

Questionnaire ID

Place ID Sticker here

**Integrated Behavioral and Biological Assessment (IBBA) 2009
(Round II)
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 to 110 and 114 need to be completed by the interviewer.**
4. **Block I, questions 111, 112, 113, 115 and 201 need to be completed by the supervisor after the completion of both behavioural and biological interview of the participant.**
5. **Data management team to fill Q 202 to Q205.**

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BLOCK I. INTERVIEW INFORMATION AND CONSENT STATUS					
#	Question	Answers	Codes	Skip to	Code Boxes
101	Name and code of locale (cluster #)	Name: _____			<input type="text"/> <input type="text"/> <input type="text"/>
102	Name of State	Andhra Pradesh Maharashtra Nagaland Tamil Nadu Karnataka	1 2 4 5 6		<input type="text"/>
103	Name of District	Name: _____			<input type="text"/> <input type="text"/>
104	Name of City/Town/village	Name: _____			<input type="text"/> <input type="text"/> <input type="text"/>
105	Group	FSW Combined FSW Brothel based FSW Non-brothel based FSW service bar based	01 02 03 04		<input type="text"/> <input type="text"/>
106	Type of locale	Brothel Service Bar Lodge Street Home Others: ____	01 02 03 04 05 97		<input type="text"/> <input type="text"/>
107	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"/>
108	Name and code number of Interviewer	Name: _____			<input type="text"/> <input type="text"/>

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109	Did you participate in IBBA in 2005/2006/2007?	No Yes Don't know/Don't remember	00 01 98		<input type="checkbox"/> <input type="checkbox"/>
110	Consent Status	Refused for both behavioral & biological Agreed for behavioral only Agreed for behavioral and biological Respondent has already taken part in the survey (IBBA Round 2)	01 02 03 04	▶ END ▶ END	<input type="checkbox"/> <input type="checkbox"/>
<p>*** (STOP, do not continue with the interview if the respondent already participated in IBBA Round 2 survey (Refer to block I, Question 110)</p> <p>** CONTINUE WITH INTERVIEW if the respondent has given consent for behavioral only or behavioral and biological. Interviewer to skip to Q114.</p> <p>Q111, Q112, Q113, Q115 AND Q 201 will be filled by the Supervisor after participation in the survey is complete***</p>					
111	Completion Status - Behavioral	Completed interview Did not complete interview	1 2		<input type="checkbox"/>
112	Completion Status – Biological	Only blood sample collected Only urine sample collected Both blood and urine sample collected Gave none of the samples	01 02 03 04		<input type="checkbox"/> <input type="checkbox"/>
113	Genital swab collection	Swab taken Swab not taken	1 2		<input type="checkbox"/>

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#	Question	Answers	Codes	Skip to	Code Boxes					
114	Language of the interview **FOR INTERVIEWER**If respondent has consented, start the interview.	Bengali English Hindi Kannada Marathi Tamil Telugu Nagamese Others (specify)_____	01 02 03 04 05 06 07 08 97	▶ 301	<input type="checkbox"/> <input type="checkbox"/>					
115	Respondent follow-up	a. Respondent received compensation b. Respondent was explained where she will receive syphilis test results and received card with respondent number	<table border="1"> <tr> <td>No</td> <td>Yes</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
No	Yes									
00	01									
00	01									

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BLOCK II EDITING AND DATA ENTRY					
#	Question	Answers	Codes	Skip to	Code Boxes
STOP ---- Q201 SHOULD BE FILLED BY SUPERVISOR AFTER THE INTERVIEW IS COMPLETE					
201	These responses for questionnaire have been scrutinized for completeness and consistency by:				
	Name of supervisor _____ a. Code of Supervisor <input type="text"/> <input type="text"/>	Date of scrutiny b. Day c. Mo d. Yr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Signature		
STOP --- Q202, Q203, Q204 and Q205 SHOULD BE FILLED BY DATA MANAGEMENT TEAM					
202	Date of scrutinizing the questionnaire Name of Scrutinizer: _____ Organization _____	Date of examination b. Day c. Mo d. Yr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Signature		
203	Name, code and date of data entry person (1) Organization: _____	Name: Code: Signature	Date b. Day c. Mo d. Yr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
204	Name, code and date of data entry person (2) Organization: _____	Name: Code: Signature	Date b. Day c. Mo d. Yr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
205	Data entry checked by: Organization: _____	Name: Code: Signature	Date b. Day c. Mo d. Yr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

BLOCK III. DEMOGRAPHIC CHARACTERISTICS					
#	Question	Answers	Codes	Skip to	Code Boxes
301.	How old are you?	Age in completed years _____ Don't know No answer	98 99		<input type="text"/> <input type="text"/>
302.	Can you read and write? ENTER 'NO' IF 'CANNOT READ AND WRITE' OR 'CAN READ' ONLY	Yes No	01 00	► 304	<input type="text"/> <input type="text"/>
303.	What is the highest grade you have completed?	Highest grade completed _____			<input type="text"/> <input type="text"/>
304.	Apart from sex work, what other work do you do to earn income? DO NOT READ RESPONSES CIRCLE ONLY ONE	None Non-agricultural labor Petty business Maid servant Agricultural labor Artisan/Handicrafts Others (Specify) _____ No answer	01 02 03 04 05 06 97 99		<input type="text"/> <input type="text"/>
305.	What is your current marital status? INTERVIEWER TO PROBE AND RECORD CIRCLE ONLY ONE	Unmarried – living alone Unmarried – living with partner Married – living with husband Married – living with partner other than husband Married – living alone Divorced/Seperated – living alone Divorced/Seperated – living with partner Widowed – living alone Widowed – living with partner Other	01 02 03 04 05 06 07 08 09 97	► 309 ► 309	<input type="text"/> <input type="text"/>

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306	Do you have children? If yes how many?	No. of children _____ Does not have children No answer	00 99	▶ 308 ▶ 308	<input type="text"/> <input type="text"/>
307	What is the age of the youngest child? If less than one year Code '00'	Age of child in completed years _____ Don't know/Don't remember No answer	98 99		<input type="text"/> <input type="text"/>
308	Have you attended private or public ANC services in the last one year?	No Yes, Public/Government facility Yes, private facility Both, Public/Government and private facility Don't know No answer	00 01 02 03 98 99		<input type="text"/> <input type="text"/>
309	Are you currently in debt?	No Yes No answer	00 01 99		<input type="text"/> <input type="text"/>

BLOCK IV - SEX WORK AND MIGRATION					
401	<p>Which city/village/district/state do you belong to?</p> <p>PROBE AND RECORD THE NAME OF THE CITY/VILLAGE, DISTRICT, STATE AND COUNTRY (IF NOT INDIA)</p> <p>IN OTHER WORDS - WHERE THE RESPONDENT WAS BORN OR WHERE SHE GOES WHEN SHE GOES HOME</p>	<p>a. Village/City/Town _____</p> <p>b. District: _____</p> <p>c. State _____</p> <p>d. Country _____</p> <p>Same as current place of interview</p> <p>Don't Know</p> <p>No Answer</p>	<p>995</p> <p>998</p> <p>999</p>	<p>► 404</p>	<p>a. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d. <input type="text"/> <input type="text"/> <input type="text"/></p>
402	<p>Where do you live now?</p> <p>PROBE AND RECORD THE NAME OF THE CITY/VILLAGE, DISTRICT, STATE AND COUNTRY (IF NOT INDIA) WHERE THE RESPONDENT USUALLY LIVES (MAY BE THE SAME PLACE WHERE INTERVIEW IS TAKING PLACE)</p>	<p>a. Village/City/Town _____</p> <p>b. District: _____</p> <p>c. State _____</p> <p>d. Country _____</p> <p>Same as current place of interview</p> <p>Same as place of home town (mentioned in Q401)</p> <p>Don't Know</p> <p>No Answer</p>	<p>995</p> <p>996</p> <p>998</p> <p>999</p>	<p>► 404</p>	<p>a. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d. <input type="text"/> <input type="text"/> <input type="text"/></p>
403	<p>How often do you return home (native place)?</p>	<p>More than once a year</p> <p>Less than once a year</p> <p>Don't return home</p> <p>Don't know\</p> <p>No answer</p>	<p>01</p> <p>02</p> <p>00</p> <p>98</p> <p>99</p>		<p><input type="text"/> <input type="text"/></p>

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404	<p>For how long have you been doing sex work in this city/town/village?</p> <p>CITY/TOWN/VILLAGE REFERS TO THE PLACE WHERE THE RESPONDENT IS BEING INTERVIEWED</p> <p>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</p>	<p>a. Days : _____</p> <p>b. Weeks : _____</p> <p>c. Months : _____</p> <p>d. Years : _____</p> <p>Don't know</p> <p>No answer</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>
405	<p>Have you ever practiced sex work anywhere other than this district (Insert name the district)? _____</p>	<p>No</p> <p>Yes</p> <p>No answer</p>	<p>00</p> <p>01</p> <p>99</p>	<p>► 501</p> <p>► 501</p>	<p><input type="text"/> <input type="text"/></p>

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406. Please give me the names of the different places where you had done sex work during the last 6 months.				
PROBE AND RECORD UP TO 5 DIFFERENT PLACES/DESTINATIONS DURING THE LAST 6 MONTHS. IF LESS THAN 5 PLACES IN THE LAST 6 MONTHS, THEN ASK ABOUT LAST 12 MONTHS				
	City/Town/Village	District	State	Did you practice sex work there before the last six months but in the last one year?
a.				No Yes Don't know No answer 00 01 98 99
b.				No Yes Don't know No answer 00 01 98 99
c.				No Yes Don't know No answer 00 01 98 99
d.				No Yes Don't know No answer 00 01 98 99
e.				No Yes Don't know No answer 00 01 98 99
407	Have you ever practiced sex work in Mumbai?	No Yes Currently in Bombay Don't know No answer		00 01 95 98 99 <input type="checkbox"/> <input type="checkbox"/>

BLOCK V. CONDOM AND INJECTION PRACTICE					
#	Question	Answers	Codes	Skip to	Code Boxes
501	Do you currently carry a condom? ASK RESPONDENT TO SHOW IT TO YOU	No	00		<input type="checkbox"/> <input type="checkbox"/>
		Reports Yes and can show a condom	01		
		Reports Yes but cannot show a condom	02		
		No answer	99		
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	01		<input type="checkbox"/> <input type="checkbox"/>
		Paan shop	02		
		Apthecary/Drug store/Chemist	03		
		Client	04		
		Vending stall	05		
		Health facility/Dispensary/Clinic/Hospital	06		
		Bar/Guest House/ Hotel	07		
		Friend	08		
		Madam	09		
		Mobile van from NGO/Drop-In Center NGO	10		
		Never obtained a condom	96		
		Others (specify) _____	97		
		Don't know/ Don't remember	98		

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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 Did not use a condom in past one month Don't know /Don't remember No answer	00 01 96 98 99		<input type="text"/> <input type="text"/>
504	The last time you used a condom, did the condom break while it was being used?	No Yes Never used a condom Don't know No answer	00 01 96 98 99		<input type="text"/> <input type="text"/>
505	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	► 507 ► 507	<input type="text"/> <input type="text"/>
506	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 Used other contraceptives Others (specify) _____ No answer	01 02 03 04 05 97 99		<input type="text"/> <input type="text"/>

