while having anal sex with a female sex worker in the past six months ?	Every time Most of the times Some times Never Never heard or seen condom No answer	01 02 03 04 96 99	► 525	<input type="checkbox"/> <input type="checkbox"/>
524	While having vaginal or anal intercourse with a regular or occasional female sex worker, has there been even one occasion in the last six months when you have not used a condom?	No Yes No Answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
NON-PAID FEMALE PARTNERS – MAIN / STEADY PARTNER					
525	Do you have a main / steady female sexual partner? <i>(The partner you don't pay to have sex with, like your spouse / girlfriend/ lover -)</i> <i>Cross check with Block III- Q304, 305 & 306</i>	No Yes No answer	00 01 99	► 532 ► 532	<input type="checkbox"/> <input type="checkbox"/>
526	How long have you been having sexual relations with this main / steady partner? QUESTION IS OPEN-ENDED. LISTEN TO RESPONSE	In months _____ No answer	999		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
527	How many times did you have sexual intercourse with this main / steady female sex partner in the past six months ?	# of sexual intercourse _____ Don't remember No answer	998 999		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
528	Was a condom used the last time you had sexual intercourse with a main / steady female partner?	No Yes Never heard of or seen a condom before No answer	00 01 96 99	► 532	<input type="checkbox"/> <input type="checkbox"/>

Male Clients of FSW Questionnaire (Round II) FINAL DRAFT Apr 22, 2009

529	In general, how often do you use condom with your main / steady partner.? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never No answer	01 02 03 04 99	▶ 531 ▶ 531 ▶ 531 ▶ 531	<input type="checkbox"/> <input type="checkbox"/>
530	How long have you been using condoms EVERY TIME you had sexual intercourse with your main / steady partner?	Number of months _____ No answer	999		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
531	How often did you use condom with this main / steady female partner in the past one year ?	Every time Most of the times Sometimes Never No answer	01 02 03 04 99		<input type="checkbox"/> <input type="checkbox"/>
OTHER NON-PAID / CASUAL FEMALE PARTNERS					
532	How many other non-paid / casual female partners have you had sexual intercourse with in your life, other than you main steady partner? (Female partners other than your steady / main partner and female sex workers with whom you casually had sex with and did not pay)	None Number of partners _____ No answer	00 99	▶ 537 ▶ 537	<input type="checkbox"/> <input type="checkbox"/>
533	Did you have sexual intercourse with any Other Non-paid / casual Female partners In the past one year ? (Female partners other than your steady / main partner and female sex workers with whom you casually had sex with and did not pay)	No Yes No answer	00 01 99	▶ 537 ▶ 537	<input type="checkbox"/> <input type="checkbox"/>
534	How many such partners have you had a. In the past six months b. In the past one year?	# of other non-paid / casual partners a. In last six months _____ b. In the past year _____ No answer	99		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
535	The last time you had sexual intercourse with any of these partners, did you use a condom?	No Yes Never heard of or seen a condom before No answer	00 01 96 99	▶ 537	<input type="checkbox"/> <input type="checkbox"/>
536	How often did you use condom with these other non paid casual partners in the past one year .	Every time Most of the times Sometimes Never No answer	01 02 03 04 99		<input type="checkbox"/> <input type="checkbox"/>

NON-PAID FEMALE PARTNERS – MAIN / STEADY PARTNER & CASUAL PARTNER (Instruction: Do not ask the following questions if the answer is 'NO' in Q525 & '00' in Q532)					
537	Did you ever have anal sex with your non-paid female partners (include steady partner & casual partners)?	No Yes No answer	00 01 99	▶ 601 ▶ 601	<input type="checkbox"/> <input type="checkbox"/>
538	How many times did you have anal sex with your non-paid female partners (include steady partner & casual partners) in the past: a. One month b. Six months	a. # of times in the past one month _____ *b. # of times in the past six months _____ Don't remember No answer *(if answer in Q538b is '00', skip to Q540)	98 99		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
539	How often did you use condom while having anal sex with your non-paid female partners (include steady partner & casual partners) in the past six months?	Every time Most of the times Some times Never Never heard of or seen a condom before No answer	01 02 03 04 96 99	▶ 601	<input type="checkbox"/> <input type="checkbox"/>
540	Was a condom used the last time you had anal intercourse with non-paid female partners (include steady partner & casual partners)?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>

Male Clients of FSW Questionnaire (Round II) FINAL DRAFT Apr 22, 2009

BLOCK VI. MALE / HIJRA SEXUAL PARTNERS					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
601	Have you ever had anal intercourse with a man / hijra?	No Yes No answer	00 01 99	► 701 ► 701	<input type="checkbox"/> <input type="checkbox"/>
602	How many different male / hijra partners did have anal intercourse with: a. in the past three months? b. In the past six months?	a. # of partners in the past 3 months ____ b. # of partners in the past 6 months ____ Don't remember No answer	 98 99	 	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
603	How many of these male / hijra partners did you pay to have anal intercourse with: a. in the past three months? b. In the past six months?	a. # of paid partners in past 3months ____ b. # of paid partners in past 6months ____ Don't remember No answer	 98 99	 	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
604	How many times did you have anal intercourse with these male / hijra partners: a. in the past three months? b. In the past 6 months?	a. # of sexual intercourse in past 3months ____ b. # of sexual intercourse in past 6months ____ Don't remember No answer	 98 99	 	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
605	The last time you had anal intercourse with any of these male / hijra partners, was a condom used?	No Yes Never heard or seen a condom before No answer	00 01 96 99	 ► 704	<input type="checkbox"/> <input type="checkbox"/>
606	In general, while having anal intercourse, how often do you or your male partners use condom? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never No answer	01 02 03 04 99	 ► 608 ► 608 ► 608 ► 608	<input type="checkbox"/> <input type="checkbox"/>
607	How long have you been using condoms EVERY TIME you had anal intercourse with these male / hijra partners?	Number of months _____ No answer	 99	 	<input type="checkbox"/> <input type="checkbox"/>
608	How often did you use a condom when having anal intercourse with male / hijra partners in the last six months?	Every time Most of the times Sometimes Never Did not have anal sex in last six months No answer	01 02 03 04 96 99	 	<input type="checkbox"/> <input type="checkbox"/>

BLOCK VII. CONDOM AND INJECTION PRACTICE					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
701a	Are you carrying a condom with you now? (ask this question if the respondent did not have sex with a FSW yet: if response was 'No' in both q509 or q515)	No Yes Not Applicable Never heard of or seen a condom before No answer	00 01 95 96 99	► 702 ► 702 ► 704 ► 702	<input type="checkbox"/> <input type="checkbox"/>
701b	Did you carry a condom with you when you came to visit a female sex worker at this place? (ask this question if the respondent has already had sex with a FSW : If response was 'Yes' in either q509 or q515)	No Yes Never heard of or seen a condom before No answer	00 01 96 99	► 704	<input type="checkbox"/> <input type="checkbox"/>
702	The last time you obtained a condom, where did you get it? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Peer educator/Outreach worker Paan shop Apthecary/Drug store/Chemist FSW Vending machine Healthfacility/Dispensary/Clinic/Hospital Bar/Guest House/ Hotel Friend Madam Mobile van from NGO/Drop-In Center NGO Never obtained a condo Others (specify) Don't know/ Don't remember	01 02 03 04 05 06 07 08 09 10 96 97 98		<input type="checkbox"/> <input type="checkbox"/>
703	In the past month, have you had the experience of a condom breaking while it was being used?	No Yes Never used a condom Don't know / don't remember	00 01 96 98		<input type="checkbox"/> <input type="checkbox"/>
704	Have you been circumcised?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
705	In the last one year, have you received, as an adult, an injection from a medical doctor, nurse, RMP or traditional medical practitioner?	No Yes Don't remember	00 01 98	► 707 ► 707	<input type="checkbox"/> <input type="checkbox"/>
706	How many injections have you received for medical purpose in the last one year?	Number of injections _____ Don't remember	98		<input type="checkbox"/> <input type="checkbox"/>
707	Have you ever been given blood transfusion at any time in your life? For e.g. a surgery, treatment after accident, or otherwise...	No Yes Don't know	00 01 98		<input type="checkbox"/> <input type="checkbox"/>
708	During the past month how often have you consumed drinks containing alcohol?	Everyday At least once a week Less than once a week Never No answer	01 02 03 04 99		<input type="checkbox"/> <input type="checkbox"/>

Male Clients of FSW Questionnaire (Round II) FINAL DRAFT Apr 22, 2009

709	Have you ever injected drugs for non-medical reasons? (to feel good, get a high etc...) EXPLAIN THAT 'INJECTED DRUGS' MEAN THOSE TAKEN FOR INTOXICATION	No Yes No answer	00 01 99	► 801 ► 801	<input type="checkbox"/> <input type="checkbox"/>
710	Think of the last time you injected drugs for non-medical purpose. How many people did you share (give or take) the needle and syringe with that time?	Number of people _____ If injected alone Don't remember No answer	00 98 99		<input type="checkbox"/> <input type="checkbox"/>
711	In the past one year, how often did you share (give or take) needle and syringe with others while injecting drugs?	Every time Most of the time Sometimes Never Never injected drug in the past one year No answer	01 02 03 04 96 99		<input type="checkbox"/> <input type="checkbox"/>
BLOCK VIII. SEXUALLY TRANSMITTED INFECTIONS (STI)					
Now I would like to ask about your health					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
801	In the last 12 months, have you had any of the following symptoms? (Read out responses) Multiple responses possible	Urethral discharge Genital ulcers or sores Swellings in groin (scrotal) area Burning pain on urination Can not retract foreskin None No answer	01 02 03 04 05 96 99	► 901 ► 901	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
802	What was the most recent of these you have suffered from in the past 12 months? (Read out responses, record only one symptom)	Urethral discharge Genital ulcers or sores Swellings in groin (scrotal) area Burning pain on urination Can not retract foreskin No answer	01 02 03 04 05 99		<input type="checkbox"/> <input type="checkbox"/>

803. What did you do about the symptom? (Refer to the symptom reported in Q802)						
This question has two kinds of responses: (a) Spontaneous response (b) Prompted response						
Let the respondent answer first, then match his answers with the statements found in column [1] and circle the number in Column (2) for each appropriate answer. Then read out loud the answers that have not yet been mentioned and circle the respondent's answer in Column [3], [4] or [5] as appropriate.						
Methods to use	Spontaneous	Aided				
	Yes	Yes	No	Don't know		
(1)	(2)	(3)	(4)	(5)	(6)	
a. Sought advice/medicine from KEY CLINIC Prompt with LOGO of KEY Clinic	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
b. Sought advice/medicine from a government clinic or hospital?	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
c. Sought advice/medicine from an NGO or charity-run clinic or hospital?	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
d. Sought advice/medicine from a private clinic or hospital?	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
e. Sought advice/medicine from a private pharmacy?	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
f. Sought advice/medicine from a non-allopathic doctor? (adapt terminology)	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
g. Took medicine I had at home	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
h. Told my sexual partner about the STI	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
i. Stopped having sex during the time when I had the symptoms?	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
j. Used condoms If answer to 'i' is 'YES' answer should be 'NO' here (J)	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
k. Did nothing ► 901	01		00		<input type="checkbox"/> <input type="checkbox"/>	
z. Other(s), specify:	01		00		<input type="checkbox"/> <input type="checkbox"/>	
#	Question	Pre-coded Answers		Codes	Skip to	Code Boxes
804	How long did you have this symptom before seeking treatment? IF < 30 DAYS RECORD RESPONSE IN DAYS IF >=30 DAYS RECORD RESPONSE IN MONTHS	a. Days _____ b. Months _____ Don't know / remember No answer		98 99		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>

BLOCK IX. KNOWLEDGE OF HIV/AIDS AND ITS PREVENTION					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
901	Do you yourself feel you are at risk to be infected with HIV/AIDS?	No Yes Not aware of HIV/AIDS Dont know No answer	00 01 96 98 99	► 1001	<input type="checkbox"/> <input type="checkbox"/>
902	Can you tell me, have you ever taken an HIV/AIDS test?	No Yes No answer	00 01 99	► 905 ► 905	<input type="checkbox"/> <input type="checkbox"/>

Male Clients of FSW Questionnaire (Round II) FINAL DRAFT Apr 22, 2009

903	Did you collect the test result? Explain that the interviewer does not want to know the test result	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
904	Did you undergo the HIV test voluntarily, or were you directed or required to have the test? Note for Translator: Voluntarily here means did you go of your own choice; and not because it was required of you. (ask for the last HIV test).	Voluntarily Directed or required No answer	01 02 99		<input type="checkbox"/> <input type="checkbox"/>
905	Can you tell me whether there are any drugs that can help treat people who have HIV / AIDS?	No Yes Don't know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
906	Have you ever heard of ART (Anti retoviral therapy)?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>

BLOCK X. PROGRAM EXPOSURE INFORMATION

#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
READ OUT TO THE RESPONDENT: Please think of advertisements or messages you have ever seen . heard/read about condoms, STI (Sexually Transmitted Infections - use media term) and HIV / AIDS in the past six months and respond to the following questions					
1001	In the past six months have you heard / seen or read any advertisement or messages on Condoms ?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
1002	In the past six months have you heard / seen or read any advertisement or messages on STI (use local media term) ?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
1003	In the past six months have you heard / seen or read any advertisement or messages on Key Clinic ?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
1004	Have you ever been to a Key Clinic for getting treatment of any kind of ailment?	No Yes No answer	00 01 99	► End ► End	<input type="checkbox"/> <input type="checkbox"/>
1005	Have you ever been to a Key Clinic for getting treatment of STI ?	No Yes Never experienced any STI symptom No answer	00 01 02 99		<input type="checkbox"/> <input type="checkbox"/>

NOTES

The Data Entry Operators and Data Entry Supervisor will fill up

Data Entry	Name of the DEO and Supervisor	Signature	Date
Data Entered at the District			
Data Entry Checked at the district			
Data Re-entered at the ICMR Institute			
Data Entry Checked at the ICMR Institute			