

Questionnaire ID

Place ID Sticker here

**Integrated Behavioral and Biological Assessment (IBBA) 2005
Avahan Project with support from the Bill and Melinda Gates
Foundation**

INTRODUCTION

1. Greetings (for example: Good Morning/Good Afternoon/Good Evening).
2. Introduce yourself.
3. Emphasize the confidentiality and importance of the responses, and let people know that the names of respondents are not recorded.
4. Thank the person for having agreed to participate.

Note to interviewers:

1. **Set up a private atmosphere in which to conduct the interview, and makes sure there is no one else present while the interview takes place**
2. **Blocks I and II must be completed IN FULL for ALL respondents selected for the study, regardless of whether they refuse to participate (refusals). The interviewer should fill in the CODE column and the Editor will fill in the CODE BOXES.**
3. **Block I, questions 101, 102, 103 need to be completed by the interviewer before starting the interview and question 104 needs to be completed at the end of the interview.**
4. **Block I, questions 105, 106, 107, 108 and 109 and the ENTIRE section of Block II need to be completed by the supervisor.**

BLOCK I. INTERVIEW INFORMATION AND CONSENT STATUS					
#	Question	Answers	Codes	Skip to	Code Boxes
101	Name and code number of Interviewer	Name: _____			<input type="text"/> <input type="text"/>
102	Date of interview	Date: _____	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/>
103	Consent Status	Selected respondent was not available Refused for both behavioral & biological Agreed for behavioral only Agreed for behavioral and biological Respondent has already taken part in the survey	1 2 3 4 5		<input type="checkbox"/>
Interviewer should proceed to instructions at the end of Block II					
104	Completion Status - Behavioral	Completed interview Did not complete interview	1 2		<input type="checkbox"/>
105	Completion status – Biological	Only blood sample collected Only urine sample collected Both blood and urine sample collected	1 2 3		<input type="checkbox"/>

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#	Question	Answers	Codes	Skip to	Code Boxes								
106	Genital swab collection	Swab taken Swab not taken	1 2		<input type="checkbox"/>								
107	Supervision work and checks done by the supervisor	a. Accompanied interviewer b. The questionnaire ID was checked c. The entire questionnaire was checked for errors	<table border="1"> <tr> <th>No</th> <th>Yes</th> </tr> <tr> <td>00</td> <td>01</td> </tr> <tr> <td>00</td> <td>01</td> </tr> <tr> <td>00</td> <td>01</td> </tr> </table>	No	Yes	00	01	00	01	00	01		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/>
No	Yes												
00	01												
00	01												
00	01												
108	Respondent follow-up	a. Respondent received compensation b. Respondent was explained where she will receive syphilis test results and received card with respondent number c. Respondents wanting VCCTC referral received card with respondent number as voucher for transport costs VCCTC	<table border="1"> <tr> <td>00</td> <td>01</td> </tr> <tr> <td>00</td> <td>01</td> </tr> <tr> <td>00</td> <td>01</td> </tr> </table>	00	01	00	01	00	01		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/>		
00	01												
00	01												
00	01												
109	These responses for questionnaire have been scrutinized for completeness and consistency by:												
	Name of supervisor _____ a. Code of Supervisor <input type="checkbox"/> <input type="checkbox"/>	Date of examination b. Day c. Mo d. Yr <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Signature										

BLOCK II. IDENTIFICATION OF GROUP/PLACE (To be filled by the supervisor)					
#	Question	Answers	Codes	Skip to	Code Boxes
201.	Group	FSW Combined FSW Brothel based FSW Non-brothel based FSW service bar based	01 02 03 04		<input type="checkbox"/> <input type="checkbox"/>
202.	Name of State	Andhra Pradesh Maharashtra Nagaland Tamil Nadu Karnataka	1 2 4 5 6		<input type="checkbox"/>
203	Name of District	Name: _____			<input type="checkbox"/> <input type="checkbox"/>
204	Name of City/Town/village	Name: _____			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
205	Name and code of locale (cluster #)	Name: _____			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
206	Type of locale	Brothel Service Bar Lodge Street Home Others:____ _____	01 02 03 04 05 97		<input type="checkbox"/> <input type="checkbox"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
207	Is this an Avahan intervention site?	No Yes Not known	00 01 98		<input type="checkbox"/> <input type="checkbox"/>
208	Language of the interview	Bengali English Hindi Kannada Marathi Tamil Telugu Nagamese Others _____	01 02 03 04 05 06 07 08 97		<input type="checkbox"/> <input type="checkbox"/>

*** (STOP, do not continue with the interview if the respondent was not available, has already participated in the survey, or refused to participate in the assessment (Refer to block I, Question 103)

** CONTINUE WITH INTERVIEW If the respondent has given consent for behavioral only or behavioral and biological, continue with the interview ***

BLOCK III. DEMOGRAPHIC CHARACTERISTICS					
#	Question	Answers	Codes	Skip to	Code Boxes
301.	How old are you now?	Age in completed years _____			<input type="text"/> <input type="text"/>
		Don't know	98		
302.	Can you read and write?	Illiterate	00	► 304	<input type="text"/> <input type="text"/>
		Can read only	01		
		Can read and write	02		
303.	What is the highest grade you have completed until now?	Highest grade completed _____			<input type="text"/> <input type="text"/>
		Informal Education	95		
		Don't know	98		
304.	Apart from sex work, what is your main source of income? DO NOT READ RESPONSES CIRCLE ONLY ONE	None	00		<input type="text"/> <input type="text"/>
		Non-agricultural labor	01		
		Petty business	02		
		Maid servant	03		
		Agricultural labor	04		
		Artisan	05		
		Others	97		

		No answer	99		

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#	Question	Answers	Codes	Skip to	Code Boxes
305	Have you ever been married	No	00		<input type="checkbox"/> <input type="checkbox"/>
		Yes	01	▶ 307	
306	What is your current living situation? INTERVIEWER TO PROBE AND RECORD	Unmarried (living alone)	01	▶ 401	<input type="checkbox"/> <input type="checkbox"/>
		Unmarried (living with partner)	02	▶ 401	
307.	What is your current marital status READ ALL RESPONSES CIRCLE ONLY ONE	Married – living with husband	01		<input type="checkbox"/> <input type="checkbox"/>
	Married – living with partner other than husband	02			
	Married – living alone	03			
	Divorced – living alone	04			
	Widowed – living alone	05			
	Widowed living with partner	06			
	Divorced – living with partner	07			
	Other	97			
	No answer	99			

BLOCK IV - SEX WORK AND MIGRATION					
401	Do you currently live here in _____ (interviewer add name of the town/village of interview)?	No Yes	00 01	► 403	<input type="text"/> <input type="text"/>
402	If not, where do you live currently? PROBE AND RECORD THE NAME OF THE CITY/VILLAGE, DISTRICT AND STATE WHERE THE RESPONDENT USUALLY LIVES	a. Village/City/Town _____ b. District: _____ c. State _____ d. Country _____ Nowhere particular, on the move No answer	98 99		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> c. <input type="text"/> <input type="text"/> d. <input type="text"/> <input type="text"/>
403	Please, can you tell me for how long have you been doing sex work in _____ (interviewer add name of the town/village of interview)? QUESTION IS OPEN-ENDED LISTEN TO RESPONSE IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	a. Days : _____ b. Weeks : _____ c. Months : _____ d. Years : _____ No answer	99		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> c. <input type="text"/> <input type="text"/> d. <input type="text"/> <input type="text"/>
404	Have you ever lived in Mumbai?	No Yes, lived sometime earlier Currently living in Mumbai No answer	00 01 95 99	► 407 ► 407 ► 407	<input type="text"/> <input type="text"/>
405	How long did you live there?	Number of years _____ (If less than one year code as 00) No answer	99		<input type="text"/> <input type="text"/>
406	Did you practice sex work there?	No Yes	00 01		<input type="text"/> <input type="text"/>

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407	<p>What is the name of the town/village closest to your home town?</p> <p>PROBE AND RECORD THE NAME OF THE CITY/VILLAGE, DISTRICT, STATE AND COUNTRY (IF NOT INDIA) WHERE THE RESPONDENT WAS BORN OR WHERE THEY GO WHEN THEY GO HOME</p>	<p>a. Village/City/Town _____</p> <p>b. District: _____</p> <p>c. State _____</p> <p>d. Country _____</p> <p>None</p> <p>Same as Current place of residence</p> <p>No answer</p>	<p>95</p> <p>96</p> <p>99</p>	<p>► 410</p> <p>► 410</p>	<p>a. <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/></p> <p>c. <input type="text"/> <input type="text"/></p> <p>d. <input type="text"/> <input type="text"/></p>
408	<p>How often did you return home to _____ (interviewer add name of town/village) in the past one year?</p>	<p>Never</p> <p>Once in a year</p> <p>Once in six months</p> <p>Once in three months</p> <p>Once in a month</p> <p>Once in a fortnight</p> <p>Once in a week</p> <p>No answer</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>06</p> <p>07</p> <p>99</p>	<p>► 410</p> <p>► 410</p>	<p><input type="text"/> <input type="text"/></p>
409	<p>On average how long do you stay in this place when you visit?</p>	<p>a. _____ Days</p> <p>b. _____ Weeks</p> <p>c. _____ Months</p> <p>No Answer</p>	<p>99</p>		<p>a. <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/></p> <p>c. <input type="text"/> <input type="text"/></p>
410	<p>Beside for this place, have you travelled anywhere in the past one year?</p>	<p>No</p> <p>Yes</p>	<p>00</p> <p>01</p>	<p>► 501</p>	<p><input type="text"/> <input type="text"/></p>

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411	Which is the last place you have travelled ?(Interviewer: Record name of place/ district/state and then ask); and how about before that, where did you travel before that place? Etc. (Interviewer: ask places visited in the last year or a maximum of five places; record each place and then ask) Can you tell me the following details about your visit to this place? (Interviewer: then ask the remaining four questions for each place visited).						
	City/town/village	District	State	What was the main reason for your visit to this place? 01= Related to work 02= To visit spouse/ regular partner 03= To visit family 04= To visit friends 05=Tour/holiday/ travel 97= Other _____ (SPECIFY) 99=No answer Interviwer probe and record responses	How many times did you visit this place in the last one year? _____ Number of times 99 = No Answer Interviwer probe and record responses	On average how long did you stay in this place during each visit? _____ Days _____ Weeks _____ Months 99 = No Answer	Did you practice sex work during your visit there? 00 = No 01= Yes 99=No Answer
a.				□□	□□	□□ □□ □□	□□
b.				□□	□□	□□ □□ □□	□□
c.				□□	□□	□□ □□ □□	□□
d.				□□	□□	□□ □□ □□	□□
e.				□□	□□	□□ □□ □□	□□

BLOCK V. CONDOM AND INJECTION PRACTICE					
#	Question	Answers	Codes	Skip to	Code Boxes
501	Are you carrying a condom with you? ASK RESPONDENT TO SHOW IT TO YOU	NO Can show a condom Cannot show a condom No answer	00 01 02 99		<input type="checkbox"/> <input type="checkbox"/>
502	The last time you obtained a condom, where did you get it? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Peer educator/ outreach worker Paan shop Drug store/ chemist Client Vending machine Dispensary/Clinic/Hospital Bar/guest house/hotel Friend Madam Mobile van from NGO/Drop-In Center NGO Never obtained a condom Others _____ Don't know/ Don't remember	01 02 03 04 05 06 07 08 09 10 96 97 98		<input type="checkbox"/> <input type="checkbox"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
503	In the past month , have you had the experience of a condom breaking while it was being used?	No Yes Never used a condom Don't know /Don't remember	00 01 96 98		<input type="text"/> <input type="text"/>
504	In the past month was there a time when you wanted to use a condom with a <u>client</u> but did not use it?	No Yes Don't know /Don't remember	00 01 98	► 506 ► 506	<input type="text"/> <input type="text"/>
505	What was the main reason for not using a condom? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Client did not want to Condom not available Condom costs too much Trust clients Others _____ No answer	01 02 03 04 97 99		<input type="text"/> <input type="text"/>
506	During the past month, how often have you consumed drinks containing alcohol?	Every day At least once a week Less than once a week Never No answer	01 02 03 04 99		<input type="text"/> <input type="text"/>
507	Some people consume drugs for non-medical reasons (like marijuana, heroin, amphetamines, etc.) to feel good, get high, fly, trip or have fantasies. Have you ever consumed drugs like these, even one time?	No Yes No answer	00 01 99		<input type="text"/> <input type="text"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
508	Have you ever used injected drugs for non-medical reasons?	No Yes No answer	00 01 99	► 513 ► 513	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
509	Can you please tell me if in the past year you have injected drugs for non-medical reasons?	No Yes No answer	00 01 99	► 513 ► 513	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
510	How many times did you share a needle and syringe with others in the past year?	No, never shared a needle and syringe _____ Number of Times No answer	00 99	► 513 ► 513	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
511	The last time you shared a needle and syringe, how many differnt people did you share a needle and syringe with?	_____ Number of People No answer	99		<input type="text"/> <input type="text"/>
512	How many different people did you share needle and syringe in the past year?	_____ Number of People No answer	99		<input type="text"/> <input type="text"/>
513	Will you please tell me, do you think or suspect that any of your lovers/partners ever shared injection drugs for non-medical reasons?	No Yes Don't know No answer	00 01 98 99		<input type="text"/> <input type="text"/>

BLOCK VI. SEXUAL HISTORY AND SEX WORK

**Now I would like to ask some questions about your sexual history and some general questions about your work.
I once again assure you that all this information will be kept fully confidential.**

#	Question	Answers	Codes	Skip to	Code Boxes
601	How old were you when you had sexual intercourse for the first time IF THE RESPONDENT GIVES THE NUMBER OF YEARS AGO, SUBTRACT FROM THE AGE GIVEN EARLIER AND CONFIRM WITH THE RESPONDENT	Age in completed years _____ Don't know No answer	98 99		<input type="text"/> <input type="text"/>
602	How old were you when you started sex work <i>(translator note: use the local term for sex work)?</i>	Age in completed years :_____ Don't know No answer	98 99		<input type="text"/> <input type="text"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
603	Where do you generally solicit / pick up most of your clients? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Bar/Night club Brothel Dabha Home Lodge Public Places (park, street, cinema hall bus stand, railway station, etc) Rented room Vehicle Phone Others _____ No answer	01 02 03 04 05 06 07 08 09 97 99		<input type="checkbox"/> <input type="checkbox"/>
604	Where do you generally entertain most of your clients? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Bar/Night club Brothel Dabha Home Lodge Public Places (park, street, cinema hall, bus stand, railway station, etc) Rented room Vehicle Others _____ No answer	01 02 03 04 05 06 07 08 97 99		<input type="checkbox"/> <input type="checkbox"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
605	Can you tell me, how many clients did you have sexual intercourse with on the last day you worked?	# of clients _____	99		<input type="text"/> <input type="text"/>
	No answer				
	605a. How many of these clients did you solicit in the brothel?	# of clients solicited in brothel _____	99		a <input type="text"/> <input type="text"/>
No answer					
	605b. How many of these clients did you solicit outside brothel?	# of clients solicited out of brothel _____	99		b <input type="text"/> <input type="text"/>
	No answer				
606	Can you tell me, how many clients did you have sexual intercourse with in the past week (7 days)?	Number of clients _____	99		<input type="text"/> <input type="text"/>
	No answer				
607	And, how many days did you have sexual intercourse with clients in the past week (7 days)?	Number of days _____	99		<input type="text"/> <input type="text"/>
	No answer				
608	How does that (number given in 606) compare to the number of clients you usually have sexual intercourse with in a week.	More clients than usual	01		<input type="text"/> <input type="text"/>
	About the same number of clients as usual	02			
	Fewer clients than usual	03			
	Don't know/ Don't remember	98			
	No answer	99			

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#	Question	Answers	Codes	Skip to	Code Boxes
609	<p>Out of last 10 clients, how many were occasional clients? How many were regular clients? BY ‘OCCASIONAL’ I MEAN THE CLIENTS WHO CAME TO YOU ONLY ONCE OR A FEW TIMES MORE BUT YOU DO NOT REMEMBER THEIR FACES OR DO NOT KNOW THEM. BY ‘REGULAR’ I MEAN THE CLIENTS YOU RECOGNIZE WELL, WHO COME TO YOU REPEATEDLY AND YOU KNOW THEM</p>	<p>a. Number of occasional clients</p> <p>b. Number of regular clients</p> <p>“a” PLUS “b” SHOULD = 10</p> <p>No answer</p>	99		<p>a. <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/></p>

OCCASIONAL MALE CLIENTS CLIENTS WHO CAME TO YOU ONLY ONCE OR A FEW TIMES MORE BUT YOU DO NOT REMEMBER THEIR FACES OR DO NOT KNOW THEM.					
#	Question	Answers	Codes	Skip to	Code Boxes
610	The last time you had sexual intercourse with an occasional client , did he use a condom?	No Yes No occasional clients Don't know/ Don't remember No answer	00 01 96 98 99	▶ 6 14	<input type="text"/> <input type="text"/>
611.	How often do your occasional clients use condoms with you?	Every time Most of the time Sometimes Never Don't know No answer	01 02 03 04 98 99	▶ 6 13 ▶ 6 13 ▶ 6 13 ▶ 6 13 ▶ 6 13	<input type="text"/> <input type="text"/>
612.	How long have your occasional clients been using condoms every time they have sexual intercourse with you?	# Months ----- (*00* if less than 1 month) Don't know/remember No answer	98 99		<input type="text"/> <input type="text"/>
613	Can you tell me, during the past one week , how many of your occasional clients did you urge to use condoms? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	All Most Some None Did not have any occasional clients in past one week No answer	01 02 03 04 96 99		<input type="text"/> <input type="text"/>

REGULAR MALE CLIENTS					
CLIENTS YOU RECOGNIZE WELL, WHO COME TO YOU REPEATEDLY AND YOU KNOW THEM					
#	Question	Answers	Codes	Skip to	Code Boxes
614.	In the past one week , did you have sexual intercourse with any of your regular clients? IF NO, RECORD "00" IF YES, HOW MANY TIMES?	Number of times : _____ If "00"		▶ 616	<input type="text"/> <input type="text"/>
615.	How many of those times in the past one week did the regular client(s) use a condom?	Number of times : _____ If "00" If "all"		▶ 617 ▶ 617	<input type="text"/> <input type="text"/>
616	The last time you had sexual intercourse with a regular client , did he use a condom? DOES NOT NEED TO BE WITHIN THE LAST ONE WEEK	No Yes No regular clients Don't know / Don't remember	00 01 96 98	▶ 620	<input type="text"/> <input type="text"/>
617	How often do your regular clients use condoms with you? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the time Sometimes Never Don't know	01 02 03 04 98	▶ 619 ▶ 619 ▶ 619 ▶ 619	<input type="text"/> <input type="text"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
618.	How long have your regular clients been using condoms every time they have sexual intercourse with you?	# Months ----- (‘00’ if less than 1 month) Don’t know	98		<input type="text"/> <input type="text"/>
619.	During the past one week , how many of your regular clients did you urge to use condoms? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	All Most Some None Don’t know / Don’t remember	01 02 03 04 98		<input type="text"/> <input type="text"/>
Occasional and Regular Clients					
These questions are for both types of clients, occasional and regular					
620	Have there been one or more occasions in the last week when a client did not use a condom with you?	No Yes No answer	00 01 99	► 622 ► 622	<input type="text"/> <input type="text"/>
621	The last time a condom was not used, what was the main reason then?	Client did not want to Condom not available Condom costs too much Others _____ (SPECIFY) No answer	01 02 03 97 99		<input type="text"/> <input type="text"/>
622	The last time you used a condom during sexual intercourse with any client, who put the condom on, yourself or the client?	Self Client No answer	00 01 99		<input type="text"/> <input type="text"/>
623	Out of the last 10 clients , how many would you say come from outside this city and live away from their home?	Number of clients _____ Don’t know	98		<input type="text"/> <input type="text"/>

ANAL INTERCOURSE					
#	Question	Answers	Codes	Skip to	Code Boxes
624.	Have any of your clients ever asked you to have anal intercourse with them?	No Yes Don't know /Don't remember No answer	00 01 98 99	▶ 626 ▶ 701 ▶ 701	<input type="text"/> <input type="text"/>
625.	How many clients per month ask for anal intercourse?	Number _____ Don't know / Don't remember No answer	 98 99		<input type="text"/> <input type="text"/>
626	Have you ever had anal intercourse with a client?	No Yes No answer	00 01 99	▶ 701 ▶ 701	<input type="text"/> <input type="text"/>
627.	The last time you had anal intercourse with a client did he use a condom?	No Yes Don't know / Don't remember	00 01 98	 ▶ 701 ▶ 701	<input type="text"/> <input type="text"/>
628	Was the main reason that a condom was not used then?	Client did not want to Condom not available Condom costs too much Others _____ (SPECIFY) No answer	01 02 03 97 99		<input type="text"/> <input type="text"/>

BLOCK VII. NON-COMMERCIAL SEXUAL PARTNERS Regular non-paying male partner (Husband, Boy Friend & Live-in Partners)					
#	Question	Answers	Codes	Skip to	Code Boxes
701	Do you have a main (regular) male sexual partner who does not pay to have sex with you? BY MAIN REGULAR PARTNER, I MEAN, HUSBAND, BOY-FRIEND OR OTHER LIVE-IN PARTNER	No Yes No answer	00 01 99	► 710 ► 710	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
702	How long have you been having sexual relations with this partner? QUESTION IS OPEN-ENDED LISTEN TO RESPONSE IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	a. Days b. Weeks c. Months d. Years No answer	 99	 	a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> c. <input type="text"/> <input type="text"/> d. <input type="text"/> <input type="text"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
703	What is the age of this partner?	Age in Years _____ Don't know	98		<input type="text"/> <input type="text"/>
704	Do you and this partner live together?	No Yes No answer	00 01 99		<input type="text"/> <input type="text"/>
705	The last time you had sexual intercourse with this partner, did he use a condom?	No Yes Don't know No answer	00 01 98 99		<input type="text"/> <input type="text"/>
706	During the past one week , how many times did you have sexual intercourse with this partner?	Number of times Don't know / Don't remember If "00"	98 00	► 708	<input type="text"/> <input type="text"/>
707.	How often during the past one week did this partner use a condom with you? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never Don't know	01 02 03 04 98		<input type="text"/> <input type="text"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
708.	In general, how often does this partner use condoms with you? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never Don't know	01 02 03 04 98	 ▶ 710 ▶ 710 ▶ 710 ▶ 710	<input type="checkbox"/> <input type="checkbox"/>
709.	How long have you and this partner been using condoms every time you have sexual intercourse?	# Months ----- (‘00’ if less than 1 month) Don't know	 98		<input type="checkbox"/> <input type="checkbox"/>
Other non-paying male partners					
710.	Have you had any other partners, who do not pay to have sex with you, in the past year other than the main partner we just talked about?	No Yes No answer	00 01 99	▶ 714 ▶ 714	<input type="checkbox"/> <input type="checkbox"/>
711.	How many such partners have you had in the past one month ?	# of other non-paying partners ____ Don't know No answer	 98 99		<input type="checkbox"/> <input type="checkbox"/>
712.	How many such partners have you had in the past one year ?	# of other non-paying partners Don't know No answer	 98 99		<input type="checkbox"/> <input type="checkbox"/>

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#	Question	Answers	Codes	Skip to	Code Boxes	
713.	The last time you had sexual intercourse with one of these partners, did he use a condom?	No Yes Don't know / Don't remember No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>	
714.	In the past one year , were you ever beaten or otherwise physically forced to have sexual intercourse with someone even though you didn't want to?	No Yes No answer	00 01 99	► 801 ► 801	<input type="checkbox"/> <input type="checkbox"/>	
715.	In the past one year , who was the person (or people) who physically forced you to have sexual intercourse against your will? Anyone else? DO NOT READ RESPONSES RECORD ALL THAT ARE MENTIONED		No	Yes	No answer	
		a. Police	00	01	99	a. <input type="checkbox"/> <input type="checkbox"/>
		b. Pimp	00	01	99	b. <input type="checkbox"/> <input type="checkbox"/>
		c. Client	00	01	99	c. <input type="checkbox"/> <input type="checkbox"/>
		d. Main (regular) non-paying partner	00	01	99	d. <input type="checkbox"/> <input type="checkbox"/>
		e. Others _____	00	01	99	e. <input type="checkbox"/> <input type="checkbox"/>
716.	In the past one year , how many times did this happen with the police? IF POLICE NOT MENTIONED IN Q 715 INTERVIEWER RECORD "00" .	Number of times _____ None Don't know No answer	00 98 99		<input type="checkbox"/> <input type="checkbox"/>	

BLOCK VIII. SELF-REPORTED SEXUALLY TRANSMITTED INFECTIONS (STIs)						
Now I would like to ask about your health						
#	Question	Answers	Codes		Skip to	Code Boxes
801.	Have you ever heard of diseases that can be transmitted through sexual intercourse?	No Yes	00 01		► 804	<input type="text"/> <input type="text"/>
802	Can you describe any symptoms of STIs in women? DON'T READ RESPONSES CIRCLE "01" ALL THAT ARE MENTIONED AND "00" FOR ALL THAT ARE NOT MENTIONED	Answers a. Lower Abdominal pain b. Foul-smelling vaginal discharge c. Burning on urination d. Genital ulcer / sore e. Swelling in groin area f. Itching in genital area g. Others : _____	No 00 00 00 00 00 00 00 00	Yes 01 01 01 01 01 01 01 01		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> c. <input type="text"/> <input type="text"/> d. <input type="text"/> <input type="text"/> e. <input type="text"/> <input type="text"/> f. <input type="text"/> <input type="text"/> g. <input type="text"/> <input type="text"/>
803	Can you describe any symptoms of STIs in men? DON'T READ RESPONSES CIRCLE "01" ALL THAT ARE MENTIONED AND "00" FOR ALL THAT ARE NOT MENTIONED	Answers a. Urethral Discharge b. Burning / pain on urination c. Genital ulcer / sore d. Swelling in groin area e. Can't retract foreskin f. Others _____	No 00 00 00 00 00 00	Yes 01 01 01 01 01 01		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> c. <input type="text"/> <input type="text"/> d. <input type="text"/> <input type="text"/> e. <input type="text"/> <input type="text"/> f. <input type="text"/> <input type="text"/>

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804.	Are you currently suffering from any problem/ symptoms in your genital area at present for which you need to see a doctor ?	No Yes No answer	00 01 99	► 804b ► 804b	<input type="checkbox"/> <input type="checkbox"/>
804a	If yes, please describe the problems (record answer verbatim) Multiple answer possible	<hr/> <hr/> <hr/> No answer	99		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
804b	During the past 12 months have you suffered from vaginal discharge? FOR TRANSLATOR: USE LOCAL TERM FOR 'VAGINAL DISCHARGE'	No Yes Don't know /Don't remember No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
805.	During the past 12 months have you suffered from lower abdominal pain without diarrhoea or menses?	No Yes Don't know /Don't remember No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
806	During the past 12 months have you suffered from genital ulcers or sores?	No Yes Don't know / Don't remember No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
<p>If there is one or more 'yes' answer in either of 804b, 805 or 806, then go to 807. If there is no 'yes' answer in any of these three questions, skip to 814.</p>					

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#	Question	Answers	Codes	Skip to	Code Boxes
807	What was the most recent of these you suffered from in the past 12 months? READ RESPONSES CIRCLE ONLY ONE	Foul-smelling vaginal discharge Lower abdominal pain Genital ulcer/sore No answer	01 02 03 99		<input type="checkbox"/> <input type="checkbox"/>
808.	How long ago was this? IF < 30 DAYS RECORD RESPONSE IN DAYS If >=30 DAYS RECORD RESPONSE IN MONTHS	a. Days : _____ b. Months _ _____ Don't know / Don't remember No answer	98 99		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>

809.	What did you do the last time you had a genital ulcer/sore, lower abdominal pain or genital discharge? This question has two kinds of responses: (a) Spontaneous response (b) Prompted response				
Let the respondent answer first, then match her answers with the statements found in column [1] and circle the number in Column (2) for each appropriate answer. Then read out loud the answers that have not yet been mentioned and circle the respondent's answer in Column [3], [4] or [5] as appropriate.					
	Spontaneous	Aided			
	Yes	Yes	No	Don't know	
(1)	(2)	(3)	(4)	(5)	(6)
a. Sought advice/medicine from _____ (fill in name of Avahan clinic)?	01	02	00	98	a. <input type="checkbox"/> <input type="checkbox"/>
b. Sought advice/medicine from a government clinic or hospital?	01	02	00	98	b. <input type="checkbox"/> <input type="checkbox"/>
c. Sought advice/medicine from an NGO or charity-run clinic or hospital?	01	02	00	98	c. <input type="checkbox"/> <input type="checkbox"/>
d. Sought advice/medicine from a private clinic or hospital?	01	02	00	98	d. <input type="checkbox"/> <input type="checkbox"/>
e. Sought advice/medicine from a private pharmacy?	01	02	00	98	e. <input type="checkbox"/> <input type="checkbox"/>
f. Sought advice/medicine from a non-allopathic doctor (Homoeopathic, Herbal, other traditional)?	01	02	00	98	f. <input type="checkbox"/> <input type="checkbox"/>
g. Took medicine I had at home	01	02	00	98	g. <input type="checkbox"/> <input type="checkbox"/>
h. Told my sexual partner about the STI	01	02	00	98	h. <input type="checkbox"/> <input type="checkbox"/>
i. Stopped having sex during the time when I had the symptoms?	01	02	00	98	i. <input type="checkbox"/> <input type="checkbox"/>
j. Used condoms	01	02	00	98	j. <input type="checkbox"/> <input type="checkbox"/>
k. Did nothing ▶ 813	01	02	00	98	k. <input type="checkbox"/> <input type="checkbox"/>
z. Others _____	01				z. <input type="checkbox"/> <input type="checkbox"/>

#	Question	Answers	Codes	Skip to	Code Boxes
810.	<p>Of everything you listed in the previous question, what did you do first the last time you had a genital ulcer/sore, lower abdominal pain or genital discharge?</p> <p>DO NOT READ RESPONSES ONLY ONE ANSWER POSSIBLE</p>	<p>Sought advice/medicine from _____ (fill in name of Avahan clinic)</p> <p>Sought advice/medicine from a government clinic or hospital</p> <p>Sought advice/medicine from an NGO or charity-run clinic or hospital</p> <p>Sought advice/medicine from a private clinic or hospital</p> <p>Sought advice/medicine from a private pharmacy</p> <p>Sought advice/medicine from non-allopathic doctor</p> <p>Took medicine I had at home</p> <p>Told my sexual partner about the STI</p> <p>Stopped having sex when I had the symptoms</p> <p>Used Condoms</p> <p>Did nothing</p> <p>Other : _____</p> <p>Don't know</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>06</p> <p>07</p> <p>08</p> <p>09</p> <p>10</p> <p>11</p> <p>97</p> <p>98</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>

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#	Question	Answers	Codes			Skip to	Code Boxes
811.	How long did you have this symptom before seeking treatment? IF < 30 DAYS RECORD RESPONSE IN DAYS IF >=30 DAYS RECORD RESPONSE IN MONTHS	a. Days : _____ b. Months: _____ Don't know / Don't remember	98				a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/>
812	What type of medicine did you take? READ RESPONSES MULTIPLE RESPONSES POSSIBLE IF a, b, c, d = 00, CIRCLE "01" for None	Answers	No	Yes	Don't remember		a. <input type="text"/> <input type="text"/>
		a. Injection	00	01	98		b. <input type="text"/> <input type="text"/>
		b. Tablets / capsules	00	01	98		c. <input type="text"/> <input type="text"/>
		c. Topical ointment / cream / lotion	00	01	98		d. <input type="text"/> <input type="text"/>
		d. Others	00	01	98		e. <input type="text"/> <input type="text"/>
		e. None	00	01	98		
813	Do you have any of the following AT PRESENT? READ OUT THE SYMPTOMS RECORD ALL MENTIONED	Answers	No	Yes			
		a. Burning on urination	00	01			a. <input type="text"/> <input type="text"/>
		b. Foul-smelling vaginal discharge	00	01			b. <input type="text"/> <input type="text"/>
		c. Genital ulcer / sore	00	01			c. <input type="text"/> <input type="text"/>
		d. Swelling in groin area	00	01			d. <input type="text"/> <input type="text"/>
		e. Others : _____	00	01			e. <input type="text"/> <input type="text"/>
814	Can you tell me, what you generally do to prevent an STI from occurring, when you are not having any symptoms of infection? Interviewer to probe and circle response Multiple responses possible NOTE: IF "01" IS ONE OF THE RESPONSES, ONLY THEN CONTINUE, ELSE SKIP TO Q. 901	Use condom at every sex act Take some medicines Use some herbal medicines Don't do anything No Answer	00 01 02 03 99			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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815	If yes, which medicine do you use? READ RESPONSES MULTIPLE RESPONSES POSSIBLE		No	Yes		
		a. Injection	00	01		a. <input type="checkbox"/> <input type="checkbox"/>
		b. Tablets/ Capsules	00	01		
		c. Other _____	00	01		b. <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/>
816	Where did you obtain these medicines?	Bought myself	01			<input type="checkbox"/> <input type="checkbox"/>
		Was given by a doctor or at a clinic	02			
		Was given by someone else	03			
		Others :_____	97			
		Don't know / Don't remember	98			

BLOCK IX. KNOWLEDGE OF HIV/AIDS AND ITS PREVENTION					
#	Question	Answers	Codes	Skip to	Code Boxes
901.	Have you ever heard of HIV/AIDS before this interview?	No Yes	00 01	► 1001	<input type="checkbox"/> <input type="checkbox"/>
902.	Can you know whether a person has HIV (the virus that causes AIDS) by looking at them?	No Yes Don't know	00 01 98		<input type="checkbox"/> <input type="checkbox"/>
903.	Are there things a person can do to prevent getting infected with HIV/AIDS?	No Yes Don't know	00 01 98	► 905 ► 905	<input type="checkbox"/> <input type="checkbox"/>

904. What are the ways a person can prevent becoming infected with HIV/AIDS?

This question has two kinds of responses: (a) **Spontaneous response** (b) **Prompted response**

Let the respondent answer first, then match her answers with the statements found in column [1] and circle the number in Column (2) for each appropriate answer. Then read out loud the answers that have not yet been stated and circle the respondent's answer in Column [3], [4] or [5] as appropriate.

Methods to use	Spontaneous	Prompted			
	<i>Yes</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	
(1)	(2)	(3)	(4)	(5)	(6)
a. Always use a condom while engaging in sex	01	02	00	98	a. <input type="checkbox"/> <input type="checkbox"/>
b. Avoid the use of shared injection needles	01	02	00	98	b. <input type="checkbox"/> <input type="checkbox"/>
c. Avoid getting mosquito or other insect bites	01	02	00	98	c. <input type="checkbox"/> <input type="checkbox"/>
d. Don't use shared clothes or eating utensils	01	02	00	98	d. <input type="checkbox"/> <input type="checkbox"/>
e. Take medicine/traditional herbal mixture before having sexual relations	01	02	00	98	e. <input type="checkbox"/> <input type="checkbox"/>
f. Eat nutritious food	01	02	00	98	f. <input type="checkbox"/> <input type="checkbox"/>
z. Others	01				z. <input type="checkbox"/> <input type="checkbox"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
905.	Do you personally know someone (who also knows you) who is infected with HIV, suffers from AIDS or has died of AIDS?	No Yes No answer	00 01 99	► 907 ► 907	<input type="checkbox"/> <input type="checkbox"/>
906.	Is this a close friend or family member?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
907.	Do you yourself feel you are at risk to be infected with HIV/AIDS?	No Yes Don't know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
908	Do you know a place near here for undertaking HIV/ AIDS test where the result will be told only to you and to nobody else (ie confidential)? CONFIDENTIAL MEANS THAT NO ONE ELSE BESIDES YOU WILL KNOW THE RESULT OF YOUR TEST UNLESS YOU WANT THEM TO	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
909	Can you tell me, have you ever taken an HIV/ AIDS test?	No Yes No answer	00 01 99	► 914 ► 914	<input type="text"/> <input type="text"/>
910.	Did you undergo the HIV/AIDS test voluntarily, or were you directed or required to have the test? Note for Translator: Voluntary here means did you go of your own choice; and not because it was required of you (ask for the last HIV test).	Voluntary Directed or required No answer	01 02 99		<input type="text"/> <input type="text"/>
911.	Did you collect the test result? Explain that the interviewer does not want to know the test result	No Yes No answer	00 01 99		<input type="text"/> <input type="text"/>
912.	Did anyone at the testing centre speak to you on what is HIV/AIDS and how one can prevent it?	No Yes No answer	00 01 99		<input type="text"/> <input type="text"/>
913.	When did you last take an HIV/ AIDS test? Record in months here _____	Less than a year ago More than a year ago Don't know No answer	01 02 98 99		<input type="text"/> <input type="text"/>
914.	Can you tell me, are there are any drugs that can help treat people who have AIDS?	No Yes Dont know No answer	00 01 98 99		<input type="text"/> <input type="text"/>
915	Have you ever heard of ART (Anti retroviral therapy) ?	No Yes Dont know No answer	00 01 98 99	► 1001	<input type="text"/> <input type="text"/>

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916	<p>Do you know anyone who is currently taking ART?</p> <p>INTERVIEWER TO PROBE AND RECORD RESPONSE</p>	<p>None Self Spouse Friend Other No answer</p>	<p>00 01 02 03 97 99</p>		<p><input type="checkbox"/><input type="checkbox"/></p>
917	<p>Do you know where one can get ART treatment?</p> <p>INTERVIEWER TO PROBE AND RECORD ONE RESPONSE</p>	<p>Government hospital Private hospital/ clinic NGO Other _____ (SPECIFY) Dont know No answer</p>	<p>01 02 03 97 98 99</p>		<p><input type="checkbox"/><input type="checkbox"/></p>
918	<p>Do you think having ART will make other people to be less careful about their sexual behaviour?</p> <p>READ RESPONSES AND CIRCLE ONE</p>	<p>Much less careful Somewhat less careful A little less careful About the same Dont know No answer</p>	<p>01 02 03 04 98 99</p>		<p><input type="checkbox"/><input type="checkbox"/></p>

BLOCK X . EXPOSURE TO INTERVENTION					
#	Question	Answers	Codes	Skip to	Code Boxes
1001	Have you ever heard any of the following NGOs: <ul style="list-style-type: none"> ▪ ** PLEASE INSERT THE NAMES OF AVAHAN NGOS ▪ 	No Yes	00 01	▶ 1004	<input type="text"/> <input type="text"/>
1002	For how long have you known these NGOs / programmes? ? (IF HEARD / KNOWN ABOUT MORE THAN ONE NGO, RECORD FOR THE NGO KNOWN FOR THE LONGEST TIME PERIOD) QUESTION IS OPEN-ENDED LISTEN TO RESPONSE IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	a. Days _____ b. Weeks _____ c. Months _____ d. Years _____ No answer _____	99		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> c. <input type="text"/> <input type="text"/> d. <input type="text"/> <input type="text"/>
1003	Are you registered with any of these NGOs?	No Yes	00 01		<input type="text"/> <input type="text"/>
1004	Besides any of the NGOs (mentioned in Q1001), have you heard of any other NGOs who provide similar services?	No Yes	00 01	▶ 1010	<input type="text"/> <input type="text"/>
If the answer is 'No' in BOTH Q1001 and Q1004, skip to Block XI					
1005	What are the name(s) of these NGOs / programmes?	a. Name _____ b. Name _____ c. Name _____ Don't know / Don't remember	98		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> c. <input type="text"/> <input type="text"/>
1006	For how long have you known these NGOs / programmes? ? (IF HEARD / KNOWN ABOUT MORE THAN ONE NGO, RECORD FOR THE NGO KNOWN FOR THE LONGEST TIME PERIOD) QUESTION IS OPEN-ENDED LISTEN TO RESPONSE IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	a. Days _____ b. Weeks _____ c. Months _____ d. Years _____ No answer _____	99		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> c. <input type="text"/> <input type="text"/> d. <input type="text"/> <input type="text"/>
1007	Are you registered with any of these NGOs?	No Yes	00 01		<input type="text"/> <input type="text"/>
1008	Have you received / accessed services from any of these NGOs / programmes in the past one year ?	No Yes	00 01	▶ 1010	<input type="text"/> <input type="text"/>

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1009	From which NGO did you receive most of the services in the past one year ?	Name of NGO _____ Don't know / don't remember	98		<input type="checkbox"/> <input type="checkbox"/>
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BLOCK X . EXPOSURE TO INTERVENTION (Contd..)										
1010	What are the types of interactions or services that you have received from any of the NGO/Programs during the past one year? This question has two kinds of responses: (B) Spontaneous response (C) Prompted response and (D) From Which NGO									
Let the respondent answer first, then match his answers with the statements found in column (A) and circle the respective '01' i.e 'Yes' in Column (B) for each appropriate answer. (THEN ASK WHICH NGO SHE WAS REFERRING HER ANSWER TO. IF SHE MEANT 'AVAHAN NGOS' CIRCLE ANSWER '11' IN (D). IF OTHER THAN THE AVAHAN NGOS, CIRCLE ANSWER '22' IN (D). IF SHE HAPPENED TO HAVE RECEIVED ANY SERVICES FROM BOTH AVAHAN AND NON-AVAHAN NGOS, CIRCLE '33' IN (D). IF SHE DOES NOT KNOW/REMEMBER WHETHER RECEIVED SERVICES FROM AVAHAN OR NON-AVAHAN NGOS, CIRCLE '88' IN (D). Then read out loud the services those have not yet been mentioned and circle the response given in Column (C) and FOLLOW THE SAME PROCEDURE OF RECORDING AIDED ANSWERS (Column C) AND CORRESPONDING COLUMN (D).										
NOTE : Column (B) - "Spont" stands for "Spontaneous answer" Column (C) - DK/DR stands for "Don't know / don't remember" Column (D) - "AV" stands for "AVAHAN" "NAV" stands for "NON-AVAHAN" "BOTH" stands for "BOTH AVAHAN AND NON-AVAHAN" "DK/DR" stands for "Don't know / Don't remember"										
Services (A)	Spont (B)	Aided (C)			From which NGO? (D) <i>Only to be asked to those who answer 'Yes' in B or C</i>				Code Boxes	
	Yes	Yes	No	DK/DR	AV	NAV	BOTH	DK/DR	B/C	D
a. I have been contacted by a peer educator/outreach worker from the NGO / Program	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
b. I have been contacted by a peer educator/outreach worker from the NGO / Program in the last one month	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
c. I have received an project health card from the NGO/ program . For spontaneous answers, show the identity card to confirm that the card is the same. For the aided questions, show a sample of the AVAHAN project health card when asking the question.	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
d. IF yes, when did you receive the health card from the project? Month / Year ___/___ (Avahan) Month / Year ___/___ (Non-Avahan)									MM <input type="checkbox"/> <input type="checkbox"/> YY <input type="checkbox"/> <input type="checkbox"/> (AVAHAN)	MM <input type="checkbox"/> <input type="checkbox"/> YY <input type="checkbox"/> <input type="checkbox"/> (Non-AVAHAN)
e. I have been given information on STI/HIV/AIDS by a peer educator or an outreach worker from the NGO/Program	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
f. I have visited the clinic run by the NGO/program. (Interviewer to confirm using clinic logo, even if response is spontaneous)	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
g. I have visited the clinic run by the NGO/ program in the last three months	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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h. Received condoms from the peers or outreach workers of the NGO/program	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
i. Received needles and syringes from the project	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
j. Received abscess management services from the project	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
k. Received counseling services from the project	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
l. I have been referred to other services (STI clinic, VCCTC, detox centre etc.) from this project	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
m. Received health check-up	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
n. Received free medicine for STI	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
o. Received free medicine for general health problem	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
p. Seen a demonstration on correct condom use by a peer educator /NGO outreach worker	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
q. Took part in any meeting / training organized by the NGO	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
r. Became a member of the self-help group (SHG) supported by the NGO	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
s. Others (Specify) _____	01	02	00	98	11	22	33	88	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

ASK Q1011 TO Q1015 IF THE ANSWER IN Q1001 IS 'YES' ELSE SKIP TO BLOCK XI					
(Ask only about the AVAHAN Partner NGOs and the Clinics run by them)					
#	Question	Answers	Codes	Skip to	Code Boxes
1011	How many times in the past one month were you contacted in the field by a peer educator / other workers from (name of AVAHAN Partner NGOs) (CHECK 1010 b)	Number of times _____ Don't know / don't remember	98		<input type="checkbox"/> <input type="checkbox"/>
1012	How many times have you visited the clinic(s) to see a doctor in the past one year? (if the answer is 'never', code '00') (CHECK 1010 f)	Number of times _____ Don't know / don't remember	98		<input type="checkbox"/> <input type="checkbox"/>
1013	For how long have you known the clinics run by the NGO (Name the NGO and the clinic / drop-in centre) or their referral clinics? QUESTION IS OPEN-ENDED LISTEN TO RESPONSE IF < 1 WEEK RECORD IN DAYS IF > 1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	a. Days _____ b. Weeks _____ c. Months _____ d. Years _____ No answer _____	99		a <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> d <input type="checkbox"/> <input type="checkbox"/>

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1014	<p>How many times have you visited NGO clinic(s) for problems like white vaginal discharge or genital ulcer or lower abdominal pain in the past one year?</p> <p>(CHECK 1010 f)</p>	<p>Number of times _____</p> <p>Don't know / don't remember</p>	98		<input type="checkbox"/> <input type="checkbox"/>
1015	<p>In the past one month, how many times have you seen a demonstration on correct condom use by peer educator / NGO outreach worker from (name of NGOs)?</p> <p>(CHECK 1010 p)</p>	<p>Number of times _____</p> <p>Don't know / don't remember</p>	98		<input type="checkbox"/> <input type="checkbox"/>

