

Questionnaire ID

District group respondent #

SEED Wave No. 1 2 3 4 5 6 7 8 9 10 11 12 13

RDS Coupon Number:

Integrated Behavioral and Biological Assessment (IBBA) 2009

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 unless instructed otherwise.
2. Investigators will fill up Q101, Q102, Q103 and Q104 in Block No. I. 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 and in consultation with Phlebotomist (for collection of biological specimen) or with Coupon Manager.
3. The supervisors will fill up Q105 and Q106 in Block No. 1 and the entire Block No.II.
4. The first two boxes on the left hand side in the 'RDS Coupon Numbers' (on top left) are allotted for two digit-number of the seeds. Always start from the first box on the left hand side. Say, (for example) if the seed number is '3' write '03' in the first two boxes. Recruitments upto 13 waves can be filled in here. These 13 boxes will have the subsequent recruitment numbers in the recruitment waves (1or 2 or 3 depending on the number of recruitment coupons are given to a recruiter in a given wave). When the coupon number is written for waves below 13, please leave the extra boxes on the right hand side blank.

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BLOCK I. INTERVIEW INFORMATION AND CONSENT STATUS					
#	Question	Answers	Codes	Skip to	Code Boxes
101	Name and code number of Interviewer	Name _____			<input type="text"/> <input type="text"/>
102	Date of interview	Date _____	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/>
103	Did you participate in IBBA round one conducted in the year 2006? Instruction: Please mention when IBBA round I was conducted and where the RDS centres were set up in the State	No Yes Don't know / Don't remember	00 01 98		<input type="text"/> <input type="text"/>
104	Completion Status	Completed (Both behavioural & Biological) Did not complete interview Completed interview but did not give urine or blood or both	1 2 3		<input type="text"/>
105	Supervision work and checks done by the supervisor	a. The questionnaire ID was checked b. The entire questionnaire was checked for consistency and errors	No	Yes	a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/>
			00	01	
			00	01	
106	These responses for questionnaire have been scrutinized for completeness and consistency by:				
	Names of supervisor _____	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		
	a. Code of Supervisor <input type="text"/> <input type="text"/>				

BLOCK II. IDENTIFICATION (To be filled by the supervisor)					
#	Question	Answers	Codes	Skip to	Code Boxes
201	Group	Injecting Drug User	10		<input type="text"/> <input type="text"/>
202	Name of State	Maharashtra Manipur Nagaland	2 3 4		<input type="text"/>
203	Name of District	Mumbai & Thane Bishnupur Churachandpur Phek Wokha	27 31 32 42 43		<input type="text"/> <input type="text"/>
204	Name of the RDS centre	Name _____			<input type="text"/> <input type="text"/>

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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?	Can not read or write 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	95		<input type="text"/> <input type="text"/>
305	What is your main occupation? DO NOT READ RESPONSES CIRCLE ONLY ONE RESPONSE	Unemployed Students Wage labourer / vendor/ handcart puller Farming & other traditional occupation Salaried & professional Trade/business/shop owner Driver/ Transport worker Drug dealer Scrap/Garbage collection/ Rag picking Beggar Petty crime Other(Specify) _____ No answer	01 02 03 04 05 06 07 08 09 10 11 97 99		<input type="text"/> <input type="text"/>
306	What is your marital status? Would you say you are: (Read out responses and circle one correct answer)	Currently married (has a spouse) Ever married (but presently, a widower or separated / divorced) Never married No answer	01 02 03 99		<input type="text"/> <input type="text"/>
307	Do you currently live with a steady sexual partner/spouse?	No Yes No answer	00 01 99	▶ 309	<input type="text"/> <input type="text"/>
308	Do you have any steady sexual partner who you don't live with?	No Yes No answer	00 01 99		<input type="text"/> <input type="text"/>
309	Where do you sleep at night? Do not read out answers. Circle one appropriate answer	At home where other family members live In hostel/labor camps/mess away from home Has no place to live; sleep in open / street side / in other public places Other (Specify) _____ No answer	01 02 03 97 99		<input type="text"/> <input type="text"/>

