

QUESTIONNAIRE SERIAL NO: [ ] [ ] [ ] [ ]

UNAIDS / MEASURE *Evaluation*

## HIV/AIDS Prevention Indicator Survey

FOR USE WITH ADULT GENERAL POPULATION AGED 15-49

### KNOWLEDGE, ATTITUDES, SEXUAL BEHAVIOUR, STIGMA

TITLE OF SURVEY - COUNTRY - YEAR CONDUCTED

### Part A: HOUSEHOLD FORM

#### Household Identification

H01 Place Name \_\_\_\_\_

H02 Urban = 1   
 Rural = 2  
 Roadside settlement = 3

H03 Cluster Number |\_|\_|\_|

H04 Household number |\_|\_|\_|\_|

H05 **INTERVIEWER VISIT**

	Visit 1	Visit 2	Visit 3
Date	Mo. ___ Day ___ Yr ___	Mo. ___ Day ___ Yr ___	Mo. ___ Day ___ Yr ___
Interviewer name/code	_____  _ _ _	_____  _ _ _	_____  _ _ _
Result	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### RESULT CODES

- |                                       |   |                                      |   |
|---------------------------------------|---|--------------------------------------|---|
| Completed                             | 1 | Address not a household              | 5 |
| No one at home                        | 2 | Dwelling vacant (no longer occupied) | 6 |
| Refused                               | 3 | Postponed                            | 7 |
| Household away for duration of survey | 4 | Other (specify) _____                | 8 |

Supervisor \_\_\_\_\_

Time Interview started: \_\_\_\_\_

Date reviewed: \_\_\_\_\_

\_\_\_\_\_

**HOUSEHOLD ROSTER AND SELECTION OF INDIVIDUALS**

*I am working with the [implementing organization name and affiliation] to collect information about the people who usually live in your household or who are staying with you now. The information is to help us get a better idea about the health situation in your area. Any information you share is completely confidential and you are under no obligation to participate. No compensation will be made and your name or names of family members will not be shared with anyone or attached to the information you give. If you agree to participate I will ask you about your household and then ask you again if you wish to participate in the individual interview. Do you wish to participate? [IF NO, END THE INTERVIEW. IF YES, CONTINUE. INTERVIEWER SIGN HERE TO ACKNOWLEDGE THAT CONSENT WAS GIVEN*

*Date \_\_\_\_\_].*

First, please give me the names of the persons who usually live in your household or who stayed here last night, starting with the head of the household.

FIRST RECORD ALL NAMES STARTING WITH THE HEAD. PROBE FOR EVERYONE IN THE HOUSEHOLD, NOT JUST FAMILY MEMBERS, but SERVANTS, LODGERS, ETC.

THEN FIRST ASK THE QUESTIONS FROM COLUMNS 3-12 FOR THE HOUSEHOLD HEAD. NEXT, REPEAT THESE QUESTIONS FOR EACH PERSON WHO USUALLY LIVES THERE OR STAYED THERE LAST NIGHT.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SEX	AGE	RESIDENCE		If Age < 15, ask Q. 8-12 PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD (refers to biological parents; record 00 in col. 9 or col. 11 if parent is not a member of household)					ELIGIBILITY
							Is [NAME] natural or birth mother alive?	IF ALIVE Does [NAME S] natural mother live in this household?	is [NAME s] natural father alive?	IF ALIVE Does [NAME S] natural father live in this household?	Does [NAME] attend school?	
	Please give me the names of persons who usually live in your household or who stayed here last night.  <i>PROBE FOR EVERYONE IN HOUSEHOLD</i>	What is the relationship of [NAME] to the head of the household?*	Is [NAME] male or female?	How old is [NAME]?  IF LESS THAN ONE YEAR, ENTER 00.	Does [NAME] usually live here?	Did [NAME] stay here last night?	Is [NAME s] natural or birth mother alive?	IF ALIVE Does [NAME S] natural mother live in this household?  [If YES:] What is her name? RECORD MOTHER S LINE NUMBER.	is [NAME s] natural father alive?	IF ALIVE Does [NAME S] natural father live in this household?  If YES: What is his name? RECORD FATHER S LINE NUMBER.	Does [NAME] attend school?	CIRCLE LINE NUMBERS OF ALL PERSONS AGED 15-49 YEARS.
(1)	(2)	(3)*	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
01		[ ] [ ]	M 1 F 2	[ ] [ ]	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	[ ] [ ]	Yes 1 No 2	[ ] [ ]	Yes 1 No 2	01
02		[ ] [ ]	1 2	[ ] [ ]	1 2	1 2	1 2	[ ] [ ]	1 2	[ ] [ ]	1 2	02
03		[ ] [ ]	1 2	[ ] [ ]	1 2	1 2	1 2	[ ] [ ]	1 2	[ ] [ ]	1 2	03

