**Data entry (Sign) \_\_\_\_\_\_\_\_**

**Ashodaya Samithi**

**PrEP demonstration project**

**6A. Baseline questionnaire**

**Enrolment visit (7th day)**

**Site:**

**Participant unique ID number:**

**TI number: \_\_ (1: FSW1 TI, Mysore, 2: FSW2 TI, Mysore, 3: Rural CC TI, Mysore,**

**4: FSW TI, Mandya)**

**Date:**

**Name and designation of person completing this form:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Topic** | | **Question** | **Answer choices** | **Notes** |
| **Socio-demographic characteristics** | | | | | |
| 1 | Education | | What is the highest level of education you completed? | 1. Illiterate,  2. Literate (can read and write),  3. Primary Education ( up to 5th class of schooling),  4. Middle Education (up to 8th class of schooling),  5. Matriculation / Higher Secondary (10-12 year of schooling),  6. Graduate and above.  97. Refused |  |
| 2 | Years in sex work | | How many years have you been in sex work? | Number \_\_\_\_\_  97. Refused | Put 0 if less than 1 year |
| 3 | Age started sex work | | How old were you when you first started selling sex? | Number\_\_\_\_\_  97. Refused |  |
| 4 | Registration | | How many years have you been registered with DMSC/Ashodaya? | Number\_\_\_\_\_    97. Refused | Put 0 if less than 1 year |
| 5 | Frequency of clients | | In the past week, approximately how many occasional and repeat clients did you have? | Occasional clients\_\_\_\_  Repeat clients\_\_\_\_  97. Refused | Assist her to quantify if necessary |
| 6 | Frequency of sex work | | In the past month, approximately how many days did you do sex work? | Number\_\_\_\_\_    97. Refused | Assist her to quantify if necessary |
| 7 | Income | | In the past month, what was your average monthly income? (Include sex work and other work.) | Number (rupees)\_\_\_  97. Refused | Assist her to quantify if necessary |
| 8 | Sex work location | | Where do you usually practice sex work? | \_\_\_\_\_\_\_City/town/village/ neighborhood |  |
| 9 | Mobility | | In the past month, did you spend more than 10 days away from your main city/town of residence? | 1. Yes  2. No  97. Refused | Assist her to quantify if necessary |
| 10 | Marital status | | What is your current marital status? | 1. Never Married,  2. Married,  3. Widow / Widower,  4. Divorced,  5. Separated,  97. Refused. |  |
| **Service use** | | | | | |
| 11 | Clinic visit | | In the past 3 months, have you been seen at the Ashodaya/DMSC clinic (other than for PrEP)? | 1. Yes  2. No  97. Refused |  |
| 12 | Peer educator visit | | In the past 3 months, have you been visited by or talked with an Ashodaya/DMSC peer educator (other than for PrEP)? | 1. Yes  2. No  97. Refused |  |
| 13 | STI testing | | In the past 3 months, have you been tested for a sexually transmitted infection (STI) (at Ashodaya/ DMSC or anywhere)? | 1. Yes  2. No  97. Refused  98. Don’t know |  |
| 14 | STI treatment | | In the past 3 months, have you been treated for an STI (at Ashodaya/ DMSC or anywhere)? | 1. Yes  2. No  97. Refused  98. Don’t know |  |
| **Sexual behaviors** | | | | | |
| INTERVIEWER: I’m going to ask you some questions about your **occasional clients**. Please remember, a new/occasional client is a paying client who has come to you once or a few times in the last one month and who gave you money or gifts in return for sex, but you do not remember their face or you do not know them. | | | | | |
| 15 | Consistent condom use – occasional clients | | In the past week, how often did you use a condom when you had sex with occasional clients? | 1. Never  2. Sometimes  3. Most of the time  4. Every time  99. NA |  |
| 16 | Condom use last sex – occasional client | | Did you use a  condom the last time you had sex with an occasional client? | 1. Yes  2. No  99. NA |  |
| 17 | Anal sex – occasional client | | In the past month, have you had anal sex with any of your occasional clients? | 1. Yes  2. No  97. Refused  99. NA | Go to 19  Go to 19  Go to 19 |
| 18 | Condom use anal sex – occasional client | | Did the occasional client you last had anal sex with use a condom? | 1. Yes  2. No  97. Refused | If yes to anal sex – occasional client; |
| INTERVIEWER: I’m going to ask you some questions about your **regular clients**. Please  remember, a regular or repeat client is a paying client who comes to you repeatedly and you recognize well; someone who gives you money or gifts in return for sex. | | | | | |
| 19 | Consistent condom use – regular clients | | In the past week, how often did you use a condom when you had sex with regular clients? | 1. Never  2. Sometimes  3. Most of the time  4. Every time  99. NA |  |
| 20 | Condom use last sex – regular client | | Did you use a condom the last time you had sex with a regular client? | 1. Yes  2. No  99. NA |  |
| 21 | Anal sex – regular client | | In the past month, have you had anal sex with any of your regular clients? | 1. Yes  2. No  97. Refused  99. NA | Go to 23  Go to 23  Go to 23 |
| 22 | Condom use anal sex – regular client | | Did the regular client you last had anal sex with use a condom? | 1. Yes  2. No  97. Refused | If yes to anal sex – regular client; |
| INTERVIEWER: Now I am going to ask you some questions about your **non-paying partners;** individuals that you don't consider to be clients. As mentioned previously, a non-paying partner is a non-commercial partner, someone who does not give you money or gifts in return for sex and someone for whom you feel an emotional attachment. | | | | | |
| 23 | Regular partner | | Do you currently have a regular non-paying sexual partner (husband/boyfriend)? | 1. Yes  2. No | Go to 28 |
| 24 | Consistent condom use – regular partner | | In the past week, how often did you use a condom when you had sex with your husband/boyfriend? | 1. Never  2. Sometimes  3. Most of the time  4. Every time  99. NA |  |
| 25 | Condom use last sex – regular partner | | Did you use a condom the last time you had sex with your husband/boyfriend? | 1. Yes  2. No  99. NA |  |
| 26 | Anal sex – regular partner | | In the past month, have you had anal sex with your husband/boyfriend? | 1. Yes  2. No  97. Refused  99. NA | Go to 28  Go to 28  Go to 28 |
| 27 | Condom use anal sex – regular partner | | When you last had anal sex with your husband/boyfriend, did he use a condom? | 1. Yes  2. No  97. Refused | If yes to anal sex – regular partner; |
| **Risk/risk perceptions** | | | | | |
| 28 | | HIV risk perception | What would you say are your chances of getting infected with HIV? | 1. No chances at all  2. Low  3. Moderate  4. High  97. Refused  98. Don’t know |  |
| 29 | | Reasons for risk perception | What are the reasons you gave for your answer to the previous question [HIV risk perception]? | 1. Free text response  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  97. Refused  98. Don’t know | Free text responses: |
| 30 | | HIV testing ever | Before today, have you ever been tested for HIV? | 1. Yes  2. No  98. Don’t know | Go to 33  Go to 33 |
| 31 | | HIV testing number | How many times have you ever been tested for HIV (not including today)? *\*Interviewer, if it is numerous, help the participant estimate the real number; you can ask the date she first tested and then the annual average frequency.* | Number\_\_\_\_\_\_\_  97. Refused  98. Don’t know/can’t  remember  99. NA | If yes to HIV testing ever; |
| 32 | | HIV testing past year | How many times have you been tested for HIV in the past year (not including today)? | Number\_\_\_\_\_\_\_  97. Refused  98. Don’t know/can’t  remember  99. NA |  |
| 33 | | Partner HIV status knowledge | Do you know the HIV status of your husband/boyfriend? | 1. Yes  2. No  97. Refused  99. NA | Go to 36  Go to 36  Go to 36 |
| 34 | | Partner HIV status | If yes, is your husband/boyfriend | 1. HIV-positive  2. HIV-negative  97. Refused  98. Don’t know | Go to 36  Go to 36  Go to 36 |
| 35 | | Partner ART status | If HIV-positive, is your husband/boyfriend currently on HIV treatment (ARVs)? | 1. Yes  2. No  97. Refused | For those with primary partner, if partner HIV status is HIV-positive; |
| 35A | | Risk criteria | Are you….  1. A young sex worker (18 to 25 years of age)  2. A new sex worker (less than 6 months into sex work)  3. Over 40 years of age?  4.Having more than one regular partners  5. Sterilized (had a tubal ligation)  6. Traveling out of station(outside the sex work operating place) for sex work frequently (More than 2 times in a month)  7. Consuming alcohol regularly before sex | 1. Yes 2. No  1. Yes 2. No  1. Yes 2. No  1. Yes 2. No  1. Yes 2. No  1. Yes 2. No  1. Yes 2. No |  |
| **Alcohol and drug use** | | | | | |
| 36 | Alcohol consumption | | Do you consume alcohol? | 1. Yes  2. No  97. Refused | Go to 39  Go to 39 |
| 37 | Alcohol frequency | | How many days in a week do you consume alcohol? | Number(1 to 7)\_\_\_\_\_\_\_  97. Refused  98. Don’t know/can’t  remember | If yes to alcohol use; |
| 38 | Alcohol amount | | How often do you have a quarter bottle or more on one occasion? | 1. Monthly or less  2. 2-4 times a month  3. 2-3 times per week  4. 4 + times per week  97. Refused  98. Don't know | If yes to alcohol use; |
| 39 | Drug use | | Did you use drugs during the last 3 months? | 1. Yes  2. No  97. Refused | Go to 42  Go to 42 |
| 40 | Injection drug use | | Among the drugs you have used in the past 3 months, are there some that you injected? | 1. Yes  2. No  97. Refused | Go to 42  Go to 42 |
| 41 | Needle/ syringe type | | In the past 3 months, which types of needles/syringes did you use to inject drugs? | a. New needle/syringe  b. Used needle/syringe  (only by yourself)  c. Used needle/syringe  (previously used by  someone else)  97. Refused  98. Don’t know/can’t  remember | If yes to drug use and injection;  Note: can choose,  multiple responses |
| **Contraceptive use/fertility intentions** | | | | | |
| 42 | Contraceptive use | | Are you currently using contraception | 1. Yes  2. No  3. No (Trying to  conceive)  97. Refused | Go to 44  Go to 44  Go to 44 |
| 43 | Contraceptive method | | What contraceptive methods are you currently using? | a. None,  b. Oral contraceptives  (pill),  c. Injectable,  d. IUD,  e. Condom,  f. Implants ,  g. Sterilization,  96. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  97. Refused | If yes to contraceptive use;  Note: can choose multiple methods |
| 44 | Living children | | How many living children do you have? | Number\_\_\_\_\_    97. Refused |  |
| 45 | Fertility intentions | | Are you planning to become pregnant in the near future? | 1. Yes  2. No  97. Refused |  |
| **Violence** | | | | | |
| INTERVIEWER: Now I am going to ask you some questions about your personal experience with violence. These questions can be sensitive and you can refuse to answer any question that makes you feel uncomfortable. | | | | | |
| 46 | Physical violence | | In the last 3 months, how many times would you say someone has beaten (hurt, hit, slapped, pushed, kicked, punched, choked, burned but not used weapon) you? | 1. Once  2. 2-5 times  3. 6-10 times  4. 11 or more times  5. Never  96. Other (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  97. Refused  98 Don't know |  |
| 47 | Sexual violence | | In the last 3 months, did anyone ever force you to have sex with them by sexually assaulting or raping you? | 1. Yes  2. No  97. Refused |  |
| 48 | Violence services | | In the last 3 months, have you used the DMSC/Ashodaya violence intervention program services? | 1. Yes  2. No  97. Refused |  |
| **PrEP choices** | | | | | |
| 49 | Delivery method | | What PrEP delivery method would you like to use for the next month? | 1. Direct delivery  2. Weekly clinic pick-up  96. Other, specify\_\_\_\_\_\_ |  |