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BLOCK IV. INJECTION PRACTICES					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
401	How long have you been injecting drugs for non-medical purpose? If respondent gives answer in 'years', convert such responses into 'months'	Number of months _____ Don't remember No answer	998 999		<input type="text"/> <input type="text"/> <input type="text"/>
402	Before first injecting drug, did you ever use drugs through any non-injecting mode (oral, chasing, smoking, sniffing etc.)?	No Yes No answer	00 01 99	▶ 404 ▶ 404	<input type="text"/> <input type="text"/>
403	Before first injecting drugs, how long did you take drugs through any non-injecting mode? If respondent gives answer in 'years', convert such responses into 'months'	Number of months _____ Don't remember No answer (if less than 1 month, code '000')	998 999		<input type="text"/> <input type="text"/> <input type="text"/>
404	Since the time you have been injecting drugs, did you also take drugs through any non-injecting mode?	No Yes No answer	00 01 99	▶ 406 ▶ 406	<input type="text"/> <input type="text"/>
405	How often have you taken drugs through non-injecting mode in the past one month ? Circle one	Never in the past one month Only once in the past one month 2-3 times in the past one month 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 / don't remember No answer	01 02 03 04 05 06 07 08 09 98 99		<input type="text"/> <input type="text"/>
406	A. Before you first injected drugs, which drug / addictive substances did you most often take through non-injecting mode? B. After you have started injecting drugs, which drug/addictive substances did you most often take through non-injecting mode? ♦ If answer in 402 is '00' or '99', put '96' in Q406A ♦ if answer in 404 is '00' or '99', put '96' in Q406B	Heroin/drugs containing heroin Cocaine Methadone (Meth) Buprenorphine Not applicable A. Other (Specify) _____ B. Other (Specify) _____ No answer	Q406A 01 02 03 04 96 97 99	Q406B 01 02 03 04 96 97 99	A. <input type="text"/> <input type="text"/> B. <input type="text"/> <input type="text"/>
407	A. Which drug did you most often inject over the last 12 months? B. Which drug did you inject at the last injection? Probe referring to colloquial / locally known names of the drugs	Heroin/substances containing heroin Spasmoproxicon Pethidine Tidijesic Fortwin and morphine Nitrazipum/diazepum Avil A. Other (specify) _____ B. Other (Specify) _____ Don't know No answer	Q407A 01 02 03 04 05 06 07 97 98 99	Q407B 01 02 03 04 05 06 07 97 98 99	A. <input type="text"/> <input type="text"/> B. <input type="text"/> <input type="text"/>

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#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
408	Where did you most often inject drugs in the last 12 months ? Allow respondent to give a spontaneous answer. Read out options only when the respondent requires assistance.	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/college Other open spaces / Jungle Other (Specify) _____ Don't remember No answer	01 02 03 04 05 06 07 08 09 10 11 97 98 99		<input type="checkbox"/> <input type="checkbox"/>
409	How often in the past one year did you share needle/syringe or drug solutions or other injecting equipments while injecting in group(s) of other injectors? Do not read answers, circle one	Every time I injected Most times Some times Rarely Never No answer	01 02 03 04 05 99	► 411 ► 411	<input type="checkbox"/> <input type="checkbox"/>
410	What has been the main reason for you to inject in a sharing group? Allow the respondent to give spontaneous answer. Probe. Write the answer verbatim and then match it with the options.	Not having drugs Not having a needle & syringe Not having other injecting equipments Bought drugs from pooled funds For getting injected by experienced injectors Scared of being overdosed if injected alone Opportunity to socialise with friends Opportunity to have sex after injection Other (Specify) _____ No answer	01 02 03 04 05 06 07 08 97 99		<input type="checkbox"/> <input type="checkbox"/>
411	How often have you injected drugs in the past one month ? Circle one	Never in the past one month Only once in the past one month 2-3 times in the past one month 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 / don't remember No answer	01 02 03 04 05 06 07 08 09 98 99	► 414	<input type="checkbox"/> <input type="checkbox"/>
412	How many different injectors have you shared your needle/syringe with in the past one month?	# of injectors in past 1 month _____ Don't remember No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>
413	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"/>

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BLOCK IV. INJECTION PRACTICES (continued ...)							
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes		
414	How many different injectors have you shared your needle/syringe with in the past three months?	# of injectors in the past 3 months _____ Don't remember No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>		
415	In the past three months, 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"/>		
416	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"/>		
417	A. How many injectors did you share needle & syringe with at the last incidence of injecting drugs ? B. Out of the last 5 injecting occasions , in how many occasions did you take needle & syringe from other injectors after they injected with it?	A. # of persons _____ B. # of occasions did receptive sharing in the last 5 injecting occasions _____ Don't remember No answer	98 99		A. <input type="checkbox"/> <input type="checkbox"/> B. <input type="checkbox"/> <input type="checkbox"/>		
418	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	No	Yes	Don't know	No Answer	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"/>
		a. Injected from a pre-filled syringe	00	01	98	99	
		b. Drew up drug solution from a common container	00	01	98	99	
		c. Passed on the needle/syringe to others after you injected with it	00	01	98	99	
		d. Took needle/syringe from others after they injected with it	00	01	98	99	
		e. Injected with needle/ syringe that was used only by you and no one else ever used it	00	01	98	99	
		f. Injected with a completely fresh brand new needle/syringe that no one else or you used earlier	00	01	98	99	
		g. Shared any other injecting equipments (cotton, cleaning agent, dropper, cooker/vial)	00	01	98	99	
		h. Other (specify) _____	00	01			

