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**BEHAVIORAL ASSESSMENT (BA) – MALE PARTNER**

*Instructions: This form should be completed for male participants. Unless otherwise indicated, only one response may be selected. Italicized text should not be read to participants. Response options should not be read unless otherwise indicated.*

**Interviewers Reads: This form asks you about different behaviors. All the information you provide will be kept confidential and will not be shared with anyone else besides the research study staff.**

**FAMILY PLANNING**

1.	What methods for family planning have you or your [partner/previous partner] ever used?	<i>Ever used</i>		
		<i>Yes</i>	<i>No</i>	<i>Don't Know</i>
	a. Male condom	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>98</sub>
	b. Female condom	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>98</sub>
	c. Oral contraceptive pills	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>98</sub>
	d. Intrauterine device (IUD)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>98</sub>
	e. Implant	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>98</sub>
	f. Female Sterilization	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>98</sub>
	g. Male sterilization (vasectomy)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>98</sub>
	h. Injectable	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>98</sub>
	i. Lactational amenorrhea method (post-partum infertility /cease of menses while breastfeeding)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>98</sub>
	j. Other (specify): _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>98</sub>

**ALCOHOL USE**

**Interviewer Reads: The next questions I will ask you are about drinking alcohol.**

2.	Have you drunk any alcohol in the past three months?	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>0</sub> No → <b>Go to item 3</b>
	a. During the last three months, have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>0</sub> No
	b. During the last three months, has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>0</sub> No
	c. During the last three months, have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>0</sub> No
	d. During the last three months, have you taken a drink in the morning when you first woke up?	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>0</sub> No

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**SEXUAL BEHAVIOR**

*Interviewer Reads: The next questions ask about your sexual behavior and sexual partners.*

3.	What is your HIV status?	<input type="checkbox"/> <sub>1</sub> HIV positive <input type="checkbox"/> <sub>0</sub> HIV negative → <b>Go to item 5</b> <input type="checkbox"/> <sub>98</sub> Don't Know <input type="checkbox"/> <sub>99</sub> Prefers not to answer
4.	Are you taking antiretrovirals (ARVs)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>98</sub> Don't Know <input type="checkbox"/> <sub>99</sub> Prefers not to answer
5.	In total, how many different people have you had vaginal sex with <b>in your lifetime</b> ?	<input type="checkbox"/> <input type="checkbox"/> # <i>sex partners</i> <input type="checkbox"/> <sub>98</sub> Don't Know <input type="checkbox"/> <sub>99</sub> Prefers not to answer
6.	Do you currently have a primary sex partner? By primary sex partner, I mean a person you have sex with on a regular basis or who you consider to be your main partner.	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No → <b>Go to item 13</b>
7.	For how long have you been with your current [spouse /primary sex partner]? ( <i>mark one</i> )	<input type="checkbox"/> <input type="checkbox"/> or <input type="checkbox"/> <input type="checkbox"/> months                      years
8.	How old is your [spouse /primary sex partner]?	<input type="checkbox"/> <input type="checkbox"/> ( <i>years</i> ) <input type="checkbox"/> <sub>98</sub> Don't Know
9.	In the <b>past 3 months</b> , have you had vaginal sex with your [spouse /primary sex partner]? By vaginal sex we mean when a man puts his penis inside of a woman's vagina.	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No
10.	What is the HIV status of your [spouse /primary sex partner]?	<input type="checkbox"/> <sub>1</sub> HIV positive <input type="checkbox"/> <sub>0</sub> HIV negative → <b>Go to item 12</b> <input type="checkbox"/> <sub>98</sub> Don't Know <input type="checkbox"/> <sub>99</sub> Prefers not to answer
11.	Is your [spouse /primary sex partner] taking antiretrovirals (ARVs)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>0</sub> No <input type="checkbox"/> <sub>98</sub> Don't Know <input type="checkbox"/> <sub>99</sub> Prefers not to answer

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12.	I am now going to ask you some questions about your primary sexual relationship.				
	<i>[Please read responses to participant]</i>	Strongly Agree	Agree	Disagree	Strongly Disagree
	a. Most of the time, we do what my partner wants to do.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	b. My partner won't let me wear certain things.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	c. When my partner and I are together, I'm pretty quiet.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	d. My partner has more say than I do about important decisions that affect us.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	e. My partner tells me who I can spend time with.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	f. I feel trapped or stuck in our relationship.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	g. My partner does what she wants, even if I do not want her to.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	h. I am more committed to our relationship than my partner is.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	i. When my partner and I disagree, she gets her way most of the time.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	j. My partner gets more out of our relationship than I do.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	k. My partner always wants to know where I am.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	l. My partner might be having sex with someone else.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

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**PREGNANCY AND BREASTFEEDING HISTORY**

