

**FINAL VERSION: 27 January 2011**  
 Logo of partner/s (left)

City

Site

CODE of Respondent: max 6 characters

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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1st letter of first name, month of birth, date of birth, 1st letter of mother's name

# The BORDERNETwork

## HIV/AIDS and STIs Bio-Behavioural Surveillance Survey (BBSS)



### **Questionnaire for female sex workers**

Country, 2011

#### **Introduction:**

Dear participant in the survey,

My name is .....and I work for.....(***name of the organisation***). We conduct a survey in .... (***name of the country***) and in other 5 European countries, as part of the project BORDERNETwork supported by the European Commission. We talk here in.. (***name of the city***) to different women and men (***only for Bulgaria and Germany***) in order to find out what they know and think about HIV/AIDS and other diseases transmitted through sexual contacts, how do they protect themselves, what kind of support and assistance do they need.

Have you been interviewed in the last one-two months by a colleague of mine?

**IF THE RESPONDENT HAS BEEN ALREADY INTERVIEWED, EXPLAIN THAT YOU CAN NOT CONTINUE WITH THE INTERVIEW AND INTERRUPT!!**

Now I have to ask you something else:

**Have you offered paid sexual services (in exchange of money, goods/presents and/or drugs) in the last 3 months?**

***IF YES, CONTINUE WITH CONFIDENTIALITY AND INFORMED CONSENT***

***IF NO, INTERRUPT EXPLAINING THAT THE SURVEY IS ONLY FOR WOMEN AND MEN OFFERING PAID SEXUAL SERVICES.***

### ***Confidentiality and Informed Consent***

With this we like to invite you to participate in our survey. How shall you do that?

Through taking part in the interview and giving blood to be tested for HIV, Syphilis, Hepatitis B and Hepatitis C.

In a while with the help of a questionnaire I am going to ask you a series of questions related to your living and working situation, travels and experience of working abroad. Then I will ask you some personal questions related to the things you know about HIV/AIDS and other diseases, about your sexual practices and contacts, about use of condoms, about your partners and your clients, your experience with the health services. The interview will take about 45 min.

During the interview please feel free not to answer the questions you do not want to answer, besides you can end the interview at any moment. Your open and honest answers however will help us a lot to understand more about your needs for prevention, health care and support.

**I like to ensure immediately that this survey and the questionnaire have been approved by the ethics committee/commission in .... (name the city) and meet the standards for research in human beings. All your answers are completely confidential!**

Keeping your person anonymous is very important, so all the information you give to us will be anonymously assessed and kept. Your name will not be written on this questionnaire. We will instead give you **a card with a unique CODE**, which will be same as the code on the questionnaire and later on your blood test results.

After the interview we will invite you to give blood for a test. The blood sample will be tested for HIV, Syphilis, Hepatitis B and Hepatitis C (***in Latvia also for Chlamydia and Genital Herpes Simplex II***). Those are diseases which can be transmitted through sexual or blood contact. The results will help us to estimate the risks you are exposed to and to assist you better in obtaining prevention and treatment if needed.

Only several drops blood will be taken from your finger (***for rapid tests***) through a finger stick with sterile equipment (***In case of a venous whole blood test*** – A small quantity of blood (up to 2 tea spoons, 7.5 ml) will be taken from your vein through venopuncture with sterile equipment). The same code from the questionnaire will be put on the vacutainer with your blood sample. The result of the tests will be ready in about 30 min. (***rapid test***) or in about..... days (***whole blood test***). You will be able to receive it in.....(***place where results can be obtained***) when presenting your card with the unique code. This result will not be linked in any way to your name.

In case your result is positive, meaning that you are infected with one of those diseases you will be offered thorough information on the possibilities to get access to health care, treatment, and/or assistance. You will be able to ask questions, receive emotional support and guidance to further health care services.

Finally I would like to tell you that we offer you at the end a reimbursement for your time and participation in the survey in the form of a..... **(gift, voucher etc. according to partner)** in an amount of..... **(name the amount accordingly).**

Now I would like to ask you:

**Are you willing to participate in the survey allowing me to ask you some questions and then to take some blood for a test?**

**IF YES, READ OUT THE 3 SENTENCES BENEATH:**

The above has been read to me. All what I could not understand has been explained to me and I could ask questions to which I received satisfactory answers.

