

AFRICAN POPULATION AND HEALTH RESEARCH CENTER
Understanding and Preventing Potential Social Harms and Abuses of Oral HIV Self-Testing in Kenya

1. ID	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;">Loc</th> <th colspan="4" style="width: 20%;">EA#</th> <th colspan="4" style="width: 20%;">FW Code</th> <th colspan="2" style="width: 15%;">Resp #</th> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>										Loc	EA#				FW Code				Resp #												
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RESULT**	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>																							
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<p>**RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT HOME AT TIME OF VISIT</p> <p>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</p> <p>4 POSTPONED</p> <p>5 REFUSED</p> <p>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</p> <p>7 DWELLING DESTROYED</p> <p>8 DWELLING NOT FOUND</p> <p>9 OTHER _____</p> <p style="text-align: center;">(SPECIFY)</p> <p style="text-align: center;">SUPERVISOR</p> <p>CODE </p> <p>DATE </p> <p>(DD/MM/YY)</p>																																

SECTION 1. HOUSEHOLD CHARACTERISTICS																																																																													
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP																																																																								
101	RECORD THE TIME.	HOUR	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>																																																																										
		MINUTES																																																																											
102	What is the main source of drinking water for members of your household?	WATER SELLERS/VENDORS '10 PIPED WATER PIPED INTO DWELLING 11 PIPED TO COMPOUND/PLOT 12 PUBLIC TAP/STANDPIPE 13 WELL WATER WELL ON RESIDENCE/PLOT 21 PUBLIC WELL 22 SURFACE WATER RIVER/STREAM 31 POND/LAKE 32 RAINWATER 41 BOTTLED WATER 51 OTHER 96 (SPECIFY)																																																																											
103	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET 11 TRADITIONAL PIT LATRINE 21 VENTILATED IMPROVED LATRINE 22 FLUSH TRENCH TOILET 31 BUCKET TOILET 41 NO FACILITY/BUSH/FIELD 51 FLYING TOILET 61 OTHER 96 (SPECIFY)			106																																																																								
104	Do you share this toilet facility with other households?	YES 1 NO 2			→ 106																																																																								
105	How many households use this toilet facility, including your household?	NO. OF HOUSEHOLDS IF LESS THAN 10 10 OR MORE HOUSEHOLDS 94 DON'T KNOW 98																																																																											
106	[CIRCLE THE APPROPRIATE RESPONSES] Does your household own any of the following items?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr><td>A clock?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>A radio/cassette player?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>A television?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>A mobile telephone?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>A refrigerator?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>An electric/gas cooker?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>A car?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>A motorcycle?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>A bicycle?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Sofa?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Table?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>A flash light (with working batteries)?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Kerosene lamp with glass/lantern?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Kerosene stove?</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>An electric iron</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>A charcoal iron</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Electric coil burner</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>				YES	NO	DON'T KNOW	A clock?	1	2	8	A radio/cassette player?	1	2	8	A television?	1	2	8	A mobile telephone?	1	2	8	A refrigerator?	1	2	8	An electric/gas cooker?	1	2	8	A car?	1	2	8	A motorcycle?	1	2	8	A bicycle?	1	2	8	Sofa?	1	2	8	Table?	1	2	8	A flash light (with working batteries)?	1	2	8	Kerosene lamp with glass/lantern?	1	2	8	Kerosene stove?	1	2	8	An electric iron	1	2	8	A charcoal iron	1	2	8	Electric coil burner	1	2	8	
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SECTION 2. RESPONDENT'S BACKGROUND																			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
201	In what day, month and year were you born? [IF DATE, MONTH AND YEAR ARE NOT KNOWN, RECORD 98, 98, 9998 RESPECTIVELY]	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																	
202	How old were you at your last birthday? COMPARE AND CORRECT 201 IF INCONSISTENT	AGE IN COMPLETED YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	
203	Have you ever attended school?	YES 1 NO 2	→ 208																
204	What is the highest level of school you attended?	PRIMARY 01 POST-PRIMARY/VOCATIONAL 02 SECONDARY/'A' LEVEL 03 COLLEGE (MIDDLE LEVEL) 04 UNIVERSITY 05																	
205	What is the highest (standard/form/year) you completed at that level? IF NOT COMPLETED THE FIRST CLASS AT ANY LEVEL, WRITE '00'.	STANDARD/FORM/YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	
206	CHECK Q202: AGE 30 AND BELOW ↓ ABOVE AGE 30		→ 208																
207	Are you currently attending school?	YES 1 NO 2																	
208	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4																	
209	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4																	

