

S2 Text. Questionnaire (English) (Pdf)**SCREENING TOOL**

Coupon Number

Date of Screening

Have you scanned their fingerprint into the system? If so, are they a new participant?
(PLEASE DO NOT CONTINUE UNTIL THIS HAS BEEN DONE TO AVOID DUPLICATION INTO THE STUDY)

Yes No

SCREENING FOR INCLUSION & EXCLUSION CRITERIA

Biological Gender (what you were born)

Female Male Other

Self-identifies as a SW or self-identifies as working within a SW hotspot and consensually trading in sex for money or goods as her a primary source of income

Yes No

Working (as a sex worker) in Soweto

Yes No

Date of Birth

(IF DATE OF BIRTH UNKNOWN, ENTER AGE INTO S12, BELOW)

Age (if DoB unknown)

HIV status known or unknown

Known Unknown

Current victim of human trafficking or sexual exploitation
(ANY INDIVIDUAL WHO REPORTS BEING A CURRENT VICTIM OF HUMAN TRAFFICKING OR EXPLOITATION MUST BE REFERRED TO THE DEPARTMENT OF SOCIAL DEVELOPMENT IMMEDIATELY.)

Yes No

Are you part of the study team or did you participated in the pilot study for this study?

Yes No

Do you believe this person is a sex worker

yes, no secondary screening required yes, only after secondary screening no, after secondary screening. Please change them to a non sex worker above and do not enroll

SUCCESSFULLY SCREENED! :)Please enroll this person

Participant is NOT ELIGIBLE Please do not enroll this person

If you were to be enrolled into this study, what language would you prefer to do the survey in?

English Zulu Sotho

How many female sex workers do you know in Soweto? By 'know' I mean, people you know by name and would greet if you saw them, and they would greet you back

(YOU CAN TAKE YOUR TIME, THINK OF ALL THE FEMALE SEX WORKERS WHO ARE OVER THE AGE OF 18 YEARS AND WHO WORK IN SOWETO. THEY DO NOT HAVE TO WORK HERE EVERY DAY OF THE WEEK, BUT THEY DO NEED TO DO SELL SEX IN SOWETO SOMETIMES.)

Of those female sex workers, about how many are over the age of 18 years?

(THE NUMBER CANNOT EXCEED THE TOTAL NUMBER OF FEMALE SEX WORKERS KNOWN)

Of those female sex workers that you know, how many have you seen over the past month?

(THE NUMBER CANNOT EXCEED THE TOTAL NUMBER OF FEMALE SEX WORKERS KNOWN)

If you think about the the whole of Soweto, how many female sex workers do you estimate work across the whole of Soweto?

(TAKE HER TIME, ASSIST HER TO THINK OF THE WHOLE OF SOWETO, ALL 40 SUBURBS)

What are the main areas that you do business (sell sex) in Soweto?

- Braamfischerville
 - Tshiawelo
 - Devland
 - Diepkloof
 - Dlamini
 - Dobsonville
 - Doornkop
 - Dube
 - Embuzini
 - Emdeni
 - Freedom Park
 - Greenvillage
 - Jabavu
 - Jabulani
 - Klipspruit
 - Kliptown
 - Lakeside
 - Mapetla
 - Meadowlands
 - Mmesi Park
 - Mofolo
 - Molapo
 - Moletsane
 - Moroka
 - Mzimhlope
 - Naledi
 - Noordgesig
 - Nomzamo Park
 - Nancefield
 - Orlando
 - Phefeni
 - Phiri
 - Pimville
 - Power Park
 - Protea Glen
 - Protea North
 - Protea South
 - Senaorane
 - Tladi
 - Zola
 - Zondi
 - White City
 - Other Soweto
 - Other outside Soweto
-

Now think about the main area that you work in in Soweto, how many female sex workers do you think work in just that part of the township, in that suburb (so not just the tavern or hostel)?

Preliminary

PRELIMINARY INFORMATION

Consented to both questionnaire and HIV tests

- Refused to Participate in Questionnaire and HIV Tests Agreed to Both Survey and HIV Tests
 Has Already Participated in The Study

Date and time of interview

Have you ever been to the SSWP or met with one of our peer educators prior to today?

- No I have not met a PE or been to The Wellness Center
 I have met a Peer Educator On Outreach
 I have been to The Wellness Center
 I have come to an SSWP creative space

What sex worker programmes in and around Soweto, or anywhere else in South Africa have you heard about?
(PLEASE SELECT ALL THAT APPLY)

- No Sswp Sweat Sisonke Esselen Street/Wrhi Red Umbrella Project
 Another Sw Project

First name

Surname

Primary contact phone number

Demographic

QUESTIONNAIRE

Age

What suburb do you live in? By live in I mean, where do you normally sleep, for at least 3 nights/days of the week?

- Braamfischerville Tshiwelo Devland Diepkloof Dlamini Dobsonville
 Doornkop Dube Embuzini Emdeni Freedom Park Greenvillage
 Jabavu Jabulani Klipspruit Kliptown Lakeside Mapetla Meadowlands
 Mmesi Park Mofolo Molapo Moletsane Moroka Mzimhlope Naledi
 Noordgesig Nomzamo Park Nancefield Orlando Phefeni Phiri Pimville
 Power Park Protea Glen Protea North Protea South Senaorane Tladi
 Zola Zondi White City Other Soweto Other outside Soweto

Are you sexually attracted to women or men or both or don't know

- Women Men Both men and women Don't know

What racial group do you belong to?

- Black African Coloured White Indian/Asian Other

Where were you born?

- Gauteng Kwazulu Natal Western Cape Eastern Cape Norther Cape
 Freestate Mpumalanga Limpopo Zimbabwe Mozambique Malawi
 Botswana Uganda Other

When did you arrive in South Africa?

When did you come to live in Soweto?

(IF BORN IN SOWETO, ENTER 01-01-[YEAR OF BIRTH])

What is your home language?

- Zulu Ndebele Xhosa Northern Sotho Sesotho Setswana Siswati
 Tshivenda Xitsonga English Afrikaans Other

Did you ever go to school? If so, what is the highest grade you have ever successfully achieved (passed)?

- No Schooling Primary School Incomplete Primary School Completed High School Incomplete
 High School Completed Post School Qualification

Are you currently studying?

- No Yes

Have either of your parents died?

(IF MOTHER, ANSWER A12IF NEITHER OR DO NOT KNOW SKIP TO A13)

- Neither Mother Father Mother and Father I Do Not Know

How old were you when your mother died?

How many living children do you have?

(IF NO CHILDREN, PLEASE ENTER IN 0. IF STILL PREGNANT WITH FIRST CHILD, PLEASE ENTER IN 0IF NO CHILDREN, SKIP TO A16)

Are any of your children under the age of 12?

- None Of Them 1 Child Is 2 Children Are 3 Children Are 4 Children Are
 5 Children Are All Of Them Are Under 7 Years Of Age

Do any of your children currently live with you?

- No Yes

How many people including yourself live in your house (the place where you stay)?

How many rooms are in the house that you live in?

Do the people in your home go without food often, sometimes, seldom or never?

- Often Sometimes Seldom Never

Do the people in your home eat meat often, sometimes, seldom or never?

- Often Sometimes Seldom Never

If a person in your home became very ill and R100 was needed for the treatment or medicine, would you say that to find the money would be very easy, easy, quite difficult or very difficult?

- Very Easy Easy Quite Difficult Very Difficult

In the past month, how many people have relied on your earnings/money for food, shelter or school fees?

(PROBE ABOUT CHILDREN, PARENTS, SIBLINGS, PARTNER, FLAT MATES OR FRIENDS OR OTHER FAMILY REQUIRING SUPPORT. HELP THEM COUNT BY SHOWING FINGERS!)

Do you have any other activities other than sex work to support your livelihood?

Selling sex is my primary source of income

- No yes

I am employed by a company or person

- No yes

I am unemployed

- No yes

I receive a government grant such as a pension or child support grant

- No yes

I sell/trade goods such as vegetables or clothes to earn money

- No yes

In the last week, where do you normally sleep?

- Flat Hostel Tavern Back Room At Home With My Family A Private House With Other Sex Workers
 A Private House With No Other Sex Workers Live With Me A Brothel Abandoned Building
 On The Streets/Nowhere in Particular, Constantly On The Move Hotel Other

What is the main reason that you became a sex worker? Select the one which was most important to you at the time of your decision to become a sex worker

- Chosen Work No Other Jobs Available to Pay For Drugs/Alcohol I Needed Money
 Forced Into Sex Work Friend/Relative Who Was A Sex Worker Showed Me To be independent
 Other reason

How many years have you been a sex worker for?

(ROUND TO THE NEAREST YEAR)

How old were you when you first sold sex?

Under what circumstances did you first sell sex?

- No Income to Buy Food Or For Shelter/Kicked Out Nowhere to stay, have nothing From Being Deserted, Becoming An Orphan Or A Widow/Divorcee to Add Onto The Family Income to Pay For Medical Costs in The Family Or For Self
 to Earn Fast Money Or Meet Personal Expenses Tricked Into Going to A Brothel
 Forced By Family Forced By Boyfriend Had to Pay Back Someone Through Sexual Favours
 Forced By Stranger Forced By friend(s) Teenage Pregnancy Other

Where do you normally pick up your mcimbi?
(PLEASE SELECT ALL THAT APPLY)

- Tavern Taxi Rank Truck Stop Prison Referral Street Hostel
 Hostel Taverns Internet Newspaper/Magazine Advertisements Brothel Strip/Dance Club
 Police Security Salon(Hair) Pick-Up (Road/Street Corner) Mine Hotel
 Other

Hiv Knowledge

Have you previously tested for HIV?

