



ZAMPHIA

ZAMBIA POPULATION-BASED HIV IMPACT ASSESSMENT 2021



DATA MANUAL SUPPLEMENT
INDIVIDUAL
QUESTIONNAIRE

PARTNERS



ZAMBIA POPULATION-BASED HIV IMPACT ASSESSMENT SURVEY - INDIVIDUAL QUESTIONNAIRE

IDENTIFICATION	
01	CLUSTER NUMBER <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
02	HOUSEHOLD NUMBER <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>
03	LINE NUMBER OF RESPONDENT <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
04	NAME OF THE RESPONDENT _____
05	SEX OF THE RESPONDENT (MALE = 1, FEMALE = 2) <input style="width: 30px; height: 20px;" type="text"/>

INTERVIEWER VISITS

	FIRST VISIT	SECOND VISIT	THIRD VISIT	FINAL VISIT
DATE	_____	_____	_____	DAY <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
RESULT* USE CODES BELOW	_____	_____	_____	YEAR <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
				INT. NO. <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
				RESULT* <input style="width: 30px; height: 20px;" type="text"/>
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input style="width: 30px; height: 20px;" type="text"/>
	_____	_____		
	_____	_____		

*RESULT CODES:

01 COMPLETED	06 WITHDRAWN
02 NOT AT HOME	07 COGNITIVELY IMPAIRED (INELIGIBLE)
03 POSTPONED	08 STOP SURVEY
04 REFUSED	09 AT HOME, RESCHEDULE VISIT
05 INCAPACITATED _____ (SPECIFY)	10 TEAM IN ISOLATION/QUARANTINE FOR COVID-19
	96 OTHER _____ (SPECIFY)

06 TEAM LEAD _____ NAME	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	07 TEAM NUMBER <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
	NUMBER	

NATIVE LANGUAGE OF RESPONDENT** <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	LANGUAGE OF INTERVIEW** <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	LANGUAGE OF QUESTIONNAIRE** <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
LANGUAGE OF QUESTIONNAIRE** ENGLISH _____	**LANGUAGE CODES: 01 ENGLISH 03 KAONDE 05 LUNDA 07 NYANJA 08 TONGA 02 BEMBA 04 LOZI 06 LUVALE 96 OTHER _____ (SPECIFY)	

1. RESPONDENT BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	Thank you for agreeing to participate in this survey. The first set of questions is about your life in general. Afterwards, we will move on to other topics.		
101	WHAT IS THE SEX OF RESPONDENT?	MALE 1 FEMALE 2	
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 REFUSED 9999	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99	
104 <i>schlat</i>	Have you ever attended school?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	} → 107
105 <i>schlcur</i>	Are you currently enrolled in school?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
106A <i>schcom</i>	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3 DON'T KNOW 8 REFUSED 9	
106B	What is the highest [GRADE/YEAR] you completed at that level?	GRADE/YEAR <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99	
107 <i>livetimey</i>	How long have you lived in this area or community? IF LESS THAN ONE YEAR, ENTER TIME IN MONTHS	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> ALWAYS LIVED HERE 993 DON'T KNOW 998 REFUSED 999	} → 110
108 <i>outregiontype</i>	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY 1 TOWN 2 RURAL AREA 3 DON'T KNOW 8 REFUSED 9	
109 <i>outregionwhr</i>	Before you moved here, which district did you live in? If you lived outside of Zambia, which country did you live in?	MALAWI 20 MOZAMBIQUE 21 ZIMBABWE 22	

1. RESPONDENT BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		MALAWI 20 MOZAMBIQUE 21 ZIMBABWE 22 NAMIBIA 23 BOTSWANA 24 ANGOLA 25 DRC 26 TANZANIA 27 SOUTH AFRICA 28 UAE 29 CHINA 30 NIGERIA 31 INDIA 32 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	
116 reasonaway	What was the main reason you went there?	WORK 01 SCHOOL/UNIVERSITY 02 FAMILY/MARRIAGE 03 ACCESS HEALTH OR OTHER SERVICES .. 04 CONFLICT OR NATURAL DISTASTER (FLOODS, DROUGHT, FIRE, WAR) 05 COVID-19 SHUTDOWN 06 COVID-19 RESTRICTIONS 07 TAKE CARE OF SICK RELATIVE 08 FUNERAL 09 OVERNIGHT PRAYERS 10 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	
117 work12mo	Have you done any work in the last 12 months for which you received cash or goods as payment? This includes work on the family farm or business for which you may not have been paid directly.	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 200
118 work7days	Have you done any work in the last seven days for which you received cash or goods as payment? This includes work on the family farm or business for which you may not have been paid directly.	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
119 workind	What is your occupation? That is, what kind of work do you mainly do?	MINING 01 AGRICULTURE/FARMING 02 TRANSPORT 03 CONSTRUCTION 04 UNIFORMED PERSONNEL 05 INFORMAL TRADE 06 GARMENT INDUSTRIES 07 HOUSEKEEPER 08 SEX WORK 09 STUDENT 10 PROFESSIONAL/TECHNICAL/ MANAGERIAL/CLERICAL 11 SERVICE AND SALE WORKERS 12 CRAFT AND RELATED TRADES WORKERS .. 13 PLANT AND MACHINE OPERATORS, AND ASSEMBLERS 14 UNSKILLED MANUAL 15 ELEMENTARY OCCUPATIONS 16 OTHER _____ 96 (SPECIFY)	

1. RESPONDENT BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		DON'T KNOW 98 REFUSED 99	
120 normwork	Where do you normally work? In your home community, elsewhere in region/country, or outside the country?	HOME COMMUNITY 1 SAME COUNTRY, DIFFERENT COMMUNITY .. 2 OUTSIDE THE COUNTRY 3 DON'T KNOW 8 REFUSED 9	

2. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		SAME COMMUNITY 1 STAYING IN A DIFFERENT COMMUNITY, SAME PROVINCE 2 STAYING IN A DIFFERENT PROVINCE . 3 STAYING IN A DIFFERENT COUNTRY..... 4 DON'T KNOW 8 REFUSED 9	→ 327A
208 huslivew	Is your husband or partner living with you now or is he staying elsewhere?	LIVING IN THE HOUSEHOLD 1 STAYING IN A DIFFERENT HOUSEHOLD, SAME COMMUNITY 2 STAYING IN A DIFFERENT COMMUNITY, SAME PROVINCE 3 STAYING IN A DIFFERENT PROVINCE . 4 STAYING IN A DIFFERENT COUNTRY..... 5 DON'T KNOW 8 REFUSED 9	→ 210
209	Please tell me the name(s) of your husband or live-in partner that lives in this household. RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR THE HUSBAND OR LIVE-IN PARTNER. IF NOT LISTED IN THE HOUSEHOLD, RECORD '00' AND RECORD NAME OF HUSBAND/LIVE-IN PARTNER.	NAME _____ LINE NO..... <input type="text"/> <input type="text"/> NOT LISTED IN THE HOUSEHOLD _____ 00 (SPECIFY NAME) DON'T KNOW 98 REFUSED 99	
210 husotwif	Does your husband or partner have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 300
211 husnwif	Including yourself, in total, how many wives or live-in partners does your husband or partner have?	NUMBER OF WIVES/PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99	

arvfvst	pregnant with [LAST CHILD], were you already taking ARVs, that is, antiretroviral medications to treat HIV?	NO 2 DON'T KNOW 8 REFUSED 9	312
310 hivtrpg	Were you tested for HIV anytime during pregnancy or delivery with [LAST CHILD]?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	314
311 hivtrpg	What was the result of your last HIV test during your last pregnancy with [LAST CHILD]?	POSITIVE 1 NEGATIVE 2 UNKNOWN/ INDETERMINATE 3 DID NOT RECEIVE RESULTS 4 DON'T KNOW 8 REFUSED 9	314
312 arvtrpg	Did you take ARVs at any time during your last pregnancy with [LAST CHILD] to prevent the child from getting HIV?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	316
313 arvtrpg (redacted)	What was the main reason you did not take ARVs while you were pregnant with [LAST CHILD]?	WAS NOT PRESCRIBED 01 FELT HEALTHY/NOT SICK 02 COST OF MEDICATIONS 03 COST OF TRANSPORT 04 RELIGIOUS REASONS 05 TAKING TRADITIONAL MEDICATIONS 06 MEDICATIONS OUT OF STOCK 07 DID NOT WANT PEOPLE TO KNOW HIV STATUS 08 DID NOT RECEIVE PERMISSION FROM SPOUSE/FAMILY 09 COVID-19 SHUTDOWN 10 COVID-19 RESTRICTIONS 11 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	316
314 hivtsad	Were you tested for HIV at any time after delivery of your last pregnancy with [LAST CHILD]?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	316
	For example, were you tested while you were breastfeeding or after you completed breastfeeding?		
315 hivtrpg	What was result of the HIV test that you received after delivery of your last pregnancy with [LAST CHILD]?	POSITIVE 1 NEGATIVE 2 UNKNOWN/ INDETERMINATE 3 DID NOT RECEIVE RESULTS 4 DON'T KNOW 8 REFUSED 9	
316 birthday (redacted) birthmon birthyr	When did you give birth to [LAST CHILD]?	DAY <input type="text"/> <input type="text"/> DON'T KNOW DAY 98 REFUSED DAY 99 MONT <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 REFUSED MONTH 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 REFUSED YEAR 9999	
317 childalive1 childalive2-5 (redacted)	Is [CHILD] still alive?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	YES 1 NO 2 DON'T KNOW 8 REFUSED 9
		SKIP TO 319 ←	SKIP TO 319 ←
		SKIP TO 319 ←	SKIP TO 319 ←
318	How old was [CHILD] when	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<p>deathage1-5 (redacted)</p>	<p>he/she died?</p> <p>IF CHILD WAS LESS THAN ONE YEAR OLD, ENTER AGE IN MONTHS.</p> <p>IF CHILD WAS LESS THAN ONE MONTH OLD, ENTER '00' IN MONTHS</p>	<p>MONTHS .. 1 <input type="text"/> <input type="text"/></p> <p>YEARS .. 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>	<p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>	<p>MONTHS 1 <input type="text"/> <input type="text"/></p> <p>YEARS 2 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>
<p>319 childbrstfd1 childbrstfd2-5 (redacted)</p>	<p>Did you ever breastfeed [CHILD]?</p>	<p>YES 1</p> <p>NO, NEVER BREASTFED 2</p> <p>NO, CHILD DIED BEFORE BREASTFEEDING .. 3</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p> <p>SKIP TO 321 ←</p>	<p>YES 1</p> <p>NO, NEVER BREASTFED 2</p> <p>NO, CHILD DIED BEFORE BREASTFEEDING 3</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p> <p>SKIP TO 321 ←</p>	<p>YES 1</p> <p>NO, NEVER BREASTFED 2</p> <p>NO, CHILD DIED BEFORE BREASTFEEDING .. 3</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p> <p>SKIP TO 321 ←</p>
<p>319A</p>	<p>CHECK 317:</p>	<p>YES <input type="checkbox"/> NO/DK/R <input type="checkbox"/></p> <p>↓ 321 ←</p>	<p>YES <input type="checkbox"/> NO/DK/R <input type="checkbox"/></p> <p>↓ 321 ←</p>	<p>YES <input type="checkbox"/> NO/DK/R <input type="checkbox"/></p> <p>↓ 321 ←</p>
<p>320 childbrstfdno w1 childbrstfdno w2-5</p>	<p>Are you still breastfeeding [CHILD]?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>
<p>321 chtstshivbirth1 chtstshivbirth2-5 (redacted)</p>	<p>After [CHILD] was born, was he/she tested for HIV?</p>	<p>YES 1</p> <p>NO, NOT TESTED FOR HI' 2</p> <p>NO, CHILD DIED BEFORE TESTING .. 3</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p> <p>SKIP TO 326A ←</p>	<p>YES 1</p> <p>NO, NOT TESTED FOR HIV 2</p> <p>NO, CHILD DIED BEFORE TESTING 3</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p> <p>SKIP TO 326A ←</p>	<p>YES 1</p> <p>NO, NOT TESTED FOR HIV 2</p> <p>NO, CHILD DIED BEFORE TESTING .. 3</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p> <p>SKIP TO 326A ←</p>
<p>322 chtstshivagem1 chtstshivagem 2-5</p>	<p>How old was [CHILD] when he/she first tested for HIV?</p>	<p>WEEKS .. 1 <input type="text"/> <input type="text"/></p> <p>MONTHS .. 2 <input type="text"/> <input type="text"/></p> <p>YEARS .. 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>	<p>WEEKS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p> <p>YEARS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>	<p>WEEKS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p> <p>YEARS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p> <p>REFUSED 999</p>
<p>323 chtstshivresult1 chtstshivresult 2-5</p>	<p>What was the result of [CHILD]'s first HIV test?</p>	<p>POSITIVE, CHILD HAS HIV 1</p> <p>NEGATIVE, CHILD DOES NOT HAVE HIV 2</p> <p>UNKNOWN/ INDETERMINATE .. 3</p> <p>DID NOT RECEIVE RESULTS 4</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p>POSITIVE, CHILD HAS HIV 1</p> <p>NEGATIVE, CHILD DOES NOT HAVE HIV 2</p> <p>UNKNOWN/ INDETERMINATE . . . 3</p> <p>DID NOT RECEIVE RESULTS 4</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p>POSITIVE, CHILD HAS HIV 1</p> <p>NEGATIVE, CHILD DOES NOT HAVE HIV 2</p> <p>UNKNOWN/ INDETERMINATE . . . 3</p> <p>DID NOT RECEIVE RESULTS 4</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>
<p>323A</p>	<p>CHECK 319:</p>	<p>YES <input type="checkbox"/> NO/DK/R <input type="checkbox"/></p> <p>↓ 325 ←</p>	<p>YES <input type="checkbox"/> NO/DK/R <input type="checkbox"/></p> <p>↓ 325 ←</p>	<p>YES <input type="checkbox"/> NO/DK/R <input type="checkbox"/></p> <p>↓ 325 ←</p>
<p>323B</p>	<p>CHECK 320:</p>	<p>NO/DK/R <input type="checkbox"/> YES <input type="checkbox"/></p> <p>↓ 325 ←</p>	<p>NO/DK/R <input type="checkbox"/> YES <input type="checkbox"/></p> <p>↓ 325 ←</p>	<p>NO/DK/R <input type="checkbox"/> YES <input type="checkbox"/></p> <p>↓ 325 ←</p>
<p>324 chtstshivbrstfd1 chtstshivbrstfd2 chtstshivbrstf d3-5</p>	<p>Was [CHILD] tested for HIV after you stopped breastfeeding?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>

325 chtsthivagela stm2-5 (redacted)	How old was [CHILD] when he/she last tested for HIV?	WEEKS .. 1 <input type="text"/> <input type="text"/> MONTHS .. 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/> ONLY TESTD ONCE .. 993 DON'T KNOW 998 REFUSED 999	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> ONLY TESTD ONCE .. 993 DON'T KNOW 998 REFUSED 999	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> ONLY TESTD ONCE .. 993 DON'T KNOW 998 REFUSED 999
325A	CHECK 323: WHAT WAS THE RESULT OF CHILD'S FIRST HIV TEST?	OTHER <input type="checkbox"/> POSITIVE <input type="checkbox"/> ↓ 326A ←	OTHER <input type="checkbox"/> POSITIVE <input type="checkbox"/> ↓ 326A ←	OTHER <input type="checkbox"/> POSITIVE <input type="checkbox"/> ↓ 326A ←
325B	CHECK 325: WAS CHILD ONLY TESTED ONCE?	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ 326A ←	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ 326A ←	NO <input type="checkbox"/> YES <input type="checkbox"/> ↓ 326A ←
326 chtsthivresultlast1 chtsthivresultlast2 chtsthivresultlast3-5 (redacted)	What was the result of [CHILD]'s most recent HIV test?	POSITIVE, CHILD HAS HIV 1 NEGATIVE, CHILD DOES NOT HAVE HIV 2 UNKNOWN/ INDETERMINATE .. 3 DID NOT RECEIVE RESULTS 4 DON'T KNOW 8 REFUSED 9	POSITIVE, CHILD HAS HIV 1 NEGATIVE, CHILD DOES NOT HAVE HIV 2 UNKNOWN/ INDETERMINATE .. 3 DID NOT RECEIVE RESULTS 4 DON'T KNOW 8 REFUSED 9	POSITIVE, CHILD HAS HIV 1 NEGATIVE, CHILD DOES NOT HAVE HIV 2 UNKNOWN/ INDETERMINATE .. 3 DID NOT RECEIVE RESULTS 4 DON'T KNOW 8 REFUSED 9
326A	Thank you for the information regarding [CHILD]. I will now ask about current pregnancies.			
327 pregnant	Are you pregnant now?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9 → 500		
327A	I will now ask you about family planning.			
328 avoidpreg	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9 → 400		
329 cmethod_a-x	Which method are you or your partner using? SELECT ALL THAT APPLY	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD/COIL D INJECTIONS E IMPLANT F CONDOM G FEMALE CONDOM H RHYTHM/NATURAL METHOD/CYCLE I WITHDRAWAL J NOT HAVING SEX K OTHER _____ X (SPECIFY) DON'T KNOW Y REFUSED Z		

