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Visit Date					
dd		MMM		yy	

Instructions: This form should be completed for all participants. Each item does not need to be asked verbatim; rather, staff should ask questions in the preferred language of the participant, as appropriate, to elicit information required for form completion. Unless otherwise indicated, only one response may be selected. Response options should not be read unless otherwise indicated.

INTERVIEWER: Please inform the participant that you will be asking questions to help researchers know what type of people participated in this study. All the information the participant provides will be kept confidential and will not be shared with anyone else besides the research study staff.

DEMOGRAPHIC INFORMATION FORM (DEM)

1.	What is the participant's date of birth?	<input type="text"/> <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 (approximate) age: <input type="text"/> <input type="text"/>
2.	What is the participant's primary nationality? (<i>mark one</i>)	<input type="checkbox"/> ₁ South Africa <input type="checkbox"/> ₁ Zimbabwe <input type="checkbox"/> ₁ Malawi <input type="checkbox"/> ₁ Uganda <input type="checkbox"/> ₁ Other, specify: _____
3.	[<i>If answer to item 2 does not match country of interview</i>] How many years has the participant lived in this country?	<input type="text"/> <input type="text"/> years
4.	What is the participant's ethnic group or tribe? (<i>mark ethnic group/tribe code</i>)	<input type="text"/> <input type="text"/> Ethnic Group/Tribe Code Other, specify: _____
5.	What language does the participant mostly speak at home? (<i>mark language code</i>)	<input type="text"/> <input type="text"/> Language Code Other, specify: _____
6.	Does the participant currently earn an income of his or her own?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → If No, go to item 8
7.	How does the participant currently earn income? (<i>mark all that apply</i>)	<input type="checkbox"/> ₁ Formal employment, specify: _____ <input type="checkbox"/> ₁ Self-employment, specify: _____ <input type="checkbox"/> ₁ Social grant <input type="checkbox"/> ₁ Other, specify: _____
8.	What is the participant's highest level of education? (<i>mark one</i>)	<input type="checkbox"/> ₁ No schooling <input type="checkbox"/> ₂ Primary school, not complete <input type="checkbox"/> ₃ Primary school, complete <input type="checkbox"/> ₄ Secondary school, not complete <input type="checkbox"/> ₅ Secondary school, complete <input type="checkbox"/> ₆ College/university, not complete <input type="checkbox"/> ₇ College or university, complete

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9.	What is the participant's religion? (<i>mark one</i>)	<input type="checkbox"/> 1 Christian <input type="checkbox"/> 2 Muslim <input type="checkbox"/> 3 Other specify: _____ <input type="checkbox"/> 9 None → If None, go to item 11
10.	How many times a week does the participant attend religious services? (<i>mark one</i>)	<input type="checkbox"/> 4 More than once a week <input type="checkbox"/> 3 Once a week <input type="checkbox"/> 2 Occasionally <input type="checkbox"/> 1 Never
11.	What is the participant's marital status? (<i>choose one</i>)	<input type="checkbox"/> 1 Single, never married <input type="checkbox"/> 2 Married <input type="checkbox"/> 3 Separated <input type="checkbox"/> 4 Divorced <input type="checkbox"/> 5 Widowed <input type="checkbox"/> 6 Other, specify: _____
12.	<p>[<i>Pregnant/Breastfeeding Women</i>] How many of the participant's pregnancies resulted in a live birth?</p> <p>[<i>Male Partners</i>] How many children has the participant fathered?</p>	<input type="text"/> <input type="text"/> (<i>specify number</i>)
13.	Who does the participant live with? (<i>mark all that apply</i>)	<input type="checkbox"/> 1 Lives alone <input type="checkbox"/> 1 Spouse/primary partner <input type="checkbox"/> 1 Mother and/or father <input type="checkbox"/> 1 Sibling(s) <input type="checkbox"/> 1 Grandparent(s) <input type="checkbox"/> 1 Other relative(s) <input type="checkbox"/> 1 Child(ren) <input type="checkbox"/> 1 Grandchild(ren) <input type="checkbox"/> 1 Other, <i>specify</i> : _____
14.	Does the participant's household have:...? [<i>Read responses, mark all that apply</i>]	<input type="checkbox"/> 1 Electricity or solar panels <input type="checkbox"/> 1 Radio <input type="checkbox"/> 1 Television <input type="checkbox"/> 1 Mobile telephone <input type="checkbox"/> 1 Computer/tablet <input type="checkbox"/> 1 VCR/DVD player <input type="checkbox"/> 1 Refrigerator <input type="checkbox"/> 1 Washing machine <input type="checkbox"/> 1 Table <input type="checkbox"/> 1 Car or truck <input type="checkbox"/> 1 Motorcycle <input type="checkbox"/> 1 Bicycle

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15.	In the past four weeks, how often did the participant worry that s/he would not have enough food? <i>(Read responses.)</i>	<input type="checkbox"/> 1 Never <input type="checkbox"/> 2 Rarely (once or twice) <input type="checkbox"/> 3 Sometimes (3-10 times) <input type="checkbox"/> 4 Often (more than 10 times)
16.	What is the main source of drinking water for members of the participant's household? [<i>mark water source code</i>]	<input type="checkbox"/> <input type="checkbox"/> Water Source Code Other, specify: _____

HIV PREVENTION PRODUCTS

17i. [*For ALL participants*] What HIV prevention product(s) has the participant ever heard of before today? These could be products that are being studied, or products that are publicly/commercially available now.

17ii. [*For pregnant/ breastfeeding women or male partners ONLY*] What HIV prevention product(s) has the participant ever used?

17.		<i>[Only 'Go to 17ii' for MP or PBF if 'Yes']</i>	<i>[For pregnant/ breastfeeding women or male partners]</i>
		<i>i. EVER heard of</i>	<i>ii. EVER used</i>
	a. Male condom	<input type="checkbox"/> 1 Yes → Go to 17ii <input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No
	b. Female condom	<input type="checkbox"/> 1 Yes → Go to 17ii <input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No
	c. Vaginal gel	<input type="checkbox"/> 1 Yes → Go to 17ii <input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 99 Not Applicable
	d. Vaginal ring	<input type="checkbox"/> 1 Yes → Go to 17ii <input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No <input type="checkbox"/> 99 Not Applicable
	e. Tablets/Oral PrEP	<input type="checkbox"/> 1 Yes → Go to 17ii <input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No
	f. Other <i>(specify):</i> _____	<input type="checkbox"/> 1 Yes → Go to 17ii <input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 0 No

MTN-041 Demographic Information Form (DEM)

Item-Specific Instructions:

- **Item 1:** If any portion of the date of birth is unknown, record age at time of screening. If age is unknown, record the participant's best estimate of his/her age. Do not complete both answers.
- **Item 3:** If time spent in current country is less than 1 year, enter 00.
- **Item 4:** Record the 2-digit country-specific code below that is associated with the participant's ethnic group or tribe. If the participant responds with "other," record, "26" and the participant's verbatim (word-for-word) response. If the participant identifies with more than one ethnic group or tribe, enter 26 "other" and specify all the groups identified.

Malawi	South Africa	Uganda		Zimbabwe
27 – Chewa	23 – Xhosa	01 – Acholi	12 – Iteso	21 – Shona
28 – Lomwe	24 – Zulu	02 – Baganda	14 – Karamojong	20 – Ndebele
29 – Tumbuka	11 – Indian	03 – Bagisu	16 – Lango	22 – White
30 – Yao	10 – Colored	04 – Bakiga	17 – Lugbara	25 – Other
22 – White	22 – White	05 – Banyankore	22 – White	African Tribe
25 – Other	25 – Other	06 – Banyaruanda	25 – Other	26 – Other
African Tribe	African Tribe	07 – Banyoro	African Tribe	
26 – Other	26 – Other	08 – Basoga	26 – Other	
		09 – Batoro		

- **Item 5:** Record the 2-digit country-specific code below that is associated with the participant's language. If the participant speaks multiple languages at home, s/he should specify which language is MOST spoken at home. If the participant responds with "other," record "99" and the participant's verbatim (word-for-word) response.

Malawi	South Africa	Uganda	Zimbabwe
08 – Chichewa	01 – IsiZulu	03 – IsiXhosa	04 – English
04 – English	02 – Sesotho	04 – English	07 – Ndebele
99 – Other		99 – Other	06 – Shona
			99 – Other

- **Item 6:** "Income" refers exclusively to money earned.
- **Item 7:** 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. If "other, specify" box is marked, record the participant's verbatim (word-for-word) response on the line. If the participant responds in a language other than English, provide the English translation of the response on the line.
- **Item 8:** If the participant attended or completed a post-secondary diploma or certificate program, mark the "attended college or university, complete" box. If the participant reports primary or secondary school, be sure to probe to verify whether it was completed or not.
- **Item 10:** If a participant reports attending church or religious services irregularly or every once in a while, mark "less than once a week."
- **Item 12:** For females, record the total number of reported live births, not the total number of pregnancies, or other birth outcomes.
- **Item 13:** "Live with" means sleeping under the same roof or as part of the same household at least 6 months of the year.
- **Item 14:** A washing machine refers to a machine that is used to wash clothing.
- **Item 16:** Record the 2-digit code below to indicate the type of water source used in the household. If 'other' is selected, specify type.

01 – Piped (dwelling/compound)	04 – Borehole/well (public/shared)
02 – Piped (public/shared)	05 – Spring/river/pond/dam
03 – Borehole/well (dwelling/compound)	99 – Other

- **Item 17ii:** Only record responses for pregnant/breastfeeding women or male partners.