- No Yes

Where was this test done?

- I Can't Remember SSWP Zazi Clinic Local Clinic Hospital Other

What was your test result?
(IF NEGATIVE, SKIP TO B6)

- I Do Not Know Negative Positive Indeterminate

Are you on treatment?
(IF NO, SKIP TO B6)

- Never taken On treatment always stopped taking treatment

In the past week how many times have you taken your treatment?

- All 7 Days 5-6 Days 3-4 Days 1-2 Days Not At All

What was the reason that you tested last time?

- Peer Educator encouraged Me I wasn't Feeling Well Regular Checkup Condom Bust
 Rape/Sexual Assault Concerned about my own Health Partner is or was Ill Partner is HIV
 Positive Mcimbi was Ill Mcimbi is HIV Positive Family Member has HIV

Please tell me for each of the following, whether you think it is safe, probably safe, unsafe or you do not know.

Dry kissing

- Safe Probably Safe Unsafe I Don'T Know

Wet kissing/deep kissing

- Safe Probably Safe Unsafe I Don'T Know

Normal sex (vagina) with a condom

- Safe Probably Safe Unsafe I Don'T Know

Anal sex without a condom

- Safe Probably Safe Unsafe I Don'T Know

blow job (oral sex) without a condom

- Safe Probably Safe Unsafe I Don'T Know

Please tell me whether you strongly agree, agree, disagree or strongly disagree.

Sex workers are at high risk of contacting HIV

Strongly Agree Agree Disagree Strongly Disagree

Non sex workers have a higher risk of getting HIV than sex workers

Strongly Agree Agree Disagree Strongly Disagree

I do not need to use a condom with my main partner

Strongly Agree Agree Disagree Strongly Disagree

If I contracted HIV, it could be cured/gotten rid of with medication/treatment from a doctor, traditional healer

Strongly Agree Agree Disagree Strongly Disagree

Sex workers have less risk of experiencing violence than non sex workers

Strongly Agree Agree Disagree Strongly Disagree

Experiencing violence increases the risk of getting HIV

Strongly Agree Agree Disagree Strongly Disagree

Childhood

Please think back to your childhood and answer the following statements with never, sometimes, often or very often

I did not have enough to eat

Never Sometimes Often Very Often

I lived in different households at different times

Never Sometimes Often Very Often

I saw or heard by mother beaten by her husband or boyfriend

Never Sometimes Often Very Often

I was told I was lazy or stupid or ugly by someone in my family

Never Sometimes Often Very Often

Someone touched my thighs, buttocks, breasts or genitals when I did not want him to or made me touch his private parts when I did not want to

Never Sometimes Often Very Often

I was insulted or humiliated by someone in my family in front of other people

Never Sometimes Often Very Often

I was beaten at home with a belt or stick or whip or something else which was hard

Never Sometimes Often Very Often

I had sex with a man who was more than 5 years older than me

Never Sometimes Often Very Often

One or both of my parents were too drunk to take care of me

Never Sometimes Often Very Often

I was beaten so hard at home that it left a mark or bruise

Never Sometimes Often Very Often

I spent time outside the home and none of the adults at home knew where I was

Never Sometimes Often Very Often

I had sex with someone who was not my boyfriend because I was threatennd or frightenned or forced

Never Sometimes Often Very Often

Did you attend any kind of intiation school or go to the bush or mountain?
(IF NO, SKIP TO D1)

No Yes

At this ceremony, did you experience any of the following?

(PLEASE SELECT ALL THAT APPLY IF SELECTED LABIAL STRETCHING, ASK QUESTIONS C15)

- I drank Beer/Spirits I was given drugs Taught about Pregnancy and Birthing Taught sex education How to Please a husband How to keep secrets and not talk about problems
 Given a new name Malebe (Labia) or Clitoris was stretched or cut Touched in a sexual way by someone from initiation school Hurt sexually by somebody at the school Forced to have sex

You have selected that your labia or clitoris was stretched or cut. Please tell me if you experienced any of the following while this was done or afterwards (related to this)

(PLEASE SELECT ALL THAT APPLY.)

- No Pain Or Discomfort It Was Very Painful Some Bleeding From My Vagina (Not Relating to A Monthly Period) Urinating Was Painful I Tried Not to Urinate So That It Did Not Hurt
 My Vagina/Lips Became Infected My Vagina/Lips Were Swollen A Girl (Other Than Myself) Became Very Ill On Camp A Girl Died On The Camp

How old were you when this happened?

- 0-2 years 3-7 years 7-12 years 13-18 years >19 years

Pregnancy

How old were you when you first had sex?

Which of the following statements most closely describes your experiences the first time you had sexual intercourse?

I Was Willing I Was Persuaded I Was Tricked I Was Forced I Was Raped

Are you currently doing something or using any method to delay or avoid getting pregnant?
(IF NO, SKIP TO E4)

No Yes

Which method are you using?

The Injection Pill Condoms The Loop (IUD) Implant Herbal or Other Traditional Medicines Condoms and the Pill or Injection Withdrawal Before Sperming (Ejactulation)
 Other

Have you ever been pregnant?
(IF NO, SKIP TO E9 AND CONFIRM)

No Yes

How old were you when you first became pregnant

How many children have you given birth to ?

Have any of your children died after birth (this could be immediately afterwards or ever)?
(IF NO, SKIP TO E9 AND CONFIRM)

No Yes

How many of your children have died?

Are you pregnant now?
(IF NO OR UNSURE, SKIP TO E11)

No Yes Unsure

How many months pregnant are you?

Have you ever had a termination of pregnancy/abortion?
(IF UNSURE, PLEASE CLARIFY WHAT A TOP/ABOTION IS. THEN RE-ASK QUESTION.)

No Yes

In your lifetime, how many abortionss have you successfully had?

Violence

Please answer each statement with never, once, a few or many times. These questions are about your main partner, an ex or kwapheni.

Within the past year did any partner insult you or make you feel bad about yourself?
(IF NEVER, ASK 216 AS WELL)

Never Once Few Many

Within the past year did any partner make a show off of you (belittle) or humiliate you in front of other people?
(IF NEVER, ASK 216 AS WELL)

Never Once Few Many

Within the past year did any partner do things to scare or intimidate you on purpose for example by the way he looked at you, by yelling or smashing things?
(IF NEVER, ASK 216 AS WELL)

Never Once Few Many

Within the past year did any partner threaten to hurt you?
(IF NEVER, ASK 216 AS WELL)

Never Once Few Many

More than a year ago did any boyfriend do any of these things to you?

Yes No

Within the past year did any partner slap you, push you or throw something at you which could hurt you?

Never Once Few Many

Within the past year did any partner hit you with a fist or with something else (such as a beer bottle, stick or belt) which could hurt you?

Never Once Few Many

Within the past year did any partner kick, drag, beat, choke or burn you?

Never Once Few Many

Within the past year did any partner threaten to use or actually use a gun, knife or other weapon against you?

Never Once Few Many

More than a year ago did any partner physically hurt you in any of these ways?

Yes No

Within the past year did any partner physically force you to have sex when you did not want to?

Never Once Few Many

Within the past year did you have sex with any partner when you did not want to because you were afraid of what he might do?

- Never Once Few Many

How many times has this happened to you in the past 12 months

More than a year ago did any partner force you to do anything sexual when you did not want to?

- Yes No

When was the most recent time you were made to have sex with a partner when you did not want it?

(IF NEVER, ENTER 01-01-0001)

More than a year ago did any partner make a show off of you (belittle) or humiliate you in front of other people?

- Never Once Few Many

More than a year ago did any partner threaten to hurt you?

- Never Once Few Many

These questions are about mcimbi

Within the past year did any Mcimbi slap you, push you or throw something at you which could hurt you?

- Never Once Few Many

Within the past year did any Mcimbi hit you with a fist or with something else (such as a beer bottle, stick or belt) which could hurt you?

- Never Once Few Many

Within the past year did any Mcimbi kick, drag, beat, choke or burn you?

- Never Once Few Many

Within the past year did any Mcimbi threaten to use or actually use a gun, knife or other weapon against you?

- Never Once Few Many

More than a year ago did any Mcimbi physically hurt you in any of these ways?

- Yes No

Within the past year did any Mcimbi physically force you to have sex when you did not want to?

- Never Once Few Many

Within the past year did you have sex with any Mcimbi when you did not want to because you were afraid of what he might do?

- Never Once Few Many

How many times has this happened to you in the past 12 months

More than a year ago did any Mcimbi force you to do anything sexual when you did not want to?

Yes No

When was the most recent time you were made to have sex with an Mcimbi when you did not want it?

(IF NEVER, ENTER 01-01-0001)

These questions are about Police

Within the past year did any Police slap you, push you or throw something at you which could hurt you?

Never Once Few Many

Within the past year did any Police hit you with a fist or with something else (such as a beer bottle, stick or belt) which could hurt you?

Never Once Few Many

Within the past year did any Police kick, drag, beat, choke or burn you?

Never Once Few Many

Within the past year did any Police threaten to use or actually use a gun, knife or other weapon against you?

Never Once Few Many

More than a year ago did any Police physically hurt you in any of these ways?

Yes No

Within the past year did any Police physically force you to have sex when you did not want to?

Never Once Few Many

Within the past year did you have sex with any Police when you did not want to because you were afraid of what he might do?

Never Once Few Many

How many times has this happened to you in the past 12 months

More than a year ago did any Police force you to do anything sexual when you did not want to?

Yes No

When was the most recent time you were made to have sex with a Policeman when you did not want it?

(IF NEVER, ENTER 01-01-0001)

Have you ever experienced gang rape?

Yes No

How often has this happened

Sex

When was the last time you had sex (normal (vagina)/anal/oral)?

The last time you had sex did you use a condom?
(IF NO, SKIP TO 278)

Yes No

Did you use a condom for every round (a round is until he cums/ejaculates/sperms)?

Yes No

Who brought the condom, was it you or your partner?

Self Partner Both

Did you experience any of the following with the condom?

Condom Breaking/Busting Condom Slipping Off Condom Only Put On Half Way
 Condom Was Removed During Sex No Problems, Condom Worked Perfectly

The last time you had sex, who was it with (a main partner, kwhapheni, mcimbi or nonpaying one night stand or ex-partner)?

Regter/Main Partner/Vat 'N Sit Makhwapheni Mcimbi Ex Partner One Night Stand

Have you used condoms with your MAIN PARTNER in the past month? Would you say you used them always, often or sometimes?

Not Used Always Often Sometimes

How many MAIN PARTNERS have you had sex with in the last year?

How many KHWAPHENI have had sex with during the past year?

How many one night stands have you had sex with during the past year?

Over the last year how often have you experienced the condom breaking or slipping off or only put it on half way through or have you taken it off and continued love making?

Every Time Used Often Sometimes Never No Use

In the past 6 months have you experienced any of the following symptoms?
(IF NO SYMPTOMS EXPERIENCED, SKIP TO G14)

Painful or Burning Vagina when Urinate Sores or Boils Around Vagina Itching Vagina
 Abnormal Vaginal Discharge Pain in The Bottom Of Your Stomach (Not Related To Your Menstrual Period Or Using The Loop) None Of These Symptoms

Did you receive treatment for the symptoms you just mentioned?

Yes No

Have you ever been diagnosed with a sexually transmitted disease such as gonorrhea, syphilis, chlamydia, genital warts, or genital herpes

Yes No Unsure Refused To Answer

Please select all of the different services that you offer

Talking Or Companionship in Person Massage Dinner Breast Flashing Over The Phone Sex (Talking) Whatsapp/Sms Sex Internet/Email/Online Sex Normal Sex (vagina) Anal Sex blow job (oral sex) Hand Job Stripping Or Dancing Group Sex Other

Please select the one services that is your most popular (that most mcimbi ask for)

Talking Or Companionship in Person Massage Dinner Breast Flashing Over The Phone Sex (Talking) Whatsapp/Sms Sex Internet/Email/Online Sex Normal Sex (vagina) Anal Sex blow job (oral sex) Hand Job Stripping Or Dancing Group Sex Other

In the past week, how many days did you have oral,anal or Normal sex (vagina) with mcimbi

In the past month, how many days did you work have oral, anal or Normal sex (vagina) with mcimbi

(MUST BE MORE THAN PREVIOUS)

How many one-time mcimbi did you have sex with in the last working DAY?

How many one-time mcimbi did you have sex with in the past WEEK?

(MUST BE MORE THAN PREVIOUS)

The last time you had sex with one-time mcimbi did you go with a condom?

Without Condom Male Condom Female Condom Male and Female Condom

Do you always go with a condom with your one-time mcimbi?

Every Time Used Often Sometimes Never No Use

How many of your regulars did you have sex with in the last working day?

How many of your regulars did you have sex with in the past week?

(MUST BE MORE THAN PREVIOUS)

The last time you had sex with regular mcimbi did you go with a condom?

Without (Condom) Male Condom Female Condom Male and Female Condom

Has there been any occasion in the past month when either a regular or a one-time Mcimbi went without a condom for any reason when you were having sex?

Yes No Refused Answer

Do you always work in the same place?

Yes No

How many different places did you practise sex work in the past 6 months? (different taverns and different street corners, etc)

Have you ever worked as a sex worker in another province in South Africa

Yes No

Have you ever worked as a sex worker in another country, not South Africa?

Yes No

How much were you paid the last time you had Normal sex (vagina)?

(number)

How much did you earn the last day that you sold sex?

(number)

What is the maximum amount that you earned in 1 day this last month end (month end)

(number)

What is the minimum amount that you earned in 1 day this last month (mid month)

(number)

In the last month have you used anything to dry, clean or tighten your vagina before having sex? Have you done this every time, some times, just once or not at all?
(IF NEVER, SKIP TO G36)

Everytime Sometimes Once Never

What have you used?
(PLEASE MARK ALL THAT APPLY)

Soap Herbs/Snuff Ice/Water Zamlandela/Tiger Balm Alone Stone Brown Paper
 Ming Balls Other

In the last month have you used anything to lubricate your vagina before having sex? Have you done this every time, some times, just once or not at all?

(IF NEVER, SKIP TO G38)

Everytime Sometimes Once Never

What have you used?

(PLEASE MARK ALL THAT APPLY)

Lubricant Soap Spit Vaseline Baby Oil Other

In the last month have you used anything to hide that you were bleeding/menstruating, while having sex? Have you done this every time you bled, some times when you bled, just once or not at all?

(IF NEVER, SKIP TO G40)

Everytime Sometimes Once Never

What have you used?

(PLEASE MARK ALL THAT APPLY)

Tampon Kitchen Sponge Cloth Cotton Wool Toilet Paper Nacosa Condom
 Brown paper Other

Please answer each of the following statements with never, once, a few times or often.

Within the past year have you been verbally insulted, harassed or threatennd because you are a sex worker?

Never Once A Few Times Often

Within the past year have you been beaten or threatennd because you are a sex worker?

Never Once A Few Times Often

Within the past year have you experienced sexual abuse because you are a sex worker?

Never Once A Few Times Often

Within the past year have any of your family (partner, children, siblings etc) experienced discrimination as a result of your being a sex worker?

Never Once A Few Times Often

Within the past year how often have you been forced to change where you live because you are a sex worker?

Never Once A Few Times Often

Within the past year have you been denied health services because you are a sex worker?

Never Once A Few Times Often

Within the past year have you been denied police assistance/services because you are a sex worker?

Never Once A Few Times Often

Please answer each of the following statements with strongly agree, agree, disagree or strongly disagree

Within the past year I have felt ashamed because I am a sex worker?

Strongly Agree Agree Disagree Strongly Disagree

Within the past year I have felt guilty because I am a sex worker?

Strongly Agree Agree Disagree Strongly Disagree

Within the past year I have blamed myself because I am a sex worker?

Strongly Agree Agree Disagree Strongly Disagree

Within the past year I have blamed others because I am a sex worker?

Strongly Agree Agree Disagree Strongly Disagree

Within the past year I have felt that I am not worth anything because I am a sex worker?

Strongly Agree Agree Disagree Strongly Disagree

Within the past year I have felt punished because I am a sex worker?

Strongly Agree Agree Disagree Strongly Disagree

Within the past year I have felt suicidal because I am a sex worker?

Strongly Agree Agree Disagree Strongly Disagree

Within the past year I have chosen not to attend a party/bashes because of being a sex worker?

Strongly Agree Agree Disagree Strongly Disagree

Within the past year I have isolated myself from friends and family because of being a sex worker?

Strongly Agree Agree Disagree Strongly Disagree

Within the past year I have decided to not have (any more) children because of being a sex worker?

Strongly Agree Agree Disagree Strongly Disagree

Within the past year I have avoided going to the clinic/hospital because of being a sex worker?

Strongly Agree Agree Disagree Strongly Disagree

Within the past year I have avoided going to the police because of being a sex worker?

Strongly Agree Agree Disagree Strongly Disagree

Mental Health

I would like to ask you some questions about how you have been feeling in the past week. I am going to read out some statements and ask you to say how many days you have had particular feelings or ideas or whether you have not had them at all.

During the past week I was worried by things that usually don't worry me

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I did not feel like eating, my appetite was poor

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I felt I could not make myself feel happy even with the help of family and friends

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I felt I was just as good as other people

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I had trouble keeping my mind on what I was doing

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I felt depressed (very sad all of the time)

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I felt that everything I did was an effort

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I felt hopeful about the future

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I thought my life had been a failure

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I felt fearful

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week my sleep was restless (woke up in the night/did not sleep well/had trouble falling asleep)

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I was happy

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I talked less than usual

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I felt lonely

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week people were unfriendly

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I enjoyed life

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I cried a lot

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I felt sick

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I felt that people dislike me

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I could not get 'going'

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week I have been thinking too much

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week my heart has been painful

- Rarely Or None Of The Time (2-4 Days) Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

During the past week my spirit has been low

- Rarely Or None Of The Time Some Of A Little Of The Time (1-2Days) A Moderate Amount Of Time (2-4 Days) Most Of The Time (5-7Days)

Now I want to ask you a question about the past month (four weeks), Has the thought of ending your life been in your mind?

- No Yes

The following are symptoms that people sometimes experience after having a terrible event happen in their lives. I'll read each one, please state how much the symptom has bothered you in the past week

Recurrent thoughts or memories of the event

- Not At All Rarely Sometimes Most Of The Time

Feelings as though the event is happening again

- Not At All Rarely Sometimes Most Of The Time

Recurrent nightmares about the event

- Not At All Rarely Sometimes Most Of The Time

Sudden emotional or physical reactions when reminded of the event

- Not At All Rarely Sometimes Most Of The Time

Avoiding activities that remind you of the event

- Not At All Rarely Sometimes Most Of The Time

Avoiding thoughts or feelings associated with the event, so I try not to feel or think about anything that reminds me of it

- Not At All Rarely Sometimes Most Of The Time

Feeling jumpy, get a fright easily

- Not At All Rarely Sometimes Most Of The Time

Feeling on guard, ready to fight to protect yourself

- Not At All Rarely Sometimes Most Of The Time

In the past year, have you cut, burned or hurt yourself on purpose

- Yes No

In the past year, have you attempted suicide?

- Yes No

Audit

How often do you have a drink containing alcohol?

- Never Monthly Or Less 2-4Times Per Month 2-3 Times Per Week 4+ Times Per Week

How many drinks containing alcohol do you have on a typical day when you are drinking?

- 0 1 Or 2 3 Or 4 5 Or 6 7 Or 9 10 Or More

How much is a typical drink (one drink, a beer or a glass of wine etc)

- no drink 250 mls or less (Small Beer or 1 glass of wine) 440mls 500mls
 750 mls (Bumpie) 1 Litre 2 Litres 5 Litres (Big Box Wine)

How often do you have six or more drinks on one occasion?

- Never Less Than Monthly Monthly Weekly Daily Or Almost Daily

Within the past year how often have you taken dagga
(PLEASE SELECT ALL THAT APPLY)

- never once sometimes often

Within the past year how often have you taken Ndanda or mandrax

- never once sometimes often

Within the past year how often have you taken Nyaopi or whoonga

- never once sometimes often

Within the past year how often have you taken cough mixture when not sick

- never once sometimes often

Within the past year how often have you taken pain killers when not ill

- never once sometimes often

Within the past year how often have you taken Mg (Ecstasy)

- never once sometimes often

Within the past year how often have you taken Njumpi (Crystal Meth/Tik)|

- never once sometimes often

Within the past year how often have you taken Glass/Rock

- never once sometimes often

Self Esteem

For each statement please select either strongly agree, agree, disagree or strongly disagree.

Most of the time I am satisfied with myself

Strongly Agree Agree Disagree Strongly Disagree

At times, I think I am no good at all

Strongly Agree Agree Disagree Strongly Disagree

I feel that I have a number of good qualities

Strongly Agree Agree Disagree Strongly Disagree

I am able to do things as well as most other people

Strongly Agree Agree Disagree Strongly Disagree

I feel I do not have much to be proud of

Strongly Agree Agree Disagree Strongly Disagree

I certainly feel useless at times

Strongly Agree Agree Disagree Strongly Disagree

I feel that I'm a person of worth, at least equal or as good as other people

Strongly Agree Agree Disagree Strongly Disagree

I wish I could have more respect for myself

Strongly Agree Agree Disagree Strongly Disagree

Most of the time I feel as if I am a failure

Strongly Agree Agree Disagree Strongly Disagree

I take a positive attitude toward myself

Strongly Agree Agree Disagree Strongly Disagree

Final

END OF INTERVIEW

I would like to thank you very much for helping us. We have talked about some very difficult things today. I appreciate the time you have taken. I realise that these questions may have been difficult for you to answer, but it is only by hearing about women's lives that we can really begin to understand them. We really appreciate your openness with us. Most women have difficult times in their lives and its good to share them and remember we did not bring them on ourselves. We really appreciate your participation in this study. By sharing this personal information with us and attending the SSWP peer talks and creative spaces you are helping us with our research and that will ultimately help many other sex workers in the country.

In the past 6 months have you received either of these items (SHOW A RED UMBRELLA CONDOM AND LUBRICANT) from a PE?

Yes

No

Last year, between January 2015 and December 2015, did you come to the SSWP clinic and do an HIV test? (ONLY YES IF THEY DID AN HIV TEST. DO NOT NOTE YES IF THEY DID ANYTHING ELSE WITH US!!!!)

Yes No

Could we contact you for any future research studies which may either be related to or unrelated to this study?

No Yes

End Time of Interview

This interview took ___minutes to complete

(INSERT CALC FOR DATE TIME)

Hct

HIV COUNSELLING and TESTING

Thank you, for taking this survey with me. Now that we have completed the survey, I am going to to explain what an HIV test is and what the results mean. I will then test you and while we wait for the results we can discuss ways to reduce your risk. You have already signed consent to do the test, so we will not need to sign consent again now.

Pre Counselling Received

(EXPLAIN THE HCT PROCESS Two rapid test for HIV will be done by either myself or the nurse. A few drops of blood will be collected and tested on specific HIV testing kits to check for HIV antibodies. Test results will be ready in about 10 minutes. If both tests show us a negative result then it means that there are no antibodies to HIV. (Counsellor explains again about the window period). If both tests are positive, it means that you are HIV positive and that there are antibodies to HIV. Sometimes we cannot clearly tell if the results are negative or positive, so we have have 1 test show us a positive and the other show us a negative result. We will then have the nurse draw blood which we will send through to the laboratory for an HIV test called an ELISA to confirm the results. If you are HIV positive, they will also do your CD4 count and viral load. You will be able to get your laboratory results back from us in a week.)

Yes No

First Rapid Test

Reactive (Positive) Non-Reactive (Negative) Indeterminate

Second Rapid Test

Reactive (Positive) Non-Reactive (Negative) Indeterminate

HIV NEGATIVE No further biological tests required. Participant can now return to coupon manager

HIV POSITIVE RESULT inform participant of their status and conduct CD4 and viral load. Once completed participant can return to coupon manager

INDETERMINATE RESULT Call nurse to draw blood and send to NHLS for HIV test (& CD4, Viral load). Once blood drawn participant can move on to coupon manager

Did you negotiate a risk reduction plan

(IDENTIFY RISK REDUCTION BEHAVIOURS. IT IS VERY IMPORTANT THAT THE PARTICIPANT UNDERSTANDS THAT THE USE OF CONDOMS WITH INTIMATE PARTNERS IS AS IMPORTANT AS IT IS WITH MCIMBI IN PROTECTING THEMSELVES, THEIR PARTNER AND THEIR CLIENTS, FROM HIV AND STIS. EXPLORE RISKY SEX WORKER BEHAVIOURS MENTIONED IN THEIR QUESTIONNAIRE AND WHICH THEY ARE ABLE & MOTIVATED TO CHANGE. IDENTIFY A STEP TOWARDS CHANGING THIS BEHAVIOUR. BREAK THE BEHAVIOUR DOWN INTO CONCRETE STEPS FOR THE CLIENT TO TRY. CHECK IN WITH THE CLIENT TO ENSURE THAT THE PLAN IS ACCEPTABLE AND ACTIONABLE FOR THEM - THEY SHOULD TAKE OWNERSHIP OF THE PLAN. YOU CAN ROLE PLAY THE PLAN TO ASSIST THE CLIENT. ASK THE CLIENT TO TRY THE PLAN OUT. MAKE SURE THEY KNOW THEY CAN COME BACK TO US FOR FUTURE ADVICE OR COUNSELLING TO ADAPT THIS PLAN. RECOGNISE HOW HARD IT CAN BE TO CHANGE BEHAVIOUR AND THE DANGERS SURROUNDING SEX WORK, BUT THAT THE PROGRAMME IS HERE TO SUPPORT THEM. IF THEY ARE NOT FAMILIAR WITH SSWP, PLEASE TELL THEM ABOUT US AND INVITE THEM TO COME TO OUR CREATIVE SPACE WORKSHOPS OR TAKE THEIR DETAILS DOWN TO DO OUTREACH IN THEIR AREA (SOWETO ONLY))

Yes No

COMPLETED BY THE NURSE

Tests sent
(ONLY SEND UNKNOWN POSITIVES TO CLS)

- Confirmatory Elisa assay (NHLS) CD4 (NHLS) Viral Load (CLS) Drug Resistance (NICD)

CLS Laboratory Bar Code

NHLS Laboratory Bar Code

Confirmatory Elisa Result

- Negative Positive

CD4 count result

(NUMBER)

Viral Load result

B5 Art Drug Resistance

Drug Resistance Tested

- Yes
 No

Susceptible to all

- Yes
 No

Zidovudine

- S/PLLR LLR/IR HLR

Didanosine

- S/PLLR LLR/IR HLR

Stavudine

- S/PLLR LLR/IR HLR

Lamuvudine

- S/PLLR LLR/IR HLR

Emtricitabine

- S/PLLR LLR/IR HLR

Abacavir

- S/PLLR LLR/IR HLR

Tenofovir

- S/PLLR LLR/IR HLR

Nevirapine

- S/PLLR LLR/IR HLR

Efavirenz

- S/PLLR LLR/IR HLR

Etravirine

- S/PLLR LLR/IR HLR

Rilpivirine

- S/PLLR LLR/IR HLR

Indinavir/r

- S/PLLR LLR/IR HLR

Saquinavir/r

- S/PLLR LLR/IR HLR

Nelfinavir

- S/PLLR LLR/IR HLR

Fosamprenavir/r

- S/PLLR LLR/IR HLR

Lopinavir/r

- S/PLLR LLR/IR HLR

Atazanavir/r

- S/PLLR LLR/IR HLR

Tiplrnavir/r

- S/PLLR LLR/IR HLR

Darunavir/r

- S/PLLR LLR/IR HLR