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507	During the past month, have you consumed drinks containing alcohol?	Every day At least once a week Less than once a week Not in past one month Never consumed alcohol No answer	01 02 03 04 00 99		<input type="checkbox"/> <input type="checkbox"/>
508	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 Don't know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
THE FOLLOWING QUESTIONS ARE ON USE OF INJECTING DRUGS FOR NON-MEDICAL REASONS (FOR INTOXICATION)					
#	Question	Answers	Codes	Skip to	Code Boxes
509	Have you ever injected drugs for non-medical reasons? EXPLAIN THAT 'INJECTED DRUGS' MEAN THOSE TAKEN FOR INTOXICATION	No Yes Don't know No answer	00 01 98 99	► 512 ► 512 ► 512	<input type="checkbox"/> <input type="checkbox"/>
510.	In the past year have you ever injected drugs for non-medical reasons?	No Yes Don't know No answer	00 01 98 99	► 512 ► 512 ► 512	<input type="checkbox"/> <input type="checkbox"/>
511	When you injected such drugs in the past year, did you always use a brand new needle (one that had never been used before)?	No Yes Don't know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
512	Do you think or suspect that any of your sexual partners ever used or shared injection drugs for non-medical reasons?	No Yes Don't know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
The following questions refer to injections for medical reasons					
513	Have you ever received, in the last one year, an injection from a medical doctor, nurse, RMP or traditional medical practitioner?	No Yes Don't remember	00 01 98	► 517 ► 517	<input type="checkbox"/> <input type="checkbox"/>
514	How many such injections have you received in the last one year?	Number of injections _____ Don't remember No answer	 98 99		<input type="checkbox"/> <input type="checkbox"/>
515	What did you receive these injections for? DO NOT READ RESPONSES MULTIPLE RESPONSES POSSIBLE. PROBE FOR HIV/AIDS	Weakness/Anemia Heart disease Diabetes Other Chronic Illness Body Ache Fever/Infection HIV/AIDS Other (Specify) Don't know/Don't remember No answer	01 02 03 04 05 06 07 97 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"/>

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#	Question	Answers	Codes		Skip to		Code Boxes
			No	Yes	DK	NA	
516	From which of these types of practitioners have you received these injections from? READ RESPONSE CATEGORIES AND MARK ALL THAT ARE MENTIONED	Answers					
		a. Medical Doctor	00	01	98	99	a. <input type="checkbox"/> <input type="checkbox"/>
		b. Nurse	00	01	98	99	b. <input type="checkbox"/> <input type="checkbox"/>
		c. RMP	00	01	98	99	c. <input type="checkbox"/> <input type="checkbox"/>
		d. Traditional Medical Practitioner	00	01	98	99	d. <input type="checkbox"/> <input type="checkbox"/>
		e. Other (specify)	00	01	98	99	e. <input type="checkbox"/> <input type="checkbox"/>
517	Did you ever receive blood transfusion in your life time, for any reason? For example, a surgery, treatment after an accident or otherwise.	No	00				<input type="checkbox"/> <input type="checkbox"/>
		Yes	01				
		No answer	99				

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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 (Q301) 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"/>
603	Where do you generally solicit / pick up most of your clients? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Home Rented Room Lodge Dabha Brothel Bar/Night club Vehicle Public Places (park, street, cinema hall, bus stand, railway station, etc) Tamasha Phone Other (specify) No answer	01 02 03 04 05 06 07 08 09 10 97 99		<input type="text"/> <input type="text"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
604	Where do you generally entertain most of your clients? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Home Rented Room Lodge Dabha Brothel Bar/Night club Vehicle Public Places (park, street, cinema hall, bus stand, railway station, etc) Tamasha Other (specify) No answer	01 02 03 04 05 06 07 08 09 97 99		<input type="checkbox"/> <input type="checkbox"/>
605	How many clients did you have sexual intercourse with on the last day you worked?	Number of clients _____ Don't know No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>
606	How many days did you have sexual intercourse with clients in the past week (7 days)?	Number of days _____ Don't know No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
607	How many clients did you have sexual intercourse with in the past week (7 days)?	Number of clients _____ Don't know No answer	 98 99		 <input type="text"/> <input type="text"/>
608	Are there certain weeks/months during the year when you entertain more or less clients than that?	Yes, More Yes, Less Yes – Both More and Less No Don't know No answer	01 02 03 00 98 99		 <input type="text"/> <input type="text"/>
609	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	a. Number of occasional clients _____ b. Number of regular clients _____ “a” PLUS “b” SHOULD = 10 No answer	 99		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/>
610	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"/>

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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
611	Do you have occasional clients?	No Yes	00 01	▶ 6 16	<input type="text"/> <input type="text"/>
612.	The last time you had sexual intercourse with an occasional client , did he use a condom?	No Yes Don't know/ Don't remember No answer	00 01 98 99		<input type="text"/> <input type="text"/>
613	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	▶ 615a ▶ 615a ▶ 615a ▶ 615a ▶ 615a ▶ 615a	<input type="text"/> <input type="text"/>
614	How long have your occasional clients been using condoms every time they have sexual intercourse with you? 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 : _____ Don't know 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"/>

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615 a	In the last one week, how often have you used condoms with your occasional clients?	Every time	01		<input type="checkbox"/> <input type="checkbox"/>
		Most of the time	02		
		Sometimes	03		
		Never	04		
		Did not have any occasional client in the last week	96		
		Don't know	98		
		No answer	99		
615 b	In the last one month, how often have you used condoms with your occasional clients?	Every time	01		<input type="checkbox"/> <input type="checkbox"/>
		Most of the time	02		
		Sometimes	03		
		Never	04		
		Did not have any occasional client in the last one month	96		
		Don't know	98		
		No answer	99		