BOCK XI. CLSI QUESTIONS FOR FEMALE SEX WORKERS					
#	Question	Answers	Codes	Skip to	Code Boxes
1101	<p>If there were a problem that affected all or most of the sex work community, how many sex workers would work together to deal with the problem?</p> <p>READ RESPONSES CIRCLE ONLY ONE</p>	<p>No one would deal with the problem</p> <p>Some would work together to deal with the problem</p> <p>Most would work together to deal with the problem</p> <p>All would work together to deal with the problem</p> <p>Don't know</p> <p>No answer</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>98</p> <p>99</p>		<p><input type="checkbox"/><input type="checkbox"/></p>
1102	<p>Can you tell me, when you are sick or tired, how do other sex workers/ members of your community take care of you?</p> <p>READ RESPONSES Multiple responses</p>	<p>Don't take any care</p> <p>Give food</p> <p>Give medicines</p> <p>Take care (nursing care)</p> <p>Others specify: _____</p> <p>No answer</p>	<p>00</p> <p>01</p> <p>02</p> <p>03</p> <p>97</p> <p>99</p>		<p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p> <p><input type="checkbox"/><input type="checkbox"/></p>
1103	<p>According to you, do sex workers have a higher risk of acquiring HIV infection?</p> <p>READ RESPONSES CIRCLE ONLY ONE</p>	<p>Strongly agree</p> <p>Agree</p> <p>Neither agree nor disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>Don't know</p> <p>No answer</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>98</p> <p>99</p>		<p><input type="checkbox"/><input type="checkbox"/></p>
1104	<p>According to you, can any sex worker prevent transmission of HIV by using a condom in every sex act?</p>	<p>Strongly agree</p> <p>Agree</p> <p>Neither agree nor disagree</p> <p>Disagree</p> <p>Strongly disagree</p> <p>Don't know</p> <p>No answer</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>05</p> <p>98</p> <p>99</p>		<p><input type="checkbox"/><input type="checkbox"/></p>

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#	Question	Answers	Codes	Skip to	Code Boxes	
1105.	Did you ever refuse a client in the last three month, if he insisted on sex without using a condom?	No Yes He never insisted on sex without condom No answer	00 01 02 99		<input type="checkbox"/> <input type="checkbox"/>	
1106.	Have you ever refused sex with your non paying regular partner (e.g. husband, boyfriend, lover, live-in partner) when he insisted on sex without using a condom?	No Yes He never insisted on sex without condom No answer	00 01 02 99		<input type="checkbox"/> <input type="checkbox"/>	
1107	Are you a member of a sex worker collective?	No Yes No answer	00 01 99	► 1110 ► 1110	<input type="checkbox"/> <input type="checkbox"/>	
1108	What is the name of the sex worker collective ?	Name _____ Don't know	98		<input type="checkbox"/> <input type="checkbox"/>	
1109	For how long have you been a member of this collective? QUESTION IS OPEN-ENDED LISTEN TO RESPONSE IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	a. Days _____ b. Weeks _____ c. Months _____ d. Years _____ No answer _____	99		a <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> d <input type="checkbox"/> <input type="checkbox"/>	
1110	What Kind of services do you get from this sex worker collective? READ RESPONSES MULTIPLE RESPONSES POSSIBLE	Answers a. Not availed any services (End interview) b. Condoms c. HIV education d. Health check up e. Free medicine for STI f. Free medicine for general health problems g. Membership in SHG h. Trainings / meetings i. Referral to VCCTC j. Others (Specify) _____	No 00 00 00 00 00 00 00 00 00 00	Yes 01 01 01 01 01 01 01 01 01 01	Don't remember 98 98 98 98 98 98 98 98 98 98	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/> d. <input type="checkbox"/> <input type="checkbox"/> e. <input type="checkbox"/> <input type="checkbox"/> f. <input type="checkbox"/> <input type="checkbox"/> g. <input type="checkbox"/> <input type="checkbox"/> h. <input type="checkbox"/> <input type="checkbox"/> i. <input type="checkbox"/> <input type="checkbox"/> j. <input type="checkbox"/> <input type="checkbox"/>

NEXT STEPS: Before ending the interview:

1. Carefully review the completeness of the contents of the questionnaire/respondents answers.
2. Return to Block I, Question 104 and circle the appropriate answer.
3. Return to Block I, Question 103 – did the respondent agree to participate in the biological part of the survey?
 - If yes, Circle yes next to consented for biological tests’ on the “Biological Component Referral Card”
 - If no, Circle no next to consented for biological tests’ on the “Biological Component Referral Card”
4. Interviewer give the following information to respondent
 - a. List of health facilities in the district
 - b. About VCCTC
 - c. About STI clinics
5. Clarify any doubts or questions the respondent has on HIV/AIDS.
6. Ask the respondent if he/she is interested in a free consultation with the IBBA doctor. If the individual says yes, circle YES next to “Respondent wants consultation with doctor” otherwise circle NO.
7. Interviewer to fill in his/her name at the bottom of the card
8. If there is at least one YES circled on the card below, thank the respondent for participating in the survey and escort the individual to the community liason to be escorted to the biological component (clinical or lab). If there are 2 NO’s circled, thank the respondent for participating in the assessment and refer the individual to the Supervisor for compensation.
9. Return the questionnaire to the supervisor.

Biological Component Referral Card

ID NUMBER: _____ **Date:** _____

**** Tear off this page and send it with the ID Stickers and the respondent to the IBBA doctor or lab technician. The community liason will escort the participant to the doctor or LT****

TO BE FILLED BY INTERVIEWER & SUPERVISOR:

Biological Component Referral Card		
Consented for Biological Tests	Yes	No
Respondent wants consultation		
With doctor	Yes	No
Interviewer name _____		

TO BE FILLED BY LAB TECHNICIAN AND DOCTOR AND SENT TO THE SUPERVISOR AT THE END OF THE DAY:

Filled by Lab Technician (select appropriate category):	
Respondent did not give any samples	
Respondent gave only blood sample	
Respondent gave only urine sample	
Respondent gave blood and urine sample	
Filled by Doctor (select appropriate category):	
Swab not taken	
Swab taken	
Syphilis follow up card given	
VCCTC referral card given	

Definitions for Lab Technician:

- Respondent gave only blood sample – the LT should check this box if the respondent gave only a blood sample and not a urine sample
- Respondent gave only urine sample – the LT should check this box if the respondent gave only a urine sample and not a blood sample
- Respondent gave blood and urine samples – the LT should check this box if the respondent gave both blood and urine samples
- Respondent did not give any samples – the LT should check this box if the respondent did not give blood or urine samples

Definitions for IBBA doctor

- Swab taken – the respondent consented to participate in the biological component of the survey and the doctor took a swab from an external genital ulcer

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- Swab not taken – the respondent either: did not consent to take part in the biological component of the survey so no swab was taken or the respondent consented to participate in the biological component of the survey, but no ulcer was seen on genital examination.
- Syphilis follow up card given - Doctor to provide respondents with a follow up card (to follow up with the NGO/ program clinic in the district) to check for test results from syphilis testing. Check in the box after giving out this follow up card to the respondent.
- VCCTC referral card given – Referral to the nearest VCCTC will be given to respondents who wish to know their HIV status. Doctor to provide the referral card to these respondents. Check in the box when the respondent has been given a VCCTC referral card.

NOTES

The Data Entry Operators and Data Entry Supervisor will fill up

Data Entry	Name of the DEO and Supervisor	Signature	Date
Data Entered at the District			
Data Entry Checked at the district			
Data Re-entered at the ICMR Institute			
Data Entry Checked at the ICMR Institute			