

**GENERAL INTRODUCTION TO QUESTIONNAIRES**

**INTERVIEWER READ:** I am going to ask you questions for about 45 minutes to 1 hour. I am going to ask questions about different behaviors and medical conditions you may have.

Some of the questions I ask may be uncomfortable to answer. You can choose not to answer any questions that you do not feel comfortable answering.

Please remember that all of the information you give us is confidential.

We ask that you answer the questions as honestly as you can.

If any of the questions are unclear, please stop me and I will try and make things clearer.

Remember, there are no right or wrong answers.

**INTERVIEWER READ:** I am going to start by asking you some questions about yourself and your living conditions.

1. What is your date of birth? \_\_\_\_\_ / \_\_\_\_\_ / X X X X  
Day Month Year

[Range for Day: 1-31]

[Range for Month: JAN-DEC]

**INTERVIEWER INSTRUCTION:** Only ask for the Day and Month as the Year is prefilled. Code 01 JAN if the participant does not know.

**PROGRAMMER NOTE:** Prefill year from the screening form. YEAR should NOT be an editable field.

2. Do you consider yourself to be?

- Male 1
- Female 2
- Hijra / Transgender 3

## The India IDU Initiative Baseline Demographics (DG)

3. Which state does your family come from?
- |  |     |
|--|-----|
| <input type="checkbox"/> Andaman and Nicobar         | 26  |
| <input type="checkbox"/> Andhra Pradesh              | 1   |
| <input type="checkbox"/> Arunachal Pradesh           | 2   |
| <input type="checkbox"/> Assam                       | 3   |
| <input type="checkbox"/> Bihar                       | 4   |
| <input type="checkbox"/> Chhattisgarh                | 27  |
| <input type="checkbox"/> Chandigarh                  | 28  |
| <input type="checkbox"/> Daman & Diu                 | 29  |
| <input type="checkbox"/> Dadra & and Nagar Haveli    | 30  |
| <input type="checkbox"/> Goa                         | 5   |
| <input type="checkbox"/> Gujarat                     | 6   |
| <input type="checkbox"/> Himachal Pradesh            | 7   |
| <input type="checkbox"/> Haryana                     | 31  |
| <input type="checkbox"/> Jharkhand                   | 32  |
| <input type="checkbox"/> Karnataka                   | 8   |
| <input type="checkbox"/> Kashmir (Jammu and Kashmir) | 9   |
| <input type="checkbox"/> Kerala                      | 10  |
| <input type="checkbox"/> Lakshadweep                 | 33  |
| <input type="checkbox"/> Madhya Pradesh              | 11  |
| <input type="checkbox"/> Maharashtra                 | 12  |
| <input type="checkbox"/> Manipur                     | 13  |
| <input type="checkbox"/> Meghalaya                   | 14  |
| <input type="checkbox"/> Mizoram                     | 15  |
| <input type="checkbox"/> Nagaland                    | 16  |
| <input type="checkbox"/> New Delhi                   | 17  |
| <input type="checkbox"/> Orissa                      | 18  |
| <input type="checkbox"/> Punjab                      | 19  |
| <input type="checkbox"/> Puducherry                  | 34  |
| <input type="checkbox"/> Rajasthan                   | 20  |
| <input type="checkbox"/> Sikkim                      | 21  |
| <input type="checkbox"/> Tamil Nadu                  | 22  |
| <input type="checkbox"/> Tripura                     | 23  |
| <input type="checkbox"/> Uttarakhand                 | 35  |
| <input type="checkbox"/> Uttar Pradesh               | 24  |
| <input type="checkbox"/> West Bengal                 | 25  |
| <input type="checkbox"/> Outside of India (Other)    | 996 |

**INTERVIEWER INSTRUCTION:** If mother and father are from different states, select state that father is from.

4. What is your religion?
- |  |     |
|--|-----|
| <input type="checkbox"/> Hinduism                        | 1   |
| <input type="checkbox"/> Christianity                    | 2   |
| <input type="checkbox"/> Sikhism                         | 3   |
| <input type="checkbox"/> Buddhism                        | 4   |
| <input type="checkbox"/> Jainism                         | 5   |
| <input type="checkbox"/> Islam                           | 6   |
| <input type="checkbox"/> Atheist (Do not believe in god) | 7   |
| <input type="checkbox"/> Parsi                           | 8   |
| <input type="checkbox"/> Other                           | 996 |

## The India IDU Initiative Baseline Demographics (DG)

5. Are you now married, widowed, divorced, separated, never married, or living with a partner?

- Married 1
- Living with female partner, but not married 2
- Living with male partner, but not married 3
- Living with transgendered partner, but not married 4
- In a long-term relationship, but not living with female partner 5
- In a long-term relationship, but not living with male partner 6
- In a long-term relationship, but not living with transgender partner 7
- Widowed 8
- Divorced 9
- Separated from partner but still married 10
- Never married 11

**INTERVIEWER INSTRUCTION:** Participant must specify the gender of the partner.

6. What is the highest level of education you have completed?

- No schooling 1
- Primary school (1-5) 2
- Secondary school (6-11) 3
- High school / graduate (Complete 12<sup>th</sup>) 4
- Vocational or trade school 5
- College or university, not complete 6
- College or university, complete 7
- Post-graduate 8

7. What has been your usual earning pattern during the last 12 months? The answer should represent the majority of the last year, not just the most recent earning pattern.

- Monthly wages 1
- Weekly wages 2
- Daily wages 3
- Seasonally/intermittently employed 4
- Temporarily laid off, sick leave 5
- Unemployed, looking for work 6 (→ Q8)
- Unemployed, not looking for work 7 (→ Q8)
- Retired 8 (→ Q8)
- Disabled, permanently or temporarily 9 (→ Q8)
- Partner takes care of me / homemaker 10 (→ Q8)
- Student 11 (→ Q8)

**The India IDU Initiative  
Baseline Demographics (DG)**

7a. What is your occupation?

- |  |     |
|--|-----|
| <input type="checkbox"/> Private worker  | 1   |
| <input type="checkbox"/> Government worker                                       | 2   |
| <input type="checkbox"/> Own business  | 3   |
| <input type="checkbox"/> Self-earning (coolie, auto driver, construction worker) | 4   |
| <input type="checkbox"/> Sex worker  | 5   |
| <input type="checkbox"/> Work in massage parlour                                 | 6   |
| <input type="checkbox"/> Housekeeping  | 7   |
| <input type="checkbox"/> Catering  | 8   |
| <input type="checkbox"/> Beautician  | 9   |
| <input type="checkbox"/> Pimp / Broker   | 10  |
| <input type="checkbox"/> Other   | 996 |

8. During the past 12 months, what was your average personal monthly income?

\_\_\_\_\_ rupees per month

9. During the past 12 months, what was the average income of your household?

\_\_\_\_\_ rupees per month

**PROGRAMMER NOTE:** Answer to Q9 cannot be less than answer to Q8.

**INTERVIEWER READ:** We now have a few questions about where you are living.

10. In what type of place do you currently live?

- |  |    |
|--|----|
| <input type="checkbox"/> Own house / condominium / apartment / flat            | 1  |
| <input type="checkbox"/> Rent house / condominium / apartment / flat           | 2  |
| <input type="checkbox"/> Rent room in someone else's house                     | 3  |
| <input type="checkbox"/> Staying with family member(s)/parents                 | 4  |
| <input type="checkbox"/> Stay with friend(s)/others                            | 5  |
| <input type="checkbox"/> Staff quarters  | 6  |
| <input type="checkbox"/> Hostel/Dormitory                                      | 7  |
| <input type="checkbox"/> On the street, in a park, in a bus station, park etc. | 8  |
| <input type="checkbox"/> In a slum   | 10 |

10a. What is your current pin/zip code? \_\_\_\_\_

**Range:** 100000-999997

**INTERVIEWER INSTRUCTION:**

- Code 999997 for Don't Know
- Code 999996 if Living on the Street

**PROGRAMMER NOTE:** If Q10 = 8, then code this question as not applicable "999996"

11. How long have you been living where you currently live?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 month or less                | 1 |
| <input type="checkbox"/> More than 1 month to 3 months  | 2 |
| <input type="checkbox"/> More than 3 months to 6 months | 3 |
| <input type="checkbox"/> More than 6 months to 1 year   | 4 |
| <input type="checkbox"/> More than 1 year               | 5 |

**The India IDU Initiative  
Baseline Demographics (DG)**

12. How many individuals live in your household, not counting yourself? By household, I mean children or adults (not including yourself) who sleep in the household at least two nights or more every week.

\_\_\_\_\_  
[Acceptable range: 0-30, 996]

**INTERVIEWER INSTRUCTION:** If living in a hostel, participant can estimate the number of persons or Code 996 for Not Applicable

**PROGRAMMER NOTE:** If Q12 =0, skip to Q13

12a. Who currently lives with you? (**SELECT ALL THAT APPLY**)

	Yes	No
12a1. Spouse/partner	1	0
12a2. Your children / partner's children	1	0
12a3. Parent(s) and or grandparent(s)	1	0
12a4. Brothers/Sisters	1	0
12a5. Other relative(s)	1	0
12a6. Friend(s)	1	0
12a8. Other persons living in hostel	1	0
12a9. Renter(s)	1	0
12a10. Sex worker(s)	1	0
12a11. Other	1	0

**PROGRAMMER NOTE:** Q12a1-12a11 should all be on one page

- Number of options checked should not be greater than the answer to Q12.

**INTERVIEWER INSTRUCTION:** Please read all choices to participant.

13. How many children do you have? \_\_\_\_\_ [Acceptable range: 0-10]

14. In the last 12 months, how often did you run out of money for basic necessities like housing or food?

- Never 1
- Once or twice 2
- Monthly 3
- Weekly 4
- Daily 5
- Don't know 997

15. In the last 12 months, how many months of the year did you stay away from your home (for work/school etc. so that you could not sleep at home)?

- None 0
- 1 month or less 1
- More than 1 month to 3 months 2
- More than 3 months to 6 months 3
- More than 6 months to 1 year 4
- Don't Know 997

16. In the last 12 months, what is the furthest distance that you traveled (by motorbike, car, train or plane)?

\_\_\_\_\_ km

[Range: 0-9997]

**INTERVIEWER INSTRUCTION:** Code 9996 if more than 9995 km. Code 9997 for Don't Know;

**PROGRAMMER NOTE:** If Q16=0 then automatically code 17j as 1

**The India IDU Initiative  
Baseline Demographics (DG)**

17. In the last 12 months, did you travel for any of the following reasons? (**SELECT ALL THAT APPLY**)

	Yes	No
17a. Work	1	0
17b. School	1	0
17c. Visit family home town / attend family function	1	0
17d. Holiday / tour / excursion	1	0
17e. For sexual partners	1	0
17f. For drugs	1	0
17g. To meet friends	1	0
17h. To attend a cultural program or temple festival	1	0
17i. My home is in another state	1	0
17j. I did not travel in the last 12 months	1	0
17k. Other	1	0

**PROGRAMMER NOTE:** Q17a-17k should all be on one page.

**INTERVIEWER INSTRUCTION:** Please read all choices to participant.

18. What is your sexual orientation?

- Heterosexual/straight 1
- Homosexual/Gay 2
- Bisexual 3
- Other 996

**Baseline Network Questions (NW)**

**INTERVIEWER READ:** The next few questions are about people you may know who are like you. If you don't know the exact number for some of the questions, please give your best guess.

1. Which of the following describes how you know the person who gave you the coupon that you brought to this study? (**SELECT ALL THAT APPLY**)

	Yes	No
1a. A friend	1	0
1b. A sex partner, boyfriend, girlfriend, husband or wife	1	0
1c. A relative or family member	1	0
1d. A co-worker	1	0
1e. A person you inject drugs with	1	0
1f. A person you buy drugs from	1	0
1g. A person you share needles with	1	0
1h. An acquaintance (a person you know, but do not consider a friend)	1	0
1i. You don't know the person / just met them (a stranger)	1	0

2. How many people in [project city] do you personally know who inject drugs?

\_\_\_\_\_ [Acceptable range: 0- 500]

**INTERVIEWER INSTRUCTION:** If participant says that they don't know, PROBE to come up with an answer.

**PROGRAMMER NOTE:** If 0, END SURVEY.

- Pre-populate Project City based on survey location.

3. Of the [Q2 answer] people who live in [project city], who you personally know inject drugs, how many have you seen at least once in the past 30 days?

\_\_\_\_\_ [Acceptable range: 0- 500]

**INTERVIEWER INSTRUCTION:** If participant says that they don't know, PROBE to come up with an answer.

**PROGRAMMER NOTE:** If 0, END SURVEY.

- Q3 cannot be greater than Q2.
- Pre-populate Q2 answer in question.
- Prepopulate Project City based on survey location.

4. Of these [Q3 answer] people who inject drugs that you have seen in the past 30 days, how many are male?

\_\_\_\_\_ [Acceptable range: 0- 200, 997, 998]

**INTERVIEWER INSTRUCTION:** Code 997 for Don't Know; 998 for Refused.

**PROGRAMMER NOTE:** Q4 cannot be greater than Q3.

- Pre-populate Q3 answer in question.

5. Of these [Q3 answer] people who inject drugs that you have seen in the past 30 days, how many are female?

\_\_\_\_\_ [Acceptable range: 0- 200, 997, 998]

**INTERVIEWER INSTRUCTION:** Code 997 for Don't Know; 998 for Refused.

**PROGRAMMER NOTE:** Q5 cannot be greater than Q3.

- Pre-populate Q3 answer in question.

**The India IDU Initiative**  
**Baseline: Network Questions (NW)**

6. Of the [Q3 answer] who inject drugs that you have seen in the past 30 days, how many have you injected with in the past 30 days?

\_\_\_\_ [Acceptable range: 0- 200, 997, 998]

**INTERVIEWER INSTRUCTION:** Code 997 for Don't Know; 998 for Refused.

**PROGRAMMER NOTE:** Q6 cannot be greater than Q3.

- Pre-populate Q3 answer in question.

7. Of the [Q3 answer] people who inject drugs that you have seen in the past 30 days, how many are from [Neighborhood where study is being conducted]?

\_\_\_\_ [Acceptable range: 0- 200, 997, 998]

**INTERVIEWER INSTRUCTION:** Neighborhood is the area of the city where the study clinic is.

Code 997 for Don't Know; 998 for Refused.

**PROGRAMMER NOTE:** Q7 cannot be greater than Q3.

- Pre-populate Q3 answer in question.



**INTERVIEWER READ:** The next few questions are about HIV and your experiences with testing and treatment for HIV.

**HIV TESTING EXPERIENCE**

1. Have you ever been tested for HIV?  
 No 0  
 Yes 1 (→ Q3)

2. Have you not been tested...(SELECT ALL THAT APPLY)	No	Yes
2n. because you have never heard of HIV?	0	1 [9]
2a. because you think you are at low risk for HIV infection?	0	1
2b. because you were afraid of finding out that you had HIV?	0	1
2c. because you were worried your name would be reported to the government if you tested positive?	0	1
2d. because you were afraid of someone finding out about the test result?	0	1
2e. because you were afraid of losing your job, insurance, or housing if you tested positive?	0	1
2f. because you didn't have the money or the insurance to pay for the test?	0	1
2g. because you didn't have time?	0	1
2h. because you didn't know where to go to get tested?	0	1
2i. because you couldn't get transportation to a testing place?	0	1
2j. because you don't like needles?	0	1
2k. because you were afraid your relatives or friends would see you if you went to a public place like a government testing center?	0	1
2l. because you heard about someone being treated badly when they went for an HIV test?	0	1
2m. Refused to answer	0	1 [9]

**INTERVIEWER INSTRUCTION:** Please read all options 2a-2l to participant.

**PROGRAMMER NOTE:** Q2a-2n should be on one page.

- If option 'n' is selected, all other options should be removed.
- If option 'm' or 'n' is selected, skip to Q9.
- If any of 'a-l' is selected at the same time as 'm' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'

**The India IDU Initiative  
Baseline: HIV testing & Medication History (HIV)**

2a1. What is the primary reason you have never been tested for HIV infection?

- Because you think you are at low risk for HIV infection 1
- Because you were afraid of finding out that you had HIV 2
- Because you were worried your name would be reported to the government if you tested positive 3
- Because you were afraid of someone finding out the test result 4
- Because you were afraid of losing your job, insurance, or housing if you tested positive 5
- Because you didn't have the money or insurance to pay for the test 6
- Because you didn't have time 7
- Because you didn't know where to get tested 8
- Because you couldn't get transportation to a testing place 9
- Because you don't like needles 10
- Because you were afraid relatives or friends would see you if you went to a public place like a government testing center 11
- Because you heard about someone being treated badly when they went for an HIV test 12

**PROGRAMMER NOTE:** Only an option selected as 1 'Yes' in Q2 can be selected here.

- SKIP to Q9.

**INTERVIEWER READ:** I want to ask you some questions about the last time you were tested for HIV.

3. Do you remember when you were last tested for HIV?

- No 0 (→ 3b)
- Yes 1 (→ 3a)

3a. When were you last tested for HIV? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

[Range for Day: 01-31] [Range for Month: JAN-DEC] [Range for Year: date of birth - present date]

**PROGRAMMER NOTE:** Skip to Q4.

3b. What is the best estimate of when you were last tested for HIV?

- Within the last month 1
- More than 1 month to 6 months ago 2
- More than 6 months to 1 year (12 months) ago 3
- More than 1 year to 2 years ago 4
- More than 2 years ago to 4 years ago 5
- More than 4 years ago 6

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit answer into the best option. If participant does not remember, probe to help him come up with an answer.

**The India IDU Initiative  
Baseline: HIV testing & Medication History (HIV)**

4. The last time you were tested for HIV, why did you get tested for HIV?
- |   |     |
|---|-----|
| <input type="checkbox"/> I wanted to know my status   | 1   |
| <input type="checkbox"/> Condom tore / did not use a condom and I was worried                   | 2   |
| <input type="checkbox"/> Because I engage in sex work   | 3   |
| <input type="checkbox"/> Because I shared needles/syringes with someone                         | 4   |
| <input type="checkbox"/> Symptoms   | 5   |
| <input type="checkbox"/> As part of a research study  | 6   |
| <input type="checkbox"/> An outreach worker took me to have a test                              | 7   |
| <input type="checkbox"/> My regular partner is unwell / took me to get tested / tested positive | 8   |
| <input type="checkbox"/> Someone I know tested HIV positive                                     | 9   |
| <input type="checkbox"/> A friend/network partner of mine was getting tested for HIV            | 10  |
| <input type="checkbox"/> A family member of mine was getting tested for HIV                     | 11  |
| <input type="checkbox"/> My doctor suggested I get tested                                       | 12  |
| <input type="checkbox"/> I was forced to do a test  | 13  |
| <input type="checkbox"/> I was diagnosed with tuberculosis                                      | 14  |
| <input type="checkbox"/> My wife is pregnant  | 15  |
| <input type="checkbox"/> Because I am getting married   | 16  |
| <input type="checkbox"/> As part of a targeted intervention (TI)                                | 17  |
| <input type="checkbox"/> I get tested regularly   | 18  |
| <input type="checkbox"/> Other  | 996 |
| <input type="checkbox"/> Don't know   | 997 |
| <input type="checkbox"/> Refused  | 998 |

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit answer into the best option.

- If participant selects more than one reason, ask them to select main reason.

5. Where were you last tested for HIV? \_\_\_\_\_  
[Range: 01-20, 996, 997, 998]

**INTERVIEWER INSTRUCTION:** Use **Card HIVSITE**.

- Code 996 for other; 997 for Don't Know; 998 for Refused.

- 5a. What was this location?
- |   |     |
|---|-----|
| <input type="checkbox"/> Government voluntary counseling & testing center (ICTC)  | 1   |
| <input type="checkbox"/> Private/NGO voluntary counseling & testing center        | 2   |
| <input type="checkbox"/> Jail / prison  | 3   |
| <input type="checkbox"/> Government hospital                                      | 4   |
| <input type="checkbox"/> Private hospital   | 5   |
| <input type="checkbox"/> Private laboratory (stand-alone lab)                     | 6   |
| <input type="checkbox"/> Syringe exchange program                                 | 7   |
| <input type="checkbox"/> OST/methadone center/deaddiction center (drug treatment) | 8   |
| <input type="checkbox"/> Donating blood or plasma                                 | 9   |
| <input type="checkbox"/> Family planning center                                   | 10  |
| <input type="checkbox"/> As part of a research study                              | 11  |
| <input type="checkbox"/> Government ART center                                    | 12  |
| <input type="checkbox"/> Other  | 996 |
| <input type="checkbox"/> Don't know   | 997 |
| <input type="checkbox"/> Refused  | 998 |

**INTERVIEWER INSTRUCTION:** Use **Card HIV5**.

**The India IDU Initiative**  
**Baseline: HIV testing & Medication History (HIV)**

6. Did the last HIV test you took use a swab from your mouth, blood from your finger, or blood from your arm?

- Swab from mouth 1
- Blood from finger (finger prick) 2
- Blood from arm (needle stick) 3
- Other 996
- Don't know 997
- Refused 998

7. The last time you were tested for HIV, how quickly did you receive the results of the test?

- Did not receive result 0
- Within the hour 1 (→ Q8)
- More than an hour, but within the same day 2 (→ Q8)
- The following day 3 (→ Q8)
- More than a day, but within the week 4 (→ Q8)
- More than a week later 5 (→ Q8)
- Don't know 997 (→ Q8)
- Refused 998 (→ Q8)

7a. Think about the last time you didn't get your HIV test result. What was the main reason you didn't get your result?

- Too early to get the result 1
- Thought site would contact you 2
- Afraid of getting result 3
- Too busy to get the result 4
- Forgot to get result 5
- Didn't care about result/didn't want to know 6
- Jail-related (incarcerated/released before getting result) 7
- Inconvenient (location/hours/time etc.) 8
- Lost appointment card, paperwork, ID number 9
- I already knew I was HIV-infected 10
- Worried about someone seeing me there or identifying me 11
- I went out of town (e.g., went to home town) 12
- Other 996
- Don't know 997
- Refused 998

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit answer into the best option.

**PROGRAMMER NOTE:** Skip to Q9.

8. What were the results of your last HIV test?

- Negative 0
- Positive 1 (→ Q11)
- Indeterminate 2
- Don't remember 3

9. Have you ever been told that you had HIV?

- No 0 (→ Q55)
- Yes 1

**The India IDU Initiative  
Baseline: HIV testing & Medication History (HIV)**

9a. Where were you told you have HIV?

- Government voluntary counseling & testing center (ICTC) 1
- Private/NGO voluntary counseling & testing center 2
- Jail / prison 3
- Government hospital 4
- Private hospital 5
- Private laboratory (stand-alone lab) 6
- Syringe exchange program 7
- OST/methadone center/deaddiction center (drug treatment) 8
- Donating blood or plasma 9
- Family planning center 10
- As part of a research study 11
- Government ART center 12
- Other 996
- Don't know 997
- Refused 998

**INTERVIEWER INSTRUCTION:** Use Card HIV5.

10. When were you told you had HIV?

- Within the last month 1
- More than 1 month to 6 months ago 2
- More than 6 months to 1 year (12 months) ago 3
- More than 1 year to 2 years ago 4
- More than 2 years ago to 4 years ago 5
- More than 4 years ago 6

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit their answer into the best option.

**INTERVIEWER READ:** You have told us that you are HIV positive. I would like to ask you some questions about when you found out you were HIV positive and what happened after that diagnosis.

11. Have you ever told anyone in your personal life that you are HIV positive (not including a health professional)? By this, I mean have you told a friend, a family member, a sexual partner or someone else?

- No 0 (→ Q12)
- Yes 1
- Refused 998 (→ Q12)

11a. Who have you told that you are HIV positive? (**SELECT ALL THAT APPLY**)

	Yes	No
11a1. Spouse / primary sexual partner	1	0 (→ Q12)
11a3. Casual sex partner	1	0
11a4. IDU friends	1	0
11a5. Friends who are not IDUs	1	0
11a6. Co-worker(s)	1	0
11a7. Family member	1	0
11a8. Counselor - NGO/CBO worker	1	0
11a9. Other	1	0

**PROGRAMMER NOTE:** Q11a1-Q11a9 should all be on one page.

- If 11a1 is equal to 0 (No), go to Q12. Otherwise skip to Q13.

**INTERVIEWER INSTRUCTION:** Please read all choices to participant.

**The India IDU Initiative**  
**Baseline: HIV testing & Medication History (HIV)**

12. Why have you not told your spouse/primary sexual partner that you are HIV positive?

- Fear of rejection / abandonment / spouse leaving you 1
- Fear of psychological abuse 2
- Fear of physical abuse 3
- Fear of withdrawal of financial support 4
- Fear of not being able to be with children 5
- Fear of being blamed for being unfaithful 6
- HIV status is a personal issue; want to keep it a secret 7
- Did not think it was necessary or important 8
- Unable to accept / digest news 9
- Fear of stigma / discrimination 10
- Fear of losing sexual relationship with spouse / partner 11
- I do not have a spouse/primary sexual partner 12
- Fear that he / she will find out that I am an IDU 13
- Other 996
- Don't know 997
- Refused 998

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit answer into the best option.

- If participant selects more than one reason, ask them to select main reason.

**INTERVIEWER READ:** I am now going to ask you about any medical care and treatment you have received for HIV.

13. When you found out you were HIV positive, did you get any help in getting HIV-related medical care? By help we mean help with an appointment, where to go, transportation and paperwork?

- No 0 (→ Q16)
- Yes 1
- Refused 998 (→ Q16)

14. Who gave you this help?

- Counselor at a government center 1
- Counselor/worker at a CBO or NGO 2
- Doctor, nurse, or health care professional at a private hospital or clinic 3
- Doctor, nurse or health care professional at an NGO or CBO 4
- Government doctor, nurse or health care professional 5
- Friend or peer 6
- Other 996
- Refused 998

**INTERVIEWER INSTRUCTION:** If participant chooses more than one answer, ask him to choose the person who was most helpful.

15. How long after you received your HIV positive result did you receive this help?

- Within the first 2 weeks of getting result 1
- More than 2 weeks to 1 month after getting the result 2
- More than 1 month to 3 months after getting the result 3
- More than 3 months to 6 months after getting the result 4
- More than 6 months to 1 year after getting the result 5
- More than 1 year after getting the result 6
- Don't know 997
- Refused 998

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit answer into the best option.

**The India IDU Initiative  
Baseline: HIV testing & Medication History (HIV)**

16. Did you receive any of the following counseling after you found out you were HIV positive?  
(SELECT ALL THAT APPLY)

	Yes	No
16a. Individual counseling on HIV risk reduction to prevent transmission of HIV to others	1	0
16b. Information and counseling on medical/clinical care and treatment options available to help fight HIV and keep healthy	1	0
16c. Counseling to address anxiety and depression	1	0
16d. Counseling on healthy living (e.g., nutrition and exercise)	1	0
16e. Couples counseling	1	0
16f. Information about having children	1	0
16g. Family counseling	1	0
16h. No counseling received	1	0
16i. Other counseling	1	0

**INTERVIEWER INSTRUCTION:** Please read all choices to participant.

**PROGRAMMER NOTE:** Q16a-16i should all be on one page.

- If any of 'a-g' or 'i' is selected at the same time as 'h' then a pop-up box should appear 'You should not select NO COUNSELING RECEIVED when you have selected any other options. Please check answers.'

17. Have you ever been to see a doctor for the management of your HIV?

- No 0  
 Yes 1 (→ Q19)

18. Why have you not been to see a doctor about the management of HIV?

- I am not thinking about HIV medical care at this time 1  
 HIV medical care is important to me but I am not ready to go to a doctor yet 2  
 HIV medical care is important to me but I have not tried to find a doctor or clinic yet 3  
 I have found a doctor but have not made an appointment yet / have not gone yet 4  
 I have tried to obtain HIV medical care but I have not been successful 5  
 I do not know where to go for HIV medical care 6  
 I do not have the money for HIV medical care 7  
 I do not want to go to the government center for HIV medical care 8  
 There is no cure for HIV and so no point to seeing a doctor 9  
 There is no treatment for HIV and so no point to going to see a doctor 10  
 HIV medicines have a lot of side effects so I am not interested 11  
 My friend/sexual partner/spouse was treated badly when they went for HIV medical care 12  
 Because of my drug injection practice 13  
 Other 996  
 Don't know 997  
 Refused 998

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit answer into the best option.

- If participant selects more than one reason, ask them to select main reason.

**PROGRAMMER NOTE:** Skip to Q26.

The India IDU Initiative  
Baseline: HIV testing & Medication History (HIV)

[Type]	a. Do you see a [type] for management of your HIV?		b. How often do you see this [type]?					c. When was the last time you saw this [type]?
	Yes	No	Once a month	Once in 3 months	Once in 6 months	Once per year	Less than once per year	Day/Month/Year
19. private medical doctor (in stand-alone clinic)	1	0 [20]	1	2	3	4	5	___/___/___
20. private medical doctor (in hospital)	1	0 [21]	1	2	3	4	5	___/___/___
21. government hospital doctor	1	0 [22]	1	2	3	4	5	___/___/___
22. NGO doctor	1	0 [23]	1	2	3	4	5	___/___/___
23. alternative / non-allopathic doctor (ayurveda/siddha)	1	0 [24]	1	2	3	4	5	___/___/___
24. pharmacist /chemist	1	0 [25]	1	2	3	4	5	___/___/___
25. any other type of doctor	1	0 [26]	1	2	3	4	5	___/___/___

[Range for Day: 01-31] [Range for Month: JAN-DEC] [Range for Year: date of birth-present date]

**INTERVIEWER INSTRUCTION for 19-25a:** Doctor includes Doctor, Nurse or Health Care Professional.

**INTERVIEWER INSTRUCTION FOR 19-25b:** Use Card HIV19.

**PROGRAMMER NOTE:** Include interviewer instruction for 19-25a on each page for QA (19-25).

- Include interviewer instruction for 19-25b on each page for QB (19-25).
- [x] means to skip the following a-c questions and go onto to next numbered question.
- If Q17 is = 1 (Yes) then at least one of Q19a-Q25a has to be equal to 1 (Yes).



**The India IDU Initiative**  
**Baseline: HIV testing & Medication History (HIV)**

26. Have you ever had a CD4 cell count?

- No 0 (→ Q30)
- Yes 1
- Don't Know 997 (→ Q30)

**INTERVIEWER INSTRUCTION:** Ask for everyone, even those not in care.

27. When did you receive a CD4 cell count in relation to your first positive HIV test?

- Within the first 2 weeks of getting the result 1
- More than 2 weeks to 1 month after getting the result 2
- More than 1 month to 3 months after getting the result 3
- More than 3 months to 6 months after getting the result 4
- More than 6 months to 1 year after getting the result 5
- More than 1 year after getting the result 6
- Don't know 997

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit answer into the best option.

28. When is the last time you received a CD4 cell count?

- Within the last month 1
- More than 1 month to 6 months ago 2
- More than 6 months to 1 year (12 months) ago 3
- More than 1 year to 2 years ago 4
- More than 2 years ago to 4 years ago 5
- More than 4 years ago 6
- Don't know 997

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit answer into the best option.

29. What was your most recent CD4 cell count? \_\_\_\_\_ cells/mm<sup>3</sup> [Acceptable range: 0-1500, 9997]

**INTERVIEWER INSTRUCTION:** Code 9997 for Don't Know.

**The India IDU Initiative  
Baseline: HIV testing & Medication History (HIV)**

**ANTIRETROVIRAL THERAPY USE**

30. Have you ever taken antiretroviral medications/HIV tablets/ “dabba marandhe” for HIV?

- No 0  
 Yes 1 (→ Q31)

30a. Why have you not taken antiretroviral medications/medicines to treat HIV?

- I do not need HIV medicines/My CD4 count is high 1
- I do not know where to go to get ART 2
- The ART clinic is too far for me 3
- There was no ART available at the place where I got tested 4
- ART medications are harmful 5
- ART medicines do not work 6
- ART medicines have bad side effects 7
- I have heard stories about people being treated badly at ART clinics 8
- I am healthy. I do not need ART. 9
- I am too busy 10
- Because I am drinking 11
- Because I do not want to take the medications around my friends/spouse/partner 12
- Did not know there were medicines for HIV 13
- Because of my drug injection practice 14
- Other 996

**PROGRAMMER INSTRUCTION:** Skip to Q53.

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit answer into the best option.

- If participant selects more than one reason, ask them to select main reason.

31. When did you first start taking antiretroviral medication for HIV?

(Estimate okay):      \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_  
Day                      Month                      Year

[Range for Day: 01-31] [Range for Month: JAN-DEC] [Range for Year: 1900, 1985-present date]

**PROGRAMMER NOTE:** CODE 01 JAN 1900 for Don't Know (when interviewer leaves answer blank).

- If answer is 01 JAN 1900, remove logic checks.

**INTERVIEWER INSTRUCTION:** Leave as 01 JAN 1900 for Don't Know; if participant knows YEAR only, code 01 JAN YEAR.

32. Who prescribed these antiretroviral medications for HIV to you? (**SELECT ALL THAT APPLY**)

	Yes	No
32a. Private medical doctor (in stand-alone clinic)	1	0
32b. Private medical doctor (in hospital)	1	0
32c. Government hospital doctor	1	0
32d. NGO doctor	1	0
32e. Alternative / non-allopathic doctor (ayurveda/ siddha/ quack)	1	0
32f. Pharmacist /chemist	1	0
32g. Other	1	0
32h. Don't Know	1	0
32i. Refused	1	0

**INTERVIEWER INSTRUCTION:** Use Card HIV32.

**PROGRAMMER NOTE:** Q32a-32i should all be on one page.

- If any of 'a-g' is selected at the same time as 'h' or 'i' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'

**The India IDU Initiative**  
**Baseline: HIV testing & Medication History (HIV)**

33. In the past 30 days, did you take any HIV medications?

- No 0  
 Yes 1

**INTERVIEWER READ:** I would like to ask about HIV medications you may have taken. Please tell me all of the medications that you have EVER taken.

	a. Have you ever taken [medication]?		b. Have you taken [medication] in the last 30 days?	
	No	Yes	No	Yes
34. Stavudine+ Lamivudine+ Nevirapine (Triomune 30/40, Stavex-LN)	0 [35]	1	0	1
35. Stavudine + Lamivudine (Lamivir-s 30/40, Stavex L)	0 [36]	1	0	1
36. Zidovudine + Lamivudine + Nevirapine (Duovir-N, Zidovex LN)	0 [37]	1	0	1
37. Zidovudine + Lamivudine (Duovir, Zidovex L)	0 [38]	1	0	1
38. Zidovudine + Lamivudine + Efavirenz (Duovir – E kit, Zidovex LE)	0 [39]	1	0	1
39. Efavirenz (EFCURE 600, Efavir 600, Effereven 600, Viranz 600)	0 [40]	1	0	1
40. Tenofovir + Emtricitabine (Tenvir EM, Fostravir EM)	0 [41]	1	0	1
41. Tenofovir + Lamivudine (Tenvir-L, Tavin L)	0 [42]	1	0	1
42. Tenofovir + Emtricitabine + Efavirenz (Viraday, Tofoday, Fostavir 3, Vonavir)	0 [43]	1	0	1
43. Tenofovir (Tenvir, Tavin)	0 [44]	1	0	1
44. Atazanavir (Atazor, Atavir)	0 [45]	1	0	1
45. Ritonavir + Lopinavir (Lopimune, Aluvia, HIVUS LR, Emletra, Kaletra)	0 [46]	1	0	1
46. Ritonavir (Ritomune, Empetus)	0 [47]	1	0	1
47. any other antiretroviral medications for the treatment of HIV	0 [48]	1	0	1
48. any other antiretroviral medication that you don't know the name of (1)	0 [50]	1	0	1
49. any other antiretroviral medication that you don't know the name of (2)	0 [50]	1	0	1

**INTERVIEWER INSTRUCTION** for Q34-Q46: Use **Cards HIV34-46**.

**PROGRAMMER NOTE:** For each Question, the interviewer instruction should say to use the corresponding card. For example, For 34a and 34b, the interviewer instruction should read: Use **Card HIV34**

- [x] means to skip b and go onto to next numbered question.

**INTERVIEWER INSTRUCTION** for Q47: Use Card 47. If the drug is not listed on **Cards HIV34-46** and you do not know which category it fits into, code "YES." Do not include homeopathic drugs in this question.

**INTERVIEWER INSTRUCTION** for Q48-Q49: Code YES if the participant reports taking ART but says they do not know the name of the medication. Do not include homeopathic drugs in this question.

**The India IDU Initiative  
Baseline: HIV testing & Medication History (HIV)**

Medication name	c. How many tablets do you take at one time?	d. How many times per day do you take that dose?	e. How are you HIV tablets packaged?
48. Don't know (1)	_____ [Range: 1-6, 997]	_____ [Range: 1-3, 997]	<input type="checkbox"/> From a bottle/box 1 <input type="checkbox"/> From a strip 2 <input type="checkbox"/> From a bottle/box and strip 3 <input type="checkbox"/> Don't Know 997 <input type="checkbox"/> Refused 998
49. Don't know (2)	_____ [Range: 1-6, 997]	_____ [Range: 1-3, 997]	<input type="checkbox"/> From a bottle/box 1 <input type="checkbox"/> From a strip 2 <input type="checkbox"/> From a bottle/box and strip 3 <input type="checkbox"/> Don't Know 997 <input type="checkbox"/> Refused 998

**PROGRAMMER NOTE:** At least 1 of 34-49a has to = 1.

If Q33=0, go to Q50.

If Q33 =1 go to Q52.

50. When did you stop taking HIV medications?

(Estimate okay): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Day Month Year

[Range for Day: 01-31] [Range for Month: JAN-DEC] [Range for Year: 1900, 1985-present date]

**PROGRAMMER NOTE:** CODE 01 JAN 1900 for Don't Know (when interviewer leaves answer blank).

• Date for Q50 cannot be less than Q31 (Unless answer is 01 JAN 1900)

**INTERVIEWER INSTRUCTION:** Leave as 01 JAN 1900 for Don't Know; if participant knows YEAR only, code 01 JAN YEAR

51. Why did you stop taking HIV medications? (**SELECT ALL THAT APPLY**)

	Yes	No
51a. My HIV is cured	1	0
51b. The medications made me sick (side effects)	1	0
51c. The doctor told me to stop	1	0
51d. I was too busy doing other things to take medicine	1	0
51e. Medicines were too difficult to take	1	0
51f. Other illness/health problems got in the way	1	0
51g. Ran out of money to buy medicines	1	0
51h. The medicines were not working	1	0
51i. Didn't like going to the government center to collect ART	1	0
51j. The doctors treated me badly	1	0
51k. Someone else at the ART center treated me badly	1	0
51l. I feel better	1	0
51o. Because of my drug injection practice	1	0
51m. Don't Know / No options apply	1	0
51n. Refused	1	0

**INTERVIEWER INSTRUCTION for Q51:** Please read all choices a-l to participant. Use **Card HIV51**.

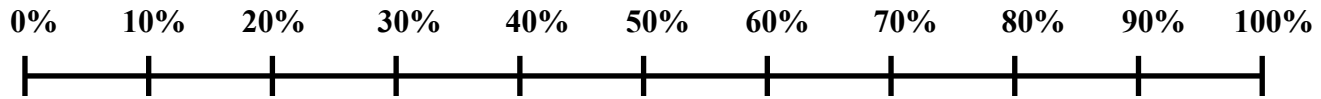
**PROGRAMMER NOTE:** Q51a-51n should all be on one page.

- If any of 'a-l' is selected at the same time as 'm' or 'n' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'
- **SKIP to Q53.**

**The India IDU Initiative  
Baseline: HIV testing & Medication History (HIV)**

52. Think about the last 30 days and how many times you should have taken your HIV medications. Please point on the line showing the number that is your best guess about how much medicine you have taken in the past 30 days?

0% means you have taken no HIV medicine, 50% means you have taken half of the medicine you were supposed to take, and 100% means you have taken every single dose of the HIV medicine you were supposed to take.



\_\_\_\_\_ [Range: 0-100, 997, 998]

**INTERVIEWER INSTRUCTION:** Use **Card HIV52**.

Code 997 for Don't Know, 998 for Refused.

**PROGRAMMER NOTE:** Just provide a space to enter the number 0-100; No need to draw out the scale.

53. Have you ever taken any homeopathic/ayurvedic/herbal medications for HIV?

- No 0
- Yes 1
- Don't Know 997
- Refused 998

54. Have you ever taken TMP-SMX [or TMP-SMZ, TMP-sulfa, SXT, Trimethoprim/ sulfamethoxazole, Co-trimoxazole, bactrim-DS, Ciplin-DS]?

- No 0 (→ Q55)
- Yes 1
- Don't Know 997 (→ Q55)
- Refused 998 (→ Q55)

**INTERVIEWER INSTRUCTION:** Use **Card HIV54**.

54a. When did you start taking TMP-SMX?

(Estimate okay): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day                      Month                      Year

[Range for Day: 01-31] [Range for Month: JAN-DEC] [Range for Year: 1900, 1985-present date]

**PROGRAMMER NOTE:** CODE 01 JAN 1900 for Don't Know (when interviewer leaves answer blank).

• If answer is 01 JAN 1900, remove logic checks

**INTERVIEWER INSTRUCTION:** Leave as 01 JAN 1900 for Don't Know; if participant knows YEAR only, code 01 JAN YEAR

54b. Have you taken TMP-SMX in the past 30 days?

- No 0
- Yes 1
- Don't Know 997
- Refused 998

## HIV TESTING OF SPOUSE / SEXUAL PARTNERS

**INTERVIEWER READ:** I would like to ask some questions about whether your spouse or sexual partner has been tested for HIV.

**PROGRAMMER NOTE:** Ask Q55 only for unmarried participants (Q5 does not equal 1 or 10 on Demographics [DG]).

55. When was the last time your primary sexual partner was tested for HIV?

- |   |     |
|---|-----|
| <input type="checkbox"/> Never  | 0   |
| <input type="checkbox"/> Within the last month                        | 1   |
| <input type="checkbox"/> More than 1 month to 6 months ago            | 2   |
| <input type="checkbox"/> More than 6 months to 1 year (12 months) ago | 3   |
| <input type="checkbox"/> More than 1 year to 2 years ago              | 4   |
| <input type="checkbox"/> More than 2 years to 4 years ago             | 5   |
| <input type="checkbox"/> More than 4 years ago                        | 6   |
| <input type="checkbox"/> Not applicable – no primary sexual partner   | 996 |
| <input type="checkbox"/> Don't know                                   | 997 |

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit answer into the best option.

**PROGRAMMER NOTE:** Skip to END of HIV SURVEY if participant's answer to Q30 = 0 (NO); if Q30=1 (YES) then skip to Q57..

**PROGRAMMER NOTE:** Ask Q56 only for married participants (Q5=1 or 10 on Demographics [DG]).

56. When was the last time your spouse was tested for HIV?

- |   |     |
|---|-----|
| <input type="checkbox"/> Never  | 0   |
| <input type="checkbox"/> Within the last month                        | 1   |
| <input type="checkbox"/> More than 1 month to 6 months ago            | 2   |
| <input type="checkbox"/> More than 6 months to 1 year (12 months) ago | 3   |
| <input type="checkbox"/> More than 1 year to 2 years ago              | 4   |
| <input type="checkbox"/> More than 2 years to 4 years ago             | 5   |
| <input type="checkbox"/> More than 4 years ago                        | 6   |
| <input type="checkbox"/> Not applicable – not married                 | 996 |
| <input type="checkbox"/> Don't know                                   | 997 |

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit answer into the best option.

**PROGRAMMER NOTE:** Skip to END of HIV SURVEY if participant's answer to Q30 = 0 (NO).

The India IDU Initiative  
BASELINE: HIV Testing & Medication History (HIV)

**GOVERNMENT ART CENTER BOOK CONFIRMATION**

57. Did the participant bring his/her ART book?

- No 0 [END HIV SURVEY]  
 Yes 1

57a. According to the ART book, when did the participant first start ART?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

[Range for Day: 01-31] [Range for Month: JAN-DEC] [Range for Year: 1900, 1985-present date]

**PROGRAMMER NOTE:** CODE 01 JAN 1900 for Don't Know (when interviewer leaves answer blank).

**INTERVIEWER INSTRUCTION:** Leave as 01 JAN 1900 if no start date is listed in the book. If only the YEAR is listed, code as 01 JAN YEAR.

57b. According to the ART book, has the participant taken ART in the past 30 days?

- No 0  
 Yes 1

57c. Are the names of the medications reported in the ART book consistent with what the participant reported?

- No 0  
 Yes 1 [END HIV SURVEY]

58. According to the medical book, which medications is the participant currently on?

58a. \_\_\_\_ [Range: 34-47]

58b. \_\_\_\_ [Range: 34-47]

58c. \_\_\_\_ [Range: 34-47]

**INTERVIEWER INSTRUCTION:** Use the codes from **CARD HIV34-47** to answer 58a-c.

**INTERVIEWER READ:** The next few questions are about HIV/AIDS and medications used to treat HIV/AIDS.

1. Do you personally know anyone who is living with HIV/AIDS?

- No 0
- Yes 1
- Don't know 997
- Refused 998

2. Before today, had you heard of antiretrovirals / antiretroviral therapy / medicines that control HIV?

- No 0 (→ Q9)
- Yes 1
- Don't know 997 (→ Q9)
- Refused 998 (→ Q9)

3. Do you personally know anyone who has taken antiretrovirals for the treatment of HIV/AIDS?

- No 0
- Yes 1
- Don't know 997
- Refused 998

**INTERVIEWER READ:** Please indicate whether you strongly agree, agree, disagree or strongly disagree with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
4. There are medicines to cure HIV/AIDS.	1	2	3	4
5. There are medicines to treat HIV/AIDS.	1 [9]	2 [9]	3	4
6. Medicines to treat HIV/AIDS (antiretrovirals) work.	1	2	3	4
7. Medicines to treat HIV/AIDS (antiretrovirals) are easily available to those who need them in your neighborhood/locality.	1	2	3	4
8. Medicines to treat HIV/AIDS (antiretrovirals) are safe.	1	2	3	4

**INTERVIEWER INSTRUCTION:** Use **Card TK4**.

9. Do you know of locations where you can get HIV-related medical / clinical care and treatment?

- No 0
- Yes 1
- Don't know 997
- Refused 998



**The India IDU Initiative**  
**Baseline: HIV Treatment Knowledge (TK)**

10. If effective medicines to treat HIV/AIDS were easily available in your neighborhood/locality, how would it affect your decision to get an HIV test?
- |   |     |
|---|-----|
| <input type="checkbox"/> Effective medicines are easily available in my neighborhood/locality | 1   |
| <input type="checkbox"/> I would be more likely to get tested                                 | 2   |
| <input type="checkbox"/> I would be less likely to get tested                                 | 3   |
| <input type="checkbox"/> It would make no difference to me                                    | 4   |
| <input type="checkbox"/> Refused  | 998 |
11. In the past 12 months, have you heard or seen any promotions for antiretroviral therapy (ART) in your community? Either through radio, television, billboards and other advertisements?
- |                                     |     |
|-------------------------------------|-----|
| <input type="checkbox"/> No         | 0   |
| <input type="checkbox"/> Yes        | 1   |
| <input type="checkbox"/> Don't know | 997 |
| <input type="checkbox"/> Refused    | 998 |
12. In the past 12 months, have you (or anyone in your family) received any information materials (e.g., pamphlets) about antiretroviral therapy (ART)?
- |                                     |     |
|-------------------------------------|-----|
| <input type="checkbox"/> No         | 0   |
| <input type="checkbox"/> Yes        | 1   |
| <input type="checkbox"/> Don't know | 997 |
| <input type="checkbox"/> Refused    | 998 |
13. In the past 12 months, have there been any campaigns where HIV testing and counseling was provided in your community?
- |                                     |     |
|-------------------------------------|-----|
| <input type="checkbox"/> No         | 0   |
| <input type="checkbox"/> Yes        | 1   |
| <input type="checkbox"/> Don't know | 997 |
| <input type="checkbox"/> Refused    | 998 |
14. In the past 12 months, have you heard or seen any promotions for HIV testing and counseling in your community? Either through radio, television, billboards and other advertisements?
- |                                     |     |
|-------------------------------------|-----|
| <input type="checkbox"/> No         | 0   |
| <input type="checkbox"/> Yes        | 1   |
| <input type="checkbox"/> Don't know | 997 |
| <input type="checkbox"/> Refused    | 998 |
15. In the past 12 months, have you (or anyone in your family) received any information materials (e.g., pamphlets) about HIV testing and counseling?
- |                                     |     |
|-------------------------------------|-----|
| <input type="checkbox"/> No         | 0   |
| <input type="checkbox"/> Yes        | 1   |
| <input type="checkbox"/> Don't know | 997 |
| <input type="checkbox"/> Refused    | 998 |

**INTERVIEWER READ:** The next few questions are about your use of drugs and alcohol, and your sexual behavior.

**DRUG USE**

1a. At which age, did you first inject drugs for non-medicinal purposes?

Age: \_\_\_\_\_ years [Acceptable range: 10-40, 997]

**INTERVIEWER INSTRUCTION:** Code 997 for Don't Know. Participant cannot say he/she never injected drugs.

**The India IDU Initiative**  
**BASELINE: Substance Use and Risk Behavior (SU)**

**INTERVIEWER READ:** Please tell me all of the drugs that you have ever injected.

	a. Have you ever injected [drug]?		b. How old were you when you first injected [drug]?	c. Have you injected [drug] in the last 6 months?		d. How often did you inject [drug] in the last 6 months?
	No	Yes	Age in years: [Acceptable Range: 10-40, 997]	No	Yes	
2. Heroin/brown sugar	0 [3]	1	_____	0 [3]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)
3. Cocaine or crack	0 [4]	1	_____	0 [4]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)
4. Stimulants (e.g. Methamphetamine, amphetamines)	0 [5]	1	_____	0 [5]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)
5. Buprenorphine (e.g. ADDNOK, tidigesic, norphine)	0 [6]	1	_____	0 [6]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)
6. Allergy medicine / antihistamines (e.g. avil, phenargan)	0 [7]	1	_____	0 [7]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)

**The India IDU Initiative**  
**BASELINE: Substance Use and Risk Behavior (SU)**

	a. Have you ever injected [drug]?		b. How old were you when you first injected [drug]?	c. Have you injected [drug] in the last 6 months?		d. How often did you inject [drug] in the last 6 months?
	No	Yes	Age in years: [Acceptable Range: 10-40, 997]	No	Yes	
7. Painkillers (e.g. spasmoproxyvon, fortwin, morphine)	0 [8]	1	_____	0 [8]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)
8. Sedatives, Tranquilizers, Anti-Anxiety Drugs (e.g. dormin, calmpose)	0 [9]	1	_____	0 [9]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)
9. Other	0 [10]	1	_____	0 [10]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)

**INTERVIEWER INSTRUCTION for Q2-Q8a:** Use Cards SU2-8. There are more drugs on the card than on the screen so use the card and for each category, ask the participant if they have injected any of the drugs listed; if they cannot read, read the names to them.

**INTERVIEWER INSTRUCTION for Q9a.** If the participant names a drug that is not listed anywhere on cards SU2-8, code Yes here.

**INTERVIEWER INSTRUCTION for Q2-Q9b:** Code 997 for Don't Know.

**INTERVIEWER INSTRUCTION for Q2-9d:** Use Card SU2d.

**PROGRAMMER NOTE:** [X] means to skip the following a-d questions and go to the next numbered question.

- Answer to option b of question 2-9 cannot be less than answer to Q1a or  $\geq$  age of participant.
- If Q1=997, then option b of question 2-9 only needs to be less than age.
- All of Q2-Q9a cannot be 0 (No). At least one of Q2-9a must be 1 (Yes).
- Include interviewer instruction on each page (e.g., Card SU2 corresponds to Q2a, Card SU3 for Q3a).

10. In the last 6 months, on how many days total did you inject ANY drug?

\_\_\_\_\_ [Acceptable range: 0-180, 997]

**INTERVIEWER INSTRUCTION:** Code 997 for Don't Know.

**PROGRAMMER NOTE:** This value should not be 0 if any value for Q2c-9c is coded as "1". If Q10 = 0  $\rightarrow$  Q12.

11. In the last 6 months, on days you injected, on average how many times a day did you inject?

\_\_\_\_\_ [Acceptable range: 1-10, 997]

**INTERVIEWER INSTRUCTION:** Code 997 for Don't Know.

**PROGRAMMER NOTE:** This value cannot be "0".

**The India IDU Initiative**  
**BASELINE: Substance Use and Risk Behavior (SU)**

12. Have you used any drugs for non-medicinal purposes by a non-injection route in the last 6 months? By non-injection route, I mean drugs that you sniffed, snorted, smoked or ingested.

- No 0 (→ Q25)  
 Yes 1

**INTERVIEWER READ:** Please tell me all of the drugs that you used by a non-injection route in the past 6 months. We are interested in drugs that you have sniffed, snorted, smoked or ingested for non-medical purposes.

[drug]	a. Have you used [drug] in the last 6 months?		b. How often did you use [drug] in the last 6 months?
	No	Yes	
13. Marijuana (e.g. Smoke ganja)	0 [14]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)
14. Heroin (Smoke/chase opium or brown sugar)	0 [15]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)
15. Stimulants (e.g. smoked or taken tablets methamphetamines, amphetamines, Yaba)	0 [16]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)
16. Cocaine/crack	0 [17]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)
17. Hallucinogens (e.g. LSD, MDMA, ecstasy, X)	0 [18]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)

**The India IDU Initiative**  
**BASELINE: Substance Use and Risk Behavior (SU)**

	a. Have you [used drug] in the last 6 months?		b. How often did you use [drug] in the last 6 months?
	No	Yes	
18. Inhalants / Solvents (petrol, glue)	0 [19]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)
19. Buprenorphine (e.g. ADDNOK, tidi, tidigesic, norphine, sublingual)	0 [20]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)
20. Allergy medicine / antihistamines (e.g. Avil, phernergan)	0 [21]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)
21. Painkillers (e.g. spasmoproxyvon, morphine, fortwin)	0 [22]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)
22. Sedatives, Tranquilizers, Anti-Anxiety Drugs (e.g. Dormin, Calmpose)	0 [23]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)
23. Chew intoxicating tobacco (e.g. mawa, zarda)	0 [24]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)

**The India IDU Initiative**  
**BASELINE: Substance Use and Risk Behavior (SU)**

	a. Have you [used drug] in the last 6 months?		b. How often did you use [drug] in the last 6 months?
	No	Yes	
24. Any other drugs	0 [25]	1	<input type="checkbox"/> A few times (1) <input type="checkbox"/> 1-3 times a month (2) <input type="checkbox"/> About once a week (3) <input type="checkbox"/> 2-5 times a week (4) <input type="checkbox"/> About once a day (5) <input type="checkbox"/> 2-3 times a day, almost every day (6) <input type="checkbox"/> 4-9 times a day, almost every day (7) <input type="checkbox"/> 10+ times a day, almost every day (8)

**INTERVIEWER INSTRUCTION for Q13-Q24a: Use Card SU13-24.**

- There are more drugs on the card than on the screen so use the card and for each category, ask the participant if they have injected any of the drugs listed; If they cannot read, read the names to them.
- **INTERVIEWER INSTRUCTION for Q24a.** Use Card SU24. If participant names a drug on Card SU24 or a drug that is not listed anywhere on cards SU13-24, code Yes here.
- **INTERVIEWER INSTRUCTION for Q13-24b:** Use Card SU2d.

**PROGRAMMER NOTE:** [X] means to skip part b of the question, and go onto the next numbered question.

- If Q12 = 1 (Yes) then at least one of Q13a-Q24a has to be 1.
- Include interviewer instruction on each page (e.g., Card SU13 corresponds to Q13a; Card SU14 corresponds to Q14a).