REGULAR MALE CLIENTS					
CLIENTS YOU RECOGNIZE WELL, WHO COME TO YOU REPEATEDLY AND YOU KNOW THEM					
#	Question	Answers	Codes	Skip to	Code Boxes
616	Do you have regular clients?	No	00	▶ 622	<input type="checkbox"/> <input type="checkbox"/>
		Yes	01		
617	In the past one week, how many times did you have sexual intercourse with any of your regular clients ? IF NO, RECORD "00" IF YES, HOW MANY TIMES?	Number of times: _____			<input type="checkbox"/> <input type="checkbox"/>
		Did not have sex with regular client in last one week	00		
618	The last time you had sexual intercourse with a regular client , did he use a condom?	No	00		<input type="checkbox"/> <input type="checkbox"/>
		Yes	01		
		Don't know / Don't remember	98		

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619	<p>How often do your regular clients use condoms with you?</p> <p>READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT</p>	<p>Every time</p> <p>Most of the time</p> <p>Sometimes</p> <p>Never</p> <p>Don't know</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>98</p>	<p>► 621a</p> <p>► 621a</p> <p>► 621a</p> <p>► 621a</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
620	<p>How long have your regular clients been using condoms every time they have sexual intercourse with you?</p> <p>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</p>	<p>a. Days : _____</p> <p>b. Weeks : _____</p> <p>c. Months : _____</p> <p>d. Years : _____</p> <p>Don't know</p> <p>No answer</p>	<p>98</p> <p>99</p>		<p>a. <input type="checkbox"/> <input type="checkbox"/></p> <p>b. <input type="checkbox"/> <input type="checkbox"/></p> <p>c. <input type="checkbox"/> <input type="checkbox"/></p> <p>d. <input type="checkbox"/> <input type="checkbox"/></p>
621 a	<p>In the last one week, how often have you used condoms with your regular clients?</p>	<p>Every time</p> <p>Most of the time</p> <p>Sometimes</p> <p>Never</p> <p>Did not have any regular client in the last week</p> <p>Don't know</p> <p>No answer</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>96</p> <p>98</p> <p>99</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>
621 b	<p>In the last one month, how often have you used condoms with your regular clients?</p>	<p>Every time</p> <p>Most of the time</p> <p>Sometimes</p> <p>Never</p> <p>Did not have any regular client in the last one month</p> <p>Don't know</p> <p>No answer</p>	<p>01</p> <p>02</p> <p>03</p> <p>04</p> <p>96</p> <p>98</p> <p>99</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>

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Occasional and Regular Clients					
These questions are for both types of clients, occasional and regular					
#	Question	Answers	Codes	Skip to	Code Boxes
622	<p>Did you have an instance in the last 30 days where you did NOT use condoms? Why?</p> <p>CIRCLE ALL THAT APPLY</p> <p>DO NOT READ RESPONSES</p>	<p>I always used condoms with all of my clients in the last 30 days</p> <p>Client refused</p> <p>Client paid more for sex without a condom</p> <p>No condom available</p> <p>Was afraid of violence</p> <p>Too embarrassed to ask him to use a condom</p> <p>Do not like using condoms</p> <p>Other (specify)</p> <p>Don't know/Don't remember</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>97</p> <p>98</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> <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> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
623	<p>The last time you used a condom during sexual intercourse with any client, who put the condom on, yourself or the client?</p>	<p>Self</p> <p>Client</p> <p>Never used a condom</p> <p>No answer</p>	<p>00</p> <p>01</p> <p>96</p> <p>99</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>
624	<p>How much did your last client pay to have sex with you?</p>	<p>Amount in Rs. _____</p> <p>Don't Know</p> <p>No answer</p>	<p>98</p> <p>99</p>		<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

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ANAL INTERCOURSE					
#	Question	Answers	Codes	Skip to	Code Boxes
625	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	▶ 627 ▶ 627 ▶ 627	<input type="text"/> <input type="text"/>
626	On average, 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"/>
627	Have you ever had anal intercourse with a client?	No Yes No answer	00 01 99	▶ 701 ▶ 701	<input type="text"/> <input type="text"/>
628.	In the past one week , did you have anal intercourse with any of your clients? IF NO, RECORD "00" IF YES, HOW MANY TIMES?	Number of times :_____ Don't know/Don't remember No answer	 98 99		<input type="text"/> <input type="text"/>
629	The last time you had anal intercourse with a client did he use a condom?	No Yes Don't know / Don't remember No answer	00 01 98 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	► 709 ► 709	<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 _____ Don't know 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"/>
703	What is the age of this partner?	Age in Years _____ – Don't know No answer	 98 99		<input type="text"/> <input type="text"/>
704	During the past one week , how many times did you have sexual intercourse with your main/regular partner?	Number of times _____ None Don't know / Don't remember No answer	 00 98 99		<input type="text"/> <input type="text"/>
705	The last time you had sexual intercourse with your main/regular partner, did he use a condom? DOES NOT NEED TO BE IN LAST ONE WEEK	No Yes Don't know No answer	00 01 98 99		<input type="text"/> <input type="text"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
706.	In general, how often does your main/regular 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	 ▶ 708 ▶ 708 ▶ 708 ▶ 708	<input type="checkbox"/> <input type="checkbox"/>
707.	How long have you and your main/regular partner been using condoms every time you have sexual intercourse? 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 : _____ Don't know No answer	 98 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"/>
708	In the past three months, how often have you used a condom with your main/regular partner?	Every time Most of the times Sometimes Never Don't know No answer	01 02 03 04 98 99		<input type="checkbox"/> <input type="checkbox"/>

Other non-paying male partners					
709.	Have you had any other partners, who did not pay to have sex with you, in the past year other than the main partner we just talked about?	No	00	▶ 715	<input type="checkbox"/> <input type="checkbox"/>
		Yes	01		
		No answer	99	▶ 715	
710.	How many such partners have you had in the past one year ?	# of other non-paying partners _____			<input type="checkbox"/> <input type="checkbox"/>
		Don't know	98		
		No answer	99		

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#	Question	Answers	Codes	Skip to	Code Boxes
711.	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"/>
712.	During the past one week , how many times did you have sexual intercourse with your non-paying casual partner(s)?	Number of times _____ None Don't know / Don't remember No answer	00 98 99		<input type="checkbox"/> <input type="checkbox"/>
713.	In general, how often does your non-paying casual partner(s) 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		<input type="checkbox"/> <input type="checkbox"/>
714	In the past three months, how often have you used a condom with your non-paying casual partner(s)?	Every time Most of the times Sometimes Never Don't know No answer	01 02 03 04 98 99		<input type="checkbox"/> <input type="checkbox"/>

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Now I would like to ask some questions about violence you have faced. I once again assure you that all this information will be kept fully confidential.					
#	Question	Answers	Codes	Skip to	Code Boxes
715	In the last six months, how many times would you say someone has beaten (hurt, hit, slapped, pushed, kicked, punched, choked, burned but not used a weapon) you?	Never	00	▶ 718	<input type="text"/> <input type="text"/>
		Once	01		
		2 – 5 times	02		
		6 – 10 times	03		
		11 or more times	04		
		Don't know/don't remember	98	▶ 718	
		No answer	99	▶ 718	
716	Who did this to you? SELECT ALL THAT APPLY	Stranger	01		<input type="text"/> <input type="text"/>
		Madam or Other broker	02		<input type="text"/> <input type="text"/>
		Other sex worker	03		<input type="text"/> <input type="text"/>
		Paying partner	04		<input type="text"/> <input type="text"/>
		Non-paying regular partner	05		<input type="text"/> <input type="text"/>
		Police	06		<input type="text"/> <input type="text"/>
		Pimp	07		
		Other (specify)	97		
		Don't know/Don't remember	98		
		No answer	99		

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717	Did you tell others about this? Who did you tell? SELECT ALL THAT APPLY	Did not tell anyone	00	<input type="checkbox"/>	<input type="checkbox"/>
		Another sex worker(s)	01	<input type="checkbox"/>	<input type="checkbox"/>
		Friend/Relative/Family member who is not a sex worker	02	<input type="checkbox"/>	<input type="checkbox"/>
		Avahan project office (Interviewer to give name of local Avahan project _____)	03	<input type="checkbox"/>	<input type="checkbox"/>
		A different community based organization (CBO) or NGO	04	<input type="checkbox"/>	<input type="checkbox"/>
		Don't know/Don't remember	98		
		No answer	99		

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718.	In the past one year , were you ever 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="text"/> <input type="text"/>																									
719.	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	<table border="1"> <thead> <tr> <th></th> <th>No</th> <th>Yes</th> <th>No answer</th> </tr> </thead> <tbody> <tr> <td>a. Police</td> <td>00</td> <td>01</td> <td>99</td> </tr> <tr> <td>b. Pimp</td> <td>00</td> <td>01</td> <td>99</td> </tr> <tr> <td>c. Client</td> <td>00</td> <td>01</td> <td>99</td> </tr> <tr> <td>d. Main (regular) non-paying partner</td> <td>00</td> <td>01</td> <td>99</td> </tr> <tr> <td>e. Others _____</td> <td>00</td> <td>01</td> <td>99</td> </tr> </tbody> </table>		No	Yes	No answer	a. Police	00	01	99	b. Pimp	00	01	99	c. Client	00	01	99	d. Main (regular) non-paying partner	00	01	99	e. Others _____	00	01	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"/>
	No	Yes	No answer																											
a. Police	00	01	99																											
b. Pimp	00	01	99																											
c. Client	00	01	99																											
d. Main (regular) non-paying partner	00	01	99																											
e. Others _____	00	01	99																											

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="checkbox"/> <input type="checkbox"/>
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="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"/>
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="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"/>
804	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"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
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"/>
	STOP INTERVIEWER CHECK for Number of symptoms in Q804, Q805 AND Q806 AND MARK	Only one symptom More than one symptom No symptoms	01 02 03	► 808 ► 813	<input type="checkbox"/> <input type="checkbox"/>
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 Don't know/Don't remember No answer	01 02 03 98 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			a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
			98 99		

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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		00		z. <input type="checkbox"/> <input type="checkbox"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
810.	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? DO NOT READ RESPONSES ONLY ONE ANSWER POSSIBLE	Sought advice/medicine from _____ (fill in name of Avahan clinic)	01		<input type="checkbox"/> <input type="checkbox"/>
		Sought advice/medicine from a government clinic or hospital	02		
		Sought advice/medicine from an NGO or charity-run clinic or hospital	03		
		Sought advice/medicine from a private clinic or hospital	04		
		Sought advice/medicine from a private pharmacy	05		
		Sought advice/medicine from non-allopathic doctor	06		
		Took medicine I had at home	07		
		Told my sexual partner about the STI	08		
		Stopped having sex when I had the symptoms	09		
		Used Condoms	10		
		Other : _____	97		
		Don't know	98		

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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 No answer	98 99				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"/> 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"/>
		a. Injection	00	01	98		
		b. Tablets / capsules	00	01	98		
		c. Topical ointment / cream / lotion	00	01	98		
		d. Others	00	01	98		
		e. None	00	01			
813	Do you have any of the following AT PRESENT? READ OUT THE SYMPTOMS RECORD ALL MENTIONED	Answers	No	Yes			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"/>
		a. Burning on urination	00	01			
		b. Foul-smelling vaginal discharge	00	01			
		c. Genital ulcer / sore	00	01			
		d. Swelling in groin area	00	01			
		e. Lower abdominal pain	00	01			
		f. Others: _____	00	01			
814	Do you use antibiotic drugs (injection, tablets or capsules) for preventing STIs?	No Yes Don't know No answer	00 01 98 99			► 901 ► 901 ► 901	<input type="text"/> <input type="text"/>
815	What antibiotic drugs do you use?	Specify a. _____ b. _____ c. _____ d. _____ Don't know 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"/>

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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="text"/> <input type="text"/>
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="text"/> <input type="text"/>
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="text"/> <input type="text"/>

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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. Take medicine/traditional herbal mixture before having sexual relations	01	02	00	98	a. <input type="checkbox"/> <input type="checkbox"/>
b. Always use a condom while engaging in sex	01	02	00	98	b. <input type="checkbox"/> <input type="checkbox"/>
c. Avoid the use of shared injection needles	01	02	00	98	c. <input type="checkbox"/> <input type="checkbox"/>
d. Avoid getting mosquito or other insect bites	01	02	00	98	d. <input type="checkbox"/> <input type="checkbox"/>
e. Don't use shared clothes or eating utensils	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"/>
g. Others	01	02	00	98	z. <input type="checkbox"/> <input type="checkbox"/>

****After completion of Q904, the interviewer should inform the respondent of the correct responses, but do NOT change answers above****

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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 Don't know No answer	00 01 98 99		<input type="text"/> <input type="text"/>
906.	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="text"/> <input type="text"/>
907	Have you ever taken an HIV/ AIDS test?	No Yes No answer	00 01 99	► 911 ► 911	<input type="text"/> <input type="text"/>
908.	Did you take the test voluntarily? 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).	No Yes Don't know No answer	00 01 98 99		<input type="text"/> <input type="text"/>
909.	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"/>
910.	When did you last take an HIV/ AIDS test?	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"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
911.	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="checkbox"/> <input type="checkbox"/>
912	Have you ever heard of ART (Anti retroviral therapy)?	No Yes Dont know No answer	00 01 98 99	► 1001 ► 1001 ► 1001	<input type="checkbox"/> <input type="checkbox"/>
913	Do you know anyone who is currently taking ART? MULTIPLE RESPONSES POSSIBLE INTERVIEWER TO PROBE AND RECORD ALL RESPONSES	None Self Spouse Friend Regular client Other (Specify)____ No answer	00 01 02 03 04 97 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"/>
914	Do you know where one can get ART treatment? MULTIPLE RESPONSES POSSIBLE INTERVIEWER TO PROBE AND RECORD ALL RESPONSES	Government hospital Private hospital/ clinic NGO Other _____ (SPECIFY) Dont know No answer	01 02 03 97 98 99		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
915	Do you think having ART will make other people to be less careful about their sexual 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 . EXPOSURE TO INTERVENTION					
#	Question	Answers	Codes	Skip to	Code Boxes
1001	<p>Now I would like to ask you a few questions regarding the HIV prevention program in _____(NAME of district).). I assure you of the confidentiality of the information provided. Please let me know if you do not want to answer any of these questions.</p> <p>Are you aware of any NGO's working with the prevention of HIV/AIDS among sex workers in _____ (NAME of district)?</p>	<p>No</p> <p>Yes</p>	<p>00</p> <p>01</p>	<p>► 1003</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
1002	<p>When was the first time you received any service from these NGOs?</p> <p>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</p>	<p>a. Days _____</p> <p>b. Weeks _____</p> <p>c. Months _____</p> <p>d. Years _____</p> <p>Never</p> <p>Don't know</p> <p>No answer</p>	<p>95</p> <p>98</p> <p>99</p>		<p>a. <input type="checkbox"/> <input type="checkbox"/></p> <p>b. <input type="checkbox"/> <input type="checkbox"/></p> <p>c. <input type="checkbox"/> <input type="checkbox"/></p> <p>d. <input type="checkbox"/> <input type="checkbox"/></p>

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#	Question	Answers	Codes	Skip to	Code Boxes
1003	Are you aware of the _____ (AVAHAN NGO Name) working with the prevention of HIV/AIDS among sex workers in _____ (NAME of district)? (Interviewer to show logo of NGO/Program to confirm)	No Yes	00 01	► 1026	<input type="checkbox"/> <input type="checkbox"/>
1004	Have you ever been contacted by peers/staff of _____ (NAME of Avahan NGO)?	No Yes	00 01	► 1007	<input type="checkbox"/> <input type="checkbox"/>
1005	How long ago was the first time you were contacted by peers/staff from _____ (NAME of Avahan NGO)? 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 _____ Don't know No answer	 98 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"/>
1006	How many times in the past one month were you contacted in the field by a peer/worker from _____ (NAME of Avahan NGO) to give you information?	Number of times _____ Don't know	 98		<input type="checkbox"/> <input type="checkbox"/>
1007	Are you registered with the _____ (NAME of Avahan NGO) or given a registration number?	No Yes	00 01		<input type="checkbox"/> <input type="checkbox"/>
1008	Have you been given condoms by a peer worker from (NAME of Avahan NGO)?	No Yes	00 01	► 1011	<input type="checkbox"/> <input type="checkbox"/>

FSW Questionnaire (Round II) FINAL, 09 March 2009

#	Question	Answers	Codes	Skip to	Code Boxes
1009	How often are you given condoms by a peer/worker from _____(NAME of Avahan NGO)?	Every day More than once a week Once a week Fortnightly Once a month Other (specify) Don't know	01 02 03 04 05 97 98		<input type="text"/> <input type="text"/>
1010	How many condoms were you given the last (most recent) time you were given them by a peer/worker from _____ (NAME of Avahan NGO)?	Number of condoms ____ Don't know	98		<input type="text"/> <input type="text"/>
1011	Have you ever seen a demonstration on correct condom use by a peer educator/outreach worker from _____(NAME of Avahan NGO)?	No Yes	00 01	► 1013	<input type="text"/> <input type="text"/>
1012	Have you seen a demonstration on correct condom use by a peer educator/outreach worker from _____(NAME of Avahan NGO) in the past one month ?	No Yes Don't know	00 01 98		<input type="text"/> <input type="text"/>
1013	Have you ever visited the clinic(s) run by _____(NAME of Avahan NGO)?	No Yes	00 01	► 1020	<input type="text"/> <input type="text"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
1014	For how long have you known about the clinics run by (NAME of Avahan NGO)? 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 _____ _____ Don't know 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"/>
1015	How many times have you visited this clinic (these clinics) to see the doctor in the last six months OR since you first knew about the clinic (if LESS THAN SIX MONTHS)?	Number of times _____ Don't know	98		<input type="text"/> <input type="text"/>
1016	How many times have you visited the AVAHAN clinic(s) for problems like abnormal/white vaginal discharge or genital ulcers or lower abdominal pain in the last six months OR since you first knew about it? (if LESS than six months)?	Number of times Don't know	98		<input type="text"/> <input type="text"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
1017	Have you received this package with 4 tablets (show Avahan packet for presumptive, asymptomatic treatment) in the last six months OR since you first knew about it (if LESS than six months)?	No Yes	00 01	► 1019	<input type="checkbox"/> <input type="checkbox"/>
1018	How many times you have received this treatment (show Avahan packet for presumptive, asymptomatic treatment) in the last six months OR since you first knew about it (if LESS than six months)?	Number of times _____ Don't know	98		<input type="checkbox"/> <input type="checkbox"/>
1019	Have you ever been tested for syphilis in this clinic (AVAHAN CLINIC)?	No Yes Don't know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
1020	Have you visited the drop-in center run by _____(NAME of Avahan NGO)?	No Yes Don't know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
1021	Have you attended meetings organized by _____(NAME of Avahan NGO)?	No Yes Don't know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
1022	Are you a member of a self-help group formed with the help of _____(NAME of Avahan NGO)?	No Yes Don't know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
1023	Are you a peer worker/peer educator of _____(NAME of Avahan NGO)?	No Yes Don't know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
1024	Are you a paid worker of _____(NAME of Avahan NGO)?	No Yes Don't know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
1025	Are you an unpaid volunteer for _____(NAME of Avahan NGO)?	No Yes Don't know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>

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#	Question	Answers	Codes	Skip to	Code Boxes
1026	Apart from _____(NAME of Avahan NGO), do you know any NGO working for the prevention of HIV/AIDS in sex workers in _____(NAME of the district)?	No Yes Don't know No answer	00 01 98 99	► 1031 ► 1031 ► 1031	<input type="text"/> <input type="text"/>
1027	What are the names of these NGOs?	Name _____ Name _____ Name _____ Don't Know No answer	 98 99	 ► 1028	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	CHECK Q1027 and verify if the NGO is an Avahan or Non-Avahan NGO. Names of Avahan NGO's: If Avahan NGO mentioned, ensure that Q1003 to Q1025 have been answered by respondent	Avahan Non Avahan	01 02	► 1031	<input type="text"/> <input type="text"/>
1028	For how long have you known this (these) NGO's (marked in Q1027)? 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 _____ Don't know 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"/>

FSW Questionnaire (Round II) FINAL, 09 March 2009

#	Question	Answers		Codes	Skip to	Code Boxes
1029	Have you received any type of services from this/these NGOs (NGO marked in Q1027) during the last six months OR since you first knew about it? (if LESS than six months)	No		00	► 1031	<input type="checkbox"/> <input type="checkbox"/>
		Yes		01		
		No answer		99	► 1031	
1030	What are the services that you received from this/these NGO (s)/programmes in the last six months OR since you first knew about it (IF LESS than six months)? DO NOT READ RESPONSE CATEGORIES. RECORD ALL RESPONSES	Answers	No	Yes		
		a. Condoms	00	01		a. <input type="checkbox"/> <input type="checkbox"/>
		b. HIV Education/counseling	00	01		b. <input type="checkbox"/> <input type="checkbox"/>
		c. Health check up	00	01		c. <input type="checkbox"/> <input type="checkbox"/>
		d. Free medicine for STIs	00	01		d. <input type="checkbox"/> <input type="checkbox"/>
		e. Free medicine for general health problems	00	01		e. <input type="checkbox"/> <input type="checkbox"/>
		f. Membership in self help group	00	01		f. <input type="checkbox"/> <input type="checkbox"/>
		g. Trainings/Meetings	00	01		g. <input type="checkbox"/> <input type="checkbox"/>
		h. Other (specify)	00	01		h. <input type="checkbox"/> <input type="checkbox"/>
		i. No answer		99		<input type="checkbox"/> <input type="checkbox"/>

FSW Questionnaire (Round II) FINAL, 09 March 2009

#	Question	Answers	Codes	Skip to	Code Boxes
1031	Are you currently taking any form of medication? If so what?	No Name of medicine Don't know/Don't remember	00 98		<input type="text"/> <input type="text"/>
1032	Have you ever been tested for TB in the (NAME of AVAHAN Clinic) or elsewhere?	No Yes, in the Avahan clinic Yes in other clinics Don't know/Don't remember	00 01 02 98		<input type="text"/> <input type="text"/>
1033	Are you a member of any sex worker collective?	No Yes Don't know No answer	00 01 98 99	► 1037 ► 1037 ► 1037	<input type="text"/> <input type="text"/>
1034	What is the name of the collective?	Name _____ Don't know	 98		<input type="text"/> <input type="text"/>
1035	How long have you been a member of this collective? 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 _____ Don't know 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"/>

