

APPENDIX 1:

(adapted from Family Health International)

The University of Sydney



THE UNIVERSITY OF
NEW SOUTH WALES



Ministry of Health, Kiribati

Health Behaviour Survey 2007
Kiribati

QUESTIONNAIRE

Cover Sheet

Introduction:

“My name is _____ *[interviewer’s name]*.

I’m working for _____ *[organization’s name]*.

We’re interviewing people here in _____ *[city, region or site]* in order to find out about their knowledge, attitudes and behaviours in relation to HIV/AIDS.”

Eligibility

Before proceeding, the interviewer needs to confirm that the person is:

- 1) Female YES (If NO, STOP – DO NOT PROCEED);
- 2) Working as sexworkers YES (If NO, STOP – DO NOT PROCEED)

(Tick the appropriate box)

“Have you been interviewed for this study in the past few weeks?” <i>[or other appropriate time period]</i>	<input type="checkbox"/> NO	PROCEED - Confirm eligibility
	→	Confidentiality & Informed
	→	Consent
	<input type="checkbox"/> YES	STOP - DO NOT PROCEED
	→	“I’m sorry we cannot interview you again Thank you very much. Goodbye.”

Record of interviewer visit and interview outcome

	Visit 1	Visit 2	Visit 3
Date			
Interviewer			
Result			

Result codes: 1 Completed; 2 Respondent not available; 3 Refused; 4 Partially completed (record location for follow-up); 5 Other.

Interview Date: ___/___/_____ **Time:** _____: _____ am / pm (circle)

Survey ID Number: (Fill in the table using the following numeric codes)

Interviewer code	Geographic location	Survey participant number
1	1=South Tarawa	(Number interviews sequentially from 001)
2	2=Christmas Island	
3		

Survey Protocol, specimen sample collection and education check list		Yes	No
Participant has sufficient information about survey and subject information form		<input type="checkbox"/>	<input type="checkbox"/>
HIV pretest counselling given		<input type="checkbox"/>	<input type="checkbox"/>
Interview / questionnaire completed		<input type="checkbox"/>	<input type="checkbox"/>
Blood drawn and tube labelled for	HIV	<input type="checkbox"/>	<input type="checkbox"/>
	Syphilis	<input type="checkbox"/>	<input type="checkbox"/>
	HSV2	<input type="checkbox"/>	<input type="checkbox"/>
	HBV	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Urine collected and tube labelled for	Chlamydia /Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>
Information and education about HIV/STI given		<input type="checkbox"/>	<input type="checkbox"/>
Syndromic diagnosis with treatment given		<input type="checkbox"/>	<input type="checkbox"/>
Condoms distributed		<input type="checkbox"/>	<input type="checkbox"/>
Initial and date:			

Follow-up of infections diagnosed by laboratory testing check list	Yes	No
Information and education about HIV/STI given	<input type="checkbox"/>	<input type="checkbox"/>
HIV and or STI post test counselling given	<input type="checkbox"/>	<input type="checkbox"/>
Drug treatment provided	<input type="checkbox"/>	<input type="checkbox"/>
Further sample collection and testing organized	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis management and follow-up of contacts started and documented	<input type="checkbox"/>	<input type="checkbox"/>
Partner follow-up for STI management initiated	<input type="checkbox"/>	<input type="checkbox"/>
Condoms offered if appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Initial and date:		

Interview form checked by Survey Coordinator

Please tick correct option and write in date

Form complete Yes No Date:

Needs follow-up Yes No Date:

If yes Return to interview Return to laboratory

Form ready to data entry Yes No Date:

Confidentiality and informed consent:

“I’m going to ask you some very personal questions that some people find difficult to answer.

Your answers are completely confidential.

Your name will not be written on this form, and will never be connected with any information you tell me.

You do not have to answer any questions that you do not want to answer.

You may end this interview at any time you want to.

However, your honest answers to these questions will help us better understand what people think, say and do about certain kinds of behaviours.

We would really appreciate your help in responding to this survey.

The survey will take about _____ minutes to complete. *(insert approximate time to complete)*

Your decision whether or not to participate will not affect your relationship with this service/ agency.

(include appropriate term)

(Tick the appropriate box)

“Would you be willing to participate?”	<input type="checkbox"/> YES → Interviewer sign below & Go to Question 101
	<input type="checkbox"/> NO → ASK THE FOLLOWING QUESTION:

“Would you mind telling me your age? (for survey purposes)”: AGE (years) |__|__|
DO NOT PROCEED FURTHER WITH THE INTERVIEW

Signature of interviewer

I hereby declare that the respondent has given verbal informed consent to be interviewed. I also hereby declare that I will not disclose any information provided to me by the respondent unless the respondent first agrees to this disclosure.

Interviewer Signature: _____ **Date:** ____/____/____

COMPLETED QUESTIONNAIRE CHECKED BY SUPERVISOR:

(Tick the appropriate boxes)

- All questions answered
- Respondent’s age & year of birth concord (Q102 & Q103)
- Number of sex partners concord (Q302 & Q303)
- Filter question answered correctly (Q302c → and Section 5 completed)

Supervisor signature _____ **Date** ____/____/____

SECTION 1: BACKGROUND CHARACTERISTICS

No.	Questions and filters	Coding categories	Skip to
Q101	Are you currently employed	Yes	1
		No	2
Q102	In what month and year were you born?	Month	_ _
		Don't know	88
		No response / refused	99
		Year	_ _ _ _
		Don't know	8888
		No answer	9999
Q103	How old were you at your last birthday? (<i>Compare with Q102 and correct Q102 if needed</i>)	Age in completed years	_ _
		Don't know	88
		No response / refused	99
Q104	Where were you born?	<i>(Insert list of local island names)</i>	
		Outer-islands	01
		South Tarawa	02
		Don't know	88
		No response / refused	99
Q105	Have you ever attended school? (<i>Circle one response number</i>)	Yes	1
		No	2
		No response / refused	9
Q106	What is the highest level of school you completed? Primary, secondary or higher (eg University/ Technical/Training College) (<i>Circle one response number</i>)	(Revise/Insert locally appropriate levels of school)	
		Primary school	1
		Secondary school	2
		Higher	3
		Don't know	8
		No response / refused	9

SECTION 1: BACKGROUND CHARACTERISTICS *(continued)*

No.	Questions and filters	Coding categories	Skip to
Q107	How long have you lived here in _____ _____ <i>(Insert survey site name)</i>	Number of years <input type="text"/> <input type="text"/> <input type="text"/> Don't know 88 No response / refused 99 <i>(Record number of years as "00" if less than 1 year)</i>	
Q108	In the last 12 months have you been away from your home for more than one month altogether?	Yes 1 No 2 Don't know 8 No response / refused 9	

SECTION 2: MARITAL STATUS AND WORK

No.	Questions and filters	Coding categories	Skip to
Q201	Have you ever been married?	Yes 1 No 2	→Q203
Q202	How old were you when you first married	Age in years <input type="text"/> <input type="text"/> <input type="text"/> Don't know 88 No response / refused 99	
Q203	What is your current marital and living arrangement? <i>(Read out and circle one response number)</i>	Currently married, living with spouse 1 Currently married, living with other sex partner 2 Currently married, not living with spouse or any other sex partner 3 Not married, living with sex partner 4 Not married, not living with sex partner 5 No response / refused 9	→Q301 →Q301 →Q301

SECTION 3: PREGNANCY ISSUES

No.	Questions and filters	Coding categories	Skip to
Q301	Have you ever been pregnant?	Yes 1 No 2	→Q401

Q302	If yes, are you currently pregnant	Yes No	1 2	→Q304
Q303	What is the gestation of this pregnancy?	Number of weeks Don't know No answer/refused	___ 88 99	
Q304	How many pregnancies resulted in	Live birth Miscarriage Abortion Stillbirth	___ ___ ___ ___	