I do agree to take part in the survey. I do agree to make the blood test for HIV, Syphilis, Hepatitis B and Hepatitis C.

**We appreciate your cooperation very much and thank you in advance.**

\_\_\_\_\_

**Signature of the interviewer certifying that informed consent has been given verbally by respondent**

Interviewer's Name \_\_\_\_\_

Date interview: \_\_\_\_\_

Checked by supervisor: Date: \_\_\_\_\_ Signature \_\_\_\_\_

	1.HIV	2. Syphilis	3. Hepatitis B	4. Hepatitis C
<b>Test results</b>				
<b>Rapid Test</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Whole Blood Test</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Positive</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Negative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## I. General Data to Personal and Work Situation

*I would like to start with some general questions:*

### Q1. Sex

- Female  
 Transgender (*only for Bulgaria and Germany*)  
 Male (*only for Bulgaria and Germany*)

### Q2. When were you born?

..... (month of birth)

..... (year of birth)

99 No answer

### Q3. In which country were you born?

- Bulgaria (*to be exchanged with other respective survey countries*) – Go to Q5  
 Other, in which? \_\_\_\_\_

99 No answer

### Q4. Since when (which year) do you live in this country?

..... (year)

88 Don't know

99 No answer

### Q5. Have you lived also in other countries?

- No  
 Yes, in which? \_\_\_\_\_

99 No answer

### Q6. The citizenship of which country do you possess?

- Bulgaria (*exchange with other survey country*)  
 Other, which? \_\_\_\_\_

99 No answer

### Q7. How do you speak the Bulgarian (*exchange with other national languages*) language?

- I speak fluently  
 I can express my self  
 I speak a little  
 Do not speak at all

99 No answer

### Q8. To which ethnic group do you belong?

- Bulgarian (*to be exchanged with other respective survey countries*)  
 Other, which? \_\_\_\_\_

88 Don't know

99 No answer

### Q9. What is the highest level of school certificate you have?

- I have no educational certificate  
 Primary /elementary school certificate  
 (approx. 11 years of age)  
 Middle school certificate  
 (approx. 15 years of age)  
 Secondary school/polytechnic high-school  
 certificate  
 (approx. 18 years of age)  
 Vocational qualification  
 (professional training, e.g. shop assistant)  
 Technical college/high school/  
 university certificate

99 No answer

**Q10. Which of the following best describes your current occupation, excluding sex work ?**

- Employed full-time
- Employed part-time
- Employed seasonally
- Self-employed
- Do not have any other occupation
- Student
- Retired
- Long-term sick leave / medically retired
- Other, which? \_\_\_\_\_

99 No answer

**Q11. Do you have a health insurance/health coverage?**

- Yes
- No

88 Don't know  
99 No answer

**Q12. What is your current marital status?**

*Tick only one.*

- Single
- Single with unsteady partner/s
- Steady partner but not living together
- Steady partner living together
- Married but not living together with my spouse
- Married and living together with my spouse
- Separated/divorced/widowed

99 No answer

**Q13. Do you have any children (including also children of your partner, adopted children, etc)?**

- No
- Yes, how many? \_\_\_\_\_

How many of them are under 18 years old? \_\_\_\_\_

99 No answer

**Q14. Who are you currently living with?**

*Tick as many as apply.*

- I live by myself
- My partner
- My spouse
- My and/or my partner's child/ren
- One or both of my or my partner's parents
- Other family members
- Friend/s
- Other sex workers
- Other, specify: \_\_\_\_\_

99 No answer

*The following several questions focus more on your experience with sex work*

**Q15. In the last 12 months (1 year) did you live only off your earnings from sex work?**

- Yes – **Go to Q19**
- No, I worked something else also.

**Q16. What was that other work you did beside sex work?**

**DO NOT READ OUT THE LIST**

*Tick all that apply*

- Waitress/bar tender
- Dancer
- Shop assistant
- Secretary
- Household help
- Cleaning service
- Industry
- Agriculture
- Other, which? \_\_\_\_\_

99 No answer

**Q17. What proportion of your earnings in the last 30 days (1 month) came from other work sources than sex work?**

- All came from sex work
- 10% and less
- between 10 and 30%
- between 30 and 50%
- between 50 and 80%
- 80% and more

88 Don't know  
99 No answer

**Q18. Was that an usual month?**

- yes, normally I earn as much from other work
- no, normally I earn less from other work
- no, normally I earn more from other work

88 Don't know  
99 No answer

**Q19. Do you support any one (children, parents, partner) now with your earnings?**

- No
- Yes, how many persons?

.....number of people

88 Don't know  
99 No answer

**Q20. What percentage of your earnings in sex work in the last 30 days (1 month) remained for you? (not been taken by the pimp or other people from the sex work scene)**

- 10% and less
- between 10 and 30%
- between 30 and 50%
- between 50 and 80%
- more than 80%
- all 100%

88 Don't know  
99 No answer

**Q21. How many hours weekly did you work in average in sex work in the last 30 days (1 month)?**

- 10 and less
- between 10 and 20
- between 20 and 40
- more than 40 hours

88 Don't know  
99 No answer

**Q22. Was that an usual month?**

- yes, normally I work in sex work as much as in the last month
- no, normally I work less in sex work
- no, normally I work more in sex work

88 Don't know  
99 No answer

**Q23. How old were you when you received for first time money, drugs, goods or presents for sex?**

.....age in years

88 Don't know  
99 No answer

**Q24. How long have you been working in sex work now?**

.....months   .....years

99 No answer

## II. Mobility

*Here I would like to ask you some questions related to travelling and working in other countries*

**Q25. Have you been paid for sex work in other places beside Sofia? (exchange with other survey locations)**

No, nowhere else

**IF YES, multiple answers possible**

Yes, in other city/ies in Bulgaria (exchange with other survey countries), which? \_\_\_\_\_

Yes, in other country/ies which? \_\_\_\_\_

99 No answer

**ONLY IF YES to “Yes, in other country/ies”, continue with Q26 and Q27**

**Q26. How often did you travel to countries outside Bulgaria for sex work during the last 12 months (1 year) (exchange with other country's name) ?**

- Daily
- Weekly
- Every two weeks
- Every month
- Every 2 months
- Every 3-4 months
- 2 times a year
- Only once

99 No answer

**Q27. To which 3 countries did you travel most often for sex work during the last 12 months (1 year) and how frequent do you do that?**

Country	1)	2)	3)
Daily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weekly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Every two weeks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Every month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Every 2 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Every 3-4 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 times a year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only once	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

99 No answer

### III: Sexual contacts and commercial (paid) sexual services

The following are more personal questions related to your sexual contacts and partners in the last month and to your experience with paid sexual services. Some of the questions focus on the clients while other on different sexual practices and protection. Here again I would like to ask you to answer all questions openly.

Your answers will remain completely anonymous.

**Q28. Do you have a steady sexual partner at the moment?**

- Yes, one
- Yes, several
- No --

**Go to Q31**

99 No answer

**Q29. What is the sex of that partner or partners?**

- Male
- Female
- Male and female
- Transgender

99 No answer

**Q30. How long have you been together with that partner? If you have several steady partners, choose the one you have been with the longest.**

...number of months   ...number of years

88 Don't know

99 No answer

**Q31. In the last 12 months who have you had sexual intercourse with?**

**Tick all that apply**

	1 Yes	2 No	99 No answer
Steady partner not paying for sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-night stand not paying for sex (a person met only once)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-steady/Casual partner not paying for sex (a person you met more than just once, but he/she is not your steady partner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, which?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q32. How often did you use condoms with each of the following sex partners not paying for sex by vaginal and/or anal sex in the last 30 days (1 month)?**

	Every time	Mostly	Half of the time	Rarely	Never	Didn't have sex with such partner	99 No answer
Steady partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-night stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-steady/Casual partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, which?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q33. Among all of the sexual partners you had in the last 7 days (last week) how many were?**

Non-paying sexual partners

.....number of persons

Paying clients, who had sex with you in exchange of money, goods and/or drugs

.....number of persons

99 No answer

**Q34. How many clients do you have in a normal week?**

.....number of clients

99 No answer

**Q35. What have been the nationalities of your clients in the last 12 months?**

- Bulgarian (*exchange with other country*)
- Other, which?