**AUDIT: ALCOHOL USE**

25. How often do you have a drink containing alcohol?

- Never 0 (→ Q35)
- 1 time a month or less 1
- 2-4 times a month 2
- 2-3 times a week 3
- 4 or more times a week 4

**INTERVIEWER INSTRUCTION: Use Card SU25**

26. How many standard drinks containing alcohol do you have on a typical day when drinking?

- 1 or 2 0
- 3 or 4 1
- 5 or 6 2
- 7 to 9 3
- 10 or more 4

**INTERVIEWER INSTRUCTION: Use Card SU26 to translate number of drinks.**

27. How often do you have six or more drinks on one occasion?

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily / Almost daily 4

**INTERVIEWER INSTRUCTION: Use Card SU27**

**The India IDU Initiative**  
**BASELINE: Substance Use and Risk Behavior (SU)**

28. During the past year, how often have you found that you were not able to stop drinking once you had started?

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily / Almost daily 4

**INTERVIEWER INSTRUCTION: Use Card SU27**

29. During the past year, how often have you failed to do what was normally expected of you because of drinking?

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily / Almost daily 4

**INTERVIEWER INSTRUCTION: Use Card SU27**

30. During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily / Almost daily 4

**INTERVIEWER INSTRUCTION: Use Card SU27**

31. During the past year, how often have you had a feeling of guilt or remorse after drinking?

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily / Almost daily 4

**INTERVIEWER INSTRUCTION: Use Card SU27**

32. During the past year, have you been unable to remember what happened the night before because you had been drinking?

- Never 0
- Less than monthly 1
- Monthly 2
- Weekly 3
- Daily / Almost daily 4

**INTERVIEWER INSTRUCTION: Use Card SU27**

33. Have you or someone else been injured as a result of your drinking?

- No 0
- Yes, but not in the past year 2
- Yes, during the past year 4

**INTERVIEWER INSTRUCTION: Use Card SU33**



**The India IDU Initiative**  
**BASELINE: Substance Use and Risk Behavior (SU)**

34. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

- No 0
- Yes, but not in the past year 2
- Yes, during the past year 4

**INTERVIEWER INSTRUCTION: Use Card SU33**

**RISK BEHAVIOR**

35. Have you ever passed a needle or syringe to someone else after you used it?

- No 0 (→ Q36)
- Yes 1

35a. When was the last time you did this?

- Within the past 30 days 1
- More than 1 month to 3 months ago 2 (→ Q36)
- More than 3 months to 6 months ago 3 (→ Q36)
- More that 6 months to 1 year (12 months) ago 4 (→ Q36)
- More than 1 year ago 5 (→ Q36)

35b. In the last 30 days, to how many PERSONS did you pass a needle or syringe to after you used it?

\_\_\_\_ [Acceptable range: 1-30, 997]

**INTERVIEWER INSTRUCTION: Code 997 for Don't Know.**

**PROGRAMMER NOTE: This value cannot be 0.**

35c. In the last 30 days, how many TIMES did you pass a needle or syringe to someone after you used it?

\_\_\_\_ [Acceptable range: 1-180, 997]

**INTERVIEWER INSTRUCTION: Code 997 for Don't Know.**

**PROGRAMMER NOTE: This value cannot be 0.**

36. Have you ever used a needle or syringe after someone else used it?

- No 0 (→ Q37)
- Yes 1

36a. When was the last time you did this?

- Within the past 30 days 1
- More than 1 month to 3 months ago 2 (→ Q37)
- More than 3 months to 6 months ago 3 (→ Q37)
- More that 6 months to 1 year (12 months) ago 4 (→ Q37)
- More than 1 year ago 5 (→ Q37)

36b. In the last 30 days, how many PERSONS used a needle or syringe before you used it?

\_\_\_\_ [Acceptable range: 1-30, 997]

**INTERVIEWER INSTRUCTION: Code 997 for Don't Know.**

**PROGRAMMER NOTE: This value cannot be 0**

**The India IDU Initiative**  
**BASELINE: Substance Use and Risk Behavior (SU)**

36c. In the last 30 days, how many of these PERSONS were known to you to be HIV positive?

\_\_\_\_ [Acceptable range: 0-30, 997]

**INTERVIEWER INSTRUCTION:** Code 997 for Don't Know.

**PROGRAMMER NOTE:** Q36c cannot be greater than Q36b.

36d. In the last 30 days how many TIMES did you use a needle or syringe after someone else used it?

\_\_\_\_ [Acceptable range: 1-180, 997]

**INTERVIEWER INSTRUCTION:** Code 997 for Don't Know.

**PROGRAMMER NOTE:** This value cannot be 0,

36e. In the last 30 days, how many TIMES did you use a needle or syringe after an HIV positive person used it?

\_\_\_\_ [Acceptable range: 0-30, 997]

**INTERVIEWER INSTRUCTION:** Code 997 for Don't Know.

**PROGRAMMER NOTE:** Q36e cannot be greater than Q36d.

37. Think of the last time you injected drugs. Did you share a needle or syringe? By “share” I mean you either used the needle/syringe after someone else used it or you passed it to someone else after you used it.

- No                    0  
 Yes                    1

**PROGRAMMER NOTE:** Ask Q38 and Q39 ONLY if participant injected at least once in last 6 months: At least one of Q2c-Q9c =1. If all Q2c-Q9c = 0 or missing, skip to Q40.

38. In the last 6 months, think about who you injected with. How often did you inject [a-d]?

	Never	Less than half the time	Half of the time	More than half the time	Always	Refused
38a. alone	0	1	2	3	4	998
38b. with spouse/ sexual partner	0	1	2	3	4	998
38c. with one person (other than a spouse/ partner)	0	1	2	3	4	998
38d. with multiple other persons	0	1	2	3	4	998

**INTERVIEWER INSTRUCTION:** Use Card SU38.

**PROGRAMMER NOTE:** Participant can only pick Always (4) or More than Half the Time (3) once for 38a-d.

- Include, “How often did you inject..” on each page.

**The India IDU Initiative**  
**BASELINE: Substance Use and Risk Behavior (SU)**

39. In the last six months, in which places did you inject drugs? (**SELECT ALL THAT APPLY**)

	Yes	No
39a. Home	1	0
39b. Friend's house	1	0
39c. Dealer's place	1	0
39d. Public park/playground	1	0
39e. Public toilet	1	0
39f. Shooting gallery	1	0
39g. Graveyard, cemetery, burial ground	1	0
39h. Other	1	0
39i. Don't Know / None of these places	1	0
39j. Refused	1	0

**INTERVIEWER INSTRUCTION:** Please read all choices a-h to participant.

**PROGRAMMER NOTE:** Q39a-39j should be on one page.

- If any of 'a-h' is selected at the same time as 'i' or 'j' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'

**The India IDU Initiative**  
**BASELINE: Substance Use and Risk Behavior (SU)**  
**SEXUAL BEHAVIOR**

**INTERVIEWER READ:** In the next set of questions, we are going to ask you about your sexual behavior. These questions may be difficult to answer. Please remember that your name will not be connected to any of this information. There are no right or wrong answers. Please be honest when you answer. It is critical to our understanding about HIV and sexual behavior that you answer truthfully. For all questions, if you do not know the exact number for an answer, please make your best guess.

**MALE PARTICIPANTS ONLY**

**PROGRAMMER NOTE:** Ask Q40-Q48a only if Q2 on Demographics (DGQ2) = 1 (Male).

40. Have you ever had vaginal or anal sex with a woman (including wife)?

- No                    0 (→ Q57)  
 Yes                    1

40a. At what age did you first have vaginal or anal sex with a woman?

\_\_\_\_\_ [Acceptable Range: 8-60, 997]

**INTERVIEWER INSTRUCTION:** Code 997 for Don't Know.

**PROGRAMMER NOTE:** This value cannot be 0,  
• Q40a cannot be greater than age from Q1 of Demographics.

41. In your lifetime, with how many different women (including wife) have you had vaginal or anal sex?

\_\_\_\_\_ [Range: 1-995, 997]

**INTERVIEWER INSTRUCTION:** Code 995 for more than 995 partners; Code 997 for Don't Know.

42. In the last 6 months, with how many different women (including wife) have you had vaginal or anal sex?

\_\_\_\_\_ [Acceptable Range: 0-180]

**INTERVIEWER INSTRUCTION:** Code 995 for more than 995 partners,

**PROGRAMMER NOTE:** If 0, SKIP TO Q57,  
• Answer to Q42 must be less than or equal to Q41.  
• 997 is not a valid answer,

**INTERVIEWER READ:** In the next set of questions, we will talk about your most recent female sexual partner(s) and I will ask you to tell me the following things about them: their relationship with you (spouse, friend, sex worker, etc.), how many times you've had vaginal or anal sex with this partner during the past 30 days, and whether or not you used condoms with this partner.

**IF NUMBER OF FEMALE PARTNERS IS 1-4 [Q42]:** You mentioned that you have had [number of partners from 42] female sexual partners in the last 6 months. Let's start with the most recent female partner.

**IF NUMBER OF FEMALE PARTNERS IS >4 [Q42]:** You mentioned that you have had [number of partners from 42] female sexual partners in the last 6 months. Even though you have told me that you have had more than four female partners in the past 6 months, let's focus on the 4 most recent female partners. Let's start with the most recent female partner.

**PROGRAMMER NOTE:** Repopulate number of partners with Answer to Q42.  
• Only show instruction 'READ IF NUMBER OF PARTNERS IS 1-4' if Q42<4.  
• Only show instruction 'READ IF NUMBER OF PARTNERS IS >4' if Q42>4.

**The India IDU Initiative**  
**BASELINE: Substance Use and Risk Behavior (SU)**

<b>Most recent partner first:</b>		<b>43. Partner #1</b>	<b>44. Partner #2</b>	<b>45. Partner #3</b>	<b>46. Partner #4</b>
a.	What are the initials or nickname of your female sexual partner?	_____	_____	_____	_____
b.	What relationship do you have with <b>[this female partner]</b> ?	<input type="checkbox"/> Spouse (1) <input type="checkbox"/> Girlfriend (2) <input type="checkbox"/> Casual partner / friend (3) <input type="checkbox"/> Commercial sex worker (4) <input type="checkbox"/> One time partner (5) <input type="checkbox"/> Other (996)	<input type="checkbox"/> Spouse (1) <input type="checkbox"/> Girlfriend (2) <input type="checkbox"/> Casual partner / friend (3) <input type="checkbox"/> Commercial sex worker (4) <input type="checkbox"/> One time partner (5) <input type="checkbox"/> Other (996)	<input type="checkbox"/> Spouse (1) <input type="checkbox"/> Girlfriend (2) <input type="checkbox"/> Casual partner / friend (3) <input type="checkbox"/> Commercial sex worker (4) <input type="checkbox"/> One time partner (5) <input type="checkbox"/> Other (996)	<input type="checkbox"/> Spouse (1) <input type="checkbox"/> Girlfriend (2) <input type="checkbox"/> Casual partner / friend (3) <input type="checkbox"/> Commercial sex worker (4) <input type="checkbox"/> One time partner (5) <input type="checkbox"/> Other (996)
c.	Was <b>[this female partner]</b> HIV-positive?	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)
d.	Was <b>[this female partner]</b> an IDU?	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)
e.	How often have you used alcohol or drugs before you had sex with <b>[this female partner]</b> in the last six months?	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2)	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2)	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2)	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2)
f.	How often have you had vaginal sex with <b>[this female partner]</b> in the past six months?  <b>INTERVIEWER INSTRUCTION:</b> Use Card SU43.	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) <b>If 0, skip to Q43i</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) <b>If 0, skip to Q44i</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) <b>If 0, skip to Q45i</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) <b>If 0, skip to Q46i</b>
g.	How often have you used a condom during vaginal sex with <b>[this female partner]</b> in the past six months?	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) <b>If 0, skip to Q43i</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) <b>If 0, skip to Q44i</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) <b>If 0, skip to Q45i</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) <b>If 0, skip to Q46i</b>
h.	Did you use a condom the last time you had vaginal sex with <b>[this female partner]</b> ?	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)

**The India IDU Initiative**  
**BASELINE: Substance Use and Risk Behavior (SU)**

<i>Most recent partner first:</i>	<input type="checkbox"/> <b>43. Partner #1</b>	<input type="checkbox"/> <b>44. Partner #2</b>	<input type="checkbox"/> <b>45. Partner #3</b>	<input type="checkbox"/> <b>46. Partner #4</b>
i. How often have you had anal sex with [this female partner] in the past six months?  <b>INTERVIEWER INSTRUCTION:</b> Use Card SU43.	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) If 0 & Q42>1, skip to Q44a. If 0 & Q42=1, skip to Q57.	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) If 0 & Q42>2, skip to Q45a. If 0 & Q42=2, skip to Q57.	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) If 0 & Q42>3, skip to Q46a. If 0 & Q42=3, skip to Q57.	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) If 0 & Q42>4, skip to Q47. If 0 & Q42=4, skip to Q57.
j. How often have you used a condom during anal sex with [this female partner] in the past six months?	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) If 0 & Q42>1, skip to Q44a. If 0 & Q42=1, skip to Q57.	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) If 0 & Q42>2, skip to Q45a. If 0 & Q42=2, skip to Q57.	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) If 0 & Q42>3, skip to Q46a. If 0 & Q42=3, skip to Q57.	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) If 0 & Q42>4, skip to Q47. If 0 & Q42=4, skip to Q57.
k. Did you use a condom the last time you had anal sex with [this female partner]?	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) If Q42=1, skip to Q57.	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) If Q42=2, skip to Q57.	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) If Q42=3, skip to Q57.	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) If Q42=4, skip to Q57.

**PROGRAMMER NOTE:** Pre-populate [this female partner] in parts ‘b-k’ with initials/nickname from part ‘a’ for each question Q43-46.

- For Q43-46, if f=0 and i=0, add a pop-up box after h that says ‘Both f and i cannot be ‘Never’ as you said you had sex with this partner in the past 6 months.’
- For Q43-46, If b = 5 (one time partner) then f and i must display only options “0” and “1”.

**PROGRAMMER NOTE:** Only ask Questions 47-48a for those whose answer to Q42>4.  
 If Q42≤4, SKIP TO Q57.

**INTERVIEWER READ:** Earlier you said you’ve had sex with [# partners from Q42] female partners in the past 6 months. I want to ask more details about all of these partners.

**PROGRAMMER NOTE:** Prepopulate number of partners with answer to Q42.

47. How many of these women were “regular partners”? By “regular partner”, I mean a woman who you have sex with and who you feel committed to above anyone else.

\_\_\_\_\_ [Acceptable Range: 0-180]

**PROGRAMMER NOTE:** Number must be less than or equal to Q42.  
 If 0, skip to Q48.

47a. How often did you use a condom with these main female partners?

- Never                      0  
 Sometimes                  1  
 Always                        2

## The India IDU Initiative

### BASELINE: Substance Use and Risk Behavior (SU)

48. How many of these women were “casual or exchange partners”? By “casual partner”, I mean a woman who you have sex with but do not feel committed to or don’t know very well. And by exchange partners, I mean a woman you have sex with in exchange for things like money or drugs.

\_\_\_\_ [Acceptable Range: 0-180]

**PROGRAMMER NOTE:** Number must be less than or equal to Q42.

- Prepopulate the field with Q42-Q47 and the interviewer can just check with the participant to make sure this is correct.
- If 0, skip to Q57.

**INTERVIEWER INSTRUCTION:** This field will be pre-filled according to the responses the participant gave to previous questions. If this value is incorrect, you will have to modify the response in Q47 as this value is calculated by subtracting the value in Q47 from Q42.

48a. How often did you use a condom with these casual female partners?

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Never     | 0 |
| <input type="checkbox"/> Sometimes | 1 |
| <input type="checkbox"/> Always    | 2 |

**PROGRAMMER NOTE:** Skip to Q57.

### FEMALE PARTICIPANTS ONLY

**PROGRAMMER NOTE:** Ask Q49-56a only if Q2 on Demographics (DGQ2) = ‘2’ (Female).

49. Have you ever had vaginal or anal sex with a man (including husband)?

- |                              |           |
|------------------------------|-----------|
| <input type="checkbox"/> No  | 0 (→ Q67) |
| <input type="checkbox"/> Yes | 1         |

49a. At what age did you first have vaginal or anal sex with a man?

\_\_\_\_ [Acceptable Range: 8-60, 997]

**INTERVIEWER INSTRUCTION:** Code 997 for Don’t Know

**PROGRAMMER NOTE:** This value cannot be 0

- Q49a cannot be greater than age on Q1 of demographics.

49b. In your lifetime, with how many different men (including husband) have you had vaginal or anal sex?

\_\_\_\_ [Range: 1-995, 997]

**INTERVIEWER INSTRUCTION:** Code 995 for more than 995 partners; Code 997 for Don’t Know

50. In the last 6 months, with how many different men (including husband) have you had vaginal or anal sex?

\_\_\_\_ [Acceptable Range: 0-180]

**INTERVIEWER INSTRUCTION:** Code 995 for more than 995 partners,

**PROGRAMMER NOTE:** If 0, SKIP TO Q67.

- Answer to Q50 must be less than or equal to Q49b.
- 997 is not a valid answer choice,

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**INTERVIEWER READ:** In the next set of questions, we will talk about your most recent male sexual partner(s) and I will ask you to tell me the following things about them: their relationship with you (spouse, boyfriend, friend, sex worker, etc.), how often you have had vaginal or anal sex with this partner during the past 6 months, and whether or not you used condoms with this partner. I am interested only in the last 4 partners that you had vaginal or anal sex with.

**IF NUMBER OF MALE PARTNERS IS 1-4:** You mentioned that you have had [number of partners from Q50] male sexual partners in the last 6 months. Let's start with the most recent partner.

**IF NUMBER OF MALE PARTNERS IS >4:** You mentioned that you have had [number of partners from Q50] male sexual partners in the last 6 months. Even though you have told me that you have had more than four male partners in the last 6 months, let's focus on the 4 most recent partners. Let's start with the most recent partner.

**PROGRAMMER NOTE:** Prepopulate number of partners with Answer to Q50.

- Only show instruction 'READ IF NUMBER OF PARTNERS IS 1-4' if Q50<4.
- Only show instruction 'READ IF NUMBER OF PARTNERS IS >4' if Q50>4.

<b>Most recent partner first:</b>		<b>51. Partner #1</b>	<b>52. Partner #2</b>	<b>53. Partner #3</b>	<b>54. Partner #4</b>
a.	What are the initials or nickname of your male sexual partner?	_____	_____	_____	_____
b.	What relationship do you have with [this male partner]?	<input type="checkbox"/> Spouse (1) <input type="checkbox"/> Boyfriend (2) <input type="checkbox"/> Casual partner / friend (3) <input type="checkbox"/> Commercial sex worker (4) <input type="checkbox"/> One time partner (5) <input type="checkbox"/> Other (996)	<input type="checkbox"/> Spouse (1) <input type="checkbox"/> Boyfriend (2) <input type="checkbox"/> Casual partner / friend (3) <input type="checkbox"/> Commercial sex worker (4) <input type="checkbox"/> One time partner (5) <input type="checkbox"/> Other (996)	<input type="checkbox"/> Spouse (1) <input type="checkbox"/> Boyfriend (2) <input type="checkbox"/> Casual partner / friend (3) <input type="checkbox"/> Commercial sex worker (4) <input type="checkbox"/> One time partner (5) <input type="checkbox"/> Other (996)	<input type="checkbox"/> Spouse (1) <input type="checkbox"/> Boyfriend (2) <input type="checkbox"/> Casual partner / friend (3) <input type="checkbox"/> Commercial sex worker (4) <input type="checkbox"/> One time partner (5) <input type="checkbox"/> Other (996)
c.	Was [this male partner] HIV-positive?	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)
d.	Was this [this male partner] an IDU?	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)
e.	How often have you used alcohol or drugs before you had sex with [this male partner] in the last six months?	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2)	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2)	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2)	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2)



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<b>Most recent partner first:</b>		<b>51. Partner #1</b>	<b>52. Partner #2</b>	<b>53. Partner #3</b>	<b>54. Partner #4</b>
f.	How often have you had vaginal sex with <b>[this male partner]</b> in the past six months?  <b>INTERVIEWER INSTRUCTION:</b> Use Card SU43.	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) <b>If 0, skip to Q51i</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) <b>If 0, skip to Q52i</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) <b>If 0, skip to Q53i</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) <b>If 0, skip to Q54i</b>
g.	How often have you used a condom during vaginal sex with <b>[this male partner]</b> in the past six months?	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) <b>If 0, skip to Q51i</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) <b>If 0, skip to Q52i</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) <b>If 0, skip to Q53i</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) <b>If 0, skip to Q54i</b>
h.	Did you use a condom the last time you had vaginal sex with <b>[this male partner]</b> ?	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)
i.	How often have you had anal sex with <b>[this male partner]</b> in the past six months?  <b>INTERVIEWER INSTRUCTION:</b> Use Card SU43.	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) <b>If 0 &amp; Q50&gt;1, skip to Q52a.</b> <b>If 0 &amp; Q50=1, skip to Q67.</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) <b>If 0 &amp; Q50&gt;2, skip to Q53a.</b> <b>If 0 &amp; Q50=2, skip to Q67.</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) <b>If 0 &amp; Q50&gt;3, skip to Q54a.</b> <b>If 0 &amp; Q50=3, skip to Q67.</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) <b>If 0 &amp; Q50&gt;4, skip to Q55.</b> <b>If 0 &amp; Q50=4, skip to Q67.</b>
j.	How often have you used a condom during anal sex with <b>[this male partner]</b> in the past six months?	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) <b>If 0 &amp; Q50&gt;1, skip to Q52a.</b> <b>If 0 &amp; Q50=1, skip to Q67.</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) <b>If 0 &amp; Q50&gt;2, skip to Q53a.</b> <b>If 0 &amp; Q50=2, skip to Q67.</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) <b>If 0 &amp; Q50&gt;3, skip to Q54a.</b> <b>If 0 &amp; Q50=3, skip to Q67.</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) <b>If 0 &amp; Q50&gt;4, skip to Q55.</b> <b>If 0 &amp; Q50=4, skip to Q67.</b>
k.	Did you use a condom the last time you had anal sex with <b>[this male partner]</b> ?	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)  <b>If Q50=1, skip to Q67.</b>	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)  <b>If Q50=2, skip to Q67.</b>	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)  <b>If Q50=3, skip to Q67.</b>	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)  <b>If Q50=4, skip to Q67.</b>

**PROGRAMMER NOTE:** Pre-populate [this male partner] in parts 'b-k' with initials/nickname from part 'a' for each question Q51-54.

- For Q51-54, if f=0 and i=0, add a pop-up box after h that says 'Both f and i cannot be 'Never' as you said you had sex with this partner in the past 6 months.'
- For Q51-54, If b = 5 (one time partner) then f and i must display only options "0" and "1".

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**PROGRAMMER NOTE:** Only ask Questions 55-56a for those whose answer to Q50>4.  
If Q50≤4, SKIP TO Q67.

**INTERVIEWER READ:** Earlier you said you've had vaginal or anal sex with [# partners from Q50] male partners in the past 6 months. I want to ask more details about all of these partners.

**PROGRAMMER NOTE:** Prepopulate number of partners with Answer to Q50.

55. How many of these men were “regular partners”? By “regular partner”, I mean a man who you have sex with and who you feel committed to above anyone else.

\_\_\_\_\_ [Acceptable Range: 0-180]

**PROGRAMMER NOTE:** Number must be less than or equal to Q50.  
If 0, skip to Q56.

55a. How often did you use a condom with these regular male partners?

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Never     | 0 |
| <input type="checkbox"/> Sometimes | 1 |
| <input type="checkbox"/> Always    | 2 |

56. How many of these men were “casual or exchange partners”? By “casual partner”, I mean a man who you have sex with but do not feel committed to or don't know very well. And by exchange partners, I mean a man you have sex with in exchange for things like money or drugs.

\_\_\_\_\_ [Acceptable Range: 0-180]

**PROGRAMMER NOTE:** Number must be less than or equal to Q50.

- Prepopulate the field with Q50-Q55 and the interviewer can just check with the participant to make sure this is correct.
- If 0, skip to Q67.

**INTERVIEWER INSTRUCTION:** This field will be pre-filled according to the responses the participant gave to previous questions. If this value is incorrect, you will have to modify the response in Q55 as this value is calculated by subtracting the value in Q55 from Q50.

56a. How often did you use a condom with these casual male partners?

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Never     | 0 |
| <input type="checkbox"/> Sometimes | 1 |
| <input type="checkbox"/> Always    | 2 |

**PROGRAMMER NOTE:** Skip to Q67.

**MALE / HIJRA PARTICIPANTS ONLY**

**PROGRAMMER NOTE:** Ask Q57-Q66a only if Q2 on Demographics (DGQ2) = '1' or '3'.

57. Have you ever had oral or anal sex with a man or hijra?

- |                              |           |
|------------------------------|-----------|
| <input type="checkbox"/> No  | 0 (→ Q67) |
| <input type="checkbox"/> Yes | 1         |

**INTERVIEWER INSTRUCTION:** If participant is a hijra, just say 'Have you ever had oral or anal sex with a man?'

57a. At what age did you first have oral sex with a man or hijra?

\_\_\_\_\_ [Acceptable Range: 8-60, 995, 997]

**INTERVIEWER INSTRUCTION:** Code 995 for never had oral sex. Code 997 for Don't Know.

**PROGRAMMER NOTE:** Q57a cannot be greater than age from Q1 of Demographics.

- 0 is not a valid answer.

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### BASELINE: Substance Use and Risk Behavior (SU)

57b. At what age did you first have insertive anal sex with a man or hijra? (Insertive anal sex means you put your penis in the anus of another man/hijra).

\_\_\_\_ [Acceptable Range: 8-60, 995, 997]

**INTERVIEWER INSTRUCTION:** Code 995 for Never had insertive anal sex.  
Code 997 for Don't Know.

**PROGRAMMER NOTE:** Q57b cannot be greater than age from Q1 of Demographics.

- Skip this question if Q2 on Demographics (DG) = 3.
- 0 is not a valid answer.

57c. At what age did you first have receptive anal sex with a man? (Receptive anal sex means some other man has inserted his penis in your anus)

\_\_\_\_ [Acceptable Range: 8-60, 995, 997]

**INTERVIEWER INSTRUCTION:** Code 995 for Never had receptive anal sex  
Code 997 for Don't Know

**PROGRAMMER NOTE:** Q57c cannot be greater than age from Q1 of Demographics.

- 0 is not a valid answer

58. In your lifetime, with how many different men have you had oral or anal sex?

\_\_\_\_ [Range: 1-995, 997]

**INTERVIEWER INSTRUCTION:** Code 995 if more than 995; Code 997 for Don't Know

59. In the last 6 months, with how many different men or hijra have you had oral sex?

\_\_\_\_ [Acceptable Range: 0-180]

**INTERVIEWER INSTRUCTION:** Code 995 if more than 995.

**PROGRAMMER NOTE:** Answer to Q59 must be less than or equal to Q58.

- 997 is not a valid answer.

60. In the last 6 months, with how many different men or hijra have you had anal sex?

\_\_\_\_ [Acceptable Range: 0-180]

**INTERVIEWER INSTRUCTION:** Code 995 if more than 995.

**PROGRAMMER NOTE:** If 0, SKIP TO Q67.

**PROGRAMMER NOTE:** Answer to Q60 must be less than or equal to Q58.

- 997 is not a valid answer.

**INTERVIEWER READ:** In the next set of questions, we will talk about your most recent male/hijra sexual partner(s) and I will ask you to tell me the following things about them: their relationship with you (boyfriend, friend, sex worker, etc.), how often you have had anal sex with this partner during the past 6 months, and whether or not you used condoms with this partner. I am interested only in the last 4 partners that you had anal sex with

**IF NUMBER OF MALE/HIJRA PARTNERS IS 1-4:** You mentioned that you have had [number of partners from Q60] male/hijra sexual partners in the last 6 months. Let's start with the most recent partner.

**IF NUMBER OF MALE/HIJRA PARTNERS IS >4:** You mentioned that you have had [number of partners from Q60] male/hijra sexual partners in the last 6 months. Even though you have told me that you have had more than four male/hijra partners in the last 6 months, let's focus on the 4 most recent partners. Let's start with the most recent partner.

**PROGRAMMER NOTE:** Prepopulate number of partners with Answer to Q60.

- Only show instruction 'READ IF NUMBER OF PARTNERS IS 1-4' if  $Q60 \leq 4$ .
- Only show instruction 'READ IF NUMBER OF PARTNERS IS >4' if  $Q60 > 4$ .

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<b>Most recent partner first:</b>		<b>61. Partner #1</b>	<b>62. Partner #2</b>	<b>63. Partner #3</b>	<b>64. Partner #4</b>
a.	What are the initials or nickname of your male/hijra sexual partner?	_____	_____	_____	_____
b.	Is this <b>[this male/hijra partner]</b> kothi, panthi, DD, gay, bisexual or hijra?	<input type="checkbox"/> Kothi (1) <input type="checkbox"/> Panthi (2) <input type="checkbox"/> DD(3) <input type="checkbox"/> Gay (4) <input type="checkbox"/> Bisexual (5) <input type="checkbox"/> Hijra(6) <input type="checkbox"/> MSM (7) <input type="checkbox"/> Other (996)	<input type="checkbox"/> Kothi (1) <input type="checkbox"/> Panthi (2) <input type="checkbox"/> DD(3) <input type="checkbox"/> Gay (4) <input type="checkbox"/> Bisexual (5) <input type="checkbox"/> Hijra(6) <input type="checkbox"/> MSM (7) <input type="checkbox"/> Other (996)	<input type="checkbox"/> Kothi (1) <input type="checkbox"/> Panthi (2) <input type="checkbox"/> DD(3) <input type="checkbox"/> Gay (4) <input type="checkbox"/> Bisexual (5) <input type="checkbox"/> Hijra(6) <input type="checkbox"/> MSM (7) <input type="checkbox"/> Other (996)	<input type="checkbox"/> Kothi (1) <input type="checkbox"/> Panthi (2) <input type="checkbox"/> DD(3) <input type="checkbox"/> Gay (4) <input type="checkbox"/> Bisexual (5) <input type="checkbox"/> Hijra(6) <input type="checkbox"/> MSM (7) <input type="checkbox"/> Other (996)
c.	What relationship do you have with this <b>[this male/hijra partner]</b> ?	<input type="checkbox"/> Boyfriend (2) <input type="checkbox"/> Casual partner / friend (3) <input type="checkbox"/> Commercial sex worker (4) <input type="checkbox"/> One time partner (5) <input type="checkbox"/> Other (996)	<input type="checkbox"/> Boyfriend (2) <input type="checkbox"/> Casual partner / friend (3) <input type="checkbox"/> Commercial sex worker (4) <input type="checkbox"/> One time partner (5) <input type="checkbox"/> Other (996)	<input type="checkbox"/> Boyfriend (2) <input type="checkbox"/> Casual partner / friend (3) <input type="checkbox"/> Commercial sex worker (4) <input type="checkbox"/> One time partner (5) <input type="checkbox"/> Other (996)	<input type="checkbox"/> Boyfriend (2) <input type="checkbox"/> Casual partner / friend (3) <input type="checkbox"/> Commercial sex worker (4) <input type="checkbox"/> One time partner (5) <input type="checkbox"/> Other (996)
d.	Was <b>[this male/hijra partner]</b> HIV-positive?	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)
e.	Was <b>[this male/hijra partner]</b> an IDU?	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) <input type="checkbox"/> Don't Know(997)
f.	How often have you used alcohol or drugs before you had sex with <b>[this male/hijra partner]</b> in the last six months?	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2)	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2)	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2)	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2)
g.	How often have you had insertive anal sex with <b>[this male/hijra partner]</b> in the last six months?  <b>INTERVIEWER INSTRUCTION: Use Card SU43.</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) <i>If 0, skip to Q61j.</i>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) <i>If 0, skip to Q62j.</i>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) <i>If 0, skip to Q63j.</i>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) <i>If 0, skip to Q64j.</i>
h.	How often have you used a condom during insertive anal sex with <b>[this male/hijra partner]</b> in the last six months?	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) <i>If 0 skip to 61j.</i>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) <i>If 0 skip to 62j.</i>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) <i>If 0 skip to 63j.</i>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) <i>If 0 skip to 64j.</i>
i.	Did you use a condom the last time you had insertive anal sex with <b>[this male/hijra partner]</b> ?	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1)

**The India IDU Initiative  
BASELINE: Substance Use and Risk Behavior (SU)**

<b>Most recent partner first:</b>		<b>61. Partner #1</b>	<b>62. Partner #2</b>	<b>63. Partner #3</b>	<b>64. Partner #4</b>
j.	How often have you had receptive anal sex with <b>[this male/hijra partner]</b> in the last six months?  <b>INTERVIEWER INSTRUCTION: Use Card SU43.</b>	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) If 0 & Q60>1, skip to Q62a. If 0 & Q60=1, skip to Q67.	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) If 0 & Q60>2, skip to Q63a. If 0 & Q60=2, skip to Q67.	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) If 0 & Q60>3, skip to Q64a. If 0 & Q60=3, skip to Q67.	<input type="checkbox"/> Never (0) <input type="checkbox"/> Once or twice a month or less often (1) <input type="checkbox"/> 2-3 times a month (2) <input type="checkbox"/> Once a week (3) <input type="checkbox"/> 2-4 times per week (4) <input type="checkbox"/> More than 4 times per week (5) If 0 & Q60>4, skip to Q65. If 0 & Q60=4, skip to Q67.
k.	How often have you used a condom during receptive anal sex with <b>[this male/hijra partner]</b> in the last six months?	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) If 0 & Q60>1, skip to Q62a. If 0 & Q60=1, skip to Q67.	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) If 0 & Q60>2, skip to Q63a. If 0 & Q60=2, skip to Q67.	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) If 0 & Q60>3, skip to Q64a. If 0 & Q60=3, skip to Q67.	<input type="checkbox"/> Never (0) <input type="checkbox"/> Sometimes (1) <input type="checkbox"/> Always (2) If 0 & Q60>4, skip to Q65. If 0 & Q60=4, skip to Q67.
l.	Did you use a condom the last time you had receptive anal sex with <b>[this male/hijra partner]</b> ?	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) If Q60=1, skip to Q67.	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) If Q60=2, skip to Q67.	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) If Q60=3, skip to Q67.	<input type="checkbox"/> No (0) <input type="checkbox"/> Yes (1) If Q60=4, skip to Q67.

**PROGRAMMER NOTE:** Pre-populate [this male/hijra partner] in parts 'b-l' with initials/nickname from part 'a' for each question Q61-64.

- For Q61-64, if g=0 and j=0, add a pop-up box after l that says 'Both g and j cannot be 'Never' as you said you had sex with this partner in the past 6 months.'
- For Q61-64, if b = 6 (hijra) then skip j-l.
- For Q61-64, if b=6, then section g cannot be equal to "never".
- For Q61-64 if Q2 on Demographics (DG)=3 then skip g-i.
- For Q61-64 if Q2 on Demographics (DG2) = 3, then j cannot be equal to "never".
- For Q61-64, If c = 5 (one time partner) then g and j must only display options "0" and "1"

**PROGRAMMER NOTE:** Only ask Questions 65-66 for those whose answer to Q60>4.  
If Q60≤4, SKIP TO Q67.

**INTERVIEWER READ:** Earlier you said you've had anal sex with [# partners from Q60] male partners in the past 6 months. I want to ask more details about all of these partners.

**PROGRAMMER NOTE:** Prepopulate number of partners with Answer to Q60.

65. How many of these men/hijra were "regular partners"? By "regular partner", I mean a man who you have sex with and who you feel committed to above anyone else.

\_\_\_\_\_ [Acceptable Range: 0-180]

**PROGRAMMER NOTE:** Number must be less than or equal to Q60.

- If 0, skip to Q66.

## The India IDU Initiative

### BASELINE: Substance Use and Risk Behavior (SU)

65a. How often did you use a condom with these regular male partners?

- Never 0  
 Sometimes 1  
 Always 2

66. How many of these men/hijra were “casual or exchange partners”? By “casual partner”, I mean a man who you have sex with but do not feel committed to or don’t know very well. And by exchange partners, I mean a man you have sex with in exchange for things like money or drugs.

\_\_\_\_\_ [Acceptable Range: 0-180]

**PROGRAMMER NOTE:** Number must be less than or equal to Q60.

- If 0, skip to Q67,
- Prepopulate the field with Q60-Q65 and the interviewer can just check with the participant to make sure this is correct.

**INTERVIEWER INSTRUCTION:** This field will be pre-filled according to the responses the participant gave to previous questions. If this value is incorrect, you will have to modify the response in Q65 as this value is calculated by subtracting the value in Q65 from Q60.

66a. How often did you use a condom with these casual male partners?

- Never 0  
 Sometimes 1  
 Always 2

67. Have you ever had sex to receive money, alcohol, drugs or other things?

- No 0 (→Q68)  
 Yes 1  
 Don’t know 997 (→Q68)

67a. When was the last time you did this?

- Within the past 30 days 1  
 More than 1 month to 3 months ago 2  
 More than 3 months to 6 months ago 3  
 More that 6 months to 1 year (12 months) ago 4  
 More than 1 year ago 5

68. Have you ever given money, alcohol, or drugs for sex?

- No 0 (→END SU)  
 Yes 1  
 Don’t know 997 (→END SU)

68a. When was the last time you did this?

- Within the past 30 days 1  
 More than 1 month to 3 months ago 2  
 More than 3 months to 6 months ago 3  
 More that 6 months to 1 year (12 months) ago 4  
 More than 1 year ago 5

**INTERVIEWER READ:** The next questions are about your experiences with services

1. When did you last visit a needle exchange program?
- Never 0
  - Within the last month 1 (→ Q4)
  - More than 1 month to 6 months ago 2 (→ Q4)
  - More than 6 months to 1 year (12 months) ago 3 (→ Q3)
  - More than 1 year to 2 years ago 4 (→ Q3)
  - More than 2 years to 4 years ago 5 (→ Q3)
  - More than 4 years ago 6 (→ Q3)
  - Don't know 997 (→ Q4)

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit answer into best option.

2. Why have you never gotten needles from a needle exchange program? (**SELECT ALL THAT APPLY**)

	Yes	No
2a. I inject very infrequently	1	0
2b. I do not know where to find a needle exchange program	1	0
2c. The programs are too far away/ difficult to get to	1	0
2d. I do not have time to go	1	0
2e. The hours of operation of the programs are inconvenient for me	1	0
2f. None of my friends/network partners go	1	0
2g. My friends always bring needles	1	0
2h. I get needles from the pharmacy	1	0
2i. Friends/network partners have been treated badly at needle exchange programs	1	0
2j. I am worried I will lose my job or house if people find out I am an IDU	1	0
2k. I am afraid of incarceration / the authorities	1	0
2l. Don't Know / None of the options apply	1 [6]	0
2m. Refused	1 [6]	0

**INTERVIEWER INSTRUCTION:** Please read All Choices a-m to Participant; Use Card SV2.

**PROGRAMMER NOTE:** Q2a-2m should be on one page.

- If any of 'a-k' is selected at the same time as 'l' or 'm' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'

2a1. Which of these is the primary reason you have NEVER gotten needles from a needle exchange program?

- I inject very infrequently 1
- I do not know where to find a needle exchange program 2
- The programs are too far away / difficult to access 3
- I do not have time to go 4
- The hours of operation of the programs are inconvenient for me 5
- None of my friends/network partners go 6
- My friends always bring needles 7
- I get needles from the pharmacy 8
- Friends/network partners have been treated badly at needle exchange programs 9
- I am worried I will lose my job or house if people find out I am an IDU 10
- I am afraid of incarceration / the authorities 11

**PROGRAMMER NOTE:** Skip to Q6.

- Only a response from Q2 that is coded as 1 'YES' can be selected here.



**The India IDU Initiative**  
**BASELINE: SERVICES (SV)**

3. Why have you not gotten needles from a needle exchange program in the last six months?  
**(SELECT ALL THAT APPLY)**

	Yes	No
3a. I have not injected in the past six months	1	0
3b. I do not know where to find a needle exchange program	1	0
3c. The programs are too far away/ difficult to get to	1	0
3d. I do not have time to go	1	0
3e. The hours of operation of the programs are inconvenient for me	1	0
3f. None of my friends/network partners go	1	0
3g. My friends always bring needles	1	0
3h. I get needles from the pharmacy	1	0
3i. I have been treated badly at needle exchange programs	1	0
3j. Friends/network partners have been treated badly at needle exchange programs	1	0
3k. I am worried I will lose my job or house if people find out I am an IDU	1	0
3l. Don't Know/ None of the options apply	1 [4]	0
3m. Refused	1 [4]	0

**INTERVIEWER INSTRUCTION:** Please read All Choices a-k to Participant; Use Card SV3.

**PROGRAMMER NOTE:** Q3a-3m should be on one page.

- If any of 'a-k' is selected at the same time as 'l' or 'm' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'

3a1. Which of these is the primary reason you haven't gotten needles from a needle exchange program in the last six months?

- |   |    |
|---|----|
| <input type="checkbox"/> I have not injected in the past six months                                   | 1  |
| <input type="checkbox"/> I do not know where to find a needle exchange program                        | 2  |
| <input type="checkbox"/> The programs are too far away / difficult to access                          | 3  |
| <input type="checkbox"/> I do not have time to go   | 4  |
| <input type="checkbox"/> The hours of operation of the programs are inconvenient for me               | 5  |
| <input type="checkbox"/> None of my friends/network partners go                                       | 6  |
| <input type="checkbox"/> My friends always bring needles  | 7  |
| <input type="checkbox"/> I get needles from the pharmacy  | 8  |
| <input type="checkbox"/> I have been treated badly at needle exchange programs                        | 9  |
| <input type="checkbox"/> Friends/network partners have been treated badly at needle exchange programs | 10 |
| <input type="checkbox"/> I am worried I will lose my job or house if people find out I am an IDU      | 11 |

**PROGRAMMER NOTE:** Only a response from Q3 that is coded as 1 'YES' can be selected here.

4. What is the name of the needle exchange program that you visited most recently?

[Range: 01-20, 996,997,998]

**INTERVIEWER INSTRUCTION:** Use Card SV4

- Code 996 for Other; 997 for Don't Know; 998 for Refused

**PROGRAMMER NOTE:** Skip to Q6 if Q4=997 or 998

4a. Was this a:

- |   |     |
|---|-----|
| <input type="checkbox"/> Government sponsored program | 1   |
| <input type="checkbox"/> Private NGO                  | 2   |
| <input type="checkbox"/> Other                        | 996 |
| <input type="checkbox"/> Don't know                   | 997 |
| <input type="checkbox"/> Refused                      | 998 |



**The India IDU Initiative**  
**BASELINE: SERVICES (SV)**

5. Why did you get your needles from the program you just mentioned?
- The location is convenient (easy to get to) 1
  - They have other services (e.g., OST) there as well 2
  - I am treated well (with respect) at this program 3
  - My friends/network partners go there 4
  - Other 996
  - Don't know 997
  - Refused 998

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit answer into best option.

**PROGRAMMER NOTE:** Skip to Q7 for persons who did not inject drugs in the past 6 months: **SUQ10=0**.

6. In the last six months, how often did you get your syringes/needles from a... [a-f]?

	Never / Rarely	Less than half the time	Half of the time	More than half the time	Always
a. Needle Exchange Program	0	1	2	3	4
b. NGO	0	1	2	3	4
c. Pharmacy / Chemist	0	1	2	3	4
d. Hospital Dispensary	0	1	2	3	4
e. Friend	0	1	2	3	4
f. Dealer	0	1	2	3	4

**INTERVIEWER INSTRUCTION** for 6a-6f: Use **Card SV6**. Participant cannot select “always” to more than one option. If he/she selects “always” to one option, all other options should be “never/rarely”.

**PROGRAMMER NOTE:** Participant cannot choose “always” (4) or “more than half the time” (3) to more than one option. If participant “always” to any option, all other options should be “0”.

- Repeat the question for each page a-f so for example ‘In the last six months, how often did you get your syringes/needles from an Pharmacy/Chemist?’
- Include interviewer instruction on each page.

**INTERVIEWER READ:** Now I am going to ask you about drug treatment. For now, I am only interested in opiate substitution programs such as methadone or buprenorphine. I will ask you about detoxification and other programs later.

7. When was the last time you participated in an opiate substitution program (e.g., Addnok, Methadone)?
- Never 0 (→ Q8)
  - Within the last month 1 (→ Q10)
  - More than 1 month to 6 months ago 2 (→ Q10)
  - More than 6 months to 1 year (12 months) ago 3 (→ Q9)
  - More than 1 year to 2 years ago 4 (→ Q9)
  - More than 2 years to 4 years ago 5 (→ Q9)
  - More than 4 years ago 6 (→ Q9)
  - Don't know 997 (→ Q10)

**INTERVIEWER INSTRUCTION:** Ask the question and let participant respond openly. Then fit their answer into the best option.

**The India IDU Initiative  
BASELINE: SERVICES (SV)**

8. Why have you never attended an opiate substitution program? (**SELECT ALL THAT APPLY**)

	Yes	No
8a. I inject very infrequently	1	0
8b. I do not need opiate substitution (OST)	1	0
8c. I do not know where to find an opiate substitution (OST) program	1	0
8d. The programs are too far away/ difficult to get to	1	0
8e. I do not have time to go	1	0
8f. The hours of operation of the programs were inconvenient for me	1	0
8g. None of my friends/network partners go	1	0
8h. Friends/network partners have been treated badly at OST programs	1	0
8i. I am worried I will lose my job or house if people find out I am an IDU	1	0
8j. Don't know / None of the options apply	1 [12]	0
8k. Refused	1 [12]	0

**INTERVIEWER INSTRUCTION:** Please read all choices a-i to participant; Use Card SV8.

**PROGRAMMER NOTE:** Q8a-8k should be on one page

- If any of 'a-i' is selected at the same time as 'j' or 'k' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'

8a1. Which of these is the primary reason you have never attended an opiate substitution program?

- |  |   |
|--|---|
| <input type="checkbox"/> I inject very infrequently  | 1 |
| <input type="checkbox"/> I do not need opiate substitution (OST)                                 | 2 |
| <input type="checkbox"/> I do not know where to find an opiate substitution (OST) program        | 3 |
| <input type="checkbox"/> The programs are too far away / difficult to get to                     | 4 |
| <input type="checkbox"/> I do not have time to go  | 5 |
| <input type="checkbox"/> The hours of operation of the programs are inconvenient for me          | 6 |
| <input type="checkbox"/> None of my friends/network partners go                                  | 7 |
| <input type="checkbox"/> Friends/network partners have been treated badly at OST programs        | 8 |
| <input type="checkbox"/> I am worried I will lose my job or house if people find out I am an IDU | 9 |

**PROGRAMMER NOTE:** Skip to Q12.

- Only a response from Q8 that is coded as 1 'YES' can be selected here.

**The India IDU Initiative  
BASELINE: SERVICES (SV)**

9. Why have you not attended an opiate substitution program in the last six months?  
(SELECT ALL THAT APPLY)

	Yes	No
9a. I have not injected in the past six months	1	0
9b. I do not need opiate substitution (OST)	1	0
9c. I do not know where to find an opiate substitution (OST) program	1	0
9d. The programs are too far away/ difficult to get to	1	0
9e. I do not have time to go	1	0
9f. The hours of operation of the programs were inconvenient for me	1	0
9g. None of my friends/network partners go	1	0
9h. I have been treated badly at opiate substitution programs	1	0
9i. Friends/network partners have been treated badly at OST programs	1	0
9j. I am worried I will lose my job or house if people find out I am an IDU	1	0
9k. Don't know / None of the options apply	1 [10]	0
9l. Refused	1 [10]	0

**INTERVIEWER INSTRUCTION** for Q9: Please read all choices to participant; Use Card SV9.

**PROGRAMMER NOTE** : Q9a-9l should be on one page.

- If any of 'a-j' is selected at the same time as 'k' or 'l' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'

9a1. Which of these is the primary reason you have not attended an opiate substitution program in the last six months?

- I have not injected in the past 6 months 1
- I do not need opiate substitution (OST) 2
- I do not know where to find an opiate substitution (OST) program 3
- The programs are too far away / difficult to get to 4
- I do not have time to go 5
- The hours of operation of the programs are inconvenient for me 6
- None of my friends/network partners go 7
- I have been treated badly at opiate substitution programs 8
- Friends/network partners have been treated badly at OST programs 9
- I am worried I will lose my job or house if people find out I am an IDU 10

**PROGRAMMER NOTE:** Only a response from Q9 that is coded as 1 'YES' can be selected here.

10. The last time you participated in an opiate substitution program, which kind of program was it?

- Buprenorphine / Addnok 1
- Methadone 2
- Both 3
- Other 996
- Don't Know 997
- Refused 998

11. What is the name of the substitution therapy program that you attended most recently?

[Range: 01-20, 996,997,998]

**INTERVIEWER INSTRUCTION:** Use Card SV11.

- Code 996 for Other; 997 for Don't Know; 998 for Refused.

**PROGRAMMER NOTE:** Skip to Q12 if Q11=997 or 998.

**The India IDU Initiative  
BASELINE: SERVICES (SV)**

11a. Was this a:

- Government sponsored program 1
- Private NGO 2
- Other 996
- Don't know 997
- Refused 998

11b. Why did you choose this program?

- The location is convenient (easy to get to) 1
- They have other services (e.g., needle exchange) there as well 2
- I am treated well (with respect) at this program 3
- My friends/network partners go there 4
- Other 996
- Don't know 997
- Refused 998

**INTERVIEWER INSTRUCTION:** Ask the question and let participant respond openly. Then fit their answer into the best option.

12. Now I want to ask you about other types of drug treatment (aside from opiate substitution). Which other types of treatment have you received in the last six months? (**SELECT ALL THAT APPLY**)

	Yes	No
12a. Been in a hospital for at least one night	1	0
12b. Outpatient or drug-free treatment	1	0
12c. Detoxification	1	0
12d. Narcotics Anonymous or Alcoholics Anonymous	1	0
12e. Prayers or special religious practices	1	0
12f. Herbal / non-allopathic treatments	1	0
12g. Other	1	0
12h. Don't Know	1	0
12i. Refused	1	0

**INTERVIEWER INSTRUCTION:** Please read all choices to participant.

**PROGRAMMER NOTE:** Q12a-12i should be on one page.

- If any of 'a-g' is selected at the same time as 'h' or 'i' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'

13. How do you get condoms?

- I don't use condoms 1
- Out of pocket expense 2
- Government centers 3
- NGOs 4
- Primary health centers 5
- Hotspot condom vending machines 6
- Other 996
- Don't know 997
- Refused 998

**INTERVIEWER INSTRUCTION:** If more than one source is selected, ask them to select the main source.

**The India IDU Initiative**  
**BASELINE: SERVICES (SV)**

14. How easy is it for you to get condoms?

- I have no access to condoms 1
- Difficult but I can get them if I need them 2
- Easy 3
- Don't know 997
- Refused 998

15. Please indicate how important each of the following services is to you:

	Not Important	Somewhat important	Very important	Essential	Not applicable	Don't Know
15a. HIV testing	0	1	2	3		997
15b. Viral hepatitis Testing (HBV,HCV)	0	1	2	3		997
15c. HIV treatment (ART)	0	1	2	3		997
15d. Viral hepatitis treatment	0	1	2	3		997
15e. TB diagnosis/treatment	0	1	2	3		997
15f. Treatment for sexually transmitted infections	0	1	2	3		997
15g. Free condoms	0	1	2	3		997
15h. Education/counseling	0	1	2	3		997
15i. Opiate substitution treatment	0	1	2	3		997
15j. Needle Exchange	0	1	2	3		997
15k. Nutritional support	0	1	2	3		997
15l. Overdose emergency services	0	1	2	3		997
15m. Services for sexual partners/spouses	0	1	2	3	996	997

**INTERVIEWER INSTRUCTION:** Use Card SV15.

**PROGRAMMER INSTRUCTION:** Please include the question on each page.

**The India IDU Initiative  
BASELINE: SERVICES (SV)**

16. Please tell me how available each of the following services is to you:

	Not available	Available but hard to access	Easily available	Not applicable	Don't know
16a. HIV testing	1	2	3		997
16b. Viral hepatitis Testing (HBV,HCV)	1	2	3		997
16c. HIV treatment (ART)	1	2	3		997
16d. Viral hepatitis Treatment	1	2	3		997
16e. TB diagnosis/treatment	1	2	3		997
16f. Treatment for sexually transmitted infections	1	2	3		997
16g. Free condoms	1	2	3		997
16h. Education/counseling	1	2	3		997
16i. Opiate substitution treatment	1	2	3		997
16j. Needle Exchange	1	2	3		997
16k. Nutritional support	1	2	3		997
16l. Overdose emergency services	1	2	3		997
16m. Services for sexual partners/spouses	1	2	3	996	997

**INTERVIEWER INSTRUCTION:** Use Card SV16.

**PROGRAMMER INSTRUCTION:** Please include the question on each page.

17. If you could have one center in your community provide all of these services to you, which center would it be?

[Range: 01-20, 996,997,998]

**INTERVIEWER INSTRUCTION:** Use Card SV17

- Code 996 for Other; 997 for Don't Know; 998 for Refused

**PROGRAMMER NOTE:** Skip to Q17b if Q17=997 or 998

17a. Which of the following reasons represent why you would want this center scaled up?

(SELECT ALL THAT APPLY)

	Yes	No
17a1. Ideal location	1	0
17a2. Flexible working hours	1	0
17a3. MSM-friendly	1	0
17a4. IDU-friendly	1	0
17a5. My friends also go to this center	1	0
17a6. The quality of care is good at this center	1	0
17a7. Privacy	1	0
17a8. I do not have to wait in line for a long time at this center	1	0
17a9. Other	1	0

**INTERVIEWER INSTRUCTION:** Please read all options to participants.

**PROGRAMMER NOTE:** Q17a1-17a9 should all be on one page.

**The India IDU Initiative**  
**BASELINE: SERVICES (SV)**

17b. Which of the following services would you want available at this center?

**(Please Rank the top 5 in order)**

- 17b1. HIV testing \_\_\_\_\_
- 17b2. Viral hepatitis testing \_\_\_\_\_
- 17b3. HIV treatment (Antiretroviral therapy) \_\_\_\_\_
- 17b4. TB treatment \_\_\_\_\_
- 17b5. Treatment of sexually transmitted infections \_\_\_\_\_
- 17b6. Free condoms \_\_\_\_\_
- 17b7. Counseling for mental and social issues \_\_\_\_\_
- 17b8. Opiate substitution treatment \_\_\_\_\_
- 17b9. Needle exchange \_\_\_\_\_
- 17b10. Non-HIV healthcare \_\_\_\_\_
- 17b11. Social and medical referrals \_\_\_\_\_
- 17b12. Testing of spouses/ sexual partners \_\_\_\_\_
- 17b13. Viral hepatitis treatment \_\_\_\_\_

[Acceptable range for 17b1-17b13: 1-5]

**INTERVIEWER INSTRUCTION:** Use card SV17b

- Rank the top 5 services that the participant reports by clicking on the choices on the left.

**PROGRAMMER NOTE:** It is possible that some of these answers will be blank

- Q17b1-17b13 should all be on one page
- Each choice can only be selected once

18. In the past six months, which of the following places did you visit for medical care?

**(SELECT ALL THAT APPLY)**

	Yes	No
18a. None - I didn't get any medical care	1 [20]	0
18b. Private medical doctor (in stand-alone clinic)	1	0
18c. Private medical doctor (in hospital)	1	0
18d. NGO doctor	1	0
18e. Government hospital doctor	1	0
18f. Alternative / non-allopathic (ayurveda/siddha/etc)	1	0
18g. Pharmacist / Chemist	1	0
18h. Other	1	0
18i. Don't Know	1	0
18j. Refused	1	0

**INTERVIEWER INSTRUCTION:** Please read all choices to participant.

- **PROGRAMMER NOTE:** Q18a-18j should all be on one page
- If participant selects 18a then the rest of the options should be removed.
- If any of 'a-h' is selected at the same time as 'i' or 'j' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'

19. In the last six months, which of the following places did you visit most often for medical care?

- Private medical doctor (in stand-alone clinic) 1
- Private medical doctor (in hospital) 2
- NGO doctor 3
- Government hospital doctor 4
- Alternative / non-allopathic (ayurveda/siddha/jolachap) 5
- Pharmacist / Chemist 6
- Other 996

**PROGRAMMER NOTE:** Only a response from Q18 that is coded as 1 'YES' can be selected here.

**The India IDU Initiative  
BASELINE: SERVICES (SV)**

**INTERVIEWER READ:** People can have many different types of problems getting their medical care. Think of the reasons why you **may not have gotten** the medical care you needed or that was recommended for you. Please indicate “Yes” or “No” for all of the following reasons for why you **may not have gotten needed medical care in the last month**.