SECTION 4: SEXUAL HISTORY: numbers and types of partners

No.	Questions and filters	Coding categories	Skip to
Q401	Now I'd like to ask you some questions about your sexual partners. At what age did you first have sex?	Age in years Don't know No response / refused	___ 88 99
Q402	Among all of your sex partners in the last seven days (one week):	(Record number of sex partners or "00" if none)	
Q402a	How many were paying clients ? (<i>Partners who paid you money for sex</i>)	Paying Clients Don't know No response / refused	___ 88 99
Q402b	How many were clients who gave you goods or resources other than money for sex? (<i>eg gifts, food, cloths, alcohol or drugs</i>) (List locally appropriate resources)	Clients who gave goods Don't know No response / refused	___ 88 99
Q402c	How many were non-paying partners ? (<i>Partners you had sex with who did not pay you or give you goods or other resources for sex</i>)	Non-paying partners Don't know No response / refused	___ 88 99
Q403	With how many different sex partners in total have you had sex during the last seven days (1 week) (Include spouse or live-in sex partner(s)) Note: Check total numbers of partners in Q302a, b and c equals number in Q303-make sure the numbers match.	(Record number of sex partners or "00" if none) Number in last 7 days Don't know No response / refused	___ 88 99

Q404	During the past 12 months, did any of your sex partner(s) force you to have sex with him (them) even though you did not want to have sex?	Yes	1
		No	2
		No response / refused	9
Q405	Have you ever heard a male condom? <i>(Show picture or sample of one)</i>	Yes	1
		No	2
		Don't know	8
		No response / refused	9
Q406	Have you and a sex partner ever used a male condom?	Yes	1
		No	2
		Don't know	8
		No response / refused	9

SECTION 5: SEXUAL HISTORY: clients who paid or gave goods or resources for sex

No.	Questions and filters	Coding categories		Skip to
Q501	On the last day you had sex in exchange for money or resources, how many partners did you have?	Number of partners		
		Don't know	88	
		No response / refused	99	
Q502	The last time you had sex with a partner, how much money and/or what goods or resources did you receive?	Amount		
		Goods/resources	_____	
		Don't know	88	
		No response / refused	99	
Q503	The last time you had sex with a partner, did you and your partner use a condom?	Yes	1	
		No	2	
		Don't know	8	
		No response / refused	9	
Q504	With what <i>frequency</i> did you and all of your clients use condoms during the last 30 days? <i>(Read out and circle one response number)</i>	No client in the last 30 days	0	
		Every time	1	
		Almost every time	2	
		Sometimes	3	
		Never	4	
		Don't know	8	
		No response / refused	9	

SECTION 6: SEXUAL HISTORY: activities on ship

No.	Questions and filters	Coding categories		Skip to
Q601	How did you meet up with crews from ship	Whorf	1	
		Night club	2	
		Pubs	3	
		Friends house (network)	4	
		No response / refused	9	
Q602	If you had sex on the ship, was your partner from	Korean	1	
		Japan	2	
		Other	3	
		Don't know	8	
		No response / refused	9	
Q603	If you had sex, did you have it one partner or different partners	One partner	1	
		More than one partners	2	
Q604	The last time you had sex with a partner on ship did you and your partner use a condom?	Yes	1	
		No	2	
		Don't know	8	
		No response / refused	9	
Q605	With what <i>frequency</i> did you and all of your partners on ship use condoms during the last 30 days? <i>(Read out and circle one response number)</i>	No client in the last 30 days	0	
		Every time	1	
		Almost every time	2	
		Sometimes	3	
		Never	4	
		Don't know	8	
		No response / refused	9	
Q606	Other than sex on ship, did you have alcohol or drugs	Yes	1	
		No	2	
		Don't know	8	
		No response / refused	9	

SECTION 7: SEXUAL HISTORY: non-paying sex partners

No.	Questions and filters	Coding categories	Skip to
Q701	<p>FILTER QUESTION: Check Q302c and tick <input checked="" type="checkbox"/> which applies</p> <p>Has had non-paying sex partner(s) in last 7 days <input type="checkbox"/> →</p> <p>Has not had non-paying sex partner(s) in last 7 days <input type="checkbox"/> →</p>		→Q502 →Q601
Q702	Think about your most recent non-paying sex partner. How many times did you have sexual intercourse with this person over the last 30 days?	Number of timers <input type="text"/> <input type="text"/> <input type="text"/> Don't know 88 No response / refused 99	
Q703	The last time you had sex with this non-paying partner, did you and this partner use a condom?	Yes 1 No 2 Don't know 8 No response / refused 9	
Q704	With what <i>frequency</i> did you and all of your non-paying partner(s) use condoms during the last 12 months? <i>(Read out and circle one response number)</i>	Every time 1 Almost every time 2 Sometimes 3 Never 4 Don't know 8 No response / refused 9	

SECTION 8: DRUGS AND ALCOHOL USE

No.	Questions and filters	Coding categories	Skip to
Q801	<p>During the last four weeks, how often have you had drinks containing alcohol? Would you say..... <i>(Read out and circle one response number)</i></p>	Every day 1 At least once a week 2 Less than once a week 3 None in last four weeks 4 Don't know 8 No response / refused 9	
Q802	How many drinks containing alcohol would you have on average when drinking?	Number of drinks <input type="text"/> <input type="text"/> <input type="text"/> Don't know 88 No response / refused 99	

Q803	Some people have tried a range of different types of drugs. Which, if any, of the following, have you tried? <i>(Read list and circle number that applies to each drug)</i>	<i>(List other locally appropriate drugs)</i>		Y	N	
		Tobacco	1	2		
		Marijuana/Cannabis	1	2		
		Kava	1	2		
		Other	1	2		
		Don't know	1	2		
		No response / refused	1	2		
Q804	NOTE: Q604, 605 and 606 are appropriate in settings where IDU is common or suspected					→Q901 →Q901
Some people have tried injecting drugs using syringe. Have you injected drugs in the last 12 months? <i>(Drugs injected for medical purposes or treatment of an illness do not count)</i>	Yes	1				
	No	2				
	Don't know	8				
	No response / refused	9				
Q805	Think about the <i>last time</i> you injected drugs. Did you use a needle or syringe that had previously been used by someone else?	Yes	1			
No	2					
Don't know	8					
No response / refused	9					
Q806	Think about the times you injected drugs <i>during the past one month</i> . How often was it with a needle or syringe that had previously been use by someone else? <i>(Read out responses)</i>	Not injected drugs in last month	0			
Always	1					
Most times	2					
About half the time	3					
Occasionally	4					
Never	5					
Don't know	8					
No response / refused	9					

SECTION 9: SEXUALLY TRANSMITTED INFECTIONS (STIS)

No.	Questions and filters	Coding categories	Skip to
Q901	Have you ever heard of diseases that can be transmitted through sexual intercourse?	Yes	1
		No	2
		No response / refused	9

Q902	Have you had a vaginal discharge during the past 12 months?	Yes	1	→See note after Q904
		No	2	
		Don't know	8	
		No response / refused	9	
Q903	Have you had a vaginal ulcer or sore during the past 12 months?	Yes	1	→See note after Q904
		No	2	
		Don't know	8	
		No response / refused	9	
Q904	Have you sought treatment for a vaginal discharge, ulcer or sore in the last 12 months?	Yes	1	→Q904
		No	2	→See note after Q904
		No response / refused	9	→Q1001
NOTE: IF RESPONDENT HAS HAD DISCHARGE, ULCER OR SORE AND NOT BEEN TREATED, REFER THEM TO APPROPRIATE TREATMENT SERVICE AFTER INTERVIEW				
Q905	Where did you last seek treatment?	<i>List locally appropriate treatment services</i>		
		Hospital	1	
		NGO clinic	2	
		Private doctor	3	
		Pharmacy/chemist	4	
		Traditional healer	5	
		Other	8	
No response / refused	9			

SECTION 10: HIV/AIDS KNOWLEDGE, ATTITUDES AND ACCESS TO VOLUNTARY HIV TESTING

No.	Questions and filters	Coding categories	Skip to	
Q1001	Have you ever heard of HIV or the disease called AIDS?	Yes	1	
		No	2	
		No response / refused	9	
			→Section 11	
Q1002	Do you know anyone who is infected with HIV or who has died of AIDS?	Yes	1	→Q1004
		No	2	
		Don't know	8	
		No response / refused	9	
			→Q1004	

Q1003	Do you have a close relative or close friend who is infected with HIV or who has died of AIDS?	Yes, a close relative	1	
		Yes, a close friend	2	
		No	3	
		Don't know	8	
		No response / refused	9	
Q1004	Can people protect themselves from HIV, the virus that causes AIDS, by using a condom correctly every time they have sex?	Yes	1	
		No	2	
		Don't know	8	
		No response / refused	9	
Q1005	Can a person get HIV from mosquito bites?	Yes	1	
		No	2	
		Don't know	8	
		No response / refused	9	
Q1006	Can people protect themselves from HIV by having one uninfected faithful sex partner?	Yes	1	
		No	2	
		Don't know	8	
		No response / refused	9	
Q1007	Can people protect themselves from HIV by abstaining from sexual intercourse?	Yes	1	
		No	2	
		Don't know	8	
		No response / refused	9	

**SECTION 10: HIV/AIDS KNOWLEDGE, ATTITUDES
AND ACCESS TO VOLUNTARY HIV TESTING (continued)**

No.	Questions and filters	Coding categories	Skip to
Q1008	Do you think that a healthy looking person can be infected with HIV, the virus that causes AIDS?	Yes	1
		No	2
		Don't know	8
		No response / refused	9
Q1009	Can a pregnant woman infected with HIV or AIDS transmit the virus to her unborn child?	Yes	1
		No	2
		Don't know	8
		No response / refused	9

Q1010	Is it possible in your community for someone to get a confidential test to find out if they are infected with HIV? By confidential I mean that no one will know the result if the person being tested doesn't want them to know it.	Yes No Don't know No response / refused	1 2 8 9	
Q1011	I don't want to know the result, but have you ever had an HIV test?	Yes No Don't know No response / refused	1 2 8 9	→ Q1101 → Q1101 → Q1101
Q1012	Did you voluntarily undergo the HIV test, or were you required to have the test?	Voluntary Required Don't know No response / refused	1 2 8 9	
Q1013	Please don't tell me the result, but did you find out the result of your test?	Yes No No response / refused	1 2 9	

SECTION 11: STIGMA AND DISCRIMINATION

No.	Questions and filters	Coding categories	Skip to
Q1101	Would you be willing to share a meal with a person you knew had HIV or AIDS?	Yes No Don't know No response / refused	1 2 8 9
Q1102	If you knew a shopkeeper or food seller had HIV, would you buy food from them?	Yes No Don't know No response / refused	1 2 8 9
Q1103	If a member of your family became ill with HIV, the virus that causes AIDS, would you want it to remain secret?	Yes No Don't know No response / refused	1 2 8 9

SECTION 12: CONCLUDING REMARKS

Exposure to interventions and Referrals

That is the end of the questionnaire.

Is there anything you would like to ask me?

Thank you very much for taking the time to answer these questions. We appreciate your help.

INTERVIEWER TO COMPLETE

1. Health education information provided: Printed Verbal

2a. Referral (if any STI symptoms) to: -
_____ (specify)

2b. Referral (if further advice/info requested) to:
_____ (specify)

3. Condoms provided (if appropriate): Yes No

4. Other:
_____ (specify)

WRITE ANY FURTHER COMMENTS OR NOTES ABOUT THE INTERVIEW HERE:
