1. What is the participant’s date of birth?  

2. What is the participant’s gender?  
   - male  
   - female  

3. Do you earn an income of your own?  

3a. How do you earn your income? Mark all that apply.  
   - formal employment  
   - self-employed  
   - other, specify:  

4. What is your highest level of education?  
   - no schooling  
   - primary school, not complete  
   - primary school, complete  
   - secondary, not complete  
   - secondary, complete  
   - attended college or university  

5. How many children have you given birth to who were alive at birth?  

6. Do you own your home?  

7. How many rooms are in your household?
Demographics (DEM-1)

**Purpose:** This form is used to document general demographic information.

**General Information/Instructions:** This form is completed once for each participant, at the Screening/Enrollment visit.

**Item-specific Instructions:**

- **Item 2:** This item has already been completed based on the expected study population. Please skip this item.
- **Item 3a:** Record whether the participant’s source(s) of income are from formal employment (e.g., shop clerk, farmer, seamstress, teacher), self-employment (e.g., shop owner, artist, restaurant owner), or other type of employment.
- **Item 5:** Record the total number of reported live births, not the total number of pregnancies, or other birth outcomes.
- **Item 6:** Record whether or not the participant or someone in her family owns the home where she lives.
8. Are you currently married?.............................................................. yes □ no □
   If yes, go to item 10.

9. Do you currently have a male sexual partner?.............................. yes □ no □
   If no, end of form.

10. How old is he?............................................................................. years □ □ OR don’t know □

11. Are you currently living with him?............................................... yes □ no □

12. Does he have more than one wife or sexual partner? ................... yes □ no □ don’t know □

13. Does he provide you with financial and/or material support? ........... yes □ no □

14. What is his highest level of education?
   no schooling □
   primary school, not complete □
   primary school, complete □
   secondary, not complete □
   secondary, complete □
   attended college or university □
   don’t know □
Demographics (DEM-2)

Item-specific Instructions:

- **Item 10**: If the participant does not know her husband/partner’s exact age, record her best estimate. If she is unable to provide an estimate, mark the “don’t know” box.

- **Item 13**: Record whether or not the participant’s husband/partner provides her with any financial and/or material support. This will include things such as money, housing, food, household goods, etc.
I am going to ask some questions about a number of different topics. Some of these questions are personal and sensitive, but understanding your answers to them is important for this study. There are no right or wrong answers to these questions, and all of your answers will be kept confidential. If answering these questions brings up any issues or questions that you would like to discuss further with me or other study clinicians or counselors, we will make time for that after this interview. Shall we continue?

1. Which family planning methods are you currently using? Mark “none” or all that apply.
   - [ ] 1a. none
   - [ ] 1b. family planning pills or birth control pills
   - [ ] 1c. injectable contraceptives (such as Depo-Provera)
   - [ ] 1d. implants (such as Norplant, jadelle)
   - [ ] 1e. vaginal ring
   - [ ] 1f. diaphragm
   - [ ] 1g. sponge
   - [ ] 1h. IUD
   - [ ] 1i. natural methods such as withdrawal or rhythm method
   - [ ] 1j. male condoms
   - [ ] 1k. female condoms
   - [ ] 1l. spermicide
   - [ ] 1m. surgical sterilization (tubal ligation)
   - [ ] 1n. sex with a partner who had a vasectomy
   - [ ] 1o. other, specify:

   Local Language:
   
   English:

2. In the past 3 months, how many men have you had vaginal or anal sex with? By vaginal sex, I mean when a man puts his penis inside your vagina. By anal sex, I mean when a man puts his penis inside your anus. ..............................................................

   If 00, go to statement above item 6 on page 2.

3. In the past 3 months, did you receive money, material goods, gifts, drugs, or shelter for vaginal sex? ..............................................................

   yes
   no
   refuse to answer

4. In the past week, how many times did you have vaginal sex? .................

   If 00, go to statement above item 6 on page 2.

5. In the past week, how many times did you use a male or female condom during vaginal sex? ..............................................................

   # of times

[ ] [ ] [ ] 29-FEB-08
Baseline Behavioral Questionnaire (BBQ-1)

Item-specific Instructions:

- **Item 1**: Do not read response options to the participant. Mark the box(es) for all reported family planning methods being used by the participant. If the participant reports a method not listed, mark the “other, specify” box and record the participant’s verbatim response. Also provide the English translation in the space provided.

