

Questionnaire ID

District group respondent #

Integrated Behavioral and Biological Assessment (IBBA) 2006
Avahan Project with support from the Bill and Melinda Gates Foundation

INTRODUCTION

1. Greet participant (for example: Namaskar, Good Morning / Good Afternoon / Good Evening)
2. Introduce yourself.
3. Emphasize the confidentiality of the responses and ensure the participant that his name is not recorded in the questionnaire.
4. Thank participant for taking the time to participate.

1. **Note to interviewers: The interviewer should fill in the CODE column and the Supervisor will fill in the CODE BOXES.**
2. **Investigators will fill up Q101, Q102, Q103 & Q104 in Block No. I. Q.No. Q101 and Q102 should be filled up by the interviewer before starting the interview. Q104 will be filled up by the Interviewer after completing the interview**
3. **The supervisors will fill up Q105, Q106, Q107 and Q108 in Block No. 1 and the entire Block No.II.**

BLOCK I. INTERVIEW INFORMATION AND CONSENT STATUS					
#	Question	Answers	Codes	Skip to	Code Boxes
101	Name and code number of Interviewer	Name _____			<input type="checkbox"/> <input type="checkbox"/>
102	Date of interview	Date _____	Day <input type="checkbox"/> <input type="checkbox"/>	Month <input type="checkbox"/> <input type="checkbox"/>	Year <input type="checkbox"/> <input type="checkbox"/>
103	Language of the interview	English Manipuri Nagamese Other (Specify) _____	01 02 03 96		<input type="checkbox"/> <input type="checkbox"/>
104	Completion Status - Behavioral	Completed interview Did not complete interview	1 2		<input type="checkbox"/>
105	Completion status - Biological	Obtained blood sample only Obtained urine sample only Obtained both blood and urine sample	1 2 3		<input type="checkbox"/>
106	Genital swab collection	Swab obtained Swab not obtained	1 2		<input type="checkbox"/>
107	Supervision work and checks done by the supervisor	a. Was an 'accompanied interview' b. The questionnaire ID was checked c. The entire questionnaire was checked for consistency and errors	No	Yes	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	
108	These responses for questionnaire have been scrutinized for completeness and consistency by:				
	Names 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 (To be filled by the supervisor)					
#	Question	Answers	Codes	Skip to	Code Boxes
201	Group	Injecting Drug User	10		<input type="checkbox"/> <input type="checkbox"/>
202	Name of State	Manipur	3		<input type="checkbox"/>
		Nagaland	4		
203	Name of District	Bishnupur	31		<input type="checkbox"/> <input type="checkbox"/>
		Churachandpur	32		
		Phek	42		
		Wokha	43		
204	Name of RDS centre	Name _____			<input type="checkbox"/> <input type="checkbox"/>

BLOCK III. DEMOGRAPHIC CHARACTERISTICS					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
301	How old are you now?	Age in completed years: _____ Don't know	98		<input type="text"/> <input type="text"/>
302	What is your mother tongue?	Language _____ No answer	99		<input type="text"/> <input type="text"/>
303	Can you read and write?	Illiterate Can read only Can read and write	00 01 02	► 305	<input type="text"/> <input type="text"/>
304	What is the highest grade you have completed until now?	Highest grade completed: _____ Informal / Adult education Don't know / remember	95 98		<input type="text"/> <input type="text"/>
305	What is your main occupation? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Skilled worker Non-agricultural labor (un-skilled) Agricultural labor or marginal / small farmer Medium / Large farmer Salaried (clerical / salesman / driver) Salaried (officer / Executive, Junior) Salaried (officer / Executive, middle & senior) Self employed (artisans, traditional occupations) Self employed professionals Petty Businessman/Trader/ shop owner Medium or large Businessman / trader / shop Students Unemployed Other _____ (SPECIFY) Don't know No answer	01 02 03 04 05 06 07 08 09 10 11 12 13 96 98 99		<input type="text"/> <input type="text"/>
306	Have you ever been married?	No Yes	00 01		<input type="text"/> <input type="text"/>
307	What is your current living situation?	Unmarried (living alone) Unmarried (with live-in partner) Married (living with spouse) Married (living with partner other than spouse) Married (living alone) Separated / Divorced / widower (living alone) Separated / Divorced / widower(living with other partner) Don't know No answer	01 02 03 04 05 06 07 98 99		<input type="text"/> <input type="text"/>

BLOCK IV. INJECTION PRACTICE					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
401	How long have you been using any kind of drugs/addictive substances (oral, smoking / chasing, injecting or otherwise) for non-medical purpose? convert responses in 'years' into 'months'	Number of months _____ Don't remember No answer	998 999		<input type="text"/> <input type="text"/> <input type="text"/>
402	How long ago did you first inject drugs for non-medical purpose? convert responses in 'years' into 'months'	Number of months _____ Don't remember No answer	998 999		<input type="text"/> <input type="text"/> <input type="text"/>
403	What are the three drugs you have most commonly injected over the last 12 months? Probe in locally spoken terminology	Heroin/substances containing heroin Spasmoproxivon Pethidine Tidijesic Fortwin and morphine Nitrazipum/diazepum Other (specify) _____ Don't know No answer	01 02 03 04 05 06 96 98 99		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
404	Which are the two most common locations or buildings do you usually inject drugs? Circle the first two answers mentioned by the respondent. Read out responses only if the respondent can not answer spontaneously	In your house In your injecting partner's house In your dealer's/peddler's house Any abandoned building Other public places (hospital, cinema hall, bus terminus, etc.) Public toilet Prison Street/park Shop/café/bar Workplace Other open spaces Other (Specify) _____ Don't remember No answer	01 02 03 04 05 06 07 08 09 10 11 96 98 99		a <input type="text"/> <input type="text"/> b <input type="text"/> <input type="text"/>
405	How often have you injected drugs in the past one month? Circle one	Never Only once 2-3 times About once a week 2-3 times a week 4-6 times a week About once daily 2-3 times daily 4 or more times daily Dont know / remember No response	01 02 03 04 05 06 07 08 09 98 99	▶ 409	<input type="text"/> <input type="text"/>

