



55774848

You MUST interview the man himself.

Section 1. Identification

Name	DSID	Age	years old	Sex
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Section 2. General Health

1. How would you describe your general health at present? Excellent, Very Good or Good Fair Poor
2. Has there been any change in your health over the past 12 months? Yes, improved Same Yes, worsened
3. Major common illnesses

	Have you ever received treatment for X?	Have you received treatment for X in the last 12 months?	Are you currently receiving treatment for X?	Have you received injections during this course of TB treatment?	If you received treatment for X in the last 12 months, where did you get this treatment?
High Blood Pressure	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(if no, end questions on BP go to next illness)</small>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(if no, end questions on BP go to next illness)</small>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(continue to next question regardless of answer)</small>		Traditional healer <input type="radio"/> Clinic <input type="radio"/> Private doctor <input type="radio"/> Hospital <input type="radio"/> Other <input type="radio"/> Refused <input type="radio"/> Specify _____
High Blood Sugar	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(if no, end questions on sugar go to next illness)</small>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(if no, end questions on sugar go to next illness)</small>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(continue to next question regardless of answer)</small>		Traditional healer <input type="radio"/> Clinic <input type="radio"/> Private doctor <input type="radio"/> Hospital <input type="radio"/> Other <input type="radio"/> Refused <input type="radio"/> Specify _____
TB	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(if no, end questions on TB go to next illness)</small>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(if no, end questions on TB go to next illness)</small>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(continue to next question regardless of answer)</small>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(continue to next question regardless of answer)</small>	Traditional healer <input type="radio"/> Clinic <input type="radio"/> Private doctor <input type="radio"/> Hospital <input type="radio"/> Other <input type="radio"/> Refused <input type="radio"/> Specify _____
Other* ↓ Specify _____		Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(if no, go to question 4 below)</small>	Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> <small>(continue to next question regardless of answer)</small>		Traditional healer <input type="radio"/> Clinic <input type="radio"/> Private doctor <input type="radio"/> Hospital <input type="radio"/> Other <input type="radio"/> Refused <input type="radio"/> Specify _____

*Other: Only include serious illnesses like cancer, meningitis or STIs. Do NOT include minor illnesses like a common cold.

4. Have you been admitted to (i.e. have you slept in) a hospital in the last 12 months? Yes No Refused

↓

How often? _____ admissions

For what reason? _____
Please be specific

→ Skip to Question 5

5. Have you visited a clinic in the last six months? Yes No Refused

↓

Which was the most recent clinic you went to? _____ Clinic

→ Skip to Question 6

6. Have you been to a private doctor in the last six months? Yes No Refused

We would like to ask you some further questions about HIV testing. Please remember that you are completely free to answer some or none of these questions. Your answers will be treated with absolute confidentiality.

7. There are many places to get an HIV test. Which is the best place for you to get tested? Tick ONE answer only

- At home
- Counselling Centre
- At the clinic
- Mobile testing unit
- At the hospital
- Private doctor
- Other → | Specify _____
- Don't know
- Prefers not to answer

8. Do you know your HIV status? Yes No Prefers not to answer

→ Q11

9. When was the last time you had a HIV test? In last 6 months More than a year ago
 6 month to 1 year ago Prefers not to answer

10. Where did you test the last time? Tick ONE answer only
 At home
 Counselling Centre
 At the clinic →
 Mobile testing unit
 At the hospital
 Private doctor
 Other →
 Don't know
 Prefers not to answer

11. Have you ever heard about anti-retroviral treatment (ART)?
 Yes
 No → Section 3
 Prefers not to answer → Section 3

12. Do you think ART can help people to improve their health?
 Yes Don't know
 No Prefers not to answer

13. Do you know places where one could get ART?
 Yes → Where?
 No
 Prefers not to answer

Section 3. Marital Status

1. Have you had a sexual partner in the past 12 months?
 Yes
 No
 Prefers not to answer

2. What is your current Marital Status?

Enter code

CHECK: Is Status 'NBM', 'NVE' or 'NNE'?
 No Yes → Skip to Section 4

How old were you when you married for the first time? years old

Are you currently living with a wife/partner?
 Yes No Refused

Is Status 'PLG', 'PCM' or 'PTM'?
 Yes No → Skip to Section 4

How many wives are there in your marriage? wives

Section 4. Paternity

1. Have you fathered any children?
 Yes No Don't know Refused → Skip to Section 5

2. How many children? (Include those that have died)

Number of children Don't know Refused → Skip to Section 5

3. Some men have children with more than one woman. How many mothers do your children have?
 Refused
Number of mothers

Section 5. Circumcision

1. Are you circumcised?
 Yes No Refused → Skip to Section 6

If Yes: a) Where was the circumcision conducted?
 Government hospital
 Private clinic/hospital
 Dept of Health Camp (MCC)
 Other →
 Don't know
 Refused

b) When were you circumcised?
 As an infant As a child or teenager As an adult Don't know Refused → Skip to Section 6

c) Was this for cultural and/or health reasons?
 Cultural reasons Neither
 Health reasons Don't know
 Both Refused

1. Have you ever had sex? Yes No → FORM COMPLETE

Explain what is meant by "Having sex".

Check answer is consistent with answers on paternity

How old were you when you first had sex? _____ years If under age 12, comment _____

Don't know/remember
Refused

The following questions are to be asked about sexual partners in the past year. Repeat for up to three partners, starting with the most recent. If the most recent relationship was more than a year ago, do still ask about this.

	MOST RECENT PARTNER	PREVIOUS PARTNER	PREVIOUS PARTNER
2. Remembering the most recent/previous time you had sex, what was your relationship to that partner at the time?	Current wife (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former wife/ regular partner <input type="radio"/> Casual partner <input type="radio"/> Other → Specify _____	Current wife (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former wife/ regular partner <input type="radio"/> Casual partner <input type="radio"/> Other → Specify _____	Current wife (at the time) <input type="radio"/> Current regular partner (at the time) <input type="radio"/> Former wife/ regular partner <input type="radio"/> Casual partner <input type="radio"/> Other → Specify _____
3. Are you still in a sexual relationship with her?	Yes <input type="radio"/> Don't know <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>	Yes <input type="radio"/> Don't know <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>	Yes <input type="radio"/> Don't know <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>
4. Is she older, younger or about the same age?	Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> → Q5 Don't know <input type="radio"/> → Q5	Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> → Q5 Don't know <input type="radio"/> → Q5	Older <input type="radio"/> Younger <input type="radio"/> Same age <input type="radio"/> → Q5 Don't know <input type="radio"/> → Q5
4a. About how many years [older/younger]? <small>Record actual number or 98=Don't know</small>	_____ years younger/older	_____ years younger/older	_____ years younger/older
5. Is she a member of this household?	Yes <input type="radio"/> Don't know <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>	Yes <input type="radio"/> Don't know <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>	Yes <input type="radio"/> Don't know <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>
6. Where does she normally reside?	With member <input type="radio"/> In this Isigodi <input type="radio"/> Her Outside this Isigodi <input type="radio"/> → isigodi/Location of residence Don't know <input type="radio"/> Refused <input type="radio"/> _____	With member <input type="radio"/> In this Isigodi <input type="radio"/> Her Outside this Isigodi <input type="radio"/> → isigodi/Location of residence Don't know <input type="radio"/> Refused <input type="radio"/> _____	With member <input type="radio"/> In this Isigodi <input type="radio"/> Her Outside this Isigodi <input type="radio"/> → isigodi/Location of residence Don't know <input type="radio"/> Refused <input type="radio"/> _____
Have you and your partner ever used a condom? If "Yes": 7. How often do you use a condom?	Always <input type="radio"/> Sometimes/inconsistently <input type="radio"/> Never <input type="radio"/> → Q8	Always <input type="radio"/> Sometimes/inconsistently <input type="radio"/> Never <input type="radio"/> → Q8	Always <input type="radio"/> Sometimes/inconsistently <input type="radio"/> Never <input type="radio"/> → Q8
7a. Did you use a condom the last time you had sex with this partner?	Yes <input type="radio"/> Don't know/remember <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>	Yes <input type="radio"/> Don't know/remember <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>	Yes <input type="radio"/> Don't know/remember <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/>
8. How long were you/have you been sexually involved with this partner? <i>If less than one week, unit is days; less than one month, use weeks, less than one year, use months, otherwise use years</i>	_____ Days <input type="radio"/> Don't know <input type="radio"/> Number _____ Months <input type="radio"/> Refused <input type="radio"/> Weeks <input type="radio"/> Years <input type="radio"/>	_____ Days <input type="radio"/> Don't know <input type="radio"/> Number _____ Months <input type="radio"/> Refused <input type="radio"/> Weeks <input type="radio"/> Years <input type="radio"/>	_____ Days <input type="radio"/> Don't know <input type="radio"/> Number _____ Months <input type="radio"/> Refused <input type="radio"/> Weeks <input type="radio"/> Years <input type="radio"/>
9. When was the last time you had sex with her? <i>If less than one week, unit is days; less than one month, use weeks, less than one year, use months, otherwise use years</i>	_____ Days <input type="radio"/> Don't know <input type="radio"/> Number _____ Months <input type="radio"/> Refused <input type="radio"/> Weeks <input type="radio"/> Years <input type="radio"/>	_____ Days <input type="radio"/> Don't know <input type="radio"/> Number _____ Months <input type="radio"/> Refused <input type="radio"/> Weeks <input type="radio"/> Years <input type="radio"/>	_____ Days <input type="radio"/> Don't know <input type="radio"/> Number _____ Months <input type="radio"/> Refused <input type="radio"/> Weeks <input type="radio"/> Years <input type="radio"/>

Now tell me about the sexual partner before the one we just discussed?
Did you have sex with her in the past 12 months?
If "Yes", then repeat questions for up to two additional partners before going to Q10.
If "No", go straight to Q10.

10. How many different sexual partners have you had in your lifetime? _____ Partners

11. How many sexual partners, in total, have you had in the past 12 months? _____ Partners
Sometimes men have more than one relationship at the same time

12. How many relationships are you in at the moment? _____ relationships

Deliberately blank