- **Item 2**: Use leading zeros when needed so that all the boxes are filled.

- **Item 3**: Record whether or not the participant received any financial and/or materials support in exchange for vaginal sex with any man. This includes things such as money, housing, food, household goods, etc.

- **Item 4**: Use leading zeros when needed so that all the boxes are filled.

- **Item 5**: Use leading zeros when needed so that all the boxes are filled. Review item 5 for mathematical consistency with item 4 (i.e., response to item 5 cannot be greater than response to item 4). If the two answers are not consistent, ask the participant the two questions again. Update the response accordingly if applicable.
Now I am going to ask some questions about the last time you had vaginal sex.

6. When was the last time you had vaginal sex? ............................................. dd MMM yy

7. The last time you had vaginal sex, did your partner use a male condom? ............................................................................................ yes no

8. What is your relationship to the man with whom you last had vaginal sex?
   Read each response option aloud.
   husband boyfriend/ fiancé/ regular partner friend casual acquaintance relative other

9. Was this man younger, about the same age, or older than you?
   younger
   about the same age
   older
   don’t know
   If younger, about the same age, or don’t know, go to item 10.

9a. Do you think he was less than 10 years older than you or 10 years or more older than you?
   less than 10 years
   10 years or more

10. For how long have you had sexual relations with this man?
    Read each response option aloud.
    less than a month between 1 month and 6 months more than 6 months but less than 12 months one year or more

□ □ □ ☑ 29-FEB-08

Language Staff Initials / Date
Baseline Behavioral Questionnaire (BBQ-2)

Item-specific Instructions:

- **Item 6**: If, after verbal probing, the participant is unable to provide the day (or month, or year) she last had vaginal sex, draw a line through the unknown response boxes, write “don’t know” in the white space next to the item, and initial and date.
11. Have you ever had anal sex? .................................................................
   [ ] yes  [ ] no → If no, go to item 14.

12. When was the last time you had anal sex? .................................
   [ ] dd MMM yy

13. The last time you had anal sex, did your partner use a male condom? .................................................................
   [ ] yes  [ ] no

14. In the last 12 months, has your husband or regular partner ever slapped you, hit you, kicked you, thrown things at you, or done anything else to physically hurt you? .................................................................
   [ ] yes  [ ] no → no husband/partner in past 12 months

Now I am going to ask some questions about your husband’s or partner’s HIV status.

15. Do you know your husband’s HIV status? .........................
   [ ] yes  [ ] no
   I do not have a husband
   If no or do not have a husband, go to item 18.

16. What is his status?.................................................................
   [ ] negative  [ ] positive  [ ] refuse to answer
   If negative or refuse to answer, go to item 18.

17. Has your husband taken HIV medication (ARVs) prescribed by a health care provider/doctor/nurse?
   [ ] yes  [ ] no  [ ] don’t know  [ ] refuse to answer

18. Do you know your partner’s HIV status? By partner, I mean a man you have sex with on a regular basis, but who is not your husband. .................................................................
   [ ] yes  [ ] no
   I do not have a partner
   If no or do not have a partner, go to item 21 on page 4.
Baseline Behavioral Questionnaire (BBQ-3)

Item-specific Instructions:

- **Item 11**: Definition for anal sex: when a man puts his penis inside your anus.

- **Item 12**: If, after verbal probing, the participant is unable to provide the day (or month, or year) she last had anal sex, draw a line through the unknown response boxes, write “don’t know” in the white space next to the item, and initial and date.

- **Item 14**: If the participant has had no husband or regular partner in the past 12 months, select the “no husband/partner in past 12 months” response option.
Now I am going to ask some questions about your HIV status.

21. Since you have been diagnosed, have you told any of the following people that you have HIV?

   Read each response option 21b–21n aloud.

   yes     no
   □     □ 21a. I have told no one → If yes, go to item 26 on page 7.
   yes     no     N/A
   □     □     □ 21b. husband → If no or N/A, do not ask items 22 and 23 on page 5.
   □     □     □ 21c. male partner/boyfriend → If no or N/A, do not ask items 24 and 25 on page 6.
   □     □ 21d. sister
   □     □ 21e. brother
   □     □ 21f. mother
   □     □ 21g. father
   □     □ 21h. your children
   □     □ 21i. other relative
   □     □ 21j. friend or neighbor
   □     □ 21k. church member
   □     □ 21l. community elder
   □     □ 21m. health care provider/doctor/nurse
   □     □ 21n. other, specify:

   Local Language: ________________________________

   English: ________________________________

□     □     □  X     29-FEB-08
Baseline Behavioral Questionnaire (BBQ-4)

Item-specific Instructions:

- **Item 20**: Definition for anal sex: when a man puts his penis inside your anus.

- **Item 21**: If, after verbal probing, the participant is unable to provide the day (or month, or year) she last had anal sex, draw a line through the unknown response boxes, write “don’t know” in the white space next to the item, and initial and date.

- **Item 21a**: If the participant tells you she has not told anyone she has HIV, mark the “yes” box for 21a and go to item 26.

- **Item 21n**: If “other, specify” is marked, be sure to record the participant’s verbatim response. Also provide the English translation in the space provided.
22. When did you tell your husband that you have HIV?
   *Read each response option aloud except “don’t remember.”*

   - [ ] immediately after learning I have HIV
   - [ ] within 1 month of learning I have HIV
   - [ ] more than 1 month but less than 1 year after diagnosis
   - [ ] one year or more after diagnosis
   - [x] don’t remember

23. Did your husband do any of the following after he learned you have HIV?
   *Read each response option aloud.*

   - [ ] yes
   - [ ] no
   - [ ] 23a. became angry
   - [ ] 23b. beat you
   - [ ] 23c. became very sad
   - [ ] 23d. moved out of the house
   - [ ] 23e. made you leave your house
   - [ ] 23f. suggested you see a doctor
   - [ ] 23g. started using a condom
   - [ ] 23h. refused to have sex with you
   - [ ] 23i. took another partner or wife
   - [ ] 23j. other, specify:

   *Local Language: ____________________________

   *English: ____________________________
Baseline Behavioral Questionnaire (BBQ-5)

Item-specific Instructions:

- **No data recorded on this page:** Mark this box if no data is recorded on this page other than the Participant ID and the Staff Initials/Date.

- **Item 23:** If the participant has had no husband or regular partner in the past 12 months, select the “no husband/partner in past 12 months” response option.

- **Item 23j:** If “other, specify” is marked, be sure to record the participant’s verbatim response. Also provide the English translation in the space provided.
24. When did you tell your partner that you have HIV? By partner I mean a man you have sex with on a regular basis but who is not your husband.

*Read each response option aloud except “don’t remember.”*

- [ ] immediately after learning I have HIV
- [ ] within 1 month of learning I have HIV
- [ ] more than 1 month but less than 1 year after diagnosis
- [ ] one year or more after diagnosis
- [ ] don’t remember

25. Did your partner do any of the following after he learned you have HIV? *Read each response option aloud.*

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
</tr>
</thead>
</table>
| [ ] | [ ] 25a. became angry
| [ ] | [ ] 25b. beat you
| [ ] | [ ] 25c. became very sad
| [ ] | [ ] 25d. moved out of the house
| [ ] | [ ] 25e. made you leave your house
| [ ] | [ ] 25f. suggested you see a doctor
| [ ] | [ ] 25g. started using a condom
| [ ] | [ ] 25h. refused to have sex with you

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Local Language:                                             

English: 

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[ ] [ ] [ ] 29-FEB-08
Baseline Behavioral Questionnaire (BBQ-6)

**Item-specific Instructions:**

- **No data recorded on this page:** Mark this box if no data is recorded on this page other than the Participant ID and the Staff Initials/Date.

- **Item 25j:** If “other, specify” is marked, be sure to record the participant’s verbatim response. Also provide the English translation in the space provided.
26. Have you seen a health care provider/doctor/nurse for HIV care or treatment since being diagnosed as HIV positive? ..............................................................................................
   yes
   no
   refuse to answer

27. Have you seen a traditional healer for HIV care or treatment since being diagnosed as HIV positive? ..............................................................................................
   yes
   no
   refuse to answer

28. Have you taken any HIV medication (ARVs) prescribed by a health care provider/doctor/nurse since being diagnosed as HIV positive? ..............................................................................................
   yes
   no
   refuse to answer

29. Have you taken any HIV medication (ARVs) prescribed by a traditional healer since being diagnosed as HIV positive? ..............................................................................................
   yes
   no
   refuse to answer

30. Have you received help or support for any of the following from the government, churches, or other community organizations?

   Read each response option aloud.

   yes no
   ☐ ☐ 30a. food
   ☐ ☐ 30b. clothing
   ☐ ☐ 30c. housing
   ☐ ☐ 30d. money other than study incentives/reimbursement
   ☐ ☐ 30e. other, specify:

   Local Language: __________________________________________

   English: __________________________________________________
Baseline Behavioral Questionnaire (BBQ-7)

Item-specific Instructions:

- **Item 30d:** If the participant only received money as part of study incentives or study reimbursement, check “no” for response option 30d.
- **Item 30e:** If “other, specify” is marked, be sure to record the participant’s verbatim response. Also provide the English translation in the space provided.
Now I am going to ask some questions about how you have been feeling lately, i.e., your emotions and feelings.

Read each response option aloud.

31. During the past month how much would you say you have felt blue? ..................................

32. During the past month how much would you say you have felt trapped or caught? ............

33. During the past month how much would you say you have had difficulty falling or staying asleep?...........................................................

34. During the past month how much would you say you have worried too much about things?............................................................

35. During the past month how much would you say your heart has been pounding or racing? ..........................................................

36. During the past month how much would you say you have cried easily? ............................

37. During the past month how much would you say you have felt hopeless about the future? ...........................................................

38. During the past month how much would you say you have experienced dizziness, faintness, or weakness? ................................

Thank you for completing the interview with me today.
Baseline Behavioral Questionnaire (BBQ-8)

Item-specific Instructions:

- **Items 31–38:** These questions are an index of depression. The index assesses whether the respondent is depressed by summing responses to all the questions, not from a response to any individual item/ question. Therefore, all questions must be asked.
  - For each item 31–38:
    - Read each item and response option exactly as it is worded.
    - Mark “don’t understand/don’t know” if the participant’s response is she does not know.
    - Mark “don’t understand/don’t know” if the participant can’t answer the question because she does not understand the question.
    - Mark “don’t understand/don’t know” if the participant answers the question but you think she did not understand the question. Also, mark the response box selected by the participant.

- **Item 31:** “Blue” means sad.
- **Item 32:** This question refers to feeling emotionally trapped and not physically “trapped or caught.”
- **Item 35:** This question refers to pounding or racing of one’s heart that is not a result of physical activity.
- **Item 38:** This question refers to a feeling of “dizziness, faintness, weakness” that is not a result of physical activity.
1. Have you been prescribed any HIV medication (ARVs) today or since the last visit? ............................................................................................................ yes no
   If no, end of form.

2. When was the last time you missed taking any of your HIV medication (ARVs)?
   - within the past week
   - 1–2 weeks ago
   - 2–4 weeks ago
   - 1–3 months ago
   - more than 3 months ago
   - never miss taking HIV medication (ARVs)
   - don’t know
   If 1–2 weeks ago, go to item 5 on page 2.
   If 2–4 weeks ago, go to item 5 on page 2.
   If 1–3 months ago, go to item 5 on page 2.
   If more than 3 months ago, end of form. Do not fax pages 2–4.
   If never miss taking medicine, end of form. Do not fax pages 2–4.

3. During the past 4 days, for how many days have you missed taking all your HIV medication (ARVs)?
   - none
   - 1 day
   - 2 days
   - 3 days
   - 4 days

4. Some people find that they forget to take their HIV medication (ARVs) on weekend days. Did you miss any of your HIV medication (ARVs) last Saturday or Sunday? ............................................................................................................ yes no
Antiretroviral Therapy Adherence (ATA-1)

The intent of items 1–4 is to assess the participant’s access to and uptake of HIV care and treatment. The questions measure adherence to medication/ARVs and factors that influence adherence to ARVs.
5. Now I’m going to ask you about the HIV medication (ARVs) you have been prescribed and if you have missed taking any of the HIV medication (ARVs) in the past 2 weeks, and in the past 30 days. If you only took a portion of a dose on one or more of these days, report the dose as being missed.

<table>
<thead>
<tr>
<th>Med code</th>
<th>Abbreviation/Name of your drugs</th>
<th># of prescribed doses missed (past 2 weeks)</th>
<th># of prescribed doses missed (past 30 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5d.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5e.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. How many days have you not been able to take your HIV medication (ARVs) in the past 30 days because you did not have pills and could not get more? .................................................................

7. Have you taken any HIV medication (ARVs) in the past month? .........

8. In the past month, how often have you missed taking your HIV medication (ARVs) because you:

   Read each response option aloud.

   never rarely sometimes often

8a. wanted to avoid side effects? ...........................................................
8b. could not follow dietary instructions? ...........................................
8c. were sharing ART with other family members and friends? ...............  
8d. religious beliefs? .................................................................

☐ ☐ ☐ X 29-FEB-08
Antiretroviral Therapy Adherence (ATA-2)

The intent of items 5–8 is to assess the participant’s access to and uptake of HIV care and treatment. The questions measure adherence to medication/ARVs and factors that influence adherence to ARVs.

Item-specific Instructions:

- **Item 5:** Refer to the MTN 015 ART Medications Code List for medication codes.
  - A dose is the number of pills prescribed at an interval (e.g., two pills every 8 hours equals three doses per day). Record “00” if a dose was not missed.
Read each response option aloud.

8e. do not fully understanding the regimen and its requirements? ..............................................................

8f. were traveling away from home? ...................................................

8g. had transportation problems getting to the clinic? ..................

8h. lost pills? ..................................................................................

8i. had too many pills? .................................................................

8j. had a bad event happen that you felt was related to taking the pills? ....................................................

8k. forgot? ......................................................................................

8l. ran out of pills? ........................................................................

8m. were busy doing other things? ............................................... 

8n. tired of taking too many pills? ................................................

8o. other illness or health problems got in the way? ......................

8p. stigmatization (what others may say or discover about my disease)? .....................................................

8q. fear of stigmatization within the home (e.g., not wanting the husband to know)? ....................................

Language 0
Staff Initials / Date 1
Antiretroviral Therapy Adherence (ATA-3)

Item-specific Instructions:

- **Item 8p**: This question refers to stigmatization from people outside one’s family.
<table>
<thead>
<tr>
<th>Read each response option aloud.</th>
<th>never</th>
<th>rarely</th>
<th>sometimes</th>
<th>often</th>
</tr>
</thead>
<tbody>
<tr>
<td>8r. pills got damaged from heat or getting wet?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8s. were too ill to attend clinic to collect drugs?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8t. pills getting stolen (e.g., while in transit in a taxi/bus station)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8u. having to wake up very early to commute and no time to eat?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8v. didn’t think they would really work?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8w. were bothered by your dreams?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8x. clinic or doctor did not have pills for you?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8y. other, specify below:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Local Language: 

English: 
Antiretroviral Therapy Adherence (ATA-4)

Item-specific Instructions:

- **Item 8y**: If “other, specify” is marked, be sure to record the participant’s verbatim response. Also provide the English translation in the space provided.
I am now going to ask you some questions about a number of different topics. Some of these questions are personal and sensitive, but understanding your answers to them is important for this study. There are no right or wrong answers to these questions, and all of your answers will be kept confidential. If answering these questions brings up any issues or questions that you would like to discuss further with me or other study clinicians or counselors, we will make time for that after this interview. Shall we continue?

1. Are you currently married? ....................................... 
   yes □ no □ → If no, go to item 8 on page 2.

2. Are you currently living with your husband? .............. 
   yes □ no □

Your last interview was ________________ (Interviewer will tell the respondent when her last interview was).

3. Are you married to the same man you told us about at your last interview in ____________? (month of last interview from above)? ........................................... 
   yes □ no □ don’t remember □ → If yes, go to item 8 on page 2.

4. Is your husband older, about the same age, or younger than you?
   □ younger →
   □ about the same age →
   □ older → If younger, about the same age, or don’t know, go to item 5.
   □ don’t know →

4a. Do you think he is less than 10 years older than you or 10 years or more older than you?
   □ less than 10 years
   □ 10 years or more

5. Does your husband have more than one wife or sexual partner? ................................................................. 
   yes □ no □ don’t know □
Follow-up Behavioral Questionnaire (FBQ-1)

Item-specific Instructions:

- **Items 1 and 2**: Emphasize “currently.”
Follow-up Behavioral Questionnaire (FBQ-2)

Participant ID

Site Number - Participant Number - Chk

Follow-up Behavioral Questionnaire

6. Does your husband provide you with financial and/or material support? ........................................... yes no

7. What is your husband’s highest level of education?
   - no schooling
   - primary school, not complete
   - primary school, complete
   - secondary school, not complete
   - secondary school, complete
   - attended college or university
   - don’t know

8. Do you currently have a partner? By partner, I mean a man you have sex with on a regular basis but who is not your husband. ......................... yes no
   If no, go to statement above item 15 on page 4.

9. Are you currently living with your partner? .............. yes no

Your last interview was ____________ (Interviewer will tell the respondent when her last interview was).

10. Is your current partner the male sexual partner you told us about at your last interview in ____________ (month of last interview from above)? ................................................................. yes no don’t remember
   If yes, go to statement above item 15 on page 4.
Follow-up Behavioral Questionnaire (FBQ-2)

Item-specific Instructions:

- **Item 6:** Record whether or not the participant’s husband provides her with any financial and/or material support. This will include things such as money, housing, food, household goods, etc.
- **Item 8:** Emphasize “currently.” Allow the woman to use her own definition of “regular partner.”
- **Item 9:** Emphasize “currently.”
11. Is your sexual partner younger, about the same age, or older than you?

- [ ] younger
- [ ] about the same age
- [ ] older
- [ ] don’t know

If younger, about the same age, or don’t know, go to item 12.

11a. If older, do you think he is less than 10 years older than you or 10 years or more older than you?

- [ ] less than 10 years
- [ ] 10 years or more

12. Does your partner have more than one wife or sexual partner? .................................................................

- [ ] yes
- [ ] no
- [ ] don’t know

13. Does your partner provide you with financial and/or material support? ..................................................

- [ ] yes
- [ ] no

14. What is your partner’s highest level of education?

- [ ] no schooling
- [ ] primary school, not complete
- [ ] primary school, complete
- [ ] secondary school, not complete
- [ ] secondary school, complete
- [ ] attended college or university
- [ ] don’t know
Follow-up Behavioral Questionnaire (FBQ-3)

Item-specific Instructions:

- **No data recorded on this page:** Mark this box if no data is recorded on this page other than the Participant ID and the Staff Initials/Date.

- **Item 13:** Record whether or not the participant’s partner provides her with any financial and/or material support. This will include things such as money, housing, food, household goods, etc.
Follow-up Behavioral Questionnaire (FBQ-4)

Visit Code: [ ] [ ] Page 4 of 10

I am now going to ask you some questions about sexual behavior. Again, some of these questions are personal and sensitive, but understanding sexual behavior is important for this research study. There are no right or wrong answers to these questions, and all of your answers will be kept confidential. Shall we continue?

15. In the past 3 months, how many men have you had vaginal or anal sex with? ........................................

16. In the past week, how many times did you have vaginal sex? ............................................................

17. In the past week, how many times did you use a male or female condom during vaginal sex? ........

18. In the last 3 months, when was the last time you had vaginal sex? ......................................................

19. What is your relationship to the man with whom you last had sex? Read each response option aloud.

- husband
- boyfriend/
- fiancé/
- regular partner
- friend
- acquaintance
- relative
- other

20. Was this man younger, about the same age, or older than you?

- younger
- about the same age
- older
- don’t know

20a. Do you think he was less than 10 years older than you or 10 years or more older than you?

- less than 10 years
- 10 years or more
Follow-up Behavioral Questionnaire (FBQ-4)

Item-specific Instructions:

- **Item 15**: Use leading zeros when needed so that all boxes are filled.
- **Item 16**: Use leading zeros when needed so that all boxes are filled.
- **Item 17**: Use leading zeros when needed so that all boxes are filled. Review item 17 for mathematical consistency with item 16 (i.e., response to item 17 cannot be greater than response to item 16). If the two answers are not consistent, ask the participant the two questions again. Update the response accordingly if applicable.
- **Item 18**: If, after verbal probing, the participant is unable to provide the day (or month, or year) she last had vaginal sex, draw a line through the unknown response boxes, write “don’t know” in the white space next to the item, and initial and date.
Follow-up Behavioral Questionnaire (FBQ-5)

Participant ID

Site Number  Participant Number  Chk

Follow-up Behavioral Questionnaire

21. The last time you had vaginal sex, did your partner use a male condom? ✓  ❌

22. In the past 3 months, did you receive money, material goods, gifts, drugs, or shelter for vaginal sex? ✓  ❌  refusal

23. In the past 3 months, did you have anal sex? Yes  No  Refuse

24. Which family planning methods are you currently using? Mark “none” or all that apply.

24a. None  →  If none, go to statement above item 25.

24b. Family planning pills or birth control pills

24c. Injectable contraceptives (such as Depo-Provera)

24d. Implants (such as Norplant, Jadelle)

24e. Vaginal ring

24f. Diaphragm

24g. Sponge

24h. IUD

24i. Natural methods such as withdrawal or rhythm method

24j. Male condoms

24k. Female condoms

24l. Spermicide

24m. Surgical sterilization (tubal ligation)

24n. Sex with a partner who had a vasectomy

24o. Other, specify:

Local Language:

English:

Now I am going to ask some questions about your husband’s or partner’s HIV status.

25. Do you know your husband’s HIV status? Yes  No  Don’t know  Refuse

26. What is his status? Yes  No  Refuse

27. Since your last interview, has your husband taken HIV medication (ARVs) prescribed by a health care provider/doctor/nurse? Yes  No  Don’t know  Refuse
Follow-up Behavioral Questionnaire (FBQ-5)

Item-specific Instructions:

- **Item 23**: Definition for anal sex: when a man puts his penis inside your anus.

- **Item 24**: These response options are not read aloud to the participant. Mark the box(es) for all reported family planning methods being used by the participant. If the participant reports a method not listed, mark the “other, specify” box and record the participant’s verbatim response. Also provide the English translation in the space provided.
28. Do you know your partner’s HIV status? By partner, I mean a man you have sex with on a regular basis, but who is not your husband. 

- yes
- no
- I do not have a partner

If no or do not have a partner, go to item 31.

29. What is his status?

- negative
- positive
- refuse to answer

If negative or refuse to answer, go to item 31.

30. Since your last interview, has your partner taken HIV medication (ARVs) prescribed by a health care provider/doctor/nurse?

- yes
- no
- don’t know
- refuse to answer

31. Since your last interview, have you told any of the following people that you have HIV?

Read each response option 31b-31n aloud.

- yes
- no

31a. I have told no one — If yes, go to item 36 on page 9.

31b. husband — If no or N/A, do not ask items 32 and 33 on page 7.

31c. male partner/boyfriend — If no or N/A, do not ask items 34 and 35 on page 8.

31d. sister

31e. brother

31f. mother

31g. father

31h. your children

31i. other relative

31j. friend or neighbor

31k. church member

31l. community elder

31m. health care provider/doctor/nurse

31n. other, specify:

Local Language: ________________________________

English: ____________________________________
Follow-up Behavioral Questionnaire (FBQ-6)

Item-specific Instructions:

- **Item 31a**: If the participant tells you she has not told anyone she has HIV, mark the “yes” box for 31a and go to item 36.

- **Item 31n**: If “other, specify” is marked, be sure to record the participant’s verbatim response. Also provide the English translation in the space provided.
Read each response option aloud except “don’t remember.”

32. When did you tell your husband that you have HIV?

☐ immediately after learning I have HIV
☐ within 1 month of learning I have HIV
☐ more than 1 month but less than 1 year after diagnosis
☐ one year or more after diagnosis
☐ don’t remember

33. Did your husband do any of the following after he learned you have HIV?

Read each response option aloud.

yes no
☐ ☐ 33a. became angry
☐ ☐ 33b. beat you
☐ ☐ 33c. became very sad
☐ ☐ 33d. moved out of the house
☐ ☐ 33e. made you leave your house
☐ ☐ 33f. suggested you see a doctor
☐ ☐ 33g. started using a condom
☐ ☐ 33h. refused to have sex with you

yes no  don’t know
☐ ☐ ☐ 33i. took another partner or wife
☐ ☐ 33j. other, specify:

Local Language: 

English: 

☐ ☐  ☑ 

29-FEB-08
Follow-up Behavioral Questionnaire (FBQ-7)

Item-specific Instructions:

- **No data recorded on this page**: Mark this box if no data is recorded on this page other than the Participant ID and the Staff Initials/Date.

- **Item 33j**: If “other, specify” is marked, be sure to record the participant’s verbatim response. Also provide the English translation in the space provided.
34. When did you tell your partner that you have HIV? By partner I mean a man you have sex with on a regular basis but who is not your husband. Read each response aloud except “don’t remember.”

- immediately after learning I have HIV
- within 1 month of learning I have HIV
- more than 1 month but less than 1 year after diagnosis
- one year or more after diagnosis
- don’t remember

35. Did your partner do any of the following after he learned you have HIV? Read each response option aloud.

- yes
- no

- 35a. became angry
- 35b. beat you
- 35c. became very sad
- 35d. moved out of the house
- 35e. made you leave your house
- 35f. suggested you see a doctor
- 35g. started using a condom
- 35h. refused to have sex with you
- 35i. took another partner or wife
- 35j. other, specify: 
  Local Language: ________________________________
  English: ________________________________

No data recorded on this page
Follow-up Behavioral Questionnaire (FBQ-8)

Item-specific Instructions:

- **No data recorded on this page:** Mark this box if no data is recorded on this page other than the Participant ID and the Staff Initials/Date.

- **Item 35j:** If “other, specify” is marked, be sure to record the participant’s verbatim response. Also provide the English translation in the space provided.
Follow-up Behavioral Questionnaire

Participant ID

Site Number - Participant Number - Chk

Language

Follow-up Behavioral Questionnaire

36. Since your last interview, have you seen a health care provider/doctor/nurse for HIV care or treatment? ..............................................
   yes  no  don't know  refuse to answer

37. Since your last interview, have you seen a traditional healer for HIV care or treatment? ...........................................................
   yes  no  don't know  refuse to answer

38. Since your last interview, have you taken any HIV medication (ARVs) prescribed by a health care provider/doctor/nurse?
   yes  no  don't know  refuse to answer

39. Since your last interview, have you taken any HIV medication (ARVs) prescribed by a traditional healer? ...............................
   yes  no  don't know  refuse to answer

40. Since your last interview, have you received help or support for any of the following from the government, churches, or other community organizations?

   yes  no
   40a. food
   40b. clothing
   40c. housing
   40d. money other than study incentives/reimbursement
   40e. other, specify:

   Local Language: ________________________________________________
   English: ______________________________________________________

Now I am going to ask some questions about how you have been feeling lately, i.e., your emotions and feelings.

Read each response option aloud.

41. During the past month how much would you say you have felt blue? ..............................
   not at all  a little  quite a bit  extremely  don't understand/don't know

42. During the past month how much would you say you have felt trapped or caught? ..............
   not at all  a little  quite a bit  extremely  don't understand/don't know

□  □  □  □  □  29-FEB-08
Follow-up Behavioral Questionnaire (FBQ-9)

Item-specific Instructions:

- **Items 36 and 37**: These questions assess the participant’s access to HIV care and treatment, and utilization of HIV support services available in the community.

- **Items 38–40**: These questions assess the participant’s access to HIV care and treatment, and utilization of HIV support services available in the community.

- **Items 41–42**: These questions are an index of depression. The index assesses whether the respondent is depressed by summing responses to all the questions, not from a response to any individual item/question. Therefore, all questions must be asked.
  - For each item 41–42:
    - Read each item and response option exactly as it is worded.
    - Mark “don’t understand/don’t know” if the participant’s response is she does not know
    - Mark “don’t understand/don’t know” if the participant can’t answer the question because she does not understand the question
    - Mark “don’t understand/don’t know” if the participant answers the question but you think she did not understand the question. Also, mark the response box selected by the participant.

- **Item 41**: “Blue” means sad.
- **Item 42**: This question refers to feeling emotionally trapped and not physically “trapped or caught.”
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**Follow-up Behavioral Questionnaire**

43. During the past month how much would you say you have had difficulty falling or staying asleep? .................................................................

44. During the past month how much would you say you have worried too much about things? .................................................................

45. During the past month how much would you say your heart has been pounding or racing? .................................................................

46. During the past month how much would you say you have cried easily? .................................................................

47. During the past month how much would you say you have felt hopeless about the future? .................................................................

48. During the past month how much would you say you have experienced dizziness, faintness, or weakness? .................................................................

Thank you for completing the interview with me today.
Follow-up Behavioral Questionnaire (FBQ-10)

Item-specific Instructions:

- **Items 43–48:** These questions are an index of depression. The index assesses whether the respondent is depressed by summing responses to all the questions, not from a response to any individual item/question. Therefore, all questions must be asked.
  - For each item 43–48:
    - Read each item and response option exactly as it is worded.
    - Mark “don’t understand/don’t know” if the participant’s response is she does not know.
    - Mark “don’t understand/don’t know” if the participant can’t answer the question because she does not understand the question.
    - Mark “don’t understand/don’t know” if the participant answers the question but you think she did not understand the question. Also, mark the response box selected by the participant.

- **Item 45:** This question refers to pounding or racing of one’s heart that is not a result of physical activity.

- **Item 48:** This question refers to a feeling of “dizziness, faintness, weakness” that is not a result of physical activity.