**Household Eligibility Schedule, continued**

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO THE HEAD OF HOUSEHOLD	SEX	AGE	RESIDENCE		If Age <15, ask Q. 8-12 PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD (refers to biological parents; record 00 in col. 9 or col. 11 if parent is not a member of household)					ELIGIBILITY
							(8)	(9)	(10)	(11)		
(1)	(2)	(3)*	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
04		[ ] [ ]	M F 1 2	[ ] [ ]	Yes No 1 2	Yes No 1 2	Yes No 1 2	[ ] [ ]	Yes No 1 2	[ ] [ ]	Yes No 1 2	04
05		[ ] [ ]	1 2	[ ] [ ]	1 2	1 2	1 2	[ ] [ ]	1 2	[ ] [ ]	1 2	05
06		[ ] [ ]	1 2	[ ] [ ]	1 2	1 2	1 2	[ ] [ ]	1 2	[ ] [ ]	1 2	06
07		[ ] [ ]	1 2	[ ] [ ]	1 2	1 2	1 2	[ ] [ ]	1 2	[ ] [ ]	1 2	07
08		[ ] [ ]	1 2	[ ] [ ]	1 2	1 2	1 2	[ ] [ ]	1 2	[ ] [ ]	1 2	08
09		[ ] [ ]	1 2	[ ] [ ]	1 2	1 2	1 2	[ ] [ ]	1 2	[ ] [ ]	1 2	09
10		[ ] [ ]	1 2	[ ] [ ]	1 2	1 2	1 2	[ ] [ ]	1 2	[ ] [ ]	1 2	10
11		[ ] [ ]	1 2	[ ] [ ]	1 2	1 2	1 2	[ ] [ ]	1 2	[ ] [ ]	1 2	11
12		[ ] [ ]	1 2	[ ] [ ]	1 2	1 2	1 2	[ ] [ ]	1 2	[ ] [ ]	1 2	12
13		[ ] [ ]	1 2	[ ] [ ]	1 2	1 2	1 2	[ ] [ ]	1 2	[ ] [ ]	1 2	13
14		[ ] [ ]	1 2	[ ] [ ]	1 2	1 2	1 2	[ ] [ ]	1 2	[ ] [ ]	1 2	14
15		[ ] [ ]	1 2	[ ] [ ]	1 2	1 2	1 2	[ ] [ ]	1 2	[ ] [ ]	1 2	15
16		[ ] [ ]	1 2	[ ] [ ]	1 2	1 2	1 2	[ ] [ ]	1 2	[ ] [ ]	1 2	16

• Q.3 CODES FOR RELATIONSHIP TO HEAD OF HOUSEHOLD

- 01= HEAD
- 02= WIFE / HUSBAND
- 03= SON / DAUGHTER
- 05= GRANDCHILD
- 06= PARENT
- 07= PARENT-IN-LAW
- 08= BROTHER OR SISTER
- 09= CO-WIFE
- 98= DON'T KNOW

### Household Schedule: Care and Support

Now I would like to ask you a few more questions about your household.

No.	Questions and filters	Coding categories	Skip to
	—		→ H20 → H20
H15	How many household members died in the past 12 months?	NO. OF PERSONS WHO DIED ..... [ _ ] [ _ ]	

		Most recent death		

			→ H22
H21	How old is this person?  Any others? How old is Person B?  How old is Person C?	PERSON A: YEARS .....  _ _   PERSON B: YEARS .....  _ _   PERSON C: YEARS .....  _ _	
H22	CHECK H19 AND H20 TO SEE IF ANYONE HAS DIED OR HAS BEEN ILL FOR AT LEAST 3 MONTHS). IF YES:  Has your household received any care or assistance from outside the household in relation to the illness in your household?	YES ..... 1 NO ..... 2 DON'T KNOW..... 98	→ H25
H23	What kind of help did you receive?  (READ OUT. MULTIPLE ANSWERS POSSIBLE.)	A. COUNSELING ..... YES   NO B. FREE MEDICINES ..... YES   NO C. EXTRA FOOD ..... YES   NO D. MONEY ..... YES   NO E. OTHER (SPECIFY)..... YES   NO	
H24	Who provided the care or assistance?  Anyone else?  (CIRCLE ALL THAT APPLY. MORE THAN ONE ANSWER IS POSSIBLE.)	FRIENDS/RELATIVES..... A HEALTH WORKER / HOSPITAL / CLINIC ..... B CHURCH ..... C COMMUNITY ORGANIZATION ..... D NON-GOVERNMENT ORGANIZATION (NGO) E TRADITIONAL HEALER ..... F WOMEN'S GROUP..... G GOVERNMENT/SOCIAL SERVICES..... H OTHER(SPECIFY).....X	
H25	CHECK IN THE HOUSEHOLD SCHEDULE (COLS 8 & 10) TO SEE IF THERE ARE ANY ORPHANS IN THE HOUSEHOLD:  IF YES: In the last year did you get any outside help for (NAME(s) OF ORPHANS)?	YES ..... 1 NO ..... 2 DON'T KNOW..... 98	
H26	What kind of help did you receive?  (READ OUT. MULTIPLE ANSWERS POSSIBLE.)	A. SCHOOL FEES ..... YES   NO B. CLOTHING ..... YES   NO C. FOOD ..... YES   NO D. MONEY ..... YES   NO E. OTHER (SPECIFY)..... YES   NO	
H27	Who provided the care or assistance?  Anyone else?  (CIRCLE ALL THAT APPLY. MORE THAN ONE ANSWER IS POSSIBLE.)	FRIENDS/RELATIVES..... A HEALTH WORKER / HOSPITAL / CLINIC ..... B CHURCH ..... C COMMUNITY ORGANIZATION ..... D NON-GOVERNMENT ORGANIZATION (NGO) E TRADITIONAL HEALER ..... F WOMEN'S GROUP..... G GOVERNMENT/SOCIAL SERVICES..... H OTHER(SPECIFY) .....X	

THANK THE RESPONDENT AND CHECK ELIGIBILITY. (ALL MEN AND WOMEN AGED 15-49 WHO ARE USUAL MEMBERS OF THE HOUSEHOLD, OR WHO STAYED THERE LAST NIGHT, ARE ELIGIBLE FOR INDIVIDUAL SURVEY.)

**TIME INTERVIEW ENDED:** \_\_\_\_\_

AFTER NOTING ELIGIBLE HOUSEHOLD MEMBERS FOR INTERVIEW, IMMEDIATELY STORE QUESTIONNAIRE IN AN ENVELOPE AND KEEP SEPARATE FROM INDIVIDUAL QUESTIONNAIRE.

QUESTIONNAIRE SERIAL NO: [ ][ ][ ][ ]

COUNTRY  
 NAME OF ORGANIZATION  
 SURVEY NAME and YEAR

COMMUNITY SCHEDULE

IDENTIFICATION	
CO1	NAME OF COMMUNITY/CODE _____
CO2	PROVINCE _____
CO3	DISTRICT _____
CO4	CLUSTER NUMBER _____
CO5	Urban = 1
	Rural = 2
	Roadside Settlement = 3


  

--

CO6. INTERVIEWER VISITS				
VISIT NO.	1	2	3	FINAL VISIT
	DAY / MO. / YR.	DAY / MO. / YR.	DAY / MO. / YR.	
DATE	/ / /	/ / /	/ / /	DAY
				MONTH
INTERVIEWER'S NAME	_____	_____	_____	YEAR
INTERVIEWER ID.NO.	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ]	INTERV.ID.NO.
RESULT*				RESULT
NEXT VISIT: DATE	/ / /	/ / /		TOTAL NO. OF VISITS
TIME				
*RESULT CODES:				
1	COMPLETED			
2	SUITABLE INFORMANTS COULD NOT BE LOCATED			
3	POSTPONED			
4	REFUSED			
5	PARTLY COMPLETED			
999	OTHER _____			
	(SPECIFY)			

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	NAME _____	NAME _____
DATE _____	DATE _____	DATE _____	DATE _____

**READ THE FOLLOWING GREETING:**

Hello. I am representing the [NAME OF IMPLEMENTING ORGANIZATION]. We are carrying out a survey of communities to get information about the health situation and related services that are available to these communities. I would like to ask you some questions about your community and how it has been affected by AIDS, as a way of better understanding how to help those in need of assistance. Please be assured that this discussion is strictly confidential, and you may choose to stop the interview at any time. May I continue?