20. In the last month, why have you not gotten the medical care that you needed or that was recommended for you? (**SELECT ALL THAT APPLY**)

	<b>Reasons:</b>	<b>Yes</b>	<b>No</b>
20a.	I was unable to pay for medical care	1	0
20b.	I was not sure where to go to get medical care	1	0
20c.	I did not have transportation to medical care	1	0
20d.	The clinic's hours of operation were inconvenient for me	1	0
20e.	I was treated poorly at a clinic in the past	1	0
20f.	I did not want to be seen at a clinic	1	0
20g.	I do not trust doctors	1	0
20h.	I don't really care about taking care of myself at this time	1	0
20i.	I have too many household responsibilities	1	0
20j.	I was too drunk or high	1	0
20k.	Don't Know / None of the options apply	1	0
20l.	Refused	1	0

**INTERVIEWER INSTRUCTION:** Please read all choices to participant; Use Card SV20.

**PROGRAMMER NOTE:** Q20a-20l should all be on one page.

- If any of 'a-j' is selected at the same time as 'k' or 'l' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'

21. In the last 6 months, have you been incarcerated?

- No                                    0
- Yes                                        1
- Don't know                            997
- Refused                                 998



**INTERVIEWER READ:** The next few questions are about tuberculosis.

1. Has a doctor or nurse ever told you that you had Tuberculosis (TB) disease? By TB disease, I mean have you been sick with TB and not just had a positive Tuberculin Skin Test (TST)?

- No 0 (END SURVEY)
- Yes 1
- Don't know 997 (END SURVEY)
- Refused 998 (END SURVEY)

2. In what year were you diagnosed with TB disease? (Estimate okay) \_\_\_\_\_

**INTERVIEWER INSTRUCTION:** Code 1900 for Don't Know. [Range: 1900, Year of birth -present year]

**PROGRAMMER NOTE:** Year cannot be earlier than year of birth.

3. How were you diagnosed with TB? (SELECT ALL THAT APPLY)

	Yes	No
3a. Sputum smear (saliva test)	1	0
3b. Chest X ray	1	0
3c. Blood Test	1	0
3d. Examination	1	0
3e. CT scan	1	0
3f. Other	1	0
3g. Don't Know	1	0
3h. Refused	1	0

**PROGRAMMER NOTE:** Q3a-3h should all be on one page.

- If any of 'a-f' is selected at the same time as 'g' or 'h' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'

4. Were you treated for your TB disease?

- No 0 (END SURVEY)
- Yes 1
- Don't know 997 (END SURVEY)
- Refused 998 (END SURVEY)

5. When were you treated for your TB disease?

- Within the last month 1
- More than 1 month to 6 months ago 2
- More than 6 months to 1 year (12 months) ago 3
- More than 1 year to 2 years ago 4
- More than 2 years to 4 years ago 5
- More than 4 years ago 6
- Don't know 997
- Refused 998

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit answer into the best option.

**The India IDU Initiative  
Baseline: Tuberculosis History (TB)**

6. Where did you receive your treatment for TB? **(SELECT ALL THAT APPLY)**

	Yes	No
6a. Large private hospital	1	0
6b. Government hospital	1	0
6c. Government DOT center	1	0
6d. Treated as part of a research study	1	0
6e. NGO doctor treated me in NGO	1	0
6f. Private doctor in stand-alone clinic	1	0
6g. Pharmacist/chemist	1	0
6h. Other	1	0
6i. Don't know	1	0
6j. Refused	1	0

**INTERVIEWER INSTRUCTION:** If participant says "government", make sure to distinguish government DOT center and government hospital.

**PROGRAMMER NOTE:** Q6a-6j should all be on one page.

- If any of 'a-h' is selected at the same time as 'i' or 'j' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'

7. What types of medicines did you take?

- Tablets 1
- Tablets + Injections 2
- Don't know 997
- Refused 998

8. How long did you take your medicines for? \_\_\_\_\_ months [Acceptable range, 0-36, 997, 998]

**INTERVIEWER INSTRUCTION:** Code 997 for Don't Know, 998 for Refused.

**Baseline Depression (PHQ)**

**INTERVIEWER READ:** I am going to now ask some questions about your health. Please tell me how often you have been bothered by any of the following problems.

**Over the last two weeks, have often have you been bothered by any of the following problems?**

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

**INTERVIEWER NOTE** for Q1-9: Use **Card PHQ1**.

**PROGRAMMER NOTE:** Include question and interviewer instruction on all Q1-9.

**PROGRAMMER NOTE:** If the participant selected 1-3 on any of the above questions, ask question 10. If they selected 0 for all nine questions above, END SURVEY.

10. Thinking about the problems you reported as bothersome in the questions I just asked, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all                      0
- Somewhat difficult                      1
- Very difficult                              2
- Extremely difficult                      3

**Baseline Social Support (SS)**

**INTERVIEWER READ:** People sometimes look to others for companionship, assistance, or other types of support. How often was each of the following kinds of support available to you during the past 4 weeks if you needed it?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Refused
1. How often do you have someone to love and make you feel wanted?	1	2	3	4	5	998
2. How often do you have someone to help with daily chores (child care, buying food, preparing meals) if you were sick?	1	2	3	4	5	998
3. How often do you have someone to help you buy medicines?	1	2	3	4	5	998
4. How often do you have someone to help with transportation?	1	2	3	4	5	998
5. How often do you have someone to give you money if you needed it?	1	2	3	4	5	998

**INTERVIEWER INSTRUCTION:** Use Card SS1.

6. How many meals do you eat every day at a regular time?

- None                    1
- One                        2
- Two                        3
- Three or more            4
- Don't know                997
- Refused                    998

**The India IDU Initiative  
Baseline Social Support (SS)**

7. Who helps you take care of all your health needs such as reminds you to take your medications, fixes your doctor's appointment, etc? (**SELECT ALL THAT APPLY**).

	Yes	No
7a. No one (I do it myself)	1	0
7b. Partner / spouse	1	0
7c. Parents	1	0
7d. Children	1	0
7e. Other Family	1	0
7f. Friends	1	0
7g. Roommates/housemate	1	0
7h. NGO/CBO worker (outreach worker/counselor)	1	0
7i. Government hospital staff	1	0
7j. Other	1	0
7k. Don't Know	1	0
7l. Refused	1	0

**PROGRAMMER NOTE:** Q7a-7l should all be on one page.

- If 7a is selected then remove all other options.
- If any of 'a-j' is selected at the same time as 'k' or 'l' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'

**INTERVIEWER READ:** The next few questions are about activities in your life, and how people treat you in those activities.

	<b>Enacted stigma index</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Refused</b>
1.	How often has a hospital worker mistreated you because of your drug use?	0	1	2	3	998
2.	How often have you been refused medical care or denied hospital services because of your drug use?	0	1	2	3	998
3.	How often have you been asked to stay away from children because of your drug use?	0	1	2	3	998
4.	How often have family members forced you to move out of your home because of your drug use?	0	1	2	3	998
5.	How often has someone threatened to hurt you physically because of your drug use?	0	1	2	3	998
6.	How often have you been refused housing because people suspect that you use drugs?	0	1	2	3	998

**INTERVIEWER INSTRUCTION** for Q1-6: Use Card SG1.

	<b>Vicarious stigma</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Refused</b>
7.	How often have you heard stories about people being mistreated by hospital workers because of their drug use?	0	1	2	3	998
8.	How often have you heard stories about people being mistreated when getting HIV testing because of their drug use?	0	1	2	3	998
9.	How often have you heard stories about people being mistreated when getting HIV treatment because of their drug use?	0	1	2	3	998
10.	How often have you heard stories about someone being refused care from their family when they were sick because of their drug use?	0	1	2	3	998
11.	How often have you heard stories about people being forced by family members to leave their home because they used drugs?	0	1	2	3	998
12.	How often have you heard stories about a village or community ostracizing someone because they used drugs?	0	1	2	3	998

**INTERVIEWER INSTRUCTION** for Q7-12: Use Card SG1.

**The India IDU Initiative  
Baseline: Drug Use Stigma (SG)**

	<b>Felt normative stigma scale</b>	<b>No one</b>	<b>Very few people</b>	<b>Some people</b>	<b>Most people</b>	<b>Refused</b>
13.	In your community, how many people avoid visiting the homes of people who use drugs?	0	1	2	3	998
14.	In your community, how many people think that family members who use drugs have brought shame on their families?	0	1	2	3	998
15.	In your community, how many people think that people who use drugs should feel guilty about it?	0	1	2	3	998
16.	In your community, how many people think that people who use drugs are disgusting?	0	1	2	3	998
17.	In your community, how many people think that people who use drugs are paying for their karma or sins?	0	1	2	3	998

**INTERVIEWER INSTRUCTION** for Q13-17: Use **Card SG13**.

	<b>Internalized stigma scale</b>	<b>Not at all</b>	<b>A little</b>	<b>A fair amount</b>	<b>A great deal</b>	<b>Refused</b>
18.	How much do you feel that you should avoid visiting people because of your drug use?	0	1	2	3	998
19.	How much do you feel that you have brought shame on your family because of your drug use?	0	1	2	3	998
20.	How much do you feel guilty about your drug use?	0	1	2	3	998
21.	How much do you feel disgusting because of your drug use?	0	1	2	3	998
22.	How much do you feel that you use drugs because you are paying for your karma or sins?	0	1	2	3	998

**INTERVIEWER INSTRUCTION** for Q18-22: Use **Card SG18**.

**PROGRAMMER NOTE** for Q1-22: List the Interviewer Instruction related to which card to use on each question page.

**INTERVIEWER READ:** Now, I am going to ask you some questions about your quality of life. The following questions are about activities you might do during a typical day.

Please indicate the statements that best describe your own health state today by choosing one answer / amount for each question.

	No	Yes, limits a little	Yes, limits a lot	Refused
1. Does your health <u>now</u> limit you in walking more than 50-100 meters?	0	1	2	998
2. Does your health <u>now</u> limit you in bathing or dressing yourself?	0	1	2	998
3. Does your health <u>now</u> limit you in work or other regular activities?	0	1	2	998

**INTERVIEWER INSTRUCTION** for Q1-3: Use **Card QL1**.

**PROGRAMMER NOTE:** List the Interviewer Instruction about which card to use on each question page

	None	Yes, limited a little	Yes, limited a lot	Refused
4. How much are you limited in your daily activities by pain or discomfort?	0	1	2	998
5. How much are you limited in your daily activities by anxiety or depression?	0	1	2	998

**INTERVIEWER INSTRUCTION** for Q4-5: Use **Card QL4**.

**PROGRAMMER NOTE:** List the Interviewer Instruction about which card to use on each question page



**The India IDU Initiative**  
**BASELINE: Quality of Life (QL)**

**INTERVIEWER READ:** To help people say how good or bad a health state is, we have drawn a scale (somewhat like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by indicating which point on the scale indicates how good or bad your health state is today.

6. \_\_\_\_ [Range 0-100, 998]

**INTERVIEWER INSTRUCTION:** Use **Card QL6**.

**INTERVIEWER INSTRUCTION:** Fill in the number on the scale that the participant has selected.

- Code 998 for Refused.

**PROGRAMMER NOTE:** Just leave a blank for the interviewer to enter the number. The actual scale does not need to be on the screen. We will have a paper copy of the scale for participants to use.

**Your own  
health state  
today:**

**Best imaginable  
health state**



**Worst imaginable  
health state**

**INTERVIEWER READ:** I would like to ask you some questions about ways to prevent HIV infection.

1. Have you heard of the following as ways to prevent HIV infection? **(SELECT ALL THAT APPLY)**

	Yes	No
1a. Male Circumcision (Khatna)	1	0
1b. Vaginal/Rectal Microbicides	1	0
1c. Pre-Exposure Prophylaxis	1	0
1d. Treatment as Prevention	1	0
1e. No to all of the above options	1	0

**INTERVIEWER INSTRUCTION:** Please read all choices to participant.

**PROGRAMMER NOTE:** Q1a-1e should all be on one page.

- If any of 'a-d' is selected at the same time as 'e' then a pop-up box should appear 'You should not select NO TO ALL OF THE ABOVE OPTIONS when you have selected any other options. Please check answers.'

**PROGRAMMER NOTE:** Ask Q2, 3, 3a, 3b and 3c only of male participants (Q2 on **DG=1**). IF DG2 = 2 OR DG2=3, SKIP TO Q4.

### Circumcision

2. Are you circumcised?

- No 0
- Yes 1 (→3c)
- Don't know 997
- Refused 998

3. There is now some evidence that circumcision (khatna) reduces the risk of a man picking up HIV infection from a woman. Would you be willing to be circumcised to reduce your risk of getting infected with HIV?

- No chance 0 (→Q3b)
- Very little chance 1 (→Q3b)
- Some chance 2
- Very good chance 3
- Undecided 4 (→Q3b)
- Refused 998 (→Q3b)

**INTERVIEWER INSTRUCTION:** Use card IA3.

**The India IDU Initiative**  
**BASELINE: Intervention Acceptability (IA)**

3a. Why would you like to be circumcised (khatna)? **(SELECT ALL THAT APPLY)**

	Yes	No
3a1. HIV/STI prevention	1	0
3a2. Penile hygiene	1	0
3a3. Improved sexual pleasure	1	0
3a4. Lower risk of penile cancer	1	0
3a5. Lower risk of cervical cancer in female partner(s)	1	0
3a6. Better penile appearance	1	0
3a7. Other	1	0
3a8. Don't Know	1	0
3a9. Refused	1	0

**INTERVIEWER INSTRUCTION:** Please read all choices a1-a7 to participant.

**PROGRAMMER NOTE:** Q3a1-Q3a9 should all be on one page

- If any of '3a1-3a7' is selected at the same time as '3a8' or '3a9' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'
- Skip to Q4

3b. Why would you not be willing to be circumcised (khatna)? **(SELECT ALL THAT APPLY)**

	Yes	No
3b1. Fear of injury	1	0
3b2. Fear of pain	1	0
3b3. Against religious beliefs	1	0
3b4. I'm not at risk for HIV	1	0
3b5. Reduced sexual pleasure	1	0
3b6. Stigma/Discrimination	1	0
3b7. Fear that circumcision may cause infertility	1	0
3b8. I don't have sex with women	1	0
3b9. Other	1	0
3b10. Don't Know	1	0
3b11. Refused	1	0

**INTERVIEWER INSTRUCTION:** Please read all choices b1-b9 to participant.

**PROGRAMMER NOTE:** Q3b1-Q3b11 should all be on one page.

- If any of 'b1-b9' is selected at the same time as 'b10' or 'b11' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'
- Skip to Q4

**The India IDU Initiative**  
**BASELINE: Intervention Acceptability (IA)**

3c. Why were you circumcised (khatna)? (SELECT ALL THAT APPLY)

	Yes	No
3c1. HIV/STI prevention	1	0
3c2. Penile hygiene	1	0
3c3. Improved sexual pleasure	1	0
3c4. Lower risk of penile cancer	1	0
3c5. Lower risk of cervical cancer in female partner(s)	1	0
3c6. Better penile appearance	1	0
3c7. Religious reasons	1	0
3c8. Medical reasons (doctor asked me to get it)	1	0
3c9. At Birth	1	0
3c10. Other	1	0
3c11. Don't Know	1	0
3c12. Refused	1	0

**INTERVIEWER INSTRUCTION:** Please read all choices c1-c10 to participant.

**PROGRAMMER NOTE:** Q3c1-Q3c12 should all be on one page.

- If any of 'c1-c10' is selected at the same time as 'c11' or 'c12' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'

**PrEP**

**PROGRAMMER NOTE:** Ask Questions 4-5a only if HIV status does not = 1 from Q8 or Q9 on HIV questionnaire. If HIV status = 1 (positive), skip to Question 6.

4. There is now some evidence that people who are not infected with HIV could take an HIV treatment pill daily to reduce their risk of becoming infected. Would you be willing to take an HIV treatment pill every day to reduce your risk of getting infected with HIV?

- No chance 0
- Very little chance 1
- Some chance 2 (→Q5)
- Very good chance 3 (→Q5)
- Undecided 4
- Refused 998

**INTERVIEWER INSTRUCTION:** Use card IA3.

**The India IDU Initiative**  
**BASELINE: Intervention Acceptability (IA)**

4a. Why would you not be willing to take an HIV treatment pill every day? (SELECT ALL THAT APPLY)

	Yes	No
4a1. Side effects	1	0
4a2. Worry that the treatment won't work	1	0
4a3. Diet and sleep might be interrupted	1	0
4a4. Drug resistance might develop	1	0
4a5. People might think I have HIV/AIDS	1	0
4a6. Cost	1	0
4a7. It is a hassle to take a pill every day	1	0
4a8. I am not at risk for HIV	1	0
4a9. Other	1	0
4a10. Don't Know	1	0
4a11. Refused	1	0

**INTERVIEWER INSTRUCTION:** Please read all choices a1-a9 to participant.

**PROGRAMMER NOTE:** Q4a1-Q4a11 should all be on one page.

- If any of 'a1-a9' is selected at the same time as 'a10' or 'a11' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'

**Microbicides**

5. If there was evidence that use of gels or lubricants applied vaginally or rectally could reduce a person's risk of HIV or other STIs from sex, would you be willing to apply or have your partner apply a vaginal/rectal gel or lubricant to reduce your/their risk of getting infected with HIV?

- No chance 0
- Very little chance 1
- Some chance 2 (→Q6)
- Very good chance 3 (→Q6)
- Undecided 4
- Refused 998

**INTERVIEWER INSTRUCTION:** Use card IA3.

**The India IDU Initiative**  
**BASELINE: Intervention Acceptability (IA)**

5a. Why would you not be willing to use gels or lubricants? (SELECT ALL THAT APPLY)

	Yes	No
5a1. Side effects	1	0
5a2. Worry that the gel/lubricant won't work	1	0
5a3. Drug resistance might develop	1	0
5a4. People might think I have HIV/AIDS	1	0
5a5. Cost	1	0
5a6. It is a hassle to apply a gel/lubricant every day before and after sex	1	0
5a7. My partner wouldn't like it if I used a gel/lubricant	1	0
5a8. May interfere with sexual pleasure	1	0
5a9. Other	1	0
5a10. Don't Know	1	0
5a11. Refused	1	0

**INTERVIEWER INSTRUCTION:** Please read all choices a1-a9 to participant.

**PROGRAMMER NOTE:** Q5a1-Q5a11 should all be on one page.

- If any of 'a1-a9' is selected at the same time as 'a10' or 'a11' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'

**Early Treatment**

6. The current Indian HIV treatment guidelines recommend treating someone when their CD4 drops to 350 cells/ul. There is now evidence that getting treated earlier (at higher CD4 cell counts) could prevent your sexual partner from getting HIV, and also improve your life at the same time. Would you be willing to start HIV medicines earlier?

- No chance 0
- Very little chance 1
- Some chance 2 (END IA SURVEY)
- Very good chance 3 (END IA SURVEY)
- Undecided 4
- Refused 998

**INTERVIEWER INSTRUCTION:** Use card IA3.

6a. Why would you not be willing to start treatment earlier? (SELECT ALL THAT APPLY)

	Yes	No
6a1. Side effects	1	0
6a2. Worry that the treatment won't work	1	0
6a3. Drug resistance might develop	1	0
6a4. It is a hassle to take medication	1	0
6a5. Cost	1	0
6a6. I feel healthy	1	0
6a7. I'm too busy	1	0
6a8. Other	1	0
6a9. Don't Know	1	0
6a10. Refused	1	0

**INTERVIEWER INSTRUCTION:** Please read all choices a1-a8 to participant.

**PROGRAMMER NOTE:** Q6a1-Q6a10 should all be on one page.

- If any of 'a1-a8' is selected at the same time as 'a9' or 'a10' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'

**INTERVIEWER READ:** The next few questions are about Hepatitis C (HCV) and Hepatitis B (HBV) and your experiences with testing and treatment for both HCV and HBV.

**HEPATITIS C TESTING EXPERIENCE:**

1. Have you ever been tested for hepatitis C virus (HCV)?

- No 0
- Yes 1 (→ Q3)
- Don't Know 997 (→ Q7)
- Refused 998 (→ Q7)

2. Have you not been tested...(SELECT ALL THAT APPLY)	No	Yes
2a. because you have never heard of hepatitis C?	0	1 [15]
2b. because you think you are at low risk for HCV infection?	0	1
2c. because you were afraid of finding out that you had HCV?	0	1
2d. because you were worried your name would be reported to the government if you tested positive?	0	1
2e. because you were afraid of someone finding out about the test result?	0	1
2f. because you were afraid of losing your job or housing if you tested positive?	0	1
2g. because you didn't have the money to pay for the test?	0	1
2h. because you didn't have time?	0	1
2i. because you didn't know where to go to get tested?	0	1
2j. because you couldn't get transportation to a testing place?	0	1
2k. because you don't like needles?	0	1
2l. because you were afraid your relatives or friends would see you if you went to a public place like a government testing center	0	1
2m. because you heard about someone being treated badly when they went for an HCV test	0	1
2n. Refused to answer	0	1[7]

**INTERVIEWER INSTRUCTION:** Please read all options 2a-2m to participant.

**PROGRAMMER NOTE:** Q2a-2n should be on one page.

- If option 'a' is selected then all remaining options should be removed; if 'n' is selected, skip to Q7.
- If any of 'a-m' is selected at the same time as 'n' then a pop-up box should appear 'You should not select DON'T KNOW/REFUSED when you have selected any other options. Please check answers.'
- Skip to Q7

3. When were you last tested for hepatitis C?

- Within the last month 1
- More than 1 month to 6 months ago 2
- More than 6 months to 1 year (12 months) ago 3
- More than 1 year to 2 years ago 4
- More than 2 years to 4 years ago 5
- More than 4 years ago 6
- Don't know 997
- Refused 998

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly, then fit answer into the best option.

**The India IDU Initiative  
BASELINE: HCV & HBV Testing & Medication History (HCB)**

4. The last time you were tested for HCV, why did you get tested for HCV?
- |   |     |
|---|-----|
| <input type="checkbox"/> I wanted to know my status   | 1   |
| <input type="checkbox"/> Condom tore / did not use a condom and I was worried                   | 2   |
| <input type="checkbox"/> Because I engage in sex work   | 3   |
| <input type="checkbox"/> Because I shared needles/syringes with someone                         | 4   |
| <input type="checkbox"/> Symptoms   | 5   |
| <input type="checkbox"/> As part of a research study  | 6   |
| <input type="checkbox"/> An outreach worker took me to have a test                              | 7   |
| <input type="checkbox"/> My regular partner is unwell / took me to get tested / tested positive | 8   |
| <input type="checkbox"/> Someone I know tested HCV positive                                     | 9   |
| <input type="checkbox"/> A friend/network partner of mine was getting tested for HCV            | 10  |
| <input type="checkbox"/> A family member of mine was getting tested for HCV                     | 11  |
| <input type="checkbox"/> My doctor suggested I get tested                                       | 12  |
| <input type="checkbox"/> I was forced to do a test  | 13  |
| <input type="checkbox"/> I was starting antiretroviral therapy                                  | 14  |
| <input type="checkbox"/> I was diagnosed with tuberculosis                                      | 15  |
| <input type="checkbox"/> My wife is pregnant  | 16  |
| <input type="checkbox"/> Because I am getting married   | 17  |
| <input type="checkbox"/> As part of a targeted intervention (TI)                                | 18  |
| <input type="checkbox"/> I get tested regularly   | 19  |
| <input type="checkbox"/> Other  | 996 |
| <input type="checkbox"/> Don't know   | 997 |
| <input type="checkbox"/> Refused  | 998 |

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit answer into the best option.

- If participant selects more than one reason, ask them to select main reason.

5. At what type of center were you last tested for HCV?
- |   |     |
|---|-----|
| <input type="checkbox"/> Government voluntary counseling & testing center (ICTC)  | 1   |
| <input type="checkbox"/> Private/NGO voluntary counseling & testing center        | 2   |
| <input type="checkbox"/> Jail / prison  | 3   |
| <input type="checkbox"/> Government hospital                                      | 4   |
| <input type="checkbox"/> Private hospital   | 5   |
| <input type="checkbox"/> Private laboratory (stand-alone lab)                     | 6   |
| <input type="checkbox"/> Syringe exchange program                                 | 7   |
| <input type="checkbox"/> OST/methadone center/deaddiction center (drug treatment) | 8   |
| <input type="checkbox"/> Donating blood or plasma                                 | 9   |
| <input type="checkbox"/> Family planning center                                   | 10  |
| <input type="checkbox"/> As part of a research study                              | 11  |
| <input type="checkbox"/> Government ART center                                    | 12  |
| <input type="checkbox"/> Other  | 996 |
| <input type="checkbox"/> Don't know   | 997 |
| <input type="checkbox"/> Refused  | 998 |

**INTERVIEWER INSTRUCTION:** Use Card HCB5.



**The India IDU Initiative**  
**BASELINE: HCV & HBV Testing & Medication History (HCB)**

6. What were the results of your last HCV test?
- Negative 0
  - Positive 1 (→ Q9)
  - Indeterminate 2
  - Did not receive the result 3
  - Don't Know 997
  - Refused 998
7. Have you ever been told that you had Hepatitis C infection?
- No 0 (→ Q15)
  - Yes 1
  - Don't Know 997 (→ Q15)
  - Refused 998 (→ Q15)
- 7a. Where were you told you have HCV?
- Government voluntary counseling & testing center (ICTC) 1
  - Private/NGO voluntary counseling & testing center 2
  - Jail / prison 3
  - Government hospital 4
  - Private hospital 5
  - Private laboratory (stand-alone lab) 6
  - Syringe exchange program 7
  - OST/methadone center/deaddiction center (drug treatment) 8
  - Donating blood or plasma 9
  - Family planning center 10
  - As part of a research study 11
  - Government ART center 12
  - Other 996
  - Don't know 997
  - Refused 998

**INTERVIEWER INSTRUCTION: Use Card HCB5.**

8. When were you told that you had HCV?
- Within the last month 1
  - More than 1 month to 6 months ago 2
  - More than 6 months to 1 year (12 months) ago 3
  - More than 1 year to 2 years ago 4
  - More than 2 years to 4 years ago 5
  - More than 4 years ago 6
  - Don't know 997
  - Refused 998

**INTERVIEWER INSTRUCTION: Ask question and let them respond openly, then fit answer into the best option.**

9. Have you ever been to see a doctor, nurse or health care professional for the management of your hepatitis C?
- No 0 (→ Q11)
  - Yes 1
  - Don't know 997 (→ Q11)
  - Refused 998 (→ Q11)

**The India IDU Initiative**  
**BASELINE: HCV & HBV Testing & Medication History (HCB)**

10. What kinds of doctor/s have you seen for the management of your HCV? (SELECT ALL THAT APPLY)

	Yes	No
10a. Private medical doctor (in stand-alone clinic)	1	0
10b. Private medical doctor (in hospital)	1	0
10c. Government hospital doctor	1	0
10d. NGO doctor	1	0
10e. Alternative / non-allopathic doctor (ayurveda/siddha)	1	0
10f. Pharmacist / chemist	1	0
10g. Any other type of doctor	1	0
10h. Don't Know	1	0

**INTERVIEWER INSTRUCTION:** Doctor includes Doctor, Nurse or Health Care Professional.

• Use **Card HCB10**.

**PROGRAMMER NOTE:** Q10a-10h should be on one page.

• If any of 'a-g' is selected at the same time as 'h' then a pop-up box should appear 'You should not select **DON'T KNOW** when you have selected any other options. Please check answers.'

10i. Which of these is your primary care source for Hepatitis C?

- Private medical doctor (in stand-alone clinic) 1
- Private medical doctor (in hospital) 2
- Government hospital doctor 3
- NGO doctor 4
- Alternative / non-allopathic doctor (ayurveda/siddha) 5
- Pharmacist / chemist 6
- Other 996

**PROGRAMMER NOTE:** Only an option selected in 10 can be selected here.

**HEPATITIS C TREATMENT**

11. Have you ever taken medication to treat Hepatitis C, like Interferon and Ribavirin?

- No 0 (→ Q14)
- Yes, I am taking it now (full dose) 1
- Yes, I am taking it now (but at a reduced dose) 2
- Yes, I am taking it now but do not know the dose 3
- Yes, I took it in the past and completed the full course 4
- Yes, I took it in the past but stopped because of side effects 5
- Yes, I took it in the past but stopped for other reason(s) 6
- Don't Know 997 (→ Q14)
- Refused 998 (→ Q14)

12. When did you start treatment for HCV?

- 6 months ago or less 1
- More than 6 months ago to 1 year (12 months) ago 2
- More than 1 year to 2 years ago 3
- More than 2 years to 4 years ago 4
- More than 4 years ago 5
- Don't Know 997
- Refused 998

**INTERVIEWER INSTRUCTION:** Ask question and let them respond openly, then fit answer into the best option.

**The India IDU Initiative**  
**BASELINE: HCV & HBV Testing & Medication History (HCB)**

13. Who prescribed your HCV medication to you? (**SELECT ALL THAT APPLY**)

	Yes	No
13a. Private medical doctor (in stand-alone clinic)	1	0
13b. Private medical doctor (in hospital)	1	0
13c. Government hospital doctor	1	0
13d. NGO doctor	1	0
13e. Alternative / non-allopathic doctor (ayurveda/siddha/quack)	1	0
13f. Pharmacist / chemist	1	0
13g. A doctor from a research study	1	0
13h. Other	1	0
13i. Don't Know	1	0

**INTERVIEWER INSTRUCTION:** Use Card HCB13.

**PROGRAMMER NOTE:** Q13a-13i should all be on one page.

- If any of 'a-h' is selected at the same time as 'i' then a pop-up box should appear 'You should not select DON'T KNOW when you have selected any other options. Please check answers.'

14. Have you ever taken any homeopathic/ayurvedic/herbal medications for HCV?

- No 0  
 Yes 1  
 Don't Know 997  
 Refused 998

**HEPATITIS B TESTING EXPERIENCE**

15. Have you ever been tested for the hepatitis B virus (HBV)?

- No 0 (→ Q20)  
 Yes 1  
 Don't know 997 (→ Q20)  
 Refused 998 (→ Q20)

16. When were you last tested for hepatitis B?

- Within the last month 1  
 More than 1 month to 6 months ago 2  
 More than 6 months to 1 year (12 months) ago 3  
 More than 1 year to 2 years ago 4  
 More than 2 years to 4 years ago 5  
 More than 4 years ago 6  
 Don't know 997  
 Refused 998

**INTERVIEWER INSTRUCTION:** Ask question and let them respond openly, then fit answer into the best option.

**The India IDU Initiative**  
**BASELINE: HCV & HBV Testing & Medication History (HCB)**

17. The last time you were tested for HBV, why did you get tested?
- |   |     |
|---|-----|
| <input type="checkbox"/> I wanted to know my status   | 1   |
| <input type="checkbox"/> Condom tore / did not use a condom and I was worried                   | 2   |
| <input type="checkbox"/> Because I engage in sex work   | 3   |
| <input type="checkbox"/> Because I shared needles/syringes with someone                         | 4   |
| <input type="checkbox"/> Symptoms   | 5   |
| <input type="checkbox"/> As part of a research study  | 6   |
| <input type="checkbox"/> An outreach worker took me to have a test                              | 7   |
| <input type="checkbox"/> My regular partner is unwell / took me to get tested / tested positive | 8   |
| <input type="checkbox"/> Someone I know tested HBV positive                                     | 9   |
| <input type="checkbox"/> A friend/network partner of mine was getting tested for HBV            | 10  |
| <input type="checkbox"/> A family member of mine was getting tested for HBV                     | 11  |
| <input type="checkbox"/> I was starting antiretroviral therapy                                  | 12  |
| <input type="checkbox"/> My doctor suggested I get tested                                       | 13  |
| <input type="checkbox"/> I was forced to do a test  | 14  |
| <input type="checkbox"/> Other  | 996 |
| <input type="checkbox"/> Don't know   | 997 |
| <input type="checkbox"/> Refused  | 998 |

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit answer into the best option.

- If participant selects more than one reason, ask them to select main reason.

18. At what type of center were you last tested for HBV?
- |   |     |
|---|-----|
| <input type="checkbox"/> Government voluntary counseling & testing center (ICTC)      | 1   |
| <input type="checkbox"/> Private/NGO voluntary counseling & testing center            | 2   |
| <input type="checkbox"/> Jail / prison  | 3   |
| <input type="checkbox"/> Government hospital  | 4   |
| <input type="checkbox"/> Private hospital   | 5   |
| <input type="checkbox"/> Private laboratory (stand-alone lab)                         | 6   |
| <input type="checkbox"/> Syringe exchange program                                     | 7   |
| <input type="checkbox"/> OST / methadone center / deaddiction center (drug treatment) | 8   |
| <input type="checkbox"/> Donating blood or plasma                                     | 9   |
| <input type="checkbox"/> Family planning center                                       | 10  |
| <input type="checkbox"/> As part of a research study                                  | 11  |
| <input type="checkbox"/> Government ART center  | 12  |
| <input type="checkbox"/> Other  | 996 |
| <input type="checkbox"/> Don't know   | 997 |
| <input type="checkbox"/> Refused  | 998 |

**INTERVIEWER INSTRUCTION:** Use Card HCB5.

19. What were the results of your last HBV test?
- |   |           |
|---|-----------|
| <input type="checkbox"/> Negative                   | 0         |
| <input type="checkbox"/> Positive                   | 1 (→ Q22) |
| <input type="checkbox"/> Indeterminate              | 2         |
| <input type="checkbox"/> Did not receive the result | 3         |
| <input type="checkbox"/> Don't Know                 | 997       |
| <input type="checkbox"/> Refused                    | 998       |

**The India IDU Initiative**  
**BASELINE: HCV & HBV Testing & Medication History (HCB)**

20. Have you ever been told that you had Hepatitis B infection?

- |                                     |                  |
|-------------------------------------|------------------|
| <input type="checkbox"/> No         | 0 (END SURVEY)   |
| <input type="checkbox"/> Yes        | 1                |
| <input type="checkbox"/> Don't Know | 997 (END SURVEY) |
| <input type="checkbox"/> Refused    | 998 (END SURVEY) |

**PROGRAMMER NOTE:** If options "0", "997" or "998" are selected, insert a pop-up box that says "Please double check your answer with the participant. Once you select this option, the survey will end".

20a. Where were you told you have HBV?

- |   |     |
|---|-----|
| <input type="checkbox"/> Government voluntary counseling & testing center (ICTC)    | 1   |
| <input type="checkbox"/> Private/NGO voluntary counseling & testing center          | 2   |
| <input type="checkbox"/> Jail / prison  | 3   |
| <input type="checkbox"/> Government hospital  | 4   |
| <input type="checkbox"/> Private hospital   | 5   |
| <input type="checkbox"/> Private laboratory (stand-alone lab)                       | 6   |
| <input type="checkbox"/> Syringe exchange program                                   | 7   |
| <input type="checkbox"/> OST/methadone center / deaddiction center (drug treatment) | 8   |
| <input type="checkbox"/> Donating blood or plasma                                   | 9   |
| <input type="checkbox"/> Family planning center                                     | 10  |
| <input type="checkbox"/> As part of a research study                                | 11  |
| <input type="checkbox"/> Government ART center                                      | 12  |
| <input type="checkbox"/> Other  | 996 |
| <input type="checkbox"/> Don't know   | 997 |
| <input type="checkbox"/> Refused  | 998 |

**INTERVIEWER INSTRUCTION:** Use Card HCB5.

21. When were you told you that had HBV?

- |   |     |
|---|-----|
| <input type="checkbox"/> Within the last month                        | 1   |
| <input type="checkbox"/> More than 1 month to 6 months ago            | 2   |
| <input type="checkbox"/> More than 6 months to 1 year (12 months) ago | 3   |
| <input type="checkbox"/> More than 1 year to 2 years ago              | 4   |
| <input type="checkbox"/> More than 2 years to 4 years ago             | 5   |
| <input type="checkbox"/> More than 4 years ago                        | 6   |
| <input type="checkbox"/> Don't know                                   | 997 |
| <input type="checkbox"/> Refused                                      | 998 |

**INTERVIEWER INSTRUCTION:** Ask question and let them respond openly, then fit answer into the best option.

## HEPATITIS B TREATMENT

22. Have you taken medication to treat Hepatitis B, like Interferon, Lamivudine (Lamivir) and Tenofovir (Tenvir, Tavin)?

- |   |             |
|---|-------------|
| <input type="checkbox"/> No                                     | 0 (→ Q25)   |
| <input type="checkbox"/> Yes, I am taking it now                | 1           |
| <input type="checkbox"/> Yes, I took it in the past and stopped | 2           |
| <input type="checkbox"/> Don't Know                             | 997 (→ Q25) |
| <input type="checkbox"/> Refused                                | 998 (→ Q25) |

**The India IDU Initiative**  
**BASELINE: HCV & HBV Testing & Medication History (HCB)**

23. When did you start treatment for HBV?
- 6 months ago or less 1
  - More than 6 months to 1 year (12 months) ago 2
  - More than 1 year to 2 years ago 3
  - More than 2 years to 4 years ago 4
  - More than 4 years ago 5
  - Don't Know 997
  - Refused 998

**INTERVIEWER INSTRUCTION:** Ask question and let participant respond openly. Then fit answer into the best option.

24. Who prescribed your HBV medication to you? **(SELECT ALL THAT APPLY)**

	Yes	No
24a. Private medical doctor (in stand-alone clinic)	1	0
24b. Private medical doctor (in hospital)	1	0
24c. Government hospital doctor	1	0
24d. NGO doctor	1	0
24e. Alternative / non-allopathic doctor (ayurveda/siddha/quack)	1	0
24f. Pharmacist / chemist	1	0
24g. A doctor from a research study	1	0
24h. Other	1	0
24i. Don't Know	1	0

**INTERVIEWER INSTRUCTION:** Use **CARD HCB13**.

**PROGRAMMER NOTE:** Q24a-24i should be on one page

- If any of 'a-h' is selected at the same time as 'i' then a pop-up box should appear 'You should not select DON'T KNOW when you have selected any other options. Please check answers.'

25. Have you ever taken any homeopathic/ayurvedic/herbal medications for HBV?

- No 0
- Yes 1
- Don't know 997
- Refused 998