















Today's Date: day / month / year

Study ID: \_\_\_\_\_

Interviewer ID: \_\_\_\_\_

Location/Facility: \_\_\_\_\_

E7	What type of hormonal contraception do you use?	Injection.....1 Pill.....2 Implant (implanon).....3 Other .....4 If OTHER, specify: _____ Refused.....-1	
E8	Do you take other chronic medications?	No.....0 Yes.....1 Refused..... -1	→F1  →F1
E9	What other chronic medications do you take?	_____ [6 lines with 80 characters available per line]	
E10	In the past 6 months have you attended a traditional healer?	No.....0 Yes.....1 Refused..... -1	
E11	In the past 6 months have you taken medicines from a traditional healer?	No.....0 Yes.....1 Refused..... -1	

























Today's Date: day / month / year

Study ID: \_\_\_\_\_

Interviewer ID: \_\_\_\_\_

Location/Facility: \_\_\_\_\_

L2	How often have you been gossiped about because of your HIV status?	Never.....0 Once.....1 A few times.....2 Often.....3 Refused..... -1	
L3	How often have you been verbally insulted, harassed and/or threatened because of your HIV status?	Never.....0 Once.....1 A few times.....2 Often.....3 Refused.....-1	
L4	How often have you been physically assaulted because of your HIV status?	Never.....0 Once.....1 A few times.....2 Often.....3 Refused.....-1	

**M. ALCOHOL USE SCREENING**

In this section, I will ask you some questions about your alcohol use. Please answer all of the questions that you are comfortable with. *Pull down menu for all with -1 last*

M1	How often did you have a drink containing alcohol in the past year?	Never.....0 Monthly or less.....1 2-4 times a month.....2 2-3 times a week.....3 4 or more times a week.....4 Refused..... -1	→N1     →N1
----	---	--	----------------------------



