

QUESTIONNAIRE ID :

PASTE 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. Greet the respondent (say, Good Morning/Good Afternoon/Good Evening).
2. Introduce yourself.
3. Emphasize the confidentiality and importance of the responses, and assure the respondent that his name is not recorded.
4. Thank the respondent for having agreed to participate.

Note to interviewers:

1. **Ensure privacy to conduct the interview. Make sure that no other person is present during the interview.**
2. **Blocks I and II must be completed IN FULL for ALL respondents selected for the study, irrespective of whether they refuse or accept to participate. 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, 115 need to be completed by the interviewer during interview.**
4. **Questions 111, 112, 113, 116 in Block I, and 201 in Block II need to be completed by the supervisor after the completion of both behavioural and biological assessment of the participant.**
5. **Questions 202 to 205 in Block II, need to be completed by Data management team.**

| BLOCK I : INTERVIEW INFORMATION AND CONSENT STATUS | | | | | |
|--|--|--|--|--|--|
| Q. No. | 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 Tamil Nadu Karnataka | 01 02 05 06 | | <input type="text"/> <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 | MSM / MSW | 07 | | <input type="text"/> <input type="text"/> |
| 106 | Type of locale | Bar/Discotheque/Night Club Lodge/Hotel Street/Public places (Garden/Park/beach, Bus stand, Railway station, Toilet etc.) Home/Residence Other _____ (SPECIFY) | 01 02 03 04 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"/> |
| 109 | Did you participate in IBBA in 2005/2006/2007? | No Yes Don't know/Don't remember No answer | 00 01 98 99 | | <input type="text"/> <input type="text"/> |
| 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="text"/> <input type="text"/> |
| <p>(NOTE: Do not continue with the interview if the respondent had refused for both behavioural and biological or had already participated in IBBA Round 2 survey. CONTINUE WITH INTERVIEW if the respondent has given consent for behavioral only or behavioral and biological. Interviewer to skip to Q114.</p> | | | | | |

Q111, Q112, Q113, Q116 AND Q201 will be filled by the Supervisor after participation in the survey is complete

| Q. No. | Question | Answers | Codes | Skip to | Code Boxes | | | | | | |
|--------|--------------------------------------|---|---|---------|---|-----|----|----|----|----|--|
| 111 | Completion Status - Behavioral | Completed interview Did not complete interview | 01 02 | | <input type="text"/> <input type="text"/> | | | | | | |
| 112 | Completion Status – Biological | Only blood sample collected Only urine sample collected Both blood and urine sample collected Did not give any sample | 01 02 03 04 | | <input type="text"/> <input type="text"/> | | | | | | |
| 113 | Genital swab collection | Swab taken Swab not taken | 01 02 | | <input type="text"/> <input type="text"/> | | | | | | |
| 114 | Is this an Avahan intervention site? | No Yes Don't know | 00 01 98 | | <input type="text"/> <input type="text"/> | | | | | | |
| 115 | Language of the interview | Bengali English Hindi Kannada Marathi Tamil Telugu Nagamese Others (specify) _____ | 01 02 03 04 05 06 07 08 97 | ▶ 301 | <input type="text"/> <input type="text"/> | | | | | | |
| 116 | Respondent follow-up | a. Respondent received compensation b. Respondent was explained where he will receive syphilis test results and received card with respondent number | <table border="1"> <thead> <tr> <th>No</th> <th>Yes</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>01</td> </tr> <tr> <td>00</td> <td>01</td> </tr> </tbody> </table> | | No | Yes | 00 | 01 | 00 | 01 | |
| No | Yes | | | | | | | | | | |
| 00 | 01 | | | | | | | | | | |
| 00 | 01 | | | | | | | | | | |

| BLOCK II : EDITING AND DATA ENTRY | | | | | |
|--|--|--|---|---------|------------|
| Q. No. | Question | Answers | Codes | Skip to | Code Boxes |
| NOTE : Q201 SHOULD BE FILLED BY SUPERVISOR, AFTER THE INTERVIEW IS COMPLETE | | | | | |
| 201 | The responses in the 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 | | |
| NOTE: 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"/> | | |

| BLOCK III : DEMOGRAPHIC CHARACTERISTICS | | | | | |
|---|--|--|--|--------------------|---|
| Q. No. | 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 | What is your religion? | Hindu Muslim Christian Buddhist Jain Other: _____ SPECIFY Don't know No answer | 01 02 03 04 05 97 98 99 | | <input type="text"/> <input type="text"/> |
| 303 | Can you read and write? Interviewer to probe appropriate response | Illiterate Can read only Can read and write | 00 01 02 | ► 305 | <input type="text"/> <input type="text"/> |
| 304 | What is the highest grade of education you have completed until now ? | Highest grade completed: _____ Informal education Don't know | 95 98 | | <input type="text"/> <input type="text"/> |
| 305 | What is your occupation (main source of income)? DO NOT READ RESPONSES CIRCLE ONLY ONE | Unemployed Student Self employed/professional Non-agricultural labour Business/Trade Service (Govt. / Pvt.) Agricultural labour Massager (Masseuse) Pun (sex work) Transport workers Others _____ (Specify) No answer | 01 02 03 04 05 06 07 08 09 10 97 99 | | <input type="text"/> <input type="text"/> |
| 306 | Have you ever been married? | No Yes No Answer | 00 01 99 | ► 309 ► 310 | <input type="text"/> <input type="text"/> |
| 307 | Whose decision was it, for you to get married? | Family Myself Others _____ (Specify) No Answer | 01 02 97 99 | | <input type="text"/> <input type="text"/> |

| Q. No. | Question | Pre-coded Answers | Codes | Skip to | Code Boxes |
|--------|--|---|--|---------|---|
| 308 | What is your current marital status? READ ALL RESPONSES CIRCLE ONLY ONE | Married–living with spouse Married–living with partner other than spouse Married–living alone Divorced–living alone Divorced–living with other partner Widowed–living alone Widowed living with partner Other _____ (Specify) No answer | 01 02 03 04 05 06 07 97 99 | } ▶ 401 | <input type="checkbox"/> <input type="checkbox"/> |
| 309 | Do you intend to get married in the future? | No Yes No Answer | 00 01 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 310 | What is your current living status? | Living alone Living with family Living in hostel Living with male sex partner Living with friends Other _____ (Specify) No Answer | 01 02 03 04 05 97 99 | | <input type="checkbox"/> <input type="checkbox"/> |

| BLOCK IV : GENERAL SEXUAL BEHAVIOR | | | | | |
|------------------------------------|---|---|--|---------|--|
| Q. No. | Question | Answers | Codes | Skip to | Code Boxes |
| 401 | How old were you when you first had manual or oral or anal sex with a man? | Age in completed years _____ Don't know No answer | 98 99 | | <input type="text"/> <input type="text"/> |
| 402 | What type of sex did you have during the above mentioned sexual encounter? Multiple responses possible | Anal penetrative Anal receptive Oral Manual Others _____ Specify No answer | 01 02 03 04 97 99 | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 403 | Who was the first male partner with whom you had sex? | Co-worker Friend Relative Neighbour Commercial partner Stranger Any other person (Specify) _____ No answer | 01 02 03 04 05 06 97 99 | | <input type="text"/> <input type="text"/> |
| 404 | Were you forced to have sex during the first sexual encounter with a male? | No Yes Don't know No answer | 00 01 98 99 | | <input type="text"/> <input type="text"/> |
| 405 | How old were you when you first had vaginal intercourse? | Age in completed years _____ Did not have Vaginal Intercourse till date Don't know No answer | 00 98 99 | | <input type="text"/> <input type="text"/> |
| 406 | How do you identify yourself? | Predominantly Kothi (receive during anal sex) Predominantly Panthi (insert during anal sex) AC/DC or Double decker Bisexual Hijra / TG: Akwa Hijra / TG: Nirvana Others _____ Specify | 01 02 03 04 05 06 97 | | <input type="text"/> <input type="text"/> |

| Q. No. | Question | Answers | Codes | Code Boxes | No. Of months |
|--------|--|--|-------------------------|---|---|
| 407 | <p>What type of regular sexual partner do you have?</p> <p>Enter 01 for 'Yes' and 00 for 'No'</p> <p>If yes, what is the duration of relationship with him/her?</p> <p>Multiple Response are possible</p> <p>Record 001 for less than or equal to one month</p> <p>Convert years into months</p> | <p>a. Male partner</p> <p>b. Hijra partner</p> <p>c. Female partner</p> <p>None</p> <p>No answer</p> <p>If none or no answer enter 96 or 99 respectively in the first code box</p> | <p>96</p> <p>99/999</p> | <p>a. <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/></p> <p>c. <input type="text"/> <input type="text"/></p> | <p>am. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>bm. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>cm. <input type="text"/> <input type="text"/> <input type="text"/></p> |
| 408 | <p>Have you ever had, paid or paying sexual partners?</p> <p>Enter 01 for 'Yes' and 00 for 'No'</p> <p>If yes, how many number of such partners did you have in the last 3 months?</p> <p>Multiple responses are possible</p> | <p>a. Paid male partners</p> <p>b. Paid hijra partners</p> <p>c. Paid female partners</p> <p>d. Paying male partners</p> <p>e. Paying hijra partners</p> <p>None</p> <p>No answer</p> <p>If none or no answer enter 96 or 99 respectively in the first code box</p> | <p>96</p> <p>99</p> | <p>a. <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/></p> <p>c. <input type="text"/> <input type="text"/></p> <p>d. <input type="text"/> <input type="text"/></p> <p>e. <input type="text"/> <input type="text"/></p> | <p>Number</p> <p>an. <input type="text"/> <input type="text"/></p> <p>bn. <input type="text"/> <input type="text"/></p> <p>cn. <input type="text"/> <input type="text"/></p> <p>dn. <input type="text"/> <input type="text"/></p> <p>en. <input type="text"/> <input type="text"/></p> |
| 409 | <p>Have you ever had other non-commercial sexual partners?</p> <p>Enter 01 for 'Yes' and 00 for 'No'</p> <p>If yes, how many number of such partners did you have in the last one year?</p> <p>Multiple responses are possible</p> | <p>a. Other non-commercial male partners</p> <p>b. Other non-commercial hijra partners</p> <p>c. Other non-commercial female partners</p> <p>None</p> <p>No answer</p> <p>If none or no answer enter 96 or 99 respectively in the first code box</p> | <p>96</p> <p>99</p> | <p>a. <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/></p> <p>c. <input type="text"/> <input type="text"/></p> | <p>Number</p> <p>an. <input type="text"/> <input type="text"/></p> <p>bn. <input type="text"/> <input type="text"/></p> <p>cn. <input type="text"/> <input type="text"/></p> |

| BLOCK V : MIGRATION | | | | | |
|----------------------------|-----------------|----------------|--------------|--------------------|-------------------|
| Q. No. | Question | Answers | Codes | Skip to | Code Boxes |

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| | | | | | |
|-----|--|---|--|----------------|--|
| 501 | Do you currently live here in _____? (insert name of the town/village of interview) | No Yes | 00 01 | ► 503 | <input type="checkbox"/> <input type="checkbox"/> |
| 502 | If not, where do you live currently? PROBE AND RECORD THE NAME OF THE CITY/VILLAGE, DISTRICT AND STATE WHERE THE RESPONDENT USUALLY LIVES | a. Village/City/Town _____ b. District: _____ c. State _____ d. Country _____ No where particular, on the move No answer | 995 999 | | a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> d. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 503 | Which city/village/district/state do you belong to? PROBE AND RECORD THE NAME OF THE CITY/VILLAGE, DISTRICT, STATE AND COUNTRY (IF NOT INDIA) IN OTHER WORDS - WHERE THE RESPONDENT WAS BORN OR WHERE HE/SHE GOES WHEN HE/SHE GOES HOME | a. Village/City/Town _____ b. District: _____ c. State _____ d. Country _____ Same as Current place of residence No answer | 996 999 | ► 506 ► 506 | a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> d. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 504 | How often do you return home to _____ in the past one year? (insert name of town/ village) | Never Once in a year Once in six months Once in three months Once in a month Once in a fortnight Once in a week No answer | 01 02 03 04 05 06 07 99 | ► 506 ► 506 | <input type="checkbox"/> <input type="checkbox"/> |
| 505 | On average, how long do you stay in this place when you visit? RECORD ONLY ONE IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS | a. _____ Days b. _____ Weeks c. _____ Months No Answer | 99 | | a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/> |
| 506 | Have you ever had sex with men or women in any city or village other than this place _____? (insert name or place of interview) | No Yes No Answer | 00 01 99 | ► 601 | <input type="checkbox"/> <input type="checkbox"/> |

| | | | | | | | |
|---|---|----------|-------|--|---|---|---|
| 507 | Please provide details of the city/town/village where you had sex other than the current place during the past one year . Start from the most recent one, up to maximum of five places only.? (Record name of place/ district/state) Can you please tell me the following details about your visit to these places? | | | | | | |
| <p>PROBE AND RECORD UPTO 5 DIFFERENT PLACES WHERE TRAVELLED AND HAD SEX, IRRESPECTIVE OF WHETHER STAYED THERE OVERNIGHT OR FOR FEW HOURS ONLY.</p> <p>If not travelled and had sex in the last one year enter 999 in the first cell</p> | | | | | | | |
| | City/town/village | District | State | What are the main reasons for going to this place to have sex? 01=to visit spouse 02= to visit friends / family 03=maintain secrecy 04=more money 05=more MSM 06=less police harrassment 97=Other 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 long did you stay in this place during each visit? _____ Days _____ Weeks _____ Months 99 = No Answer If stayed for few hours or less than a day, record "00" in the days column | With whom did you have sex on your last visit to this place? 01= Male Sex Worker 02=Male Client 03=Male friend 04=Female Sex Worker 05=Wife 06= Girlfriend 97=Other 99= No Answer |
| a. | | | | □ □ | □ □ | D W M □ □ □ □ □ □ | □ □ |
| b. | | | | □ □ | □ □ | D W M □ □ □ □ □ □ | □ □ |
| c. | | | | □ □ | □ □ | D W M □ □ □ □ □ □ | □ □ |
| d. | | | | □ □ | □ □ | D W M □ □ □ □ □ □ | □ □ |
| e. | | | | □ □ | □ □ | D W M □ □ □ □ □ □ | □ □ |

| BLOCK VI : CONDOM USE AND SUBSTANCE USE | | | | | |
|--|---|---|--|----------------------------------|---|
| Q. No. | Question | Answers | Codes | Skip to | Code Boxes |
| 601 | Have you ever used a condom? | No Yes | 00 01 | ► 608 | <input type="text"/> <input type="text"/> |
| 602 | Are you carrying a condom with you right now ? ASK RESPONDENT TO SHOW IT TO YOU | No Yes, showed a condom Yes, didn't show condom No answer | 00 01 02 99 | | <input type="text"/> <input type="text"/> |
| 603 | The last time when you obtained a condom, where did you get it from? READ ALL RESPONSES AND CIRCLE ONLY ONE ANSWER | Peer educator/outreach worker Paan shop Drug store/ chemist Client Sex Partner Vending machine Dispensary/Clinic/Hospital Bar/guest house/hotel Friend Mobile van/NGO office /Drop-In Center Public Toilet Other _____ Specify No answer | 01 02 03 04 05 06 07 08 09 10 11 97 99 | | <input type="text"/> <input type="text"/> |
| 604 | Last time when you used condom during sex with any of your partners, at whose insistence did you use the condom? | My self My partner Joint decision Others _____ Specify No answer | 01 02 03 97 99 | | <input type="text"/> <input type="text"/> |
| 605 | In the past month , was there a time when you wanted to use a condom with one of your partners but did not use it? | No Yes No answer | 00 01 99 | ► 607 ► 607 | <input type="text"/> <input type="text"/> |
| 606 | What was the main reason for not using a condom in the past month ? DO NOT READ RESPONSES | Partner did not want to Condom not available Condom costs too much Trusted partner Experienced discomfort | 01 02 03 04 05 | | <input type="text"/> <input type="text"/> |

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| | | | | |
|---------------------------------|-----------------------|----|--|--|
| CIRCLE ONLY ONE RESPONSE | Other _____ (Specify) | 97 | | |
| | No answer | 99 | | |

| Q. No. | Question | Answers | Codes | Skip to | Code Boxes |
|--------|---|--|--|--|---|
| 607 | In the past month , have you had the experience of a condom breaking while it was being used? | No Yes No answer | 00 01 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 608 | Have you ever used a lubricant while having anal sex? (Something that could make your penis or your partner's penis more slippery and easier to insert into the anus?) | No Yes No answer | 00 01 99 | ▶ 611 | <input type="checkbox"/> <input type="checkbox"/> |
| 609 | Which lubricants have you used in last one year ? DO NOT READ RESPONSES MULTIPLE RESPONSES POSSIBLE | Baby Oil Butter Cooking Oil Coconut oil Hand Lotion KY Jelly Vaseline Saliva Other (specify) _____ Don't know No answer | 01 02 03 04 05 06 07 08 97 98 99 | ▶ 611 ▶ 611 | <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"/> |
| 610 | The last time you used a lubricant where did you obtain it from? | Peer educator/outreach worker Bought from Shop/Drug store Client Sex Partner Dispensary/Clinic/Hospital Friend Mobile van/NGO Office /Drop-In Center Other (specify) _____ No answer | 01 02 03 04 05 06 07 97 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 611 | Have you been circumcised? | No Yes No answer | 00 01 99 | ▶ 613 ▶ 613 | <input type="checkbox"/> <input type="checkbox"/> |

