

VOICE-C PTID

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Visit Date					
dd		MMM		yy	

**VOICE-C Demographic Information Form (DEM)**

*Instructions: Interviewer to complete items 1-2 and to administer all other questions to the participant.*

1. VOICE-C Group (Select one):

	Site #	Participant#	chk
<input type="checkbox"/> <sub>1</sub>	VOICE participant (VOICE PTID):	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"><input type="text"/>-</input>	
<input type="checkbox"/> <sub>2</sub>	Male partner of VOICE participant (female partner's VOICE PTID):	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"><input type="text"/><input type="text"/><input type="text"/>-</input>	
<input type="checkbox"/> <sub>3</sub>	CAB member: specify gender	<input type="checkbox"/> <sub>1</sub> Male	<input type="checkbox"/> <sub>2</sub> Female
<input type="checkbox"/> <sub>4</sub>	Community Stakeholder: specify gender	<input type="checkbox"/> <sub>1</sub> Male	<input type="checkbox"/> <sub>2</sub> Female

2. Visit Type:

<sub>1</sub> In-Depth Interview (IDI)

<sub>2</sub> Focus Group Discussion (FGD): Pseudonym \_\_\_\_\_

<sub>3</sub> Ethnographic Interview (EI)

**INTERVIEWER READS:** The following are some basic questions regarding your background to help us know what type of people participated in the discussion for this study. All the information you provide will be kept confidential and will not be shared with anyone else besides the research study staff.

3.	What is your date of birth?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> or dd                      MMM                      yy If unknown, record age: <input type="text"/> <input type="text"/>
4.	How many children have you had who were alive at birth?	<input type="text"/> <input type="text"/>
5.	How many total children are you currently taking care of (children, grandchildren, etc)?	<input type="text"/> <input type="text"/>
6.	What is the language most spoken at home (mark one)	<input type="checkbox"/> <sub>1</sub> Isizulu <input type="checkbox"/> <sub>2</sub> Sesotho <input type="checkbox"/> <sub>3</sub> Isixhosa <input type="checkbox"/> <sub>4</sub> English <input type="checkbox"/> <sub>5</sub> Other, specify: _____
7.	What is your ethnic group or tribe? (mark all that apply)	<input type="checkbox"/> <sub>1</sub> Zulu <input type="checkbox"/> <sub>1</sub> Sotho <input type="checkbox"/> <sub>1</sub> Xhosa <input type="checkbox"/> <sub>1</sub> Other, specify: _____
8.	Do you currently earn an income of your own?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No → <b>If No, go to item 10</b>
9.	How do you earn your current income? (mark all that apply)	<input type="checkbox"/> <sub>1</sub> Formal employment <input type="checkbox"/> <sub>1</sub> Self-employment <input type="checkbox"/> <sub>1</sub> Other, specify: _____

## Demographic Information Form (DEM-1)

**Purpose:** This interviewer-administered form is used to collect participants' demographic and socioeconomic information.

**General Information/Instructions:** This form is completed at the Enrollment visit for every participant enrolled in VOICE-C. Interviewer should complete items 1-2 and the remaining questions should be read exactly as written. Response categories may be read aloud if the participant is unclear how to respond, otherwise, allow the participant to respond on his/her own. Probe if needed to fit participant's response into the pre-existing response categories. Interviewer instructions are in parentheses and italics. Do not read interviewer instructions aloud.

**Overall instructions:** Enter the PTID in the top left corner of every page of this form and initial and date the bottom right of every page. The date the form is completed should be filled in the top right corner of Pg 1.

### Item-specific Instructions:

Item	Instruction
1	Interviewer should record which one of the four VOICE-C participant groups this participant belongs to. Record VOICE PTID for Groups 1 and 2, and specify gender for Groups 3 and 4.
2	If participant is attending an FGD, ask him or her to select a pseudonym (fake name) that they should use to identify themselves during the FGD. Clearly write the pseudonym in CAPITAL LETTERS. Ensure there are no duplicate pseudonyms in the same FGD.
3	If any part of the date of birth is unknown, write the participant's age as of today. If the age is unknown, have the participant make his/ her best estimation.
4	This question is to be completed for men and women and should include all biological children the participant gave birth to and who were alive at birth (women) or that the participant fathered (men). Do not count miscarriages or stillbirths. Children who died in early infancy but were alive at birth should be counted. This question is aiming to describe the parity of the participant.
5	Record the total number of children that the participant considers that he or she is taking care of. This may mean taking care of financially or by providing food, shelter, etc. Children may be his or her own children, relatives, or other children the participant is responsible for. This question is aiming to describe the number of socio-economic dependents the participant has.
6	The participant must specify the language he or she speaks MOST OFTEN at home. If the participant speaks multiple languages, ask him/ her to select the one that is <u>most often</u> used. If the most commonly used language is not listed, tick "other, specify" and write that language in CAPITAL LETTERS on the line provided.
7	The participant is being asked to specify the ethnic group that he/ she identifies as being part of. More than one selection may be made. If the participant specifies one or more groups not listed, tick "other" and write the group(s) in CAPITAL LETTERS.
8	Record whether the participant currently earns an income of his/her own. Do not count income that is earned by a spouse or other family member. Tell participant to count all sources of income, including government grants (i.e. old age, disability, child support).
9	Record whether the participant considers his or her employment to be formal or self-employment. Self-employment may include, for example, selling vegetables. If the income is earned from neither formal or self-employment, tick "other" and describe where it is earned in CAPITAL LETTERS on the line provided.

