

## English version questionnaire

Zemen Post Graduate Department of Public Health, Epidemiology and Biostatistics.

Questionnaire on proportion of HBsAg and associated factors on HIV positive adult.

INSTRUCTION: Circle/write the code corresponding to the answer for each question

Interviewer: Name \_\_\_\_\_ Father's name \_\_\_\_\_

Respondent's code \_\_\_\_\_

Date of the questioner filled (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_/\_\_\_\_/: end Time \_\_\_\_/\_\_\_\_/

Part I: socio- demographic characteristics of respondents.

No	Question	Response	Skip to Q
Q101	Sex	1. Male 2. female	
Q 102	Age(years old)	_____	
Q 103	current occupational status	1. Self-employed 2. student 3. House wife 4. Driver 5. others (specify)	
Q 104	Marital status	1. Married 2. Single 3. Divorced	
Q 105	Educational level	1. Unable to read and write 2. Read and write only 3. Primary (1- 8) 4. Secondary (9-12) 5. College and above	
Q 106	Place of Residence	1. Urban 2. Rural	

Q 107	Monthly average Income(ETB )	----- ---ETB	
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Part II: Questions concerning about “hepatitis B virus

No	Question	Response	Skip to Q
Q201	Have you heard about HBV	1.yes 2.No	
Q 202	Have you ever received hepatitis B vaccine?	1.yes 2.No	
Q203	History of STD/STI	1.Yes 2.No	
Q 204	History of Multiple sexual practice	1.Yes 2.No	
Q 205	Is there regular sexual partner?	1.Yes 2.No	
Q 206	If yes Having a conversation with yourpartner?	1.Yes 2.No	
Q 207	Consistent use of condom?	1.Yes 2.No	
Q 208	Have you ever received a blood transfusion?	1.Yes 2. No	
Q 209	If yes “When did you receive your first blood transfusion?”	1.Recentl y2.pre viously	
Q 210	(any Dental procedure)	1.Yes 2.No	

Q 211	History of Hospital admission	1.Yes 2.No	
Q 212	Have you ever had Surgical procedure	1.Yes 2.No	
Q 213	Ear piercing	1.Yes 2.No	

No	Question	Response	Skip to Q
Q 214	If yes "When	1.Recently 2.Previously	
Q215	Tattooing on body	1.Yes 2.No	
Q 216	alcohol consumption	1.Yes 2.No	
Q 217	Sharing Shar	1.Yes2.No	
Q 218	Do you have at least one HBsAg-positive family	1.Yes2.No	
Q 219	Result of Hepatitis	1.postive 2.Negative	
Q 220	Are you aware HBV is transmitted through blood and other bodily	1.Yes2.No	

	fluids?		
Q 221	Smoking	1.Yes2.No	
Q 222	Do you know prevention methods of HBV?	1 Yes 2.No	

Part III: patient's Chart reviewing

No	Question	Response	Skip toQ
Q 301	Current CD4 count	1.....cells/μl	
Q302	Current Viral load level	1-----copies/ml	
Q 303	History of OIs?	1.Yes 2.No	