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| | | | | | |
|-----|---|---------------------------|----|--|---|
| 612 | What was the main reason for getting circumcised? | Religious | 01 | | <input type="checkbox"/> <input type="checkbox"/> |
| | | Medical | 02 | | |
| | | Advised by NGO/STI clinic | 03 | | |
| | | No Answer | 99 | | |

| "Now I am going to ask you some questions about substance use" | | | | | |
|--|--|--|----------------------------------|--------------------|---|
| Q. No. | Question | Answers | Codes | Skip to | Code Boxes |
| 613 | During the past month , how often did you consume alcoholic drinks? | Every day At least once a week Less than once a week Not in the past month Never consumed No answer | 01 02 03 04 05 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 614 | Some people use drugs for non-medical reasons (like marijuana, heroin, amphetamines, etc.) to feel good, get high, fly, trip or have fantasies. Have you ever used such drugs, even once? | No Yes No answer | 00 01 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 615 | Have you ever injected such drugs? | No Yes No answer | 00 01 99 | ► 618 ► 618 | <input type="checkbox"/> <input type="checkbox"/> |
| 616 | Have you injected such drugs in the past year ? | No Yes No answer | 00 01 99 | ► 618 ► 618 | <input type="checkbox"/> <input type="checkbox"/> |
| 617 | When you had injected such drugs, did you ever share a needle or syringe? | No Yes No answer | 00 01 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 618 | Do you think or suspect any of your sexual partners ever consumed/ injected such drugs? | No Yes Dont know No answer | 00 01 98 99 | | <input type="checkbox"/> <input type="checkbox"/> |

| BLOCK VII: REGULAR MALE PARTNERS | | | | | |
|--|--|---|--|--------------------------------------|--|
| “Now I am going to ask you some questions about your sexual relationships with your regular or main sexual partner” | | | | | |
| Q. No. | Question | Answers | Codes | Skip to | Code Boxes |
| 701 | Do you have a regular sexual male partner? (such as Spouse/Lover/Boy friend) Verify response to Q407, for consistency | No Yes No answer | 00 01 99 | ▶ 801 ▶ 801 | <input type="text"/> <input type="text"/> |
| 702 | How does this Regular Male partner identify himself? | Kothi Panthi Double Decker Bisexual Don't Know No answer | 01 02 03 04 98 99 | | <input type="text"/> <input type="text"/> |
| 703 | What is the age of this partner? | Age in Years _____ Don't know No answer | 98 99 | | <input type="text"/> <input type="text"/> |
| 704 | Generally what type of sex do you have with this partner? Multiple responses are possible | Anal penetrative Anal receptive Oral Manual Others _____ (Specify) No answer | 01 02 03 04 97 99 | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 705 | Do you and this partner live together? | No Yes No answer | 00 01 99 | | <input type="text"/> <input type="text"/> |
| 706 | The last time you had anal intercourse with this partner, was a condom used? | No Yes Never had anal intercourse No answer | 00 01 02 99 | ▶ 801 | <input type="text"/> <input type="text"/> |
| 707 | How often do you have insertive sex with this partner? | Daily Twice a week More than twice a week Once a week Less than once a week Never No Answer | 01 02 03 04 05 06 99 | | <input type="text"/> <input type="text"/> |

| Q. No. | Question | Answers | Codes | Skip to | Code Boxes |
|--------|--|--|--|--|---|
| 708 | How often do you have receptive sex with this partner? | Daily Twice a week More than twice a week Once a week Less than once a week Never No Answer | 01 02 03 04 05 06 99 | | <input type="text"/> <input type="text"/> |
| 709 | When is it more likely that condom is used during anal intercourse? | When I penetrate him When he penetrates me Irrespective of who penetrates whom Never used condom No answer | 01 02 03 96 99 | ► 801 | <input type="text"/> <input type="text"/> |
| 710 | In general, how often is a condom used when you have anal intercourse with this partner? | Every time Most of the time Sometimes Never No answer | 01 02 03 04 99 | ► 801 ► 801 ► 801 ► 801 | <input type="text"/> <input type="text"/> |
| 711 | How long have you and this partner been using condoms every time you have anal intercourse? | # Months _____ ('00' for less than 1month) No answer | 99 | | <input type="text"/> <input type="text"/> |

| BLOCK VIII: REGULAR HIJRA PARTNERS | | | | | |
|---|--|---|--|--------------------|---|
| “Now I would ask you some questions about your sexual relationships with your regular Hijra partner” | | | | | |
| 801 | Do you have a regular sexual Hijra partner? (PROBE FOR REGULAR TRANSGENDER SEXUAL PARTNER) Verify response to Q407, for consistency | No Yes No answer | 00 01 99 | ► 901 ► 901 | <input type="checkbox"/> <input type="checkbox"/> |
| 802 | Generally what type of sex do you have with this partner? Multiple responses possible | Anal penetrative Anal receptive Oral Manual Others _____ (Specify) No answer | 01 02 03 04 97 99 | | <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"/> |
| 803 | What is the age of this partner? | Age in Years _____ Don't know No answer | 98 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 804 | Do you and this partner live together? | No Yes No answer | 00 01 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 805 | Has this Hijra partner been castrated? | No Yes No answer | 00 01 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 806 | The last time you had anal intercourse with this partner, was a condom used? | No Yes Never had anal intercourse No answer | 00 01 02 99 | ► 901 | <input type="checkbox"/> <input type="checkbox"/> |
| 807 | How often do you have receptive sex with this partner? | Daily Twice a week More than twice a week Once a week Less than once a week Never No answer | 01 02 03 04 05 06 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 808 | How often do you have insertive sex with this partner? | Daily Twice a week More than twice a week Once a week Less than once a week Never No answer | 01 02 03 04 05 06 99 | | <input type="checkbox"/> <input type="checkbox"/> |

| | | | | | |
|-----|--|---|----------------------------|----------------------------------|---|
| 809 | In general, how often is a condom used when you have anal intercourse with this partner? | Every time Most of the time Sometimes Never No answer | 01 02 03 04 99 | ► 901 ► 901 ► 901 ► 901 | <input type="text"/> <input type="text"/> |
| 810 | How long have you and this partner been using condoms every time you have anal intercourse? | # Months _____ ('00' for less than 1 month) No answer | 99 | | <input type="text"/> <input type="text"/> |

| BLOCK IX : PAYING MALE PARTNER | | | | | |
|---|---|--|--|----------------------|---|
| “Now I am going to ask you some questions in general about commercial male partners who paid you to have sex with him” | | | | | |
| 901 | Have you ever received cash or gifts from other men in exchange for sex? Verify response to Q408, for consistency | No Yes No answer | 00 01 99 | ► 1001 ► 1001 | <input type="checkbox"/> <input type="checkbox"/> |
| 902 | How old were you when you first started receiving cash/gifts from men for sex? | Age in completed years _____ Don't know No answer | 98 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 903 | Where do you generally entertain your paying male partners for sex? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE | Home Rented room/Lodge/Hotel Bar/Night Club Public places (Gardens, Parks, Bushes, public toilets etc) Vehicle (Cars, Trucks, Buses, Train) Others _____ (Specify) No answer | 01 02 03 04 05 97 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 904 | How often do you generally sell sex? | Daily Once a week More than once a week Once a month More than once a month Occasionally No answer | 01 02 03 04 05 06 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 905 | What type of sex do you normally have with these clients? MULTIPLE RESPONSES ARE POSSIBLE Instruction : “If 01 is one of the answers, then continue. If not, SKIP TO Q912 ”. | Anal Oral Masturbation Thigh Other _____ (Specify) No answer | 01 02 03 04 97 99 | | <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"/> |
| 906 | Do you normally have insertive or receptive anal sex with clients? | Insertive Receptive Both No answer | 01 02 03 99 | | <input type="checkbox"/> <input type="checkbox"/> |

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| | | | | | |
|-----|---|---|----------------------------|--|--|
| 907 | How many men paid you to have anal sex in the past week ? | Number _____ Did not have in the past one week Don't know No answer | 00 98 99 | | <input type="text"/> <input type="text"/> |
| 908 | How many times did you have anal intercourse with a paying male in the past one week ? | Number of times _____ None Don't know No answer | 00 98 99 | | <input type="text"/> <input type="text"/> |
| 909 | Out of the last 10 male partners who paid you to have anal sex, how many were known and how many were strangers? | a. # known male partners : _____ b. # strangers: _____ ("a" + "b" should be 10) No answer | 99 | | a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> |
| 910 | The last time you had anal intercourse with a paying male partner, was a condom used? | No Yes Don't know No answer | 00 01 98 99 | | <input type="text"/> <input type="text"/> |
| 911 | In general, how often is a condom used when you have anal intercourse with paying male partners? | Every time Most of the time Sometimes Never No answer | 01 02 03 04 99 | ► 913 ► 913 ► 913 ► 913 | <input type="text"/> <input type="text"/> |
| 912 | How long have you been using condoms every time you have anal intercourse with paying male partners? | # Months _____ ('00' for less than 1 month) No answer | 99 | | <input type="text"/> <input type="text"/> |
| 913 | How much did your last client pay you to have sex? | Rupees _____ | | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| Block X : PAID MALE AND HIJRA PARTNERS | | | | | |
|--|--|--|----------------------------|--------------------------------------|---|
| “Now I am going to ask you some questions about males or hijras whom you have paid to have anal intercourse with” | | | | | |
| 1001 | Have you ever given cash or gifts to have <u>anal</u> intercourse with a male or hijra? Verify response to Q408, for consistency | No Yes No answer | 00 01 99 | ▶ 1101 ▶ 1101 | <input type="text"/> <input type="text"/> |
| 1002 | How old were you when you first started visiting male or Hijra sex workers? | Age in years _____ Don't know No answer | 98 99 | | <input type="text"/> <input type="text"/> |
| 1003 | Have you paid to have <u>anal</u> intercourse with a male or hijra in the past year ? | No Yes Don't know / Don't remember No answer | 00 01 98 99 | ▶ 1005 ▶ 1005 ▶ 1005 | <input type="text"/> <input type="text"/> |
| 1004 | How many times did you have anal intercourse with a paid male or hijra in the past one month ? | Number of times _____ None Don't know No answer | 00 98 99 | | <input type="text"/> <input type="text"/> |
| 1005 | The last time you had anal intercourse with a paid male/hijra partner was a condom used? | No Yes Don't know / Don't remember No answer | 00 01 98 99 | | <input type="text"/> <input type="text"/> |
| 1006 | In general, how often was a condom used when you had anal sex with a paid male or hijra ? | Every time Most of the time Sometimes Never No answer | 01 02 03 04 99 | ▶ 1101 ▶ 1101 ▶ 1101 ▶ 1101 | <input type="text"/> <input type="text"/> |
| 1007 | How long have you been using condoms every time you have anal intercourse with paid male or hijra partners? | # Months _____ (‘00’ for less than 1 month) No answer | 99 | | <input type="text"/> <input type="text"/> |

| BLOCK XI : OTHER NON-COMMERCIAL MALE/HIJRA PARTNERS “Now I am going to ask you some questions in general about your sexual relationship with other male/hijra partners (Other than the regular non-paying partners)” | | | | | |
|---|--|--|----------------------------|--------------------------------------|---|
| 1101 | Do you have any male/transgender partners other than the regular or the commercial partners we talked about? Verify response to Q409, for consistency | No Yes No answer | 00 01 99 | ▶ 1201 ▶ 1201 | <input type="checkbox"/> <input type="checkbox"/> |
| 1102 | How many such partners have you had in the past one month ? | # Number _____ None Don't know No answer | 00 98 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1103 | The last time you had anal intercourse with one of these partners, was a condom used? | No Yes Never had anal intercourse Don't know /Don't remember No answer | 00 01 02 98 99 | ▶ 1201 | <input type="checkbox"/> <input type="checkbox"/> |
| 1104 | In general, how often is a condom used when you have anal intercourse with these partners? | Every time Most of the time Sometimes Never No answer | 01 02 03 04 99 | ▶ 1201 ▶ 1201 ▶ 1201 ▶ 1201 | <input type="checkbox"/> <input type="checkbox"/> |
| 1105 | How long have you been using condoms every time you have anal intercourse with these partners? | # Months _____ (‘00’ for less than 1 month) No answer | 99 | | <input type="checkbox"/> <input type="checkbox"/> |

| Block XII : PAID FEMALE PARTNERS | | | | | |
|---|---|--|--|--------------------------------------|---|
| “Now I am going to ask you some questions about paid female partners” (i.e. whom you paid to have sex) | | | | | |
| | Question | Pre-coded Answers | Codes | Skip to | Code Boxes |
| 1201 | Have you ever paid to have sexual intercourse with a female? Verify response to Q408, for consistency | No Yes No answer | 00 01 99 | ► 1301 ► 1301 | <input type="text"/> <input type="text"/> |
| 1202 | Have you paid to have sexual intercourse with a female in the past one year ? | No Yes No answer | 00 01 99 | ► 1204 ► 1204 | <input type="text"/> <input type="text"/> |
| 1203 | How many times did you have sexual intercourse with a paid female partner , in the past one month ? | Number of times _____ None Don't know No answer | 00 98 99 | | <input type="text"/> <input type="text"/> |
| 1204 | In general, what type of sex do you have with a paid female partner? MULTIPLE RESPONSES POSSIBLE | Vaginal Anal Oral Thigh Masturbation Other No answer | 01 02 03 04 05 97 99 | | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 1205 | The last time you had sexual intercourse with a paid female partner, was a condom used? | No Yes Don't know / Don't remember No answer | 00 01 98 99 | | <input type="text"/> <input type="text"/> |
| 1206 | In general, how often do you use a condom while having sex with a paid female partner? | Every time Most of the time Sometimes Never No answer | 01 02 03 04 99 | ► 1301 ► 1301 ► 1301 ► 1301 | <input type="text"/> <input type="text"/> |
| 1207 | How long have you been using condoms every time you have sexual intercourse with paid female partners? | # Months _____ (‘00’ for less than 1 month) No answer | 99 | | <input type="text"/> <input type="text"/> |

| BLOCK XIII : REGULAR FEMALE PARTNERS | | | | | |
|---|--|---|----------------------------|--------------------------------------|---|
| “Now I am going to ask you some questions about regular female partners” | | | | | |
| 1301 | Do you have a regular female sexual partner? (Spouse/Lover/Girl Friend) Verify response to Q407, for consistency | No Yes No answer | 00 01 99 | ► 1401 ► 1401 | <input type="checkbox"/> <input type="checkbox"/> |
| 1302 | Do you and she live together? | No Yes No answer | 00 01 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1303 | Does this regular female partner know that you have sex with men? | No Yes No answer | 00 01 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1304 | During the last one month , how many times did you have sexual intercourse with her? | Number of times _____ None Don't know No answer | 00 98 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1305 | The last time you had sexual intercourse with her, did you use a condom? | No Yes Don't know No answer | 00 01 98 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1306 | In general, how often do you use a condom when you have sexual intercourse with her? | Every time Most of the time Sometimes Never No answer | 01 02 03 04 99 | ► 1401 ► 1401 ► 1401 ► 1401 | <input type="checkbox"/> <input type="checkbox"/> |
| 1307 | How long have you been using condoms every time you have sexual intercourse with her? | # Months _____ (‘00’ for less than 1 month) Don't know No answer | 98 99 | | <input type="checkbox"/> <input type="checkbox"/> |

| BLOCK XIV: SELF-REPORTED SEXUALLY TRANSMITTED INFECTIONS (STIs) | | | | | |
|--|--|------------------------------------|----------------|------------------------------------|--|
| “Now I would like to ask about your sexual health” | | | | | |
| Q. No. | Question | Answers | Codes | Skip to | Code Boxes |
| 1401 | Have you ever heard of diseases that can be transmitted through sexual intercourse? | No Yes No answer | 00 01 99 | ► 1403 ► 1403 | <input type="checkbox"/> <input type="checkbox"/> |
| 1402 | Can you describe any symptoms of STIs in men? DO NOT READ RESPONSES CIRCLE “01” ALL THAT ARE MENTIONED AND “00” FOR ALL THAT ARE NOT MENTIONED | Answers | No | Yes | |
| | | a. Genital/anal ulcer/sore | 00 | 01 | a. <input type="checkbox"/> <input type="checkbox"/> |
| | | b. Discharge from rectum | 00 | 01 | b. <input type="checkbox"/> <input type="checkbox"/> |
| | | c. Pain during defaecation | 00 | 01 | c. <input type="checkbox"/> <input type="checkbox"/> |
| | | d. Burning/pain on urination | 00 | 01 | d. <input type="checkbox"/> <input type="checkbox"/> |
| | | e. Urethral discharge | 00 | 01 | e. <input type="checkbox"/> <input type="checkbox"/> |
| | | f. Swelling in groin(scrotal) area | 00 | 01 | f. <input type="checkbox"/> <input type="checkbox"/> |
| | | g. Can't retract foreskin | 00 | 01 | g. <input type="checkbox"/> <input type="checkbox"/> |

| | | | | | | | |
|------|--|---|---|---|---|---|--|
| 1403 | Have you had any of these symptoms in the last 12 months? If so, please give details about the treatment sought? IF RESPONSE TO ALL STI (01 THRU 06) IS NO ("00") SKIP TO 1412 | | | | | | |
| | Symptoms 01=Genital/anal ulcer/sore 02=Discharge from rectum 03= Pain during defaecation 04=Burning pain while urination 05=Urethral discharge 06=Swelling in the groin READ OUT SYMPTOMS AND RECORD DETAILS FOR EACH SYMPTOM RESPONDENT HAS HAD. | Number of times you had these STIs in the last 12 months Dont remember=98 | Number of days on an average each time you had the symptoms. Dont remember=98 | Number of times treatment sought in a private or Government clinic Dont remember=98 | Did you ever visit a _____ clinic (insert name of local NGO clinic) for treatment? No=00 Yes, NGO clinic=01 Dont remember=98 PROMPT USING LOGO OF THE NGO CLINIC | Number of times completed prescribed treatment Dont remember=98 | Number of times symptoms persisted after the completion of prescribed treatment Dont remember=98 |
| | 01 | <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"/> <input type="text"/> |
| | 02 | <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"/> <input type="text"/> |
| | 03 | <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"/> <input type="text"/> |
| | 04 | <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"/> <input type="text"/> |
| | 05 | <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"/> <input type="text"/> |
| | 06 | <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"/> <input type="text"/> |

Interviewer: if all boxes in the second columns are 00, skip to 1412

| | | | | | |
|------|--|---|--|--------------------------|--|
| 1404 | <p>What was the most recent of these you have suffered from in the past year?</p> <p>CIRCLE ONE ONLY (PROBE TO FIND THE MOST RECENT ONE FROM THE SYMPTOMS MENTIONED IN 1403)</p> | <p>Genital/anal ulcer/sore Discharge from rectum Pain during defaecation Burning pain while urinating Urethral discharge Swelling in the groin (scrotum) Dont know/remember No answer</p> | <p>01 02 03 04 05 06 98 99</p> | <p>► 1406 ► 1406</p> | <p><input type="checkbox"/> <input type="checkbox"/></p> |
| 1405 | <p>How long ago did this symptom start?</p> <p>IF < 30 DAYS RECORD RESPONSE IN COMPLETED DAYS</p> <p>IF >=30 DAYS RECORD RESPONSE IN COMPLETED MONTHS</p> | <p>a. Days _____ b. Months _____</p> <p>Dont know/remember No answer</p> | <p>98 99</p> | | <p>a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/></p> |

| 1406 | What did you do the last time you had a problem mentioned in Q1403? 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 _____ (fill in name of Avahan clinic)? Prompt with logo of 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 (Homoeopathic, Herbal, other traditional)? | 01 | 02 | 00 | 98 | <input type="checkbox"/> <input type="checkbox"/> |
| g. Stopped having sex during the time when I had symptoms | 01 | 02 | 00 | 98 | <input type="checkbox"/> <input type="checkbox"/> |
| h. Took medicine I had at home | 01 | 02 | 00 | 98 | <input type="checkbox"/> <input type="checkbox"/> |
| i. Told my sexual partner about the STI | 01 | 02 | 00 | 98 | <input type="checkbox"/> <input type="checkbox"/> |
| j. Used condoms <i>If the answer to "g" was YES, then interviewer should fill in NO i.e. '00'</i> | 01 | 02 | 00 | 98 | <input type="checkbox"/> <input type="checkbox"/> |
| k. Did nothing ▶1412 | 01 | | 00 | | <input type="checkbox"/> <input type="checkbox"/> |
| z. Other (specify) _____ | 01 | | 00 | | <input type="checkbox"/> <input type="checkbox"/> |

| Q. No. | Question | Answers | Codes | Skip to | Code Boxes |
|--------|--|--|---|---------|---|
| 1407. | <p>Of everything you listed in the previous question, please put them in the order of sequence as it happened ?</p> <p>Multiple responses possible</p> <p>Record all the responses in a sequence as said by the respondent and mark '01' against the first choice and '02' against the second choice</p> <p>If 'Don't know' or 'No answer' write the respective code in the first blank.</p> <p>Instructions for the Coder: Code '00' against all the blanks</p> | <p>a.Sought advice/medicine from _____ (fill in name of Avahan clinic)</p> <p>b.Sought advice/medicine from a government clinic or hospital</p> <p>c.Sought advice/medicine from an NGO or charity-run clinic or hospital</p> <p>d.Sought advice/medicine from a private clinic or hospital</p> <p>e.Sought advice/medicine from a private pharmacy</p> <p>f.Sought advice/medicine from non-allopathic doctor</p> <p>g.Took medicine I had at home</p> <p>h.Told my sexual partner about the STI</p> <p>i.Stopped having sex when I had the symptoms</p> <p>j. Used condoms</p> <p>Don't know / remember</p> <p>No answer</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>98</p> <p>99</p> | | <p>a. <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/></p> <p>c. <input type="text"/> <input type="text"/></p> <p>d. <input type="text"/> <input type="text"/></p> <p>e. <input type="text"/> <input type="text"/></p> <p>f. <input type="text"/> <input type="text"/></p> <p>g. <input type="text"/> <input type="text"/></p> <p>h. <input type="text"/> <input type="text"/></p> <p>i. <input type="text"/> <input type="text"/></p> <p>j. <input type="text"/> <input type="text"/></p> |
| 1408 | <p>To be asked only to those whose first choice was not Avahan/Govt/NGO clinic i.e. for responses a, b,c</p> <p>Can you tell us reasons for not going to an Avahan, government or NGO clinic for treatment as your first choice?</p> | <p>_____</p> | | | <p><input type="text"/> <input type="text"/></p> |
| 1409 | <p>How long did you have this symptom before seeking treatment?</p> <p>Refer to Q1404</p> <p>IF < 30 DAYS RECORD RESPONSE IN DAYS</p> <p>If >=30 DAYS RECORD RESPONSE IN MONTHS</p> | <p>a. Days _____</p> <p>b. Months _____</p> <p>Don't know / remember</p> <p>No answer</p> | <p>98</p> <p>99</p> | | <p>a. <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/></p> |

| Q. No. | Question | Answers | Codes | Skip to | Code Boxes | Q. No. |
|--|---|---|--|------------|-----------------------|--|
| 1410 | What type of medicines did you take? READ RESPONSES MULTIPLE RESPONSES POSSIBLE | Answers | No | Yes | Don't remember | |
| | | a. Injection | 00 | 01 | 98 | a. <input type="text"/> <input type="text"/> |
| | | b. Tablets/capsules | 00 | 01 | 98 | b. <input type="text"/> <input type="text"/> |
| | | c. Topical Ointment/cream/lotion | 00 | 01 | 98 | c. <input type="text"/> <input type="text"/> |
| | | d. Other _____ Specify | 00 | 01 | 98 | d. <input type="text"/> <input type="text"/> |
| If all the responses in Q1410 a,b,c,d are '00' then skip to Q1412 | | | | | | |
| 1411 | How did you obtain these medicines? | Bought myself Was given by a doctor or at a clinic/ NGO clinic Was given by someone else Other _____ Specify Don't know / remember No answer | 01 02 03 97 98 99 | | | <input type="text"/> <input type="text"/> |
| 1412 | Do you currently have any of the following? READ OUT THE SYMPTOMS RECORD ALL MENTIONED MULTIPLE RESPONSES POSSIBLE | Answers | No | Yes | Don't know | |
| | | a. Genital/anal ulcer/sore | 00 | 01 | 98 | a. <input type="text"/> <input type="text"/> |
| | | b. Discharge from rectum | 00 | 01 | 98 | b. <input type="text"/> <input type="text"/> |
| | | c. Pain during defaecation | 00 | 01 | 98 | c. <input type="text"/> <input type="text"/> |
| | | d. Burning pain during urination | 00 | 01 | 98 | d. <input type="text"/> <input type="text"/> |
| | | e. Urethral discharge | 00 | 01 | 98 | e. <input type="text"/> <input type="text"/> |
| | | f. Swelling in the groin | 00 | 01 | 98 | f. <input type="text"/> <input type="text"/> |
| 1413 | What do you do if you have unprotected risky sex? Multiple responses possible? INTERVIEWER TO PROBE AND RECORD ALL THE RESPONSES IN A SEQUENCE AS SAID BY THE RESPONDENT AND MARK '01' AGAINST THE FIRST CHOICE AND '02' AGAINST THE SECOND CHOICE If 'Other' or 'Don't know' or 'No answer' write the respective code in the first blank. | a. Wait and watch for any symptoms b. Go to a doctor and seek advice c. Inform my sex partner about it d. Use condom for next three months e. Undertake HIV test f. Take medicines g. Did nothing h. Any other (SPECIFY) _____ Don't know No answer Instructions for the Coder: Code '00' against all the blanks | a. ____ b. ____ c. ____ d. ____ e. ____ f. ____ g. ____ h. ____ 98 99 | | | a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> c. <input type="text"/> <input type="text"/> d. <input type="text"/> <input type="text"/> e. <input type="text"/> <input type="text"/> f. <input type="text"/> <input type="text"/> g. <input type="text"/> <input type="text"/> h. <input type="text"/> <input type="text"/> |

| BLOCK XV . KNOWLEDGE OF HIV/AIDS AND ITS PREVENTION | | | | | | |
|---|--|--------------------------------------|----------------------|------------------------------------|---|--|
| Q. No. | Question | Answers | Codes | Skip to | Code Boxes | |
| 1501 | Have you ever heard of HIV/AIDS before this interview? | No Yes | 00 01 | ► 1601 | <input type="text"/> <input type="text"/> | |
| 1502 | Are there things a person can do to prevent getting infected with HIV/AIDS? | No Yes Don't know No answer | 00 01 98 99 | ► 1504 ► 1504 | <input type="text"/> <input type="text"/> | |
| 1503. What are the ways a person can prevent becoming infected with HIV/AIDS? 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 stated and circle the respondent's answer in Column [3], [4] or [5] as appropriate. | | | | | | |
| Methods to use | | Spontaneous | Prompted | | | |
| | | Yes | Yes | No | Don't know | |
| (1) | | (2) | (3) | (4) | (5) | (6) |
| a. | Be abstinent | 01 | 02 | 00 | 98 | a. <input type="text"/> <input type="text"/> |
| b. | Always use a condom while engaging in penetrative sex | 01 | 02 | 00 | 98 | b. <input type="text"/> <input type="text"/> |
| c. | Avoid sharing injecting equipment | 01 | 02 | 00 | 98 | c. <input type="text"/> <input type="text"/> |
| d. | Avoid getting mosquito or other insect bites | 01 | 02 | 00 | 98 | d. <input type="text"/> <input type="text"/> |
| e. | Dont use shared clothes or eating utensils | 01 | 02 | 00 | 98 | e. <input type="text"/> <input type="text"/> |
| f. | Eat nutritious food | 01 | 02 | 00 | 98 | f. <input type="text"/> <input type="text"/> |
| g. | Have sex with only one partner | 01 | 02 | 00 | 98 | g. <input type="text"/> <input type="text"/> |
| h. | Always use a condom during oral sex | 01 | 02 | 00 | 98 | h. <input type="text"/> <input type="text"/> |
| i. | Avoid sex with females as HIV transmission occurs amongst mostly heterosexuals | 01 | 02 | 00 | 98 | i. <input type="text"/> <input type="text"/> |
| j. | Check blood before transfusion | 01 | 02 | 00 | 98 | j. <input type="text"/> <input type="text"/> |
| k. | Other | 01 | 02 | 00 | | k. <input type="text"/> <input type="text"/> |
| *** After completion of Q1503, the interviewer should inform the respondent of the correct responses, BUT DO NOT change answers above *** | | | | | | |

| Q. No. | Question | Answers | Codes | Skip to | Code Boxes |
|--------|--|---|----------------------|--------------------------------|---|
| 1504 | Can you know whether a person has HIV (the virus that causes AIDS) by looking at them? | No Yes Don't know No Answer | 00 01 98 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1505. | Do you personally know someone (who also knows you) who is infected with HIV, suffers from AIDS or has died of AIDS? | No Yes No answer | 00 01 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1506. | Do you know a place near here for undertaking HIV/AIDS test where the result will be told only to you and to nobody else (i.e confidential)? CONFIDENTIAL MEANS THAT NO ONE ELSE BESIDES YOU WILL KNOW THE RESULT OF YOUR TEST UNLESS YOU WANT THEM TO | No Yes No answer | 00 01 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1507. | Have you ever taken an HIV test? | No Yes No answer | 00 01 99 | ► 1512 ► 1512 | <input type="checkbox"/> <input type="checkbox"/> |
| 1508. | Did you undergo the HIV test voluntarily, or were you directed or required to have the test? Note for Translator: Voluntary here means did you go of your own choice; and not because it was required of you. (ask for the last HIV test). | Voluntary Directed or required No answer | 01 02 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1509. | 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"/> |
| 1510 | Did anyone at the testing centre speak to you on what is HIV/AIDS and how one can prevent it? | No Yes No answer | 00 01 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1511. | When did you last take an HIV test? Record in Months here _____ | Less than a year ago More than a year ago No answer | 01 02 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1512 | Are there any drugs that can help treat people who have AIDS? | No Yes Don't know No answer | 00 01 98 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1513 | Have you ever heard of ART (Anti retroviral therapy) (HIV/AIDS medicine)? | No Yes Don't know No answer | 00 01 98 99 | ► 1601 ► 1601 ► 1601 | <input type="checkbox"/> <input type="checkbox"/> |

| Q. No. | Question | Answers | Codes | Skip to | Code Boxes |
|--------|---|---|----------------------------------|---------|--|
| 1514 | Do you know anyone who is currently taking ART? | No Yes No answer | 00 01 99 | | <input type="text"/> <input type="text"/> |
| 1515 | Do you know where one can get ART treatment? INTERVIEWER TO PROBE AND RECORD RESPONSE Multiple responses possible | Government hospital Private hospital/clinic NGO Other (specify) Don't know No answer | 01 02 03 97 98 99 | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 1516 | Do you think having ART will make other people practice unsafe sex? READ RESPONSES AND CIRCLE ONE | Much less careful About the same Much more careful Dont know No answer | 01 02 03 98 99 | | <input type="text"/> <input type="text"/> |

| Block XVI : Risk Perception | | | | | |
|-----------------------------|---|--|----------------------------------|---------|--|
| Q. No. | Question | Answers | Codes | Skip to | Code Boxes |
| 1601 | According to you, do MSM/MSW have a higher risk of acquiring HIV infection? READ RESPONSES AND CIRCLE ONE | Strongly agree Agree Neither agree nor disagree Disagree Don't know No answer | 01 02 03 04 98 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1602 | Do you feel that you have a higher risk of acquiring HIV infection? | No Yes | 00 01 | ► 1604 | <input type="checkbox"/> <input type="checkbox"/> |
| 1603 | Why do you feel that you are not at risk of acquiring HIV infection? MULTIPLE RESPONSES POSSIBLE | I use condoms consistently I have trust on my partner/s and his/her health I only have anal sex I am healthy Others (Specify)_____ | 01 02 03 04 97 99 | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 1604 | According to you, can any MSM/MSW prevent transmission of HIV by using a condom in every sex act? READ RESPONSES AND CIRCLE ONE | Strongly agree Agree Neither agree nor disagree Disagree Dont know No answer | 01 02 03 04 98 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1605 | Have you ever refused any male partner in the last three months , if he insisted on anal sex without using a condom? | No Yes He never insisted on sex without condom No answer | 00 01 02 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1606 | According to you, what should a regular partner do in a relationship if he finds out that he is infected by HIV? INTERVIEWER TO PROBE AND RECORD RESPONSE, DON'T READ RESPONSES Multiple responses possible | Inform his partner Should not have sex Always use condom in sex Get his partner tested for HIV Don't know No answer | 01 02 03 04 98 99 | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

| BLOCK XVII: EXPOSURE TO INTERVENTION | | | | | |
|---|--|---|--|----------------|--|
| Q. No. | Question | Answers | Codes | Skip to | Code Boxes |
| 1701 | Have you ever heard of AVAHAN NGOs or their programmes for prevention of HIV among MSM in _____ (Place of Interview)? If yes what is/are the name of this NGO? | No Yes a. Name _____ Don't know / Don't remember | 00 01 98 | ► 1705 | <input type="checkbox"/> <input type="checkbox"/> 1701a <input type="checkbox"/> <input type="checkbox"/> |
| 1702 | Since how long have you been aware of these AVAHAN NGOs / programmes? (IF HEARD / KNOW ABOUT MORE THAN ONE NGO, RECORD THE DURATION OF THE NGO KNOWN FOR THE LONGEST PERIOD) QUESTION IS OPEN-ENDED LISTEN TO RESPONSE IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS | a. Days _____ b. Weeks _____ c. Months _____ d. Years _____ No answer | 99 | | a <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> d <input type="checkbox"/> <input type="checkbox"/> |
| 1703 | Are you registered with any of these the AVAHAN NGOs ? | No Yes | 00 01 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1704 | Have you received / accessed services from any of these AVAHAN NGOs / programmes in the past one year ? | No Yes | 00 01 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1705 | Have you ever heard of Non-AVAHAN NGOs or programmes working with prevention of HIV among MSM in (Place of Interview _____)? If yes what is/are the name of this NGO? | No Yes a. Name _____ b. Name _____ Don't know//Dont remember | 00 01 98 | ► 1710 | <input type="checkbox"/> <input type="checkbox"/> 1705a <input type="checkbox"/> <input type="checkbox"/> 1705b <input type="checkbox"/> <input type="checkbox"/> |
| If the answer is 'No' in BOTH Q1701 and Q1705, skip to Block XVIII | | | | | |

| Q. No. | Question | Answers | Codes | Skip to | Code Boxes |
|--------|--|---|----------------------|---------|--|
| 1706 | For how long have you known these non-avahan NGOs / programmes? (IF HEARD / KNOWN ABOUT MORE THAN ONE NGO, RECORD THE DURATION FOR THE NGO KNOWN FOR THE LONGEST PERIOD) QUESTION IS OPEN-ENDED LISTEN TO RESPONSE IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS | a. Days _____ b. Weeks _____ c. Months _____ d. Years _____ No answer | 99 | | a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> c. <input type="text"/> <input type="text"/> d. <input type="text"/> <input type="text"/> |
| 1707 | Are you registered with any of these non-avahan NGOs ? | No Yes | 00 01 | | <input type="text"/> <input type="text"/> |
| 1708 | Have you received / accessed services from any of these non-avahan NGOs / programmes in the past one year ? | No Yes | 00 01 | | <input type="text"/> <input type="text"/> |
| 1709 | From which NGO did you receive most of the services in the past one year ? | AVAHAN NON-AVAHAN Both AVAHAN and NON-AVAHAN Don't know / don't remember | 01 02 03 98 | | <input type="text"/> <input type="text"/> |

| 1710 | What are the types of interactions or services that you have received from any of the NGO/Programs during the past one year ? This question has two kinds of responses: (B) Spontaneous response (C) Prompted response and (D) From Which NGO | | | | | | | | | |
|--|---|--------------|----|-------|---|-----|------|-------|---|---|
| <p>Let the respondent answer first, then match his answers with the statements found in column (A) and circle the respective '01' i.e 'Yes' in Column (B) for each appropriate answer. (THEN ASK WHICH NGO HE WAS REFERRING HIS ANSWER TO. IF HE MEANT 'AVAHAN NGOS' CIRCLE ANSWER '11' IN (D). IF OTHER THAN THE AVAHAN NGOS, CIRCLE ANSWER '22' IN (D). IF HE HAPPENED TO HAVE RECEIVED ANY SERVICES FROM BOTH AVAHAN AND NON-AVAHAN NGOS, CIRCLE '33' IN (D). IF HE DOES NOT KNOW/REMEMBER WHETHER RECEIVED SERVICES FROM AVAHAN OR NON-AVAHAN NGOS, CIRCLE '88' IN (D). Then read out loud the services those have not yet been mentioned and circle the response given in Column (C) and FOLLOW THE SAME PROCEDURE OF RECORDING AIDED ANSWERS (Column C) AND CORRESPONDING COLUMN (D).</p> <p>NOTE : Column (B) - "Spont" stands for "Spontaneous answer" Column © - DK/DR stands for "Don't know / don't remember" Column (D) - "AV" stands for "AVAHAN" "NAV" stands for "NON-AVAHAN" "BOTH" stands for "BOTH AVAHAN AND NON-AVAHAN" "DK/DR" stands for "Don't know / Don't remember"</p> | | | | | | | | | | |
| Services (A) | Spont (B) | Aided (C) | | | From which NGO? (D) <i>Only to be asked to those who answer 'Yes' in B or C</i> | | | | Code Boxes | |
| | Yes | Yes | No | DK/DR | AV | NAV | BOTH | DK/DR | B/C | D |
| a. I have been contacted by a peer educator/outreach worker from the NGO / Program | 01 | 02 | 00 | 98 | 11 | 22 | 33 | 88 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| b. I have been contacted by a peer educator/outreach worker from the NGO / Program in the last one month | 01 | 02 | 00 | 98 | 11 | 22 | 33 | 88 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| c. I have received an project health card from the NGO/ program . For spontaneous answers, show the identity card to confirm that the card is the same. For the aided questions, show a sample of the AVAHAN project health card when asking the question. | 01 | 02 | 00 | 98 | 11 | 22 | 33 | 88 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| d. I have been given information on STI/HIV/AIDS by a peer educator or an outreach worker from the NGO/Program | 01 | 02 | 00 | 98 | 11 | 22 | 33 | 88 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| e. I have visited the clinic run by the NGO/program. (Interviewer to confirm using clinic logo, even if response is spontaneous) | 01 | 02 | 00 | 98 | 11 | 22 | 33 | 88 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| f. I have visited the clinic run by the NGO/ program in the last three months | 01 | 02 | 00 | 98 | 11 | 22 | 33 | 88 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| g. Received condoms from the peers or outreach workers of the NGO/program | 01 | 02 | 00 | 98 | 11 | 22 | 33 | 88 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

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| | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|---|---|
| h. Received counseling services from the project | 01 | 02 | 00 | 98 | 11 | 22 | 33 | 88 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| i. I have been referred to other services (STI clinic, VCCTC, detox centre etc.) from this project | 01 | 02 | 00 | 98 | 11 | 22 | 33 | 88 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| j. Received health check-up | 01 | 02 | 00 | 98 | 11 | 22 | 33 | 88 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| k. Received free medicine for STI | 01 | 02 | 00 | 98 | 11 | 22 | 33 | 88 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| l. Received free medicine for general health problem | 01 | 02 | 00 | 98 | 11 | 22 | 33 | 88 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| m. Seen a demonstration on correct condom use by a peer educator /NGO outreach worker | 01 | 02 | 00 | 98 | 11 | 22 | 33 | 88 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| n. Took part in any meeting / training organized by the NGO | 01 | 02 | 00 | 98 | 11 | 22 | 33 | 88 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| o. Became a member of the self-help group (SHG) supported by the NGO | 01 | 02 | 00 | 98 | 11 | 22 | 33 | 88 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| p. Others (Specify) _____ | 01 | 02 | 00 | 98 | 11 | 22 | 33 | 88 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

| ASK Q1711 TO Q1715 IF THE ANSWER IN Q1701 IS 'YES' ELSE SKIP TO BLOCK XVIII (Ask only about the AVAHAN Partner NGOs and the Clinics run by them) | | | | | |
|---|---|---|------|---------|--|
| Q. No. | Question | Answers | Code | Skip to | Code Boxes |
| 1711 | How many times in the past one month were you contacted in the field by a peer educator / other workers from (name of AVAHAN Partner NGOs) (CHECK 1710 b) | Number of times _____ Don't know / don't remember | 98 | | <input type="text"/> <input type="text"/> |
| 1712 | How many times have you visited the clinic(s) to see a doctor in the past one year? (if the answer is 'never', code '00') (CHECK 1710 e) | Number of times _____ Don't know / don't remember | 98 | | <input type="text"/> <input type="text"/> |
| 1713 | For how long have you known the clinics run by the NGO (Name the NGO and the clinic / drop-in centre) or their referral clinics? QUESTION IS OPEN-ENDED LISTEN TO RESPONSE IF < 1 WEEK RECORD IN DAYS IF > 1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS | a. Days _____ b. Weeks _____ c. Months _____ d. Years _____ No answer | 99 | | a <input type="text"/> <input type="text"/> b <input type="text"/> <input type="text"/> c <input type="text"/> <input type="text"/> d <input type="text"/> <input type="text"/> |
| 1714 | How many times have you visited NGO clinic(s) for problems like urethral discharge or genital ulcer or pain in defecation in the past one year? (CHECK 1710 e) | Number of times _____ Don't know / don't remember | 98 | | <input type="text"/> <input type="text"/> |
| 1715 | In the past one month, how many times have you seen a demonstration on correct condom use by peer educator / NGO outreach worker from (name of NGOs)? (CHECK 1710 m) | Number of times _____ Don't know / don't remember | 98 | | <input type="text"/> <input type="text"/> |

| BLOCK XVIII: COMMUNITY MOBILIZATION | | | | | | |
|---|---|--|----------------------------------|--|---|--|
| Q. No. | Question | Answers | Codes | Skip to | Code Boxes | |
| 1801 | Do you agree or disagree with the following statement: <i>You feel a strong sense of unity with other MSM/MSW with whom you do not have acquaintance</i> | Agree Disagree No answer | 01 02 99 | | <input type="checkbox"/> <input type="checkbox"/> | |
| 1802 | Are you a member of any community based organization of MSM/MSW? (A formal group comprised of and managed by MSM/MSW members) | No Yes Don't know/Don't remember No answer | 00 01 98 99 | ► 1804 ► 1805 ► 1805 | <input type="checkbox"/> <input type="checkbox"/> | |
| 1803 | Why did you join this group? DO NOT READ RESPONSES CIRCLE ALL THAT ARE MENTIONED | The group provides useful services for my community NGO requested me My other friends were a part of it Other _____ (specify) | 01 02 03 97 | ► 1805 ► 1805 ► 1805 ► 1805 | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 1804 | Why are you not a member of a community group? DO NOT READ RESPONSES CIRCLE ALL THAT ARE MENTIONED | Don't know of a group Scared to join Don't understand the advantages/benefits of joining No time/Not interested Other _____ (specify) | 01 02 03 04 97 | | <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"/> | |
| 1805 | In the last one year, have you negotiated with or stood up against the following in order to help a fellow MSM/MSW? | Answers | No | Yes | Don't remember | a. <input type="checkbox"/> <input type="checkbox"/> |
| a. Police | | 00 | 01 | 98 | b. <input type="checkbox"/> <input type="checkbox"/> | |
| b. Brokers | | 00 | 01 | 98 | c. <input type="checkbox"/> <input type="checkbox"/> | |
| c. Neighborhood club member/ political leaders. | | 00 | 01 | 98 | d. <input type="checkbox"/> <input type="checkbox"/> | |
| d. Other sex workers | | 00 | 01 | 98 | | |
| 1806 | In the last 6 months, have you attended any public events (such as a rally or a gathering of MSM/MSW) where you could be identified as a MSM/MSW? | No Yes Don't know/Don't remember No answer | 00 01 98 99 | | <input type="checkbox"/> <input type="checkbox"/> | |

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| No. | Question | Answers | Codes | Skip to | Code Boxes |
|------|--|--|--|--------------------------------|---|
| 1807 | Have you ever been arrested? | No Yes Don't know/Don't remember No answer | 00 01 98 99 | ► 1811 ► 1811 ► 1811 | <input type="checkbox"/> <input type="checkbox"/> |
| 1808 | When were you last arrested? | Less than a year ago More than a year ago Don't know No answer | 01 02 98 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1809 | What were the reasons for your arrest last time? DO NOT READ RESPONSES CIRCLE ALL THAT ARE MENTIONED MULTIPLE RESPONSES POSSIBLE | Soliciting clients at a public place Carrying a condom In routine police raid Other _____ (Specify) Don't know/Don't remember No answer | 01 02 03 97 98 99 | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 1810 | In general, when you are arrested do any other MSM/MSW help you? | Never Rarely Sometimes Usually Always Don't need help/Not a problem for me Don't know No answer | 00 01 02 03 04 05 98 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1811 | During the past 6 months , did you stop carrying condoms with you because you were afraid that the police would identify you as a MSM/MSW? | No Yes Don't know/don't remember No answer | 00 01 98 99 | | <input type="checkbox"/> <input type="checkbox"/> |
| 1812 | Are you currently in debt? | No Yes Don't know/don't remember No answer | 00 01 98 99 | | <input type="checkbox"/> <input type="checkbox"/> |

| Q. No. | Question | Answers | Codes | Skip to | Code Boxes |
|--------|---|---------------|--------------|------------------|---|
| 1813 | Have you received _____ (show the unique object distributed in the community for size estimation) during the past _____ days? (To obtain particulars of period from supervisor) | No Yes | 00 01 | ►END ►END | <input type="checkbox"/> <input type="checkbox"/> |

NEXT STEPS: Before ending the interview:

1. Carefully review the completeness of the contents of the questionnaire/respondents answers.
2. Return to Block I, Question 111, 112, 113, 116 and circle the appropriate answer.
3. Interviewer give the following information to respondent
 - a. List of referral clinics for RPR results collection
 - b. About VCCTC / ICCTC
4. Clarify any doubts or questions the respondent has on HIV/AIDS.
5. Ask the respondent if he is interested in a free consultation with the IBBA doctor. If the individual says yes, circle YES next to “Respondent wants consultation with doctor” otherwise circle NO.
6. Interviewer to fill in his name at the bottom of the card
7. If there is at least one YES circled on the card below, thank the respondent for participating in the survey and escort the individual to the community liason to be escorted to the biological component (clinical or lab). If there are 2 NO’s circled, thank the respondent for participating in the assessment and refer the individual to the Supervisor for compensation.
8. Return the questionnaire to the supervisor.
9. The supervisor will fill in the BCRC card for ‘Respondent was given compensation’ – if ‘yes’, circle yes or if ‘no’ circle No.

Biological Component Referral Card

ID NUMBER: _____

Date: _____

***** Tear off this page and send it with the ID Stickers and the respondent to the IBBA doctor or lab technician.
The community liason will escort the participant to the doctor or LT*****

TO BE FILLED BY INTERVIEWER & SUPERVISOR:

| Biological Component Referral Card | | |
|--|------------|-----------|
| Consented for Biological Tests | Yes | No |
| Respondent wants consultation With doctor | Yes | No |
| Interviewer name _____ | | |
| Respondent was given compensation | Yes | No |
| | | |
| | | |
| | | |

TO BE FILLED BY LAB TECHNICIAN AND DOCTOR AND SENT TO THE SUPERVISOR AT THE END OF THE DAY:

| |
|---|
| <p>Filled by Lab Technician (select appropriate category): Respondent did not give any samples Respondent gave only blood sample Respondent gave only urine sample Respondent gave blood and urine sample</p> <p>Filled by Doctor (select appropriate category): Physical examination not done Physical examination done Swab not taken Swab taken Syphillis follow up card given VCCTC referral card given</p> |
|---|

Definitions for Lab Technician:

- Respondent did not give any samples – the LT should check this box if the respondent did not give blood or urine samples
- Respondent gave only blood sample – the LT should check this box if the respondent gave only a blood sample and not a urine sample
- Respondent gave only urine sample – the LT should check this box if the respondent gave only a urine sample and not a blood sample
- Respondent gave blood and urine samples – the LT should check this box if the respondent gave both blood and urine samples

Definitions for IBBA doctor

- Physical examination not done – the doctor had not examined the respondents genital for ulcers or other infections
- Physical examination done – the doctor had examined the respondents genital for ulcers or other infections and had recorded the notes
- Swab not taken – the respondent either: did not consent to take part in the biological component of the survey so no swab was taken or the respondent consented to participate in the biological component of the survey, but no ulcer was seen on genital examination.
- Swab taken – the respondent consented to participate in the biological component of the survey and the doctor took a swab from an external genital ulcer
- Syphilis follow up card given - Doctor to provide respondents with a follow up card (to follow up with the NGO/ program clinic in the district) to check for test results from syphilis testing. Check in the box after giving out this follow up card to the respondent.
- VCCTC referral card given – Referral to the nearest VCCTC will be given to respondents who wish to know their HIV status. Doctor to provide the referral card to these respondents. Check in the box when the respondent has been given a VCCTC referral card.

NOTES

Before ending the interview, carefully review the completeness of the contents of the questionnaire/respondent's answers

Express thanks to the respondent for his participation