

MOH PLACE BIO-BEHAVIORAL SURVEILLANCE SURVEY 2017

QUESTIONNAIRE #: _____ PLACE SITE ID #: _____

No.	INTERVIEW DETAILS				
11	Parish of Site or Event: CIRCLE ONE	<u>SOUTHEAST</u> KINGSTON 1 ST ANDREW 2 ST CATHERINE 3 ST THOMAS 4	<u>NORTHEAST</u> ST. MARY 5 ST ANN 6 PORTLAND 7	<u>WESTERN</u> WESTMORELAND 8 HANOVER 9 ST JAMES 10 TRELAWNY 11	<u>SOUTHERN</u> ST ELIZABETH 12 CLARENDON 13 MANCHESTER 14
12	Record the name of the community in which the site or event is located		Name of Community: _____		
13	Original Site Name		Name of Site: _____		
14	Name of replacement site, if necessary		Name of Site: _____		
15	TYPE OF SITE	BAR 1 SPORTS BAR 2 NIGHT CLUB 3 EXOTIC CLUB WITH DANCERS 4 MASSAGE PARLOR 5 FAST FOOD / RESTAURANT 6 STREET SW SITE 7 HOTEL/ MOTEL /GUESTHOUSE 8 MALL/ PLAZA 9 OUTDOOR HANG OUT SPOT 10 OTHER (SPECIFY) 90 (go to 15b)	15b. SPECIFY 90: _____ _____		
16	INTERVIEWER		INTERVIEWER INITIALS: _____		
17	DATE TODAY		____/____/____ day month year		
18	TIME INTERVIEW BEGINS		Hour: _____ Min: _____ Circle: AM or PM		

19	PERSON APPROACHED AS: CIRCLE ONE ANSWER.	STREET SEX WORKER 1 OTHER SEX WORKER (CLUB, MASSAGE PALOURS, ETC.) 2 DANCER 3 WORKER (BARTENDER, WAITRESS, ETC.) 4 PATRON 5
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INTRODUCTION OF STUDY

Hello, I am working on a study which is being conducted by the Jamaica Ministry of Health to identify where better health programs are needed. The study seeks to get information on sexual practices and sexually transmitted infections. I would like to offer you the opportunity to participate in the survey.

ELIGIBILITY DETERMINATION

E1	Sex of respondent (as identified by respondent) IF MALE, END INTERVIEW	MALE 1 FEMALE 2 TRANS WOMAN (Male to Female) 3
E2	ASK EVERYONE: What is your age? What is your date of birth? IF < 16, END INTERVIEW.	A. AGE IN YEARS: ____/ B. BIRTHDATE. /____/____/_____ DAY MONTH YEAR
E3	IF AGE 16-17, Are you here with a parent or on a family errand?	END, NOT ELIGIBLE IF : YES 1 CONTINUE IF: NO 2
E4	ASK EVERYONE: Have you <u>ever</u> participated in a survey conducted by Ministry of Health?	CONTINUE IF: YES 1 REQUEST INFORMED CONSENT IF: NO 2
E5	IF YES, Did you participate in a <u>Ministry of Health survey carried out around September/October 2017</u> in which persons got tested for HIV and Syphilis?	END INTERVIEW IF: YES 1 REQUEST INFORMED CONSENT IF: NO 2

No.		REQUEST INFORMED CONSENT. RESPONDENT MUST INITIAL CONSENT FORM			
E6	Just to confirm, I need to know if you are <u>willing</u> to.... IF 'NO' TO ANY, END INTERVIEW.		YES	NO	
		A. ANSWER SURVEY QUESTIONS?	1	2	
		B. GET AN HIV RAPID TEST?	1	2	
		C. GET A SYPHILIS RAPID TEST?	1	2	
		D. DO A STI SCREENING TEST	1	2	
E7	IF NOT WILLING: Why not? END INTERVIEW IF NOT WILLING.	REASON: _____ _____			
DEMOGRAPHIC INFORMATION					
D1	Parish of residence : CIRCLE ONE ANSWER	<u>SOUTHEAST</u> KINGSTON 1 ST ANDREW 2 ST CATHERINE3 ST THOMAS 4	<u>NORTH EAST</u> ST. MARY 5 ST ANN 6 PORTLAND 7	<u>WESTERN</u> WESTMORELAND 8 HANOVER 9 ST JAMES 10 TRELAWNY 11	<u>SOUTHERN</u> ST ELIZABETH 12 CLARENDON 13 MANCHESTER 14 OUTSIDE OF JAMAICA 15 Please note which country _____ _____
D2	What is the highest grade you completed in primary school, in secondary school, and at post-secondary tertiary level? FILL IN NUMBER OF YEARS FOR EACH (B-G).		A. NONE B. PRIMARY _____ C. All AGE _____ D. SECONDARY _____ E. HIGH SCHOOL _____ F. TERTIARY (College or University) _____ G. VOCACTIONAL/SKILLS TRAINING _____ H. NO RESPONSE		
D3	Are you in school now?		YES 1	NO 2	

D4	IF WORKING, WHAT KIND OF WORK DO YOU DO?	DESCRIBE IN 1-2 WORDS. _____
D5	Are you employed full-time, part-time, or not at all?	FULL-TIME 1 PART-TIME 2 NOT EMPLOYED 3

No.	REASON FOR BEING AT SITE
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R1	Why did you come here today/tonight? Did you come to ... CIRCLE YES OR NO FOR EACH.		YES	NO
		A. TO SOCIALIZE	1	2
		B. TO DRINK ALCOHOL?	1	2
		C. TO WORK?	1	2
		D. LOOK FOR A SEXUAL PARTNER?	1	2

R2	How often do you come to this site? READ OPTIONS CIRCLE ONE ANSWER.	EVERYDAY 1	2-3 TIMES PER MONTH 5
		4-6 TIMES PER WEEK 2	1 TIME PER MONTH 6
		2-3 TIMES PER WEEK 3	LESS THAN ONCE A MONTH 7
		1 TIME PER WEEK 4	THIS IS MY FIRST VISIT 8

R3	If Patron or Worker skip to R5 How long have you been involved in Sex work?	LESS THAN A WEEK 1	6 TO 12 MONTHS 4
		LESS THAN A MONTH 2	1-5 YEARS 5
		2 TO 6 MONTHS 3	OVER 5 YEARS 6
			OVER 10 YEARS 7

R4	What do you think are the main 3 reasons for you getting involved in sex work? Read aloud and circle Three Only	GOT PREGNANT AND DID NOT FINISH SCHOOL 1	GREW UP WITHOUT PARENTS 7 GREW UP /SPENT TIME IN CHILDREN’S HOME 8 WAS SEXUALLY ABUSED AS A CHILD 9 HAVE A DRUG OR ALCOHOL PROBLEM 10 WANTED TO BUY A CELL PHONE OR OTHER EXPENSIVE ITEM 11 RAN AWAY FROM HOME 12
		COULDN’T FIND A JOB 2	
		POVERTY 3	
		CHILDREN TO CARE FOR 4	
		NO FINANCIAL SUPPORT FROM BABY FATHER 5	
		NO FAMILY SUPPORT 6	

R5	How many other public places have you been to today to socialize, drink alcohol or look for a person to have sex with?	A. OTHER PLACES BEEN TO: _____
	How many other public places do you plan to go to today or tonight to socialize, drink alcohol or look for a person to have sex with? PUT "0" IF NO OTHER PLACES.	B. OTHER PLACES WILL GO TO: _____
THE NEXT FEW QUESTIONS ARE ABOUT SEXUAL PRACTICES		
S1	Have you ever had sex? IF NO, SKIP TO Sy1	YES 1 NO 2
S2	How old were you the first time you had sex?	AGE FIRST HAD SEX : _____
S3	Do you have a main <u>male</u> sexual partner now?	YES 1 NO 2
	Do you have a main <u>female</u> partner now?	A. MAIN MALE PARTNER 1 2 B. MAIN FEMALE PARTNER 1 2
S4	Are you currently married or living with a partner?	CURRENTLY MARRIED / LIVING WITH 1
	IF NO: Have you ever been married or lived with a sexual partner?	PREVIOUSLY MARRIED/LIVED WITH, NOT NOW 2
		NEVER MARRIED OR LIVED WITH 3
S5	The last time you had sex with your (most recent) main partner; did you and your partner use a condom? (Main partner is a live in partner or a visiting relationship) IF YES SKIP TO S8	YES NO YES 1 NO 2 NO MAIN PARTNER 9

<p>S7</p> <p>S7b</p>	<p>What were the main reasons for you not using condoms all the time with your main partner?</p> <p>(Probe: any other reason?)</p>	<p>Love or trust partner 1</p> <p>Don't like using condoms 2</p> <p>Did not have one/ Could not get one 3</p> <p>Partner does not like using condoms 4</p> <p>Did not feel to use one/could not bother 5</p> <p>Allergic to condoms/allergic to some brands 6</p> <p>Trying to have a child 7</p> <p>Using the pill /other contraceptive method 8</p> <p>Have only one partner 9</p> <p>Other Reason(s) 10</p> <p>Specify other _____</p>
<p>S8</p>	<p>Do you believe that your main partner (any of your main partners) has had sex with another person in the past 6 months?</p>	<p>YES NO</p> <p>YES 1</p> <p>NO 2</p> <p>NO MAIN PARTNER 9</p>
<p>S9</p>	<p>In the past <u>12 months</u>, have you had sex with a person who you never had sex with before?</p>	<p>YES 1</p> <p>NO 2</p>
<p>S10</p>	<p>Now I am going to ask you a few more questions about the number of persons you have had sex with. In total, how many persons did you have sex with in the past 7 days? This includes all the persons you have had sex with even if just one time.</p>	<p>TOTAL IN PAST 7 DAYS: _____</p>
<p>S11</p>	<p>In total, how many different persons did you have sex with in the past 4 weeks? This includes all the persons you have had sex with since (State the date one month before day of interview).</p> <p>THIS NUMBER SHOULD BE THE SAME OR GREATER AS S10. IF NOT, PROBE!</p>	<p>TOTAL PAST 4 WEEKS: _____</p>
<p>S12</p>	<p>Of the _____ (INSERT FROM S11) persons you had sex with in the past 4 weeks, how many of these were new persons you never had sex with before? That is, you had sex with them for the first time in the past 4 weeks.</p> <p>THIS NUMBER SHOULD BE THE SAME OR LESS AS IN S11. IF NOT, PROBE!</p>	<p>NEW IN PAST 4 WEEKS: _____</p>

S13	In total, how many persons did you have sex with in the past 12 months? This includes all the persons you have had sex with. HELP PERSON ESTIMATE.	TOTAL IN PAST 12 MONTHS: _____
S14	Do you have a (male) condom with you now? IF YES: May I see it?	YES, condom seen 1 YES, not seen 2 NO 3
THE NEXT SET OF QUESTIONS ARE ON SEXUAL AND REPRODUCTIVE HEALTH AND FAMILY PLANNING		
F1	How many times have you been pregnant? Put "0" if never pregnant and skip to F3?	_____
F2	How many children do you have who were born alive?	_____
F2a	What is the age of your oldest child? Specify month and year of birth of your oldest child.	AGE: _____ MONTH: _____ YEAR: _____
F3	A Pap Smear is a test for cancer of the cervix which is done during a pelvic examination by a doctor or nurse. How long has it been since your last Pap smear, if ever?	Never had one 1 Less than 1 year 2 More than 1 year, less than 2 years ago 3 2 to 3 years 4 More than 3 years ago 5 Does not know / not sure 6
F4	In your last 10 sexual experiences, how many times was a condom used? READ OPTIONS	All 10 times 1 8-9 times 2 7-6 times 3 5-3 times 4 2-1 times 5 Never use a condom at all 6 Not applicable 9

F5	Are you and your partner <u>currently</u> (last 30 days) using a method of contraception/birth control or doing anything to prevent pregnancy?	YES 1
	If 'No' got to C1	NO 2 No Partner 9
F6	If yes, which method(s) are you currently using?	Female sterilization, tubal ligation (<i>tie-off</i>) 1
		Implant (Jadelle) 2
		IUD/ Coil 3
		Injection (Depo) 4
		Pill 5
		Condom 6
		Emergency Contraceptive Protection (a.k.a. the Morning After Pill) 7
		Spermicides 8
		Withdrawal 9
		Rhythm, Calendar, Billings (the safe period) 10
F6b.	Circle all that apply	Other(F6b) 11
		Specify other: _____

COMMERCIAL SEX AND CONDOM USE

C1	ASK EVERYONE WHO HAS EVER HAD SEX. Sometimes people have sex with someone in exchange for gifts or help with expenses or cash money. Have you....		YES	NO	
		A	Ever received help with expenses?	1	2
		B	Ever <u>received</u> money in exchange for sex?	1	2
		C	Ever paid money for sex?	1	2
		D	Ever received gifts or favors in exchange for sex?	1	2
C2	If <u>RECEIVED</u> CASH MONEY: Have you RECEIVED cash money from a person for sex ...? If No to both skip to C8		YES	NO	NA
		A. IN THE PAST 3 MONTHS?	1	2	9
		B. IN THE PAST 6 MONTHS?	1	2	9

C3	In which parishes did you receive cash for sex in the <u>past 6 months</u> ? CIRCLE ALL THAT APPLY	<u>SOUTHEAST</u> KINGSTON 1 ST ANDREW 2 ST CATHERINE 3 ST THOMAS 4	<u>NORTHEAST</u> ST. MARY 5 ST ANN 6 PORTLAND 7	<u>WESTERN</u> WESTMORELAND 8 HANOVER 9 ST JAMES 10 TRELAWNY 11	<u>SOUTHERN</u> ST ELIZABETH 12 CLARENDON 13 MANCHESTER 14 OUTSIDE OF JAMAICA 15 Which countries? _____
C4	In the past <u>3 months</u> , at how many different places did you look for men to pay you money for sex?		NUMBER OF SITES: _____		
C5	Is Sex work your main source of income?		YES 1 NO 2		
C6	The last time you had sex with a new paying client, did you and your client/customer use a condom?		YES 1 NO 2		
C7	The last time you had sex with a regular paying client, did you and your client/customer use a condom?		YES 1 NO 2 NO REGULAR PAYING CLIENT 9		
C8	Has a condom ever slipped off during sex in the last 4 weeks?		YES-ONCE OR TWICE 1 YES- 3-5 TIMES 2 YES-MORE THAN 5 TIMES 3 NO-NEVER 4 DOES NOT REMEMBER 9		
C9	Has a condom ever burst while you were having sex during the last 4 weeks?		YES-ONCE OR TWICE 1 YES- 3-5 TIMES 2 YES-MORE THAN 5 TIMES 3 NO-NEVER 4 DOES NOT REMEMBER 9		

C10	<p>How often have you used a lubricant during sex in the last 4 weeks?</p> <p>(a lubricant is any form of liquid or gel for making things moist or slippery)</p>	<p>EVERY TIME 1</p> <p>ALMOST EVERY TIME 2</p> <p>SOMETIMES 3</p> <p>NEVER 4 (go to C12a)</p> <p>DOES NOT REMEMBER 9</p>	
C11 a C11 b	<p>If Yes, do you use lubricant with condom for vaginal sex, anal (Sex in the bottom) sex or both?</p>	<p>Vaginal 1</p> <p>Anal 2</p> <p>Both 3</p> <p>Other 4</p> <p>Specify Other: _____</p>	
C12 a	<p>Have you ever used any of the following lubricant products during sex in the last 3 months?</p> <p>Circle all that apply</p>	<p>Vaseline or other petroleum jelly product 1</p> <p>KY Jelly or other water-based product 2</p> <p>EVE 3</p> <p>Life Style 4</p> <p>Saliva or water 5</p> <p>Baby or body lotion 6</p> <p>Soap 7</p> <p>Vegetable or food oils 8</p> <p>Butter or margarine 9</p> <p>I don't use lubricant 10</p>	<p>Other 11</p> <p>Specify other 11b _____</p> <p>Don't remember 99</p> <p>Refuse to Answer 97</p>
CURRENT SYMPTOMS AND PARTICIPATION IN HEALTH PORGRAMS AND TESTING: ASK EVERYONE			
Sy1	<p>A. Have you had a genital discharge, ulcer, sore, warts, pain or burning when you urinate anytime <u>in the past 3 months</u>?</p> <p>B. IF NO: Anytime <u>In the past 12 months</u>? IF NO: CIRCLE 3's (N/A) IN Sy2.</p>	<p>YES NO</p> <p>A. Past 3 months? 1 2</p> <p>B. Past 12 months? 1 2</p>	