FSW Questionnaire (Round II) FINAL, 09 March 2009

1036	What kind of services do you get from this sex worker collective? Read responses Multiple responses possible	Answers	No	Yes	Don't remember	a.	<input type="checkbox"/>	<input type="checkbox"/>
		a. Not availed any services	00	01	98	b.	<input type="checkbox"/>	<input type="checkbox"/>
		b. Condoms	00	01	98	c.	<input type="checkbox"/>	<input type="checkbox"/>
		c. HIV education	00	01	98	d.	<input type="checkbox"/>	<input type="checkbox"/>
		d. Health check up	00	01	98	e.	<input type="checkbox"/>	<input type="checkbox"/>
		e. Free medicines for STI	00	01	98	f.	<input type="checkbox"/>	<input type="checkbox"/>
		f. Free medicine for general health problems	00	01	98	g.	<input type="checkbox"/>	<input type="checkbox"/>
		g. Membership in SHG	00	01	98	h.	<input type="checkbox"/>	<input type="checkbox"/>
		h. Trainings / meetings	00	01	98	i.	<input type="checkbox"/>	<input type="checkbox"/>
		i. Referral to VCCTC	00	01	98	j.	<input type="checkbox"/>	<input type="checkbox"/>
		j. Others (Specify)____ —	00	01				

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#	Question	Answers	Codes	Skip to	Code Boxes
1037	Do you presently use any method of contraception, and if so what?	No method	00		<input type="checkbox"/> <input type="checkbox"/>
		Condoms	01		
		Birth control pills	02		
		IUD/Copper T	03		
		Injections	04		
		Female Sterilization	05		
		Other (Specify)	97		
		Don't know No answer	98 99		
1038	Have you received----- this in the last 45 days?(show unique object distributed)	No	00		<input type="checkbox"/> <input type="checkbox"/>
		Yes	01		
		Don't know	98		

BLOCK XI. COMMUNITY MOBILIZATION					
#	Question	Answers	Codes	Skip to	Code Boxes
1101	Do you agree or disagree with the following statement: I feel a strong sense of unity with sex workers that I do not know	Agree Disagree No answer	01 02 99		<input type="checkbox"/> <input type="checkbox"/>
1102	Are you a member of a community group (self-help group or community based organization)? A community group is a formal group comprised of and managed by members of the community. They meet at least once a month.	No Yes Don't know/Don't remember No answer	00 01 98 99	► 1104 ► 1105 ► 1105	<input type="checkbox"/> <input type="checkbox"/>
1103	Why did you join this group? DO NOT READ RESPONSES CIRCLE ALL THAT ARE MENTIONED	The group provides useful services for my community NGO requested me to My other friends were a part of it Other (specify) No answer	01 02 03 97 99	► 1105 ► 1105 ► 1105 ► 1105 ► 1105	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1104	Why are you not a member of a community group? DO NOT READ RESPONSES CIRCLE ALL THAT ARE MENTIONED	Don't know of a group Scared to join Don't understand the advantages/benefits of joining No time Not interested Other (specify) No answer	01 02 03 04 05 97 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"/>

FSW Questionnaire (Round II) FINAL, 09 March 2009

#	Question	Answers	Codes	Skip to	Code Boxes	
1105	In the last one year, have you negotiated with or stood up against the following in order to help a fellow sex worker? READ ALL RESPONSES CIRCLE ALL THAT ARE MENTIONED	Answers	No	Yes	Don't remember	a. <input type="checkbox"/> <input type="checkbox"/>
		a. Police	00	01	98	b. <input type="checkbox"/> <input type="checkbox"/>
		b. Madam/Brokers	00	01	98	c. <input type="checkbox"/> <input type="checkbox"/>
		c. Neighbors, landlords, and/or local political leaders.	00	01	98	d. <input type="checkbox"/> <input type="checkbox"/>
		d. Other sex workers	00	01	98	
1106	In the last 6 months, have you attended any public events (such as a rally or a gathering of sex workers) where you could be identified as a sex worker?	No		00		<input type="checkbox"/> <input type="checkbox"/>
		Yes		01		
		Don't know/Don't remember		98		
		No answer		99		
1107	Have you ever been arrested?	No		00	► 1109	<input type="checkbox"/> <input type="checkbox"/>
		Yes		01		
		Don't know/Don't remember		98	► 1109	
		No answer		99	► 1109	
1107 a	How long ago were you last arrested?	Less than a year ago		01		<input type="checkbox"/> <input type="checkbox"/>
		More than a year ago		02		
		Don't know		98		
		No answer		99		
1107 b	What were the reasons for your arrest last time? DO NOT READ RESPONSES CIRCLE ALL THAT ARE MENTIONED	Soliciting clients on a public site		01		<input type="checkbox"/> <input type="checkbox"/>
		Carrying a condom		02		<input type="checkbox"/> <input type="checkbox"/>
		In routine police raid		03		<input type="checkbox"/> <input type="checkbox"/>
		Other (Specify)		97		
		Don't know/Don't remember		98		
		No answer		99		

FSW Questionnaire (Round II) FINAL, 09 March 2009

#	Question	Answers	Codes	Skip to	Code Boxes
1108	In general, when you have been arrested do any other sex worker help you?	Never Rarely Sometimes Usually Always Don't need help/Not a problem for me Don't know No answer	00 01 02 03 04 05 98 99		<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>
1109	At any time in the past 6 months, have you stopped carrying condoms with you because you were afraid the police would identify you as a sex worker?	No Yes Don't know/don't remember No answer	00 01 98 99		<div style="text-align: center;"> <input type="text"/> <input type="text"/> </div>

INSTRUCTIONS FOR INTERVIEWER

1. Carefully review the completeness of the contents of the questionnaire/respondents answers.
2. Clarify any doubts or questions the respondent has on HIV/AIDS.
3. 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.
4. Interviewer to fill in his/her name at the bottom of the card
5. 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.
6. Return the questionnaire to the supervisor.

INSTRUCTIONS FOR SUPERVISOR

1. The supervisor should give the respondent information on HIV/AIDS, health facilities and VCTC clinics if she does not want to meet the doctor.
2. The supervisor should check the questionnaire and fill in Q111, Q112, Q113, Q115 and Q201.

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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
- 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

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