<b>1. INFORMANT INFORMATION</b>			
No.	QUESTION	CODES	GO TO
101	PERMISSION RECEIVED TO CONTINUE?	YES..... 1 NO ..... 2	→STOP P
102	LANGUAGE OF INTERVIEW	[LOCAL LANGUAGE] ..... 1 ENGLISH.....2 OTHER .....3	
103	NUMBER OF INFORMANTS	NUMBER ..... <input type="text"/> <input type="text"/>	
104	COMPOSITION OF INFORMANT GROUP. (CIRCLE ALL THAT APPLY.)	IMPORTANT ELDERS..... A GOVERNMENT OFFICIALS..... B WOMEN-S GROUP.....C VILLAGE HEALTH COMMITTEE ..... D CHURCH LEADERS..... E TRADITIONAL HEALER.....F VILLAGE HEALTH WORKERS.....G YOUTH .....H OTHER ..... X	
105	SEX COMPOSITION OF INFORMANT GROUP	MEN ONLY.....1 WOMEN ONLY .....2 BOTH MEN AND WOMEN .....3	

<b>2. GENERAL COMMUNITY INFORMATION</b>			
No.	QUESTIONS	CODING CLASSIFICATION	GO TO
201	CLUSTER DESCRIPTION	COMPACT..... 1 DISPERSED..... 2	
202	What is the main access route to this community?	ALL YEAR ROAD ..... 1 SEASONAL ROAD ..... 2 WATERWAY ..... 3 PATH ..... 4  OTHER ..... 5 (SPECIFY)	
203	What are the main economic activities in this community? (CIRCLE ALL THAT ARE MENTIONED.)	AGRICULTURE ..... A LIVESTOCK ..... B FISHING ..... C COMMERCE ..... D MANUFACTURING..... E OTHER ..... X (SPECIFY)	
204	Is a special market held in this community every week (or every month, or at other regular intervals)?	YES..... 1 NO ..... 2 DON'T KNOW ..... 98	→208

205	Do people from other communities come here often to buy and sell at this market?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	
-----	--	--	--

206	What is the name of the nearest larger town?	_____	
207	Which is the most common type of transportation used to go to the nearest larger town?	CAR/TRUCK .....1 BUS .....2 MOTORCYCLE .....3 BICYCLE .....4 ANIMAL .....5 WALKING .....6 OTHER .....7	→301 →301 →301 →301
208	How often is this type of transportation available?	MORE THAN ONCE A DAY .....1 ONCE A DAY .....2 MORE THAN ONCE A WEEK.....3 ONCE A WEEK .....4 SEASONALLY .....5 OTHER .....6 (SPECIFY)	

**3. COMMUNITY HEALTH PROBLEMS AND AIDS ASSISTANCE**

301	What are the main health problems in this community? (CIRCLE ALL THAT APPLY.)	AIDS ..... A MALARIA ..... B TB ..... C DIARRHEAL DISEASE ..... D RESPIRATORY INFECTION ..... E HEART DISEASE ..... F MEASLES ..... G CANCER ..... H MALNUTRITION ..... I PERI/NEO-NATAL DEATH ..... J OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
302	Is AIDS common in your community?	YES .....1 NO .....2 DON'T KNOW .....98	
303	Approximately how many people in this community have died from AIDS in the past 12 months?	NUMBER OF DEATHS ..... <input type="text"/> <input type="text"/> NONE .....00 DON'T KNOW .....98	
304	Where does a person go for help when he or she becomes ill with AIDS?  Anywhere else? (CIRCLE ALL THAT APPLY.)	FAMILY ..... A TRAD. HEALERS ..... B CLINIC ..... C CHURCH ..... D AIDS ORGANIZATION ..... E NGO ..... G NOWHERE TO GO ..... H OTHER ..... X (SPECIFY) DON'T KNOW ..... Z	
305	Has it happened in this community that a young man has died, leaving his wife and their young children in the household?	YES ..... 1 NO .....2 DON'T KNOW .....98	→309
306	How often has this occurred in the past 12 months?	NO. OF TIMES ..... <input type="text"/> <input type="text"/> DON'T KNOW .....98	

307	Was assistance available for any of these families, before or after the death?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	
308	What sort of assistance? (CIRCLE ALL THAT APPLY.)	COUNSELING ..... A MONEY ..... B EXTRA FOOD ..... C FREE MEDICINE ..... D HOME-BASED CARE FOR ILL PERSON ..... E HELP WITH CHILD CARE ..... F SCHOOL FEES ..... G INCOME-GENERATING PROJECTS ..... H MICRO-CREDIT SCHEMES ..... I HELP WITH HOUSEWORK ..... J HELP WITH FOOD PREPARATION ..... K SPIRITUAL /RELIGIOUS/SUPPORT ..... L SUPPORT GROUP ..... M HOSPICE ..... N OTHER (SPECIFY) ..... X DON'T KNOW ..... Z	
309	Has it happened in this community that both the mother and the father died, leaving only their young children (under 20 years of age) in the household?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	→317
310	How often has this happened in the past 12 months?	NO. OF TIMES ..... <input type="text"/> <input type="text"/> NONE ..... 00 DON'T KNOW ..... 98	
311	Was assistance available for any of the families, before or after the death occurred?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	→317
312	What sort of assistance was available for these families? (CIRCLE ALL THAT APPLY.)	COUNSELING ..... A MONEY ..... B EXTRA FOOD ..... C FREE MEDICINE ..... D HOME-BASED CARE FOR ILL PERSON ..... E HELP WITH CHILD CARE ..... F SCHOOL FEES ..... G INCOME-GENERATING PROJECTS ..... H MICRO-CREDIT SCHEMES ..... I HELP WITH HOUSEWORK ..... J HELP WITH FOOD PREPARATION ..... K SPIRITUAL /RELIGIOUS/SUPPORT ..... L SUPPORT GROUP ..... M HOSPICE ..... N OTHER (SPECIFY) ..... X DON'T KNOW ..... Z	
313	What can be done to improve care for persons who are sick with AIDS and their families? (CIRCLE ALL THAT ARE MENTIONED.)	ADMIT TO HOSPITAL ..... A CARE OF TRAD. HEALER ..... B SET UP COMMUNITY HOSPICE CARE ..... C FINANCIAL ASSISTANCE ..... D HOME VISITS BY HEALTH WORKERS ..... E PROVIDE MEDICINES ..... F SUPPORT GROUPS ..... G SCHOOLING FOR CHILDREN ..... H FAMILY NEEDS TO TAKE BETTER CARE ..... I OTHER (SPECIFY) ..... X DON'T KNOW ..... Z	

314	Has this community done anything specifically to prevent new people from being infected with HIV / AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	→316
315	What has been done?  Anything else?  (CIRCLE ALL THAT ARE MENTIONED.)	IEC CAMPAIGNS ..... A EDUCATION IN SCHOOLS ..... B YOUTH PROGRAMS ..... C WOMEN-S PROGRAMS ..... D CONDOM DISTRIBUTION ..... E OTHER (SPECIFY)..... X DON'T KNOW ..... Z	
316	Is there an AIDS Committee in this community?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	
317	Is it active?	YES, ACTIVE ..... 1 YES, BUT NOT ACTIVE ..... 2 DON'T KNOW ..... 98	
318	Is education about AIDS provided in the schools?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	
319	Are the health workers promoting HIV prevention and safe sex?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	
320	Are condoms available in the health clinic?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	
322	Are condoms available in the shops?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	
323	Are condoms available in all bars, or in some bars?	ALL ..... 1 SOME ..... 2 NONE ..... 3 DON'T KNOW ..... 98	
324	Are traditional healers active in HIV prevention?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	
325	If a person wanted to know whether he or she has HIV, where can he or she go?  Anywhere else? (MORE THAN ONE ANSWER POSSIBLE. CIRCLE ALL THAT APPLY.)	HEALTH FACILITY ..... A VCT CENTRE ..... B NOWHERE TO GO ..... C OTHER (SPECIFY)..... X DON'T KNOW ..... Z	→401
326	Where is this place located? In this community? IF NO: How far away?	IN THIS COMMUNITY ..... 1 _____ KM FROM HERE ..... 2 DON'T KNOW ..... 98	
327	Do you think that good services are provided at this place?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 98	→401 →401

328	IF Q327 IS NO, ASK : Why not?  (MORE THAN ONE ANSWER IS POSSIBLE. CIRCLE ALL THAT APPLY.)	OPENING TIMES INCONVENIENT ..... A TOO FAR AWAY ..... B COSTLY ..... C POOR SERVICES ..... D LONG WAITING TIME ..... E LACK OF CONFIDENTIALITY ..... F POOR TESTING/FALSE RESULTS ..... G OTHER (SPECIFY) ..... X DON'T KNOW ..... Z	
-----	--	--	--

**4a. SOURCES OF ASSISTANCE FOR PWA**

Now, I would like to ask you about where people in this community can get help when they are sick with AIDS. Please mention all sources of assistance, including organizations, health institutions, and individuals who may provide such assistance in this community. I will start by asking you about organizations, and the type of help they give. Then I will ask you about individuals, such as friends, family members, and relatives, and the type of help they give.

401. Which organizations in this community provide help to people with AIDS?	402. What kind of organization is this?	403. What type of help do they give?	404. How helpful is this assistance?
1. _____ _____	NGO .....1 WOMEN-S GROUP .....2 CHURCH SUPPORT GROUP .....3 OTHER CBO .....3  GOVT HEALTH FACILITY STAFF .....4 PRIVATE HEALTH FACILITY STAFF .....5 OTHER GOVT ORG .....6 TRAD. HEALERS .....7 OTHER(SPECIFY) .....8	COUNSELING ..... YES   NO EDUCATION ..... YES   NO FREE MEDICINE ..... YES   NO EXTRA FOOD ..... YES   NO MONEY ..... YES   NO INCOME-GENERATING PROJ ..... YES   NO MICRO-CREDIT SCHEME ..... YES   NO HOME-BASED CARE ..... YES   NO PRAYER GROUP ..... YES   NO SUPPORT GROUP ..... YES   NO OTHER (SPECIFY) ..... YES   NO	A LOT .....1 A LITTLE .....2 NOT AT ALL .....3 DON'T KNOW .....98
2. _____ _____	NGO .....1 WOMEN-S GROUP .....2 CHURCH SUPPORT GROUP .....3 OTHER CBO .....3  GOVT HEALTH FACILITY STAFF .....4 PRIVATE HEALTH FACILITY STAFF .....5 OTHER GOVT ORG .....6 TRAD. HEALERS .....7 OTHER(SPECIFY) .....8	COUNSELING ..... YES   NO EDUCATION ..... YES   NO FREE MEDICINE ..... YES   NO EXTRA FOOD ..... YES   NO MONEY ..... YES   NO INCOME-GENERATING PROJ ..... YES   NO MICRO-CREDIT SCHEME ..... YES   NO HOME-BASED CARE ..... YES   NO PRAYER GROUP ..... YES   NO SUPPORT GROUP ..... YES   NO OTHER (SPECIFY) ..... YES   NO	A LOT .....1 A LITTLE .....2 NOT AT ALL .....3 DON'T KNOW .....98
3. _____ _____	NGO .....1 WOMEN-S GROUP .....2 CHURCH SUPPORT GROUP .....3 OTHER CBO .....3  GOVT HEALTH FACILITY STAFF .....4 PRIVATE HEALTH FACILITY STAFF .....5 OTHER GOVT ORG .....6 TRAD. HEALERS .....7 OTHER(SPECIFY) .....8	COUNSELING ..... YES   NO EDUCATION ..... YES   NO FREE MEDICINE ..... YES   NO EXTRA FOOD ..... YES   NO MONEY ..... YES   NO INCOME-GENERATING PROJ ..... YES   NO MICRO-CREDIT SCHEME ..... YES   NO HOME-BASED CARE ..... YES   NO PRAYER GROUP ..... YES   NO SUPPORT GROUP ..... YES   NO OTHER (SPECIFY) ..... YES   NO	A LOT .....1 A LITTLE .....2 NOT AT ALL .....3 DON'T KNOW .....98

4.	NGO ..... 1 WOMEN-S GROUP ..... 2 CHURCH SUPPORT GROUP ..... 3 OTHER CBO ..... 3  GOVT HEALTH FACILITY STAFF ..... 4 PRIVATE HEALTH FACILITY STAFF ..... 5 OTHER GOVT ORG ..... 6 TRAD. HEALERS ..... 7 OTHER(SPECIFY) ..... 8	COUNSELING ..... YES   NO EDUCATION ..... YES   NO FREE MEDICINE ..... YES   NO EXTRA FOOD ..... YES   NO MONEY ..... YES   NO INCOME-GENERATING PROJ ..... YES   NO MICRO-CREDIT SCHEME ..... YES   NO HOME-BASED CARE ..... YES   NO PRAYER GROUP ..... YES   NO SUPPORT GROUP ..... YES   NO OTHER (SPECIFY) ..... YES   NO	A LOT ..... 1 A LITTLE ..... 2 NOT AT ALL ..... 3 DONT KNOW ..... 98
5.	NGO ..... 1 WOMEN-S GROUP ..... 2 CHURCH SUPPORT GROUP ..... 3 OTHER CBO ..... 3  GOVT HEALTH FACILITY STAFF ..... 4 PRIVATE HEALTH FACILITY STAFF ..... 5 OTHER GOVT ORG ..... 6 TRAD. HEALERS ..... 7 OTHER(SPECIFY) ..... 8	COUNSELING ..... YES   NO EDUCATION ..... YES   NO FREE MEDICINE ..... YES   NO EXTRA FOOD ..... YES   NO MONEY ..... YES   NO INCOME-GENERATING PROJ ..... YES   NO MICRO-CREDIT SCHEME ..... YES   NO HOME-BASED CARE ..... YES   NO PRAYER GROUP ..... YES   NO SUPPORT GROUP ..... YES   NO OTHER (SPECIFY) ..... YES   NO	A LOT ..... 1 A LITTLE ..... 2 NOT AT ALL ..... 3 DONT KNOW ..... 98
6.	NGO ..... 1 WOMEN-S GROUP ..... 2 CHURCH SUPPORT GROUP ..... 3 OTHER CBO ..... 3  GOVT HEALTH FACILITY STAFF ..... 4 PRIVATE HEALTH FACILITY STAFF ..... 5 OTHER GOVT ORG ..... 6 TRAD. HEALERS ..... 7 OTHER(SPECIFY) ..... 8	COUNSELING ..... YES   NO EDUCATION ..... YES   NO FREE MEDICINE ..... YES   NO EXTRA FOOD ..... YES   NO MONEY ..... YES   NO INCOME-GENERATING PROJ ..... YES   NO MICRO-CREDIT SCHEME ..... YES   NO HOME-BASED CARE ..... YES   NO PRAYER GROUP ..... YES   NO SUPPORT GROUP ..... YES   NO OTHER (SPECIFY) ..... YES   NO	A LOT ..... 1 A LITTLE ..... 2 NOT AT ALL ..... 3 DONT KNOW ..... 98
7.	NGO ..... 1 WOMEN-S GROUP ..... 2 CHURCH SUPPORT GROUP ..... 3 OTHER CBO ..... 3  GOVT HEALTH FACILITY STAFF ..... 4 PRIVATE HEALTH FACILITY STAFF ..... 5 OTHER GOVT ORG ..... 6 TRAD. HEALERS ..... 7 OTHER(SPECIFY) ..... 8	COUNSELING ..... YES   NO EDUCATION ..... YES   NO FREE MEDICINE ..... YES   NO EXTRA FOOD ..... YES   NO MONEY ..... YES   NO INCOME-GENERATING PROJ ..... YES   NO MICRO-CREDIT SCHEME ..... YES   NO HOME-BASED CARE ..... YES   NO PRAYER GROUP ..... YES   NO SUPPORT GROUP ..... YES   NO OTHER (SPECIFY) ..... YES   NO	A LOT ..... 1 A LITTLE ..... 2 NOT AT ALL ..... 3 DONT KNOW ..... 98
8.	NGO ..... 1 WOMEN-S GROUP ..... 2 CHURCH SUPPORT GROUP ..... 3 OTHER CBO ..... 3  GOVT HEALTH FACILITY STAFF ..... 4 PRIVATE HEALTH FACILITY STAFF ..... 5 OTHER GOVT ORG ..... 6 TRAD. HEALERS ..... 7 OTHER(SPECIFY) ..... 8	COUNSELING ..... YES   NO EDUCATION ..... YES   NO FREE MEDICINE ..... YES   NO EXTRA FOOD ..... YES   NO MONEY ..... YES   NO INCOME-GENERATING PROJ ..... YES   NO MICRO-CREDIT SCHEME ..... YES   NO HOME-BASED CARE ..... YES   NO PRAYER GROUP ..... YES   NO SUPPORT GROUP ..... YES   NO OTHER (SPECIFY) ..... YES   NO	A LOT ..... 1 A LITTLE ..... 2 NOT AT ALL ..... 3 DONT KNOW ..... 98

