

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

1. ID	<b>Loc</b>	<b>EA#</b>				<b>FW Code</b>				<b>Resp #</b>	

2. Sex      **Male**       **Female**       3. Age

**INTERVIEWER VISITS**

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- \*\*RESULT CODES:**
- 1 COMPLETED
  - 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT HOME AT TIME OF VISIT
  - 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
  - 4 POSTPONED
  - 5 REFUSED
  - 6 DWELLING VACANT OR ADDRESS NOT A DWELLING
  - 7 DWELLING DESTROYED
  - 8 DWELLING NOT FOUND
  - 9 OTHER \_\_\_\_\_
- (SPECIFY)

CODE ..... 

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 SUPERVISOR

DATE ..... 

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 (DD/MM/YY)

SECTION 1. HOUSEHOLD CHARACTERISTICS											
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
101	RECORD THE TIME.	HOUR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
102	What is the main source of drinking water for members of your household?	WATER SELLERS/VENDORS ..... '10 <b>PIPED WATER</b> PIPED INTO DWELLING ..... 11 PIPED TO COMPOUND/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 <b>WELL WATER</b> WELL ON RESIDENCE/PLOT ..... 21 PUBLIC WELL ..... 22 <b>SURFACE WATER</b> 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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 10 OR MORE HOUSEHOLDS ..... 94 DON'T KNOW ..... 98									
106	<b>[CIRCLE THE APPROPRIATE RESPONSES]</b>										
	Does your household own any of the following items?										
		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								

SECTION 1. HOUSEHOLD CHARACTERISTICS			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION.</p>	<p>NATURAL FLOOR</p> <p>EARTH/SAND ..... 11</p> <p>DUNG ..... 12</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS ..... 21</p> <p>PALM/BAMBOO ..... 22</p> <p>FINISHED FLOOR</p> <p>PARQUET OR POLISHED WOOD ..... 31</p> <p>VINYL OR ASPHALT STRIPS ..... 32</p> <p>CERAMIC TILES ..... 33</p> <p>CEMENT ..... 34</p> <p>CARPET ..... 35</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
108	<p>MAIN MATERIAL OF THE ROOF.</p> <p>RECORD OBSERVATION.</p>	<p>GRASS/THATCH ..... 01</p> <p>PLASTIC SHEETS ..... 02</p> <p>CARDBOARD SHEETS ..... 03</p> <p>WOOD/TIMBER ..... 04</p> <p>METAL SHEETS/TIN ..... 05</p> <p>IRON SHEET (MABATI) ..... 06</p> <p>TILES ..... 07</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
109	<p>MAIN MATERIAL OF THE WALLS.</p> <p>RECORD OBSERVATION.</p>	<p>MUD ..... 01</p> <p>WOOD/TIMBER ..... 02</p> <p>IRON SHEETS(MABATI) ..... 03</p> <p>BURNT BRICKS ..... 04</p> <p>STONE/QUARRY STONES ..... 05</p> <p>CONCRETE BLOCKS ..... 06</p> <p>CARDBOARD SHEETS ..... 07</p> <p>CEMENTED MUD ..... 08</p> <p>CARTON/PLASTIC ..... 09</p> <p>TIN/METAL SHEETS ..... 10</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
110	<p>How many rooms in this household are used for sleeping?</p>	<p>ROOMS ..... <input type="text"/> <input type="text"/></p>	
111	<p>Does your household own this structure (house, flat, shack), do you rent it, or do you live here without pay?</p>	<p>OWNS ..... 1</p> <p>PAYS RENT/LEASE ..... 2</p> <p>NO RENT, WITH CONSENT OF OWNER ..... 3</p> <p>NO RENT, SQUATTING ..... 4</p> <p>OTHER (SPECIFY) _____ 6</p>	



**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		→518
		NO .....	2		
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)	YES	NO	NOT SURE	
	a. Holding hands with someone? .....	1	2	8	
	b. Sharing needles used to inject (shoot up) drugs? .....	1	2	8	
	c. Being bitten by mosquitoes or other insects? .....	1	2	8	
	d. Using public toilets? .....	1	2	8	
	e. Having sexual intercourse without a condom(rubber)? ..	1	2	8	
	f. Being in the same class with a student who has AIDS/HIV infection? .....	1	2	8	
304	In your opinion (READ STATEMENT)	YES	NO	NOT SURE	
	a. Can you tell if people are infected with the AIDS virus (HIV) just by looking at them?	1	2	8	
	b. Can a person who has the AIDS virus (HIV) infect someone else during sexual intercourse? .....	1	2	8	
	c. Can a pregnant woman who has the AIDS virus (HIV) infect her unborn baby with the virus? .....	1	2	8	
	d. Is there a cure for HIV/AIDS? .....	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)? ...	1	2	8	
	b. By using condoms (rubbers) during sexual intercourse?	1	2	8	
	c. By not having sexual intercourse with a person who has injected (shot up) drugs? .....	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?	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 ..... 1 2 (SPECIFY) OTHER 2 ..... 1 2 (SPECIFY)	
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 <b>main</b> 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	→ 501 → 501
418	What is the <b>main</b> 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 <b>main</b> 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
501	<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> <p>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)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
502	<p>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?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ 504</p> <p>→ 511</p>
503	<p>Why would you self test for HIV?</p> <p>(TICK ALL THAT APPLY)</p>	<p>A NEGATIVE RESULT MEANS I WON'T HAVE TO WORRY ..... A</p> <p>GET EARLY TREATMENT ..... B</p> <p>PROTECT MY REGULAR PARTNERS ..... C</p> <p>PROTECT OTHER SEXUAL PARTNERS ..... D</p> <p>IT CAN BE DONE PRIVATELY ..... E</p> <p>SUCH TESTS ARE ACCURATE ..... F</p> <p>OTHER ..... G</p> <p>(SPECIFY)</p>	<p>} 505</p>
504	<p>Why would you not self-test?</p> <p>(TICK ALL THAT APPLY)</p>	<p>I ALREADY KNOW MY RESULTS ..... A</p> <p>AFRAID TO KNOW MY RESULTS ..... B</p> <p>THERE IS NO CURE FOR HIV/AIDS, SO IT MAKES NO DIFFERENCE ..... C</p> <p>I AM NOT SURE IF THE TEST IS ACCURATE ..... D</p> <p>OTHER ..... E</p> <p>(SPECIFY)</p>	<p>} 511</p>
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>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
506	<p>Would you trust the results of the self test?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
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>	<p>SEEK COUNSELING ..... 01</p> <p>INFORM SEXUAL PARTNERS ..... 02</p> <p>KEEP THE RESULTS SECRET ..... 03</p> <p>INTENTIONNALLY INFECT OTHERS ... 04</p> <p>SEEK FOR REVENGE ..... 05</p> <p>HAVE RISKY SEXUAL BEHAVIORS SINCE ALREADY INFECTED ..... 06</p> <p>STOP ENGAGING IN SOCIAL ACTIVITIES ..... 07</p> <p>ABUSE ALCOHOL/DRUGS ..... 08</p> <p>GO INTO DEPRESSION ..... 09</p> <p>COMMIT SUICIDE ..... 10</p> <p>CONFIRM THE RESULTS ..... 11</p> <p>OTHER ..... 96</p> <p>_____</p> <p>_____</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	<p>→ 506b</p> <p>} 507</p>

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

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									
		1	2	8	1	2	8									
		1	2	8	1	2	8									
		1	2	8	1	2	8									
		1	2	8	1	2	8									
		1	2	8	1	2	8									
		1	2	8	1	2	8									
		1	2	8	1	2	8									
		1	2	8	1	2	8									
		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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>														