\_\_\_\_\_

- 88 Don't know
- 99 No answer

**Q36. Of the last 10 paying clients how many were regular clients?**

.....number of regular clients (0 to 10)

- 88 Do not know
- 99 No answer

**Q37. Of the last 10 clients how many asked for sex without condom?**

.....number (0 to 10)

- 99 No answer

**Q38. How often did you use condoms with paying clients by each of the following practices in the last 30 days (1month)?**

	Every time	Mostly	Half of the times	Rarely	Never	Didn't have such practice	99 No answer
Oral sex	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anal sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SM/Domina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, which?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q39. Did you use a condom with your most recent client? UNGASS 18**

- Yes
- No -
- 99 No answer

**Go to Q41**

**Q40. Who suggested to use condom that time?**

- Myself
- The client
- It was a joint decision

- 88 Don't know
- 99 No answer

**If asked Q40 go to Q42**

**Q41. Why did NOT you and your client use a condom that time?**

**DO NOT READ OUT**  
**Tick all mentioned or add**

- I did not have one
- Condoms are too expensive
- This was a regular client
- Client did not want a condom
- Client payed more for sex without a condom
- Condoms are not reliable
- I'd taken alcohol/drugs and I did not think about condoms
- I was not allowed by my pimp/manager to use a condom
- I used other contraceptives
- I didn't think it is necessary
- I didn't think of it at all
- Other reason, which?

\_\_\_\_\_

- 99 No answer

**Q42. In general what is the main reason for you to use condoms?**

**DO NOT READ OUT**  
**Tick all mentioned or add**

- Contraception /protect againsts pregnancy
- Protect against HIV/AIDS
- Protect against STIs
- Clients request
- Other reason, which?

\_\_\_\_\_

- 99 No answer

**Q43. What happened the last time when a client did NOT want to use condoms?**

**DO NOT READ OUT**

*Tick all mentioned or add*

- I cut the contact and we did not have sex
- The client cut the contact and we did not have sex
- I only did a hand- job
- We had sex without the condom
- Other, what?  
\_\_\_\_\_

88 Don't know  
99 No answer

**Q44. How many condoms do you have on-hand right now?**

.....number of condoms on- hand

99 No answer

**If Zero (no condoms), why?**

\_\_\_\_\_

**Q45. In the last 12 months (last year), have you been given condoms (e.g. through an outreach service, drop-in centre or sexual health clinic)?**

**UNGASS 9**

- Yes
- No

88 Don't know  
99 No answer

**Q46. What kind of protection did you use in the last 12 months (1 year) against pregnancy (with clients as well as with partners no paying for sex)?**

**DO NOT READ OUT**

*Tick all mentioned or add*

- I did not use any protection
- Oral contraceptive (anti baby) pill
- IUD (Spirale)
- Hormonal injection/inplants
- Condom
- Diahpragm
- Female condom
- Spermicides (cream/gel/ foam)
- Withdrawal/interrupted sex
- Counting the "safe" days
- Sterilisation
- Other, which? \_\_\_\_\_

99 No answer

**Q47. Have you ever had an abortion?**

- Yes, once
  - Yes, two times
  - Yes, more than 2 times
  - No
- 99 No answer

## IV: Substance use

Some people have tried a range of different substances, like cigarettes, alcohol and drugs. I would like to ask you some questions about your experience with such substances. Please answer honestly, again all your answers will remain **completely anonymous**.

