

MTN-045 QUESTIONNAIRE: PART 2

Notes: These questions will be completed by all participants individually. Some questions are indicated for female participants and others are indicated for male participants only. This instrument will be administered on tablets following the DCE survey. Male and female versions will be programmed.

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: For this next part of your visit today I am going to ask you some questions. All the information you provide will be kept confidential and will not be shared with anyone outside the research staff. I want to assure you that we will not share your answers with your partner. The first questions ask about your background.

DEMOGRAPHICS

1.	How old are you?	Age (in years): <input type="text"/> <input type="text"/>
2.	What is your 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
3.	What is your religion? (<i>mark one</i>)	<input type="checkbox"/> ₁ Christian <input type="checkbox"/> ₂ Muslim <input type="checkbox"/> ₃ Other, specify: _____ <input type="checkbox"/> ₄ None → <i>skip to Q5</i>
4.	How many times a week do you attend religious services? (<i>mark one</i>)	<input type="checkbox"/> ₁ More than once a week <input type="checkbox"/> ₂ Once a week <input type="checkbox"/> ₃ Occasionally <input type="checkbox"/> ₄ Never
5.	In the past four weeks, how often did you worry that you 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)
6.	How many people in total reside in your household? (<i>Total should include respondent</i>)	# household residents: <input type="text"/> <input type="text"/>

7.	Who are the people you live with now? (<i>Read responses</i>)	Yes	No
	7a. I live alone [<i>If lives alone, skip to 8</i>]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	7b. Spouse or boyfriend (<i>women</i>)/girlfriend (<i>men</i>)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	7c. Sibling(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	7d. Mother and/or father	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	7e. Other relative(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	7f. Your child(ren)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	7g. Friend(s)/Roommate(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	7h. Other, <i>specify</i> : _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
8.	Is there a place in your home that you can go where you know you will have privacy?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	
PARTNERSHIP BACKGROUND			
<i>Interviewers reads: Now we are going to ask questions about you and your relationship with your sexual partner. By this I mean the partner who enrolled in the study with you.</i>			
9.	Do you consider this partner to be your primary partner? By primary partner, we mean someone you have sex with on a regular basis who you consider to be your main partner.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	
10.	For how many years have you and your partner been in a sexual relationship? If you have been in a relationship for less than one year, how many months have you been together? (<i>If <1 year, write "00" in years</i>)	<input type="text"/> or <input type="text"/> years months	
11.	Are you and your partner currently married to each other? By married, we mean traditionally or legally married.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Skip to Q13 <input type="checkbox"/> ₃ Other, specify: _____	
12.	[<i>Women</i>] Does your partner have other wives or does he live with other women as if married? [<i>Men</i>] Does your partner have other husbands or does she live with other men as if married?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	
13.	Are you married to anyone else?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	
14.	[<i>Unmarried: if 11 and 13=No</i>] Are you living with your partner? By "live with" I mean that you sleep under the same roof and share a primary residence.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	

15.	In the last 3 months, has your partner (the person who enrolled in the study with you) had sexual partners other than you?	<input type="checkbox"/> ₁ Yes, I know so <input type="checkbox"/> ₂ Yes, I think so <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ Don't know								
HIV PREVENTION & RISK PERCEPTION										
<i>Interviewers reads: The next questions ask you about HIV and things you may have done to protect yourself from HIV.</i>										
16.	Have you ever been tested for HIV?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ Not sure								
17.	Have you ever talked to your partner about their HIV status?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No								
18.	<i>[Women]</i> What is your partner's HIV status?	<input type="checkbox"/> ₁ HIV negative → <i>Skip to Q20</i> <input type="checkbox"/> ₂ HIV positive <input type="checkbox"/> ₃ Don't know → <i>Skip to Q20</i>								
19.	<i>[Women]</i> Is he taking antiretroviral treatment (ARVs)?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ Don't know								
20.	In the past 3 months, how often have you been worried about getting HIV?	<input type="checkbox"/> ₁ Often <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Rarely <input type="checkbox"/> ₄ Never								
<i>Interviewers reads: Please tell me to what extent you agree or disagree with the following statements. (Read response options)</i>										
		<table border="1"> <thead> <tr> <th style="width: 15%;">Strongly agree</th> <th style="width: 15%;">Agree</th> <th style="width: 15%;">Disagree</th> <th style="width: 15%;">Strongly disagree</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/>₁</td> <td><input type="checkbox"/>₂</td> <td><input type="checkbox"/>₃</td> <td><input type="checkbox"/>₄</td> </tr> </tbody> </table>	Strongly agree	Agree	Disagree	Strongly disagree	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Strongly agree	Agree	Disagree	Strongly disagree							
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄							
21.	My sexual behavior gives me a chance of getting HIV.	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄								
22.	My partner's sexual behavior gives me a chance of getting HIV.	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄								
23.	I trust my partner to do their part to keep me free from HIV.	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄								
24.	My partner will accuse me of being unfaithful if I want to use an HIV prevention method.	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄								

25.	<p>The next questions ask about various methods that a couple can use to prevent HIV.</p> <p>Which of the following methods for HIV prevention have you ever used? For this question, please answer based on your experiences with ALL your partners, both past and current.</p> <p>Have you used...<i>[insert method name]</i>?</p> <table border="1" data-bbox="305 386 1503 705"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>25a. Male condom</td> <td><input type="checkbox"/>₁</td> <td><input type="checkbox"/>₂</td> </tr> <tr> <td>25b. Female condom</td> <td><input type="checkbox"/>₁</td> <td><input type="checkbox"/>₂</td> </tr> <tr> <td>25c. Oral PrEP</td> <td><input type="checkbox"/>₁</td> <td><input type="checkbox"/>₂</td> </tr> <tr> <td>25d. Male circumcision</td> <td><input type="checkbox"/>₁</td> <td><input type="checkbox"/>₂</td> </tr> <tr> <td>25e. <i>Other</i>: Are there any other methods you have used to prevent HIV? <i>(specify)</i>:_____</td> <td><input type="checkbox"/>₁</td> <td><input type="checkbox"/>₂</td> </tr> </tbody> </table>		Yes	No	25a. Male condom	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	25b. Female condom	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	25c. Oral PrEP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	25d. Male circumcision	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	25e. <i>Other</i> : Are there any other methods you have used to prevent HIV? <i>(specify)</i> :_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
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26.	<p>Are you and your partner currently using a method for HIV prevention?</p> <p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₂ No → <i>Skip to Q28</i></p>																		
27.	<p>What method(s) are you using?</p> <table border="1" data-bbox="305 968 1503 1260"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>27a. Male condom</td> <td><input type="checkbox"/>₁</td> <td><input type="checkbox"/>₂</td> </tr> <tr> <td>27b. Female condom</td> <td><input type="checkbox"/>₁</td> <td><input type="checkbox"/>₂</td> </tr> <tr> <td>27c. Oral PrEP</td> <td><input type="checkbox"/>₁</td> <td><input type="checkbox"/>₂</td> </tr> <tr> <td>27d. Male circumcision</td> <td><input type="checkbox"/>₁</td> <td><input type="checkbox"/>₂</td> </tr> <tr> <td>27e. <i>Other (specify)</i>:_____</td> <td><input type="checkbox"/>₁</td> <td><input type="checkbox"/>₂</td> </tr> </tbody> </table>		Yes	No	27a. Male condom	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	27b. Female condom	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	27c. Oral PrEP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	27d. Male circumcision	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	27e. <i>Other (specify)</i> :_____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
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FAMILY PLANNING																																			
28.	<p>Now, I would like to talk about family planning. Family planning refers to the various methods that a couple can use to delay or avoid pregnancy.</p> <p>Which of the following methods for family planning have you or your partners ever used? Please answer based on your experiences with ALL your partners, both past and present.</p> <p><i>[Women]</i> Have you ever used... <i>[insert method name]</i>?</p> <p><i>[Men]</i> Have your partners ever used <i>[insert method name]</i> when you were having sex with them?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>28a. Oral pills</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> <td style="text-align: center;"><input type="checkbox"/>₂</td> </tr> <tr> <td>28b. Injectable (or shot)</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> <td style="text-align: center;"><input type="checkbox"/>₂</td> </tr> <tr> <td>28c. Implant</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> <td style="text-align: center;"><input type="checkbox"/>₂</td> </tr> <tr> <td>28d. Male condoms (<i>Women</i>: Have you ever had sex with a partner who used a male condom?)</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> <td style="text-align: center;"><input type="checkbox"/>₂</td> </tr> <tr> <td>28e. Female condoms (<i>Men</i>: Have you ever had sex with a partner who used a female condom?)</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> <td style="text-align: center;"><input type="checkbox"/>₂</td> </tr> <tr> <td>28f. IUD</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> <td style="text-align: center;"><input type="checkbox"/>₂</td> </tr> <tr> <td>28g. Emergency contraception</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> <td style="text-align: center;"><input type="checkbox"/>₂</td> </tr> <tr> <td>28h. Female sterilization (tubal ligation/hysterectomy)</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> <td style="text-align: center;"><input type="checkbox"/>₂</td> </tr> <tr> <td>28i. Natural methods (rhythm, fertility awareness, calendar)</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> <td style="text-align: center;"><input type="checkbox"/>₂</td> </tr> <tr> <td>28j. <i>Other</i>: Is there any other method you have used for family planning? (<i>specify</i>): _____</td> <td style="text-align: center;"><input type="checkbox"/>₁</td> <td style="text-align: center;"><input type="checkbox"/>₂</td> </tr> </tbody> </table>		Yes	No	28a. Oral pills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	28b. Injectable (or shot)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	28c. Implant	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	28d. Male condoms (<i>Women</i> : Have you ever had sex with a partner who used a male condom?)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	28e. Female condoms (<i>Men</i> : Have you ever had sex with a partner who used a female condom?)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	28f. IUD	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	28g. Emergency contraception	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	28h. Female sterilization (tubal ligation/hysterectomy)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	28i. Natural methods (rhythm, fertility awareness, calendar)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	28j. <i>Other</i> : Is there any other method you have used for family planning? (<i>specify</i>): _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	
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29.	<p>Would you say that using (or not using) family planning is mainly your decision, your partner's decision, or do you both decide together?</p>	<input type="checkbox"/> ₁ Mainly you <input type="checkbox"/> ₂ Mainly partner <input type="checkbox"/> ₃ Joint decision <input type="checkbox"/> ₄ Other, <i>specify</i> : _____																																	
30.	<p><i>[Women]</i> Are you pregnant now?</p>	<input type="checkbox"/> ₁ Yes → <i>skip to Q36</i> <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ Not sure																																	
31.	<p>Are you or your partner currently using a method of family planning to prevent pregnancy?</p>	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → <i>skip to Q33</i>																																	

32.	Which methods are you using? (<i>Select all that apply</i>)	<input type="checkbox"/> ₁ 32a. Oral pills
		<input type="checkbox"/> ₂ 32b. Injectable (or shot)
		<input type="checkbox"/> ₃ 32c. Implant
		<input type="checkbox"/> ₄ 32d. Male condoms
		<input type="checkbox"/> ₅ 32e. Female condoms
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		<input type="checkbox"/> ₇ 32g. Emergency contraception
		<input type="checkbox"/> ₈ 32h. Female sterilization (tubal ligation/hysterectomy/vasectomy)
		<input type="checkbox"/> ₉ 32i. Natural methods (rhythm, fertility awareness, calendar)
		<input type="checkbox"/> ₁₀ 32j. <i>Other (specify):</i> _____
33.	<i>[Women - If not currently using family planning method]</i> Do any of the following reasons explain why you are not currently using family planning?	
		Yes
		No
	33a. You don't really mind if you get pregnant	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
	33b. You are worried about the side effects	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
	33c. Your male partner does not want you to use a family planning method	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
	33d. You do not think you can get pregnant	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
	33e. Stories you have heard from people in the community	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
	33f. You currently are trying to get pregnant to have another child.	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
	33g. Family members pressure you not to use family planning	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
	33h. The cost of family planning	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
	33i. Family planning is hard to obtain	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
	33j. Religious and/or cultural beliefs	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
	33k. Any other reason? <i>Specify:</i> _____	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
34.	<i>[Women, if not currently using FP method]</i> Would you like to start using a family planning method to delay or avoid getting pregnant?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ Not sure
35.	How important is it to you to avoid getting pregnant now?	<input type="checkbox"/> ₁ Very important <input type="checkbox"/> ₂ Important <input type="checkbox"/> ₃ Somewhat important <input type="checkbox"/> ₄ Not at all important

PREGNANCY HISTORY		
<i>Interviewer Reads:</i> [Women] The next set of questions ask about your pregnancy history and children you may have had. [Men] The next set of questions ask about children you may have had.		
36.	[Women] How many times have you been pregnant in your lifetime? Please include live births, terminations/abortions, still births and miscarriages. <i>Don't include your current pregnancy if pregnant now.</i>	<input type="checkbox"/> <input type="checkbox"/> (<i>Specify number</i>) (if 00 skip to Q41)
37.	[Women] How many of these pregnancies resulted in: a. Live birth (baby born alive) b. Termination of pregnancy (therapeutic/elective abortion) c. Miscarriage (spontaneous abortion) d. Still birth	<input type="checkbox"/> <input type="checkbox"/> (<i>Specify number</i>) <input type="checkbox"/> <input type="checkbox"/> (<i>Specify number</i>) <input type="checkbox"/> <input type="checkbox"/> (<i>Specify number</i>) <input type="checkbox"/> <input type="checkbox"/> (<i>Specify number</i>)
38.	[Women] [If live birth>0] Are you breastfeeding any children now?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
39.	[Male Partners] How many children have you fathered in your lifetime?	<input type="checkbox"/> <input type="checkbox"/> (<i>specify number</i>)
40.	[if >0 children] How many children have you had together with your partner? [partner=person with whom enrolled in study]	<input type="checkbox"/> <input type="checkbox"/> (<i>specify number</i>)

FAMILY PLANNING DYNAMICS		
<i>Interviewer Reads:</i> Sometimes couples might have differing opinions about pregnancy and family planning. This next set of questions asks about your relationship with your partner – the person who enrolled with you in this study as it relates to family planning.		
41.	How comfortable are you talking about family planning with your partner?	<input type="checkbox"/> ₁ Very comfortable <input type="checkbox"/> ₂ Somewhat comfortable <input type="checkbox"/> ₃ Not comfortable
42.	[Women] How safe do you feel asking your partner about using a family planning method?	<input type="checkbox"/> ₁ Not at all safe <input type="checkbox"/> ₂ Somewhat safe <input type="checkbox"/> ₃ Very safe
43.	How much pressure do you feel from your partner to have a baby now?	<input type="checkbox"/> ₁ None <input type="checkbox"/> ₂ A little <input type="checkbox"/> ₃ A lot
44.	[Women] Have you ever used family planning without telling a male partner?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

45.	<i>[Women]</i> When was the last time that you used family planning without telling a male partner? Was it <i>[read response choices]</i> ...	<input type="checkbox"/> ₁ Within the last 12 months <input type="checkbox"/> ₂ More than 12 months ago
46.	<i>[Women]</i> The last time you did this, were you with your current partner?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

GENDER/POWER DYNAMICS

[Asked of all participants]

47. I am going to read some statements about your relationship with your partner; again, this is the partner who enrolled in the study with you. For each one, you can tell me how much you agree or disagree.

[Read response options aloud to participant for a-c and then for g and j, more often, as needed]

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

<i>VIOLENCE AND CONTROLLING BEHAVIOR</i>		
<i>[Women only]</i>		
<i>Interviewers reads: When two people are in a relationship, they usually share both good and bad moments. I would now like to ask you some questions about your past and current relationships and how your partner(s) treat(ed) you. If anyone interrupts us, I will change the topic of conversation. As a reminder, your partner will not know how you respond. I would again like to assure you that your answers will be kept confidential and that you do not have to answer any questions that you do not want to. May I continue?</i>		
48.	Has a partner EVER insulted, ignored or humiliated you, yelled at you, or made you feel ashamed or bad about yourself?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → <i>skip to Q49</i>
	48a. Has your partner done this in the past 12 months?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
49.	Has a partner EVER punched, slapped, kicked, bit you, or caused you any type of physical harm?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → <i>skip to Q50</i>
	49a. Has your partner done this in the past 12 months?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
50.	Has a partner EVER forced you to have sex or perform any sexual act, or touched you sexually in any way that you did not want?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → <i>skip to Q51</i>
	50a. Has your partner done this in the past 12 months?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
51.	Has a partner EVER made you feel afraid, unsafe or in danger?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → <i>skip to Q52</i>
	51a. Has your partner done this in the past 12 months?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

<i>SEXUAL BEHAVIOR</i>		
<i>Interviewer Reads: Now I want to ask you a few questions about your own sexual behaviors. Please feel free to answer honestly and remember that aside from the study staff, no one will be able to link your answers back to you.</i>		
52.	People have different kinds of sex. In the past 3 months, about how often did you have vaginal sex? By vaginal sex, I mean when a man puts his penis inside a woman's vagina. <i>[Read options aloud]</i>	<input type="checkbox"/> ₁ Less than once per month <input type="checkbox"/> ₂ About once a month <input type="checkbox"/> ₃ 2-3 times a month <input type="checkbox"/> ₄ About once a week <input type="checkbox"/> ₅ More than once a week <input type="checkbox"/> ₆ I did not have vaginal sex in the past 3 months. → <i>skip to Q54</i>

53.	Some people find it difficult to use condoms when they have sex. In the past 3 months, how often was a condom used when you had vaginal sex?	<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Often <input type="checkbox"/> ₄ Always
54.	In the past 3 months, did you have anal sex?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
55.	[Women] In the <u>last 3 months</u> , did you have sex with a man mainly to get things that you needed, money, gifts, or other things that are important to you?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
56.	How many sexual partners have you had in the past 3 months? Please include ALL your sex partners: your primary partner, if you have one, and any other type of partner.	<input type="text"/> <input type="text"/> sex partners
57.	Now, thinking about your lifetime, how many sexual partners have you had? Please include ALL your partners.	<input type="text"/> <input type="text"/> sex partners

ALCOHOL USE

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

58.	In the past 30 days, on how many days did you drink alcohol?	<input type="checkbox"/> <input type="checkbox"/> [0-30] If 00 skip to Q60 <input type="checkbox"/> I never drink alcohol → skip to Q60
59.	[If ≥1 day alcohol use past 30 days] In the past 30 days, on how many days did you have [Women: 4 or more drinks]/[Men: 5 or more drinks] on a single occasion?	<input type="checkbox"/> <input type="checkbox"/> [0-30]

ECONOMIC DEPENDENCE AND DECISION MAKING

Interviewer Reads: The next questions will ask about whether you are working for income now, how money you earn is spent, and some background information about your financial situation.

60.	Do you currently earn an income of your own?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → If no, skip to Q63
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61.	How do you currently earn income? (mark all that apply)	<input type="checkbox"/> ₁ Formal employment <input type="checkbox"/> ₂ Self-employment <input type="checkbox"/> ₃ Social grant <input type="checkbox"/> ₄ Other, <i>specify</i> : _____
62.	Who usually decides how the money you earn will be used: you, your partner, or you and your partner jointly?	<input type="checkbox"/> ₁ You <input type="checkbox"/> ₂ Partner <input type="checkbox"/> ₃ You and partner jointly <input type="checkbox"/> ₄ Other, <i>specify</i> : _____
63.	Who usually decides how your partner's earnings will be used: you, your partner or you and your partner jointly?	<input type="checkbox"/> ₁ You <input type="checkbox"/> ₂ Partner <input type="checkbox"/> ₃ You and partner jointly <input type="checkbox"/> ₄ My partner has no source of income <input type="checkbox"/> ₅ Other, <i>specify</i> : _____
64.	Who usually makes decisions about health care for yourself: you, your partner, you and partner jointly, or someone else?	<input type="checkbox"/> ₁ You <input type="checkbox"/> ₂ Partner <input type="checkbox"/> ₃ You and partner jointly <input type="checkbox"/> ₄ Someone else <input type="checkbox"/> ₅ Other, <i>specify</i> : _____
DPP PREFERENCES		
<p><i>Interviewer Reads:</i> The last questions before we finish this part of your visit today will ask your opinions about the idea of a dual-purpose prevention [DPP] product, that is a “2 in 1” product that could prevent both pregnancy and HIV at the same time.</p>		
65.	Thinking about your current circumstances, would you prefer to use a “2 in 1” product that protects against both HIV and pregnancy, or would you rather use two separate products—one for HIV prevention and another for pregnancy prevention?	<input type="checkbox"/> ₁ One product that protects against both HIV and pregnancy <input type="checkbox"/> ₂ One product for HIV prevention, and a separate one for pregnancy prevention → <i>skip to Q67</i> <input type="checkbox"/> ₃ Not sure → <i>skip to Q67</i>

66.	What would be your primary reason for using a “2 in 1” product now – HIV prevention or pregnancy prevention or both equally?	<input type="checkbox"/> ₁ HIV prevention <input type="checkbox"/> ₂ Pregnancy prevention <input type="checkbox"/> ₃ Both equally
67.	What do you see as the main disadvantage of using a single DPP?	<input type="checkbox"/> ₁ Need to switch methods if woman decides she would like to become pregnant <input type="checkbox"/> ₂ Partner may be suspicious of why HIV prevention is needed <input type="checkbox"/> ₃ Concern about too much medication in the body <input type="checkbox"/> ₄ Side effects from two medicines being used at once <input type="checkbox"/> ₅ Something else? _____
68.	What do you see as the main advantage of using a DPP rather than two separate products?	<input type="checkbox"/> ₁ Only one thing to remember instead of two <input type="checkbox"/> ₂ Less frequent visits to the clinic <input type="checkbox"/> ₃ Can avoid the topic of pregnancy prevention with partner by saying it is just for HIV protection <input type="checkbox"/> ₄ Can avoid the topic of HIV prevention with partner by saying it is just for family planning <input type="checkbox"/> ₅ Something else? _____
69.	Thinking about your own experiences, when would you choose to use a “2 in 1” product? <i>Select all that apply.</i>	<input type="checkbox"/> ₁ Early in a relationship <input type="checkbox"/> ₂ When sex is infrequent <input type="checkbox"/> ₃ To space pregnancies (or post-partum) <input type="checkbox"/> ₄ While breastfeeding <input type="checkbox"/> ₅ When one or both partners do not know their HIV status <input type="checkbox"/> ₆ When one partner is HIV positive <input type="checkbox"/> ₇ When one or both members of the couple may have other partners <input type="checkbox"/> ₈ When one wants to prevent both HIV and unwanted pregnancies <input type="checkbox"/> ₉ When one is uncomfortable discussing family planning or HIV with their partner(s) <input type="checkbox"/> ₁₀ Other, <i>specify:</i> _____ <input type="checkbox"/> ₁₁ I wouldn't choose to use a 2 in 1 product

Interviewer reads: As you may know, there is an outbreak of respiratory disease caused by the novel coronavirus. The disease is called COVID-19. There are millions of confirmed cases and many deaths related to the novel coronavirus, including in [add country & country info, i.e., lockdown started in X month].

70.	How many people you know personally are (or have been) infected with COVID-19? <i>[Probe: Please include both suspected and confirmed infections, do not count yourself, and give your best estimate if you do not know the exact number.]</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>Specify number</i>
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71.	Were you infected (or suspected to be infected) with COVID-19?	<input type="checkbox"/> ₁ Yes, tested and the result was positive <input type="checkbox"/> ₂ Yes, suspected but not confirmed by a test <input type="checkbox"/> ₃ No, tested and the result was negative <input type="checkbox"/> ₄ No <input type="checkbox"/> ₅ Not sure		
<i>Interviewer reads: I'm going ask you about several different aspects of your life that might have changed because of COVID-19 (and the plans used to manage it). For each one, please tell me if the following has decreased, increased, or not changed because of COVID-19. (Read response options)</i>		Has decreased because of COVID-19	Has increased because of COVID-19	Has not changed
72.	Your feeling of connection to family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
73.	Your feeling of connection to friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
74.	Your feeling of connection to your primary partner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
75.	The harmony in your relationship	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
76.	How often you have sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
77.	The number of sexual partners you have	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
78.	Your access to condoms	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
79.	How often you use condoms when you have sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
80.	Your access to health care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
81.	You or your partner's access to family planning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
82.	Your or your partner's use of family planning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
83.	Violence in your household	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
84.	Your alcohol consumption	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
85.	Your access to money for necessary items	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
86.	How much food you eat	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
87.	Your interest in preventing HIV	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
88.	Your interest in preventing pregnancy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
89.	Your say over whether you or your partner use family planning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
90.	Your say over whether you or your partner use HIV prevention	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
91.	Your interest in using a dual-purpose prevention product	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
92.	Between getting COVID-19 and getting HIV, which is more concerning to you right now? <i>(Read response options)</i>	<input type="checkbox"/> ₁ Getting COVID-19 <input type="checkbox"/> ₂ Getting HIV <input type="checkbox"/> ₃ Both equally <input type="checkbox"/> ₄ Neither concerns me		