13.	Is your partner currently expecting a child?	<input type="checkbox"/> <sub>1</sub> Yes → <b>Go to item 15</b> <input type="checkbox"/> <sub>0</sub> No																																													
14.	During what month and year was your last child born?	<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>  <i>mm yy</i> </td> </tr> <tr> <td style="border: none; text-align: center;"> <input type="checkbox"/><sub>98</sub> Don't Know                 </td> </tr> </table>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <i>mm yy</i>	<input type="checkbox"/> <sub>98</sub> Don't Know																																											
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<input type="checkbox"/> <sub>98</sub> Don't Know																																															
15.	During your partner's most recent pregnancy, who did she received care from?  <i>[Read response options. Mark all that apply.]</i>	<input type="checkbox"/> <sub>1</sub> Doctor <input type="checkbox"/> <sub>1</sub> Nurse <input type="checkbox"/> <sub>1</sub> Traditional birth attendant <input type="checkbox"/> <sub>1</sub> Other traditional healer <input type="checkbox"/> <sub>1</sub> Other, specify: _____ <input type="checkbox"/> <sub>98</sub> Don't Know																																													
16.	During your partner's most recent pregnancy, where [did she /does she plan to] give birth?	<input type="checkbox"/> <sub>1</sub> Hospital <input type="checkbox"/> <sub>2</sub> Clinic <input type="checkbox"/> <sub>3</sub> In your home <input type="checkbox"/> <sub>4</sub> In your parent's home <input type="checkbox"/> <sub>5</sub> Other, specify: _____ <input type="checkbox"/> <sub>98</sub> Don't Know																																													
17.	During which months of your partner's pregnancy and post-delivery period were you sexually abstinent? By this we mean no vaginal sex.  <i>[Mark all that apply.]</i>	<input type="checkbox"/> <sub>1</sub> Months 1-3 <input type="checkbox"/> <sub>1</sub> Months 4-6 <input type="checkbox"/> <sub>1</sub> Months 7-9 <input type="checkbox"/> <sub>1</sub> After delivery <input type="checkbox"/> <sub>1</sub> While breastfeeding <input type="checkbox"/> <sub>1</sub> Other, specify: _____ <input type="checkbox"/> <sub>1</sub> None/ never stopped having vaginal sex																																													
18.	During pregnancy, who has more say when making decisions about the following topics between you or your partner?  <i>[Read response options.]</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;"></th> <th style="width: 12.5%; text-align: center;">You</th> <th style="width: 12.5%; text-align: center;">Her</th> <th style="width: 12.5%; text-align: center;">Both equally</th> <th style="width: 12.5%; text-align: center;">Not Applicable</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">a. Her medication and vitamin use</td> <td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>3</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>4</sub></td> </tr> <tr> <td style="padding: 5px;">b. Antenatal care and HIV testing</td> <td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>3</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>4</sub></td> </tr> <tr> <td style="padding: 5px;">c. Where she delivers</td> <td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>3</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>4</sub></td> </tr> <tr> <td style="padding: 5px;">d. Having sex</td> <td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>3</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>4</sub></td> </tr> <tr> <td style="padding: 5px;">e. Her social activities</td> <td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>3</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>4</sub></td> </tr> <tr> <td style="padding: 5px;">f. Her household activities (e.g. cooking, house work, childcare)</td> <td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>3</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>4</sub></td> </tr> <tr> <td style="padding: 5px;">g. Her diet and nutrition</td> <td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>3</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>4</sub></td> </tr> <tr> <td style="padding: 5px;">h. Her use of traditional medicines</td> <td style="text-align: center;"><input type="checkbox"/><sub>1</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>2</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>3</sub></td> <td style="text-align: center;"><input type="checkbox"/><sub>4</sub></td> </tr> </tbody> </table>		You	Her	Both equally	Not Applicable	a. Her medication and vitamin use	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	b. Antenatal care and HIV testing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	c. Where she delivers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	d. Having sex	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	e. Her social activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	f. Her household activities (e.g. cooking, house work, childcare)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	g. Her diet and nutrition	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	h. Her use of traditional medicines	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
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19.	While breastfeeding, who has more say when making decisions about the following topics between you or your partner?  <i>[Read response options.]</i>				
		You	Her	Both equally	Not Applicable
	a. Her medication and vitamin use	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	b. Postnatal care and HIV testing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	c. Where the baby goes for well baby visits	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	d. Having sex	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	e. Her social activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	f. Her household activities (e.g. cooking, house work, childcare)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	g. Her diet and nutrition	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
	h. Her use of traditional medicines	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

## MTN-041 Male Partner Behavior Assessment (BA)

### Item-Specific Instructions:

- **Item 1i:** Lactational amenorrhea method is a natural birth control technique based on the fact that lactation (breastmilk production) causes amenorrhea (lack of menstruation).
- **Item 2:** This question assesses alcoholic drinking. A “drink” is defined as “330ml can or glass of beer or cooler, a glass of wine, or a drink with one shot of liquor.”
- **Item 4:** Complete this item if participant answered item 3. Taking ARVs could impact the participant’s HIV risk, so we want this item answered by all participants who answered item 3.
- **Item 5:** Record whether or not the participant **currently** has a primary sex partner.
- **Item 6:** Read aloud “spouse” or “primary sex partner,” depending on the participant's response to item asking about marital status on DEM form. Mark either months **or** years. If the participant has had the same partner for greater than or equal to 12 months, mark response in years. If less than 12 months, mark response in months. If participant responds with years and months, round to the nearest year (ex: 7 years 2 months should be rounded to 7 years).
- **Item 7:** Read aloud “spouse” or “primary sex partner,” depending on the participant's response to item asking about marital status on DEM form. If the participant does not know his/her spouse or primary partner’s exact age, record their best estimate. If he is unable to provide an estimate, mark “Don’t Know”
- **Item 8:** Read aloud “spouse” or “primary sex partner,” depending on the participant's response to item asking about marital status on DEM form
- **Item 9:** Read aloud “spouse” or “primary sex partner,” depending on the participant's response to item asking about marital status on DEM form. Complete this item even if the participant is unsure of her/his partner’s HIV status.
- **Item 10:** Complete this item if participant answered item 9. Having a primary sex partner who is taking ARVs could impact the participant’s HIV risk, so we want this item answered by all participants who answered item 9.