**Q48. On average how often did you drink alcohol in the last 30 days (1 month)?**

- Every day
- Almost every day
- Twice a week
- Once a week
- Less than once a week
- Once a month
- I did not drink at all – **Go to Q50**

88 Don't know  
99 No answer

**Q49. How often did you have one or more drinks before or during your sex work in the last 30 days (1 month)?**

*(1 drink= one beer or one glass of wine, or 50 ml spirits – vodka, gin, whisky etc.)*

- Every day
- Almost every day
- Twice a week
- Once a week
- Less than once a week
- Once a month
- I did not drink at all

88 Don't know  
99 No answer

**Q50. On average how often did you smoke or use other tobacco products in the last 30 days (1 month)?**

- Every day
- Almost every day
- Twice a week
- Once a week
- Less than once a week
- Once a month
- I did not use any tobacco products

88 Don't know  
99 No answer

**Q51. Have you ever used any drugs (like cannabis, ecstasy, heroin or others)?**

- Yes
- No -- **Go to Q61**
- 99 No answer

**Q52. On average how often did you use drugs in the last 30 days (1 month)? Including cannabis.**

- Every day
- Almost every day
- Twice a week
- Once a week
- Less than once a week
- Once a month
- I did not use any drugs – **Go to Q55**

88 Don't know  
99 No answer

**Q53. Which of the following have you used in the last 30 days (1 month)?**

	1 Yes	2 No	88 Don't know	99 No answer
Cannabis (Hashish, Marihuana)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines (Speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methadon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (like glues, cleaning fluids, spray paints)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other; which?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q54. How often did you take one or more drugs/substances before or during your sex work in the last 30 days (1 month)?**

- Every day
- Almost every day
- Twice a week
- Once a week
- Less than once a week
- Once a month
- I did not take any drug at all

88 Don't know  
99 No answer

**Q55. Have you ever injected drugs?**

- Yes
  - No -- **Go to Q61**
- 99 No answer

**Q56. When did you inject drugs the last time?**

- During last 7 days
- During last 30 days
- 1-6 months ago
- 7-12 months ago
- More than 12 months ago

88 Don't know  
99 No answer

**Q57. When did you last use a syringe or needle already used by somebody else?**

- During last 7 days
- During last 30 days
- 1-6 months ago
- 7-12 months ago
- More than 12 months ago
- Never shared a syringe/needle with others

88 Don't know  
99 No answer

**Q58. When did you last use other injecting equipment already used by somebody else (like filter, cotton, vessel, front or back loading)?**

- During last 7 days
- During last 30 days
- 1-6 months ago
- 7-12 months ago
- More than 12 months ago
- Never shared equipment with others

88 Don't know  
99 No answer

**Q59. The last time you injected drugs, did you use a needle or syringe already used by somebody else before? [UNGASS 21](#)**

- Yes
- No

88 Don't know  
99 No answer

**Q60. In the last 12 months (last year), have you been given sterile needles and syringes (e.g. by an outreach worker, a peer educator or from needle exchange programme)? [UNGASS 9](#)**

- Yes
- No

88 Don't know  
99 No answer

**Q61. Has any of your sexual partners (steady or non-steady) to best of your knowledge injected drugs in the last 12 months?**

- Yes
- No

88 Don't know  
99 No answer

The **BORDER**NETwork  
Questionnaire

*for female sex workers*

## V. HIV/AIDS/STIs, Diagnosis and Testing Services

The last several questions are related to the topics of HIV/AIDS and the other sexually transmitted infections (STIs), about what you know and believe, and about your experience with health services

**Q62. How much do you know about HIV/AIDS according to you?**

- Very much  
 Fairly much  
 Not so much  
 Not at all  
 99 No answer

**Q63. Can a healthy looking person be infected with HIV? *UNGASS 14***

- Yes  
 No  
 I'm not sure  
 99 No answer

**Q64. When a person gets infected with HIV, do you think that one can be cured?**

- HIV/AIDS can not be treated at all  
 HIV/AIDS can be treated but not completely cured  
 HIV/AIDS can be completely cured  
 I'm not sure  
 99 No answer

**Q65. Do you know anyone who is infected with HIV or who has AIDS?**

- Yes  
 No  
 88 Don't know  
 99 No answer

**Q66. Are you worried that you might get infected with HIV?**

- yes, very much  
 yes, a little  
 no, not at all  
 I don't think about it  
 99 No answer

