**Partner HIV Knowledge**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Screening ID:   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |   *Site Study Screening Number* | Participant ID:   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |   *Site Study Couple I/P Chk* | Visit Date:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   *dd mm yy* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | **Do you think you can get HIV infection by … ?** | Yes | No | Don’t know |
| a | Sexual intercourse with person who has HIV |  |  |  |
| b | Blood transfusion with blood from person who has HIV |  |  |  |
| c | Mother to unborn child |  |  |  |
| d | Sharing toilets with person who has HIV |  |  |  |
| e | Sharing sharp objects like razors with person who has HIV |  |  |  |
| f | Sharing needles with person who has HIV |  |  |  |
| g | sharing food with person who has HIV |  |  |  |
| h | Sharing eating utensils with person who has HIV |  |  |  |
| i | being bitten by an infected mosquito |  |  |  |
| j | Witchcraft |  |  |  |
| k | Kissing |  |  |  |
| l | Hugging |  |  |  |
| 2 | **Do you think you can avoid being infected by your partner by … ?** | Yes | No | Don’t know |
| a | Avoid sharing of sharp objects like needles, razors with your partner |  |  |  |
| b | Praying to God |  |  |  |
| c | Abstaining from sex with your partner |  |  |  |
| d | Using condom every sexual intercourse with your partner |  |  |  |
| e | Use antibiotics |  |  |  |
| f | Seek protection from traditional healers |  |  |  |
| g | Doing nothing |  |  |  |
| h | Circumcision |  |  |  |
| i | Taking PrEP everyday |  |  |  |
| j | Taking PrEP time to time |  |  |  |

**Completed by:** *(initials/date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Forms Instruction**

The **HIV knowledge** CRF is completed at Enrollment and annually (Months 12 and 24).

The same form is used for male and female partner participants. To get the most honest answers, this form should be administered to the participant without his or her partner present.

**Item-specific Instructions:**

|  |  |
| --- | --- |
| **Screening ID** | Screening IDs will be assigned from the site list and are unique to the individual. They are numeric and should be assigned sequentially. The Index Screening ID is assigned to the HIV-positive participant, and the Partner Screening ID is assigned to the HIV-negative participant. |
| **Participant ID** | Participant IDs are assigned from a list provided by the PROJECT. They are assigned once eligibility has been determined and the subject has been enrolled. The Participant ID should be left blank until the eligibility status of the participant is known. If eligible, the Participant ID should be entered and initialed and dated (if being added on a different date). If the participant is not eligible, then the Participant ID should be left blank. |
| **Item 1-2** | For item 1-2, simply tick “yes” or “no”, depending on the answer of the respondent. If the respondent does not know the answer or has not replied, tick “don’t know”. |