		YES	NO	N/A	
Sy2	Which of the following did you do the last time you had a discharge, ulcer or sore? READ EACH.	A. GET DRUGS WITHOUT PRESCRIPTION?	1	2	3
		B. GO TO A PUBLIC HEALTH CARE PROVIDER?	1	2	3
		C. GO TO A PRIVATE DOCTOR?	1	2	3
		D. TREAT WITH A HOME REMEDY	1	2	3
		E. HAVE SEX WHILE HAD SYMPTOMS?	1	2	3
Sy3	Have you been told by a health care worker in the past 12 months (GIVE MONTH YEAR) that you had a sexually transmitted infection? IF YES, CIRCLE one answer. B. If NO, Have you <u>ever</u> been told? CIRCLE 2 IF EVER or 3 IF NEVER.	YES, PAST 12 MONTHS	1		
		YES, BUT NOT IN PAST 12 MONTHS	2		
		NEVER	3		
Sy4	A. Do you know where you can go if you wish to receive an HIV test?	YES	1	NO 2	
	B. Have you ever been tested for HIV? If Never tested skip to SY8	YES	1	NO 2 Never had a test 3	
Sy5	Not including today, have you had an HIV test in the past 12 months? CIRCLE one	YES, IN PAST 12 MONTHS	1	YES, EVER HAD A TEST 2	
Sy6	The last time you were tested, did you get your result? If Yes , were you counselled when you got your result?	DID NOT GET RESULT	1	GOT RESULT AND WAS <u>COUNSELED</u> 2 GOT RESULT BUT <u>NOT COUNSELED</u> 3 NEVER TESTED 9	

<p>Sy7</p>	<p>ASK BOTH OF THESE QUESTIONS:</p> <p>Did you tell your main partner the results of your last HIV test (not including the test today)?</p> <p>CIRCLE ONE ANSWER.</p> <p>Did you tell any of your friends, family or co-workers the results of your last HIV test (not including the test today)?</p>	<p>A. MAIN PARTNER? YES 1 NO 2 NA 9</p> <p>B. ANY FRIENDS, FAMILY? YES 1 NO 2 NA 9</p>
<p>Sy8 a</p> <p>Sy8 b</p>	<p>IF NO HIV TEST</p> <p>What is the main reason why you have never gotten tested for HIV?</p>	<p>Don't Think I Am At Risk 1</p> <p>Never thought about it 2</p> <p>Fear of Positive Result 3</p> <p>No Money or Time to Get Tested 4</p> <p>Fear that my results will not be kept confidential by health care workers 5</p> <p>Fear of Health Care Workers treating me badly 6</p> <p>Didn't know I could get tested for HIV 7</p> <p>Other 9</p> <p>Specify other:</p> <p>_____</p>
<p>FAMILY HISTORY OF SEX WORK</p>		
<p>T 1</p>	<p>Do you know of any female members of your family who accept cash for sex?</p>	<p>YES 1 NO 2</p>
<p>T 2</p>	<p>If yes state relationship</p> <p>(circle all that apply)</p>	<p>Mother 1</p> <p>Sister 2</p> <p>Aunt 3</p> <p>Niece 4</p> <p>Cousin 5</p> <p>Other</p> <p>Specify _____</p>

A FEW QUESTIONS ON SUBSTANCE ABUSE						
A1	During the last 4 weeks how often have you had drinks containing alcohol? Would you say daily, weekly, less than weekly, or never? CIRCLE ONE CODE.			DAILY 1 WEEKLY 2 LESS THAN WEEKLY 3 NEVER 4		
A2	In the past 6 months since (MONTH YEAR), have you..... ASK EACH. CIRCLE YES OR NO FOR EACH.		YES	NO		
		A. INJECTED ANY NON-PRESCRIPTION DRUGS?	1	2		
		B. USED CRACK OR COCAINE?	1	2		
		C. USED GANJA?	1	2		
		D. USED ECSTACY?	1			
A FEW QUESTIONS ABOUT VULNERABILITY						
A3	Have you ever: Circle all that apply		YES	NO		
		A. SPENT A NIGHT IN A JAIL OR PRISON?	1	2		
		B. BEEN RAPED?	1	2		
		C. SLEPT OUTDOORS OR IN A SHELTER BECAUSE YOU WERE HOMELESS?	1	2		
		D. BEEN VIOLENTLY ATTACKED BY A CLIENT	1	2		
		E. BEEN VIOLENTLY ATTACKED BY A SEX PARTNER	1	2		
		F. BEEN VIOLENTLY ATTACKED BY ANOTHER SEX WORKER	1	2		
EXPOSURE TO HIV/STI PREVENTION INTERVENTIONS						
A4	I want to know if you have been a part of any HIV/AIDS prevention programs in the past 6 months. In the past 6 months have you.....		YES	NO		
		A. PARTICIPATED IN A CONDOM DEMONSTRATION?	1	2		
		B. SEEN ANY AIDS PREVENTION MATERIALS (e.g. Posters, brochures, cards) AT YOUR CURRENT WORKSITE?	1	2		
		HAVE YOU TALKED WITH AN OUTREACH WORKER AT YOUR CURRENT WORK SITE ABOUT...?				
		C. YOUR RISK OF GETTING HIV/AIDS	YES 1	NO 2	NA 9	
	D. GETTING TESTED FOR HIV?	1	2	9		

	DO YOU THINK...?	YES	NO	DK		
A5	A. Using condoms reduce the risk of HIV transmission?	1	2	9		
	B. A healthy looking person can be infected with HIV?	1	2	9		
	C. A person can get HIV from mosquito bites?	1	2	9		
	D. A person can get HIV by sharing a meal with someone who is infected?	1	2	9		
	E. Having sex with only one faithful, uninfected partner can reduce the risk of HIV transmission?	1	2	9		
GENDER BASED VIOLENCE						
	How frequently has the following occurred between you and your male partner/s	1-2 times	3-5 times	weekly	Daily	Never
G1	Your partner insulted, harassed, embarrassed or tried to control you	1	2	3	4	9
G3	Your partner/s slapped hit or choked you.	1	2	3	4	9
G3	Your partner/s threatened you with any kind of weapon	1	2	3	4	9
G4	Your partner/s stabbed, shot or shot at you	1	2	3	4	9
G5	Your partner/s raped or forced you to have sex when you did not want to	1	2	3	4	9
NOW I WOULD LIKE TO ASK YOU A FEW MORE QUESTIONS TO FINISH THIS PART OF THE SURVEY.						
A6	How much risk do you think you have of getting HIV?	Great Risk 1 Moderate Risk 2 Little Risk 3 No Risk at All 4 Does not Know 5				

READ: I would like you to answer a few questions privately on a card that I will give you. I will read the question and you should write down your honest answer using a pen that I will give you. I'll read the questions and the answers. You should choose an answer and circle your response on the card. When we are finished with the card, you fold it and put it in this envelope. I cannot see your answers. Nobody can link the responses to you so there is no reason to give a false answer. We really want to know the truth. Some of the questions may seem repetitive but please be patient.

P1	ASK EVERYONE: Are you willing and able to mark your answers on the card?	YES 1 NO 2
P2	The last time you had sex with your main partner, did you and your partner use a condom? IF YOU DO NOT HAVE A MAIN PARTNER, CIRCLE NOT APPLICABLE.	YES 1 NO 2 NOT APPLICABLE 9
P3	In the past 3 months, have you paid someone money for sex? IF YOU HAVE NOT HAD SEX IN THE LAST 3 MONTHS CIRCLE NOT APPLICABLE.	YES 1 NO 2 NOT APPLICABLE 9
P4	In the past 3 months, have you <u>been paid</u> money for sex? IF YOU HAVE NOT HAD SEX IN THE LAST 3 MONTHS CIRCLE NOT APPLICABLE.	YES 1 NO 2 NOT APPLICABLE 9
P5	The last time you paid or were paid money for sex, did you use a condom?	YES 1 NO 2 NOT APPLICABLE 9
P6	In the past 6 months have you had sex with only men, only women, or both men and women?	ONLY MEN 1 ONLY WOMEN 2 BOTH MEN & WOMEN 3 HAVE NOT HAD SEX IN PAST SIX MONTHS 4
P7	What types of sex have you had in the past year? Have you had oral sex? Anal sex (Sex in the bottom)? Penis to vagina?	ORAL 1 ANAL 2 PENIS TO VAGINA 3 NONE 4

P8	The last time you had penis to vaginal sex, did you or your partner use a condom?	YES 1 NO 2 NEVER PENIS TO VAGINA SEX 3 NOT APPLICABLE 9
P9	The last time you had anal sex (Sex in the bottom); did you or your partner use a condom?	YES 1 NO 2 NEVER ANAL SEX 3 NOT APPLICABLE 9
P10	In the past 12 months, have you had sex with more than one person?	YES 1 NO 2 NOT APPLICABLE 9
P11	What was the result of your most recent HIV test not including the test today?	POSITIVE 1 NEGATIVE 2 NEVER TESTED 3 DON'T KNOW/DID NOT GET RESULTS 4
P12	If your result was positive , have you ever registered for care and treatment at any health provider since your positive result? IF RESULT WAS NEGATIVE OR YOU NEVER TESTED FOR HIV CIRCLE 9 FOR NOT APPLICABLE	YES-PRIVATE DOCTOR 1 YES-PUBLIC HEALTH CENTRE 2 YES-BOTH PUBLIC AND PRIVATE DOCTORS 3 NEVER REGISTERED 4 NOT APPLICABLE 9
P13	If you received a HIV positive result and have registered for care and treatment of HIV , have you visited a clinic/doctor for treatment in the last 12 months	YES 1 NO 2 NOT APPLICABLE 9
P14	If No, what are the reasons for you not going to a doctor or clinic in the last 12 months?	FEEL HEALTHY 1 FEAR BEING TREATED BADLY BY CLINIC STAFF/HEALTH CARE WORKERS 2 DON'T WANT OTHERS TO KNOW OF MY INFECTION 3 TOO LONG WAITING TIME AT CLINIC 4 NOT APPLICABLE 9

P15	How long after receiving your positive HIV result did you go to a clinic/doctor?	WITHIN ONE MONTH 1 WITHIN 3 MONTHS 2 WITHIN ONE YEAR 3 LONGER THAN ONE YEAR 4 NOT APPLICABLE 9
P16	What is the main reason for you not registering at a clinic or doctor after receiving your positive HIV result?	FEEL HEALTHY 1 FEAR BEING TREATED BADLY BY CLINIC STAFF/HEALTH CARE WORKERS 2 DON'T WANT OTHERS TO KNOW OF MY INFECTION 3 TOO LONG WAITING TIME AT CLINIC 4 NOT APPLICABLE 9

THANK YOU VERY MUCH FOR PARTICIPATING. NOW YOU WILL BE TESTED FOR HIV AND SYPHILIS

TIME ENDED: HOUR: ___/___ MINUTE ___/___ AM / PM

Checked by Supervisor: _____

Date: _____

Entered by Data entry person: _____

INTERVIEWER COMMENTS.

ORIGINAL Q8	PERSON CONFIRMED AS:	1. STREET SEX WORKER 2. OTHER SEX WORKER (CLUB, MASSAGE PALOURS, ETC.) 3. WORKER (BARTENDER, WAITRESS, ETC.) 4. PATRON
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