MODULE 5: SEXUAL ACTIVITY - ADULT RESPONDENT

500	In this part of the interview, I will be asking about your sexual relationships and practices. These questions will help us better understand how they may affect your life and risk for HIV. Sex is when a penis enters a vagina or the anus.			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
501 <i>firstsxage</i>	How old were you when you had sex for the very first time?	AGE <input type="text"/> <input type="text"/>	NEVER HAD SEX 95 DON'T KNOW 98 REFUSED 99	→ 600
502 <i>lifetimesex</i>	People often have sex with different people over their lifetime. In total, with how many different people have you had sex in your lifetime? Please give your best guess.	NUMBER OF PARTNERS <input type="text"/> <input type="text"/> <input type="text"/>	995 OR MORE 995 DON'T KNOW 998 REFUSED 999	
503 <i>part12monum</i>	How many different people have you had sex with in the last 12 months? ENTER, '000' FOR NONE IF NUMBER OF PARTNERS MORE THAN 100, ENTER '100'.	NUMBER OF PARTNERS <input type="text"/> <input type="text"/> <input type="text"/>	NONE 000 100 OR MORE 100 DON'T KNOW 998 REFUSED 999	→ 600 → 600
504	Now I would like to ask you some questions about the people you have had sex with in the last 12 months. Let me assure you again that your answers are completely confidential and will not be told to anyone. I will first ask you about the most recent person you had sex with. ASK ONLY ABOUT THE LAST THREE PERSONS THE RESPONDENT HAS HAD SEX WITH.			
NO.	QUESTION	PARTNER 1	PARTNER 2	PARTNER 3
505 <i>partlivew1-3</i>	Is the [MOST RECENT/NEXT] person that you had sex with a spouse or a partner who lives in this household?	YES 1 NO 2 SKIP TO 507 ←	YES 1 NO 2 SKIP TO 507 ←	YES 1 NO 2 SKIP TO 507 ←
506	Please select the name below from the household membership list. Please identify the person you had sex with.	LINE NO. <input type="text"/> <input type="text"/> NOT LISTED IN HOUSEHOLD 00	LINE NO. <input type="text"/> <input type="text"/> NOT LISTED IN HOUSEHOLD 00	LINE NO. <input type="text"/> <input type="text"/> NOT LISTED IN HOUSEHOLD 00
507	I would like to ask you for the initials of this person so I can keep track. They do not have to be the actual initials of this person.	INITIALS <input type="text"/> <input type="text"/>	INITIALS <input type="text"/> <input type="text"/>	INITIALS <input type="text"/> <input type="text"/>
508 <i>partrecent1</i>	Is [INITIALS] the most recent person you had sex with?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9 REENTER 505 ←		
509 <i>partrelation1-3</i>	What is your relationship with [INITIALS]?	HUSBAND/WIFE 01 LIVE-IN PARTNER 02 PARTNER, NOT LIVE-IN 03 EX-SPOUSE/ EX-PARTNER 04 FRIEND/ ACQUAINTANCE 05 SEX WORKER 06 SEX WORKER CLIENT 07 STRANGER 08 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	HUSBAND/WIFE 01 LIVE-IN PARTNER 02 PARTNER, NOT LIVE-IN 03 EX-SPOUSE/ EX-PARTNER 04 FRIEND/ ACQUAINTANCE 05 SEX WORKER 06 SEX WORKER CLIENT 07 STRANGER 08 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	HUSBAND/WIFE 01 LIVE-IN PARTNER 02 PARTNER, NOT LIVE-IN 03 EX-SPOUSE/ EX-PARTNER 04 FRIEND/ ACQUAINTANCE 05 SEX WORKER 06 SEX WORKER CLIENT 07 STRANGER 08 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99
510 <i>partgend1-3</i>	Is [INITIALS] male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2

		DON'T KNOW 8 REFUSED 9	DON'T KNOW 8 REFUSED 9	DON'T KNOW 8 REFUSED 9
511 partage1-3	How old is [INITIALS]? Please give your best guess.	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99
512 partlastcndm1-3	The last time you had sex with [INITIALS], was a condom used?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	YES 1 NO 2 DON'T KNOW 8 REFUSED 9
513 partlastetoh1-3	The last time you had sex with [INITIALS], did either of you drink alcohol beforehand?	ONLY I WAS DRINKING 1 ONLY PARTNER WAS DRINKING 2 BOTH WERE DRINKING 3 NEITHER 4 DON'T KNOW 8 REFUSED 9	ONLY I WAS DRINKING 1 ONLY PARTNER WAS DRINKING 2 BOTH WERE DRINKING 3 NEITHER 4 DON'T KNOW 8 REFUSED 9	ONLY I WAS DRINKING 1 ONLY PARTNER WAS DRINKING 2 BOTH WERE DRINKING 3 NEITHER 4 DON'T KNOW 8 REFUSED 9
514 partknowhiv1-3	Does [INITIALS] know your HIV status? HIV status could mean you are HIV negative or HIV positive	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	YES 1 NO 2 DON'T KNOW 8 REFUSED 9
515 parthivs1-3	What is the HIV status of [INITIALS]?	POSITIVE 1 POSITIVE, TESTED TOGETHER 2 NEGATIVE 3 NEGATIVE, TESTED TOGETHER 4 DON'T KNOW STATUS 8 REFUSED 9	POSITIVE 1 POSITIVE, TESTED TOGETHER 2 NEGATIVE 3 NEGATIVE, TESTED TOGETHER 4 DON'T KNOW STATUS 8 REFUSED 9	POSITIVE 1 POSITIVE, TESTED TOGETHER 2 NEGATIVE 3 NEGATIVE, TESTED TOGETHER 4 DON'T KNOW STATUS 8 REFUSED 9
516	CHECK 503: HAS THE RESPONDENT HAD ANOTHER SEXUAL PARTNER IN THE PAST 12 MONTHS?	YES 1 SKIP TO NEXT 505 ← NO 2 600 ←	YES 1 SKIP TO NEXT 505 ← NO 2 600 ←	

MODULE 6: HIV TESTING - ADULT RESPONDENT

600	I would now like to ask you some questions about HIV testing.		
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601 hflast12mo	Have you seen a healthcare provider in a health facility in the last 12 months?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 603
602 hfnivtstoffer	During any of your visits to the health facility in the last 12 months, did a healthcare provider offer you an HIV test?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
603 hivtstever	Have you ever been tested for HIV?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 605 → 611
604 hivstnvrrsn_a-x	Why have you never been tested for HIV? SELECT ALL THAT APPLY. PROBE: Any other reason?	DON'T KNOW WHERE TO TEST A TEST COSTS TOO MUCH B TRANSPORT COSTS TOO MUCH C TOO FAR AWAY D AFRAID OTHERS WILL KNOW ABOUT TEST RESULTS E DON'T NEED TEST/LOW RISK F DID NOT RECEIVE PERMISSION FROM SPOUSE/FAMILY G AFRAID SPOUSE/PARTNER/FAMILY WILL KNOW RESULTS H DON'T WANT TO KNOW I HAVE HIV I CANNOT GET TREATMENT FOR HIV J TEST KITS NOT AVAILABLE K RELIGIOUS REASONS L COVID-19 SHUTDOWN M COVID-19 RESTRICTIONS N OTHER X (SPECIFY) DON'T KNOW Y REFUSED Z	→ 611
605 hivtestm hivtesty	When was your last HIV test? Please give month and year if you can.	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 REFUSED MONTH 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 REFUSED YEAR 9999	
606 hivstlocation	Where was your last HIV test done?	VCT FACILITY 01 MOBILE VCT 02 AT HOME 03 HEALTH CLINIC / FACILITY 04 HOSPITAL OUTPATIENT CLINIC/OUT PATIENT DEPARTMENT (OPD) 05 TB CLINIC 06 STI CLINIC 07 HOSPITAL INPATIENT WARDS 08 BLOOD DONATING CENTER 09 ANC CLINIC 10 MCH CLINIC 11 VMMC CLINIC 12 COMMUNITY/OUTREACH/PEER 13 HEALTH POST 14 SELF-TEST 15 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	

<p>607 hivtstrsn</p>	<p>When you last tested for HIV, what was the main reason you tested?</p>	<p>WAS OFFERED TEST BY HEALTH CARE OR OUTREACH WORKER 01 WANTED TO KNOW MY HIV STATUS 02 FELT AT RISK 03 FELT SICK 04 NEW PARTNER 05 PREGNANCY 06 MY PARTNER TESTED POSITIVE 07 HEALTH CARE VISITED HOME TO TEST RECEIVED A CALL TO GET TESTED/ PARTNER NOTIFICATION SERVICES ... 09 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99</p>	
<p>608 hivtstrslt</p>	<p>What was the result of your last HIV test?</p>	<p>POSITIVE 01 NEGATIVE 02 UNKNOWN/INDETERMINATE 03 DID NOT RECEIVE THE RESULT 04 DON'T KNOW 98 REFUSED 99</p>	<p>→ 610A</p>
<p>609 hivtfposm hivtfposy</p>	<p>When was your first positive HIV test? Please give month and year. This will be the very first HIV positive test result that you have received. This will be the first time a health care provider told you that you had HIV. PROBE TO VERIFY DATE. SUGGEST THAT THEY CAN LOOK AT TREATMENT CARD IF AVAILABLE.</p>	<p>MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 REFUSED MONTH 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 REFUSED YEAR 9999</p>	
<p>609A</p>	<p>CHECK 308, 311, 315, 608: HAS THE RESPONDENT SELF-REPORTED HIV-POSITIVE STATUS? HIV-POSITIVE <input type="checkbox"/> NO <input type="checkbox"/></p>		<p>→ 610A</p>
<p>609B</p>	<p>Has a health care provider ever asked you for sexual partner(s) name(s) for partner notification?</p>	<p>YES 1 NO 2 DON'T KNOW 8 REFUSED 9</p>	
<p>610 hivlastnegm hivlastnegy</p>	<p>When was your last negative HIV test? This would be your last negative before you tested positive. Please give month and year.</p>	<p>MONTH <input type="text"/> <input type="text"/> NO PREVIOUS HIV NEGATIVE TEST BEFORE THE POSITIVE TEST 93 DON'T KNOW MONTH 98 REFUSED MONTH 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO PREVIOUS HIV NEGATIVE TEST BEFORE THE POSITIVE TEST 9993 DON'T KNOW YEAR 9998 REFUSED YEAR 9999</p>	
<p>610A</p>	<p>CHECK 308, 311, 315, 608: HAS THE RESPONDENT SELF-REPORTED HIV-POSITIVE STATUS? NO <input type="checkbox"/> HIV-POSITIVE <input type="checkbox"/></p>		<p>→ 613</p>
<p>611 hivposprov</p>	<p>Has a health care provider ever told you that you have HIV?</p>	<p>YES 1 NO 2 DON'T KNOW 8 REFUSED 9</p>	<p>→ 613</p>
<p>612 hivposprov (redacted)</p>	<p>When did a health care provider first tell you that you have HIV?</p>	<p>MONTH <input type="text"/> <input type="text"/></p>	