SECTION 2. RESPONDENT'S BACKGROUND			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
210	What is your religion?	CATHOLIC 01 PROTESTANT 02 PENTECOSTAL/CHARISMATIC 03 OTHER CHRISTIAN 04 ISLAM 05 TRADITIONALIST 06 NO RELIGION 07 OTHER 96 (SPECIFY)	
211	What is your ethnic group?	EMBU 01 KALENJIN 02 KAMBA 03 KIKUYU 04 KISII 05 LUHYA 06 LUO 07 MASAI 08 MERU 09 MIJIKENDA/SWAHILI 10 SOMALI 11 TAITA/TAVETA 12 OTHER 96 (SPECIFY)	
212	Are you currently married or living together with a partner as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER 2 NO, NOT IN UNION 3	301
213	Have you ever been married or lived together with a partner as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A PARTNER 2 NO 3	301
214	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	

SECTION 3. HIV/AIDS KNOWLEDGE					
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
301	As I mentioned, we are interesting in learning more about people's perceptions about HIV/AIDS Have you ever heard of HIV/AIDS?	YES 1 NO 2			→518
302	From which sources have you received information about HIV/AIDS? PROBE: ANY OTHER SOURCES?	YES NO RADIO 1 2 TV 1 2 NEWSPAPERS/MAGAZINES ... 1 2 PAMPHLETS/POSTERS 1 2 HEALTH WORKERS 1 2 MOSQUES/CHURCHES 1 2 SCHOOLS/TEACHERS 1 2 COMMUNITY MEETINGS 1 2 FRIENDS/RELATIVES 1 2 WORK PLACE 1 2 DRAMA/PERFORMANCE 1 2 OTHER 1 2 (SPECIFY)			
303	In your opinion, can a person get HIV/AIDS from: (READ STATEMENT) a. Holding hands with someone? b. Sharing needles used to inject (shoot up) drugs? c. Being bitten by mosquitoes or other insects? d. Using public toilets? e. Having sexual intercourse without a condom(rubber)? .. f. Being in the same class with a student who has AIDS/HIV infection?	YES	NO	NOT SURE	
		1	2	8	
		1	2	8	
		1	2	8	
		1	2	8	
		1	2	8	
		1	2	8	
304	In your opinion (READ STATEMENT) a. Can you tell if people are infected with the AIDS virus (HIV) just by looking at them? b. Can a person who has the AIDS virus (HIV) infect someone else during sexual intercourse? c. Can a pregnant woman who has the AIDS virus (HIV) infect her unborn baby with the virus? d. Is there a cure for HIV/AIDS?	YES	NO	NOT SURE	
		1	2	8	
		1	2	8	
		1	2	8	
		1	2	8	
305	Can people reduce their chances of becoming infected with the AIDS virus (HIV): (READ STATEMENT) a. By not having sexual intercourse (being abstinent)? ... b. By using condoms (rubbers) during sexual intercourse? c. By not having sexual intercourse with a person who has injected (shot up) drugs?				
		1	2	8	
		1	2	8	
		1	2	8	

SECTION 4. HIV/AIDS																																							
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
401	Would you buy fruits or vegetables from a shopkeeper or vendor if you knew that he/she had the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																																					
402	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DK/NOT SURE/DEPENDS 8																																					
403	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8																																					
404	In your opinion, if a teacher has the AIDS virus but is not sick, should he/she be allowed to continue teaching in the school?	SHOULD BE ALLOWED 1 SHOULD NOT BE ALLOWED 2 DK/NOT SURE/DEPENDS 8																																					
405	Do you personally know someone who has HIV/AIDS or has died of AIDS?	YES 1 NO 2 DON'T KNOW 8																																					
406	Do you think your chances of getting HIV/AIDS are small, moderate, great or you have no risk at all?	SMALL 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 HIV POSITIVE 5 DON'T KNOW 8	408 410 409																																				
407	Why do you think you have NO RISK/A SMALL CHANCE of getting AIDS? Any other reasons? [CIRCLE ALL RESPONSES)	ABSTAIN FROM SEX A USE CONDOMS B HAVE ONLY ONE SEX PARTNER C LIMITED # OF SEX PARTNERS D SPOUSE/PARTNER HAS NO OTHER PARTNER E NO HOMOSEXUAL CONTACT F NO BLOOD TRANSFUSIONS G NO INJECTIONS H OTHER I (SPECIFY)	409																																				
408	Why do you think you have a MODERATE/GREAT chance of getting AIDS? Any other reasons? [CIRCLE ALL RESPONSES)	DO NOT USE CONDOMS A MORE THAN ONE PARTNER B MANY SEX PARTNERS C SPOUSE/PARTNER HAS OTHER PARTNERS D HOMOSEXUAL CONTACT E HAD BLOOD TRANSFUSION F HAD INJECTIONS G SUSPECT SPOUSE HAS APARTNER H OTHER I (SPECIFY)																																					
409	Since you heard of HIV/AIDS, have you changed your behaviour to avoid getting HIV/AIDS? IF YES: What did you do?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>NO BEHAVIOUR CHANGE</td> <td>1</td> <td>2</td> </tr> <tr> <td>DIDN'T START SEX</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOPPED ALL SEX</td> <td>1</td> <td>2</td> </tr> <tr> <td>STARTED USING CONDOMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>RESTRICTED SEX TO ONE PARTNER</td> <td>1</td> <td>2</td> </tr> <tr> <td>REDUCED NUMBER OF PARTNERS</td> <td>1</td> <td>2</td> </tr> <tr> <td>ASK SPOUSE/PARTNER TO BE FAITHFUL</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO MORE HOMOSEXUAL CONTACTS</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOPPED INJECTIONS</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER 1 (SPECIFY)</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER 2 (SPECIFY)</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	NO BEHAVIOUR CHANGE	1	2	DIDN'T START SEX	1	2	STOPPED ALL SEX	1	2	STARTED USING CONDOMS	1	2	RESTRICTED SEX TO ONE PARTNER	1	2	REDUCED NUMBER OF PARTNERS	1	2	ASK SPOUSE/PARTNER TO BE FAITHFUL	1	2	NO MORE HOMOSEXUAL CONTACTS	1	2	STOPPED INJECTIONS	1	2	OTHER 1 (SPECIFY)	1	2	OTHER 2 (SPECIFY)	1	2	
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410	Do you think it is advisable for people to routinely test themselves for HIV?	YES 1 NO 2 DEPENDS ON RISK 3 DON'T KNOW 8																																					

SECTION 4. HIV/AIDS			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	I don't want to know the results, but have you ever been tested for HIV?	YES 1 NO 2 DON'T KNOW/UNSURE 8	} 419
412	The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted or was it required?	RESPONDENT ASKED FOR THE TEST ... 1 OFFERED AND ACCEPTED 2 REQUIRED 3	
413	What was the main reason you got tested the last time?	TO KNOW STATUS 01 PREGNANT/ PRENATAL 02 I'M SEXUALLY ACTIVE 03 ENCOURAGED BY COUNSELOR 04 ENCOURAGED BY PEER EDUCATOR ... 05 ENCOURAGED BY PARENTS OR FAMILY 06 ENCOURAGED BY PEERS 07 TO GET MARRIED 08 PARTNER TOLD ME TO DO SO 09 CONCERN ABOUT A PARTNER 10 REQUIRED TO GET A JOB 11 OTHER 96 (SPECIFY)	
414	Where did you go for the test the last time?	GOVERNMENT CLINIC/HOSPITAL 01 PRIVATE CLINIC/HOSPITAL/DOCTOR ... 02 NGO CLINIC 03 DRUG SHOP/PHARMACY 04 MOBILE CLINIC 05 VCT CENTER 06 PART OF A RESEARCH STUDY 07 OTHER 96 (SPECIFY)	
415	At any time during that last test, did you get any counseling about ways of protecting yourself or your partner from HIV/AIDS?	YES 1 NO 2	
416	Do you think the confidential counseling by trained healthcare worker is necessary before a HIV/AIDS test?	YES 1 NO 2 DON'T KNOW 8	
417	I don't want to know the results, but did you get the results of that test?	YES 1 NO 2 REFUSED TO ANSWER 7	1 → 501 2 → 7 → 501
418	What is the main reason you did not get the results?	I'M NOT AT RISK 1 SCARED TO KNOW STATUS 2 SOMEONE MIGHT SEE ME 3 JUST DON'T WANT TO KNOW 4 INDIFFERENT/DON'T CARE 5 OTHER 96 (SPECIFY)	} 501
419	What is the main reason you have not been tested yet?	NEVER HAD SEX 00 NOT SEXUALLY ACTIVE 01 NOT AT RISK FOR OTHER REASONS ... 02 DO NOT KNOW WHERE TO GO 03 COSTS TOO MUCH 04 CAN GET INFECTION FROM TEST 05 DON'T WANT TO KNOW STATUS 06 SOMEONE MIGHT SEE ME 07 TRUST MYSELF 08 AFRAID TO KNOW STATUS 09 OTHER 96 (SPECIFY)	
420	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	

