

Confidential (For Research Purpose only)

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INTEGRATED BEHAVIORAL AND BIOLOGICAL ASSESSMENT (IBBA) 2009 (ROUND II)

NATIONAL HIGHWAYS

**National Institute of Medical Statistics (NIMS), ICMR, New Delhi
Family Health International**

Avahan Project with support from the Bill and Melinda Gates Foundation

Long Distance Truck Drivers' Questionnaire

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. After selecting the respondents, the ideal condition is that the interviewers should escort truck drivers to a private interviewing area inside the clinic for the behavior interview. However, in case the truck driver does not feel comfortable to stay away from his vehicle for a longer period of time, then the interviewer should conduct the interview in a place where the truck drivers feels more comfortable but ensure that during the interview no one else is present and no one overhears the interview.
2. Block I and II must be completed IN FULL for ALL respondents who have been selected and given their consent for the study. The interviewer would fill in the CODE column, the supervisor should refer to the validation check points and scrutinize all responses. The Data Editor will fill the CODE BOXES.
3. Block I, questions 101, 102 and 104 need to be completed by the interviewer before starting the interview. Block I question 105 and block II question 206 should also be filled by the interviewer at the end of the interview. Question 106, 107, 108 and the entire Block II should be checked and completed by the supervisor at the end of the interview.
4. Read out the options for the questions wherever instructed.
5. All the questions are supposed to have single answer, except for the questions that are mentioned to be multiple response.

BLOCK I. INTERVIEW INFORMATION & CONSENT STATUS					
#	Question	Pre-coded 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 in 2007?	No Yes Don't know/Don't remember	00 01 98		<input type="text"/> <input type="text"/>
104	Consent Status	Agreed for behavioral Only Agreed for both behavioral and Biological.....	1 2		<input type="checkbox"/>
105	Completion Status – Behavioral	Completed interview..... Did not complete interview	1 2		<input type="checkbox"/>
106	Completion status – Biological Instruction: <i>Skip this question if the code in Q104 is '1'</i>	Only blood sample collected..... Only urine sample collected..... Both blood and urine sample collected.....	1 2 3		<input type="checkbox"/>
107	Genital swab collection Instruction: <i>Skip this question if the code in Q104 is '1'</i>	Swab taken Swab not taken	1 2		<input type="checkbox"/>
108	These responses for the 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		
BLOCK II. IDENTIFICATION DETAILS (To be filled by the supervisor)					
#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
201	Route Category	North to East North to South North to West South to East	01 02 03 04		<input type="text"/> <input type="text"/>
202	Name of the city	Ahmedabad..... Bangalore Delhi Kandla Kolkata Mumbai	01 02 03 04 05 06		<input type="text"/> <input type="text"/>

#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
203	Name of transshipment Location	Narol Chowkadi..... Nelemangla Ghaziabad SGTN Gandhidham Territy Bazar Kalamboli	01 02 03 04 05 06 07		<input type="checkbox"/> <input type="checkbox"/>
204	Name and code of TE	Name _____			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
205	Name and code of TLC/ PSU	Name _____			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
206	Language used to interview Truckers	Bengalee Kannada Haryanavi..... Hindi..... Marathi Malyalam Punjabi Tamil..... Telegu Others (SPECIFY) _____	01 02 03 04 05 06 07 08 09 97		<input type="checkbox"/> <input type="checkbox"/>

BLOCK III. DEMOGRAPHIC PROFILE & WORK

#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
301	How old are you now?	Age in completed years: _____ Don't know	98		<input type="checkbox"/> <input type="checkbox"/>
302	Can you read and write?	Cannot read and write..... Can read only Can read and write	00 01 02	▶ 304	<input type="checkbox"/> <input type="checkbox"/>
303	What is the highest grade you have completed until now ?	Highest grade completed: _____ Informal / Adult eduction..... Don't know No answer	95 98 99		<input type="checkbox"/> <input type="checkbox"/>
304	What is your mother tongue?	Mother Tongue _____			<input type="checkbox"/> <input type="checkbox"/>
305	Where is your native place (where your parents live) ? RECORD DISTRICT & STATE	a. District Name: _____ No answer : b. State _____ No answer.....	999 99		a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b <input type="checkbox"/> <input type="checkbox"/>
305a	How often have you visited your native place in last 12 months?	Have not visited native place Number of times: _____ No answer.....	00 99		<input type="checkbox"/> <input type="checkbox"/>
306	Where do you usually stay (CURRENT residence) when you are waiting for consignment or working as truck driver ? Same as Native place Stay in the accomodation given by Transporter/broker Live in the truck itself Others (specify): _____	01 02 03 97		<input type="checkbox"/> <input type="checkbox"/>