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BLOCK IV. INJECTION PRACTICES (continued ...)					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
419	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	► 421 ► 421 ► 421 ► 421 ► 421 ► 421 ► 421	<input type="checkbox"/> <input type="checkbox"/>
420	Since when you have stopped using pre-filled syringes? Convert responses given in "Years" into "Months"	# (months) _____ Less than 1 month Don't remember No answer	00 98 99		<input type="checkbox"/> <input type="checkbox"/>
421	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	► 423 ► 423 ► 423 ► 423 ► 423 ► 423 ► 423	<input type="checkbox"/> <input type="checkbox"/>
422	Since when have you stopped drawing drug solutions from a common container? Convert responses given in "Years" into "Months"	# (months) _____ Less than 1 month Don't remember No answer	00 98 99		<input type="checkbox"/> <input type="checkbox"/>
423	In general, how often do you share common injecting equipments like vial/cooker, dropper, cotton etc ? READ ALL RESPONSES AND CIRCLE THE ONE SELECTED BY RESPONDENT	Every time Most of the time Sometimes Never Used to, but stopped now Don't know No answer	01 02 03 04 05 98 99	► 425 ► 425 ► 425 ► 425 ► 425 ► 425 ► 425	<input type="checkbox"/> <input type="checkbox"/>
424	Since when have you stopped using common injecting equipments? Convert responses given in "Years" into "Months"	# (months) _____ Less than 1 month Don't remember No answer	00 98 99		<input type="checkbox"/> <input type="checkbox"/>
425	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	► 427 ► 427 ► 427 ► 427 ► 427 ► 427 ► 427	<input type="checkbox"/> <input type="checkbox"/>

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#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
426	Since when have you stopped using needle and syringe previously used by someone else? Convert responses given in "Years" into "Months"	# (months) _____ Less than 1 month Don't remember No answer	00 98 99		<input type="checkbox"/> <input type="checkbox"/>
427	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	▶ 429 ▶ 429 ▶ 429 ▶ 429 ▶ 429	<input type="checkbox"/> <input type="checkbox"/>
428	Since when you have been injecting with used needles/syringes which are previously used exclusively by you? Convert responses given in "Years" into "Months"	# (months) _____ Less than 1 month Don't remember No answer	00 98 99		<input type="checkbox"/> <input type="checkbox"/>
429	How many times do you usually use the same needle/syringe before you dispose it of ?	Number of times _____ Don't know/ don't remember No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>
430	The last time you used a needle/syringe that someone else or you used earlier, did you attempt to clean before reusing it? <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>	No Yes Not applicable*(used brand new N/S every time in the past six months) Don't know No answer	00 01 96 98 99		<input type="checkbox"/> <input type="checkbox"/>
431	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 No answer	01 02 03 04 99	▶ 433 ▶ 433 ▶ 434 ▶ 434	<input type="checkbox"/> <input type="checkbox"/>
432	Since when you have been cleaning used needles/syringes everytime? Convert responses given in "Years" into "Months"	# (months) _____ Less than 1 month Don't remember No answer	00 98 99		<input type="checkbox"/> <input type="checkbox"/>
433	What cleaning agent do you most commonly use to clean needle/syringes before reuse? Do not read responses, circle one	Cold water Warm water Saliva Spirit Bleach Antiseptic solutions Cotton swab Other (Specify) _____ Don't Know No answer	01 02 03 04 05 06 07 97 98 99		<input type="checkbox"/> <input type="checkbox"/>

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#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
434	A. How many brand new needle & syringe did you procure/purchase in the past one month? B. How many of them did you use for injecting yourself? C. How many needle & syringe did you dispose off in the past 1 month?	A. # new N/S procured/purchased _____ B. # new N/S used by self _____ C. # N/S disposed off in past 1 month ____ Don't remember 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"/>
435	How did you dispose off your needle & syringe last time? 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 Buried it Burnt it Threw it in dustbin Others (Specify) _____ Don't know/ don't remember No answer	01 02 03 04 05 06 97 98 99		<input type="checkbox"/> <input type="checkbox"/>
436	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 97 98 99		<input type="checkbox"/> <input type="checkbox"/>
437	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="checkbox"/> <input type="checkbox"/>
438	Have you had any treatment for drug use in the last 12 months?	No Yes No answer	00 01 99	► 440 ► 440	<input type="checkbox"/> <input type="checkbox"/>
439	What are the different treatments you received in the past 12 months?	Responses a. Treatment for abscess b. Treatment for overdose c. Drug substitution d. Counseling e. Detox f. Other _____ (specify)	No 00 00 00 00 00 00 Yes 01 01 01 01 01 01 No Answer 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"/>
440	Have you been vaccinated against Hepatitis B?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>

Now I would like to ask some questions about your sexual practices.					
BLOCK V. SEXUAL HISTORY – FEMALE SEXUAL PARTNERS					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
501	Have you ever had sexual intercourse with a woman? BY SEXUAL INTERCOURSE WITH WOMAN I MEAN VAGINAL or ANAL SEX	No Yes No answer	00 01 99	▶ 601 ▶ 601	<input type="checkbox"/> <input type="checkbox"/>
502	How old were you when you first had sexual intercourse with any female sexual partner?	AGE IN COMPLETED YEARS _____ Don't know No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>
503	How many total numbers of women did you have sex with in the past 12 months?	Number of women _____ None Don't remember No answer	00 98 99	▶ 505 ▶ 505 ▶ 505	<input type="checkbox"/> <input type="checkbox"/>
504	How many of these female sexual partners 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 (whom you have paid in cash to have sex with)					
505	Have you ever paid to have intercourse with a female sex worker?	No Yes No answer	00 01 99	▶ 514 ▶ 514	<input type="checkbox"/> <input type="checkbox"/>
506	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"/>
507	Have you paid to have sexual intercourse with a female sex worker in the past one year?	No Yes No answer	00 01 99	▶ 514 ▶ 514	<input type="checkbox"/> <input type="checkbox"/>
508	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"/>
509	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 Dance bar Brothel Hotel/Lodge Highways Home Other _____(SPECIFY) No answer	01 02 03 04 05 06 07 08 97 99		<input type="checkbox"/> <input type="checkbox"/>

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A. Paid female sex partner (Continued...)					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
510	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="checkbox"/> <input type="checkbox"/>
511	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="checkbox"/> <input type="checkbox"/>
512	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	► 514 ► 514 ► 514 ► 514	<input type="checkbox"/> <input type="checkbox"/>
513	How long have you been using condoms every time you have sexual intercourse with a female sex worker? Convert responses given in "Years" into "Months"	# (months) _____ Less than 1 month Don't remember No answer	00 98 99		<input type="checkbox"/> <input type="checkbox"/>
514	Did you ever have sexual intercourse with female sex workers in exchange for drugs?	No Yes No answer	00 01 99	► 516 ► 516	<input type="checkbox"/> <input type="checkbox"/>
515	In the past six months, how many such female sex workers did you have sex with who you gave drugs instead of paying in cash?	_____ Number of FSWs Don't know No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>
B. Non-paid Regular Female Partner					
(Spouse or girlfriend with whom you have a steady relationship)					
516	Do you have a main (steady) female sexual partner/spouse/?	No Yes No answer	00 01 99	► 525 ► 525	<input type="checkbox"/> <input type="checkbox"/>
517	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="checkbox"/> <input type="checkbox"/>
518	What is this partner's age?	Age in completed years _____ Don't know No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>

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B. Non-paid female partner (Continued...)					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
519	Do you and this partner live together?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
520	During the last one week , how many times did you have sexual intercourse with this partner?	Number of times in past 1 week..... No answer	99		<input type="checkbox"/> <input type="checkbox"/>
520A	During the last one month , how many times did you have sexual intercourse with this partner? Instruction: If 'number of times' mentioned is '0' in Q520A, ask Q521	Number of times in past 1 month..... (If number of times is not zero , skip to Q521) No answer	99	▶ 522	<input type="checkbox"/> <input type="checkbox"/>
521	Have you had sexual intercourse with this partner in the past one year?	No Yes No answer	00 01 99	▶ 525 ▶ 525	<input type="checkbox"/> <input type="checkbox"/>
522	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"/>
523	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	▶ 525 ▶ 525 ▶ 525 ▶ 525	<input type="checkbox"/> <input type="checkbox"/>
524	How long have you been using condoms every time you have sexual intercourse with this partner? Convert responses given in "Years" into "Months"	# (months) _____ Less than 1 month Don't remember No answer	00 98 99		<input type="checkbox"/> <input type="checkbox"/>

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C. Other non-paid female partners					
(Other casual female partners who are not your spouse or girlfriend and you did not pay to have sex with them)					
525	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	▶ 601 ▶ 601	<input type="checkbox"/> <input type="checkbox"/>
526	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"/>
527	The last time you had sexual intercourse with any of these partners, did you use a condom?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
528	In general, how often do you use condom when you have sexual intercourse with any of these non-paid casual sex 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	▶ 601 ▶ 601 ▶ 601 ▶ 601	<input type="checkbox"/> <input type="checkbox"/>
529	How long have you been using condoms every time you have sexual intercourse with any of these partners? Convert responses given in "Years" into "Months"	# (months) _____ Less than 1 month Don't remember No answer	 00 98 99		<input type="checkbox"/> <input type="checkbox"/>

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VI. SEXUAL HISTORY - MALE SEXUAL PARTNERS**					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
601	Have you ever had sex with a man? ('sex' means manual, oral or anal sex)	No Yes No answer	00 01 99	▶ 701 ▶ 701	<input type="checkbox"/> <input type="checkbox"/>
602	Have you had anal intercourse with a man in the past one year?	No Yes No answer	00 01 99	▶ 701 ▶ 701	<input type="checkbox"/> <input type="checkbox"/>
603	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					
604	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	▶ 612 ▶ 612	<input type="checkbox"/> <input type="checkbox"/>
605	Have you paid to have anal intercourse with a male in the past year ?	No Yes No answer	00 01 99	▶ 612 ▶ 612	<input type="checkbox"/> <input type="checkbox"/>
606	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 / don't remember No answer	 98 99	 	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
607	How many times did you pay for anal intercourse with a man in the past one month ?	Number of times _____ Don't know / don't remember No answer	 98 99	If "0" ▶ 609 ▶ 609 ▶ 609	<input type="checkbox"/> <input type="checkbox"/>
608	How many of those times was a condom NOT used?	Number of times _____ Don't know / don't remember No answer	 98 99	 	<input type="checkbox"/> <input type="checkbox"/>
609	Was a condom used the last time you paid to have anal intercourse with a male?	No Yes Don't know / don't remember No answer	00 01 98 99	 	<input type="checkbox"/> <input type="checkbox"/>

**** Note: In Mumbai / Thane of Maharashtra we can also add 'Hijra' along with 'Male'. In North-eastern States, the term 'Hijra' is very sensitive and should be avoided.**

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D. Paid male partners (Continued...)					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
610	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	► 612 ► 612 ► 612 ► 612	<input type="checkbox"/> <input type="checkbox"/>
611	How long have you been using condoms every time you have anal intercourse with any of these partners? Convert responses given in "Years" into "Months"	# (months) _____ Less than 1 month Don't remember No answer	00 98 99		<input type="checkbox"/> <input type="checkbox"/>
612	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	► 614 ► 614	<input type="checkbox"/> <input type="checkbox"/>
613	How many such male sex workers did you have anal sex with in the past six months who you did not pay in cash but 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					
614	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	► 620 ► 620	<input type="checkbox"/> <input type="checkbox"/>
615	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"/>
616	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		<input type="checkbox"/> <input type="checkbox"/>
617	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"/>

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E. Sold sex to men for money or drugs					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
618	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	▶ 620 ▶ 620 ▶ 620 ▶ 620	<input type="checkbox"/> <input type="checkbox"/>
619	How long have you been using condoms every time you have anal intercourse with any of these partners? Convert responses given in "Years" into "Months"	# (months) _____ Less than 1 month Don't remember No answer	00 98 99		<input type="checkbox"/> <input type="checkbox"/>
F. Non-commercial male partners					
620	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	▶ 701 ▶ 701 ▶ 701	<input type="checkbox"/> <input type="checkbox"/>
621	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"/>
622	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"/>
623	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"/>
624	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	▶ 701 ▶ 701 ▶ 701 ▶ 701	<input type="checkbox"/> <input type="checkbox"/>
625	How long have you been using condoms every time you have anal intercourse with any of these partners? Convert responses given in "Years" into "Months"	# (months) _____ Less than 1 month Don't remember No answer	00 98 99		<input type="checkbox"/> <input type="checkbox"/>

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BLOCK VII. CONDOM USE AND MISCELLANEOUS					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
701	Have you ever heard of or seen a condom?	No Yes No answer	00 01 99	▶ 704 ▶ 704	<input type="checkbox"/> <input type="checkbox"/>
702	When did you last use a condom?	Heard of condom but have never used it Used within one week Within 2 – 4 weeks Within 1 month - 6 months Within 7 – 12 months Used before 12 months Don't remember No answer	01 02 03 04 05 06 98 99	▶ 704	<input type="checkbox"/> <input type="checkbox"/>
703	The last time you used 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/ don't remember No answer	01 02 03 04 05 06 07 08 97 98 99		<input type="checkbox"/> <input type="checkbox"/>
704	Have you been circumcised?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
705	Have you ever been tattooed?	No Yes No answer	00 01 99	▶ 801 ▶ 801	<input type="checkbox"/> <input type="checkbox"/>
706	How many times did you get it (tattooing) done till date?	# of times tattooed _____ No answer	99		<input type="checkbox"/> <input type="checkbox"/>
707	In any of these times, were there other IDUs who also got tattooed at the same time?	No Yes No answer	00 01 99	▶ 801 ▶ 801	<input type="checkbox"/> <input type="checkbox"/>
708	How many times were you tattooed together with other IDUs?	# of times tattooed together with other IDUs _____ No answer	99		<input type="checkbox"/> <input type="checkbox"/>

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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"/>		
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 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"/>		
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 READ OUT SYMPTOMS, RECORD DETAILS FOR EACH SYMPTOM RESPONDENT HAD IN THE PAST 12 MONTHS	Number of times (episodes) you had this symptom in the last 12 months Don't remember = 98 No Answer =99	Avarage number of days you suffered from this symptom during each episode Don't remember = 98 No answer = 99	Number of times treatment sought in a Avahan/Key Clinic Dont know = 98 No Answer = 99 Prompt using logo of key clinic	Number of times treatment sought in private / Government /Non-Avahan NGO clinics Don't remember = 98 No Answer =99	Number of times completed prescribed treatment in all types of clinic Not applicable = 96 Don't remember = 98 No Answer =99	Number of times symptoms persisted after completion of prescribed treatment in all types of clinic Not applicable = 96 Don't remember = 98 No Answer =99
01	Urethral discharge	<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	Genital/anal ulcer/sore	<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	Swelling in groin area	<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	Buring on urination	<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	Warts in genital area	<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	Can't retract foreskin	<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 the respondent did not have any of the six symptoms in the past 12 months and for this reason, none of the codes between 01 and 06 are circled in the first column, skip to Q809

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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 or other STI 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		
		Yes	Yes	No	Don't know
	(1)	(2)	(3)	(4)	(5)
	a. Sought advice/medicine from KEY CLINIC Prompt with LOGO of KEY Clinic	01	02	00	98
	b. Sought advice/medicine from a government clinic or hospital?	01	02	00	98
	c. Sought advice/medicine from an NGO or charity-run clinic or hospital?	01	02	00	98
	d. Sought advice/medicine from a private clinic or hospital?	01	02	00	98
	e. Sought advice/medicine from a private pharmacy?	01	02	00	98
	f. Sought advice/medicine from a non-allopathic doctor? (adapt terminology)	01	02	00	98
	g. Took medicine I had at home	01	02	00	98
	h. Told my sexual partner about the STI	01	02	00	98
	i. Stopped having sex during the time when I had the symptoms?	01	02	00	98
	j. Used condoms	01	02	00	98
	k. Did nothing (Instruction: If answer is 'yes', skip to Q808)	01		00	
	z. Other(s), specify:	01		00	

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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 z. Other(s), specify: Don't remember No answer	01 02 03 04 05 06 07 08 09 10 97 98 99			<input type="checkbox"/> <input type="checkbox"/>
806	How long did you have this symptom before seeking treatment? Record / convert (in case mentioned in weeks, months or years) responses in 'days'	Days _____ Don't know / don't 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. Urethral discharge e. Anal ulcer / sore f. Other (Specify) _____	No 00 00 00 00 00 00	Yes 01 01 01 01 01 01	No Answer 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"/>

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BLOCK VIII. Sexually Transmitted Infections					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
809	Can you tell me what would 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 during further sexual acts Undertake HIV test Wash genital with soap water Stop having sex Do nothing Any other _____ (SPECIFY) Dont know No answer	01 02 03 04 05 06 07 08 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"/> <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 97 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"/> <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? Allow respondent to give spontaneous answers Multiple Responses possible	Bought myself Chemist shop Was given by a doctor or at a clinic Was given by someone else Other (Specify) _____ Don't know / Don't remember No Answer	01 02 03 04 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"/>

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BLOCK IX. KNOWLEDGE OF HIV/AIDS AND PREVENTION					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
901	Are there things a person can do to prevent getting infected with HIV/AIDS?	No Yes Not aware of HIV/AIDS Don't know	00 01 02 98	► 1001	<input type="checkbox"/> <input type="checkbox"/>
902	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"/>
903	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 NO ONE ELSE BESIDES YOU WILL KNOW THE RESULT OF YOUR TEST UNLESS YOU WANT THEM TO	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
904	Can you tell me, have you ever taken an HIV test?	No Yes No answer	00 01 99	► 909 ► 909	<input type="checkbox"/> <input type="checkbox"/>
905	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"/>
906	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"/>
907	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"/>
908	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"/>
909	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"/>
910	Have you ever heard of ART's? (ART – Antiretroviral Therapy)	No Yes Dont know No answer	00 01 98 99	► 1001 ► 1001 ► 1001	<input type="checkbox"/> <input type="checkbox"/>
911	Do you know where one can get ART treatment? Multiple answers possible	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"/>

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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)?	Number of years _____ Since birth No answer	95 99	▶ 1004A	<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	a. Village/City/Town _____ b. District: _____ c. State _____ d. Country _____ Nowhere in particular, on the move No answer	995 999 / 99		a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> d <input type="checkbox"/> <input type="checkbox"/>
1004a	Do you usually commute to any one or more particular places frequently?	No Yes No answer	00 01 99	▶ 1005	<input type="checkbox"/> <input type="checkbox"/>
1004b	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"/>
1004c	How many of these places are:	a. Inside your district _____ b. Outside district but within State _____ c. Outside your State _____			a <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/>
1004d	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"/>
1004e	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 97 99		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1005	Besides the place(s) mentioned earlier (in Q1004b), 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 97 99	▶ 1007	<input type="checkbox"/> <input type="checkbox"/>

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1006	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/village	District	State	What was the main reason for your visit to this place? 01= Related to work 02= To visit spouse/regular partner 03= To visit other family 04= To visit friends 05= To visit sex worker 06= To have a fix 97= Other __ (SPECIFY) Interviewer 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.					□□	□□□	□□	□□	
b.					□□	□□□	□□	□□	
c.					□□	□□□	□□	□□	
d.					□□	□□□	□□	□□	
e.					□□	□□□	□□	□□	

1007	Have you ever been in prison?	No Yes Don't know No answer	00 01 98 99	► 1101 ► 1101 ► 1101	□□
1008	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		□□
1009	How long did you spend in prison that time?	Less than six months More than six months Don't know No answer	00 01 98 99		□□
1010	Did you inject drugs in prison?	No Yes Don't know No answer	00 01 98 99		□□

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BLOCK XI . RDS & Size Estimation					
#	Question	Answers	Codes	Skip to	Code Boxes
1101	<p>How many male injecting drug users do you personally know and they also know you; who are:</p> <p>- aged 18 years or more, injected drugs in the past six months; and - live or inject drugs in this district (Name the study district)</p>	Specify number _____			<input type="text"/> <input type="text"/>
1102	<p>How many of them* have you seen in the past one month in this district? *(Refer to the answer in Q1101)</p>	# seen in the past one month _____			<input type="text"/> <input type="text"/>
1103	<p>a. How many of these IDUs* would you consider asking to participate in this survey?</p> <p>b. How many of these IDUs* do you think would consider asking you to participate in this survey?</p> <p>*(Refer to the answer in Q1101)</p>	<p>a. Specify number _____</p> <p>b. Specify number _____</p>			<p>a <input type="text"/> <input type="text"/></p> <p>b <input type="text"/> <input type="text"/></p>

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BLOCK XII . EXPOSURE TO INTERVENTION (For Manipur & Nagaland)					
#	Question	Answers	Codes	Skip to	Code Boxes
1201	Have you ever heard of any of the ORCHID NGOs: Read out each name and circle appropriate answer. If the answer is 'NO' for ALL partner NGOs, skip to Q1203	Name of ORCHID NGO partners	No	Yes	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/>
		a. AAAAAA	00	01	
		b. BBBBBB	00	01	
		c. CCCCCC	00	01	
1202	For how long have you known any of these NGOs / programmes? QUESTION IS OPEN-ENDED LISTEN TO RESPONSE IF < 1 WEEK RECORD IN DAYS IF > 1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	a. Days _____ b. Weeks _____ c. Months _____ d. Years _____ No answer _____			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"/>
1202a	Are you registered with any of the ORCHID NGOs: Read out each name and circle appropriate answer. If the answer is 'NO' for ALL partner NGOs, skip to Q1203	Name of ORCHID NGO partners	No	Yes	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/> c. <input type="checkbox"/> <input type="checkbox"/>
		a. AAAAAA	00	01	
		b. BBBBBB	00	01	
		c. CCCCCC	00	01	
1202b	How long ago did you get registered with this NGO? Record in verbatim If more than one NGO is mentioned in Q1202a, record answer for all the NGOs in Q1202b. a, b and c correspond to the name of NGOs in Q1201a.	a. _____ b. _____ c. _____	Coding Instruction Code the first box as : Days = 1 Months = 2 Years = 3 Not applicable = 9 Fill up the second set of boxes with number of days / months / years		a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1203	Besides any of the NGOs (mentioned in Q1201), have you heard of any other NGOs who provide similar services?	No Yes	00 01	▶ 1209	<input type="checkbox"/> <input type="checkbox"/>
If the answer is 'No' in all the options in Q1201 and 'No' in Q1203, END THE INTERVIEW, or else PROCEED.					

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#	Question	Answers	Codes	Skip to	Code Boxes
1204	What are the name(s) of these NGOs / programmes?	a. Name _____ b. Name _____ c. Name _____ Don't know / Don't remember	98		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/> c. <input type="text"/> <input type="text"/>
1205	For how long have you known these NGOs / programmes? QUESTION IS OPEN-ENDED LISTEN TO RESPONSE IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	a. Days _____ b. Weeks _____ c. Months _____ d. Years _____ No answer _____	99		a <input type="text"/> <input type="text"/> b <input type="text"/> <input type="text"/> c <input type="text"/> <input type="text"/> d <input type="text"/> <input type="text"/>
1206	Are you registered with any of these NGOs?	No Yes	00 01		<input type="text"/> <input type="text"/>
1207	Have you received / accessed services from any of these NGOs / programmes in the past one year ?	No Yes	00 01	▶ 1209	<input type="text"/> <input type="text"/>
1208	From which NGO did you receive most of the services in the past one year ?	Name of NGO _____ Don't know / don't remember	98		<input type="text"/> <input type="text"/>

