



Baseline Behavioural Surveillance Questionnaire

Dear respondent,

Please take a few minutes to read the short preamble below before beginning the survey.

Introduction

We are conducting this survey with all cadres of staff at the ----- in order to identify knowledge, attitudes and practices as they relate to HIV/AIDS prevention, treatment, care and support. These questionnaires will be evaluated as a whole and not individually. The findings will serve as a basis to design, plan and develop effective and relevant HIV/AIDS prevention, treatment, care and support programs for you and your family.

Confidentiality

In completing this questionnaire we do not need to know your name or connect you in any way to a particular questionnaire. The answers that you give are completely confidential and will not be shared with your employer, colleagues, spouse or friends. A lot of the questions are very personal and as such, we request that you provide honest answers as much as possible. By better understanding what you know, how you think, feel, or how you relate to certain issues we can together plan a successful program that benefits you, your colleagues and family members.

Instructions

It will take you approximately 30 minutes to complete this questionnaire. Please follow the instructions given and **please do not put your name** on the questionnaire.

Thank you for taking time to participate in this survey.

Please write your answer or circle the correct answer code. Please circle only one choice if various options are given, unless otherwise indicated. Skip questions where appropriate, as indicated by “go to”.

Question	Response and Coding Category	Skip to
1. Characteristics of Respondents		
1.1 How old are you?	<input type="text"/> <input type="text"/> years	
1.2 Gender?	Male 1 Female 2	
1.3 Have you ever attended school?	Yes 1 No 2	Go to Q 1.4
1.3.1 What is the highest level of school that you have completed?	Primary 1 Secondary 2 College 3 Under graduate 4 Post-graduate 5	
1.4 How long have you worked for your organisation?	<input type="text"/> <input type="text"/> months <input type="text"/> <input type="text"/> years	
1.5 Are you permanent or temporary staff?	Permanent 1 Temporary 2	Go to Q 1.6
1.5.1 If temporary, are you a	Daily worker 1 Weekly worker 2 Seasonal worker 3 Other (please write down):	
1.6 What is your employment level?	Senior Management 1 Middle management 2 Programme staff 3 administration 4 Skilled manual 5 Unskilled manual 6 Other (please write down):	
1.7 What is your <i>current</i> marital status?	Single 1 Living with partner but not married 2 Married 3 Divorced 4 Widowed 5 Separated 6 Other (please write down):	
1.7.1 Do you have another partner besides your wife/husband?	Yes 1 No 2	
1.7.2 How many other sexual partners have you had in the last 12 months, besides your wife/husband?	<input type="text"/> <input type="text"/> partners	
1.7.3 Does your spouse live in the same house as you?	Yes 1 No 2	Go to Q 1.8
1.7.4 Where does your spouse live?	In another residence in this location 1 Elsewhere, in the countryside 2 Elsewhere, in a town/city 3 Other (please write down):	
1.7.5 How often do you see your spouse?	Once a week 1 Once a month 2	

	Once every three months	3	
	Once every six months	4	
1.8 How many children do you have?	With your spouse:	<input type="checkbox"/> <input type="checkbox"/> children	
	With other partners:	<input type="checkbox"/> <input type="checkbox"/> children	
1.9 How long have you lived in this city/town?		<input type="checkbox"/> <input type="checkbox"/> years	
	Do not know	8	
2. HIV/AIDS knowledge and the modes of transmission			
2.1 What is HIV?	Please fill in your answer in this box		
2.1.2 What is AIDS?	Please fill in your answer in this box		
2.2 Is there a cure for HIV/AIDS?	Yes	1	
	No	2	
	Do not know	8	
2.3 How do you think HIV/AIDS can be cured? Circle 1 for all answers that apply and 0 for all answers that do not apply	Western medicine	0 1	
	Traditional medicine	0 1	
	Having sex with a virgin	0 1	
	Spiritual healing	0 1	
	Other (please write down):		
2.4 Are there any medicines that a person with the HIV virus can take to delay getting AIDS?	Yes	1	
	No	2	
	Maybe	3	
	Do not know	8	
2.5 What medicines can a person with the HIV virus take to delay getting AIDS?	Please list or describe the AIDS medicines you know		
2.6 In your opinion is there a difference between HIV and AIDS?	Yes	1	
	No	2	
	Do not know	8	
2.7 What is the difference between HIV and AIDS?	Please describe the difference between HIV and AIDS		
2.8 Do you think that a healthy-looking person can be infected with HIV?	Yes	1	
	No	2	
	Do not know	8	
2.9 From the moment that someone is infected with HIV, how long do you think it takes before the signs of AIDS begin to show?	A few weeks	1	
	A few months	2	
	One or two years	3	
	More than five years	4	
	Do not know	8	
	Other (please write down):		
2.10 What are the major signs of AIDS that you know?	Please describe the major signs of AIDS		
2.11 Who do you think is most at risk of getting infected by HIV? Please rank on a scale on 1 to 11, with 1 being	Young men (under 25)		
	Young women (under 25)		
	Older men (26-50)		
	Older women (26-50)		

	Do not know Other (please describe):	8	
2.17 Do you know a place where a person who has been raped can seek help?	Yes No	1 2	
2.17.1 Name a few places where a person who has been raped can seek help?	Please write down your answer		
2.18 Is there anything a person who has been raped can do to avoid getting the virus that causes AIDS?	Yes No	1 2	
2.19 What can a person who has been raped do to avoid contracting the virus that causes AIDS?	Please write down your answers		

3. Sexual Encounters and Number of Sexual Partners			
3.1 Have you ever had sexual intercourse? Sexual intercourse = penetrative anal sex or penetrative vaginal sex	Yes No	1 2	Go to Q4.6
3.2 Over the last 12 months have you had sexual intercourse with a regular partner/s? Regular = spouse(s) or steady boy/girlfriend	Yes No	1 2	
3.2.1 How many regular partners have you had sexual intercourse with in the last 12 months ?	Number of regular partners Do not know	<input type="text"/> <input type="text"/> 8	
3.2.2 Over the last 12 months have you had sexual intercourse with a commercial partner/s? Commercial: Partners with whom you had sex in exchange for money/gifts	Yes No	1 2	
3.2.2.1 How many commercial partners have you had sexual intercourse with in the last 12 months ?	Number of commercial partners Do not know	<input type="text"/> <input type="text"/> 8	
3.2.3 Over the last 12 months have you had sexual intercourse with a non-regular partner/s? Non-regular: Sexual partners that you are not married to, have never lived with, and did not pay	Yes No	1 2	
3.2.3.1 How many non-regular partners have you had sexual intercourse with in the last 12 months ?	Number of non regular partners Do not know	<input type="text"/> <input type="text"/> 8	
3.3 Does your present partner have any other partners beside yourself that you know of?	Yes No Do not know.	1 2 8	
3.3.1 How many other partners does your partner have besides yourself?	Number of other partners None Do not know	<input type="text"/> <input type="text"/> 8	
4. Condom Use			
4.1 Do you use a condom during sexual intercourse with your regular partner/s?	Yes No Maybe	1 2	
4.1.2 Over the last 12 months how often have you used a condom with your regular partner?	Every time, Almost every time Sometimes None Do not know	1 2 3 4 8	
4.2 Do you use a condom during sexual intercourse with non-regular partners?	Yes No Maybe	1 2	
4.2.1 Over the last 12 months how often have you used a condom with a non-regular partner?	Every time, Almost every time Sometimes None Do not know	1 2 3 4 8	
4.3 Do you use a condom during sexual intercourse with commercial sex workers?	Yes No Maybe	1 2	

