

***Appendix C.2 Interviews with Network Members:
Baseline Questionnaire***

CAP MC PHE PROTOCOL

INTERVIEWS WITH NETWORK MEMBERS:
BASELINE QUESTIONNAIRE

ID number

First 2 initials of last name:

Change Agent ID number:

Date of assessment: // (dd/mm/yyyy)

SCREENING QUESTION

| | |
|---|---------------------------|
| <p>THANK YOU FOR COMING TO LEARN MORE ABOUT THIS RESEARCH PROJECT. BEFORE WE START DO YOU AGREE TO INFORM ME ABOUT HOW YOU LEARNT ABOUT THIS STUDY?</p> <p>[IF YES TICK REGISTER TO INDICATE ACCEPTS TO DISCUSS WHO REFERRED HIM/HER TO THE AKC SITE (SCREENING)]</p> <p>WHO REFERRED YOU TO THIS STUDY?</p> <p>(NOTE-CHECK THAT THIS NAME MATCHES THE NAME FOR LISTED FOR THE ID NUMBER ON THE LETTER HANDED TO YOU BY THE PARTICIPANT. IF THE NAME DOES NOT TALLY, THANK THE PERSON AND EXPLAIN THEY ARE NOT ELIGIBLE) TALLY THIS PERSON AS NOT ELIGIBLE</p> | <p>NAME:</p> <p>.....</p> |
|---|---------------------------|

Let me read for you what the research project is about, the risks and benefits of your participation and people you will be able to contact for more information about the research project if you agree to participate. Please do not hesitate to ask any questions so that you understand in what ways you will be participating, should you accept to do so. **[read NWM consent form and get signed consent]**

Thank you for accepting to be an important part of this research project to improve health in the community. Your name was given to us by one of those participating in this training program, [xxx], identified you as part of his/her network of family and friends.

“May I conduct the interview now?” *If permission is given, begin the interview.*

“I am going to start by asking you some background information about yourself. I am then going to ask you about your relationship with the person who told you about this study, [XX].”

SECTION 1: BASELINE

| | | | |
|-----|-----------------------------|------------------------------|--|
| B 1 | WHAT IS YOUR AGE? | Years | |
| B 2 | WHAT IS YOUR DATE OF BIRTH? | Day ___ Month ___ Year _____ | |

| | | | |
|-------|--|---|---------------|
| B 3 | WHAT IS YOUR GENDER? | Male 1 Female..... 2 | |
| B 4.1 | IF FEMALE, ASK: ARE YOU CURRENTLY PREGNANT? | No 2 Yes 1 Don't know 88 Refused 77 | IF 7,8 ♦B5 |
| B4.2 | IF CURRENTLY PREGNANT WHEN WAS THE FIRST DAY OF YOUR LAST PERIOD | Day ___ Month ___ Year ___ | |
| B5 | WHAT IS YOUR CURRENT MARITAL STATUS? | Married 1 Cohabiting 2 Single..... 3 Divorced/Separated..... 4 Widowed..... 5 | |
| B6 | HOW MANY YEARS OF SCHOOL HAVE YOU COMPLETED? [COMPLETE ALL CATEGORIES WITH NUMBER OF YEARS OF SCHOOLING; IF THE PERSON HAD NO EDUCATION, INDICATE '0' IN THE TOTAL LINE FOR THIS ITEM.] | Primary Education Secondary Education Certificate/Diploma/ Advanced diploma or Other non-degree professional training University/ Degree level professional training..... | |
| B7 | WHAT IS YOUR CURRENT EMPLOYMENT STATUS? [SELECT PRIMARY OCCUPATIONAL STATUS.] | Employed 1 Self-employed 2 Housewife/house husband 3 Unemployed 4 Student 5 | |
| B8 | IN YOUR CURRENT RESIDENCE, HOW MANY ROOMS DO YOU HAVE FOR THE USE OF YOU AND YOUR FAMILY? | Rooms _ _ | |

| | | | |
|-------|---|--|--|
| B9 | IN YOUR HOUSE, HOW MANY ROOMS ARE USED FOR SLEEPING? | Rooms _ _ | |
| B10 | HOW MANY PEOPLE, INCLUDING YOURSELF, USUALLY SLEEP IN YOUR HOUSEHOLD? | People _ _ | |
| B11 | WHAT IS THE MAIN SOURCE OF ENERGY FOR LIGHTING IN YOUR HOUSEHOLD? | Solar 1 Gas 2 Paraffin/Hurricane lamp..... 3 Paraffin/Pressure lamp 4 Paraffin wick lamp 5 Electricity 6 Other 7 <i>(specify)</i> _____ | |
| B12.1 | WHAT IS THE MAIN MATERIAL OF THE FLOOR IN YOUR HOUSEHOLD? | Earth and or sand 1 Dung 2 Rudimentary floor 3 Wooden floor 4 Vinyl or asphalt strips 5 Cement screed 6 Tiles 7 Other 8 <i>(specify)</i> _____ | |
| B12.2 | WHAT IS THE MAIN MATERIAL OF THE ROOF IN YOUR HOUSEHOLD? | Grass/Leaves/ 1 Iron sheets 2 Tiles 3 Concrete 4 Other 5 <i>(specify)</i> _____ | |

| | | | |
|-------|---|--|--|
| B12.3 | WHAT IS THE MAIN MATERIAL OF THE WALL IN YOUR HOUSEHOLD? | Poles and mud..... 1 Sundried bricks..... 2 Baked bricks 3 Timber 4 Cement bricks..... 5 Stones 6 Other 7 <i>(specify)</i> _____ | |
| B13 | WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR YOUR HOUSEHOLD? | Piped into dwelling/yard/plot 1 Public/Neighbour's tap 2 Open well in dwelling/yard/plot 3 Open public/neighbour's well 4 Protected well in dwelling/yard/plot 5 Protected public/neighbour well 6 Spring 7 River, stream 8 Pond/Lake/Dam..... 9 Tanker truck 10 Water vendor 11 Other 12 <i>(specify)</i> _____ | |
| B14 | HOW OFTEN IN THE LAST 6 MONTHS DID YOUR HOUSEHOLD HAVE PROBLEMS IN SATISFYING THEIR FOOD NEEDS? | Never.....1 Seldom2 Sometimes.....3 Often.....4 Always.....5 | |
| B15 | WHEN YOU ARE IN YOUR HOUSEHOLD, WHAT KIND OF TOILET FACILITY DO YOU USUALLY USE? | Flush toilet used by household/family only 1 Pit latrine used by household/family only .. 2 Flush toilet shared with other tenants..... 3 Pit Latrine shared with other tenants..... 4 Flush toilet shared with a neighbor in different house 5 No facility/Bush/Field 6 | |
| B16 | HOW MANY CHILDREN (UNDER 18 YEARS OF AGE) ARE CURRENTLY LIVING IN YOUR HOUSEHOLD? | Children _ _ | |

| | | | |
|------|---|---|-----------------------------------|
| B 17 | WHAT IS YOUR RELATIONSHIP TO THE PERSON WHO REFERRED YOU TO THIS SURVEY LET US CALL HIM/HER XX? | Family Member 0 Friend 1 Sex/ Relationship partner 2 Church member 3 Support group member 4 Other 5 <i>specify:</i> | IF 1-8 SKIP TO⇒ Q.B21 |
| B 18 | [IF FAMILY MEMBER, ASK:] WHAT TYPE OF FAMILY MEMBER ARE YOU TO [XX]? ARE YOU A.... | Spouse.....0 Grandmother 1 Grandfather 2 Mother 3 Father 4 Brother 5 Sister 6 Aunt 7 Uncle 8 Cousin 9 Adult daughter.....10 Adult son.....11 Other 12 <i>specify:</i> | |
| B 19 | HOW OFTEN DO YOU MEET AND TALK TO [XX]? | About every day 5 About several times a week 4 About once a week 3 About several times a month.....2 About once a month 1 Less than once a month 0 | |
| B 20 | HOW MUCH DO YOU APPRECIATE AND VALUE [XX]? | Very much 4 Quite a lot 3 Some 2 A little 1 Not at all 0 | |
| B 21 | HOW MUCH DO YOU LISTEN TO ADVICE FROM [XX]? | Very much 4 Quite a lot 3 Some 2 A little 1 Not at all 0 | |

| | | | |
|---------------|--|---|--|
| <i>B 22</i> | IN THE PAST 6 MONTHS, HOW OFTEN DO YOU AND [XX] ENJOY GOOD CONVERSATIONS /TIMES TOGETHER? | About every day 5 About several times a week 4 About once a week 3 About several times a month.....2 About once a month 1 Less than once a month 0 | |
| <i>B 23</i> | HOW EASY OR DIFFICULT IS IT FOR YOU TO ASK [XX] FOR ADVICE OR INFORMATION? | Very easy..... 3 Easy 2 difficult 1 Very difficult 0 | |
| <i>B 24</i> | HOW EASY OR DIFFICULT IS IT FOR YOU TO ASK [XX] FOR ANY OTHER ASSISTANCE WHEN YOU NEEDED IT? | Very easy..... 3 Easy 2 difficult 1 Very difficult 0 | |
| <i>B 25</i> | HOW EASY OR DIFFICULT IS IT FOR YOU TO GIVE ASSISTANCE TO OTHERS WHEN THEY NEED IT? | Very easy..... 3 Easy 2 difficult 1 Very difficult 0 | |
| <i>B26.1</i> | HOW OFTEN DO YOU DISCUSS QUESTIONS RELATED TO MALARIA WITH OTHERS? | Often3 Sometimes2 Seldom1 Never0 | |
| <i>B26.2</i> | HOW OFTEN DO YOU DISCUSS QUESTIONS RELATED TO HIV WITH OTHERS? | Often3 Sometimes2 Seldom1 Never0 | |
| <i>B27.1</i> | HOW OFTEN DO YOU AND [XX] DISCUSS QUESTIONS RELATED TO MALARIA? | Often3 Sometimes2 Seldom1 Never0 | |
| <i>B 27.2</i> | HOW OFTEN DO YOU AND [XX] DISCUSS QUESTIONS RELATED TO HIV? | Often3 Sometimes2 Seldom1 Never0 | |

SECTION 2: ROSENBERG SELF-ESTEEM SCALE

| | | | |
|------------|---|--|--|
| <i>R 1</i> | I FEEL THAT I AM A PERSON OF WORTH, AT LEAST ON AN EQUAL BASIS WITH OTHERS. | Disagree completely 1 Disagree to some extent 2 Agree to some extent 3 Agree completely 4 | |
| <i>R 2</i> | ALL IN ALL, I HAVE DISAPPOINTED OTHERS AND MYSELF. | Disagree completely 4 Disagree to some extent 3 Agree to some extent 2 Agree completely 1 | |
| <i>R 3</i> | I AM ABLE TO DO THINGS AS WELL AS MOST PEOPLE. | Disagree completely 1 Disagree to some extent 2 Agree to some extent 3 Agree completely 4 | |
| <i>R 4</i> | I FEEL I DO NOT HAVE MUCH TO BE PROUD OF. | Disagree completely 4 Disagree to some extent 3 Agree to some extent 2 Agree completely 1 | |
| <i>R 5</i> | ON THE WHOLE, I AM SATISFIED WITH MYSELF. | Disagree completely 1 Disagree to some extent 2 Agree to some extent 3 Agree completely 4 | |
| <i>R 6</i> | I CERTAINLY FEEL COMPETENT AT TIMES. | Disagree completely 1 Disagree to some extent 2 Agree to some extent 3 Agree completely 4 | |
| <i>R 7</i> | AT TIMES, I THINK I AM NO GOOD AT ALL. | Disagree completely 4 Disagree to some extent 3 Agree to some extent 2 Agree completely 1 | |

SECTION 3: GENERAL QUESTIONS ABOUT HEALTH AND ACCESSING HEALTH CARE FOR COMMON AND SERIOUS MEDICAL ILLNESSES

| | | | |
|--------------------|---|--|---------------------------|
| <p><i>B 28</i></p> | <p>HAS ANYONE IN YOUR HOUSEHOLD RECEIVED MEDICAL SUPPLIES FOR AN ILLNESS IN THE PAST THREE MONTHS? (IF YES ASK Q 27)</p> | <p>No 2 Yes 1 Do not know..... 88</p> | <p>IF 2 SKIP TO⇒ Q.28</p> |
| <p><i>B 29</i></p> | <p>IF YES, FOR WHAT CONDITIONS? (PROBE: ANY OTHER CONDITIONS?)</p> | <p>Malaria No 2 Yes 1 Anaemia No 2 Yes 1 Diabetes No 2 Yes 1 Tuberculosis No 2 Yes 1 Hypertension No 2 Yes 1 Mental disorder No 2 Yes 1 HIV/AIDS No 2 Yes 1 Other No 2 Yes 1</p> | |

| | | | |
|------|--|---|-----------------------------------|
| B 30 | HOW IMPORTANT DO YOU THINK THAT IT IS TO BE TESTED PROMPTLY FOR MALARIA IF YOU HAVE FEVER? | Very important 4 Important 3 Somewhat important..... 2 A little important..... 1 Not at all important 0 | |
| B 31 | HOW IMPORTANT DO YOU THINK THAT IT IS TO BE TESTED FOR HIV? | Very important 4 Important 3 Somewhat important..... 2 A little important..... 1 Not at all important 0 | |
| B 32 | HAVE YOU EVER BEEN TESTED FOR HIV? | No 2 Yes 1 Refused to respond 77 | IF 1 or 7 SKIP TO⇒ Q.AK1 |
| B33 | WHY WERE YOU TESTED? | I was sick.....6 I was having sex with a risky partner.....5 My friend influenced me.....4 I was offered a test health care worker.....3 I saw an advert (tv, radio, billboard or newspaper) ..2 Other.....1 Please specify _____ | |
| B 34 | WHAT WAS THE DATE, (MONTH AND YEAR), OF YOUR LAST HIV TEST? | Month _ _ Year _ _ _ _ Don't know 88 Refused to answer..... 77 | |
| B 35 | WHAT IS YOUR HIV STATUS? | Negative 2 Positive 1 Have not been tested.....3 Refused to respond 77 | IF 2 OR 7 SKIP TO⇒ AK1 |
| B 36 | IF HIV+VE FOR Q.35, ASK: HAVE YOU VISITED A HIV TREATMENT CLINIC? | No 2 Yes 1 | |

| | | | |
|------|---|--|--|
| B 37 | IF YES FOR Q. 36, ASK: HAVE YOU STARTED RECEIVING HIV ANTIRETROVIRAL TREATMENT? | No 2 Yes 1 N/A.....99 | |
| B38 | APART FROM CLINIC STAFF, HAVE YOU DISCLOSED YOUR HIV STATUS TO? | Sexual partner/spouse yes=1/no=2 Family Member yes=1/no=2 Friend yes=1/no=2 Church member yes=1/no=2 Community leader yes=1/no=2 Social services provider yes=1/no=2 Support group member yes=1/no=2 Other yes=1/no=2 <i>specify</i> | B38.1 B38.2 B38.3 B38.4 B38.5 B38.6 B38.7 B38.8 |
| B 39 | HAVE ANY OF THE FOLLOWING DISCLOSED THEIR HIV STATUS TO YOU? | Sexual partner/spouse yes=1/no=2 Family Member yes=1/no=2 Friend yes=1/no=2 Other..... yes=1/no=2 <i>specify</i> | B39.1 B39.2 B39.3 B39.4 |

“I would like to ask you some questions about your knowledge of HIV/AIDS.”

| SECTION 4: HEALTH PROMOTION KNOWLEDGE | | | |
|--|---|---|--|
| AK 1 | CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS? | No 2 Yes..... 1 Don't know 88 | |
| AK 2 | CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES? | No 2 Yes..... 1 Don't know 88 | |
| AK 3 | CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX? | No 2 Yes..... 1 Don't know 88 | |

| | | | |
|-------|---|---|--|
| AK 4 | CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS? | No 2 Yes..... 1 Don't know 88 | |
| AK 5 | CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY NOT HAVING SEXUAL INTERCOURSE AT ALL? | No 2 Yes..... 1 Don't know 88 | |
| AK 6 | CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS? | No 2 Yes..... 1 Don't know 88 | |
| AK 7 | IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS? | No 2 Yes..... 1 Don't know 88 | |
| AK 8 | IF A MAN HAS THE VIRUS THAT CAUSES AIDS DOES HIS SEXUAL PARTNER ALWAYS, ALMOST ALWAYS, OR ONLY SOMETIMES HAVE THE AIDS VIRUS? | Always 1 Almost always..... 2 Sometimes..... 3 Don't know 88 | |
| AK 9 | IF A WOMAN HAS THE VIRUS THAT CAUSES AIDS DOES HER SEXUAL PARTNER ALWAYS, ALMOST ALWAYS, OR ONLY SOMETIMES HAVE THE AIDS VIRUS? | Always 1 Almost always..... 2 Sometimes..... 3 Don't know 88 | |
| AK 10 | CAN THE VIRUS THAT CAUSES AIDS TRANSMITTED FROM A MOTHER TO HER BABY: | No 2 Yes..... 1 Don't know 88 | |

| | | | |
|------------|-------------------|--|--|
| AK 10.1 | DURING PREGNANCY? | No2 Yes.....1 Don't know88 | |
|------------|-------------------|--|--|

| | | | |
|------------|---|--|--|
| AK 10.2 | DURING DELIVERY? IF NO SKIP TO HK 11 | No2 Yes.....1 Don't know88 | |
|------------|---|--|--|

| | | | |
|------------|-------------------|--|--|
| AK 10.3 | BY BREASTFEEDING? | No2 Yes.....1 Don't know88 | |
|------------|-------------------|--|--|

| | | | |
|------------|---|--|--|
| AK 11.1 | ARE THERE SPECIAL DRUGS THAT A DOCTOR OR A NURSE CAN GIVE TO A WOMAN INFECTED WITH THE AIDS VIRUS TO REDUCE THE RISK OF TRANSMISSION TO THE BABY? | No2 Yes.....1 Don't know88 | |
|------------|---|--|--|

| | | | |
|------------|---|------------------------|--|
| AK 11.2 | HAVE YOU HEARD ABOUT SPECIAL ANTIRETROVIRAL DRUGS (USE LOCAL NAME) THAT PEOPLE INFECTED WITH THE VIRUS CAN GET FROM A DOCTOR OR A NURSE TO HELP THEM LIVE LONGER? | No2 Yes.....1 | |
|------------|---|------------------------|--|

AK
12.1

WHAT ARE THE MAIN CHANNELS OF
COMMUNICATION FROM WHICH YOU
RECEIVE INFORMATION AND EDUCATION
ABOUT MALARIA?

[SELECT ALL THAT APPLY.]

PROBE: ANY OTHER CHANNELS?

Radio

No 2

Yes..... 1

Television

No 2

Yes..... 1

Film

No 2

Yes..... 1

Drama

No 2

Yes..... 1

Newspapers/magazines

No 2

Yes..... 1

Brochures

No 2

Yes..... 1

Posters

No 2

Yes..... 1

Billboards

No 2

Yes..... 1

Community notices

No 2

Yes..... 1

Family

No 2

Yes..... 1

Friends

No 2

Yes..... 1

Peers

No 2

Yes..... 1

Health workers

No 2

| | | | |
|----------------------|--|--|--|
| <p>(AK 12.1)</p> | <p>(CONTD) WHAT ARE THE MAIN CHANNELS OF COMMUNICATION FROM WHICH YOU RECEIVE INFORMATION AND EDUCATION ABOUT MALARIA?</p> <p>[SELECT ALL THAT APPLY.]</p> <p>PROBE: ANY OTHER CHANNELS?</p> | <p>Traditional leaders No 2 Yes..... 1</p> <p>Religious leaders No 2 Yes..... 1</p> <p>Internet No 2 Yes..... 1</p> <p>Other No 2 Yes..... 1 (specify) _____ NONE..... 0 Refused to answer 77</p> | |
|----------------------|--|--|--|

AK
12.2

WHAT ARE THE MAIN CHANNELS OF
COMMUNICATION FROM WHICH YOU
RECEIVE AIDS INFORMATION AND
EDUCATION?

[SELECT ALL THAT APPLY.]

PROBE: ANY OTHER CHANNELS?

- Radio
No2
Yes.....1
- Television
No2
Yes.....1
- Film
No2
Yes.....1
- Drama
No2
Yes.....1
- Newspapers/magazines
No2
Yes.....1
- Brochures
No2
Yes.....1
- Posters
No2
Yes.....1
- Billboards
No2
Yes.....1
- Community notices
No2
Yes.....1
- Family
No2
Yes.....1
- Friends
No2
Yes.....1
- Peers
No2
Yes.....1

| | | | |
|--------------|--|---|--|
| (AK 12.2) | {CONTD] WHAT ARE THE MAIN CHANNELS OF COMMUNICATION FROM WHICH YOU RECEIVE AIDS INFORMATION AND EDUCATION? | Traditional leaders No2 Yes.....1 | |
| | (PROBE: ANY OTHER CHANNELS?) | Religious leaders No2 Yes.....1 Internet No2 Yes.....1 Other No2 Yes.....1 (specify) _____ NONE Refused to answer.....77 | |

“I would like to ask you a few questions about discussions related to health that you may or may not have had with [XX] **over the past 3 months**. I will also ask whether or not you have engaged in specific health protective behaviors, and whether or not the discussions you had with [XX] had any impact on these behaviors.”

| SECTION 5: HIV ATTITUDES, BELIEFS, BEHAVIORS | | |
|---|--|--|
| BB 1 | HOW OFTEN HAS [XX] TALKED WITH YOU ABOUT HOW HAVING FEWER SEXUAL PARTNERS CAN LIMIT THE SPREAD OF HIV? | Often3 Sometimes2 Seldom1 Never..0 |
| BB 2 | TO WHAT EXTENT HAVE THESE DISCUSSIONS INFLUENCED THE WAY YOU ACT WITH SEXUAL PARTNERS? | Large extent 3 Moderate extent 2 Rarely 1 None 0 N/A, not sexually active 99 |

| | | | |
|-------------|---|---|--|
| <i>BB 3</i> | HOW OFTEN HAS [XX] TALKED WITH YOU ABOUT THE BENEFIT OF USING A CONDOM WHEN HAVING SEX? | Often3 Sometimes2 Seldom1 Never0 | |
| <i>BB 4</i> | HOW OFTEN DO YOU USE CONDOMS WITH CASUAL PARTNERS? | Often3 Sometimes2 Seldom1 Never0 | |
| <i>BB 5</i> | HOW OFTEN HAS [XX] TALKED TO YOU ABOUT HOW IT IS POSSIBLE TO PROTECT YOURSELVES FROM HIV | Often3 Sometimes2 Seldom1 Never0 | |
| <i>BB 6</i> | HOW OFTEN HAS [XX] ENCOURAGED YOU TO GET TESTED FOR HIV? | Often3 Sometimes2 Seldom1 Never0 | |
| | IF THE SOCIAL NETWORK MEMBER IS HIV+, ASK THE FOLLOWING (IF SECTION 1 B35 IS HIV +VE) : | | |
| <i>BB 7</i> | HOW OFTEN HAS [XX] TALKED TO YOU ABOUT HOW IT IS POSSIBLE FOR YOU TO PROTECT OTHERS FROM GETTING HIV? | Often3 Sometimes2 Seldom1 Never0 N/A 99 | |
| <i>BB 8</i> | ARE YOU CURRENTLY ENROLLED IN CARE FOR HIV? | No 2 Yes 1 N/A 99 | |
| | IF THE SOCIAL NETWORK MEMBER IS HIV+ AND NOT IN CARE, ASK THE FOLLOWING: | | |

| | | | |
|--------------|--|---|--|
| <i>BB 9</i> | HOW OFTEN HAS [XX] ENCOURAGED YOU TO SEEK CARE AND TREATMENT FOR HIV? | Often3 Sometimes2 Seldom1 Never0 N/A 99 | |
| <i>BB 10</i> | HAVE YOU RECEIVED HIV MEDICAL CARE OR SEEN AN HIV DOCTOR SINCE YOU HAD THOSE DISCUSSIONS? | No 2 Yes 1 N/A 99 | |
| | IF THE SOCIAL NETWORK MEMBER IS HIV+, PREGNANT, AND NOT IN CARE, ASK THE FOLLOWING: | | |
| <i>BB 11</i> | HOW OFTEN HAVE YOU TALKED WITH [XX] ABOUT BEING ON HIV MEDICATION TO PREVENT TRANSMITTING HIV TO THE BABY? | Often3 Sometimes2 Seldom1 Never0 | |
| <i>BB 12</i> | HAS THE DISCUSSION ENCOURAGED YOU TO START ART TO PREVENT HIV TRANSMISSION TO THE BABY? | No 2 Yes 1 N/A 99 | |

“Now here are some others about you, please tell me if you disagree or agree with the statement. If you agree to the statement also tell me if you agree completely or only agree to some extent. If you disagree with the statement also tell me if you disagree to some extent or disagree completely with the statement.”

“Please indicate how confident you are that you could perform each of the following tasks.”

SECTION 6: THE GENERAL SELF-EFFICACY SCALE

| | | | |
|------------|--|---|--|
| <i>G 1</i> | IF SOMEONE OPPOSES ME, I CAN FIND THE MEANS AND WAYS TO GET WHAT I WANT. | Not at all true 1 Hardly true 2 Moderately true 3 Exactly true 4 | |
| <i>G 2</i> | I AM CONFIDENT THAT I COULD DEAL EFFICIENTLY WITH UNEXPECTED EVENTS. | Not at all true 1 Hardly true 2 Moderately true 3 Exactly true 4 | |
| <i>G 3</i> | THANKS TO MY RESOURCEFULNESS, I KNOW HOW TO HANDLE UNFORESEEN SITUATIONS. | Not at all true 1 Hardly true 2 Moderately true 3 Exactly true 4 | |
| <i>G 4</i> | WHEN I AM CONFRONTED WITH A PROBLEM, I CAN USUALLY FIND SEVERAL SOLUTIONS. | Not at all true 1 Hardly true 2 Moderately true 3 Exactly true 4 | |
| <i>G 5</i> | IF I AM IN TROUBLE, I CAN USUALLY THINK OF A SOLUTION. | Not at all true 1 Hardly true 2 Moderately true 3 Exactly true 4 | |

Now I am going to ask you some personal questions about your life. This information will be kept confidential. If we should come to a question that you do not want to answer, just let me know and we will go on to the next question.”

SECTION 7: SEXUAL RELATIONSHIPS

| | | | | | |
|---------|--|--|--|--|----------|
| S 1. | | AT WHAT AGE DID YOU FIRST HAVE SEXUAL INTERCOURSE? | | | YEARS __ |
|---------|--|--|--|--|----------|

| | | | |
|---------|---|---------------------|----------------|
| S 2 | HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 6 MONTHS? | No 2 Yes 1 | IF NO⇒ SKIP TO |
| S 3. | HOW MANY SEXUAL PARTNERS HAVE YOU HAD IN THE LAST 6 MONTHS? | NUMBER OF SEXU — | |

| S4. | 4. WHEN DID YOU FIRST START A RELATIONSHIP WITH THIS PARTNER? | 5. WHAT IS THIS PARTNER'S RELATIONSHIP TO YOU [READ ALL RESPONSE CHOICES]? | 6. HOW OFTEN HAVE YOU HAD SEX WITH THIS PERSON IN THE PAST 6 MONTHS? | 7. HOW OFTEN DID YOU USE CONDOMS WITH THIS PERSON IN THE PAST 6 MONTHS? | 8. HOW MANY TIMES DID YOU HAVE SEX WITH THIS PARTNER IN THE PAST 30 DAYS? | 9 HOW MANY TIMES DID YOU USE A CONDOM DURING SEX WITH THIS PARTNER IN THE PAST 30 DAYS? | 10. WHY DID YOU NOT USE A CONDOM WITH THIS PARTNER AT ALL TIMES? | 11. WHEN DID YOU FIRST HAVE SEX WITH THIS PARTNER? | 12. WHEN DID YOU LAST HAVE SEX WITH THIS PARTNER? | 13. DO YOU PLAN TO HAVE SEX WITH THIS PERSON AGAIN? | 14 .WHAT IS THE HIV STATUS OF YOUR PARTNER? | 15. HAVE YOU SHARED YOUR HIV STATUS WITH THIS PARTNER | 16. HAVE YOU HAD SEX WITH ANY OTHER PARTNER IN THE LAST 6 MONTHS? | |
|-----|--|--|--|--|---|---|---|--|--|---|---|---|---|--|
| NP1 | Year __ Month __ Day __ Refused. 77 N/A ... 99 | Spouse1 Cohabiting partner..... 2 Non-cohabitating regular partner.....3 Casual partner (friend/other).4 Commercial sex worker/client.....5 Other (specify)....6 (specify) _____ Refused.....77 N/A.....99 | Only once1 More than once but less than monthly.....2 About once per month.....3 More than once per month but less than weekly.....4 Weekly.....5 Refused...77 | Never1 Some of the time2 All of the time3 Refused ...77 | Times __ If 00⇒ SKIP Next Q.10 Refused...77 | Times __ Refused..77 N/A99 | CHECK for unprotected sex. If Q7=3 AND Q8=Q9 SKIP to Q11 Else go to Q10 | Both HIV positive..... 1 Not available....2 Too expensive ...3 Partner objected.....4 Don't like them 5 Used other contraceptive 6 Didn't think it was necessary... 7 Didn't think of it.....8 Other (please specify)..... 9 | Year..... Month... Day..... Refused.77 | Year __ Month __ Day __ Refused.77 | No..... 2 Yes..... 1 Refused .77 | Positive.1 Negative2 Don't know 88 | No=2 Yes=1 I don't know my status=99 Refused=77 | No..... If No ⇒ SKIP to Section Yes..... If Yes ⇒ Repeat questions for new partner Refused..... N/A |

| | | | | | | | | | | | | | | |
|--|--|-------------------------------|--------------|--|--|--|--|---------------------------------|--|--|--|--|--|--|
| | | Refused.77 N/A.....99 | Refused...77 | | | | | was necessary 7 | | | | | | |
| | | | | | | | | Didn't think of it8 | | | | | | |
| | | | | | | | | Other (please specify) 9 | | | | | | |
| | | | | | | | | Refused...77 | | | | | | |

| | | | | | | | | | | | | | | |
|-----|--|--|---|--|--|--|---|---|---|---|---|--|--|---|
| NP4 | Year __ Month __ Day __ Refused. 77 N/A ... 99 | Spouse1 Cohabiting partner..... 2 Non-cohabitating regular partner.....3 Casual partner (friend/other).4 Commercial sex worker/client.....5 Other (specify)....6 (specify) _____ Refused.....77 N/A.....99 | Only once1 More than once but less than monthly.....2 About once per month.....3 More than once per month but less than weekly.....4 Weekly.....5 Refused...77 | Never1 Some of the time2 All of the time3 Refused ...77 | Times __ If 00⇒ SKIP Next Q.10 Refused...77 | Times __ Refused..77 N/A99 | CHECK for unprotect- ed sex. If Q7=3 AND Q8=Q9 SKIP to Q11 Else go to Q10 | Both HIV positive..... 1 Not available....2 Too expensive ...3 Partner objected.....4 Don't like them 5 Used other contraceptive 6 Didn't think it was necessary... 7 Didn't think of it.....8 Other (please specify)..... 9 Refused...77 | Year..... Month... Day..... | Year __ Month __ Day __ Refused.77 | No..... 2 Yes..... 1 Refused .77 | Positive.1 Negative2 Don't know 88 | No=2 Yes=1 I don't know my status=99 Refused=77 | No..... If No ⇒ SKIP to Section Yes..... If Yes ⇒ Repea questions for ne partner Refused..... N/A |
|-----|--|--|---|--|--|--|---|---|---|---|---|--|--|---|

SR17. IN ADDITION TO THE PARTNERS YOU'VE DESCRIBED IN DETAIL ABOVE, HOW MANY ADDITIONAL PARTNERS IN THE PAST 6 MONTHS DID YOU HAVE?

NUMBER OF SEXUAL PARTNERS __

SR 18. SR. 18 IF YOU HAVE MENTIONED OTHER PARTNERS, HAVE YOU DISCLOSED YOUR HIV STATUS TO THEM?

[IF 0 SKIP TO SECTION 7, P1]

YES, FOR ALL OF THEM.....1

YES, FOR SOME OF THEM.....2

NO.....3

REFUSED.....77

N/A, I DON'T HAVE ANY OTHER SEXUAL PARTNERS.....99 [skip command would make this unnecessary]

“Please indicate how confident you are that you could perform each of the following tasks.”

| SECTION 7: SELF- EFFICACY FOR SAFE SEX, DISCLOSURE, AND PREVENTION ADVOCACY | | |
|--|--|--|
| <i>P 1</i> | HOW CONFIDENT ARE YOU THAT YOU KNOW WHERE TO GET CONDOMS WHEREVER YOU ARE? | Not at all confident..... 1 Not very confident 2 Somewhat confident 3 Very confident 4 |
| <i>P 2</i> | HOW CONFIDENT ARE YOU THAT YOU CAN MAKE SURE THAT YOU HAVE CONDOMS WITH YOU AT ALL TIMES? | Not at all confident..... 1 Not very confident 2 Somewhat confident 3 Very confident 4 |
| <i>P 3</i> | HOW CONFIDENT ARE YOU THAT YOU CAN USE CONDOMS CORRECTLY AND CONSISTENTLY EVEN WHEN YOU HAVE HAD A DRINK? | Not at all confident..... 1 Not very confident 2 Somewhat confident 3 Very confident 4 |
| <i>P 4</i> | HOW CONFIDENT ARE YOU THAT YOU CAN REFUSE TO HAVE SEX WITH YOUR PARTNER IF HE/SHE DOES NOT WANT TO USE CONDOMS | Not at all confident..... 1 Not very confident 2 Somewhat confident 3 Very confident..... 4 |
| <i>P 5</i> | HOW CONFIDENT ARE YOU THAT YOU CAN USE CONDOMS WHEN YOU HAVE SEX WITH YOUR PARTNER(S)? | Not at all confident..... 1 Not very confident 2 Somewhat confident 3 Very confident 4 |
| <i>P 6</i> | HOW CONFIDENT ARE YOU THAT YOU CAN TALK WITH YOUR PARTNER(S) ABOUT THE IMPORTANCE OF USING CONDOMS WHEN YOU HAVE SEX? | Not at all confident..... 1 Not very confident 2 Somewhat confident 3 Very confident..... 4 |
| <i>P 7</i> | HOW CONFIDENT ARE YOU THAT YOU CAN TALK WITH FAMILY AND/OR FRIENDS ABOUT THE IMPORTANCE OF USING CONDOMS CORRECTLY EVERYTIME THEY ARE HAVING SEX? | Not at all confident 1 Not very confident 2 Somewhat confident 3 Very confident 4 |

| | | | |
|------|--|---|--|
| P 8 | HOW CONFIDENT ARE YOU THAT YOU CAN TALK WITH FAMILY AND/OR FRIENDS ABOUT THE IMPORTANCE OF GETTING TESTED FOR HIV? | Not at all confident..... 1 Not very confident 2 Somewhat confident 3 Very confident 4 | |
| P 9 | HOW CONFIDENT ARE YOU THAT YOU CANTALK WITH FAMILY AND/OR FRIENDS ABOUT SEEKING HIV CARE IF THEY HAVE HIV? | Not at all confident..... 1 Not very confident 2 Somewhat confident 3 Very confident..... 4 | |
| P 10 | HOW CONFIDENT ARE YOU THAT YOU CAN TALK WITH FAMILY AND/OR FRIENDS ABOUT THE IMPORTANCE OF DISCLOSING TO OTHERS ABOUT THEIR HIV STATUS? | Not at all confident.....1 Not very confident 2 Somewhat confident 3 Very confident..... 4 | |
| P 11 | HOW CONFIDENT ARE YOU THAT YOU CAN MAKE DECISIONS ABOUT WHEN IT IS THE RIGHT TIME TO TELL SOMEONE THAT YOU HAVE HIV? | Not at all confident.....1 Not very confident 2 Somewhat confident 3 Very confident4 | |
| P 12 | HOW CONFIDENT ARE YOU THAT YOU CAN MAKE GOOD DECISIONS ABOUT WHO TO TELL THAT YOU HAVE HIV? | Not at all confident.....1 Not very confident 2 Somewhat confident 3 Very confident..... 4 | |
| P 13 | HOW CONFIDENT ARE YOU THAT YOU CAN FOLLOW THROUGH WITH TELLING SOMEONE YOU HAVE HIV, ONCE YOU HAVE MADE THE DECISION THAT YOU WANT TO TELL THAT PERSON? | Not at all confident.....1 Not very confident 2 Somewhat confident 3 Very confident 4 | |

Have you been involved in an intimate relationship, such as married, living with someone, or dating within the past 6 months?

Yes.....1
No.....2

If YES, go to Q. IPV1

If NO, skip to Section 9.

“Now, if you will permit me, I need to ask you some questions about your relationship with your partner/husband/wife. If we should come to a question that you do not want to answer, just let me know and we will go on to the next question.”

| SECTION 8: INTIMATE PARTNER VIOLENCE | | | |
|--------------------------------------|--|--|--|
| <i>NIPV 1</i> | HOW MUCH DO YOU APPRECIATE THE RELATIONSHIP WITH YOUR PARTNER? | Not at all 1 A little 2 Somewhat 3 Quite a lot 4 Very much 5 Refused to answer 77 N/A 99 | |
| <i>NIPV 2</i> | DO YOU FEEL THAT YOU ARE APPRECIATED BY YOUR PARTNER? | Not at all 1 A little 2 Somewhat 3 Quite a lot 4 Very much 5 Refused to answer 77 N/A 99 | |
| <i>NIPV 3</i> | DO YOU FEEL THAT YOUR PARTNER LISTENS TO YOU? | Not at all 1 A little 2 Somewhat 3 Quite a lot 4 Very much 5 Refused to answer 77 N/A 99 | |

NOW, I WILL ASK ABOUT DIFFERENT SITUATIONS THAT EXIST IN INTIMATE RELATIONSHIPS. PLEASE TELL ME IF ANY OF THE FOLLOWING HAS OCCURRED IN THE RELATIONSHIP YOU HAVE (OR HAVE HAD) WITH YOUR HUSBAND/WIFE OR INTIMATE PARTNER IN THE PAST SIX MONTHS..

| | | | | | | | |
|--|-------------------|---------------|--------------------------|---|-------------------|---------------|--------------------------|
| A1) WAS JEALOUS OR ANGRY IF YOU TALK/ TALKED WITH ... (FEMALE RESPONDENT) OTHER MEN? (MALE RESPONDENT) OTHER WOMEN? | <i>NIPV4</i> A | No 2 Yes 1 | <input type="checkbox"/> | A2) WERE YOU JEALOUS OR ANGRY IF YOUR PARTNER TALKED WITH ... (FEMALE RESPONDENT) .OTHER MEN? (MALE RESPONDENT) OTHER WOMEN? | <i>NIPV4</i> B | No 2 Yes 1 | <input type="checkbox"/> |
| B1) OFTEN SUSPICIOUS THAT YOU ARE UNFAITHFUL? | <i>NIPV5</i> A | No 2 Yes 1 | <input type="checkbox"/> | B2) WERE YOU OFTEN SUSPICIOUS THAT YOUR PARTNER WAS UNFAITHFUL? | <i>NIPV5</i> B | No 2 Yes 1 | <input type="checkbox"/> |
| C1) YOUR PARTNER DID NOT ALLOW YOU TO MEET WITH FRIENDS? | <i>NIPV6</i> A | No 2 Yes 1 | <input type="checkbox"/> | C2) YOU DID NOT ALLOW YOUR PARTNER TO MEET WITH FRIENDS? | <i>NIPV6</i> B | No 2 Yes 1 | <input type="checkbox"/> |
| D1) YOUR PARTNER PUT LIMITS TO YOUR COMMUNICATION WITH YOUR FAMILY? | <i>NIPV7</i> A | No 2 Yes 1 | <input type="checkbox"/> | D2) YOU PUT LIMITS TO YOUR PARTNERS COMMUNICATION WITH HIS/HER FAMILY? | <i>NIPV7</i> B | No 2 Yes 1 | <input type="checkbox"/> |
| E1) INSISTED TO KNOW WHERE YOU ARE/YOU WERE EVERY MOMENT? | <i>NIPV8</i> A | No 2 Yes 1 | <input type="checkbox"/> | E2) YOU INSISTED TO KNOW WHERE YOUR PARTNER IS EVERY MOMENT? | <i>NIPV8</i> B | No 2 Yes 1 | <input type="checkbox"/> |
| F1) DID NOT TRUST YOU WITH ANYTHING RELATED TO MONEY? | <i>NIPV9</i> A | No 2 Yes 1 | <input type="checkbox"/> | F2) YOUR DID YOU TRUST YOUR PARTNER WITH ANYTHING RELATED TO MONEY? | <i>NIPV9</i> B | No2 Yes 1 | <input type="checkbox"/> |

IF YOU WILL ALLOW ME, I WOULD LIKE TO ASK MORE QUESTIONS ABOUT YOUR RELATIONSHIP WITH YOUR HUSBAND/WIFE OR INTIMATE PARTNER (PERSON THAT USED TO BE YOUR HUSBAND/WIFE OR INTIMATE PARTNER). IF I ASK A QUESTION YOU DO NOT WISH TO RESPOND TO, PLEASE INFORM ME SO THAT I CAN ASK THE FOLLOWING QUESTION.

| | | | | | |
|--|-------------|---------------|--|-------------|---------------|
| G1. HAS YOUR HUSBAND/WIFE OR INTIMATE PARTNER: IN THE PAST 6 MONTHS EVER: | | | G2. HAVE YOU IN THE PAST 6 MONTHS EVER: | | |
| G1A) SAID OR DONE ANYTHING IN THE PRESENCE OF OTHER PEOPLE THAT EMBARRASSED OR SHAMED YOU? | NIPV10 A | No 2 Yes 1 | G2A) SAID OR DONE ANYTHING IN THE PRESENCE OF OTHER PEOPLE THAT EMBARRASSED OR SHAMED YOUR HUSBAND/WIFE OR INTIMATE PARTNER? | NIPV10 B | No 2 Yes 1 |
| G1B) THREATENED TO HURT YOU/ OR SOMEONE THAT IS CLOSE TO YOU? | NIPV11 A | No 2 Yes 1 | G2B) THREATENED TO HURT Y YOUR HUSBAND/WIFE OR INTIMATE PARTNER/OR SOMEONE CLOSE TO THEM? | NIPV11 B | No 2 Yes 1 |
| G1C) INSULTED YOU OR MADE YOU FEEL BAD ABOUT YOURSELF? | NIPV12 A | No 2 Yes 1 | G2C) INSULTED YOU OR MADE YOUR HUSBAND/WIFE OR INTIMATE PARTNER FEEL BAD ABOUT THEMSELVES? | NIPV12 B | No 2 Yes 1 |

| | | | | | |
|--|-------------|---------------|---|-------------|---------------|
| H1. HAS YOUR HUSBAND/WIFE OR INTIMATE PARTNER EVER DONE ANY OF THE FOLLOWING IN THE PAST 6 MONTHS? | | | H2. HAVE YOU EVER DONE ANY OF THE FOLLOWING IN THE PAST 6 MONTHS TO YOUR HUSBAND/WIFE OR INTIMATE PARTNER | | |
| H1A) PUSHED, SHOOK OR OR THREW SOMETHING AT YOU? | NIPV13 A | No 2 Yes 1 | H2A) PUSHED, SHOOK OR OR THREW SOMETHING AT YOUR HUSBAND/WIFE OR INTIMATE PARTNER? | NIPV13 B | No 2 Yes 1 |
| H1B) SLAPPED YOU? | NIPV14 A | No 2 Yes 1 | H2B) SLAPPED YOUR HUSBAND/WIFE OR INTIMATE PARTNER? | NIPV14 B | No 2 Yes 1 |

| | | | | | |
|--|---------|---------------|---|-------------|---------------|
| H1C) TWISTED YOUR ARM OR PULLED YOUR HAIR? | NIPV15A | No 2 Yes 1 | H2C) TWISTED ARM OR PULLED HAIR OR YOUR HUSBAND/WIFE OR INTIMATE PARTNER? | NIPV15 B | No 2 Yes 1 |
| H1D) HIT WITH FIST OR SOMETHING ELSE THAT COULD HURT YOU? | NIPV16A | No 2 Yes 1 | H2D) HIT WITH FIST OR SOMETHING ELSE THAT COULD HURT YOUR HUSBAND/WIFE OR INTIMATE PARTNER? | NIPV16 B | No 2 Yes 1 |
| H1E) KICKED, DRAGGED ACROSS SURFACE OR BEAT YOU? | NIPV17A | No 2 Yes 1 | H2E) KICKED, DRAGGED ACROSS SURFACE OR BEAT YOUR HUSBAND/WIFE OR INTIMATE PARTNER? | NIPV17 B | No 2 Yes 1 |
| H1F) TRIED TO CHOKE YOU OR BURN/SCALD YOU ON PURPOSE? | NIPV18A | No 2 Yes 1 | H2F) TRIED TO CHOKE OR BURN/SCALD YOUR HUSBAND/WIFE OR INTIMATE PARTNER ON PURPOSE? | NIPV18 B | No 2 Yes 1 |
| H1G) THREATENED TO OR USED KNIFE, GUN OR ANY OTHER WEAPON TO HURT YOU? | NIPV19A | No 2 Yes 1 | H2G) THREATENED TO OR USED KNIFE, GUN OR ANY OTHER WEAPON TO HURT YOUR HUSBAND/WIFE OR INTIMATE PARTNER? | NIPV19 B | No 2 Yes 1 |
| H1H) USED FORCE TO HAVE SEXUAL INTERCOURSE WITH YOU WHEN YOU DID NOT WANT TO? | NIPV20A | No 2 Yes 1 | H2H) USED FORCE TO HAVE SEXUAL INTERCOURSE WITH YOUR HUSBAND/WIFE OR INTIMATE PARTNER WHEN THEY DID NOT WANT TO? | NIPV20 B | No 2 Yes 1 |
| H1I) FORCED YOU TO DO ANY ACT THAT WAS SEXUAL AND THAT YOU DID NOT WANT TO DO? | NIPV21A | No 2 Yes 1 | H2I) FORCED YOUR HUSBAND/WIFE OR INTIMATE PARTNER TO DO ANY ACT THAT WAS SEXUAL AND THAT THEY DID NOT WANT TO DO? | NIPV21 B | No 2 Yes 1 |

NOW I AM GOING TO ASK YOU SOME QUESTIONS ABOUT WHAT YOU THINK ABOUT YOUR AND OTHER PEOPLE'S ABILITIES TO CHANGE THE WAYS THEY DO THINGS

SECTION 9: STIGMA AND CHANGING BEHAVIOR

| | | | |
|-------------|--|---|--|
| <i>CB 1</i> | IF A PERSON LIVES WITH HIV HOW IMPORTANT DO YOU THINK THAT IT IS FOR HIM OR HER TO GET SUPPORT FROM THEIR FAMILY TO REDUCE STIGMA? | Very important 4 Quite important 3 Somewhat important..... 2 A little important..... 1 Not at all important 0 | |
| <i>CB 2</i> | IF A PERSON LIVES WITH HIV HOW IMPORTANT DO YOU THINK IT IS TO HIM OR HER TO GET SUPPORT FROM THEIR FRIENDS? | Very important 4 Quite important 3 Somewhat important..... 2 A little important..... 1 Not at all important 0 | |
| <i>CB 3</i> | HOW MUCH INFLUENCE DO YOU THINK THAT STIGMA HAS ON SPREADING THE VIRUS? | Very much 4 Quite a lot 3 Somewhat..... 2 A little 1 Not at all 0 | |
| <i>CB 4</i> | HOW MUCH DO YOU THINK THAT YOU CAN INFLUENCE YOUR PARTNER'S BEHAVIOUR? | Very much 4 Quite a lot 3 Somewhat..... 2 A little 1 Not at all 0 N/A 99 | |

We are almost reaching the end of this interview. I will now ask you some questions about your use of alcohol in the past 6 months

| | | | |
|------------|--|-----------------------|------------------------------|
| <i>12A</i> | HAVE YOU USED ANY ALCOHOLIC DRINK IN THE PAST 6 MONTHS | Yes.....1 No.....2 | IF no end the interview here |
|------------|--|-----------------------|------------------------------|

SECTION 12: RAPID ALCOHOL PROBLEM SCREENING

| | | | |
|---------------|--|-----------------------|--|
| <i>RAPSI</i> | DURING THE LAST 6 MONTHS HAVE YOU HAD A FEELING OF GUILT OR REMORSE AFTER DRINKING? | Yes.....1 No.....2 | |
| <i>RAPS 2</i> | DURING THE LAST 6 MONTHS HAS A FRIEND OR FAMILY MEMBER EVER TOLD YOU ABOUT THINGS YOU SAID OR DID WHILE YOU WERE DRINKING THAT YOU COULD NOT REMEMBER? | Yes.....1 No.....2 | |
| <i>RAPS 3</i> | DURING THE LAST 6 MONTHS HAVE YOU FAILED TO DO WHAT WAS NORMALLY EXPECTED FROM YOU BECAUSE OF DRINKING? | Yes.....1 No.....2 | |

| | | | |
|------------------|---|-----------------------|--|
| <i>RAPS</i> 4 | DO YOU SOMETIMES TAKE A DRINK WHEN YOU FIRST GET UP IN THE MORNING? | Yes.....1 No.....2 | |
| <i>RAPS</i> 5 | DURING THE 6 MONTHS HAVE YOU LOST FRIENDS OR GIRLFRIENDS OR BOYFRIENDS BECAUSE OF DRINKING? | Yes.....1 No.....2 | |

THIS IS THE END OF THE QUESTIONNAIRE. THANK YOU VERY MUCH FOR YOUR TIME AND YOUR WILLINGNESS TO ANSWER ALL THESE QUESTIONS. OVER THE NEXT TWO YEARS WHILE WE ARE DOING THE PROJECT, IT WOULD BE VERY HELPFUL TO FOLLOW THE DEVELOPMENTS IN DAR ES SALAAM BY INTERVIEWING YOU AGAIN AT SIX MONTHLY INTERVALS. WE APPRECIATE YOUR HELP.