

Participant ID: <input type="text" value="PPU"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Form Completion Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="text-align: center; font-size: small;"> dd mm yy </div>
<input type="checkbox"/> <i>discordant</i> <input type="checkbox"/> <i>Fisher Fork</i> <input type="checkbox"/> <i>MSM</i> <input type="checkbox"/> <i>Female Sex worker</i>	<input type="checkbox"/> <i>pre-training</i> <input type="checkbox"/> <i>post-training</i>

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1	Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	dd mm yy
2	Gender <input type="checkbox"/> <i>female</i> <input type="checkbox"/> <i>male</i>
3	What is the participant's marital status? <input type="checkbox"/> <i>single</i> <input type="checkbox"/> <i>married monogamous</i> <input type="checkbox"/> <i>married polygamous</i> <input type="checkbox"/> <i>separated</i> <input type="checkbox"/> <i>divorced</i> <input type="checkbox"/> <i>widowed</i>
4	How many living children does the participant have? <input type="text"/> <input type="text"/> <i>number of children</i>
5	What is the participant's ethnic group or tribe? _____
6	How many years of school did the participant complete? (Do not count repeat years) <input type="text"/> <input type="text"/> <i>number of years</i>
7	What is the participant's occupation? <input type="checkbox"/> <i>professional</i> <input type="checkbox"/> <i>laborer/semi-skilled</i> <input type="checkbox"/> <i>trade/sales</i> <input type="checkbox"/> <i>farming/animal raising</i> <input type="checkbox"/> <i>house wife</i> <input type="checkbox"/> <i>student</i> <input type="checkbox"/> <i>other, specify:</i> _____ 7a. What is the participant's monthly income? (average over the last 3 months) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Items 8- 13 are interviewer-administered questions, and should be read aloud directly as written

8	In your lifetime, how do you perceive your risk of getting HIV? <input type="checkbox"/> <i>high risk</i> <input type="checkbox"/> <i>moderate risk</i> <input type="checkbox"/> <i>low risk</i> <input type="checkbox"/> <i>no risk</i> <input type="checkbox"/> <i>don't know</i>
	8a. Have you ever tested for HIV? <input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>no</i>
	8b. If yes in item 8a, how often? <input type="checkbox"/> <i>several times a year</i> <input type="checkbox"/> <i>once a year</i> <input type="checkbox"/> <i>less than once a year</i> <input type="checkbox"/> <i>once ever</i>
	8c In the next one year, what do you think is your risk of acquiring HIV? <input type="checkbox"/> <i>high risk</i> <input type="checkbox"/> <i>moderate risk</i> <input type="checkbox"/> <i>low risk</i> <input type="checkbox"/> <i>no risk</i> <input type="checkbox"/> <i>don't know</i>
	8d What behaviors place someone at risk for HIV infection? mark all that participant mentions <input type="checkbox"/> <i>sex without a condom</i> <input type="checkbox"/> <i>multiple partners</i> <input type="checkbox"/> <i>lack of knowledge of HIV status of sexual partners</i> <input type="checkbox"/> <i>anal sex</i> <input type="checkbox"/> <i>concurrent STIs</i> <input type="checkbox"/> <i>Intravenous Drug Use</i> <input type="checkbox"/> <i>Other, specify:</i> _____

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Now I am going to ask you about your alcohol use in the past year. While some of this information may be embarrassing or difficult to remember, please try to give your best answers and be as honest as possible

20	During the last year, have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/> <i>yes</i>	<input type="checkbox"/> <i>no</i>
21	During the last year, has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?	<input type="checkbox"/>	<input type="checkbox"/>
22	During the last year, have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>
23	Do you sometimes take a drink in the morning when you first get up?	<input type="checkbox"/>	<input type="checkbox"/>

Item 24 is for sero-discordant participants only

24	Is the HIV- infected partner on ART?	<input type="checkbox"/> <i>yes</i>	<input type="checkbox"/> <i>no</i>
	24a. Have you ever disclosed your HIV status to anyone else outside your relationship?	<input type="checkbox"/> <i>yes</i>	<input type="checkbox"/> <i>no</i>

Item 25 is for sex worker participants only

25	What type of sexual partners do you have? list all that apply
	<input type="checkbox"/> <i>commercial</i> <input type="checkbox"/> <i>boy friend</i> <input type="checkbox"/> <i>sponsor/sugar daddy</i> <input type="checkbox"/> <i>other, specify: _____</i>

Item 26 is for MSM participants only

26	Have you disclosed your sexual orientation to any one?	<input type="checkbox"/> <i>yes</i>	<input type="checkbox"/> <i>no</i>
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Item 27 is for fish folk participants only

27	How many landing sites does the participant work on?	<input type="text"/> <input type="text"/>	<i>number of sites</i>
	27a. How many sexual partners does the participant have?	<input type="text"/> <input type="text"/>	<i>number of partners</i>
	27b. Are all the sexual partners from the same site?	<input type="checkbox"/> <i>yes</i>	<input type="checkbox"/> <i>no</i>