#### 4B. INDIVIDUALS PROVIDING PERSONAL ASSISTANCE TO PWA

Now, I would like to ask you about individuals, including friends, family members, and relatives, and the type of help they give to people with AIDS.

405. What individuals in this community provide help to people with AIDS?	406. RECORD TYPE OF INDIVIDUAL	407. What type of help do they give?	408. How helpful is this assistance?
1. _____ _____	FAMILY.....1 FRIENDS.....2 NEIGHBORS.....3 OTHER (SPECIFY) .....4	EXTRA FOOD..... YES   NO CHILD CARE ..... YES   NO FOOD PREPARATION..... YES   NO HOUSEWORK..... YES   NO MONEY ..... YES   NO EMOTIONAL SUPPORT ..... YES   NO OTHER(SPECIFY)..... YES   NO	A LOT .....1 A LITTLE.....2 NOT AT ALL .....3 DONT KNOW .....98
2. _____ _____	FAMILY.....1 FRIENDS.....2 NEIGHBORS.....3 OTHER (SPECIFY) .....4	EXTRA FOOD..... YES   NO CHILD CARE ..... YES   NO FOOD PREPARATION..... YES   NO HOUSEWORK..... YES   NO MONEY ..... YES   NO EMOTIONAL SUPPORT ..... YES   NO OTHER(SPECIFY) ..... YES   NO	A LOT .....1 A LITTLE.....2 NOT AT ALL .....3 DONT KNOW .....98
3. _____ _____	FAMILY.....1 FRIENDS.....2 NEIGHBORS.....3 OTHER (SPECIFY) .....4	EXTRA FOOD..... YES   NO CHILD CARE ..... YES   NO FOOD PREPARATION..... YES   NO HOUSEWORK..... YES   NO MONEY ..... YES   NO EMOTIONAL SUPPORT ..... YES   NO OTHER(SPECIFY)..... YES   NO	A LOT .....1 A LITTLE.....2 NOT AT ALL .....3 DONT KNOW .....98
4. _____ _____	FAMILY.....1 FRIENDS.....2 NEIGHBORS.....3 OTHER (SPECIFY) .....4	EXTRA FOOD..... YES   NO CHILD CARE ..... YES   NO FOOD PREPARATION..... YES   NO HOUSEWORK..... YES   NO MONEY ..... YES   NO EMOTIONAL SUPPORT ..... YES   NO OTHER(SPECIFY)..... YES   NO	A LOT .....1 A LITTLE.....2 NOT AT ALL .....3 DONT KNOW .....98
5. _____ _____	FAMILY.....1 FRIENDS.....2 NEIGHBORS.....3 OTHER (SPECIFY) .....4	EXTRA FOOD..... YES   NO CHILD CARE ..... YES   NO FOOD PREPARATION..... YES   NO HOUSEWORK..... YES   NO MONEY ..... YES   NO EMOTIONAL SUPPORT ..... YES   NO OTHER(SPECIFY)..... YES   NO	A LOT .....1 A LITTLE.....2 NOT AT ALL .....3 DONT KNOW .....98

---

500. Any suggestions for what can be done to improve care for families and persons who are sick with AIDS?

(OPEN QUESTION -- RECORD RESPONSE.)

THANK RESPONDENTS AND END THE INTERVIEW