

Counselor's 6-Month Questionnaire

[Counselor, please record the answers to the following two questions.]

1. At baseline, was this participant assigned to the C&T or HIC?

C&T.....[Continue with Q2].....1
 HIC.....[Skip to Q3].....2

2. If participant was assigned to C&T at baseline what was the result of their last HIV test taken **AT THIS FACILITY?**

Positive.....1
 Negative.....2

3. Has the participant agreed to receive counseling and testing **DURING THIS VISIT?**

Yes.....[Skip to Q5].....1
 No.....[Continue with Q4].....2

4. If NO, why not (circle all that apply)?

I already know that I have the AIDS virus (I am HIV positive).....1
 I was tested here at baseline and I did not have HIV/AIDS.....2
 I was tested elsewhere recently and I did not have HIV/AIDS.....3
 I don't want to know whether I have HIV/AIDS.....4
 My sexual behavior is safe, I do not need HIV counseling & testing.....5
 Other (specify) _____.....6
 Declined to answer.....99

[Counselor ask these questions of all participants.]

5. **SINCE YOU ENROLLED IN THIS STUDY**, have you been tested for the AIDS virus at any facility **BESIDES THIS FACILITY?**

Yes.....[Continue with Q6].....1
 No.....[Skip to Q7].....2
 Declined to answer.....[Skip to Q7].....99

6. What was the result of the test taken at the other facility?

I have the AIDS virus (POSITIVE for antibodies).....1
 I don't have the AIDS virus (NEGATIVE for antibodies).....2
 I did not get my result.....3
 Declined to answer.....99

[Counselor:

First complete all of Q7 IF the participant received at least one HIV test (at any facility)

SINCE THEY ENROLLED IN THE STUDY, and they know the result of the test. If the participant was not tested or does not know their test result, skip to Q9.

Second for each "Yes" response in Q7 ask the corresponding question in Q8.]

7. I would like to ask you a few questions about HIV testing. First I will ask whether you told various people about your HIV/AIDS test result. Did you tell...					8. If you have told a particular individual, were they ashamed of you?				
	Yes	No	No such person	Declined to answer		Yes	No	Don't know	Declined to answer
7A. Your spouse?	Y	N	88	99	8A.	Y	N	88	99
7B. Your sexual partners?	Y	N	88	99	8B.	Y	N	88	99
7C. Your children?	Y	N	88	99	8C.	Y	N	88	99
7D. Your brothers?	Y	N	88	99	8D.	Y	N	88	99
7E. Your sisters?	Y	N	88	99	8E.	Y	N	88	99
7F. Your other relatives?	Y	N	88	99	8F.	Y	N	88	99
7G. Your friends?	Y	N	88	99	8G.	Y	N	88	99
7H. Your landlord?	Y	N	88	99	8H.	Y	N	88	99
7I. Your neighbors?	Y	N	88	99	8I.	Y	N	88	99
7J. Your religious leaders?	Y	N	88	99	8J.	Y	N	88	99
7K. Your community leaders?	Y	N	88	99	8K.	Y	N	88	99
7L. Your physician?	Y	N	88	99	8L.	Y	N	88	99
7M. Your employer?	Y	N	88	99	8M.	Y	N	88	99
7N. Your mother?	Y	N	88	99	8N.	Y	N	88	99
7O. Your father?	Y	N	88	99	8O.	Y	N	88	99

[• First ask Q9 of ALL participants.

• Next ask Q10 IF (1) the participant received at least one HIV test (at any facility) SINCE THEY ENROLLED IN THE STUDY and (2) the participant responded "yes" to the corresponding life event in Q9.]

• Finally, ask Q11 IF (1) the participant received at least one HIV test (at any facility) SINCE THEY ENROLLED IN THE STUDY, (2) the participant knows the result of the test, and (3) the participant responded "yes" to the corresponding life event in Q9.]

[For the following questions the response option "n/a" = "not applicable"; "dk" = "don't know"; and "dta" = "declined to answer".]

Q9. Which of the following life events happened to you SINCE YOU ENROLLED IN THIS STUDY?					Q10. Do you believe this event happened because you were tested for HIV/AIDS?					Q11. Do you believe this event happened because you revealed your HIV/AIDS test result to the person(s) in Q9?				
	yes	no	n/a	dta		yes	no	dk	dta		yes	no	dk	dta
9A. Break-up of marriage	Y	N	88	99	10A.	Y	N	88	99	11A.	Y	N	88	99
9B. Physical abuse by spouse/sexual partner	Y	N	88	99	10B.	Y	N	88	99	11B.	Y	N	88	99
9C. Increased emotional support from employers	Y	N	88	99	10C.	Y	N	88	99	11C.	Y	N	88	99
9D. Neglected by family	Y	N	88	99	10D.	Y	N	88	99	11D.	Y	N	88	99
9E. Strengthening of relationship with spouse/sexual partners	Y	N	88	99	10E.	Y	N	88	99	11E.	Y	N	88	99
9F. Disowned by family	Y	N	88	99	10F.	Y	N	88	99	11F.	Y	N	88	99
9G. Increased emotional support from peers	Y	N	88	99	10G.	Y	N	88	99	11G.	Y	N	88	99
9H. Discrimination by health professionals	Y	N	88	99	10H.	Y	N	88	99	11H.	Y	N	88	99
9I. Increased emotional support from family or relatives	Y	N	88	99	10I.	Y	N	88	99	11I.	Y	N	88	99
9J. Break-up of sexual relationships	Y	N	88	99	10J.	Y	N	88	99	11J.	Y	N	88	99
9K. Increased emotional support from health professionals	Y	N	88	99	10K.	Y	N	88	99	11K.	Y	N	88	99
9L. Discrimination by employers	Y	N	88	99	10L.	Y	N	88	99	11L.	Y	N	88	99
9M. Estranged by peers	Y	N	88	99	10M.	Y	N	88	99	11M.	Y	N	88	99