hivposprov		DON'T KNOW MONTH 98 REFUSED MONTH 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 REFUSED YEAR 9999																															
613	There are now HIV tests that you can do yourself at home. Some of these self-test kits allow you to test yourself for HIV by swabbing your mouth or pricking your finger and testing the fluid for HIV.																																
614 hivselfst	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9																															
615A	CHECK 308, 311, 315, 608, 611: HAS THE RESPONDENT SELF-REPORTED HIV-POSITIVE STATUS? HIV-POSITIVE <input type="checkbox"/> NO <input type="checkbox"/> → 616																																
615 disclose_a-x	Of the following people, who have you told that you are HIV positive? a) Spouse or sex partner? b) Healthcare provider? c) Friend? d) Family member? x) Other?	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>a) SPOUSE/SEX PARTNER</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>b) HEALTHCARE PROVIDER</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>c) FRIEND</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>d) FAMILY MEMBER</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>x) OTHER _____</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> </tbody> </table> (SPECIFY)		Y	N	DK	R	a) SPOUSE/SEX PARTNER	1	2	8	9	b) HEALTHCARE PROVIDER	1	2	8	9	c) FRIEND	1	2	8	9	d) FAMILY MEMBER	1	2	8	9	x) OTHER _____	1	2	8	9	
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d) FAMILY MEMBER	1	2	8	9																													
x) OTHER _____	1	2	8	9																													
616	PrEP, or pre-exposure prophylaxis, involves taking a daily pill to reduce the chance of getting HIV.																																
617 prpevrhdr	Have you ever heard of PrEP before now?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	} → 619A																														
618 prepever	Have you ever taken PrEP?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	} → 619A																														
618A prepwhy_za	Why did you take PrEP?	FEMALE SEX WORKER 01 MEN WHO HAVE SEX WITH MEN 02 PEOPLE WHO INJECT DRUGS 03 PARTNER POSITIVE 04 DON'T KNOW PARTNER'S STATUS 05 THINK I AM AT RISK 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99																															
618B	CHECK 308, 311, 315, 608, 611: HAS THE RESPONDENT SELF-REPORTED HIV-POSITIVE STATUS? NO <input type="checkbox"/> HIV-POSITIVE <input type="checkbox"/> → 700																																
619 prepcurnt	Are you currently taking PrEP?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	} → 700																														
619A	CHECK 308, 311, 315, 608, 611: HAS THE RESPONDENT SELF-REPORTED HIV-POSITIVE STATUS? NO <input type="checkbox"/> HIV-POSITIVE <input type="checkbox"/> → 700																																
620 prepwdtk	Would you take PrEP to help prevent HIV?	YES 1 NO 2 DON'T KNOW 8																															

707 traveldiff	Does travel time to a health facility make it difficult for you to access care?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
708 hivclm hivcly	When did you last see a healthcare provider for HIV treatment or care?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 REFUSED MONTH 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 REFUSED YEAR 9999	
709 arvstakenev	Have you ever taken ARVs, that is, antiretroviral medications to treat HIV infection?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 711 → 710
710A	CHECK 701: YES OR NO <input type="checkbox"/> → 720 DON'T KNOW <input type="checkbox"/> OR REFUSED → 800		
710 arvsnottake	What is the main reason you have never taken ARVs for treatment of HIV?	NOT ELIGIBLE FOR TREATMENT 01 HEALTH CARE PROVIDER DID NOT PRESCRIBE 02 HIV MEDICINES NOT AVAILABLE 03 FEEL HEALTHY/NOT SICK 04 COST OF CARE 05 RELIGIOUS REASONS 06 TAKING TRADITIONAL MEDICATIONS 07 TAKING HERBAL MEDICATIONS 08 AFRAID OF SIDE EFFECTS 09 DO NOT NEED 10 NOT AWARE OF ARVS 11 NOT ATTENDING HIV CLINIC 12 CLINIC IS TOO FAR 13 FEAR PEOPLE WILL KNOW HIV POSITIVE 14 COVID-19 SHUTDOWN 10 COVID-19 RESTRICTIONS 11 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	→ 720
711 arvftm arvfty	What month and year did you first start taking ARVs? PROBE TO VERIFY DATE.	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 REFUSED MONTH 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 REFUSED YEAR 9999	
712 arvscurrent	Are you currently taking ARVs, that is, antiretroviral medications? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 714 → 720
713 arvsnotcurrsn	Can you tell me the main reason why you stopped taking ARVs?	I HAD TROUBLE TAKING A TABLET EVERYDAY 01 I HAD SIDE EFFECTS 02 FACILITY TOO FAR AWAY FOR ME TO GET MEDICINE REGULARLY 03 COST OF CARE 04 I FEEL HEALTHY/NOT SICK 05 FACILITY WAS OUT OF STOCK 06 RELIGIOUS REASONS 07 TAKING TRADITIONAL MEDICATIONS 08 TAKING HERBAL MEDICATIONS 09 FEAR PEOPLE WILL KNOW HIV POSITIVE 10 NEGATIVE ATTITUDES OF HEALTHCARE PROVIDERS 11 LONG WAIT TIMES/LONG QUEUES 12 STOPPED BY HEALTHCARE PROVIDER 13 COVID-19 SHUTDOWN 14	→ 720

		COVID-19 RESTRICTIONS 15 OTHER 96 (SPECIFY) _____ DON'T KNOW 98 REFUSED 99	
714 arvloc	How do you normally receive your ARVs? READ EACH RESPONSE. SELECT THE MOST COMMON METHOD OF COLLECTION.	PICK UP AT THE LOCAL CLINIC 1 PICK UP AT THE HOSPITAL 2 FROM THE COMMUNITY SUPPORT GROUP/ ADHERENCE CLUB 3 THEY ARE DELIVERED TO MY HOME 4 A FAMILY MEMBER/FRIEND COLLECTS THEM 5 DON'T KNOW 8 REFUSED 9	
714A arvlococovid	Since March 2020, the COVID-19 pandemic has affected many medical services including HIV testing and HIV care and treatment. Was there any period since March 2020 when you obtained (or were told to obtain) your ARV in a different way or place than where you usually receive them?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
715 arvamtm	The last time you picked up or received your ARVs, how much supply were you given? You should include both your disposition and any extra you were given. USE WEEKS IF LESS THAN ONE MONTH.	WEEKS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 REFUSED 999	
715A arvamtcovid	The last time you picked up or received your ARV, were you told that you were being given an extra supply because of the COVID-19 shutdown or COVID-19 restrictions?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
716 arvswitch	Have your ARVs ever been changed or modified?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 718A
717 arvswitchwhy	Why were your ARVs changed?	I WAS NOT RESPONDING TO MY FIRST TREATMENT 1 MY VIRAL LOAD WASN'T SUPPRESSED 2 I WANTED TO GET PREGNANT OR WAS PREGNANT 3 I WAS HAVING/WORRIED ABOUT SERIOUS SIDE EFFECTS... 4 GUIDELINE CHANGED 5 OTHER 6 (SPECIFY) _____ DON'T KNOW 8 REFUSED 9	
717A	CHECK 114: RESPONDENT AWAY FROM HOME FOR ONE OR MORE TIMES IN THE PAST YEAR? YES, 1 OR MORE TIMES <input type="checkbox"/> NO, 0 TIMES OR DON'T KNOW OR REFUSED <input type="checkbox"/>		→ 718A
718 arvinterr	You said before that you had been away from home during the past year. At any point in the past year when you were away from home, was there any period when you interrupted your ARV treatment?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
718A arvinterrcovid	Since March 2020, the COVID-19 pandemic has affected many medical services including HIV testing and HIV care and treatment. Was there any period since March 2020 when your ARV treatment was interrupted due to the COVID-19 shutdown or COVID-19 restrictions?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
719 arvmissdays	People sometimes forget to take all of their ARVs every day. In the last 30 days, how many days have you missed taking any of your ARV pills?	NUMBER OF DAYS <input type="text"/> <input type="text"/> NONE 00 DON'T KNOW 98 REFUSED 99	

720 vltest	Did you ever have a viral load test? This is a test that measures how much HIV is in your blood.	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 723
721 vlteststm vltestlsty	When did you last have a viral load test?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 REFUSED MONTH 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 REFUSED YEAR 9999	
722	Did you receive the results of your last viral load test?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 723
722A vltestresult	What was the result of your last viral load test?	UNDETECTABLE 1 SUPPRESSED 2 UNSUPPRESSED 3 DON'T KNOW 8 REFUSED 9	
723 tbsympassess_a-d	At your last HIV medical care visit, were you asked if you had any of the following tuberculosis or TB symptoms: Cough? Fever? Night sweat? Weight loss?	Y N DK R a) COUGH 1 2 8 9 b) FEVER 1 2 8 9 c) NIGHT SWEAT 1 2 8 9 d) WEIGHT LOSS 1 2 8 9	
724 tbtpt	Have you ever taken medicine or a pill to prevent you from coming down with TB? This is sometimes known as TB Preventative Therapy or TPT. An example of TPT is Isoniazid, IPT or INH, which is medication that prevents TB. It is given to people with HIV or people who are in contact with someone with TB. It is not treatment for TB.	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 800
725 medinhcurr	Are you currently taking TPT? By currently, I mean that you may have missed some doses but you are still taking TPT.	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 726 → 800
725A medinhmonthslast	How many months did you take IPT/TPT the last time you were taking it?	NUMBER OF MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99	→ 800
726 medinhmonths	How many months have you taken TPT?	NUMBER OF MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99	

		SUSPECT CANCER 3 UNCLEAR/INCONCLUSIVE 4 DID NOT RECEIVE RESULTS 5 DON'T KNOW 8 REFUSED 9	812																																																																											
811 cercntrt	Did you receive treatment after your last test for cervical cancer? Did you receive treatment on the same day or on a different day?	YES, I WAS TREATED ON THE SAME DAY 1 YES, I RECEIVED TREATMENT ON A DIFFERENT DAY 2 NO 3 DON'T KNOW 8 REFUSED 9																																																																												
812 hvvacc	Have you ever been vaccinated to prevent cervical cancer? This would be the HPV vaccine.	YES 1 NO 2 DON'T KNOW 8 REFUSED 9																																																																												
813	I am now going to ask you about other aspects of health.																																																																													
814 littleinterest	Over the past two weeks, how often have you been bothered by having little interest in doing things?	NOT AT ALL 1 1 – 7 DAYS 2 8 – 11 DAYS 3 12 – 14 DAYS 4 DON'T KNOW 8 REFUSED 9																																																																												
815 depressed	Over the past two weeks, how often have you felt down, depressed or hopeless?	NOT AT ALL 1 1 – 7 DAYS 2 8 – 11 DAYS 3 12 – 14 DAYS 4 DON'T KNOW 8 REFUSED 9																																																																												
816 anxiety	Over the past two weeks, how often have you felt nervous, anxious or on edge?	NOT AT ALL 1 1 – 7 DAYS 2 8 – 11 DAYS 3 12 – 14 DAYS 4 DON'T KNOW 8 REFUSED 9																																																																												
817 worry	Over the past two weeks, how often have you not been able to stop or control worrying?	NOT AT ALL 1 1 – 7 DAYS 2 8 – 11 DAYS 3 12 – 14 DAYS 4 DON'T KNOW 8 REFUSED 9																																																																												
818 chroniccond_a-x	INSTRUCTION: FOR EACH CONDITION, ASK QUESTION A. IF YES, ASK QUESTION B BEFORE MOVING TO NEXT CONDITION. A. Have you ever been told by a doctor or health worker that you have any of the following chronic health conditions? <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">DK</td> <td style="text-align: center;">R</td> <td style="width: 30%;"></td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">DK</td> <td style="text-align: center;">R</td> </tr> <tr> <td>a) High blood sugar or diabetes?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> <td style="text-align: center;">↓</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>b) High blood pressure or hypertension?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> <td style="text-align: center;">↓</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">DK</td> <td style="text-align: center;">R</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>c) Heart disease or chronic heart</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> <td></td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">DK</td> <td style="text-align: center;">R</td> </tr> </table>			Y	N	DK	R		Y	N	DK	R	a) High blood sugar or diabetes?	1	2	8	9	↓	1	2	8	9	b) High blood pressure or hypertension?	1	2	8	9	↓	Y	N	DK	R				8	9		1	2	8	9	c) Heart disease or chronic heart	1	2	8	9		Y	N	DK	R	B. Are you currently taking medication for any of the following chronic health conditions? <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">DK</td> <td style="text-align: center;">R</td> </tr> <tr> <td>a)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">DK</td> <td style="text-align: center;">R</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">DK</td> <td style="text-align: center;">R</td> </tr> </table>		Y	N	DK	R	a)	1	2	8	9	b)	Y	N	DK	R		1	2	8	9	c)	Y	N	DK	R
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	1	2	8	9																																																																										
c)	Y	N	DK	R																																																																										

condition?



d) Kidney disease?

1 2 8 9



e) Cancer or tumor?

1 2 8 9



f) Lung disease or chronic lung condition, not including TB?

1 2 8 9



g) Depression or mental health condition?

1 2 8 9



h) Epilepsy?

1 2 8 9



x) Other? _____
(SPECIFY)

1 2 8 9



SKIP TO 900

1 2 8 9

d) Y N DK R
1 2 8 9

e) Y N DK R
1 2 8 9

f) Y N DK R
1 2 8 9

g) Y N DK R
1 2 8 9

h) Y N DK R
1 2 8 9

x) Y N DK R
1 2 8 9

MODULE 9: ALCOHOL USE

900	The next few questions will be on your use of alcohol. Remember, all the answers you provide will be kept confidential.		
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901 alcfreq	How often do you have a drink containing alcohol?	NEVER 00 MONTHLY OR LESS 01 2-4 TIMES A MONTH 02 2-3 TIMES A WEEK 03 4 OR MORE TIMES A WEEK 04 DON'T KNOW 98 REFUSED 99	→ 1000 → 1000
902 alcnnumday	How many drinks containing alcohol do you have on a typical day?	1 or 2 01 3 or 4 02 5 or 6 03 7 to 9 04 10 OR MORE 05 DON'T KNOW 98 REFUSED 99	
903 alcsixmore	How often do you have six or more drinks on one occasion?	NEVER 00 LESS THAN MONTHLY 01 MONTHLY 02 WEEKLY 03 DAILY OR ALMOST DAILY 04 DON'T KNOW 98 REFUSED 99	

PARTICIPANT LOCATOR FORM

1100	Next, we will ask for your contact information and preferred facilities for returning results.		
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1100A	CHECK AGE OF [NAME]:	15 YEARS OLD 1 16 YEARS OR OLDER..... 2	→1100C
1100B	Appendix C: ZAMPHIA Participant Locator Form [NAME] IS 15 YEARS OLD, KINDLY FIND THE PARENT/GUARDIAN WHO CONSENTED FOR THEIR PARTICIPATION IN THE SURVEY TO COMPLETE THE LOCATOR FORM After the HIV test, we will discuss whether certain additional tests related to HIV will be done. We will send the results of these tests to an appropriate health facility of your choice so that a doctor or nurse can review the results with you. We can also contact you to tell you when the results are available at that facility.	CONTINUE 1	→ 1101
1100C	Appendix C: ZAMPHIA Participant Locator Form After the HIV test, we will discuss whether certain additional tests related to HIV will be done. We will send the results of these tests to an appropriate health facility of your choice so that a doctor or nurse can review the results with you. We can also contact you to tell you when the results are available at that facility. (If currently receiving care) [Currently receiving care at:] [Province: _____] [District: _____] <input type="checkbox"/> [Facility: _____]	CONTINUE 1 (If currently receiving care) SELECT NEW FACILITY 1 CONFIRM THIS AS CURRENT FACILITY 2	→ 1104
1101	SELECT THE PREFERRED [ADMIN ONE] FOR THE FACILITY.	[ADMIN ONE 1] 01 [ADMIN ONE 2] 02 [ADMIN ONE 3] 03 [ADMIN ONE 4] 04	
1102	SELECT THE PREFERRED [ADMIN TWO] FOR THE FACILITY.	[ADMIN TWO 1] 01 [ADMIN TWO 2] 02 [ADMIN TWO 3] 03 [ADMIN TWO 4] 04	
1103	SELECT THE PREFERRED FACILITY NAME.	[FACILITY 1] 00000001 [FACILITY 2] 00000002 [FACILITY 3] 00000003 [FACILITY 4] 00000004 OTHER _____ 99999996 (SPECIFY)	
1103A	CHECK ILCONSENT: DID PARTICIPANT AGREE TO BLOOD STORAGE?	YES 1 NO 2	→1104A
1103B	Thank you again for agreeing earlier to store your blood for other testing. I will now ask	CONTINUE..... 1	

	you for some information so that we can contact you if a test results is important for		
1104A	PARTICIPANT'S LEGAL FIRST NAME	_____	(FIRST NAME OF PARTICIPANT)
1104B	PARTICIPANT'S LEGAL FAMILY NAME	_____	(FAMILY NAME OF PARTICIPANT)
1105	PARTICIPANTS NAME KNOWN IN THE COMMUNITY/NICKNAME	_____	(NICKNAME OF PARTICIPANT)
1105A	CHECK AGE OF [NAME]:	15-17 YEARS, NOT EMANCIPATEI 1 18+ YEARS/EMANCIPATED 2	→ 1107
1106	PARENT/GUARDIAN FOR FUTURE CONTACT	_____	(FULL NAME OF PARENT/GUARDIAN)
1107	Enter the physical address of individual (e.g. plot number, street name, ward name, or LAPCAS number if available) Include house number, street name, township/ward/village/community, landmarks, and direction and distance as applicable Use the NOTE if information does not fit	_____	(FULL PHYSICAL ADDRESS)
1108	Can we try to contact you by telephone?	YES 1 NO 2	→ 1123
1110	Whatsapp Start phone number with country code (ex. '2609394048424') – do not start phone number with 0 or + Enter 0 if no number (MOVE NEXT)	<input type="text"/>	
1111	Phone belongs to:	PARTICIPANT 1 PARENT 2 OTHER _____ 3 (SPECIFY)	
1113	Mobile Start phone number with country code (ex. '2609394048424') – do not start phone number with 0 or + Enter 0 if no number (MOVE NEXT)	<input type="text"/>	
1114	Phone belongs to:	PARTICIPANT 1 PARENT 2 OTHER _____ 3 (SPECIFY)	
1116	Landline Start phone number with country code (ex. '2609394048424') – do not start phone number with 0 or + Enter 0 if no number (MOVE NEXT)	<input type="text"/>	
1117	Phone belongs to:	PARTICIPANT 1 PARENT 2 OTHER _____ 3 (SPECIFY)	

1119	<p>Work</p> <p>Start phone number with country code (ex. '2609394048424') – do not start phone number with 0 or +</p> <p>Enter 0 if no number (MOVE NEXT)</p>	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1120	Phone belongs to:	PARTICIPANT..... 1 PARENT 2 OTHER _____ 3 (SPECIFY)	
1123 endmsg1	<p>Thank you for taking the time to participate in this survey. Your responses will be very helpful to the Ministry of Health to better understand how to improve health programs in the country.</p> <p>PROVIDE PARTICIPANT WITH LIST OF ORGANIZATIONS, IF NOT ALREADY</p>	FINALIZE INTERVIEW..... 1 REVIEW INTERVIEW 2	
NOTE	ENTER NOTES ABOUT THE INTERVIEW. <input type="text"/>		

PRE-TEST COUNSELING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	IF PARTICIPANT IS 15YRS OLD AND NOT EMANCIPATED, FIND PARENT/GUARDIAN PRIOR TO BEGINNING PRE-TEST COUNSELLING:		
1201	<p>1. Greet participant/guardian and introduce yourself and your role as a counsellor.</p> <ul style="list-style-type: none"> • 2. Assure participant/guardian of confidentiality and privacy E.g. we assure you that all information including your result will be treated confidentially and will not be discussed with anyone outside the scope of this survey except with your approval 3. Establish what participant/guardian knows about HIV then provide further information to seal any gaps. Include: <ul style="list-style-type: none"> • That HIV is a virus which causes an illness called AIDS by destroying immune cells or body soldiers responsible for fighting infection • Differentiate between HIV and AIDS • How HIV is transmitted • Sexual transmission and mother to child and other through blood products. • Educate on how it is not transmitted • 4. Discuss the importance of knowing one's status Empowered with knowledge If positive: Benefits of starting early treatment, good health, longevity easy to take single drug, currently have effective formulations, prevents further spread of HIV to loved ones, access to long term care and treatment etc. If negative: empowered to stay negative, such as A, B, C and access to prevention services (Male Circumcision, PrEP, PEP) 5. Explain the testing procedure in household • 6. Discuss the interpretation of results: <ul style="list-style-type: none"> • Interpretation of a negative HIV test result and the window period and retesting: <ul style="list-style-type: none"> • Demonstrate on test/SOP • HIV was not found in the blood at this time • If this was the first HIV test that is negative or if the participant/guardian knows that they may have had a recent exposure to HIV within the last 3 months, there is a chance of being in the window period • Inform participant/guardian to re-test after 3 months to confirm the HIV negative status • If participant is pregnant or breastfeeding it is recommended to retest every 3 months • Interpretation of a positive HIV test result: <ul style="list-style-type: none"> • Demonstrate on test/SOP • HIV was found in the blood • Gets feedback from the participant/guardian on their understanding of an HIV positive result • 7. Explain next steps if positive and all the benefits of ART in HIV positive Referral to a facility for treatment that is provided free of charge. • MOH recommends early HIV treatment because it allows one to live a healthier life. • Ongoing treatment monitoring, counseling, care and support at treatment centers and within communities are available to help cope with the HIV. (If a dependent minor/adolescent 15 years) adolescent is depending on them for his/her life to access treatment. Dependent on the parents to access treatment If they require additional support such as disclosure the process will be started during the survey but the facility should help them access ongoing support of the service. Information on support for them from health facilities if needed If breastfeeding and a new positive the participant should seek medical 	CONTINUE 1	

	<p>• If breastfeeding and a new positive the participant should seek medical advice for the infant.</p> <p>• 8.Explain how ART works: possible side effects and how to manage them Prevents multiplication of the virus, reducing the viral load. This prevents the destruction of the body soldiers (CD4+ cells) and hence, improves the body's soldiers and ability to fight disease Person able to fight disease like a person without HIV, hence does not fall sick</p> <p>• 9.Discuss the benefits of viral suppression Individual benefit- stays longer on the same drugs. The initial drugs simple once daily, few side effects and interactions with other drugs, currently there much stronger drugs on the market. Public benefit – does not transmit to others Undetectable = Untransmissable</p> <p>• 10.Discuss the importance of partner notification and safe sex options The health facility the participant/guardian is referred to is expected to get information about sexual contacts and other loved ones who might have HIV so that they can also benefit from HIV prevention and treatment services early. Importance of disclosure and an idea of whom disclosure will be done (If it is a woman) asks about children (15 years and below) and if any that are not tested it would be in the best interest of the children for them to get</p>				
1202	END OF PRETEST COUNSELING FOR [NAME].	FINALIZE INTERVIEW 1 REVIEW INTERVIEW 2			
NOTE	<table border="1"> <tr> <td data-bbox="233 926 1312 953">ENTER NOTES ABOUT THE INTERVIEW.</td> </tr> <tr> <td data-bbox="233 953 1312 1115" style="height: 80px;"></td> </tr> </table>		ENTER NOTES ABOUT THE INTERVIEW.		
ENTER NOTES ABOUT THE INTERVIEW.					

FIELD LAB TESTING AND BLOOD COLLECTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
1300	YOU WILL BE CONDUCTING THE HIV RAPID TEST FOR [NAME] CONFIRM THAT [NAME] IS THE CORRECT PERSON YOU ARE GOING TO TEST	YES 1 NO 2	→ EXIT								
1301	CONFIRM THAT [NAME] IS [MALE/FEMALE] AND [AGE] OLD.	YES 1 NO 2	→ EXIT								
1302	SCAN PTID	<table border="1"> <tr> <td>Z</td> <td>M</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Z	M							
Z	M										
1303	COLLECTION TYPE (SIZE OF VIALS)	1 ML CAPILLARY A 4 ML VENOUS B 10 ML VENOUS C BLOOD NOT COLLECTED Z									

SERIAL DETERMINE HIV RAPID TEST

NO.	QUESTION	FIRST DETERMINE	SECOND DETERMINE
1304	SELECT LOT NUMBER FOR [FIRST/SECOND] DETERMINE HIV TEST	[LOT 1] 01 [LOT 2] 02 [LOT 3] 03 OTHER 96 (SPECIFY) SKIP TO 1308 ←	[LOT 1] 01 [LOT 2] 02 [LOT 3] 03 OTHER 96 (SPECIFY) SKIP TO 1308 ←
1305	ENTER MONTH OF EXPIRATION FOR [FIRST/SECOND] DETERMINE HIV TEST	MONTH <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>
1306	ENTER DAY OF EXPIRATION FOR [FIRST/SECOND] DETERMINE HIV TEST	DAY <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/>
1307	ENTER YEAR OF EXPIRATION FOR [FIRST/SECOND] DETERMINE HIV TEST	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1308	ENTER [FIRST/SECOND] DETERMINE HIV TEST RESULT FOR [NAME]	INVALID 0 SKIP TO 2ND DETERMINE (1304) ← NON-REACTIVE (NEGATIVE) .. 1 REACTIVE (POSITIVE) 2 SKIP TO 1309 ←	INVALID 0 NON-REACTIVE (NEGATIVE) 1 REACTIVE (POSITIVE) 2 CONTINUE TO 1309 ←
1309	FINAL RESULT OF SERIAL DETERMINE TEST	INVALID 0 NON-REACTIVE (NEGATIVE) 1 REACTIVE (POSITIVE) 2	→ 1328

SERIAL SD BIOLINE HIV RAPID TEST

NO.	QUESTION	FIRST SD BIOLINE	SECOND SD BIOLINE
1310	SELECT LOT NUMBER FOR [FIRST/SECOND] SD BIOLINE HIV TEST	[LOT 1] 01 [LOT 2] 02 [LOT 3] 03 OTHER 96 (SPECIFY) SKIP TO 1314 ←	[LOT 1] 01 [LOT 2] 02 [LOT 3] 03 OTHER 96 (SPECIFY) SKIP TO 1314 ←
1311	ENTER MONTH OF EXPIRATION FOR [FIRST/SECOND] SD BIOLINE HIV TEST	MONTH <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>

1312	ENTER DAY OF EXPIRATION FOR [FIRST/SECOND] SD BIOLINE HIV TEST	DAY <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/>
1313	ENTER YEAR OF EXPIRATION FOR [FIRST/SECOND] SD BIOLINE HIV TEST	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1314	ENTER [FIRST/SECOND] SD BIOLINE HIV TEST RESULT FOR [NAME]	INVALID 0 SKIP TO 2ND SD BIOLINE (1310) ← NON-REACTIVE (NEGATIVE)... 1 REACTIVE (POSITIVE)..... 2 SKIP TO 1315 ←	INVALID 0 NON-REACTIVE (NEGATIVE) 1 REACTIVE (POSITIVE) 2 CONTINUE TO 1315 ←
1315	FINAL RESULT OF SERIAL SD BIOLINE TEST	INVALID 0 NON-REACTIVE (NEGATIVE) 1 REACTIVE (POSITIVE) 2	→ 1328 → 1328

PARALLEL DETERMINE AND SD BIOLINE REPEAT TESTS

NO.	QUESTION	FIRST REPEAT DETERMINE	SECOND REPEAT DETERMINE
1316	SELECT LOT NUMBER FOR [FIRST/SECOND] REPEAT DETERMINE HIV TEST	[LOT 1] 01 [LOT 2] 02 [LOT 3] 03 OTHER 96 (SPECIFY) SKIP TO 1320 ←	[LOT 1] 01 [LOT 2] 02 [LOT 3] 03 OTHER 96 (SPECIFY) SKIP TO 1320 ←
1317	ENTER MONTH OF EXPIRATION FOR [FIRST/SECOND] REPEAT DETERMINE HIV TEST	MONTH <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>
1318	ENTER DAY OF EXPIRATION FOR [FIRST/SECOND] REPEAT DETERMINE HIV TEST	DAY <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/>
1319	ENTER YEAR OF EXPIRATION FOR [FIRST/SECOND] REPEAT DETERMINE HIV TEST	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1320	ENTER [FIRST/SECOND] REPEAT DETERMINE HIV TEST RESULT FOR [NAME]	INVALID 0 SKIP TO 2ND DETERMINE (1316) ← NON-REACTIVE (NEGATIVE)... 1 REACTIVE (POSITIVE)..... 2 SKIP TO 1321 ←	INVALID 0 NON-REACTIVE (NEGATIVE) 1 REACTIVE (POSITIVE) 2 CONTINUE TO 1321 ←

NO.	QUESTION	FIRST REPEAT SD BIOLINE	SECOND REPEAT SD BIOLINE
1321	SELECT LOT NUMBER FOR [FIRST/SECOND] REPEAT SD BIOLINE HIV TEST	[LOT 1] 01 [LOT 2] 02 [LOT 3] 03 OTHER 96 (SPECIFY) SKIP TO 1325 ←	[LOT 1] 01 [LOT 2] 02 [LOT 3] 03 OTHER 96 (SPECIFY) SKIP TO 1325 ←
1322	ENTER MONTH OF EXPIRATION FOR [FIRST/SECOND] REPEAT SD BIOLINE HIV TEST	MONTH <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>
1323	ENTER DAY OF EXPIRATION FOR [FIRST/SECOND] REPEAT SD BIOLINE HIV TEST	DAY <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/>

1324	ENTER YEAR OF EXPIRATION FOR [FIRST/SECOND] REPEAT SD BIOLINE HIV TEST	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1325	ENTER [FIRST/SECOND] SD BIOLINE HIV TEST REPEAT RESULT FOR [NAME]	INVALID 0 SKIP TO 2ND DETERMINE (1321) ← NON-REACTIVE (NEGATIVE) .. 1 REACTIVE (POSITIVE) 2 SKIP TO 1326 ←	INVALID 0 NON-REACTIVE (NEGATIVE) 1 REACTIVE (POSITIVE) 2 CONTINUE TO 1326 ←
1326	FINAL RESULT OF PARALLEL REPEAT DETERMINE TEST	INVALID 0 NON-REACTIVE (NEGATIVE) 1 REACTIVE (POSITIVE) 2	
1327	FINAL RESULT OF PARALLEL REPEAT SD BIOLINE TEST	INVALID 0 NON-REACTIVE (NEGATIVE) 1 REACTIVE (POSITIVE) 2	
FINAL RAPID HIV TEST RESULTS			
1328	FINAL RESULT OF RAPID HIV TESTS	INVALID 0 NEGATIVE 1 POSITIVE 2 NOT TESTED 3 INDETERMINATE 4	
1329	END OF TESTING FOR [NAME].	FINALIZE INTERVIEW 1 REVIEW INTERVIEW 2	
NOTE	ENTER NOTES ABOUT THE FIELD LAB TESTING. <div style="border: 1px solid black; height: 60px; width: 100%;"></div>		

POST-TEST COUNSELING			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1401	RESPONDENT NAME IS [NAME], [PARENT/GUARDIAN NAME IS : [PARENT NAME]]. PTID : ZM_____	INVALID 0 HIV NEGATIVE 1 HIV POSITIVE 2 BLOOD NOT COLLECTED 3 HIV INDETERMINATE 4	→ 1403 → 1407 → 1406
INVALID RESULT/BLOOD NOT COLLECTED			
1402	COUNSEL AS APPROPRIATE	CONTINUE 1	→ 1419
NEGATIVE RESULT			
1403	CHECK 308, 311, 315, 608 AND 611. IS RESPONDENT SELF-REPORTED HIV POSITIVE?	YES 1 NO 2	→ 1405
1404	<p>1. Welcome the participant/guardian back, make him/her to feel comfortable</p> <p>2. Assess participant/guardian readiness to receive the test result</p> <p>3. Tell participant/guardian that the results are ready and give them immediately(demonstrate)</p> <p>• State in a neutral tone: "Your test result is negative." Give the participant/guardian time to express any emotions.</p> <p>• Assess participant/guardian's understanding of the result. Allow for questions. Review the meaning of a negative test result.</p> <p>4. Give participant/guardian enough time to comprehend the results</p> <p>•</p> <p>5. Ensure participant/guardian understands the results Get a recap from the participant/guardian of information shared in the pre-test</p> <p>6. Counsel participant/guardian on the 'window period' and the need for re-testing</p> <p>• Provide information about the window period for HIV If this was the first HIV test that is negative re-test after 3 months • If participant is pregnant or breastfeeding it is recommended to retest every 3 months For previously tested HIV negative assess participant/guardian's need for re-testing according to risk. If considered at risk of HIV acquisition re-testing is recommended after 3 months. Discuss risk reduction plan for window period.</p> <p>•</p> <p>7. Discuss risk reduction strategies</p> <p>• Discuss knowing the partner's status and support facility can give if necessary</p> <p>• Be faithful to your partner and avoid unprotected casual sex</p> <p>• Correct and consistent use of condoms</p> <p>• Avoid sharing unsterilized sharps</p> <p>• Avoid receiving unscreened blood</p> <p>• Availability of preventive measures such as PrEP and Male circumcision (if pregnant or breastfeeding the importance of retesting every 3 months) • (if woman of childbearing age importance of planning a pregnancy and testing for HIV)</p> <p>• Avoidance of smoking, alcohol and drug abuse</p> <p>8. Get feedback on the participant/guardians informed decision for managing and preventing acquiring HIV</p> <p>•</p> <p>9. Close counseling session</p> <p>• Ask whom the participant/guardian would like to tell about the negative test result. Remind the participant/guardian about the window period and the need to re-test. Ask if the participant/guardian would like to go ahead and make an</p>	CONTINUE 1	→ 1419

	<p>re-test. Ask if the participant/guardian would like to go ahead and make an appointment for a re-test in three months. Provide additional counseling if requested. Provide the participant/guardian with motivation/encouragement.</p>		
1405	<p>DISCREPANT RESULTS (this applies to known positives who test HIV negative in the survey) Inform the participant/guardian that this is an unusual occurrence • There is provision in the survey to test further and get to a conclusive test result • When the problem has been resolved someone from the survey will communicate with the participant/guardian • In the meantime if they are ON ART they should NOT stop treatment</p>	CONTINUE 1	→ 1419
HIV INDETERMINATE			
1406	<p>INDETERMINATE RESULTS • Inform the participant/guardian that in RARE occasions the result might not tell us if the person is negative or not However, there is need to get a final result and according to national guidance the participant will need to re-test at the health facility at least 14 days from today</p>	CONTINUE 1	→ 1418A
POSITIVE RESULT			
1407	<p>[SELF-REPORTED HIV STATUS]</p> <p>(If Known Positive counsel on ongoing monitoring, viral suppression) 1. Welcome the participant/guardian back, make him/her to feel comfortable and adopt a positive attitude 2. Assess participant/guardian readiness to receive the test result 3. Tell participant/guardian that the results are ready and give them immediately(demonstrate) State in a neutral tone: "Your test result for HIV is positive." • Give the participant/guardian time to express any emotions 4. Assess participant/guardian's understanding of the positive result. • Ask if participant/guardian understand results. If not, explain to them Review the meaning of a positive test result. Seek feedback from the participant on their understanding of an HIV positive result, what it means for them now and going forward, allow questions or concerns from the participant to share or ask. Assess how the participant/guardian is coping with the positive result. Acknowledge the challenge of dealing with a positive result. 5. Identify their immediate concerns and address them and identify sources of support • Ask whom the participant/guardian would like to tell about the positive test result Help the participant/guardian identify a person (family member or friend) to help him/her through the process of living with HIV. 6. Counsel on early linkage to care and treatment and explain how ART works: possible side effects and how to manage them • Improves quality of life: CD4 cells or body soldiers are preserved with early treatment. Prevents multiplication of the virus, reducing the viral load. This prevents the destruction of the body soldiers (CD4+ cells) and hence, improves the body's soldiers and ability to fight disease • Person able to fight disease like a person without HIV, hence does not fall sick • Reduces spread of the virus: • Explain how treatment reduces transmission to loved ones U=U Test and Treat is a national policy because of the known benefits: • Start treatment for everyone who tests HIV positive and not wait (under guidance of a clinician) • Government support to ensure best/effective drugs i.e. drugs that work very well with few side effects are available in most health facilities • Emphasize importance of adherence • (PS. DOES NOT USE THE WORD 'STRONG' DRUGS) If pregnant or breastfeeding explain the benefits for the child • Reduces the chance of transmitting virus to the infant so the child could</p>	CONTINUE 1	

be HIV free

- This can happen if adherent to medication throughout pregnancy or breastfeeding period

- The treatment also benefits the mother and will live long to look after her children

- Give information on infant testing

- If it is a woman if there are any children that are not tested below 15y they should be taken to the facility for HTS

- Get feedback/understanding on the informed decision/what the participant would want for him/herself and counsel accordingly

↓ Importance of ongoing care and treatment to ensure response to treatment.

(If a dependent minor/adolescent 15 years) adolescent is depending on them for his/her life to access treatment. Dependent on the parents to access treatment

Disclose where applicable or begin disclosure process. Facility will support this process and participant's and/or parents should know that if required additional support will be given

- Information that if on treatment it prevents the spread of HIV to sexual partners and from mother to child.

- Still important to take preventive measures as well such as the use of condoms.

If partner is negative it is important that the partner gets pre-exposure prophylaxis until the participant's viral load is suppressed. PrEP is available at the health facility.

Tell participant on the importance of clinical monitoring for CD4 and VL at 6 months, one year and then annually.

2. Discuss viral suppression and the benefits of viral suppression

Individual benefit- stays longer on the same drugs. The initial drugs simple once daily, few side effects and interactions with other drugs, currently there much stronger drugs on the market.

Public benefit – does not transmit to others Undetectable = Untransmissible

3. Go through risk reduction strategies

- Discuss the participant/guardian's plan for reducing the risk of transmission to future partners; include B, C and U=U

Explain that correct and consistent use of condoms can protect him/her from getting re-infected with other strains of HIV.

↓ 0. Counsel on positive living and provide referrals to needed HIV-related services

- Explain the concept of positive living and why it is important.

- Staying healthy

- Eating a healthy, adequate, and well-balanced diet

- Maintaining weight

- Getting prompt medical attention and following instructions

- Screening and treatment of sexually transmitted disease

- Managing stress and getting support

- Avoidance of alcohol/ drug abuse/ smoking.

↓ 1. Discuss disclosure and introduce partner notification services for HTS

- Explain disclosure and the benefits of disclosure

- Discuss who the participant will disclose to and why

- Explore the participant/guardian's feeling about telling current partner about HIV positive test results

- Discuss possible approaches to disclosure of HIV status to current partner

- Build participant/guardian's skills on partner negotiation

- Remind the participant/guardian that his/her test result does not indicate partner's HIV status

- (If a dependent minor/adolescent 15 years) adolescent is and assess for disclosure or where applicable begin disclosure process.

- Facility will support this process and participant's and/or parents should know that if required additional support will be given

- Explain what partner notification service is

- Explain the benefits of partner notification

- Explain that the partner notification process will be done by the facility

↓ 2. Discuss referral to facility

	<p>Discuss shared confidentiality what it is and why it is done</p> <ul style="list-style-type: none"> Inform participant that the information will be used confidentially by the facility Ask participant to select a facility they would like to be enrolled Inform participant that the selected health facility will provide ongoing support and will receive the non-field CD4 and VL test results and will explain the results Inform participant that they can be notified by phone when the CD4 and VL results are ready if they consent 13. Introduce Active Linkage to Care Summarize the benefits for linkage to care and introduce active linkage to care; available support to ensure that the participant gets treatment [IF PARTICIPANT HAS PHONE] inform them that they will receive an SMS text message 		
1408	CHECK AGE OF RESPONDENT:	15 YEARS 1 16 YEARS AND OLDER ... 2	→ 1410A
1409A	READ CONSENT FOR ALTC - APPENDIX B7 - TO THE PARENT/GUARDIAN.	YES 1 NO 2	→ 1409C
1409B	1a. Please state the following statement: "I give permission for the study team to return my adolescent's results with their name and age to the health facility."	CHECK THIS BOX IF PARTICIPANT AGREES TO RETURN THEIR ADOLESCENT'S RESULT WITH NAME AND AGE <input type="checkbox"/>	→ 1411A
1409C	1b. Please state the following statement: "I do not wish for the study team to return my adolescent's results with their name and age to the health facility."	CHECK THIS BOX IF PARTICIPANT REFUSES TO RETURN THEIR ADOLESCENT'S RESULT WITH NAME AND AGE <input type="checkbox"/>	→ 1411A
1410A	READ CONSENT FOR ALTC - APPENDIX B8 - TO THE RESPONDENT.	YES 1 NO 2	→ 1410C
1410B	1a. Please state the following statement: "I give permission for the study team to return my results with my name and age to the health facility."	CHECK THIS BOX IF PARTICIPANT AGREES TO RETURN THEIR RESULTS WITH NAME AND AGE <input type="checkbox"/>	→ 1412A
1410C	1b. Please state the following statement: "I do not wish for the study team to return my results with my name and age to the health facility."	CHECK THIS BOX IF PARTICIPANT REFUSES TO RETURN THEIR RESULTS WITH NAME AND AGE <input type="checkbox"/>	→ 1412A
1411A	2. Do you agree to allow the study team to share your or your adolescent's contact information with a trained healthcare worker or counselor?	YES 1 NO 2	→ 1411C
1411B	2a. Please state the following statement: "I give permission for the study team to share my contact information."	CHECK THIS BOX IF PARTICIPANT AGREES TO SHARE HIS/HER CONTACT INFORMATION <input type="checkbox"/>	→ 1413
1411C	2b. Please state the following statement:	CHECK THIS BOX IF PARTICIPANT REFUSES <input type="checkbox"/>	→ 1413

	"I do not wish for the study team to share my contact information."	PARTICIPANT REFUSES TO SHARE HIS/HER CONTACT INFORMATION	
1412A	2. Do you agree to allow the study team to share your contact information with a trained healthcare worker or counselor?	YES 1 NO 2	→ 1412C
1412B	2a. Please state the following statement: "I give permission for the study team to share my contact information."	CHECK THIS BOX IF PARTICIPANT AGREES TO SHARE HIS/HER CONTACT INFORMATION <input type="checkbox"/>	→ 1413
1412C	2b. Please state the following statement: "I do not wish for the study team to share my contact information."	CHECK THIS BOX IF PARTICIPANT REFUSES TO SHARE HIS/HER CONTACT INFORMATION <input type="checkbox"/>	
1413	Do you agree to be contacted by:	SMS A WHATSAPP B PHONE CALL C IN PERSON D	
1413A	To confirm, you have agreed to [RETURN RESULTS WITH NAME AND AGE] [BE CONTACTED BY:] [SMS], [WhatsApp], [Phone call], [In person] Is this correct?	YES 1 NO 2	→ 1408
1413B	CHECK 1413: DID RESPONDENT AGREE TO BE CONTACTED ONLY IN PERSON?	YES 1 NO 2	→ 1416
1414A	CHECK PARTICIPANT LOCATOR FORM, DID PARTICIPANT PROVIDE A PHONE NUMBER FOR CONTACT METHOD?	YES 1 NO 2	→ 1414C
1414B	PARTICIPANT DID NOT PROVIDE A NUMBER DURING PARTICIPANT LOCATOR FORM, PLEASE COLLECT NUMBER IN ORDER TO SHARE CONTACT INFORMATION AND FOR RETURN OF RESULTS. DO YOU WISH TO ENTER A NUMBER?	YES 1 NO 2	→ 1415 → 1416
1414C	PARTICIPANT PREVIOUSLY PROVIDED THE FOLLOWING PREFERRED NUMBER FOR RETURN OF RESULTS: [NUMBER] DOES PARTICIPANT WANT TO CHANGE THE NUMBER? INTERVIEWER NOTE: PLEASE ENSURE THAT THIS NUMBER IS ALSO USED FOR VOICE/SMS COMMUNICATION.	YES 1 NO 2	→ 1416
1415	ENTER NEW NUMBER FOR CONTACT: Don't start with '0' or + number eg "8394048424" or '2608394048424' INTERVIEWER NOTE: PLEASE ENSURE THAT THIS NUMBER IS ALSO USED FOR VOICE/SMS COMMUNICATION.	<input type="text"/>	
1418A	CHECK 1401, WAS RESULT INDETERMINATE?	YES 1 NO 2	→ 1418C

1418B	Appendix E: 2020 ZamPHIA REFERRAL FORM (INDETERMINATE) <input type="checkbox"/> Participant name: [NAME] Facility Number: [FACILITY ID NUMBER] [FACILITY NAME] LAB RESULTS <input type="checkbox"/> Final HIV result : [TEST RESULT]	CONTINUE 1	→ 1419
1418C	Appendix E: 2020 ZamPHIA REFERRAL FORM <input type="checkbox"/> Facility code [FACILITY ID NUMBER] Temporary Number _____ Patient name: [NAME] Referred to (clinic): [CLINIC NAME] [PARTICIPANT PHONE NUMBER] Currently on ART : _____ <input type="checkbox"/> Passive or Active Referral: _____ LAB RESULTS <input type="checkbox"/> HIV test : [TEST RESULT]	CONTINUE 1	
1419	Thank you very much for your time.	CONTINUE 1	
NOTE	<div style="border: 1px solid black; padding: 5px;"> ENTER NOTES ABOUT THE INTERVIEW. </div>		