SECTION 5. ORAL HIV TESTING			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>There is now a kit that allows people to test themselves for HIV at home.</p> <p>INTERVIEWER SHOULD GIVE A SHORT DEMONSTRATION OF THE HIV KIT AND EMPHASIZE THAT WE WON'T TEST THE RESPONDENT</p>		
501	Before today, had you heard of a oral HIV self test (that is, an HIV test that you can do your self using oral fluids)?	YES 1 NO 2 DON'T KNOW 8	
502	If you can buy an oral HIV self test from the supermarket or shops, would you get it and do the test on your own?	YES 1 NO 2 DON'T KNOW 8	→ 504 → 511
503	<p>Why would you self test for HIV?</p> <p>(TICK ALL THAT APPLY)</p>	A NEGATIVE RESULT MEANS I WON'T HAVE TO WORRY A GET EARLY TREATMENT B PROTECT MY REGULAR PARTNERS C PROTECT OTHER SEXUAL PARTNERS D IT CAN BE DONE PRIVATELY E SUCH TESTS ARE ACCURATE F OTHER G (SPECIFY)	} 505
504	<p>Why would you not self-test?</p> <p>(TICK ALL THAT APPLY)</p>	I ALREADY KNOW MY RESULTS A AFRAID TO KNOW MY RESULTS B THERE IS NO CURE FOR HIV/AIDS, SO IT MAKES NO DIFFERENCE C I AM NOT SURE IF THE TEST IS ACCURATE D OTHER E (SPECIFY)	} 511
505	<p>You said you would be willing to test yourself.</p> <p>Are you confident that you can do the self test correctly?</p>	YES 1 NO 2 DON'T KNOW 8	
506	Would you trust the results of the self test?	YES 1 NO 2 DON'T KNOW 8	
506a	<p>Let's hypothetically assume that you self-test and the result is positive, what would you do first?</p> <p>[IF RESPONDENT GIVES MULTIPLE RESPONSES ASK THEM WHAT ONE THING THEY WOULD DO FIRST]</p>	SEEK COUNSELING 01 INFORM SEXUAL PARTNERS 02 KEEP THE RESULTS SECRET 03 INTENTIONNALLY INFECT OTHERS ... 04 SEEK FOR REVENGE 05 HAVE RISKY SEXUAL BEHAVIORS SINCE ALREADY INFECTED 06 STOP ENGAGING IN SOCIAL ACTIVITIES 07 ABUSE ALCOHOL/DRUGS 08 GO INTO DEPRESSION 09 COMMIT SUICIDE 10 CONFIRM THE RESULTS 11 OTHER 96 _____ _____ (SPECIFY) DON'T KNOW 98	→ 506b } 507

SECTION 5. ORAL HIV TESTING			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
506b	<p>You said if the result was positive you will seek for counseling.</p> <p>Which person will you most likely turn to for counseling?</p>	<p>A TRAINED COUNSELOR 1</p> <p>A RELIGIOUS LEADER 2</p> <p>AN ELDER IN THE FAMILY 3</p> <p>A FRIEND WHO WAS TESTED</p> <p> POSITIVE 4</p> <p>ANY FRIEND 5</p> <p>OTHER 96</p> <p> (SPECIFY)</p>	
507	Do you think it's necessary to have a trained counselor available to provide support or counseling for self-testing?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 510</p> <p>→ 511</p>
508	<p>Why do you think it is necessary to have a trained counsellor</p> <p>(TICK ALL THAT APPLY)</p>	<p>EXPLAIN THE NEED FOR THE TEST A</p> <p>EXPLAIN THE RESULTS B</p> <p>EXPLAIN THE NEED FOR A</p> <p> CONFIRMATORY TEST C</p> <p>ANSWER MY QUESTIONS D</p> <p>IF POSITIVE, I NEED SOMEONE</p> <p> TO PROVIDE SUPPORT E</p> <p>HEALTHCARE WORKERS</p> <p> ARE KNOWLEDGEABLE F</p> <p>OTHER G</p> <p> (SPECIFY)</p>	
509	What do you think will be the best way to receive this counselling?	<p>DIRECT FACE TO FACE COUNSELING 1</p> <p>OVER THE PHONE ANONYMOUS</p> <p> COUNSELING 2</p> <p>PAMPHLETS/LEAFLETS 3</p> <p>OTHER 6</p> <p> (SPECIFY)</p>	<p>} 511</p>
510	<p>Why do you think it is NOT necessary to have a trained counsellor?</p> <p>(TICK ALL THAT APPLY)</p>	<p>I CAN HANDLE THE RESULTS</p> <p> BY MYSELF A</p> <p>TAKES TOO MUCH TIME B</p> <p>PRE-TEST COUNSELING IS ENOUGH</p> <p>CONFIDENTIALITY OF MY C</p> <p> PERSONAL INFORMATION D</p> <p>OTHER 1 E</p> <p>OTHER 2 F</p> <p>OTHER 3 G</p> <p> (SPECIFY)</p>	
511	Do you think this kit should be sold in public outlets?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
512	Would you recommend this kit to other people?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 5. ORAL HIV TESTING									
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP	
513	What disadvantages do you see in HIV self-testing? (TICK ALL THAT APPLY)	THERE IS NO DISADVANTAGE A DON'T KNOW B TEST RESULTS MAY BE WRONG C PEOPLE MIGHT MISINTERPRET RESULTS D PEOPLE MIGHT PRODUCE COUNTERFEIT KITS E PEOPLE MIGHT HARM OTHERS F IF THE RESULT IS POSITIVE, PEOPLE WILL BE ANXIOUS OR DEPRESSED G IF THE RESULT IS POSITIVE, PEOPLE MIGHT COMMIT SUICIDE H IF THE RESULT IS POSITIVE, PEOPLE MIGHT DELAY SEEKING TREATMENT I PEOPLE WILL LACK SOCIAL SUPPORT J PEOPLE WILL NOT DISCLOSE POSITIVE RESULTS K IF RESULTS ARE NEGATIVE, PEOPLE WILL HAVE A FALSE SENSE OF SECURITY L IF RESULTS ARE NEGATIVE, PEOPLE WILL HAVE MULTIPLE PARTNERS M IF RESULTS ARE NEGATIVE, PEOPLE WILL HAVE UNPROTECTED SEX N OTHER1 O OTHER2 P OTHER3 O (SPECIFY)							
514	Do you think HIV self-testing is open to abuse by people?	YES 1 NO 2 DON'T KNOW 8						517	
515	In your opinion might HIV self-testing be abused by [READ STATEMENT]? IF 'YES' THEN ASK IF ABUSE CAN BE PREVENTED; ELSE SKIP TO NEXT POTENTIAL ABUSE a) Testing a partner without their consent b) Parents testing their children and infants c) Intentionally infecting others d) Disclosing others' HIV status e) Testing potential employees f) Schools testing children g) Others 1 h) Others 2 i) Others 3 (SPECIFY)	CAN ABUSE HAPPEN?		IS ABUSE PREVENTABLE?					
		YES	NO	DK	YES	NO	DK		
	a)	1	2	8	1	2	8		
	b)	1	2	8	1	2	8		
	c)	1	2	8	1	2	8		
	d)	1	2	8	1	2	8		
	e)	1	2	8	1	2	8		
	f)	1	2	8	1	2	8		
	g)	1	2	8	1	2	8		
	h)	1	2	8	1	2	8		
	i)	1	2	8	1	2	8		
516	How can the abuse(s) be controlled? (TICK ALL THAT APPLY)	DON'T KNOW A DON'T ALLOW HOME SELF-TESTING AVAIL ONLY ONE SELF-TEST KIT PER PERSON C SELF-TESTING KIT BE USED BY THE PERSON AVAILED TO D MAKE NON CONSENSUAL TESTING ILLEGAL E OTHER1 F OTHER2 G OTHER3 H (SPECIFY)							
517	Do you think HIV self-testing will reduce, increase or have no effect on HIV prevention?	INCREASE 1 REDUCE 2 NO EFFECT 3 DON'T KNOW 8							
INTERVIEWER READ OUT: Thank you for participating in this research survey and for sharing this useful information. Again, all information you provide is kept confidential. No one outside of the research team will have access to this information, and the information will only be used for research purposes. No identifying information will be used in printed reports.									
518	RECORD THE TIME.	HOUR MINUTES							

INTERVIEWER, PLEASE COMPLETE THE QUESTIONS BELOW BASED ON YOUR OWN
OBSERVATION AND ASSESSMENT OF THE ENTIRE INTERVIEW PROCESS AND OF
THE RESPONDENT

VERY GOOD	1
GOOD	2
MODERATE	3
BAD	4
VERY BAD	5

VERY HIGH	1
HIGH	2
AVERAGE	3
LOW	4
VERY LOW	5

VERY GOOD	1
GOOD	2
MODERATE	3
BAD	4
VERY BAD	5

7

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.