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BLOCK XII . EXPOSURE TO INTERVENTION (Contd..)						
1209	What are the types of interactions or services that you have received from any of the NGO/Programs during the past one year ? This question has two kinds of responses: (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. (WHEN THE RESPONDENT ANSWERS, ASK WHICH NGO HE WAS REFERRING HIS ANSWER TO. IF HE MEANT 'ORCHID NGOS' MARK ANSWER IN THE FIRST ROW. IF OTHER THAN THE ORCHID NGOS, MARK ANSWER IN THE SECOND ROW. IF HE HAPPENED TO HAVE RECEIVED ANY SERVICES FROM BOTH ORCHID AND NON-ORCHID NGOS, MARK ANSWER IN BOTH ROWS.) Then read out loud the answers that have not yet been mentioned and circle the respondents answer in Column (3) or (4) as appropriate. (FOLLOW THE SAME PROCEDURE OF RECORDING AIDED ANSWERS)						
Services (Column 1)	From which NGO? (Column 2)	Spontaneous (Column 3)	Aided (Column 4)			Code Boxes (Column 5)
		Yes	Yes	No	Don't remember	
a. I have been contacted by a peer educator/outreach worker from the NGO / Program	ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	Non-ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
b. I have been given information on STI/HIV/AIDS by a peer educator or outreach worker from the NGO program	ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	Non-ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
c. I have visited the clinic/drop-in centre run by the NGO program (Interviewer to confirm using clinic logo, even if response is spontaneous)	ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	Non-ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
d. Received condoms from the peer educators or outreach workers of the NGO	ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	Non-ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
e. Received needle/syringes from the project	ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	Non-ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
f. Received abscess management services from the project	ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	Non-ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
g. Received counselling services from the project	ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	Non-ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
h. Received health check-up	ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	Non-ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
i. Received free medicines for STI	ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	Non-ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
j. Received free medicine for general health problem	ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	Non-ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>

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Services (Column 1)	From which NGO? (Column 2)	Spontaneous (Column 3)	Aided (Column 4)			Code Boxes (Column 5)
		Yes	Yes	No	Don't remember	
k. Seen a demonstration on correct condom use by a peer educator / NGO outreach worker	ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	Non-ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
l. I have been referred to other services (STI clinic, VCCTC, detox centre etc.) from this project	ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	Non-ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
m. Took part in meeting / training organised by the NGO	ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	Non-ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
n. Became a member of the self-help group (SHG) supported by the NGO	ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	Non-ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
o. Received drug substitution therapy	ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	Non-ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
p. Others (Specify) _____	ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	Non-ORCHID NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
ASK Q1210 to Q1215 only if the answer in any of the options in Q1201 is 'YES' ELSE - END THE INTERVIEW						
1210	How many times in the past one month were you contacted in the field by a peer educator / other workers from (name of ORCHID Partner NGOs)	Number of times _____ Don't know / don't remember		98		<input type="checkbox"/> <input type="checkbox"/>
1211	For how long have you known the clinics run by the NGO (Name the NGO and the clinic / drop-in centre) or their referral clinics? QUESTION IS OPEN-ENDED LISTEN TO RESPONSE IF < 1 WEEK RECORD IN DAYS IF >1 WEEK AND < 1 MONTH RECORD IN WEEKS IF > 1 MONTH AND < 1 YEAR RECORD IN MONTHS IF => 1 YEAR RECORD IN YEARS	a. Days _____ b. Weeks _____ c. Months _____ d. Years _____ No answer _____		99		a <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/> c <input type="checkbox"/> <input type="checkbox"/> d <input type="checkbox"/> <input type="checkbox"/>
1212	Did this NGO give you a registration number? Show a sample of registration/health card to confirm that the card is the same	No Yes Dont remember		00 01 98		<input type="checkbox"/> <input type="checkbox"/>
1213	When did you receive this registration number from the NGO?	Month _____ Year _____ Dont remember		99	MM <input type="checkbox"/> <input type="checkbox"/> YY <input type="checkbox"/> <input type="checkbox"/>	
1214	How many times have you visited the clinic(s) to see a doctor in the past one year? (if the answer is 'never', code '00')	Number of times _____ Don't know / don't remember		98		<input type="checkbox"/> <input type="checkbox"/>
1215	In the past one month, how many times have you seen a demonstration on correct condom use by peer educator / NGO outreach worker from (name of NGOs)?	Number of times _____ Don't know / don't remember		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 by the research agency			
Data Entry Checked by the research agency			
Data Re-entered at the ICMR Institute			
Data Entry Checked at the ICMR Institute			