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10.	What is your highest level of education? <i>(mark one)</i>	<input type="checkbox"/> <sub>1</sub> No schooling <input type="checkbox"/> <sub>2</sub> Primary school, not complete <input type="checkbox"/> <sub>3</sub> Primary school, complete <input type="checkbox"/> <sub>4</sub> Secondary school, not complete <input type="checkbox"/> <sub>5</sub> Secondary school, complete <input type="checkbox"/> <sub>6</sub> Attended college or university
11.	What is your religion? <i>(mark one)</i>	<input type="checkbox"/> <sub>1</sub> Christian <input type="checkbox"/> <sub>2</sub> Muslim <input type="checkbox"/> <sub>3</sub> Other specify: _____ <input type="checkbox"/> <sub>4</sub> None → <b>If None, go to item 13</b>
12.	How many times a week do you attend religious services?	<input type="checkbox"/> <sub>1</sub> Regularly (once a week or more) <input type="checkbox"/> <sub>2</sub> Occasionally (less than once a week) <input type="checkbox"/> <sub>3</sub> Never
13.	Name of area/location where you currently live:	_____
14.	Number of years you have lived in this location/area	<input type="text"/> <input type="text"/>
15.	Where is your home? <i>(mark one)</i>	<input type="checkbox"/> <sub>1</sub> Same location as item #13 <input type="checkbox"/> <sub>2</sub> Other location (specify): _____
16.	Have you ever been involved in HIV/AIDS research, care, or services for work or as a volunteer?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
17.	Are you currently married?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
<b>Groups 1 and 2 CONTINUE FORM, Groups 3 and 4 END HERE.</b>		
18.	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>2</sub> No → <b>if No, end Form.</b>
19.	For how long have you had this primary sex partner? <i>(mark one)</i>	<input type="text"/> <input type="text"/> or <input type="text"/> <input type="text"/> months                      years
20.	Are you currently living with this primary sex partner?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No

## Demographic Information Form (DEM-2)

### Item-specific Instructions:

Item	Instruction
10	Record the highest educational level reached, and whether it was completed or not completed. If a participant completed secondary school and did additional technical or vocational training or diplomas, tick “attended college or university.”
11	Record whether the participant identifies with a religious group, and specify which religious group this is. If a group is not listed, or if the interviewer is uncertain whether a group should be considered part of one of the other categories, tick “other” and write the response in CAPITAL LETTERS.
12	Record how often the participant attends religious services.
13	Record the name of the neighborhood or area where the participant is currently staying, i.e. Hillbrow, Melville
14	Record the number of years the participant has stayed in the area specified in Item 13. For partial years, round up to the nearest year (i.e. 6 months or more is an additional year). If the participant has stayed in the area for less than 6 months, write “00.”
15	Record the location that the participant considers to be his or her home. This may be the location specified in Item 13, it may be another country, or it may be another area in this country where the participant grew up, has family, or spent time. If not the location in Item 13, tick “other” and write the other location in CAPITAL LETTERS.
16	Record whether the participant has experience being involved in HIV/ AIDS research, care or services. For example, as a research participant, CAB member, community health worker, etc. For Group 1 participants, the question should be asked in reference to the period of time BEFORE VOICE participation.
17	Record whether the participant considers herself married. “Married” may include civil or customary marriage. If the participant is not legally married, but considers him/ herself to be married, tick “yes.”
18	Record whether the participant has a primary sex partner, meaning a person the participant has sex with on a regular basis, or who the participant considers to be his or her main sex partner.
19	Record the best estimate of the amount of time the participant has been in a sexual relationship the partner specified in Item 18. If time is less than 2 years, record using months <u>or</u> years (not both), depending on what is most accurate. For example, if the participant responds “1 and a half years” this would be more accurately recorded as 18 months. If time is 2 years or more, round up to the nearest year (i.e. 6 months or more is an additional year, therefore 2.5 years should be recorded as 3 years)
20	Record whether the participant is currently living with the sex partner listed in Item 18. By current, it is meant “now.” “Living with” means the participant and her/his partner are sharing the same residence now.