

Audio computer-assisted self-interview questionnaire – Key populations

Opening statements:

[STATEMENT] I would like to ask you a few questions. It will only take about 30 minutes.

Section A: Survey Information

FA01	id	Participant ID (to be completed by researcher)	PS□□□□/□
FA02	date	Interview date (auto in ACASI)	□□/□□/□□
FA03	int_id	Interviewer ID (to be completed by researcher)	□□

Individual – socio-demographic			
To be completed by all individuals selected to participate			
Q No.	Construct	Measurement	Data type
A1	Date of birth	What is your date of birth?	□□□□
A2	Age in years	How old are you?	□□
A3	Usual household member		1=Yes 2=No
A4	Duration of residence	Did you live here 12 months ago? That is, did you live here in [MO] 2015? If no, ask month when moved in	1=Yes 2=No
A5	Move-in date if less than 1 year resident	In what month did you move to this dwelling in 2016?	□□/□□□□ (MM/YYYY)
A6	Educational attainment	What was the highest level of education that you have completed?	1=No formal schooling 2= Primary incomplete or complete 3=Some secondary education 4=A levels complete 5=College or higher
A7	Literacy	Can you read a newspaper or letter?	1=Yes 2=No

A8	Employment status	Do you receive a regular salary? By regular salary, I mean money that is paid by the employer daily, weekly, or monthly during the last two months or longer.	1=Yes 2=No
A9	Self-reported health	How do you rate your general health?	1=Excellent 2=Good 3=Fair 4=Poor
A10	Marital status	What is your current marital status?	1=Married 2=Never married 3=Widowed/separated/divorced
A11	Partnership	How long have you been together with your spouse/partner?	1=<1 year 2=1-5 years 3=More than 5 years
A12	Ever widowed	Have you ever lost a spouse due to death?	1=Yes 2=No
A13	Children	Do you have any children?	1=Yes 2=No

Individual - Sexual behavior			
To be completed by all individuals selected to participate in the study			
<p>Prompt: Now I would like to ask you questions about your sexual activity in order to gain a better understanding of some important life issues. Let me assure you that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.</p>			
Q No.	Construct	Question	Data type
B1	In partnership	Do you have a steady partner?	1=Yes 2=No
B2	Steady partner - count	If yes, how many steady partners have you had sex with in the last 3 months?	<input type="text"/> <input type="text"/>
B3	Condomless sex indicator for each steady partner	In the past 3 months has there been an occasion when you did not use condoms with your steady partner(s)?	1=Condoms every time 2=Condoms some of the time 3=Don't want to answer
B4	Non-steady partner	Apart from your steady partner(s), have you had sex with anyone else in the last 3 months?	1=Yes 2=No
B5	Count of non-steady partners with condomless sex	If yes, with how many people apart from your steady partner have you had sex without using a condom , even if was only on one occasion?	<input type="text"/> <input type="text"/>

Individual - Past testing
To be completed by all individuals selected to participate in the study

Prompt: Now I would like to ask you some questions about your experiences testing with HIV.			
Q No.	Construct	Measurement	Data type
C1	Ever tested for HIV	Have you ever been tested for HIV?	1=Yes 2=No
C2	Thought about testing	Have you thought about testing for HIV before?	1=Yes 2=No
C3	Why not tested?	What best describes why you haven't tested for HIV?	1=Not at risk of being HIV+ 2=Partner won't let me test 3=Other family won't let me test 4=Not a dignified thing to do at my age
C2	Testing in last twelve months	In the last 12 months, how many times have you tested for HIV?	<input type="text"/> <input type="text"/>
C3	Know results	Do you know the results of your last HIV test	1=Yes 2=No
C4	Lifetime test count	In total, how many HIV tests have you had in your lifetime	<input type="text"/> <input type="text"/>
C5	Partner test	In the past 12 months, has your partner tested for HIV?	1=Yes 2=No
C6	Partner status known	Do you know the result of your partner's [most recent] HIV test?	1=Yes 2=No
C7	Partner knows respondent's status	Does your partner know your HIV status?	1=Yes 2=No
C8	Tested with partner	Have you ever tested for HIV with your partner?	1=Yes 2=No

Individual – HIV self-testing			
To be completed by all individuals selected to participate in the study			
Prompt: Now I am going to ask you questions about your recent HIV self-testing experience. I will not ask you about your HIV status.			
D1	selftest_others	Did you perform the self-test with anyone else?	1 = Yes 2 = No
D2	selftest_who	Who was with you when you performed the self-test?	1 = Client 2 = Peer distributor 3 = Employer 4 = Immediate family 5 = Extended family 6 = Friend or neighbor 7 = Partner 8 = Peer
D3	selftest_persuade	Were you persuaded by anyone to self-test?	1 = Yes 2 = No



D4	selftest_persuade_who	Who persuaded you to self-test?	1 = Client 2 = Peer distributor 3 = Employer 4 = Immediate family 5 = Extended family 6 = Friend or neighbor 7 = Partner 8 = Peer
D5	selftest_forced	Were you forced by anyone to self-test?	1 = Yes 2 = No
D6	selftest_forced_who	Who forced you to self-test?	1 = Client 2 = Peer distributor 3 = Employer 4 = Immediate family 5 = Extended family 6 = Friend or neighbor 7 = Partner 8 = Peer
D7	share	Did you share the results with anyone?	1 = Yes 2 = No
D8	share_who	To whom did you share your results?	1 = Client <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 2 = Peer distributor <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 3 = Employer <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 4 = Immediate family <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 5 = Extended family <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 6 = Friend or neighbor <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 7 = Partner <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 8 = Peer <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No
D9	share_forced	Were you forced by anyone to share your results?	1 = Yes 2 = No
D10	share_forced_who	Were you forced by any of these to share your results with them:	1 = Client <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 2 = Peer distributor <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 3 = Employer <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 4 = Immediate family <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 5 = Extended family <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 6 = Friend or neighbor <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 7 = Partner <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No 8 = Peer <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No
D11	Share_violence	Did you experience any violence after sharing your HIV status with someone?	1=Yes 2=No
D12	share_positive_stable_partner	If you were HIV positive, would you tell your long term stable partner?	1 = Yes 2 = No
D13	share_positive_other_partner	If you were HIV positive, would you tell your other partners?	1 = Yes 2 = No

Individual – social harms
To be completed by all individuals selected to participate

Prompt: Now I would like to ask you some questions about social harms and whether you have experienced any in the past 3 months. Social harms refer to any emotional, physical and sexual violence.			
Q No.	Construct	Measurement	Data type
E1	Emotional violence	In the past 3 months, has anyone insulted you, threatened you, made you feel inadequate or yelled at you?	1=Never 2=Rarely 3=Sometimes 4=Frequently
E2	Emot_violence_who	If yes, who	1= Steady partner 2=Other partner 3=Pimp 4=Friend 5=Family member 6=Neighbour 7=Police 8=Health worker 9=unknown people
E3	Emot_violence_HIVST	Is this violence directly attributed to HIVST?	1=Yes 2=No 3=No response
E4	Emot_support	Did you seek any support or services when you experienced this violence?	1=Yes 2=No 3=No response
E5	Emot_support_type	What help or services did you sought?	1=Support from family member 2=support from friends 3=Faith leader 4=NGO 5=Human rights commission 6=public/private Hospital 7=Specific medical services
E6	Emot_violence	In the past 3 months, has anyone made you feel threatened, fearful or in danger?	1=Never 2=Rarely 3=Sometimes 4=Frequently
E7	Emot_violence_who	If yes, who	1= Steady partner 2=Other partner 3=Pimp 4=Friend 5=Family member 6=Neighbour 7=Police 8=Health worker 9=unknown people
E8	Emot_violence_HIVST	Is this violence directly attributed to HIVST?	1=Yes 2=No 3=No response

E9	Emot_support	Did you seek any support or services when you experienced this violence?	1=Yes 2=No 3=No response
E10	Emot_support_type	What help or services did you sought?	1=Support from family member 2=support from friends 3=Faith leader 4=NGO 5=Human rights commission 6=public/private Hospital 7=Specific medical services
E11	Physical violence	In the past 3 months, has anyone slapped you, punched you, hit you, or caused you any other type of physical harm?	1=Never 2=Rarely 3=Sometimes 4=Frequently
E12	Phy_violence_who	If yes, who	1= Steady partner 2=Other partner 3=Pimp 4=Friend 5=Family member 6=Neighbour 7=Police 8=Health worker 9=unknown people
E13	Phy_violence_HIVST	Is this violence directly attributed to HIVST?	1=Yes 2=No 3=No response
E14	phy_support	Did you seek any support or services when you experienced this violence?	1=Yes 2=No 3=No response
E15	phy_support_type	What help or services did you sought?	1=Support from family member 2=support from friends 3=Faith leader 4=NGO 5=Human rights commission 6=public/private Hospital 7=Specific medical services
E16	Sexual violence	In the past 3 months, has anyone forced or coerced you to have sexual relations against your will?	1=Never 2=Rarely 3=Sometimes 4=Frequently
E12	Sex_violence_who	If yes, who	1= Steady partner 2=Other partner 3=Pimp 4=Friend 5=Family member 6=Neighbour 7=Police



			8=Health worker 9=unknown people
E13	Sex_violence_HIVST	Is this violence directly attributed to HIVST?	1=Yes 2=No 3=No response
E14	Sex_support	Did you seek any support or services when you experienced this violence?	1=Yes 2=No 3=No response
E15	Sex_support_type	What help or services did you sought?	1=Support from family member 2=support from friends 3=Faith leader 4=NGO 5=Human rights commission 6=public/private Hospital 7=Specific medical services