**Enrollment Demographics Visit Month**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Screening ID:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |

 *Site Study Screening Number* | Participant ID:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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*Site Study Couple I/P Chk* | Visit Date:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

 *dd mm yy*  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Date of birth:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

  *dd mm yyyy* | Age \_\_\_\_\_\_\_\_ *years*   |
| 2 | Gender of the respondent: | Female \_\_  | Male \_\_  |
| 3 | Is the respondent married to the study partner? | *Yes \_\_\_ No \_\_\_* | ***If no, go to*** ***item 6.*** |
| 4 | How long has the respondent been married to the study partner? | *No of years* |
| 5 | **IF MALE:** What is the rank of the respondent’s wife among his co-wives?**IF FEMALE:** What is the rank of the respondent among her co-wives? |
| *No co-wife \_\_* | *First wife \_\_* | *Second wife \_\_* | *Third wife or more \_\_\_* |
| 6 | Are you and your study partner married? | *Yes*  | *No*  |
| 7 | Do you and your study partner live together? | *Yes*  | *No*  |
| 8 | How long have you been living together? | \_\_\_\_*No of years* |
| 9a | How many living children does the respondent have? | *No of children:* |
| B | How many children of the respondent had died? | *No of children:* |
| C | How many living children does the respondent have with the study partner? | *No of children:* |
| 10 | Does the respondent want more children with the study partner? | *Yes \_\_\_\_\_ No\_\_\_\_\_* |
| 11 | When did you first have sex with your study partner? | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_  *mm yyyy* |
| 12 | How long have you known that your partner’s HIV status was different from your own? | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ NA  *mm yyyy* |
| 13 | What is the respondent’s ethnic group or tribe? | *Tribe:* |
| 14 | What is your highest education level attained? |
| *No education* |  | *Primary level* |  | *Tertiary or higher level* |  |
| *Koranic education* |  | *Secondary level* |  |
| 15 | What is the respondent monthly income (average over the last 3 months)? | *Income:* |
| 16 | In the respondent’s house: | *Yes* | *No*  |
| a | Is there electricity? |  |  |
| b | Is there television? |  |  |
| c | Is there a refrigerator? |  |  |
| d | Is there running water? |  |  |
| e | Is there concrete/cement floor and walls? |  |  |
| f | Do you sleep on a mattress? |  |  |
| g | Does your household have a car? |  |  |
| h | Do you have a personal mobile phone? |  |  |
| i | How many rooms are in the house? | *No of rooms* |
| J | How many people live in the house? | *No of people* |
| 17 | What is your main occupation? |
| *Not working* |  | *Skilled manual* |  | *Trade/sales* |  | *Student* |  |
| *Professional* |  | *Farmer, animal raising, fishermen* |  | *Services* |  | *Other: specify* |  |
| 18 | Who usually makes decisions regarding your health? |
|  *Myself* |  |  *My partner* |  |  *Someone else specify:* |
| 19 | If you want to go out, do you need the permission of your partner? |
|  |  *No* |  |  *Yes* |  |  *It depends where I go* |  |
| 20 | How many bottles of alcoholic drinks does the respondent consume per week? | *No of drink* \_\_\_\_ |

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

**Form Instruction**

The **Screening Demographics** CRF details demographic and socio-economic information from screened respondents. This CRF should be administered to all screened respondents. If, after screening is completed, the couple is determined to be **HIV discordant but is found ineligible, or is eligible but does not enroll**, fax this form for each member of the couple along with one **Couple Eligibility Summary** CRF.

Subjects may be re-screened if their eligibility changes. Use the same Screening ID assigned during the first screening attempt.

**Item-specific Instructions:**

|  |  |
| --- | --- |
| **Item 1** | Do not fill in both date of birth and age. For respondents who know their exact birth dates, enter this information using the dd/mm/yy format. For respondents without an exact known date of birth, enter year of birth, if known, or approximate age, if year of birth is not known. |
| **Item 2** | Tick the gender of the respondent |
| **Item 3** | Respondents can be married by law, religious ceremony, or local or family custom. If a respondent considers himself or herself to be married, mark “yes.” |
| **Item 4** | If the respondent has been married with his/her partner for less than one year, than “00” should be entered for years.  |
| **Item5** | As noted, this question differs for male and female. Please entre the number that corresponds to the right category. |
| **Item 9a** | Enter the number of children who are living at the time of interview. The participant should report children who are biologically conceived by the participant, not children whom the participant takes care of. If none, enter “00” rather than leaving the boxes blank. |
| **Item 9b** | Enter the number of children who died at the time of interview. The respondent should report children who were biologically conceived by the respondent, not children whom the respondent took care of. If none, enter “00” rather than leaving the boxes blank. |
| **Item 9c** | Enter the number of children who are living at the time of interview. The respondent should report children who are biologically conceived by the respondent with the study partner, not children whom the respondent takes care of. If none, enter “00” rather than leaving the boxes blank. |
| **Item 10** | Please ask whether or not the partner wants have at least one more child with the study partner.  |
| **Item 11** | If a respondent does not know the month that he/she first had sex with the study partner, then the month should be lined through, initialed and dated, with “unknown” indicated next to it. (“00” is not a valid month.) |
| **Item 13** | Please manually enter the name of the tribe of the respondent |
| **Item 14** | Please report the number that corresponds to the appropriate category indicating the highest level of education attained.  |
| **Item 15** | Enter the amount in national currency. This question refers to the respondent's income, not the family’s or couple’s income. If the respondent does not earn an income, enter “0.” |
| **Item 16** | The purpose of this item is to gather information about socio-economic status. These are not interviewer administered questions. |
| **Item 17** | If the respondent have more than one occupation, the main one is the one that brings the larger share of the total income of the respondent. Please entre the number that corresponds to the right category. If the category is “other”, please specify the occupation manually.  |
| **Items 18** | This question measures the bargaining power of the respondent regarding his/her health. For instance, who makes the decision regarding what to do when the respondent is sick, whether or not to seek care and which health provider to visit? If the answer is “someone else” please report who is the person who usually makes this decision for the respondent health (e.g. mother in law, brother, etc.) |
| **Item 19** | This question measure the freedom of movement of the respondent. Please entre the number that corresponds to the right category.  |
| **Item 20** | • If the respondent reports more frequent consumption than once per week but less frequent than twice per week, enter “01.”• Anything less frequent than once per week should be coded as “00.”• If the respondent does not consume alcohol, enter “00” rather than leaving the box blank. |