4.3.2 Over the last 12 months how often have you used a condom with a commercial partner?	Every time, 1 Almost every time 2 Sometimes 3 None 4 Do not know 8	
4.4 Looking back to the last time you used a condom, who suggested that you use a condom?	Myself 1 My Partner 2 Joint Decision 3 Do not know 8	
4.5 What was the reason for using a condom this last time? Circle 1 for all answers that apply and 0 for all answers that do not apply	To prevent pregnancy 0 1 To prevent HIV/AIDS 0 1 To prevent sexually transmitted infections 0 1 Partner insisted 0 1 Did not trust partner 0 1 Do not know 0 1 Other (please describe): 8	
4.6 Can you afford to buy condoms?	Yes 1 No 2 Do not know 8	
4.7 Do you know a place where you can get yourself a condom?	Yes 1 No 2 Do not know 8	
4.7.2 Which of these places is most convenient for you to get yourself a condom? Circle all answers that apply	Nearby hospital/clinic Pharmacy/chemist 1 Community based distributor 2 Shop/Kiosks 3 Bars 4 Friend/relatives 5 Workplace 6 Other (please describe): 7 Nearby NGO	
4.8 Do you know a place where one can get female condoms?	Yes 1 No 2 Do not know 8	
4.9 Do you feel confident that you know how to use a condom correctly?	Yes 1 No 2 Sometimes 3 Not sure	
4.10 Do you agree or disagree with the following statements Circle 1 if you agree and 0 if you disagree	Condoms decrease sexual pleasure 0 1 Condoms break often during sex 0 1 Condoms are convenient to use 0 1 Condoms can be reused 0 1 Condoms prevent sexually transmitted infections 0 1 Condoms prevent HIV transmission 0 1 I would lose respect if I asked my partner to use a condom 0 1 I would not be embarrassed to use condoms 0 1 It is alright for a husband to use a condom with his wife 0 1 It is not acceptable for anyone to use condoms 0 1	

<p>6.1.2 Why do you think you have no / low risk of contracting HIV?</p> <p>Circle 1 for all answers that apply and circle 0 for all answers that do not apply</p>	<p>I do not have sex 0 1</p> <p>I am circumcised (male) (or my partner is circumcised) 0 1</p> <p>I have one faithful partner 0 1</p> <p>I trust my partner 0 1</p> <p>I always use a condom when I am not with my regular partner 0 1</p> <p>I do not have sex with commercial partners 0 1</p> <p>I do not accept blood transfusions 0 1</p> <p>I have no contact with people with HIV/AIDS 0 1</p> <p>Other reasons (please describe):</p>												
<p>6.1.3 Why do you think you have moderate / high risk of contracting HIV?</p> <p>Circle 1 for all answers that apply and circle 0 for all answers that do not apply</p>	<p>I have sex with many partners 0 1</p> <p>I do not use condoms 0 1</p> <p>My partner has other partners 0 1</p> <p>I have sex with commercial partners 0 1</p> <p>I accepted a blood transfusion 0 1</p> <p>I am not circumcised (male) (or my partner is not circumcised) 0 1</p> <p>I have contact with people with HIV/AIDS 0 1</p> <p>I inject drugs 0 1</p> <p>Other reasons (please describe):</p>												
<p>6.2 If a person is HIV positive would you consider it her/his fault?</p>	<table border="1"> <tr> <td>Yes</td> <td>1</td> <td></td> </tr> <tr> <td>Maybe</td> <td>3</td> <td></td> </tr> <tr> <td>Not sure</td> <td></td> <td></td> </tr> <tr> <td>No</td> <td>2</td> <td></td> </tr> </table>	Yes	1		Maybe	3		Not sure			No	2	
Yes	1												
Maybe	3												
Not sure													
No	2												
<p>6.2.1 Why would you consider a person who is HIV positive to be at fault?</p> <p>Circle 1 for all answers that apply and circle 0 for all answers that do not apply</p>	<table border="1"> <tr> <td>It's as result of being promiscuous</td> <td>0 1</td> </tr> <tr> <td>It's a punishment from God</td> <td>0 1</td> </tr> <tr> <td>They are paying for not using condoms</td> <td>0 1</td> </tr> <tr> <td>Paying for not abstaining from sex</td> <td>0 1</td> </tr> <tr> <td>They are bewitched</td> <td>0 1</td> </tr> <tr> <td>Other (please describe):</td> <td></td> </tr> </table>	It's as result of being promiscuous	0 1	It's a punishment from God	0 1	They are paying for not using condoms	0 1	Paying for not abstaining from sex	0 1	They are bewitched	0 1	Other (please describe):	
It's as result of being promiscuous	0 1												
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Paying for not abstaining from sex	0 1												
They are bewitched	0 1												
Other (please describe):													
<p>6.2 If you know that a person has the virus that causes AIDS, would you do the following:</p> <p>Circle 1 if you would and 0 if you wouldn't</p>	<p>Buy fresh vegetables from them 0 1</p> <p>Buy fresh meat from them 0 1</p> <p>Help them if they are involved in an accident and bleeding 0 1</p> <p>Wash their clothes 0 1</p> <p>Care for them in your household 0 1</p> <p>Cook meals in your household 0 1</p> <p>Be your children/s' babysitters 0 1</p>												
<p>6.4 Would you be worried if:</p>	<p>A child in your child's class has the virus that causes AIDS</p> <p>0 1</p> <p>If a female teacher in your child's class told you that she has the virus that causes AIDS 0 1</p> <p>If a male teacher in your child's class told you that he has the virus that causes AIDS 0 1</p>												
<p>6.5 If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret?</p>	<table border="1"> <tr> <td>Yes</td> <td>1</td> <td></td> </tr> <tr> <td>No</td> <td>2</td> <td></td> </tr> <tr> <td>Do not know</td> <td>8</td> <td></td> </tr> </table>	Yes	1		No	2		Do not know	8				
Yes	1												
No	2												
Do not know	8												
<p>6.5.1 Why would you want to keep it a secret?</p> <p>Circle 1 for all answers that apply and 0 for all answers that do not apply</p>	<p>Family member would be blamed 0 1</p> <p>Family member would find it difficult to get care and treatment 0 1</p> <p>Family member would be neglected, isolated, avoided 0 1</p> <p>Family member would not be allowed in public places 0 1</p> <p>People would avoid and blame entire family 0 1</p>												