307	How long have you been working as a truck driver? RECORD IN VERBATIM & MENTION THE UNIT. WHILE CODING CONVERT INTO NUMBER OF 'MONTHS'.	Record in verbatim (duration in months): _____ No answer.....	999		<input type="text"/> <input type="text"/> <input type="text"/>
308	How many years did you work as 'helper / cleaner' before starting work as 'driver'? RECORD IN VERBATIM & MENTION THE UNIT. WHILE CODING CONVERT INTO NUMBER OF 'MONTHS'.	Record in verbatim (duration in months): _____ Never worked as helper / cleaner..... No answer.....	996 999		<input type="text"/> <input type="text"/> <input type="text"/>
309	How many different helpers / cleaners have worked with you in the past a. one year b. two years	a. In the past one year: _____ No answer..... b. In the past two years: _____ No answer.....	99 99		a. <input type="text"/> <input type="text"/> b. <input type="text"/> <input type="text"/>
310	Who is the owner of the truck that you drive now? READ OUT THE OPTIONS	I own it Relative Acquaintance/Friend Transporter/ Broker Fleet owner..... Other (Specify)..... No answer.....	01 02 03 04 05 97 99		<input type="text"/> <input type="text"/>
311	How many different transporter/ broker are you associated with for business at this TSL?	# of transporter/ broker _____ No answer.....	99		<input type="text"/> <input type="text"/>

BLOCK IV. MOBILITY					
#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
401	Usually, which are the two main cities that you transport goods between? ORIGINATION POINT REFERS OF THE CITY WHERE HE USUALLY/ MOSTLY STARTS. THEN ASK THE USUAL DESTINATION POINT TWO CITITES MENTIONED SHOULD BE CONSIDERED AS "MAIN ROUTE" FOR LATER QUESTIONS	A1.Name of origination point (city) _____ No answer..... A2. Name of State _____ No answer..... B1.Name of destination point (city): _____ No answer..... B2. Name of State _____ No answer.....	999 99 999 99		A1 <input type="text"/> <input type="text"/> <input type="text"/> A2 <input type="text"/> <input type="text"/> B1 <input type="text"/> <input type="text"/> <input type="text"/> B2 <input type="text"/> <input type="text"/>
402	On average how many days does it take for you to complete a round trip between these two cities?	# of days: _____ No answer	99		<input type="text"/> <input type="text"/>
403	How many round trips did you do in the past six months?	# of round trips in the past SIX months: _____ No answer.....	99		<input type="text"/> <input type="text"/>
404	Recall the last time you were at the destination City. How much time did you spend between offloading and reloading at the destination city the last time? RECORD IN VERBATIM & MENTION THE UNIT. WHILE CODING CONVERT INTO 'HOURS'.	Record in verbatim (duration in hours): _____ No answer.....	999		<input type="text"/> <input type="text"/> <input type="text"/>
405	Apart, from the two main cities mentioned earlier, do you travel between any other TWO cities? (ROUTE CATEGORY MAYBE DIFFERENT)	No Yes	00 01	▶ 501	<input type="text"/> <input type="text"/>
406	Usually, which are the two OTHER main cities that you transport goods between? Instruction: Please ask the name of the city first where he usually starts and finishes one round trip, and then ask about the usual destination point. ASK FOR THE CITIES OTHER THAN THOSE MENTIONED IN Q401	A1.Origin point (city): _____ No answer..... A2. State Name: _____ No answer..... B1.Destination point (city) _____ No answer..... B2. State Name: _____ No answer.....	999 99 999 99		A1 <input type="text"/> <input type="text"/> <input type="text"/> A2 <input type="text"/> <input type="text"/> B1 <input type="text"/> <input type="text"/> <input type="text"/> B2 <input type="text"/> <input type="text"/>

BLOCK V. SEXUAL BEHAVIOUR : FEMALE SEXUAL PARTNER					
Now I would like to ask some questions about your sexual PARTNERS					
#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
501	How old were you when you first had sexual intercourse? (*Sexual intercourse means insertive vaginal or anal sex)	Age in completed years _____ Never had sex Don't remember No answer	00 98 99	▶ 601	<input type="checkbox"/> <input type="checkbox"/>
501a	With whom did you first have sexual intercourse? (sexual intercourse refers to insertive vaginal or anal sex)	Paid female partner Wife..... Non-paid female partner Paid male/hijra partner Non-paid male/hijra partner.....	01 02 03 04 05	▶ 501c	<input type="checkbox"/> <input type="checkbox"/>
501b	How did you know that person?	Relative..... Co-worker Friend Stranger Other (specify) _____ No answer	01 02 03 04 97 99		<input type="checkbox"/> <input type="checkbox"/>
501c	Have you ever had anal sex with anyone?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
502	What is your current marital status?	Currently Married..... Never married Divorced/Seperated/ Widower Other (Specify) _____ No answer.....	01 02 03 97 99	▶ 512	<input type="checkbox"/> <input type="checkbox"/>
WIFE					
503	Where does your wife live? Fill in district and state name	a. District Name: _____ No answer..... b. State Name: _____ No answer..... c. Same as Native Place	999 99 996		A. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B. <input type="checkbox"/> <input type="checkbox"/>
504	How many times have you visited your wife in the last one year?	Did not visit wife in the last one year..... Number of times: _____ No answer.....	00 99	▶ 507	<input type="checkbox"/> <input type="checkbox"/>
505	Generally, during past one year how many days in a month did you live with your wife?	Number of days in a month: _____ No answer.....	 99		<input type="checkbox"/> <input type="checkbox"/>

506	How many times did you have sexual intercourse with your wife in the last 1 month?	# of times : _____ Did not have sex with wife in last one month Don't remember..... No answer	00 98 99		<input type="checkbox"/> <input type="checkbox"/>
507	The last time you had sexual intercourse with your wife, was a condom used? (does not have to be in last one month)	No Yes Have not heard or seen a condom before... No answer.....	00 01 96 99	► 512	<input type="checkbox"/> <input type="checkbox"/>
508	In general, how often do you use condom with your wife? 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	► 511	<input type="checkbox"/> <input type="checkbox"/>
509	How long have you been using condoms EVERY TIME you had sexual intercourse with your wife? Instruction: Convert into months while coding	Duration (in months): _____ Don't know No answer.....	998 999		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
510	For what reasons have you been using condoms EVERY TIME with your wife? Multiple answers possible	To avoid pregnancy To protect my wife from STI/HIV Used during wife's menstruation Other (specify) _____ No answer	01 02 03 97 99	► 512 ► 512 ► 512 ► 512 ► 512	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
511	What is the main (one) reason for not using condoms EVERY TIME with your wife? Select only one	Did not have a condom at the time of sex... Condom costs too much Don't like using condom The thought of using condom did not occur in mind Used other contraceptives/wife operated.... Wife did not want Not necessary with wife Against religion Other _____ (SPECIFY) No answer.....	01 02 03 04 05 06 07 08 97 99		<input type="checkbox"/> <input type="checkbox"/>
PAID FEMALE PARTNERS (WOMEN YOU BOUGHT SEX FROM AND PAID IN CASH)					
512	Have you ever had sex with a female and paid in cash for the service?	No Yes	00 01	► 526	<input type="checkbox"/> <input type="checkbox"/>
513	How old were you the first time when you paid a female sex partner to have sexual intercourse with you?	Age in completed years _____ Don't know / Don't remember..... No answer.....	98 99		<input type="checkbox"/> <input type="checkbox"/>
514	In last 12 months, did you pay to have sexual intercourse with a female ?	No Yes.....	00 01	► 526	<input type="checkbox"/> <input type="checkbox"/>
515	How many paid female partners did you have sexual intercourse within last 12 months?	Number: _____ No answer:	99		<input type="checkbox"/> <input type="checkbox"/>
516a	Where do you most often pick up paid female sex partners? READ OUT ANSWERS. MULTIPLE RESPONSE POSSIBLE	Dabha/Brothel Along the highway At the TSL Any other _____ (Specify) No answer.....	01 02 03 97 99		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
516b	When do you most often pick up your paid femal sex partners?	At the time of traveling on the road Between offloading and reloading at a TSL	01 02		<input type="checkbox"/> <input type="checkbox"/>

	<p>READ ANSWERS MULTIPLE RESPONSES POSSIBLE</p>	<p>Between trips while staying at home Other (specify) _____ No answer</p>	<p>03 97 99</p>		<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
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517	What are the places, where you have sex with paid female sex partner?	City	City Code	District	District Code	State	State code
			<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
			<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
			<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
			<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
			<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>
518	How many different paid female sex partners did you have sexual intercourse within the last 1 month ?	# of partners: _____ Did not have paid partners in last 1 month.....			00	▶ 520	<input type="text"/> <input type="text"/>
Don't remember			98				
No answer			99				
519	How many times did you have intercourse/ sex with paid female sex partners in the last 1 month ? Instruction: Record total number of sexual intercourses putting together all the paid partners in last one month	# of sexual intercourses: _____ Don't remember.....			98		<input type="text"/> <input type="text"/>
No answer			99				
520	Was condom used the last time you had sexual intercourse with a paid female sex partner? (does not have to be in last one month)	No	00	▶ 521	▶ 526	<input type="text"/> <input type="text"/>	
Yes		01					
Never heard or seen a condom before		96					
No answer		99					
520a	When you last had sex with a paid female sex partner, where did you procure/obtain a condom from?	Paan shop	01			<input type="text"/> <input type="text"/>	
Madam		02					
Sex Partner		03					
Chemist		04					
Friend		05					
Other (specify) _____		97					
Don't remember		99					
521	In general, how often do you use condoms with paid female sex partners? READ OUT ALL OPTIONS.	Every time	01	▶ 524	▶ 524	<input type="text"/> <input type="text"/>	
Most of the times		02					
Sometimes		03					
Never		04					
No answer		99					
522	How long have you been using condoms EVERY TIME you had sexual intercourse with the paid female sex partners? Instruction: Convert into months while coding	Duration (in months): _____				<input type="text"/> <input type="text"/> <input type="text"/>	
No answer.....			999				
523	For what reasons have you been using condoms EVERY TIME with Paid female partners? Multiple answers possible	Protect self from STI	01	▶ 525	▶ 525	<input type="text"/> <input type="text"/>	
Protect self from HIV		02					
Others (specify) : _____		97					
No answer.....		99					
						<input type="text"/> <input type="text"/>	
						<input type="text"/> <input type="text"/>	
						<input type="text"/> <input type="text"/>	

524	What was the main (one) reason for not using condoms EVERY TIME with the paid female sex partners?	Condom not available at the time of sex... The sex worker did not have condom..... Condom costs too much Condom reduces sexual pleasure The thought of using condom did not occur in mind Used other contraceptives Partner did not want Other _____(SPECIFY) No answer	01 02 03 04 05 06 07 97 99		<input type="checkbox"/> <input type="checkbox"/>
525	How often did you use condoms with paid female sex partners in last one year?	Every time Most of the times Sometimes Never No answer	01 02 03 04 99		<input type="checkbox"/> <input type="checkbox"/>
NON-PAID FEMALE PARTNER (A non-paid female partner is a sexual partner that you are NOT married to and do not pay for sex)					
#	Question	Pre-coded Answers	Codes	Skip to	Code Boxes
526	Have you had sexual intercourse with any female non-paid partners in last 12 months? Instruction: Describe to the respondent what do we mean by non-paid partner Sexual Partner "you are not married to and do not pay for sex".	No Yes..... No answer	00 01 99	► 601	<input type="checkbox"/> <input type="checkbox"/>
527	How many non-paid female sexual partners you had in last 12 months?	Number: _____ Don't remember No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>
528	How many non-paid female sexual partners you had in last 1 month?	# of partners: _____ Did not have a non-paid female partner in last 1 month..... Don't remember No answer	00 98 99	► 530	<input type="checkbox"/> <input type="checkbox"/>
529	How many times did you have sexual intercourse with these non-paid female partners in the last 1 month? Instruction: Record total number of sexual intercourses putting together all the partners in last one month	# of sexual intercourse: _____ Don't remember No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>
530	The last time you had sexual intercourse with any of the non-paid female partners, was a condom used? (does not need to be in last one month)	No Yes Have not heard or seen a condom before .. No answer	00 01 96 99	► 601	<input type="checkbox"/> <input type="checkbox"/>
531	In general, how often do you use condom with your non-paid female partners? READ OUT ALL OPTIONS .	Every time Most of the times Sometimes Never No answer	01 02 03 04 99	► 534 ► 534 ► 534 ► 534	<input type="checkbox"/> <input type="checkbox"/>
532	How long have you been using condoms EVERY TIME you had sexual intercourse with your non-paid female partner? Instruction: Convert into months while coding	Duration (in months) : _____ No answer.....	999		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

533	For what reasons are you using condoms EVERY TIME with non-paid female sexual partners? Multiple answers possible	Protection against pregnancy Protect self from STI Protect partner from STI Others (specify) : _____	01 02 03 97	► 535 ► 535 ► 535 ► 535	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
534	What was the main (one) reason for not using condoms EVERY TIME with the non-paid female sex partner?	Did not have a condom at the time of sex.... Condom costs too much..... Condom reduces pleasure The thought of using condom did not occur in mind..... Used other contraceptives..... Do not think it is necessary..... Other _____(SPECIFY) No answer	01 02 03 04 05 06 97 99		<input type="checkbox"/> <input type="checkbox"/>
535	How often did you use condom with your non-paid female partners in last one year ?	Every time Most of the times Sometimes Never No answer	01 02 03 04 99		<input type="checkbox"/> <input type="checkbox"/>
BLOCK VI. SEXUAL BEHAVIOUR: HIJRA & MALE SEXUAL PARTNERS					
601	Are you aware that some truck drivers indulge in sexual relationship with Hijras or Males?	No Yes No answer	00 01 99	► 602	<input type="checkbox"/> <input type="checkbox"/>
601a	Do you know any truck driver who has/had sexual relationship with male/hijra partners?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
602	Have you ever had sex with Males or Hijra?	No..... Yes, with Hijra only Yes, with Males only Yes, with both Males & Hijra No Answer	00 01 02 03 99	► 701	<input type="checkbox"/> <input type="checkbox"/>
603	In the last 12 months , did you have anal intercourse with any male sexual partners or Hijras?	No Yes No answer	00 01 99	► 701 ► 701	<input type="checkbox"/> <input type="checkbox"/>
604	In the last 12 months , with whom did you have sex? MULTIPLE ANSWERS POSSIBLE	Helper / cleaner of your truck Helper / cleaner of other trucks/Khalasis Fellow drivers / junior driver Dhaba boys Other men/ boys in associated business Men / boys not in associated business Hijra (ali in Tamil/chaka in North India) Other (specify) _____ No answer	01 02 03 04 05 06 07 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"/>
605	Instruction: This question is to be asked to those who have sex with men In general, are you a receptive or insertive partner when you have sex with male partner?	Insertive Partner..... Receptive Partner..... Both No Answer	01 02 03 99		<input type="checkbox"/> <input type="checkbox"/>
606	How many different male partners or Hijra did you have anal intercourse in the past 12 months ?	a. # Male Partners : _____ b. # Hijra Partner: _____ Don't remember No answer	98 99		a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>

607	How many different male partners or Hijra did you have anal intercourse in past 3 months?	a. # Male Partners : _____ b. # Hijra Partner: _____ No Male/Hijra Partners in past 3 months.... 96 Don't remember 98 No answer 99		▶ 609	a. <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>
608	How many times did you have anal intercourse in the past 3 months with Hijra or male partners/? Instruction: Record sexual intercourses putting together all the partners in past 3 months	# of sexual intercourses _____ Don't remember 98 No answer 99			<input type="checkbox"/> <input type="checkbox"/>
609	The last time you had anal intercourse with any of these Hijra or male partners, was a condom used? (does not need to be in last one month)	No 00 Yes 01 Never heard or seen a condom before 96 No answer 99		▶ 701	<input type="checkbox"/> <input type="checkbox"/>
610	In general, how often is a condom used while having anal intercourse with these male partners or Hijra? READ ALL OPTIONS & CIRCLE THE ONE SELECTED BY RESPONDENT	Every time 01 Most of the time..... 02 Sometimes..... 03 Never..... 04 No answer 99		▶ 613 ▶ 613 ▶ 613 ▶ 613	<input type="checkbox"/> <input type="checkbox"/>
611	How long have you been using condoms EVERY TIME while you have anal intercourse with these male partners or Hijra? Instruction: Convert into months while coding	Duration (in months): _____ No answer..... 99			<input type="checkbox"/> <input type="checkbox"/>
612	For what reasons have you used a condom every time with Hijra/Male partners? Multiple option	To protect self from STI 01 To protect self and my wife from STI 02 Others (specify): _____ 97		▶ 614 ▶ 614 ▶ 614	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
613	What was the main reason for not using condom EVERY TIME with Hijra or male partners?	Condom not available at the time of sex ... 01 The partner did not have condom 02 Condom costs too much 03 Condom reduces pleasure 04 Do not think it is required to use condom 05 The thought of using condom did not occur in mind 06 Partner did not want 07 Other _____ (SPECIFY) 97 No answer..... 99			<input type="checkbox"/> <input type="checkbox"/>
614	How often did you use condom with your Hijra or male partners in last one year?	Every time 01 Most of the times 02 Sometimes 03 Never 04 No answer 99			<input type="checkbox"/> <input type="checkbox"/>

BLOCK VII. CONDOM, DRUG AND INJECTION PRACTICE

#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
Instruction: Check answers in 507, 520, 530 and 609 if response is " never heard or seen condom skip to 704					
701	The last time you obtained a condom, where did you get it? READ ALL RESPONSES ONLY ONE RESPONSE POSSIBLE	Vending stall..... Pharmacy/store Pan shop Health facility Bar/guest house/hotel..... Friend NGO/outreach worker Khushi clinic Madam/FSW Petrol pump Public toilet Hamam Never obtained a condom Other _____ (SPECIFY) No answer	01 02 03 04 05 06 07 08 09 10 11 12 13 97 99	► 704	<input type="checkbox"/> <input type="checkbox"/>
702	In the 12 months , have you had the experience of a condom breaking while using it?	No Yes Did not use condom in past 12 months No answer	00 01 96 99	► 704 ► 704 ► 704	<input type="checkbox"/> <input type="checkbox"/>
703	In the past 12 months , how many times did you have the experience of a condom breaking while using it?	# of times condom broke _____ Don't remember No answer	98 99		<input type="checkbox"/> <input type="checkbox"/>
704	In the past 12 months , have you received, an injection for treatment of illness from a doctor, nurse, compounder or traditional healer?	No Yes Don't remember	00 01 98	► 707 ► 707	<input type="checkbox"/> <input type="checkbox"/>
705	From whom did you receive injections for treatment of illness in the last 12 months? MULTIPLE RESPONSES POSSIBLE	Doctor Nurse Compounder..... Traditional healer Other (Specify) _____ No answer	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"/>
706	How many injections have you received for treatment of illness in the last 12 months?	Number of injections _____ Don't remember.....	98		<input type="checkbox"/> <input type="checkbox"/>
707	Have you ever been given blood at any time in your life? For e.g. a surgery, treatment after accident, or otherwise?	No Yes Don't know	00 01 98		<input type="checkbox"/> <input type="checkbox"/>
708	Have you injected drugs in the last 12 months for intoxication, pleasure, getting high, overcoming tiredness/ anxiety?	No Yes No answer	00 01 99	► 711 ► 711	<input type="checkbox"/> <input type="checkbox"/>
709	The last time you injected drugs, how many people did you share (give or take) the needle and syringe with that time?	Number of people _____ Did not share No answer	00 99	► 711 ► 711	<input type="checkbox"/> <input type="checkbox"/>
710	In the last one year, how often did you share (give or take) needle and syringe with others while injecting drugs? READ OUT THE OPTIONS.	Every time Most of the time Sometimes Never No answer	01 02 03 04 99		<input type="checkbox"/> <input type="checkbox"/>

711	During the past one month, have you consumed drinks containing alcohol? How often?	Every day At least once a week Less than once a week Not in the past one month Never consumed alcohol No answer	01 02 03 04 05 99		<input type="checkbox"/> <input type="checkbox"/>
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BLOCK VIII. SEXUALLY TRANSMITTED INFECTIONS (STI)

#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
801	Have you ever heard of diseases or any health problems that can be transmitted through sexual intercourse?	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? MULTIPLE ANSWER POSSIBLE.	Urethral discharge Genital ulcers or sores Swellings in groin (scrotal) area Burning pain on urination Can not retract foreskin Other (Specify)..... Don't know..... No answer	01 02 03 04 05 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"/>
803	Did you have the following symptoms during last 12 months? READ OUT THE SYMPTOMS MULTIPLE RESPONSES POSSIBLE		Yes	No	
		a. Urethral discharge	01	00	a. <input type="checkbox"/> <input type="checkbox"/>
			01	00	
		b. Genital ulcers or sores			b. <input type="checkbox"/> <input type="checkbox"/>
			01	00	
		c. Swellings in groin (scrotal) area			c. <input type="checkbox"/> <input type="checkbox"/>
			01	00	
	d. Burning pain on urination			d. <input type="checkbox"/> <input type="checkbox"/>	
		01	00		
	e. Can not retract foreskin			e. <input type="checkbox"/> <input type="checkbox"/>	
		01	00		
	f. Others (specify)			f. <input type="checkbox"/> <input type="checkbox"/>	

If all the answers in Q803 a,b,c,d,e and f are 'NO' then skip to Q811

#	Question	Pre-coded Answers	Codes	Skip	Code Boxes	
804	What was the most recent of these you have suffered from in the past 12 months?	Urethral discharge Genital ulcers or sores Swellings in groin (scrotal) area Burning pain on urination..... Can not retract foreskin Don't know No answer	01 02 03 04 05 98 99		<input type="checkbox"/> <input type="checkbox"/>	
805	How long ago did this symptom start? CODE IN MONTHS. IF LESS THAN A MONTH CODE AS 00.	Record answer in verbatim (Duration in months) _____ No answer.....	99		<input type="checkbox"/> <input type="checkbox"/>	
806	What did you do the last time you had a genital ulcer/sore, OR urethral discharge OR other symptoms? <i>Last time refer to the most recent symptom</i> MULTIPLE RESPONSES POSSIBLE	Sought advice/medicine from KHUSHI Sought advice/medicine from an other NGO Sought advice/medicine from a Govt clinic or hospital?..... Sought advice/medicine from a private clinic..... Sought advice/medicine from a private pharmacy.. Sought advice/medicine from a non-allopathic doctor..... Took medicine I had at home..... Told my sexual partner about the STI Stopped having sex when I had the symptoms Used condom Did nothing Others (specify): _____	01 02 03 04 05 06 07 08 09 10 00 97	► 810	<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"/>	
807	Of everything you did to treat the problem you had last time and listed in the previous question, what did you do first?	Sought advice/medicine from KHUSHI Sought advice/medicine from an other NGO Sought advice/medicine from a Govt clinic or hospital?..... Sought advice/medicine from a private clinic..... Sought advice/medicine from a private pharmacy.. Sought advice/medicine from a non-allopathic doctor..... Took medicine I had at home..... Told my sexual partner about the STI Stopped having sex when I had the symptoms Used condom Others (specify): _____	01 02 03 04 05 06 07 08 09 10 97		<input type="checkbox"/> <input type="checkbox"/>	
808	How long did you have this symptom before seeking treatment? RECORD IN VERBATIM & MENTION THE UNIT. WHILE CODING CONVERT INTO DAYS.	Record answer in verbatim (Duration in days) _____ Dont know No answer.....	998 999		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
809	What type of medicine did you take? READ OUT ALL OPTIONS MULTIPLE RESPONSE POSSIBLE	Type of medicine a. Injection b. Tablets / capsules c. Topical ointment / cream / lotion d. Other (Specify) _____	No 00 00 00 00	Yes 01 01 01 01	Don't remember 98 98 98	<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	Are you still suffering from the most recent symptom you mentioned?	No Yes No answer.....	00 01 99		<input type="checkbox"/> <input type="checkbox"/>	

#	Question	Pre-coded Answers	Codes	Skip	Code Boxes	
811	What do you generally do to prevent an STI from occurring? MULTIPLE RESPONSE POSSIBLE IF "01" IS ONE OF THE RESPONSES, ONLY THEN CONTINUE, ELSE SKIP TO Q 901.	Take some Allopathic medicines..... Use condom at every sex act..... Use some herbal medicines..... Do nothing Did not have STI infection ever Other..... 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"/>	
812	Which allopathic medicines did you use? READ OUT ALL OPTIONS	a. Injection b. Tablet/capsule c. Local ointment/cream/lotion/ pessary d. Other (specify)	00 00 00 00	NO 01 01 01	YES 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"/>	
813	Usually, from whom do you obtain these medicines?	Buy from chemist/pharmacy Given by a doctor or at a clinic Given by someone else Other (specify) Don't know/ remember No answer	01 02 03 97 98 99		<input type="checkbox"/> <input type="checkbox"/>	
BLOCK IX. KNOWLEDGE OF HIV/AIDS AND ITS PREVENTION						
901	Have you ever heard of HIV/AIDS?	No Yes No answer	00 01 99	► 1001 ► 1001	<input type="checkbox"/> <input type="checkbox"/>	
902	Is there anything a person can do to prevent getting infected with HIV/AIDS?	No Yes Don't know No answer	00 01 98 99	► 904 ► 904 ► 904	<input type="checkbox"/> <input type="checkbox"/>	
903 What are the ways a person can prevent becoming infected with HIV? This question has two kinds of responses: (a) Spontaneous response (b) Prompted response						
INSTRUCTION: LET THE RESPONDENT ANSWER FIRST. YOU MATCH HIS ANSWERS WITH THE STATEMENTS LISTED OUT IN COLUMN [1] & CIRCLE APPROPRIATE ANSWER IN COLUMN (2). THEN READ OUT THE REMAINING STATEMENTS NOT MENTIONED & CIRCLE THE RESPONDENT'S ANSWER IN COLUMN [3], [4] OR [5] AS APPROPRIATE.						
Methods		Spontaneous	Aided			
		Yes	Yes	No	Don't know	
(1)		(2)	(3)	(4)	(5)	(6)
a. Abstaining from sexual intercourse		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
b. <u>Always</u> use a condom while engaging in sex		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
c. Avoid sharing injecting equipment		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
d. Avoid being bitten by mosquito or other insect		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>

Methods		Spontaneous	Aided			
		Yes	Yes	No		Don't know
(1)		(2)	(3)	(4)	(5)	(6)
e. Don't use shared clothes or eating utensils		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
f. Eat nutritious food		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
g. Have sex with only one uninfected female partner		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
h. Have safe sex with male/Hijra partner		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
i. Ensuring safe blood transfusion		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
j. Clean genitals after intercourse		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
k. Other(s), specify:		01		00		<input type="checkbox"/> <input type="checkbox"/>
#	Question	Pre-coded Answers		Codes	Skip	Code Boxes
904	By just looking at a person can you know whether the person has HIV, the virus that causes AIDS?	No	00			<input type="checkbox"/> <input type="checkbox"/>
		Yes	01			
		Don't know	98			
905	Do you personally know someone who is infected with HIV or suffers from AIDS or has died of AIDS?	No	00			<input type="checkbox"/> <input type="checkbox"/>
		Yes	01			
		No answer	99			
906	Do you feel that you might be at risk to be infected with HIV/AIDS?	No	00		► 908	<input type="checkbox"/> <input type="checkbox"/>
		Yes	01			
		Don't know	98		► 908	
		No answer	99		► 908	
907	Why do you feel that you might be a risk to be infected with HIV? MULTIPLE RESPONSES POSSIBLE	Go to a sex worker	01			<input type="checkbox"/> <input type="checkbox"/>
		Do not use condom	02			<input type="checkbox"/> <input type="checkbox"/>
		Inject drugs	03			<input type="checkbox"/> <input type="checkbox"/>
		Other.....(Specify)	97			<input type="checkbox"/> <input type="checkbox"/>
		No answer.....	99			<input type="checkbox"/> <input type="checkbox"/>
908	Do you know of a place/centre where HIV test is done?	No	00		► 910	<input type="checkbox"/> <input type="checkbox"/>
		Yes	01			
		No answer	99			
909	Do you know whether the test result are kept confidential at this place/Centre and told to the patient only?	No	00			<input type="checkbox"/> <input type="checkbox"/>
		Yes	01			
		No answer	99			
910	We do not want to know the results, but have you ever undergone HIV test?	No	00		► 914	<input type="checkbox"/> <input type="checkbox"/>
		Yes	01			
		No answer	99		► 914	
911	When did you last take an HIV test?	Less than a year ago.....	01			<input type="checkbox"/> <input type="checkbox"/>
		More than a year ago	02			
		No answer	99			

#	Question	Pre-coded Answers	Codes	Skip	Code Boxes
912	Think of the last HIV test. Did you undergo that HIV/AIDS test voluntarily or were you directed by someone to have the test?	Voluntary Directed by Transporter/broker Suggested by doctor/ NGO personnel..... Motivated after seeing a lot of truckers participating in camp for HIV test Suggested by Khushi clinic doctor Other (specify) No answer	01 02 03 04 05 97 99		<input type="checkbox"/> <input type="checkbox"/>
913	Did anyone at the testing centre speak to you about what HIV/AIDS is and how one can prevent it?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>
914	Can you tell me whether there are any drugs that can help treat people who have HIV/AIDS?	No Yes Don't know No answer	00 01 98 99		<input type="checkbox"/> <input type="checkbox"/>
915	Have you ever heard of ART (Anti retroviral therapy)?	No Yes No answer	00 01 99		<input type="checkbox"/> <input type="checkbox"/>

**BLOCK X . EXPOSURE TO INTERVENTION
ABOUT KHUSHI CLINIC**

S.NO	Question	Pre-coded Answers	Codes	Skip	Code Boxes
1001	Have you ever heard of Khushi Clinic?	No Yes	00 01		<input type="checkbox"/> <input type="checkbox"/>
1002	Have you seen this? (point to Khushi logo)	No Yes	00 01		<input type="checkbox"/> <input type="checkbox"/>

Instruction: If response in both the questions 1001 & 1002 is coded as '00', Skip to 1010 Else Continue

1003	For how long have you known of Khushi Clinic? RECORD IN MONTHS	Record in Verbatim (in months): _____ No answer	99		<input type="checkbox"/> <input type="checkbox"/>	
1004	What are the types of interactions or services that you have received from Khushi Clinic during the past 12 months ? Instructions: This question has two kinds of responses: (a) Spontaneous response (b) Prompted response INSTRUCTION: LET THE RESPONDENT ANSWER SPONTANEOUSLY FIRST. YOU MATCH HIS ANSWERS WITH THE STATEMENTS LISTED OUT IN COLUMN [1] & CIRCLE APPROPRIATE ANSWER IN COLUMN (2). THEN READ OUT THE REMAINING STATEMENTS NOT MENTIONED & CIRCLE THE RESPONDENT'S ANSWER IN COLUMN (3).					
	Services (1)	Spontaneous (2) Yes	Prompted (3) Yes No DK/DR			
	a. Contacted by a peer educator/outreach worker	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	b. Contacted by a peer educator/outreach worker in the last one month	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	c. Received health card (confirm by showing Kushi passport/ card when asking the question)	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
	Services(1)	Spontaneous (2)	Prompted (3)			

d. Visited the Khushi clinic.		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
e. Received condoms from the peers/outreach workers		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
f. Received counseling services		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
g. Was referred to other service centres (STI clinic, VCTC, detox centre etc.)		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
h. Took part in a meeting / training organized by Khushi Clinic		01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>
i. Others (Specify) _____		01		00		<input type="checkbox"/> <input type="checkbox"/>
1005	Refer Q 1004 b. If contacted by a peer educator/outreach worker in the last one month, ask the following question or else ELSE SKIP TO Q1006 How many times in the past one month were you contacted by a peer educator / other workers from Khushi?	Number of times _____ Don't know / don't remember.....		98		<input type="checkbox"/> <input type="checkbox"/>
1006	Refere Q 1004 c. If received health card, ask the following question or ELSE SKIP to Q1007 when did you receive the health card?	a. Month: _____ Don't know	98		a. <input type="checkbox"/> <input type="checkbox"/>	
		b. Year: _____ Dont know	9998		b. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1007	Have you ever been to a Khushi clinic's entertainment event? ENTERTAINMENT MEANS MELA, SINGING ,DANCING, THEATER, STALLS, GAMES, PRIZES	No Yes Dont know No answer	00 01 98 99	► 1009 ► 1009 ► 1009		<input type="checkbox"/> <input type="checkbox"/>
1008	How many times in the past one month did you see entertainment programme organised by Khushi?	Number of times _____ Don't know / don't remember.....		98		<input type="checkbox"/> <input type="checkbox"/>
1009	Refer Q 1004 d. If coded as '01' or '02 ' , ask 1009 a to 1009d else Skip to 1010					

1009a	Which location(s) have you visited the Khushi clinic(s)?	a. Location 1 _____ b. Location 2 _____ c. Location 3 : _____				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1009b	How many times have you visited KHUSHI clinic(s) to see a doctor in the past one year?	Number of times _____ Don't know / don't remember.....	98			<input type="checkbox"/> <input type="checkbox"/>
1009c	How many times in the past one year have you visited any KHIUSHI clinic(s) for problems like genital or anal ulcer/sore, urethral discharge, or swelling in the groin area?	Number of times _____ Don't know / don't remember.....	98			<input type="checkbox"/> <input type="checkbox"/>
1009d	How many times in the past one year have you visited the Khushi clinic(s) for general health ailments?	Number of times _____ Don't know / don't remember.....	98			<input type="checkbox"/> <input type="checkbox"/>
ABOUT OTHER NGOS						
1010	Have you heard of any NGOs / programmes providing HIV education / prevention services?	No Yes	00 01		► NOTE	<input type="checkbox"/> <input type="checkbox"/>
1011	What are the name(s) of these NGOs / programmes	a. Name _____ b. Name _____ c. Name _____ Don't know / Don't remember	98			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1012	For how long have you known these NGOs / programmes (in months)?	Record in Verbatim (in months): _____ No answer.....	99			<input type="checkbox"/> <input type="checkbox"/>
1013	How many times have you been contacted or have you received / accessed services from any of these NGOs / programmes in the past one year ?	Number of times: _____ No services in the past one year.....	00		► NOTE	<input type="checkbox"/> <input type="checkbox"/>
1014	At which location did you receive/ (most) of the services in the last one year ? ASK FOR CITY	a. Location: _____ b. Name of NGO _____ Don't know / don't remember	998			a. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b. <input type="checkbox"/> <input type="checkbox"/>

1015	<p>What are the types of interactions or services that you have received from these NGOs during the past 12 months? Instructions: This question has two kinds of responses: (a) Spontaneous response (b) Prompted response</p> <p>INSTRUCTION: LET THE RESPONDENT ANSWER SPONTANEOUSLY FIRST. YOU MATCH HIS ANSWERS WITH THE STATEMENTS LISTED OUT IN COLUMN [1] & CIRCLE APPROPRIATE ANSWER IN COLUMN (2). THEN READ OUT THE REMAINING STATEMENTS NOT MENTIONED & CIRCLE THE RESPONDENT'S ANSWER IN COLUMN [3].)</p>					
Services (1)	Spontaneous (2)	Prompted (3)				
	Yes	Yes	No	DK/ DR		
a. Contacted by a peer educator/outreach worker	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
b. Contacted by a peer educator/outreach worker in the last one month	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
c. Received health card	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
d. Visited the NGO clinic.	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
e. Received condoms from the peers/outreach workers	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
f. Received counseling services	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
g. Was referred to other service centres (STI clinic, VCTC, detox centre etc.)	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
h. Took part in a meeting / training organized by NGO	01	02	00	98	<input type="checkbox"/> <input type="checkbox"/>	
i. Others (Specify) _____	01		00			

Please write down any observation (while interacting with the respondent) / comments or any other information that you want to share.

NOTES

Before ending the interview, carefully review the completeness of the contents of the questionnaire/respondent's answers

Express thanks to the respondent for his participation

DATA ENTRY	NAME	SIGNATURE	DATE
Data Entered			
Data Re-entered			
Data Entry Checked			