

## HIV incidence in pregnancy, Fort Portal- Study Questionnaire

Hospital registration Number \_\_\_\_\_ Date of visit \_\_\_\_\_

Study ID \_\_\_\_\_ Staff name \_\_\_\_\_

### Client Information

1. Client Type:      ANC client       If ANC client, gestational week: \_\_\_\_\_ ANC visit no: \_\_\_\_\_

OR      Delivery client       If delivery client, date of delivery: \_\_\_\_\_

2. Age (years): \_\_\_\_\_ 3. Gravida: \_\_\_\_\_ 4. Para: \_\_\_\_\_

5. Date last HIV test BEFORE repeat test: \_\_\_\_\_ / Gest. week: \_\_\_\_\_ Confirm test was negative:

6. Marital status: Married/Cohabiting couple  Not cohabiting couple  Single  Widowed  Divorced

7. Completed education:      None       Primary       Secondary       Tertiary

8. Occupation: Housewife  Farmer  Trader  Civil Service  Other : \_\_\_\_\_

9. Religion: \_\_\_\_\_ 10. Residence: Fort Portal  Other , specify: \_\_\_\_\_

11. Travel distance Hospital minutes: \_\_\_\_\_ 12. Travel cost (one-way, UGX): \_\_\_\_\_

13. No. of people living in household: \_\_\_\_\_ 14. No. children <15 in household: \_\_\_\_\_

15. Is the following present in the household:

	Electricity	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pipe borne water		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Radio	Cupboard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fridge	TV	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Motor-bike, Car	Cattle	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Mosquito- net	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Partner Information (applies for husband/partner, or father of this baby)

16. Age (years): \_\_\_\_\_ 17. Partnership duration in years/months: \_\_\_\_\_

18. Completed education:      None       Primary       Secondary       Tertiary

19. Occupation:      Farmer       Fisherfolk       Trader       Civil Service       Trucker       Armed Forces

Other , specify: \_\_\_\_\_

20. Religion: \_\_\_\_\_ 21. Residence: Fort Portal  Other , specify: \_\_\_\_\_

22. HIV status of partner known to woman  unknown to woman  If known: positive  negative

23. When was partner tested for HIV the last time? \_\_\_\_\_ unknown

24. Was HIV testing or status ever discussed in between the couple?      Yes       No

25. Has your partner ever accompanied you to ANC during this pregnancy?      Yes       No

If yes, was joint HIV partner testing performed in ANC during this pregnancy?      Yes       No

26. Was HIV testing ever done jointly? Yes , when? \_\_\_\_\_ No

27. Is your partner circumcised? Yes , since: \_\_\_\_\_ No

## Behavioral information, client

28. Do you think you might be at risk of getting HIV? High risk  Some risk  Very low risk  Not at risk

29. Have you been sexually active in this pregnancy? Yes : average no. sexual acts per month \_\_\_\_\_ No

If yes, how often did you use a condom? Always  Sometimes  Rarely  Never

If not always, please state reasons for not using condoms: \_\_\_\_\_

30. Do you know how to use condoms? Yes  No  31. Do you know where to get condoms? Yes  No

32. How many sexual partners did you have: in the past year? \_\_\_\_\_ During this pregnancy? \_\_\_\_\_

33. In the past year, have you engaged in any of the following:

Intravenous drug use  Commercial sex work  Unprotected sex with someone not known well

Trading sex for food or other goods or benefits  Alcohol abuse  Sex under influence of alcohol/drugs

Sex with someone who was under influence of alcohol/drugs  Sex involving anal intercourse

If yes for any of these, please specify when/how often: \_\_\_\_\_

34. Are you aware of any sexually transmitted disease (STD) you have had during this pregnancy?

No  Yes , please specify symptoms or diagnosis: \_\_\_\_\_

If yes, have you received medical care for the disease? Yes  No

35. Do you suffer from any mental health condition? No  Yes , specify: \_\_\_\_\_

## Behavioral information, partner (applies for husband/partner, or father of this baby)

36. Do you ever discuss condom use with your partner? Yes  No , why not? \_\_\_\_\_

37. Does your partner agree to use a condom when you ask him to? Always  Mostly  Rarely  Never

38. Do you generally consider your partner as being faithful? Yes  No  Don't know

39. Are you aware of other sexual relationships your partner may have? Yes  No  Don't know

40. Does your partner spend much time abroad or away from home? Yes  No

If yes, please specify reason and frequency: \_\_\_\_\_

41. To your knowledge, does your partner ever abuse alcohol  use intravenous drugs  visit sex workers

If yes, please estimate frequency of events: \_\_\_\_\_

42. Have you ever experienced any physical violence by your partner? Yes  No

If yes, please specify frequency and event: \_\_\_\_\_

43. Has your partner ever repressed/threatened you emotionally  financially (e.g. depriving of money)

If yes, specify: \_\_\_\_\_

44. Are you financially dependent on your partner? Completely  For the most part  For some part  Not at all

## Result of client's HIV repeat test

Repeat test performed during this session today  Result was positive  Result was negative

OR (only if a repeat HIV test was performed already, at a time less than 3 months ago)

Result transferred from hospital records  Date of repeat test \_\_\_\_\_/Gest. week \_\_\_\_\_

Test result of transferred hospital records: Result was positive  Result was negative