6.5.2 Why do you not mind if your relative's HIV status is known? Circle 1 for all answers that apply and 0 for all answers that do not apply	Family member would be able to receive care/support needed Family member would be able to seek counselling Encourage them to live positively Other (please describe):	0 1 0 1 0 1	
6.6 Statement: "People with HIV/AIDS should be separated from others." Circle only one answer	Agree No opinion Disagree	1 2 3	
6.7 If a woman in this workplace disclosed that she is HIV positive, do you think she would be treated the same, better or worse, than a man who disclosed that he is HIV positive?	The Same Better Worse Do not know	1 2 3 8	
7. Knowledge about VCT – Emphasis: We do NOT want to know the result of your test			
7.1 Have you heard of HIVcounselling and testing (HCT)	Yes No	1 2	
7.1.1 What is VCT (Voluntary Counselling and testing)?	Please describe VCT		
7.2 Have you ever been tested for HIV?	Yes No	1 2	Go to Q7.3
7.2.1 How long ago did you have this test?	Less than 12 months ago 1-2 years ago 2-4 years ago More than 5 years ago	1 2 3 4	
7.2.2 Was it a voluntary decision or was it a requirement?	Voluntary Requirement	1 2	
7.2.2.1 If voluntary, what made you decide to go for the test?	To reduce fear and anxiety I just wanted to know my status For marriage purposes Other (please describe):	1 2 3	
7.2.2.2 If requirement, what was the purpose?	Marriage Employment Recruitment into the armed forces Visa Healthcare/surgery Life insurance Blood donation Scholarship Pregnancy Other (please describe):	1 2 3 4 5 6 7 8 9	
7.2.3 Did you receive your result? We do not wish to know the result	Yes No	1 2	
7.2.3.1 Why did you not receive the result?	Please write down the reasons		

7.3 Why have you never been tested for HIV?	Please write down your reasons	
7.4 Are there any special circumstances that would make you go for an HIV test?	Please write down your reasons	
7.5 Do you know a place where you would go for an HIV test?	Yes No	1 2
7.6 In your opinion is VCT affordable?	Yes No Do not know	1 2 8
7.7 If your organisation paid for HIV/AIDS treatment and your confidentiality was guaranteed, would you consider going for VCT?	Yes No Maybe / It depends	1 2 3
7.7.1 Why would you consider going for VCT if the organisation paid for HIV/AIDS treatment and guaranteed your confidentiality?	Please write down your reasons	
7.7.2 Why wouldn't you consider going for VCT if the organisation paid for HIV/AIDS treatment and guaranteed your confidentiality?	Please write down your reasons	
7.8 If the organisation paid for HIV/AIDS treatment, do you think they have the right to oblige you to do a yearly VCT, as part of an annual health check up?	Yes No Do not know	1 2 8
7.9 If the organisation paid for HIV/AIDS treatment, do you think they have the right to oblige you to be counselled for HIV (keeping HIV testing voluntary)?	Yes No Do not know	1 2 8

8. Knowledge about antiretroviral (ARV) therapy

8.1 Have you heard about antiretroviral (ARV) treatment?	Yes No	1 2
8.2 What is antiretroviral treatment?	Please describe	
8.3 Are ARVs a cure or treatment for HIV/AIDS?	Cure Treatment Do not know	1 2 8
8.4 Over what period of time do you think a person with HIV takes ARV drugs?	One year Three years Five years Over a life time Do not know	1 2 3 4 8
8.5 If you would be on HIV/AIDS treatment, would you hide the drugs from your spouse or partner?	Yes No Do not know	1 2 8
8.6 If you would be on HIV/AIDS treatment, would you encourage your partner/spouse to get tested for HIV?	Yes No Do not know	1 2 8
8.7 If you would be on HIV/AIDS treatment, would you use a condom always during sexual intercourse?	Yes No Do not know	1 2 8
8.8 Do you know anyone who is taking ARVs?	Yes No	1 2
8.9 What do you think would happen to the health of somebody who is on AIDS treatment?	Health would be better Health would be worse Just about the same Do not know	1 2 3 8
8.10 Do you know any place where a person with AIDS can get ARVs?	Yes No	1 2
8.11 Please name a few places where a person with AIDS can get ARVs?	Names of places where one can get HIV/AIDS treatment	
8.12 Do you know any (free) HIV/AIDS treatment programs?	Yes No	1 2
8.13 Name any free HIV/AIDS treatment programs that you know of.	Names of free HIV/AIDS treatment programs	
8.14 If you tested positive for the virus that cause AIDS and you made a decision to start taking ARVs, where would you best like to receive this treatment?	District hospital Community clinic Workplace clinic Private hospital	1 2 3 4

9. Knowledge on the HIV/AIDS workplace policy

9.1 Does your organisation have a policy on HIV and AIDS?	Yes No	1 2	
9.2 Is it being implemented?	Yes No	1 2	
9.3 Who are the targeted beneficiaries of	All staff		0 1

the policy?	Permanent staff only	0 1
Circle 1 for all answers that apply and	Permanent staff and their immediate family members	0 1
0 for all answers that do not apply	Do not know	8
	Other (Please specify)	

9.4 The objective/s of your workplace policy is to Circle 1 for all answers that apply and 0 for all answers that do not apply	Control the spread of HIV/AIDS	0	1
	Clarify misunderstandings and demystify myths about HIV/AIDS	0	1
	Provide information about VCT	0	1
	Reduce stigma of the infected and affected	0	1
	Provide care including treatment and counselling in the event of HIV infection	0	1
	Do not know	8	
Other (Please specify)			
9.5 Do you know the names of the members of the HIV/AIDS committee at the your organisation?	Yes	1	Names _____
	No	2	
9.6 Statement: “Your HIV status is confidential information that cannot be given to third parties including your organisation without your consent”?	Yes	1	
	No	2	
	Do not know	3	
	Not sure		
9.7 Statement: “Antiretroviral (ARV) treatment is provided for under the HIV/AIDS workplace policy if you or a member of your family is diagnosed with HIV infection”?	Yes	1	
	No	2	
	Do not know	3	
	Not sure		
9.8 Statement “Staff and/or family members on antiretroviral (ARV) treatment will be required to pay a contribution towards their care and treatment”?	Yes	1	
	No	2	
	Do not know	3	
	Not sure		
9.8 Statement “Domestic staffs employed by permanent staff are eligible for antiretroviral (ARV) treatment if infected with HIV”?	Yes	1	
	No	2	
	Do not know	3	
	Not sure		

Do you have any comments, recommendations you would like to add? Please fill in below: