

**A. Survey Information**

DM01 Village ID Manyenje (1)
villageid Nkoka (2)

DM02 Interviewer ID Gloria Banda (05)
interviewerid Patrick Girema (06)
 Eunice Idan Mtambo (07)
 Christopher Chimala Phiri (08)

DM03 Household ID
hhid

DM04 Individual ID
individualid

DM05 Interview date
intdate - -
D D MON Y Y Y Y
E.g. 25 DEC 1989

DM06 Participant Household (01)
group Peer group (02)

B. Sociodemographic

Ndikufuna ndikufunsemi mafunso ochepa. Sizidutsa mphindi khumi.
I would like to ask a few questions. It will only take about 10 min.

DM07 Kodi chibale chanu ndi chotani ndi
hohrel amene ali mutu wa banja?
What is your relationship to the head of household?

- Mutu wa banja (1)
Head
- Mkazi wanga/Mwamuna wanga (2)
wife or husband
- Mwana wanga wa mwamuna/wa mkazi (3)
Son or daughter
- Mkamwini kapena mtengwa (4)
Son-in-law or daughter-in-law
- Mdzukulu (5)
Grandchild
- Kholo (6)
Parent
- Apongozi (7)
Parent-in-law
- Mlongo wanga (8)
Brother or sister
- M'phwanga (9)
Niece or nephew
- Mkazi mzanga (10)
Co-wife
- Mwana omupeza kapena ongotengedwa (11)
Adopted/foster/stepchild
- Wachibale wina (12)
Other relative
- Otumikira pakhomo (13)
Domestic servant
- Mlendo (14)
Lodger
- Osakhala m'bale (15)
Not related
- Sindikudziwa (16)
Don't know

DM08 (Interviewer to indicate) Male (1)
respsex Female (2)

DM09 Tsiku lanu lobadwa?(Code 88 for
respdob Don't Know)
What is your date of birth?
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D D MON Y Y Y Y
E.g. 25 DEC 1981 1/1/1926 - 1/1/2000
If at least YYYY is known, skip to DM11

DM10 Muli ndi zaka zingati?
respageyrs How old are you?
16-99

DM11 Maphunziro anu munafika nawo
edu patali bwanji?
What was the highest level of education that
you have completed?

Sindinapite ku sukulu iliyonse (1)
No formal schooling

Pulayimale (2)
Primary incomplete or complete

Sindinamalize sekondale (3)
Some secondary education

Ndinamaliza sekondale (4)
Secondary school complete

Koleji (5)
College or higher

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DM12 literate	Kodi mumatha kuwerenga nyuzi pepala kapena kalata? <i>Can you read a newspaper or letter?</i>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
DM13 salary	Kodi malipiro anu ndiokhazikika? Pamalipiro okhazikika ndikutanthauza ndalama zomwe mumalipidwa ndi okulembani ntchito tsiku ndi tsiku, pasabata, kapena pamwezi mumiyezi iwiri yapitayi kapena kuposera apo? <i>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?</i>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2)
DM14 srhealth	Kodi nthanzi lanu mumaliwona bwanji? <i>How do you rate your general health?</i>	<input type="checkbox"/> Lili bwino kwambiri (1) <i>Very good</i> <input type="checkbox"/> Lili bwino (2) <i>Good</i> <input type="checkbox"/> Lili bwino pang'ono (3) <i>Fair</i> <input type="checkbox"/> Silili bwino (4) <i>Poor</i>
DM15 marital	Kodi pakadali pano, umoyo wanu kumbali ya banja ndi wotani? <i>What is your marital status?</i>	<input type="checkbox"/> Wokwatira kapena mukukhala ngati banja (1) <i>Married or living as married</i> <input type="checkbox"/> Sanakwatire kapena kukwatirapo (2) <i>Never married</i> <input type="checkbox"/> Namfedwa/munasiyana/ukwati unatha (3) <i>Widowed/separated/divorced</i>
C. Household assets and food security (ONLY to be completed by either head of household or representative for household participants)		
DM16 hhasset	Pakhomo pano muli ndi: (Check that apply) <i>Does your household have</i>	
	A Magesi <i>Electricity</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B Wailesi <i>Radio</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	C T.V/Kanema yogwira ntchito <i>Working television</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	D Lamnya wa mmanja <i>Mobile phone</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	E Lamnya wapakhomo <i>Telephone (landline)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	F Fuligi <i>Refrigerator</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	G Kama ndi matilesi <i>Bed with mattress</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	H Galimoto kapena njika ya moto yogwira ntchito. <i>Working automobile or motorcycle</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
DM17 hfiunceryn	Pa masabata anayi apitawa, mwakhalako ndi nkhwawa yoti chakudya pakhomo panu pano ndi chosakwanira? <i>In the past four weeks, did you worry that your household would not have enough food?</i>	<input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) If no skip to DM19

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DM18 hfiuncerfreq	<p>Izi zachitika kowilikiza bwanji? <i>How often did this happen?</i></p> <p><input type="checkbox"/> Patali patali (kamodzi/kawiri pa masabata anayiwa) (1) <i>Rarely (once or twice in the past four weeks)</i></p> <p><input type="checkbox"/> Nthawi zina (Katatu/kakhumi pa ma sabatawa) (2) <i>Sometimes (3-10 times in past four weeks)</i></p> <p><input type="checkbox"/> Pafupi pafupi (koposera ka khumi, pa masabata anayiwa) (3) <i>Often (more than 10 times in past four weeks)</i></p>
DM19 hfiqualiyn	<p>Pa masabata anayi apitawa, zachitikapo kuti, inuyo, kapena aliyense wapakhomo panu akhale osadya zakudya zimene amafuna, kamba kakusowekera?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of lack of resources?</i> If no skip DM21</p>
DM20 hfiqualifreq	<p>Izi zachitika kowilikiza bwanji? <i>How often did this happen?</i></p> <p><input type="checkbox"/> Patalipatali (kamodzi/kawiri pa masabata anayiwa) (1) <i>Rarely (once or twice in the past four weeks)</i></p> <p><input type="checkbox"/> Nthawi zina (katatu/kakhumi pa masabatawa) (2) <i>Sometimes (3-10 times in the past four weeks)</i></p> <p><input type="checkbox"/> Pafupi pafupi (koposera ka khumi, pa masabata anayiwa) (3) <i>Often (more than 10 times in past four weeks)</i></p>
DM21 hfiquantyn	<p>Mu masabata anayi apitawa, zachitikapo kuti, inuyo, kapena aliyense wapakhomo pano agone osadya chifukwa chakuti pakhomo panu pano panalibe chakudya chokwanira?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>In the past four weeks, did you or any other member of your household sleep on an empty stomach because there was not enough food in your household?</i> If no skip to section D</p>
DM22 hfiquantfreq	<p>Izi zachitika mowilikiza bwanji? <i>How often did this happen?</i></p> <p><input type="checkbox"/> Patalipatali (kamodzi/kawiri pa masabata anayiwa) (1) <i>Rarely (once or twice in the past four weeks)</i></p> <p><input type="checkbox"/> Nthawi zina (katatu/kakhumi pa masabatawa) (2) <i>Sometimes (3-10 times in the past four weeks)</i></p> <p><input type="checkbox"/> Pafupi pafupi (koposera ka khumi, pa masabata anayiwa) (3) <i>Often (more than 10 times in past four weeks)</i></p>
<p>D. HIV testing (To be completed by all participants)</p> <p>Gawo lino ndikufuna kukufunsani mafunso okhudzana ndi m'mene munawonera kuyezetsa kwanu HIV <i>Now I would like to ask you some questions about your experiences testing with HIV.</i></p>	
DM23 evertest	<p>Munayamba mwayezesapo HIV? <input type="checkbox"/> Yes <i>Have you ever been tested for HIV?</i> <input type="checkbox"/> No</p> <p style="text-align: right;">If yes skip to DM27</p>
DM24 thoughttest	<p>Munayamba mwaganizirako zoyezetsa HIV? <input type="checkbox"/> Yes <i>Have you ever thought about testing for HIV?</i> <input type="checkbox"/> No</p>



DM25 whynotttest_X	<p>Ndimfundo yiti yomwe ikufotokoza bwino chifukwa chomwe simunayezetsebe HIV? <i>What best describes why you haven't tested for HIV?</i></p>	
	A	<p>Kusakhala pachiopsezo chokhala ndi HIV <i>Not at risk of being HIV positive</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	B	<p>Sindikufuna kudziwa m'mene nthupi mwanga mulili <i>Don't want to know my status</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	C	<p>Ndimaopa kupezeka ndi kachilombo <i>Afraid of testing positive</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	D	<p>Ndimaopa kusalidwa pakutha pakuyezetsa kwanga HIV <i>Afraid of stigma and discrimination from testing for HIV</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	E	<p>Bwenzi silimandiloleza kupita kokayezetsa <i>Partner won't let me test</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	F	<p>Abale ena sangandiloleze kuti ndikayezese Other <i>family won't let me test</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	G	<p>Ndilibe ndalama zokayezetsera <i>Do not have money to test</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	H	<p>Sindingapeze mpata wokaezesa chifukwa cha ntchito <i>Cannot take time off work to test</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	I	<p>Sichinthu choyenera kuchita pamsinkhu wanga/zaka zanga <i>Not a dignified thing to do at my age</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	J	<p>Zipatala sizimapeleka upangiri okwanira kuphatikizapo kusakusungira chinsinsi <i>Health facilities offer poor quality services, including lack of confidentiality</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	K	<p>Anthu achipatala sindimawakhulupilira <i>Do not trust health providers</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	L	<p>Sindikumva kudwala kulikonse <i>Do not feel sick enough</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	M	<p>Chifukwa china chilichonse <i>Other reason</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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DM26 whynottest_ most	Pazifukwa zomwe mwapereka, ndichifukwa chiti chimene chiri chofunikira kwambiri?(Select only one) <i>Of the factors you just mentioned, which was the most important reason you have not tested for HIV?</i>								
<input type="checkbox"/> Kusakhala pachiopsezo chokhala ndi HIV <i>Not at risk of being HIV positive</i> <input type="checkbox"/> Sindikufuna kudziwa m'mene nthupi mwanga mulili <i>Don't want to know my status</i> <input type="checkbox"/> Ndimaopa kupezeka ndi kachilombo <i>Afraid of testing positive</i> <input type="checkbox"/> Ndimaopa kusalidwa pakutha pakuyezetsa kwanga HIV <i>Afraid of stigma and discrimination from testing for HIV</i> <input type="checkbox"/> Bwenzi silimandiloleza kupita kokayezetsa <i>Partner won't let me test</i> <input type="checkbox"/> Abale ena sangandiloleze kuti ndikayezese <i>Other family won't let me test</i> <input type="checkbox"/> Ndilibe ndalama zokayezetsera <i>Do not have money to test</i> <input type="checkbox"/> Sindingapeze mpata wokaezesa chifukwa cha ntchito <i>Cannot take time off work to test</i> <input type="checkbox"/> Sichinthu choyenera kuchita pamsinku wanga/zaka zanga <i>Not a dignified thing to do at my age</i> <input type="checkbox"/> Zipatala sizimepeleka upangiri okwanira kuphatikizapo kusakusungira chinsinsi <i>Health facilities offer poor quality services, including lack of confidentiality</i> <input type="checkbox"/> Anthu achipatala sindimawakhulupilira <i>Do not trust health providers</i> <input type="checkbox"/> Sindikumva kudwala kuikonse <i>Do not feel sick enough</i> <input type="checkbox"/> Chifukwa china chilichonse <i>other</i>									
Now go to DM42									
Only for participants who have tested for HIV									
DM27 yrtestcut	Pamiyezi 12 yadutsayi, mwayezetsapo HIV kangati? <i>In the last 12 months, how many times have you tested for HIV?</i> <table border="1" style="float: right; margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: right;">0-15</p>								
DM28 lifetestcount	Mongophatikiza, munayezetsapo kangati HIV moyo wanu wonse? <i>In total, how many HIV tests have you had in your lifetime?</i> <table border="1" style="float: right; margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: right;">1-50</p> <div style="float: right; font-size: small;"> Note DM28 should be less than or equal to DM27 </div>								
DM29 selftestever	Munayamba mwaziyezapo nokha HIV pogwiritsira ntchito chida choziyezera wekha <i>Have you ever used a self-test to test for HIV?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No								
DM30 testdate	Kodi tsiku lomaliza limene munayezetsa kachiroambo ka HIV linali liti? <i>When was the date of your last HIV test?</i> <table border="1" style="margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">M M M Y Y Y Y</p> <p>E.g JUN-2016 Note: (If test was 2014 or earlier, mark month as 888)</p>								
DM31 wheretest	Ndikuti kumene munayezesa komaliza kachiroambo ka HIV? <i>Thinking back to your last HIV test, where did this occur?</i> <input type="checkbox"/> Chipatala (osati kuchipatala cha amayi oyembekezera kapena malo a VCT) (1) <i>Hospital, clinic or health center (not ANC or VCT)</i> <input type="checkbox"/> Chipatala cha amayi oyembekezela (2) <i>ANC centre</i> <input type="checkbox"/> Malo a VCT/ongoyezesera HIV basi (3) <i>VCT centre</i> <input type="checkbox"/> Kuyezesa kochitikira mudera/m'mudzi (4) <i>HTC in the community (i.e., mobile VCT)</i> <input type="checkbox"/> Kunyumba (5) <i>At home</i> <input type="checkbox"/> Malo ena (6) <i>Other</i>								

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DM32		Ndindani anayambitsa/anabweretsa ganizo loyезesa
testinit		<i>Who initiated the HIV test?</i>
<input type="checkbox"/> Nokha (1) <i>Yourself</i>		
<input type="checkbox"/> Abwenzi anu (2) <i>Your partner</i>		
<input type="checkbox"/> Alangizi am'mudzi (3) <i>Outreach HTC counsellor</i>		
<input type="checkbox"/> Ogwira ntchito kuchipatala mbali ya amayi oyembekezera (4) <i>Provider (ANC services)</i>		
<input type="checkbox"/> Ogwira ntchito kuchipatala mbali ya zakulera ndi umoyo ogonana (5) <i>Provider (sexual and reproductive health services)</i>		
<input type="checkbox"/> Ogwira ntchito kuchipatala mbali ya thandizo la zamdulidwe wa abambo wakuchipatala (6) <i>Provider (VMMC services)</i>		
<input type="checkbox"/> Ogwira ntchito ku chipatala mbali ya zithandizo zina ndi zina (7) <i>Provider (other services)</i>		
<input type="checkbox"/> Anthu ena (8) <i>Other</i>		
DM33 discusspart	Kodi munakambirana zokhuzana ndi kuyezesa ndi wachikondi wanu musanayezese HIV komaliza? <i>Did you discuss testing with your partner before you had your last HIV test?</i>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No If no skip to DM35	
DM34 testpart	Kodi munayezesa limodzi ndi wachikondi wanu pamene mumayezesa komaliza kachiroombo ka HIV? <i>Did you test with your partner in your last HIV test?</i>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DM35 knowres	Simukuyenera kunduwuza ngati simukufuna, koma zosatira za kuyezesa kwanu komaliza zinali zotani? <i>You don't have to tell me if you don't want to, but what were the results of your last HIV test?</i>	
	<input type="checkbox"/> Muli nako kachiroombo (1) <i>Positive</i>	
	<input type="checkbox"/> Mulibe kachiroombo (2) <i>Negative</i>	
	<input type="checkbox"/> Zosaziwika bwinobwino (3) <i>Indeterminate</i>	
	<input type="checkbox"/> Simukufuna kuwulula (4) <i>Decline to answer</i>	
D36 aftertest	Kodi munapanga chani mutamaliza kuyezesa HIV kwanu komaliza? <i>What actions did you take after your last HIV test?</i>	
	A	Kutsimikiza zotsatira <i>Confirmed result</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
	B	Kupita kukapeza chithandizo cha HIV <i>Went for HIV care</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
	C	Kupeza makondomu <i>Got condoms</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
	D	Simunapange china chilichonse <i>Did not do anything</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
	E	Akana kuyankha <i>Decline to answer</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
DM37 vmmc	[For men only] Kodi munapita kukalandira m'dulidwe wa abambo wakuchipatala mutayezesa HIV? <i>Did you go for VMMC (voluntary medical male circumcision) after this test?</i>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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DM38 partners tatknwn	<p>Kodi mukudziwa zotsatira zakuyezesa HIV kumene kwachitika posachedwa kwa wokondedwa wanu? <i>Do you know the result of your partner's most recent HIV test?</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
DM39 ownstatknwn	<p>Kodi wokondedwa wanu akudziwa m'mene mthupi mwanu muliri pankhani yokhuza kachiroambo ka HIV? <i>Does your partner know your HIV status?</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
DM40 artlifeuse	<p>Kodi munayamba mwamwapo mankhwala otalikitisa moyo (ARVs)? <i>Have you ever taken ART drugs?</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
DM41 artcurruse	<p>Kodi pakadali pano mukumwa mankhwala otalikitisa moyo (ARVs)? <i>Are you currently using ART drugs?</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
DM42 testtoday	<p>Mukufuna kuyezetsa HIV ndi ife lero? <i>Do you want to have an HIV test with us today</i></p> <p><input type="checkbox"/> Eya, kuziyeza ndekha kenako kukayezetsa njira yakale (1) yoziwika yoyedzera HIV <i>Yes, HIV self-test followed by standard HIV testing</i> Now go to self-test and complete PS304B Self-Test Form</p> <p><input type="checkbox"/> Njira yoziwika ya kale yokha yoyedzera HIV (2) <i>Yes, standard HIV testing only</i> Now go to HIV test</p> <p><input type="checkbox"/> Ayi, akana kuyezetsa (3) <i>No, decline to be tested</i> Now go to PS304C Exit Questionnaire</p> <p><input type="checkbox"/> Ayi, pakali pano akumwa mankhwala otalikitisa moyo (ARVs) (4) <i>No, currently taking ART</i> Stop interview</p>