



CAPRISA 082

Plate #010

 Visit Code . .
Cycle Visit Interim

 Participant ID - -
Study Number Site Participant Number

 Visit Date
dd MMM yy
Baseline behaviour and HIV risk perception assessment

Page 1 of 3

I would like to ask you some questions that are of a more personal nature. Many of them are about your sexual behaviour. Although we understand that this information can be quite private, and that some people find it embarrassing to talk about, it is very important information for HIV research, since it will help us understand ways to prevent HIV. All of your answers will be kept confidential. Your honest answers are very much appreciated.

A. Partner information

1. What type of relationship are you in?

Mark all that apply

- Married
- Stable partner(s)
- Casual partner(s)
- No relationship/partner → **Skip to question 7**
- Refused

2. What is the age of your current stable / regular partner?

 years

3. Has your current stable/regular partner ever tested positive for HIV?

- Yes No Don't know → **Skip to question 4**

3a. If yes, is he on antiretroviral treatment?

- Yes No Don't know

4. Is your current stable / regular partner circumcised?

- Yes No Don't know

5. Is your current stable / regular partner currently employed?

- Yes No → **Skip to question 7**

5a. If yes, what is his occupation? _____

6. Is your current stable / regular partner a migrant worker?

- Yes No → **Skip to question 7**

6a. If yes, how often do you see your current stable / regular partner?

- Once a week Once a month
- Twice a month Once every three months
- Once every six months Once a year

B. Sexual behaviour

7. How old were you when you started menstruating?

 years OR Don't know

8. How old were you when you first had sex?

 years OR Don't know

8a. What was the age of your first partner?

 years OR Don't know

9. Since you first started having sex, how many sexual partners have you had in total?

 partnersVersion

Final 06 November 2015

Date: dd MMM yyCompleted by:

Initial: _____

CRF reviewed for completeness by:

CAPRISA 082 Plate #011

Visit Code 1 . 0 0 . 0
Cycle Visit Interim

Participant ID 0 8 2 - - -
Study Number Site Participant Number

Baseline behaviour and HIV risk perception assessment-continued
Page 2 of 3

10. In the last 30 days, did you have vaginal sex? Yes No
11. In the last 30 days, did you have anal sex? Yes No
12. How often do you use male condoms during sex? Always Sometimes Never
13. How often do you use female condoms during sex? Always Sometimes Never

C. Risk assessment

14. Do you know anyone who is infected with HIV? Yes No → **Skip to question 15**

14a. If yes, what is your relationship with this person? **Mark all that apply**

- Family member Friend
- Colleague Sexual partner
- Neighbour Other :Specify: _____

15. How worried are you about getting infected with HIV?
- Very worried Somewhat worried Not worried at all
16. How do you rate your risk of acquiring HIV?
- No risk Low risk Some risk High risk

17. Why do you see your risk in this way?

18. How do you reduce your risk of being infected with HIV?
(Mark all that apply)

- Abstinence
- Your choice of family planning method
- Your partner, if HIV positive, being on antiretroviral treatment for the rest of his life
- Your partner receiving treatment for an STI he may have (discharge or ulcers)
- You receiving treatment for an STI you may have (discharge or ulcers)
- Taking Truvada tablets daily
- Having an HIV test every 6 months
- Your partner if HIV negative being circumcised
- Using male/female condom every time you have sex
- Your partner having sex only with you
- Only having sex with one partner
- Other: Please specify _____

Version 1 . 0

Final 06 November 2015

Date: - - - - -
dd MMM yy

Completed by: - - - - -

Initial: _____

CRF reviewed for completeness by: - - - - -



CAPRISA 082

Plate #012

 Visit Code . .
 Cycle Visit Interim

 Participant ID - -
 Study Number Site Participant Number

 Baseline behaviour and HIV risk perception assessment-continued
 Page 3 of 3

D. Family planning history

 19. How many times have you been pregnant? → *If 00, skip to question 20*

 19a. How many live children did you give birth to?

 20. Are you currently on a non-barrier form of contraceptive method? Yes No
 → *Skip to question 21*

20a. What is your current contraceptive method?

Depo-provera Oral contraceptiveNur-isterate ImplantIntrauterine contraceptive device (IUCD) Other: Specify: _____

20b. When did you start this contraceptive method?

dd
MMM
yy

E. General behaviour

 21. Do you consume alcohol? Yes No
 → *Skip to question 22*

21a. If yes, how often do you consume alcohol?

Every day 5-6 times per week3-4 times a week 1-2 times a weekLess than once a week
 21b. How often do you and your partner consume alcohol before having sex? Always Sometimes Never

21c. In terms of alcohol consumption before sex, is it usually:

Consumed by self only Consumed by partner onlyConsumed by self and partner We do not consume alcohol before sex
 22. Have you ever taken any recreational / non-prescription drugs to get high? Yes No
 → *Skip to end of form*

22a. If yes, how often do you use these drugs?

Almost every day About once a weekAbout once a month Less than once a monthVersion

Final 06 November 2015

Date: *dd**MMM**yy*Completed by:

Initial: _____

CRF reviewed for completeness by: