MTN-041 PTID

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Visit Date

dd		MMM			yy	

BEHAVIORAL ASSESSMENT (BA) – FEMALE (BREASTFEEDING OR PREGNANT)

Instructions: *This form should be completed for female participants who are currently or were recently pregnant/breastfeeding. Unless otherwise indicated, only one response may be selected. Italicized text should not be read to participants. Response options should not be read unless otherwise indicated.*

Interviewer Reads: **This form asks you about different behaviors. All the information you provide will be kept confidential and will not be shared with anyone else besides the research study staff.**

FAMILY PLANNING

		Ever used		
1.	What methods for family planning have you or your partner **ever** used?	*Yes*	*No*	*Don't Know*
	a. Male condom	☐1	☐0	☐98
	b. Female condom	☐1	☐0	☐98
	c. Oral contraceptive pills	☐1	☐0	☐98
	d. Intrauterine device (IUD)	☐1	☐0	☐98
	e. Implant	☐1	☐0	☐98
	f. Female sterilization	☐1	☐0	☐98
	g. Male sterilization (vasectomy)	☐1	☐0	☐98
	h. Injectable	☐1	☐0	☐98
	i. Lactational amenorrhea method (post-partum infertility/cease of menses while breastfeeding)	☐1	☐0	☐98
	j. Other (specify): ______________________	☐1	☐0	☐98

ALCOHOL USE

Interviewer Reads: **I would like to ask you about drinking alcohol.**

2.	Have you drunk any alcohol in the past three months?	☐1 Yes ☐0 No

SEXUAL BEHAVIOR

Interviewer Reads: **The next set of questions ask about your sexual behavior and sexual partners.**

3.	In total, how many different people have you had vaginal sex with **in your lifetime**?	☐☐ *# sex partners* ☐98 Don't Know ☐99 Prefers not to answer
4.	Do you currently have a primary sex partner? By primary sex partner, I mean a person you have sex with on a regular basis or who you consider to be your main partner.	☐1 Yes ☐0 No → **Go to item 14**

5.	For how long have you been with your current [spouse /primary sex partner]? (*mark one*)	[ ][ ] months or [ ][ ] years
6.	Are you currently living with your [spouse /primary sex partner]?	☐1 Yes ☐0 No
7.	How old is your [spouse /primary sex partner]?	[ ][ ] *(years)* ☐98 Don't Know
8.	Does your [spouse /primary sex partner] provide you with financial and/or material support?	☐1 Yes ☐0 No
9.	In the **past 3 months**, have you had vaginal sex with your [spouse /primary sex partner]? By vaginal sex we mean when a man puts his penis inside of a woman's vagina.	☐1 Yes ☐0 No
10.	What is the HIV status of your [spouse /primary sex partner]?	☐1 HIV positive ☐0 HIV negative → **Go to item 12** ☐98 Don't Know ☐99 Prefers not to answer
11.	Is your [spouse /primary sex partner] taking antiretrovirals (ARVs)?	☐1 Yes ☐0 No ☐98 Don't Know ☐99 Prefers not to answer
12.	Does your [spouse /primary sex partner] have any sex partners other than you?	☐1 Yes ☐0 No ☐98 Don't Know

13. I am now going to ask you some questions about your primary sexual relationship.
[Read response options.]

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Most of the time, we do what my partner wants to do.	☐1	☐2	☐3	☐4
b. My partner won't let me wear certain things.	☐1	☐2	☐3	☐4
c. When my partner and I are together, I'm pretty quiet.	☐1	☐2	☐3	☐4
d. My partner has more say than I do about important decisions that affect us.	☐1	☐2	☐3	☐4
e. My partner tells me who I can spend time with.	☐1	☐2	☐3	☐4

		Strongly Agree	Agree	Disagree	Strongly Disagree
	f. I feel trapped or stuck in our relationship.	☐1	☐2	☐3	☐4
	g. My partner does what he wants, even if I do not want him to.	☐1	☐2	☐3	☐4
	h. I am more committed to our relationship than my partner is.	☐1	☐2	☐3	☐4
	i. When my partner and I disagree, he gets his way most of the time.	☐1	☐2	☐3	☐4
	j. My partner gets more out of our relationship than I do.	☐1	☐2	☐3	☐4
	k. My partner always wants to know where I am.	☐1	☐2	☐3	☐4
	l. My partner might be having sex with someone else.	☐1	☐2	☐3	☐4

PREGNANCY HISTORY

14.	How many times have you been pregnant?	☐☐ *(Specify number)*
15.	Are you currently pregnant?	☐1 Yes→ **Go to item 17** ☐0 No
16.	During what month and year was your last child born?	☐ ☐ / ☐ ☐ *mm* *yy*
17.	Is your current [spouse/primary partner] the father of the baby?	☐1 Yes ☐0 No ☐99 N/A – no primary partner
18.	From whom did you receive care during your most recent pregnancy? *[Read response options. Mark all that apply.]*	☐1 Doctor ☐1 Nurse ☐1 Traditional birth attendant ☐1 Other traditional healer ☐1 Other, specify: ____________________
19.	For your most recent pregnancy, where [did you/do you plan to] give birth?	☐1 Hospital ☐2 Clinic ☐3 In your home ☐4 In your parent's home ☐5 Other, specify: ____________________

20.	During your most recent pregnancy, what types of medications have you taken, orally or vaginally? *[Read response options. Mark all that apply.]*	☐1 Vitamins, folic acid or iron ☐1 Over-the-counter medications ☐1 Prescription medications ☐1 Herbs or traditional medications ☐1 Other, specify: ____________________ ☐1 None
21.	Did you ever insert something into your vagina during your most recent pregnancy? *[Read response options. Mark all that apply.]*	☐1 Tampons ☐1 Herbs ☐1 Gels ☐1 Other, specify: ____________________ ☐1 None
22.	During which months of your most recent pregnancy and post-delivery period were you sexually abstinent? By this we mean no vaginal sex. *[Mark all that apply.]*	☐1 Months 1-3 ☐1 Months 4-6 ☐1 Months 7-9 ☐1 After delivery ☐1 While breastfeeding ☐1 Other, specify: ____________________ ☐1 None/ never stopped having vaginal sex
Interviewer Reads: **The next set of questions are about pregnancy and breastfeeding in general.**		
23.	Besides you, who has the most influence on your decisions during pregnancy? *[Read response options. Choose one.]*	☐1 The father of your baby ☐2 Your mother ☐3 Your mother-in-law ☐4 Your doctor ☐5 Your traditional healer ☐6 Other, specify: ____________________

24. During pregnancy, who has more say when making decisions about the following topics between you and the father of your baby?

[Read response options.]

	You	Him	Both equally	Not Applicable
a. Your medication and vitamin use	☐1	☐2	☐3	☐4
b. Antenatal care and HIV testing	☐1	☐2	☐3	☐4
c. Where you deliver	☐1	☐2	☐3	☐4
d. Having sex	☐1	☐2	☐3	☐4
e. Your social activities	☐1	☐2	☐3	☐4

		You	Him	Both equally	Not Applicable
	f. Your household activities (e.g. cooking, house work, childcare)	☐1	☐2	☐3	☐4
	g. Your diet and nutrition	☐1	☐2	☐3	☐4
	h. Your use of traditional medicines	☐1	☐2	☐3	☐4

BREASTFEEDING HISTORY

25.	Are you currently or have you ever breastfed?	☐1 Yes ☐0 No→ **END FORM**
26.	Besides you, who has the most influence on your decisions while breastfeeding? *[Read response options. Choose one.]*	☐1 The father of your baby ☐2 Your mother ☐3 Your mother-in-law ☐4 Your doctor ☐5 Your nurse ☐6 Your traditional healer ☐7 Other, specify: ____________________

27. While breastfeeding, who has more say when making decisions about the following topics between you and the father of your baby?

[Read response options.]

	You	Him	Both equally	Not Applicable
a. Your medication and vitamin use	☐1	☐2	☐3	☐4
b. Postnatal care and HIV testing	☐1	☐2	☐3	☐4
c. Where the baby goes for well baby visits	☐1	☐2	☐3	☐4
d. Having sex	☐1	☐2	☐3	☐4
e. Your social activities	☐1	☐2	☐3	☐4
f. Your household activities (e.g. cooking, house work, childcare)	☐1	☐2	☐3	☐4
g. Your diet and nutrition	☐1	☐2	☐3	☐4
h. Your use of traditional medicines	☐1	☐2	☐3	☐4

Staff Initials / Date

MTN-041 Pregnant and Breastfeeding Women Behavior Assessment (BA)

Item-Specific Instructions:

- **Item 1i.:** Lactational amenorrhea method is a natural birth control technique based on the fact that lactation (breastmilk production) causes amenorrhea (lack of menstruation).
- **Item 2:** This question assesses alcoholic drinking. A "drink" is defined as "330ml can or glass of beer or cooler, a glass of wine, or a drink with one shot of liquor."
- **Item 3:** When counting sexual partners, the participant should include male partners only.
- **Item 4:** Record whether or not the participant **currently** has a primary sex partner.
- **Item 5:** Read aloud "spouse" or "primary sex partner," depending on the participant's response to item asking about marital status on DEM form. Mark either months **or** years. If the participant has had the same partner for greater than or equal to 12 months, mark response in years. If less than 12 months, mark response in months. If participant responds with years and months, round to the nearest year (ex: 7 years 2 months should be rounded to 7 years).
- **Item 6:** Read aloud "spouse" or "primary sex partner," depending on the participant's response to item asking about marital status on DEM form. "Living with" a partner should be defined by the participant. If she has trouble, you can specify that it means sleeping under the same roof or as part of the same household at least 6 months of the year.
- **Item 7:** Read aloud "spouse" or "primary sex partner," depending on the participant's response to item asking about marital status on DEM form. If the participant does not know her spouse or primary partner's exact age, record their best estimate. If she is unable to provide an estimate, mark "Don't Know".
- **Item 8:** Record whether or not the participant's spouse or primary partner provides her/him with any financial and/or material support. This will include things such as money, housing, food, household goods, etc.
- **Item 10:** Read aloud "spouse" or "primary sex partner," depending on the participant's response to item asking about marital status on DEM form. Complete this item even if the participant is unsure of her/his partner's HIV status.
- **Item 11:** Complete this item if participant answered item 10. Having a primary sex partner who is taking ARVs could impact the participant's HIV risk, so we want this item answered by all participants who answered item 9.
- **Item 19:** Read aloud "did you" or "do you plan to," depending on the participant' response to Item 15.