BLOCK IV. INJECTION PRACTICE (continued ...)							
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes		
406	How many different persons have you shared your needle/syringe with in the past one month ?	Number of persons _____ Don't remember No answer	If "0" 98 99	► 409	<input type="checkbox"/> <input type="checkbox"/>		
407	Please mention three different types of injecting partners with whom you most often injected with in the past one month ? Circle the first three answers mentioned by the respondent. Read out responses only if the respondent can not answer spontaneously. Confirm answer in Q406, check whether all types of partners reported in Q 407 were included in Q 406.	Friends who you meet frequently Dealer / peddler Female sexual partner Male sexual partner Relatives Friends whom you don't meet frequently People who you did not know before / strangers Any other (specify) _____ Don't remember No answer	01 02 03 04 05 06 07 96 98 99		a <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/>		
408	In the past one month did you share needles/syringes with someone you did not know?	No Yes Don't remember No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>		
409	On the last day you injected, how many times did you inject?	Number of times injected _____ Don't remember No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>		
410	Excluding yourself, how many persons were present the last time you injected drugs?	Number of persons _____ Don't remember No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>		
411	Please think of the last injecting incident . Could you tell me what did you do? Read out the responses and circle appropriate code for each	Responses a. Injected from a pre-filled syringe b. Drew up drug solution from a common container c. Passed on the needle/syringe to others after you injected with it d. Took needle/syringe from others after they injected with it e. Injected with needle/ syringe that was exclusively used only by you and no one else ever used it f. Injected with a completely fresh brand new needle/syringe that no one else or you used earlier g. Shared any other injecting equipments (cotton, cleaning agent, dropper, cooker/vial) h. Other (specify) _____	No 00 00 00 00 00 00 00 00 00	Yes 01 01 01 01 01 01 01 01 01	Don't know 98 98 98 98 98 98 98 98 98	No response 99 99 99 99 99 99 99 99 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"/> 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"/>

BLOCK IV. INJECTION PRACTICE (continued ...)					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
412	In general, how often do you inject from a <i>pre-filled syringe</i> that is filled up by someone else? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never Used to, but stopped now Don't know No answer	01 02 03 04 05 98 99	▶ 414 ▶ 414 ▶ 414 ▶ 414 ▶ 414 ▶ 414	<input type="checkbox"/> <input type="checkbox"/>
413	Since when you have stopped using pre-filled syringes?	Less than six months More than six months Don't remember No response	01 02 98 99		<input type="checkbox"/> <input type="checkbox"/>
414	In general, how often do you draw up drug solutions from a <i>common container</i> ? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never Used to, but stopped now Don't know No answer	01 02 03 04 05 98 99	▶ 416 ▶ 416 ▶ 416 ▶ 416 ▶ 416 ▶ 416	<input type="checkbox"/> <input type="checkbox"/>
415	Since when have you stopped drawing drug solutions from a common container?	Less than six months More than six months Don't remember No response	01 02 98 99		<input type="checkbox"/> <input type="checkbox"/>
416	In general, how often do you <i>pass on</i> needles/syringes to someone else to inject after you have injected with them? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never Used to, but stopped now Don't know No answer	01 02 03 04 05 98 99	▶ 418 ▶ 418 ▶ 418 ▶ 418 ▶ 418 ▶ 418	<input type="checkbox"/> <input type="checkbox"/>
417	Since when you have stopped passing on the used needle/syringes to someone else after you have injected with it?	Less than six months More than six months Don't remember No response	01 02 98 99		<input type="checkbox"/> <input type="checkbox"/>
418	In general, how often do you inject with a <i>needle and syringe that previously someone else has injected with</i> ? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never Used to, but stopped now Don't know No answer	01 02 03 04 05 98 99	▶ 420 ▶ 420 ▶ 420 ▶ 420 ▶ 420 ▶ 420	<input type="checkbox"/> <input type="checkbox"/>

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#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
419	Since when have you stopped using needle and syringe previously used by someone else?	Less than six months More than six months Don't remember No response	01 02 98 99		<input type="checkbox"/> <input type="checkbox"/>
420	Out of the last 10 times you injected, how many times did you use a <i>needle/syringe</i> that was <i>previously used</i> by you or others?	Number of times _____ Don't remember No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>
421	How long ago did you last inject with a needle/syringe previously used by someone else? Instruction: Convert answers in days	Number of days _____ <i>Code '000' if the answer is 'today'</i> Never Don't know/can't remember No answer	995 998 999		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
422	In general, how often do you inject with needles/syringes which are previously used exclusively by you and no one else ever used them? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never Don't know No answer	01 02 03 04 98 99	▶ 424 ▶ 424 ▶ 424 ▶ 424 ▶ 424	<input type="checkbox"/> <input type="checkbox"/>
423	Since when you have been injecting with used needles/syringes which are previously used exclusively by you?	Less than six months More than six months Don't know/can't remember No response	01 02 98 99		<input type="checkbox"/> <input type="checkbox"/>
424	How many times do you usually use the same needle/syringe before you dispose it of ?	Number of times _____ Don't know/can't remember No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>
425	The last time you used a needle/syringe that someone else or you used earlier, did you attempt to clean it before you used the same needle/syringe? Not Applicable '97' will be coded here only if the respondent was using fresh brand new needle /syringe everytime he injected	No Yes Not applicable* Don't know No answer	00 01 97 98 99		<input type="checkbox"/> <input type="checkbox"/>
426	In general, how often do you clean a previously used needle/syringe (used by you or others)? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never Don't know/can't remember No answer	01 02 03 04 98 99	▶ 428 ▶ 428 ▶ 429 ▶ 428 ▶ 428	<input type="checkbox"/> <input type="checkbox"/>

IDU Questionnaire, February 14, 2006

#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
427	Since when you have been cleaning used needles/syringes everytime?	Less than six months More than six months Don't know No response	01 02 98 99		<input type="checkbox"/> <input type="checkbox"/>
428	Can you tell me the one most commonly used cleaning agent that you use for cleaning needles/syringes? Do not read responses, circle one	Cold water Warm water Saliva Spirit Bleach Antiseptic solutions Cotton swab Other (Specify) _____ Don't Know No response	01 02 03 04 05 06 07 96 98 99		<input type="checkbox"/> <input type="checkbox"/>
429	When you inject, how often do you use a needle/syringe that is completely new/fresh – i.e. never been used even once earlier by you or anyone else? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never Don't know No answer	01 02 03 04 98 99	► 431 ► 431 ► 431 ► 431 ► 431	<input type="checkbox"/> <input type="checkbox"/>
430	Since when you have been using brand new needles/syringes prior to each injecting use? Instruction: While circling code '02', look back at his answers on 'sharing behaviour' in the previous questions	Less than six months More than six months Don't know/can't remember No response	01 02 98 99		<input type="checkbox"/> <input type="checkbox"/>
431	The last time you disposed of a needle/syringe, what did you do with it? CIRCLE ONE	Gave it back in NSEP to get a new set Sold/gave it on rent to others Threw it around the injecting locations Others (Specify _____) Don't know/can't remember No answer	01 02 03 96 98 99		<input type="checkbox"/> <input type="checkbox"/>
432	Where do you usually procure a new needle/syringe when you need one? CIRCLE ONE	NGO drop-in centre Chemist's shop Drug dealer Other (specify) _____ Don't remember No answer	01 02 03 96 98 99		<input type="checkbox"/> <input type="checkbox"/>

IDU Questionnaire, February 14, 2006

#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes	
433	How many days back did you last procure a new needle / syringe?	Number of days _____ Today Don't remember No answer	00 98 99		<input type="text"/> <input type="text"/>	
434	Have you had any treatment for drug use in the last 12 months?	No Yes No answer	00 01 99	► 501 ► 501	<input type="text"/> <input type="text"/>	
435	What are the different treatments you received in the past 12 months?	Responses	No	Yes	No Response	a <input type="text"/> <input type="text"/>
		a. Treatment for abscess	00	01	99	b <input type="text"/> <input type="text"/>
		b. Treatment for overdose	00	01	99	c <input type="text"/> <input type="text"/>
		c. Drug substitution	00	01	99	d <input type="text"/> <input type="text"/>
		d. Counseling	00	01	99	e <input type="text"/> <input type="text"/>
		e. Detox (if yes, ask Q436)	00	01	99	f <input type="text"/> <input type="text"/>
		f. Other _____ (specify)	00	01	99	
436	Where was your most recent detox treatment carried out?	a. Location (city/town/village) _____ b. Name of the Detox Centre _____ Don't know No answer	98 99		a <input type="text"/> <input type="text"/> b <input type="text"/> <input type="text"/>	

BLOCK V. CONDOM USE					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
501	Have you ever used a condom for sexual intercourse? POINT TO AN UNPACKED CONDOM	No Yes Can not identify the condom Don't know / remember No answer	00 01 02 98 99	► 503 ► 503	<input type="text"/> <input type="text"/>
502	The last time you obtained a condom, where did you get it? READ ALL RESPONSES ONLY ONE RESPONSE POSSIBLE	NGO Peer educator/ outreach worker / drop-in centre Paan shop Drug store/ chemist Sex partner Vending stall/ Vending machine Dispensary/Clinic/Hospital Bar/guest house/hotel Friend Other (specify) _____ Don't know/remember No answer	01 02 03 04 05 06 07 08 96 98 99		<input type="text"/> <input type="text"/>
503	Have you been circumcised?	No Yes No answer	00 01 99		<input type="text"/> <input type="text"/>

Now I would like to ask some questions about your sexual practices.					
BLOCK VI. SEXUAL HISTORY – FEMALE SEXUAL PARTNERS					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
601	Have you ever had sexual intercourse with a woman? BY SEXUAL INTERCOURSE I MEAN VAGINAL or ANAL SEX	No Yes No answer	00 01 99	▶ 701 ▶ 701	<input type="checkbox"/> <input type="checkbox"/>
602	How old were you when you first had sexual intercourse with any girl?	AGE IN COMPLETED YEARS _____ Don't know No answer	 98 99		<input type="checkbox"/> <input type="checkbox"/>
603	How many total numbers of women did you have sex with in the past 12 months?	Number of women _____ Don't know No answer	 98 99		<input type="checkbox"/> <input type="checkbox"/>
604	How many of these women are Injecting drug users?	Number of women are IDUs _____ Don't know No answer	 98 99		<input type="checkbox"/> <input type="checkbox"/>
A. Paid female sex partner					
605	Have you ever paid to have intercourse with a female sex worker?	No Yes Don't know No answer	00 01 98 99	▶ 614 ▶ 614 ▶ 614	<input type="checkbox"/> <input type="checkbox"/>
606	How old were you the first time you paid to have sexual intercourse with a female sex worker?	Age in completed years _____ Don't know No answer	 98 99		<input type="checkbox"/> <input type="checkbox"/>
607	Have you paid to have sexual intercourse with a female sex worker in the past one year?	No Yes No answer	00 01 99	▶ 614 ▶ 614	<input type="checkbox"/> <input type="checkbox"/>
608	How many female sex workers have you had sex with in the past one year?	_____ Number of partners Don't know No answer	 98 99		<input type="checkbox"/> <input type="checkbox"/>
609	Where do you most often go to pick up female sex workers? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Bar/Night club Public place Service bar Brothel Hotel/Lodge Highways Home Other _____(SPECIFY) No answer	01 02 03 04 05 06 07 96 99		<input type="checkbox"/> <input type="checkbox"/>

A. Paid female sex partner (Continued...)					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
610	How many times did you have sexual intercourse with female sex workers in the past month?	Number of times _____ Don't know No answer	98 99		<input type="text"/> <input type="text"/>
611	Was a condom used the last time you had sexual intercourse with a female sex worker?	No Yes No answer	00 01 99		<input type="text"/> <input type="text"/>
612	In general, how often do you use condoms when you have intercourse with female sex workers? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never No answer	01 02 03 04 99	▶ 614 ▶ 614 ▶ 614 ▶ 614	<input type="text"/> <input type="text"/>
613	How long have you been using condoms every time you have sexual intercourse with a female sex worker?	Less than six months More than six months Don't know No answer	01 02 98 99		<input type="text"/> <input type="text"/>
614	Did you ever have sexual intercourse with female sex workers in exchange for drugs?	No Yes No answer	00 01 99	▶ 616 ▶ 616	<input type="text"/> <input type="text"/>
615	How many such female sex workers did you have sex with in the past six months who you did not pay?	_____ Number of FSWs Don't know No answer	98 99		<input type="text"/> <input type="text"/>
B. Non-paid female partner					
616	Do you have a main (steady) female sexual partner/spouse/? Check whether 'current living situation' in Q 307 was coded any one of '02', '03', '04' or '07'	No Yes No answer	00 01 99	▶ 625 ▶ 625	<input type="text"/> <input type="text"/>
617	How long have you been having sexual relations with this partner?	Less than one year More than one year Don't know No answer	00 01 98 99		<input type="text"/> <input type="text"/>
618	What is this partner's age?	Age in completed years _____ Don't know No answer	98 99		<input type="text"/> <input type="text"/>

B. Non-paid female partner (Continued...)					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
619	Do you and this partner live together?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
620	During the last one week , how many times did you have sexual intercourse with this partner? Instruction: If number of times mentioned, skip to Q22	Number of times..... 98. Don't know 99. No answer	98 99	▶ 622	<input type="checkbox"/> <input type="checkbox"/>
621	Have you had sexual intercourse with this partner in the past one year?	No Yes No answer	00 01 99	▶ 625 ▶ 625	<input type="checkbox"/> <input type="checkbox"/>
622	The last time you had sexual intercourse with this partner did you use a condom?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
623	In general, how often do you use a condom when you have sexual intercourse with this partner? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never No answer	01 02 03 04 99	▶ 625 ▶ 625 ▶ 625 ▶ 625	<input type="checkbox"/> <input type="checkbox"/>
624	How long have you been using condoms every time you have sexual intercourse with this partner?	Less than six months More than six months Don't know No answer	01 02 98 99		<input type="checkbox"/> <input type="checkbox"/>
C. Other non-paid female partners					
625	Have you had any other (casual) female sexual partners in the past year besides your main regular (steady) partner or the partners you had sex in exchange for cash or drugs?	No Yes No answer	00 01 99	▶ 701 ▶ 701	<input type="checkbox"/> <input type="checkbox"/>
626	How many such partners have you had sexual intercourse with in the past one year ?	# of other non-paying partners _____ Don't know No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>
627	The last time you had sexual intercourse with any of these partners, did you use a condom?	No Yes No answer	00 01 99	▶ 701	<input type="checkbox"/> <input type="checkbox"/>

VII. MALE SEXUAL PARTNERS					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
701	Have you ever had sex with a man? (By sex I mean manual, oral or anal sex)	No Yes No answer	00 01 99	► 801 ► 801	<input type="checkbox"/> <input type="checkbox"/>
702	Have you had anal intercourse with a man in the past one year?	No Yes No answer	00 01 99	► 801 ► 801	<input type="checkbox"/> <input type="checkbox"/>
703	How old were you when you first had anal intercourse with a man?	AGE IN COMPLETED YEARS _____ Don't know No answer	 98 99		<input type="checkbox"/> <input type="checkbox"/>
D. Paid male partners					
704	Have you ever paid to have anal intercourse with a male partner, either as the insertive or the receptive partner?	No Yes No answer	00 01 99	► 712 ► 712	<input type="checkbox"/> <input type="checkbox"/>
705	Have you paid to have anal intercourse with a male in the past year ?	No Yes No answer	00 01 99	► 712 ► 712	<input type="checkbox"/> <input type="checkbox"/>
706	a. Could you tell me how many men have you had anal sex with in the past three months who were paid by you? b. Can you tell me how many of them inject drugs?	a. # of paid men had anal sex with _____ b. # number of them IDU _____ Don't know / remember No answer	 98 99		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
707	How many times did you pay for anal intercourse with a man in the past one month ?	Number of times _____ Don't know /can't remember No answer	 98 99	If "0" ► 709 ► 709 ► 709	<input type="checkbox"/> <input type="checkbox"/>
708	How many of those times was a condom NOT used?	Number of times _____ Don't know /can't remember No answer	 98 99		<input type="checkbox"/> <input type="checkbox"/>
709	Was a condom used the last time you paid to have anal intercourse with a male?	No Yes Don't know /can't remember No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>

D. Paid male partners (Continued...)					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
710	In general, how often is a condom used when you have anal intercourse with any of these male partners? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never No answer	01 02 03 04 99	► 712 ► 712 ► 712 ► 712	<input type="checkbox"/> <input type="checkbox"/>
711	How long have you been using condoms every time you have anal intercourse with any of these partners?	Less than six months More than six months Don't know No answer	01 02 98 99		<input type="checkbox"/> <input type="checkbox"/>
712	Did you ever have anal intercourse with a man who you did not pay cash but gave him drugs in exchange of anal sex?	No Yes No answer	00 01 99	► 714 ► 714	<input type="checkbox"/> <input type="checkbox"/>
713	How many such male sex workers did you have anal sex with in the past six months who you did not pay and gave drugs?	_____ Number of men paid Don't know No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>
E. Sold sex to men for money or drugs					
714	Have you ever received drugs or money to buy drugs from another male partner in exchange of anal sex?	No Yes No answer	00 01 99	► 720 ► 720	<input type="checkbox"/> <input type="checkbox"/>
715	a. Could you tell me how many men have you had anal sex with in the past three months who paid you in cash or kind (say drugs)? b. Can you tell me how many of them inject drugs?	a. # of men had anal sex with _____ b. # number of them IDU _____ Don't know No answer	98 99		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
716	How many times did you receive drugs or cash to buy drugs, in exchange of anal sex with a man in the past one month ?	Number of times _____ Don't know No answer	98 99	if "0" ► 718	<input type="checkbox"/> <input type="checkbox"/>
717	Was a condom used the last time you were paid to have anal intercourse with a man?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>

E. Sold sex to men for money or drugs					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
718	In general, how often is a condom used when you have anal intercourse with any of these male partners? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the time Sometimes Never Don't know No answer	01 02 03 04 98 99	▶ 720 ▶ 720 ▶ 720 ▶ 720 ▶ 720	<input type="checkbox"/> <input type="checkbox"/>
719	How long have you been using condoms every time you have anal intercourse with any of these partners?	Less than six months More than six months Don't know No answer	01 02 98 99		<input type="checkbox"/> <input type="checkbox"/>
F. Non-commercial male partners					
720	Do you have any other male sexual partners? I mean partners whom you do not pay or he did not pay you (in cash or kind) to have anal intercourse with you. PROBE FOR REGULAR SEXUAL PARTNER (A STEADY LOVER / BOYFRIEND)	No Yes Don't know No answer	00 01 98 99	▶ 801 ▶ 801 ▶ 801	<input type="checkbox"/> <input type="checkbox"/>
721	a. Could you tell me how many men have you had anal sex with in the past three months who you did not pay or they did not pay you? b. Can you tell me how many of them inject drugs?	a. # of men had anal sex with _____ b. # number of them IDU _____ Don't know No answer	98 99		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
722	During the past one month , how many times did you have anal intercourse with one of these partners?	Number of times..... Don't know No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>
723	The last time you had sexual intercourse with one of these male partners, was a condom used?	No Yes Don't know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
724	In general, how often is a condom used when you have anal intercourse with any of these male partners? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the times Sometimes Never Don't know No answer	01 02 03 04 98 99	▶ 801 ▶ 801 ▶ 801 ▶ 801 ▶ 801	<input type="checkbox"/> <input type="checkbox"/>
725	How long have you been using condoms every time you have anal intercourse with any of these partners?	Less than six months More than six months Don't know No answer	01 02 98 99		<input type="checkbox"/> <input type="checkbox"/>

BLOCK VIII. Sexually Transmitted Infections							
Now I would like to ask about your health							
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes		
801	Have you ever heard of diseases that can be transmitted through sexual intercourse (also known as a sexually transmitted infection STI)?	No Yes No answer	00 01 99	► 803 ► 803	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
802	Can you describe any symptoms of STIs in men? Any others? DO NOT READ OUT THE SYMPTOMS CIRCLE ALL THAT MENTIONED.	Urethral discharge Burning pain on urination Genital ulcers/sores Swellings in groin area Warts around genital areas Can not retract foreskin Other (Specify) _____ Dont know No answer	01 02 03 04 05 06 96 98 99		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
803	Have you had any of these symptoms in the last 12 months ? If so, please give details about the treatment sought? (Interviewer to fill in the code boxes)						
	Symptoms 01=Urethral discharge 02=Genital/anal ulcer/sore 03= Swelling in the groin 04=Burning pain while urination 05 = Pain while passing stools 06 = Can't retract foreskin READ OUT SYMPTOMS, CIRCLE APPROPRIATE CODE(S) AND RECORD DETAILS FOR EACH SYMPTOM RESPONDENT HAS HAD	Number of times you had these STIs in the last 12 months Don't remember = 98 No Answer =99	Number days on an average each time you had the symptoms Don't remember = 98 No answer = 99	Number of times treatment sought in a private or Government clinic Don't remember = 98 No Answer =99	Did you ever visit a Key Clinic for treatment? No = 00 Yes = 01 Dont know = 98 No Answer = 99 PROMPT USING LOGO OF KEY CLINIC	Number of times completed prescribed treatment in Key clinic Don't remember = 98 No Answer =99	Number of times symptoms persisted after the completion of prescribed treatment in key clinic Don't remember = 98 No Answer =99
	01	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	02	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	03	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	04	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	05	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	06	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Instruction: If all ('01' through '06') are '00' in column two in Q803, then skip to Q809

BLOCK VIII. Sexually Transmitted Infections						
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes	
804.	What did you do the last time you had a genital ulcer/sore, or urethral discharge and other symptoms? This question has two kinds of responses: (a) Spontaneous response (b) Prompted response					
Let the respondent answer first, then match his 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.						
Methods to use		Spontaneous	Aided			
		<i>Yes</i>	<i>Yes</i>	<i>No</i>		<i>Don't know</i>
(1)		(2)	(3)	(4)	(5)	(6)
a.	Sought advice/medicine from KEY CLINIC Prompt with LOGO of KEY Clinic	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
b.	Sought advice/medicine from a government clinic or hospital?	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
c.	Sought advice/medicine from an NGO or charity-run clinic or hospital?	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
d.	Sought advice/medicine from a private clinic or hospital?	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
e.	Sought advice/medicine from a private pharmacy?	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
f.	Sought advice/medicine from a non-allopathic doctor? (adapt terminology)	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
g.	Took medicine I had at home	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
h.	Told my sexual partner about the STI	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
i.	Stopped having sex during the time when I had the symptoms?	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
j.	Used condoms	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
k.	Did nothing	01				<input type="checkbox"/> <input type="checkbox"/>
z.	Other(s), specify:	01		00		<input type="checkbox"/> <input type="checkbox"/>

BLOCK VIII. Sexually Transmitted Infections					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
805	Of everything you listed in the previous questions, what did you do first ? ONLY ONE ANSWER IS POSSIBLE.	a. Sought advice/medicine from KEY CLINIC b. Sought advice/medicine from a government clinic or hospital? c. Sought advice/medicine from an NGO or charity-run clinic or hospital? d. Sought advice/medicine from a private clinic or hospital? e. Sought advice/medicine from a private pharmacy? f. Sought advice/medicine from a non-allopathic doctor? (adapt terminology) g. Took medicine I had at home h. Told my sexual partner about the STI i. Stopped having sex during the time when I had the symptoms? j. Used condoms k. Did nothing z. Other(s), specify: No answer	01 02 03 04 05 06 07 08 09 10 11 96 99	► 808	<input type="checkbox"/> <input type="checkbox"/>
806	How long did you have this symptom before seeking treatment? Record / convert responses in 'days'	Days <input type="text"/> Don't know / remember No answer	998 999		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
807	What type of medicine did you take? READ RESPONSES MULTIPLE RESPONSES POSSIBLE IF a, b, c, d = 00, CIRCLE "01" for None	Answers a. Injection b. Tablets / capsules c. Topical ointment / cream / lotion d. Other e. None	No 00 00 00 00 00 Yes 01 01 01 01 01	Don't remember 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"/>
808	Do you have any of the following at present? Read out the Symptoms Record all mentioned	Answers a. Burning on urination b. Genital Ulcer/ sore c. Swelling in groin area d. Other	No 00 00 00 00 Yes 01 01 01 01	No Response 99 99 99 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"/>

BLOCK VIII. Sexually Transmitted Infections					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
809	Can you tell me what you do if you had an unprotected risky sex? INTERVIEWER TO PROBE AND CIRCLE RESPONSE Multiple responses possible	Wait & watch for any symptoms Go to a doctor & seek advise Inform my sex partner about it Use condom for next three months Undertake HIV test Any other _____ (SPECIFY) Dont know No answer	01 02 03 04 05 96 98 99		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
810	Can you tell me what you generally do to prevent an STI from occurring when you are not having any symptoms of infection after an unprotected sex? INTERVIEWER TO PROBE AND CIRCLE RESPONSE. MULTIPLE RESPONSES Possible	Take some medicines Use some herbal medicines Don't do anything Others _____ (Specify) No Answer	01 02 03 96 99	► 901 ► 901	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
811	If YES which medicines do you use Read responses Multiple Responses possible	Injection Tablet/capsule Local ointment/cream/lotion Other (Specify) _____	NO 00 00 00 00	YES 01 01 01 01	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
812	Where did you obtain these medicines?	Bought myself Chemist shop Was given by a doctor or at a clinic Was given by someone else Other (Specify) _____ Don't know/ remember No answer	01 02 03 04 96 98 99		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

BLOCK IX. KNOWLEDGE OF HIV/AIDS AND ITS PREVENTION						
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes	
901	Have you ever heard of HIV/AIDS before this interview?	No Yes No answer	00 01 99	▶ 1001 ▶ 1001	<input type="checkbox"/> <input type="checkbox"/>	
902	Are there things a person can do to prevent getting infected with HIV/AIDS?	No Yes Don't know	00 01 98	▶ 904 ▶ 904	<input type="checkbox"/> <input type="checkbox"/>	
903 What are the ways a person can prevent becoming infected with HIV? This question has two kinds of responses: (a) Spontaneous response (b) Prompted response						
Let the respondent answer first, then match his 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.						
Methods to use		Spontaneous	Aided			
		<i>Yes</i>	<i>Yes</i>	<i>No</i>		<i>Don't know</i>
(1)		(2)	(3)	(4)	(5)	(6)
a. Avoid sexual intercourse		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
b. Always use a condom while engaging in sex		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
c. Avoid sharing injecting equipment		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
d. Avoid getting mosquito or other insect bites		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
e. Don't use shared clothes or eating utensils		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
f. Eat nutritious food		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
g. Have sex with only one uninfected partner		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
z. Other(s), specify:		01				<input type="checkbox"/> <input type="checkbox"/>
904	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"/>	

BLOCK IX. KNOWLEDGE OF HIV/AIDS AND ITS PREVENTION					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
905	Do you personally know someone (who also knows you) who is infected with HIV or 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 feel that you are at risk for becoming infected with HIV/AIDS?	No Yes Dont know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
908	Do you know a place near here for undertaking an HIV/AIDS test where the result will be told only to you and to nobody else (ie, confidential)? CONFIDENTIAL MEANS THAT NOONE 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"/>
909	Can you tell me, have you ever taken an HIV test?	No Yes No answer	00 01 99	► 914 ► 914	<input type="checkbox"/> <input type="checkbox"/>
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="checkbox"/> <input type="checkbox"/>
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="checkbox"/> <input type="checkbox"/>
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="checkbox"/> <input type="checkbox"/>
913	When did you last take an HIV/ AIDS test?	Less than a year ago More than a year ago No answer	01 02 99		<input type="checkbox"/> <input type="checkbox"/>
914	Can you tell me, are there any drugs that can help treat people who have HIV/AIDS?	No Yes Dont know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>

BLOCK IX. KNOWLEDGE OF HIV/AIDS AND ITS PREVENTION					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
915	Have you ever heard of ART's? (ART – Antiretroviral Therapy)	No Yes Dont know No answer	00 01 98 99	▶ 1001	<input type="checkbox"/> <input type="checkbox"/>
916	Do you know anyone who is currently taking ARTs? INTERVIEWER TO PROBE AND RECORD RESPONSE(s) Multiple answers possible	None Self Spouse Friend Other (Specify) _____ No answer	00 01 02 03 96 99		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
917	Do you know where one can get ART treatment? INTERVIEWER TO PROBE AND RECORD ONE RESPONSE(s) Multiple answers possible	Government hospital Private hospital/ clinic NGO Other _____ (SPECIFY) Dont know No answer	01 02 03 96 98 99		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
918	Do you think having ART will make other people to be less careful about their sexual behaviour or injecting behaviour? READ RESPONSES AND CIRCLE ONE	Much less careful Somewhat less careful A little less careful About the same Dont know No answer	01 02 03 04 98 99		<input type="checkbox"/> <input type="checkbox"/>

BLOCK X – Mobility and Migration					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
1001	Is _____ (interviewer add name of the town/village of interview) this your usual place of residence?	No Yes No answer	00 01 99	► 1003 ► 1003	<input type="checkbox"/> <input type="checkbox"/>
1002	How long have you been living in _____ (interviewer add name of the town/village of interview)? If 'since birth' is reported, write age of the respondent	Number of years _____ No answer	99	► 1003a	<input type="checkbox"/> <input type="checkbox"/>
1003	Where is your usual place of residence? PROBE AND RECORD THE NAME OF THE CITY/VILLAGE, DISTRICT AND STATE WHERE THE RESPONDENT USUALLY LIVES	Village/City/Town _____ District: _____ State _____ Country _____ Nowhere particular, on the move No answer	95 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"/>
1003a	Do you usually commute to any one or more particular places frequently?	No Yes No answer	00 01 99	► 1004	<input type="checkbox"/> <input type="checkbox"/>
1003b	Can you tell me the number of places and their names that you usually commute frequently?	Number of places _____ Name of places _____ _____			<input type="checkbox"/> <input type="checkbox"/>
1003c	How many of these places are:	a. Inside your district _____ b. Outside your district _____ c. Within your State _____ d. Outside your State _____			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"/>
1003d	How frequently do you visit any of these places? Circle one	Almost everyday Once a week or more No answer	01 02 99		<input type="checkbox"/> <input type="checkbox"/>
1003e	What are the two main reasons for commuting to these place(s) frequently?	To have a fix / to buy drugs Work / business related To see sex partner (paid or non-paid) Other (Specify) _____ No answer	01 02 03 96 99		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1004	Besides the place(s) mentioned earlier (in Q1003b), how often did you travel to other places in the last one year? READ RESPONSES AND RECORD ONLY ONE	Not at all More than once a week Once or twice a month Every 2 to 3 months Every 4 to 6 months Once or twice a year Other _____ (Specify) No answer	01 02 03 04 05 06 96 99	► 1006	<input type="checkbox"/> <input type="checkbox"/>

IDU Questionnaire, January 11, 2006

1005	I am now going to ask you some questions about your travel in the past year. Where was the last place you traveled to before this place? (Interviewer: Record name of place/ district / state and then ask); and how about before that, where did you travel before this 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/vill age	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 other family 04= To visit friends 05= To visit sex worker 06= To have a fix Other ____ (SPECIFY) Interviwer probe and record responses 99= No answer	How many times did you visit this place in the last one year 99 = No Answer INTERVIEWER TO PROBE AND RECORD RESPONSES	On the average how long did you stay in this place during each visit? Convert answers in days 999 = No Answer	a. Did you have sexual intercourse with a sex worker, the last time you visited this place? b. Did you have a fix the last time you visited this place? 00 = NO 01= Yes No Answer=99		
							a	b	
a.					<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
b.					<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
c.					<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
d.					<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
e.					<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

1006	Have you ever been in prison?	No Yes Don't know No answer	00 01 98 99	▶ 1101 ▶ 1101 ▶ 1101	<input type="text"/> <input type="text"/>
1007	When was the last time you were in prison?	Less than a year ago More than a year ago Don't know No answer	00 01 98 99		<input type="text"/> <input type="text"/>
1008	How long did you spend in prison that time?	Less then six months More than six months Don't know No answer	00 01 98 99		<input type="text"/> <input type="text"/>
1009	Did you inject drugs in prison?	No Yes Don't know No answer	00 01 98 99		<input type="text"/> <input type="text"/>

BLOCK XI . RDS & Size Estimation					
#	Question	Answers	Codes	Skip to	Code Boxes
1101	How many male injecting drug users do you know personally who are aged 18 years or more; you know them and they know you?	Specify number _____			<input type="text"/> <input type="text"/>
1102	How many of them: (specify number in 'codes' column)	a. You've seen them in the past one month (1102a is a very important question) b. Do not speak your language c. Do not live in this district d. Illiterate e. Employed f. Married g. Student Don't know / remember No response	a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ 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"/> e. <input type="text"/> <input type="text"/> f. <input type="text"/> <input type="text"/> g. <input type="text"/> <input type="text"/>
1103	a. How many of these people would you consider asking to participate in this survey? b. How many of these people do you think would consider asking you to participate in this survey?	a. Specify number _____ b. Specify number _____ Don't know / remember No response	98 99		a <input type="text"/> <input type="text"/> b <input type="text"/> <input type="text"/>
1104	How many injecting drug users do you know who are:	a. Below 18 years of age and male b. Female Don't know / remember No response	a. _____ b. _____ 998 999		a. <input type="text"/> <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> <input type="text"/>
1105	Are you registered with any of the ORCHID NGOs? Read out the name of the NGOs If the answer is 'NO' for all three NGOs, skip to Q1201	a. DPU b. ESEWOSSA c. Care Foundation	No 00 00 00	Yes 01 01 01	a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> c. <input type="text"/> <input type="text"/>
1106	How long ago did you get registered with this NGO? Record in verbatim If more than one NGO is mentioned in Q1105, record answer for all the NGOs in 1106. a, b and c correspond to the name of NGOs in Q1105.	a. _____ b. _____ c. _____	Coding Instruction Code the first box as – Days = 1 Months = 2 Years = 3 Fill up the second set of boxes with number of days / months / years		a <input type="text"/> <input type="text"/> <input type="text"/> b <input type="text"/> <input type="text"/> <input type="text"/> c <input type="text"/> <input type="text"/> <input type="text"/>

IDU Questionnaire, January 11, 2006

Block XII: Exposure to Intervention (For IDUs in Manipur & Nagaland)

#	Question	Answers	Code s	Skip to	Code Boxes
1201	Have you ever heard of any non-governmental organizations giving out needles, syringes and condoms in this district?	No Yes Don't know	00 01 98		<input type="checkbox"/> <input type="checkbox"/>
1202	Have you ever heard of Project ORCHID?	No Yes Don't know	00 01 98		<input type="checkbox"/> <input type="checkbox"/>

If the answer to either Question 1201 or Question 1202 is Yes, continue to Question 1203. Otherwise, skip to Question 1205.

1203 What are the types of interactions or services that you have received from this NGO/Program during the last 6 months?
This question has two kinds of responses: (a) **Spontaneous response** (b) **Prompted response**

Let the respondent answer first, then match his answers with the statements found in column (1) and circle the number in column (2) for each appropriate answer. Then read aloud 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	No	Don't know	
a. One of the NGO/Program workers has contacted me to introduce the NGO/program.	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
b. I have been registered in the project (i.e. I have filled in a registration form)	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
For spontaneous answers, show a sample of the registration form after the person mentions it. For the aided questions, show a sample of the registration form when asking the question.					
c. I have been given information on STI/HIV/AIDS by a NGO/Program peer educator or outreach worker	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
d. I have visited the NGO/program clinic/drop in center.	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
e. I have received condoms from the NGO/program peer or outreach workers	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
f. I have received STI management services from the NGO/program	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
g. I have received needles and syringes from the NGO/program	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
h. I have received abscess management services from the NGO/program	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
i. I have received counseling services from the NGO/program	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
j. I have been referred to other services from this NGO/program	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>

1204	For how long have you known this NGO/program?	Less than six months More than six months	01 02		<input type="checkbox"/> <input type="checkbox"/>
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IDU Questionnaire, January 11, 2006

		Don't know	98		
1205	Have you heard of any other NGOs working in the field of HIV/AIDS?	No Yes Don't know	00 01 98	► Finish ► Finish	<input type="checkbox"/> <input type="checkbox"/>
1206	Have you received any type of services from this/these NGO(s) or program(s) anytime in the last six months?	No Yes Don't know	00 01 98		<input type="checkbox"/> <input type="checkbox"/>

NOTES
<p>Before ending the interview, carefully review the completeness of the contents of the questionnaire/respondent's answers</p>
<p>Express thanks to the respondent for his participation</p>

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			