**Q67. How can a person get infected with HIV?**

	1 Yes, can get infected	2 No, can not get infected	3 Don't know	99 No answer
1) By shaking hands, touching or hugging an HIV-infected person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) By sharing a meal with someone who is HIV-infected <i>UNGASS 14</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) By using same needles and syringes as someone else to inject drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) By using public toilets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Through deep (tongue) kissing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) By mosquito bite <i>UNGASS 14</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Through transmission of infected mother to her baby pregnancy at birth or by breastfeeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) By having unprotected (without condoms) sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q68. Which body fluids transmit HIV?**

	1 Yes	2 No	3 Don't know	99 No answer
1) Saliva	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Semen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Breastmilk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Vaginal fluid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Sweat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Tears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q69. Is it possible to get vaccinated against HIV/AIDS?**

- Yes  
 No  
 Don't know

99 No answer

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**Q70. How can a person prevent HIV-infection?**

	1. Yes/can prevent	2. No/can not prevent	3. Don't know	99. No answer
1) By washing the genitals after sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) By taking birth control pills (for women)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) By having sex with only one uninfected faithful partner <i>UNGASS 14</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) By having sex only with persons who look healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) By using condom correctly every time by sex <i>UNGASS 14</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) By having no sexual intercourse (abstinence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) By interrupted sex (withdrawing the penis before ejaculation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) By having sex without penetration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) There is no way to protect oneself from HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q71. Do you know where you can personally go for an HIV test which tells whether one is infected with HIV or not?**

- Yes  
 No

99 No answer

**Q72. When where you last tested for HIV?**

- Never been tested for HIV
- Up to 6 months ago (within the last half an year)
- Between 7 and 12 months ago (within the last year) **UNGASS 8**
- Between 1-2 years ago
- More than 2 years ago

88 Don't know  
99 No answer

**If the person HAS BEEN TESTED go to Q74**

**Q73.If NO, due to what reason have you never had an HIV test?**

**DO NOT READ OUT**

**Tick all mentioned or add**

- I do not think I am at risk
- I use condom each time by sex
- I do not know where to go for a test
- I am afraid of the test result
- I am afraid they will know I am a sex worker
- I am afraid that I will be treated badly
- I cannot be sure about the confidentiality of the service
- I do not have a health insurance
- I have never thought about it
- I have sex only with healthy looking persons

Other: \_\_\_\_\_

99 No answer

**If asked Q73**

**Go to Q78**

**Q74. Did you voluntarily asked for your last HIV test or were you required to have the test?**

- Voluntarily
- Required, by whom? \_\_\_\_\_

99 No answer

**Q75. Where did you have your last HIV test?**

- By family doctor/General Practitioner
- By doctor in private practice
- By gynaecologist/ family planning service
- At a public health care centre
- At a specialised HIV Testing Service (a counselling or drop-in centre)
- At a hospital or clinic as an out-patient
- At a hospital or clinic as an in-patient
- At a mobile medical unit (van)
- At a blood bank, while donating blood
- At a private lab
- Somewhere else, where? \_\_\_\_\_

88 Don't know  
99 No answer

**Q76.Irrespective of what the test result is, did you receive the result of your last HIV test?**

- Yes **UNGASS 8**
  - No
- 99 No answer

**Q77. Thinking of your last HIV test did you have a possibility to discuss, get enough information and ask questions about the test, the result and the consequences....**

**before the HIV test?**

- Yes
- No

88 Don't know  
99 No answer

**ONLY IF ANSWERED TO Q76 with YES:**

**when getting the results?**

- Yes
- No

88 Don't know  
99 No answer

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**Q78. Besides HIV, have you heard of other diseases that can be transmitted through sexual intercourse (STIs)?**

- Yes
- No

If YES, Can you name them?

**DO NOT READ OUT THE ANSWERS**  
**Tick all mentioned or add**

- Can't mention any
- Syphilis/Lues
- Gonorrhoea/Tripper
- Genital warts/Human papilloma virus (HPV)
- Genital herpes
- Hepatitis B
- Hepatitis C
- Chlamydia
- Trichomoniasis
- Other, which? \_\_\_\_\_

99 No answer

**Q79. Can you describe any symptoms of STIs in women?**

**DO NOT READ OUT THE ANSWERS**

**Tick all mentioned or add**

- Can't describe any
- Swelling in groin area
- Genital ulcer/sores
- Discharge from the genitals
- Foul smelling discharge
- Pain in the pelvic area (abdominal pain)
- Burning pain on urination
- Itching
- Other, which? \_\_\_\_\_

99 No answer

**Q80. Can you describe any symptoms of STIs in men?**

**DO NOT READ OUT THE ANSWERS**

**Tick all mentioned or add**

- Can't describe any
- Swelling in groin area
- Genital ulcer/sores
- Discharge from the genitals
- Foul smelling discharge
- Pain in the pelvic area (abdominal pain)
- Burning pain on urination
- Itching
- Other, which? \_\_\_\_\_

99 No answer

**Q81. Have you had some of the symptoms or have you suspected that you can have an STI in the last 12 months?**

- Yes
- No

If YES, what did you do?

**Tick all what apply**

- I went to visit a doctor with my partner
- I visited a doctor alone
- A friend/colleague recommended a medicine to treat myself
- I bought a medicine that doctor prescribed from the pharmacy and treated myself
- I took some pain-killing pills
- I did not have any sex until the symptoms disappeared
- I had sex with condom until the symptoms disappeared
- I did not do anything
- Other, which? \_\_\_\_\_

88 Don't know

99 No answer

**Q82. Have you visited the following doctors for a check/test in the last 12 months?**

	1 Yes	2 No	99 No answer
Family doctor/General Practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gynaecologist/Sexual Health/Family Planning doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dermato-venerologist/STI doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, which? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**ONLY IF ANSWERED "NO" to visiting Gynaecologist ask Q83**

**Q83. If you have NOT visited a gynaecologist during last 12 months, what was the reason for that?**

**DO NOT READ OUT THE ANSWERS**  
*Tick all mentioned or add*

- I did not think I need to do that
- I did not know where to go
- I do not have a health insurance
- I did not have money to pay for the visit
- I did not have time to make a visit
- Inconvenient location/far away/difficult to reach
- Inconvenient opening hours
- Too long waiting list
- I thought they will know I am a sex worker
- I thought I will be treated badly
- I could not be sure about the confidentiality of the service
- I have never thought about it

Other, which? \_\_\_\_\_

88 Don't know  
99 No answer

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**Q84. Have you been diagnosed (by medical doctor) to have some of the following infections in the last 12 months?**

	Yes	No	88 Don't know	99 No answer
Syphilis/Lues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gonorrhoea/Tripper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genital warts/Human papilloma virus (HPV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genital herpes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trichomoniasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, which? _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**IF NO to all infections – END OF THE QUESTIONNAIRE**

**IF YES to ANY other infection (except HIV) – Continue with Q85**

**Q85. How did you treat the STI?**

- I did not do anything
- I started the treatment prescribed by the doctor but interrupted it
- I followed the treatment prescribed by the doctor till the end
- I did not have money to buy medicine

Other, which? \_\_\_\_\_

88 Don't know  
99 No answer

**END OF THE QUESTIONNAIRE**

*Now we are ready with the first part, the interview. I like to thank you sincerely for your open answers and kindly ask you to make the blood test. Here again I ensure you that only your code will be put on the blood sample same as on the questionnaire and the result will be kept in full confidentiality.*

*Remember, it is very important to receive your test result. You can do that in ..... (how many days and place – to be put for the whole venous blood tests).*

*Please do not forget the card with your unique code when going for your result.*

**Thank you very much again for your time and co-operation.**

**After the blood test:**

**Respondent's incentive in form of ..... (specify) has been handed over to the respondent**

**Signature  
Interviewer:** \_\_\_\_\_

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**The sole responsibility of any use that may be made of the information lies with the authors (SPI Forschung gGmbH and ..... (name of country partner/s))**